

**Race to the Top - Early Learning Challenge
Application for Initial Funding**

CFDA Number: 84.412

Appendix

The State of Delaware

October 19th, 2011

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Role Defined in Code	NAME	ADDRESS	PHONE
Two center-based early care and education providers	Cheryl Clendaniel	The Learning Center 258 North Rehoboth Blvd. Milford, DE 19963	(302) 422-3728
	Julie Johnson	Tender Loving Kare (TLK) 400 North Ramunno Drive Middletown, DE 19709	(302) 731-4925
One family-home-based early care and education provider	Carlina Hall	Carlina Hall 217 Wedgefield Circle New Castle, DE 19720	(302) 276-2954
One parent whose child participates in early childhood services	Stephanie Johnson		(302) 760-2117
One Delaware Head Start/Early Childhood Assistance Program Association Representative	Jeff Benatti	New Castle County Head Start 256 Chapman Road Newark, DE 19702	(302) 452-1500
One representative of a state-wide early care and education resource and referral agency	Leslie Newman	Children & Families First DE 2005 Baynard Boulevard Wilmington, DE 19802	(302) 479-1576
Two representative from advocacy organizations focused on children's health and well-being	Doug Tynan, Ph.D	Nemours Health and Prevention Services 252 Chapman Road Christiana Building Suite 200 Newark, DE 19702	(302) 444-9100
	Jay Ludwicki Mary L. Gavin (proxy)	Delaware Academy of Pediatrics 100 West 10 th Street Wilmington, DE 19801-1632	(302) 778-3908

One public school district superintendent	Tony Marchio	Appoquinimink District 118 South 6 th Street P.O. Box 4010 Odessa, DE 19730-4010	(302) 376-4101
One higher education representative who also serves on the P-20 Council	Dan Rich	University of Delaware 182 Graham Hall Newark, DE 19716	(302) 831-6835
One business community representative	Connie Bond Stuart	PNC Bank of Delaware P.O. Box 791 Wilmington, DE 19801-1637	(302) 429-1683
Two community members	Michelle Taylor	United Way of Delaware Statewide Headquarters The Linden Bldg., 3 rd Floor 625 North Orange Street Wilmington, DE 19801	(302) 573-3700
	Terri Murphy	West Center City Early Learning Center P.O. Box 283 Montchanin, DE 19710-0283	(302) 656-0485
One representative of the Delaware Association for the Education of Young Children	Beth Inter	DAEYC 700A River Road Wilmington, DE 19809	(302) 831-6205 (302) 764-1500
One representative of the General Assembly	Terry Schooley	Carvel State Office Building 820 N. French Street Wilmington, DE 19801	(302) 577-8342
The State Director of Head Start Collaboration	April Hill-Addison	Department of Education 401 Federal Street Suite 2 Dover, DE 19901	(302) 735-4214

A representative of the Delaware Department of Health and Social Services, representing children's health, child care subsidy, and Part C of IDEA	Debbie Gottschalk	DHSS Campus Administration Main Building 1901 N. Dupont Highway New Castle, DE 19720	(302) 255-9038
A representative of the Delaware Department of Services for Children, Youth and Their Families, representing child mental health, child care licensing, and family services	Mary Kate McLaughlin	DSCYF 1825 Faulkland Road Wilmington, DE 19805	(302) 633-2500
A representative of the Delaware Department of Education, representing early childhood professional development, section 619 of IDEA, and state early learning guidelines	Paul Harrell	Department of Education 401 Federal Street Suite 2 Dover, DE 19901	(302) 735-4179

One chairperson, chosen by the Governor from among the appointed non-governmental members who shall coordinate the activities of the DECC and also service as a member of the State's P-20 Council	Dan Rich	University of Delaware 182 Graham Hall Newark, DE 19716	(302) 831-6835
A Vice Chair chosen by the Governor from among the appointed non-governmental members of the Council	Connie Bond Stuart	PNC Bank of Delaware P.O. Box 791 Wilmington, DE 19801-1637	(302) 429-1683
Ex officio, non-voting members shall include the director of the Early Development and Learning Resource Center of the Department of Education	Jim Lesko	Department of Education 401 Federal Street Suite 2 Dover, DE 19901	(302) 735-4210

The chair of the Family Support Coordinating Council	Karen DeRasmo	Prevent Child Abuse DE 100 West 10 th Street Suite 715 Wilmington, DE 19801	(866) 925-7223
The director of the State's Institute For Excellence in Early Childhood Education	Martha Buell	Institute for Excellence UD Dept of Human Studies & Family Studies 111 Allison Hall West Newark, DE 19716	(302) 831-6032
The ECC may appoint ex officio members and advisors to assist them in meeting their responsibilities	Madeleine Bayard, Rodel (will be recommended for appointment as ex officio advisor)	Rodel Foundation of DE 100 West 10 th Street Suite 704 Wilmington, DE 19801	(302) 504-5260 (302) 528-3382
	Ed Freel (will be recommended for appointment as ex officio advisor)	University of Delaware Public Policy 179 Graham Hall Newark, DE 19716	(302) 831-8943
	Ann Wick Immediate Past Chair	PO Box 3719 Wilmington DE 19807	(302) 655-0535
	Janet Carter (provides administrative support for the Council)	Department of Education 401 Federal Street Suite 2 Dover, DE 19901	(302) 735-4241

DELAWARE MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (“MOU”) is entered into by and between Delaware Department of Education (DOE) (“Lead Agency”) and the Delaware Departments of Services to Children, Youth and Their Families (DSCYF) and Health and Social Services (DHSS) (“Participating State Agency”). The purpose of this agreement is to establish a framework of collaboration, as well as to articulate specific roles and responsibilities in support of the State in its implementation of an approved Race to the Top- Early Learning Challenge grant project.

I. ASSURANCES

The Participating State Agency hereby certifies and represents that it:

- 1) Agrees to be a Participating State Agency and will implement those portions of the State Plan indicated in Exhibit I, if the State application is funded;
- 2) Agrees to use, to the extent applicable and consistent with the State Plan and Exhibit I:
 - (a) A set of statewide Early Learning and Development Standards;
 - (b) A set of statewide Program Standards;
 - (c) A statewide Tiered Quality Rating and Improvement System; and
 - (d) A statewide Workforce Knowledge and Competency Framework and progression of credentials.

(Please note that Participating State Agencies must provide these assurances in order for the State to be eligible for a Race to the Top-Early Learning Challenge grant.)
- 3) Has all requisite power and authority to execute and fulfill the terms of this MOU;
- 4) Is familiar with the State’s Race to the Top-Early Learning Challenge grant application and is supportive of and committed to working on all applicable portions of the State Plan;
- 5) Will provide a Final Scope of Work only if the State’s application is funded and will do so in a timely fashion but no later than 90 days after a grant is awarded; and will describe the Participating State Agency’s specific goals, activities, timelines, budgets, and key personnel (“Participating State Agency Plan”) in a manner that is consistent with the Preliminary Scope of Work (Exhibit I), with the Budget included in section VIII of the State Plan (including existing funds, if any, that the Participating State Agency is using for activities and services that help achieve the outcomes of the State Plan; and
- 6) Will comply with all of the terms of the Race to the Top-Early Learning Challenge Grant, this agreement, and all applicable Federal and State laws and regulations, including laws and regulations applicable to the Race to the Top-Early Learning Challenge program, and the applicable provisions of EDGAR (34 CFR Parts 75, 77, 79, 80, 82, 84, 85, 86, 97, 98 and 99).

II. PROJECT ADMINISTRATION

A. PARTICIPATING STATE AGENCY RESPONSIBILITIES

In assisting the Lead Agency in implementing the tasks and activities described in the State’s Race to the Top-Early Learning Challenge grant application, the Participating State Agency will:

- 1) Implement the Participating State Agency Scope of Work as identified in Exhibit I of this agreement;
- 2) Abide by the governance structure outlined in the State Plan;
- 3) Abide by the Participating State Agency’s Budget included in section VIII of the State Plan (including the existing funds from Federal, State, private and local sources, if any, that the Participating State Agency is using to achieve the outcomes in the RTT-ELC State Plan);

- 4) Actively participate in all relevant meetings or other events that are organized or sponsored by the State, by the U.S. Department of Education ("ED"), or by the U.S. Department of Health and Human Services ("HHS");
- 5) Post to any Web site specified by the State, ED, or HHS, in a timely manner, all non-proprietary products and lessons learned developed using Federal funds awarded under the RTT-ELC grant;
- 6) Participate, as requested, in any evaluations of this grant conducted by the State, ED, or HHS;
- 7) Be responsive to State, ED, or HHS requests for project information including on the status of the project, project implementation, outcomes, and any problems anticipated or encountered, consistent with applicable local, State and Federal privacy laws.

B. LEAD AGENCY RESPONSIBILITIES

In assisting the Participating State Agencies in implementing their tasks and activities described in the State's Race to the Top-Early Learning Challenge application, the Lead Agency will:

- 1) Work collaboratively with, and support the Participating State Agency in carrying out the Participating State Agency Scope of Work, as identified in Exhibit I of this agreement;
- 2) Timely award the portion of Race to the Top-Early Learning Challenge grant funds designated for the Participating State Agency in the State Plan during the course of the project period and in accordance with the Participating State Agency's Scope of Work, as identified in Exhibit I, and in accordance with the Participating State Agency's Budget, as identified in section VIII of the State's application;
- 3) Provide feedback on the Participating State Agency's status updates, any interim reports, and project plans and products;
- 4) Keep the Participating State Agency informed of the status of the State's Race to the Top-Early Learning Challenge grant project and seek input from the Participating State Agency, where applicable, through the governance structure outlined in the State Plan;
- 5) Facilitate coordination across Participating State Agencies necessary to implement the State Plan; and
- 6) Identify sources of technical assistance for the project.

C. JOINT RESPONSIBILITIES

- 1) The Lead Agency and the Participating State Agency will each appoint a key contact person for the Race to the Top-Early Learning Challenge grant.
- 2) These key contacts from the Lead Agency and the Participating State Agency will maintain frequent communication to facilitate cooperation under this MOU, consistent with the State Plan and governance structure.
- 3) Lead Agency and Participating State Agency personnel will work together to determine appropriate timelines for project updates and status reports throughout the grant period.
- 4) Lead Agency and Participating State Agency personnel will negotiate in good faith toward achieving the overall goals of the State's Race to the Top-Early Learning Challenge grant, including when the State Plan requires modifications that affect the Participating State Agency, or when the Participating State Agency's Scope of Work requires modifications.

D. STATE RECOURSE IN THE EVENT OF PARTICIPATING STATE AGENCY'S FAILURE TO PERFORM

If the Lead Agency determines that the Participating State Agency is not meeting its goals, timelines, budget, or annual targets, or is in some other way not fulfilling applicable requirements, the Lead Agency will take appropriate enforcement action, which could include initiating a collaborative process by which to attempt to resolve the disagreements between the Lead Agency and the Participating State Agency, or initiating such enforcement measures as are available to the Lead Agency, under applicable State or Federal law.

III. MODIFICATIONS

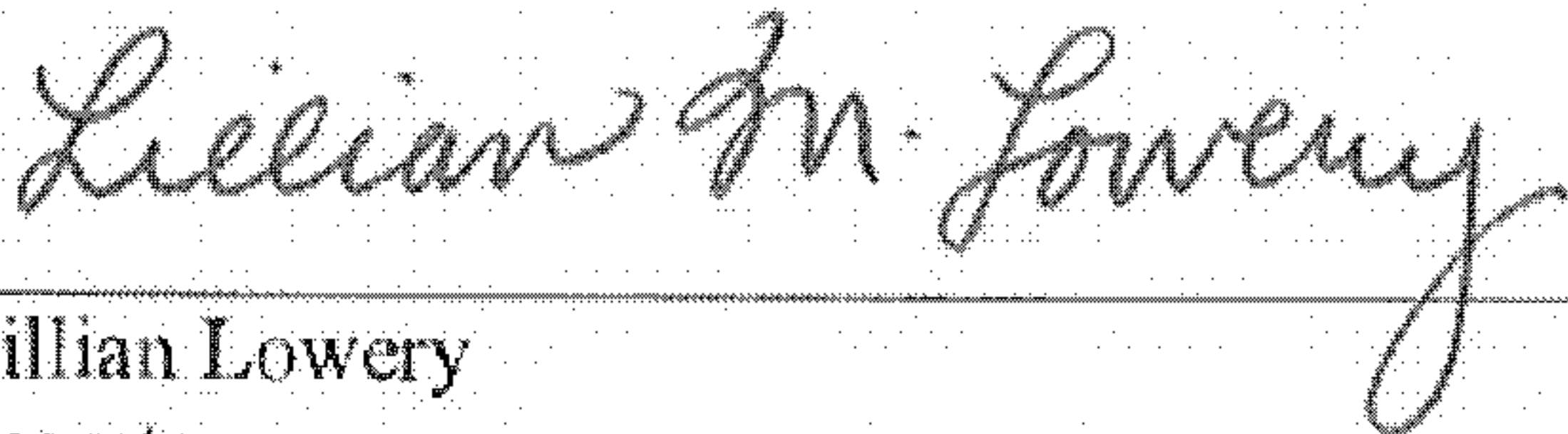
This Memorandum of Understanding may be amended only by written agreement signed by each of the parties involved, in consultation with ED.

IV. DURATION

This Memorandum of Understanding shall be effective, beginning with the date of the last signature hereon and, if a Race to the Top- Early Learning Challenge grant is received by the State, ending upon the expiration of the Race to the Top- Early Learning Challenge grant project period.

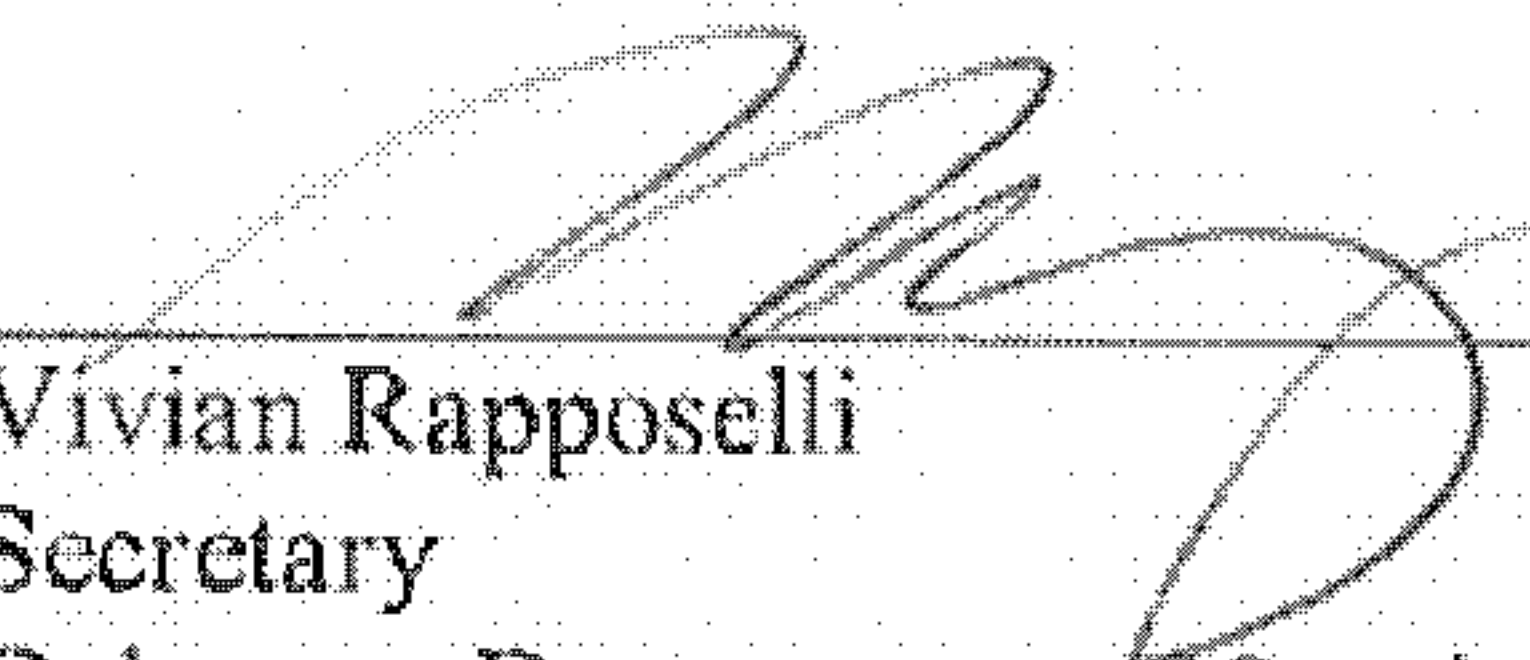
V. SIGNATURES

Authorized Representative of Lead Agency:

 10/17/2011

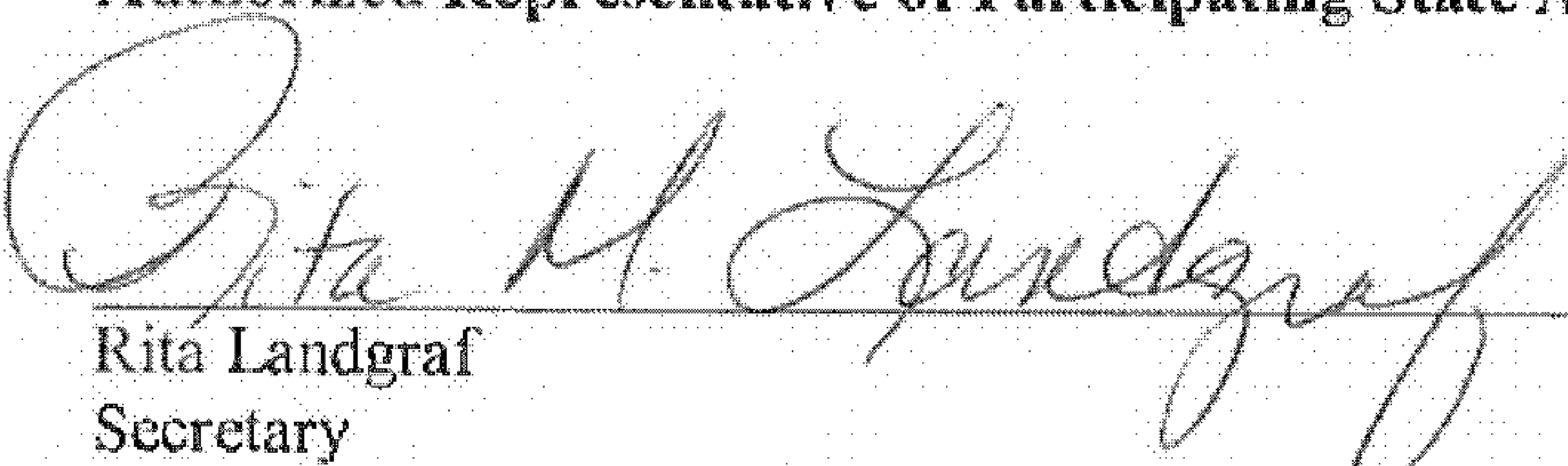
Lillian Lowery Date
Secretary
Delaware Department of Education

Authorized Representative of Participating State Agency:

 10/17/2011

Vivian Rapposelli Date
Secretary
Delaware Department of Services for Children, Youth and Their Families

Authorized Representative of Participating State Agency:

 10/18/11

Rita Landgraf Date
Secretary
Delaware Department of Health and Social Services

EXHIBIT I – PARTICIPATING STATE AGENCY SCOPE OF WORK

The Participating State Agency hereby agrees to participate in the State Plan, as described in the State’s application, and more specifically commits to undertake the tasks and activities described in detail below.

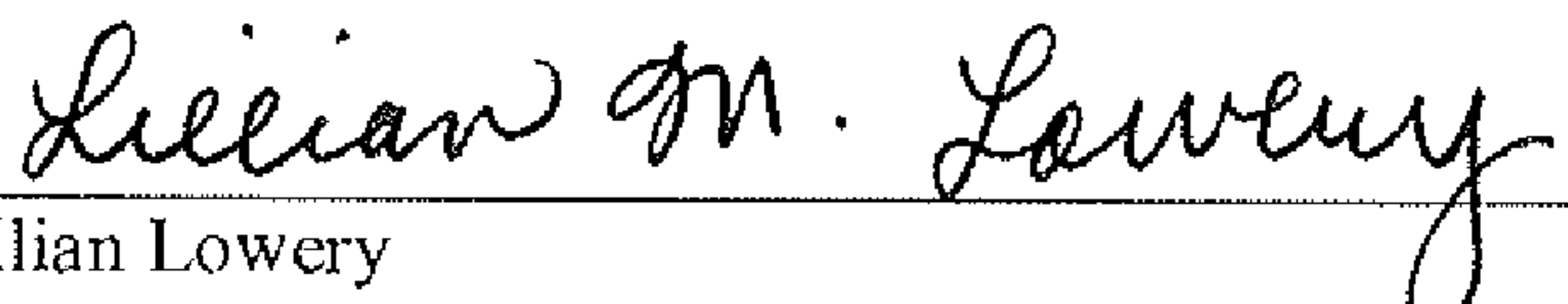
Selection Criterion	Participating Party	Type of Participation
<p><i>Example Row— shows an example of criterion (B)(1) for the State agency that oversees state-funded preschool, IDEA, and Head Start Collab Office</i></p>	<ul style="list-style-type: none"> • State-funded preschool • IDEA preschool special ed • Head Start Collab Office 	<p><i>Representatives from each program are sitting on the state committee to define statewide QRIS program standards</i></p>
	<ul style="list-style-type: none"> • Head Start Collab Office 	<p><i>Responsible for cross-walking Head Start performance standards with the new Program Standards</i></p>
<p>(B)(1)</p>	<p>1) CCDF Administrator (DHSS) Delaware Stars Director (DIEEC) Child Care Licensing Admin (DSCYF) Stars Contract Manager (DOE) Level 5 Stars Program (DOE)</p> <p>2) Delaware Stars Staff (DIEEC) Child Care Licensing Staff (DSCYF) Child Care Subsidy Monitors (DHSS) IDEA/619 (DOE) ECAP Administrator (DOE)</p>	<p>1. Representatives from each program are members of the Delaware Stars Management Team; responsible for providing oversight on the standards, operation, and evaluation of Stars;</p> <p>2. The child care licensing staff and staff that monitor unlicensed early childhood programs are responsible for offering outreach for Stars with early learning and development programs; holding quarterly meetings between licensors, monitors and Stars staff to enhance collaboration</p>
<p>(B)(2)</p>	<p>1) CCDF Administrator (DHSS) Delaware Stars Director (DIEEC) Stars Contract Manager (DOE) Head Start Collab Director (DOE) Child Care Licensing Admin (DSCYF)</p> <p>2) Child Care Administrator (DHSS) Child Care Licensing Admin (DSCYF) Delaware Stars Director (DIEEC)</p> <p>3) IDEA/619 (DOE) Delaware Stars Director (DIEEC) Stars Contract Manager (DOE)</p>	<p>1) Responsible for bringing 100% of child care centers that serve high-need children ages birth to five and receive purchase of care (POC) into Delaware Stars through marketing and incentives that increase the POC slots in Star 3,4, and 5 programs; placing a priority on centers currently serving children receiving POC in Delaware Stars</p> <p>2) Responsible for recruiting family child care providers serving concentrations of high-need children receiving POC through outreach by child care licensing, POC and Stars’ staff</p> <p>3) Responsible for developing an alternate pathway in Stars for 619 and Title I preschool programs operating in</p>

Selection Criterion	Participating Party	Type of Participation
	LEA representatives 4) ECAP Administrator (DOE) 5) IDEA/619 (DOE) IDEA Part C (DHSS) Delaware Stars Director (DIEEC)	public schools while encouraging these exempt programs to become licensed by OCCL 4) Engaging state pre-K providers in Stars by modifying contract requirements to require participation 5) Responsible for strengthening the access of children receiving Part C and B to centers and homes that participate in Stars by a) educating families on the benefits of selecting Stars programs and b) having representatives from each program work to improve Stars programs' ability to serve children with special needs by collaborating to offer technical assistance to Stars programs
(B)(3)	1 & 2) CCDF Administrator (DHSS) Delaware Stars Director (DIEEC) Child Care Licensing (DSCYF) Head Start Collab Director (DOE) Delaware Institute for Excellence in Early Childhood (DIEEC) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Participating in a technical assistance advisory committee to monitor and coordinate technical assistance resources; exploring opportunities to consolidate technical assistance initiatives to increase effectiveness and impact on high-need children 2) Participate in the Stars communication and outreach campaign under the leadership of the Governor's Office
(B)(4)	1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Child & Adult Care Food Program (DOE) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Providing outreach to families to improve understanding about the importance of high quality early childhood programs as defined by Delaware Stars
(B)(5)	1) CCDF Administrator (DHSS) Delaware Stars Director (DIEEC) Child Care Licensing Administrator (DSCYF) Stars Contract Manager (DOE) Head Start Collab Director (DOE)	1) Providing oversight on the evaluation of Stars by an external evaluator, as members of the Delaware Stars Management Team

Selection Criterion	Participating Party	Type of Participation
(C)(1)	1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Child & Adult Care Food Program (DOE) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Participating in the routine revision of the ELF's and ensuring the quality and appropriateness of the standards
(C)(2)		
(C)(3)	1 & 2) Maternal Child Health (DHSS) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Delaware B.E.S.T. (DSCYF) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Participating in a task force to adopt and implement cross-sector, evidence-based screening and assessment that will be incorporated in Help Me Grow and the integrated early childhood data system 2) Participating with Help Me Grow to develop and implement follow-up protocols for children with high needs
(C)(4)		
(D)(1)	1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Participating as members of the Professional Development Advisory Committee to expand the Delaware Competencies for Early Childhood to be inclusive of Home Visiting and Early Intervention
(D)(2)	1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Parents as Teachers (DOE)	1) Participating as members of the Compensation Advisory Committee; responsible for providing oversight on the implementation of the Compensation Program and Leadership Coaching Program including outreach to increase Educator participation

Selection Criterion	Participating Party	Type of Participation
	Smart Start Home Visiting (DHSS)	
(E)(1)	1) LEA Representatives Delaware Institute for Excellence in Early Childhood (DIEEC) Early Development and Learning Resources Work Group (DOE) 2) Delaware Institute for Excellence in Early Childhood (DIEEC) Early Development and Learning Resources Work Group (DOE)	1) Participating as members of the Kindergarten Entry Assessment Stakeholder Work Group responsible for creating Kindergarten Entry Assessment Data Rubric 2) Providing Professional Development to Kindergarten on Kindergarten Entry Assessment
(E)(2)		

Authorized Representative of Lead Agency:

 10/17/2011
Date
Lillian Lowery
Secretary
Delaware Department of Education

Authorized Representative of Participating State Agency:

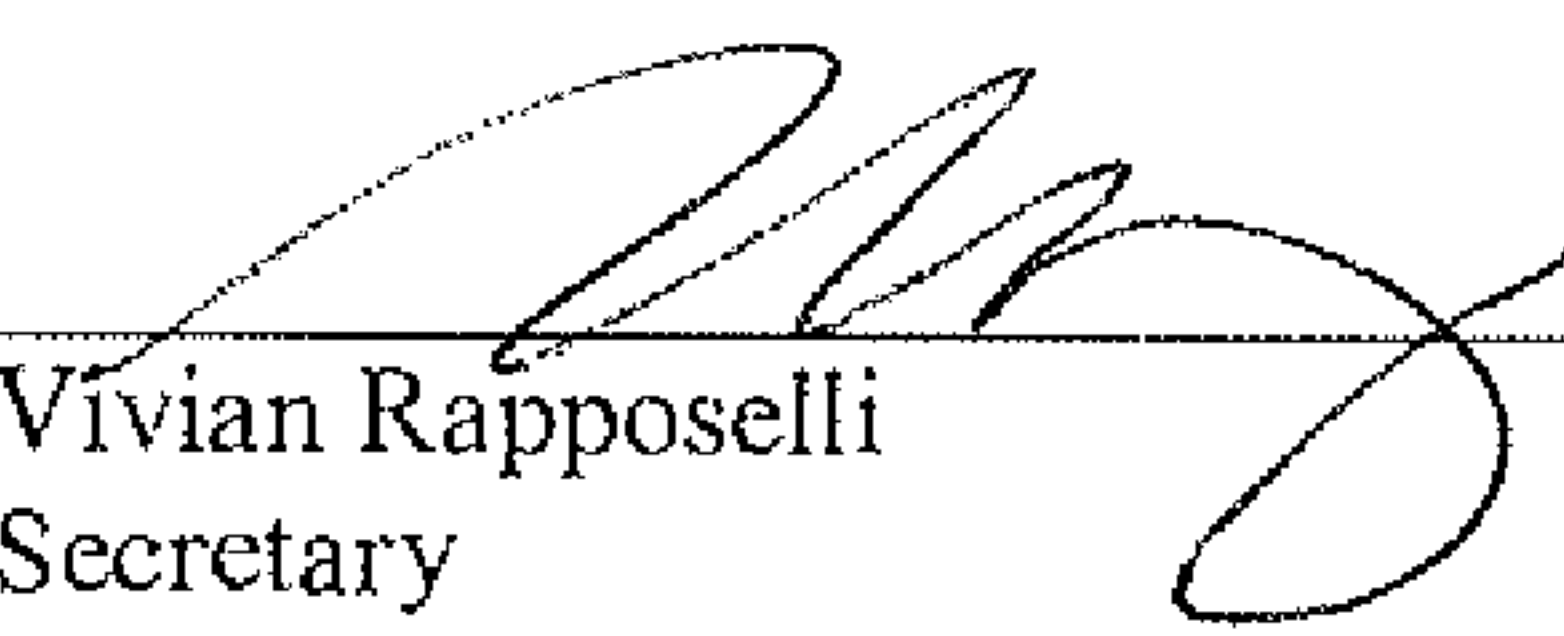
 10/17/2011
Date
Vivian Rapposelli
Secretary
Delaware Department of Services for Children, Youth and Their Families

EXHIBIT I – PARTICIPATING STATE AGENCY SCOPE OF WORK

The Participating State Agency hereby agrees to participate in the State Plan, as described in the State’s application, and more specifically commits to undertake the tasks and activities described in detail below.

Selection Criterion	Participating Party	Type of Participation
<p><i>Example Row— shows an example of criterion (B)(1) for the State agency that oversees state-funded preschool, IDEA, and Head Start Collab Office</i></p>	<ul style="list-style-type: none"> • State-funded preschool • IDEA preschool special ed • Head Start Collab Office 	<p><i>Representatives from each program are sitting on the state committee to define statewide QRIS program standards</i></p>
	<ul style="list-style-type: none"> • Head Start Collab Office 	<p><i>Responsible for cross-walking Head Start performance standards with the new Program Standards</i></p>
<p>(B)(1)</p>	<p>1) CCDF Administrator (DHSS) Delaware Stars Director (DIEEC) Child Care Licensing Admin (DSCYF) Stars Contract Manager (DOE) Level 5 Stars Program (DOE)</p> <p>2) Delaware Stars Staff (DIEEC) Child Care Licensing Staff (DSCYF) Child Care Subsidy Monitors (DHSS) IDEA/619 (DOE) ECAP Administrator (DOE)</p>	<p>1. Representatives from each program are members of the Delaware Stars Management Team; responsible for providing oversight on the standards, operation, and evaluation of Stars</p> <p>2. The child care licensing staff and staff that monitor unlicensed early childhood programs are responsible for offering outreach for Stars with early learning and development programs; holding quarterly meetings between licensors, monitors and Stars staff to enhance collaboration</p>
<p>(B)(2)</p>	<p>1) CCDF Administrator (DHSS) Delaware Stars Director (DIEEC) Stars Contract Manager (DOE) Head Start Collab Director (DOE) Child Care Licensing Admin (DSCYF)</p> <p>2) Child Care Administrator (DHSS) Child Care Licensing Admin (DSCYF) Delaware Stars Director (DIEEC)</p> <p>3) IDEA/619 (DOE) Delaware Stars Director (DIEEC) Stars Contract Manager (DOE)</p>	<p>1) Responsible for bringing 100% of child care centers that serve high-need children ages birth to five and receive purchase of care (POC) into Delaware Stars through marketing and incentives that increase the POC slots in Star 3,4, and 5 programs; placing a priority on centers currently serving children receiving POC in Delaware Stars</p> <p>2) Responsible for recruiting family child care providers serving concentrations of high-need children receiving POC through outreach by child care licensing, POC and Stars’ staff</p> <p>3) Responsible for developing an alternate pathway in Stars for 619 and Title I preschool programs operating in public</p>

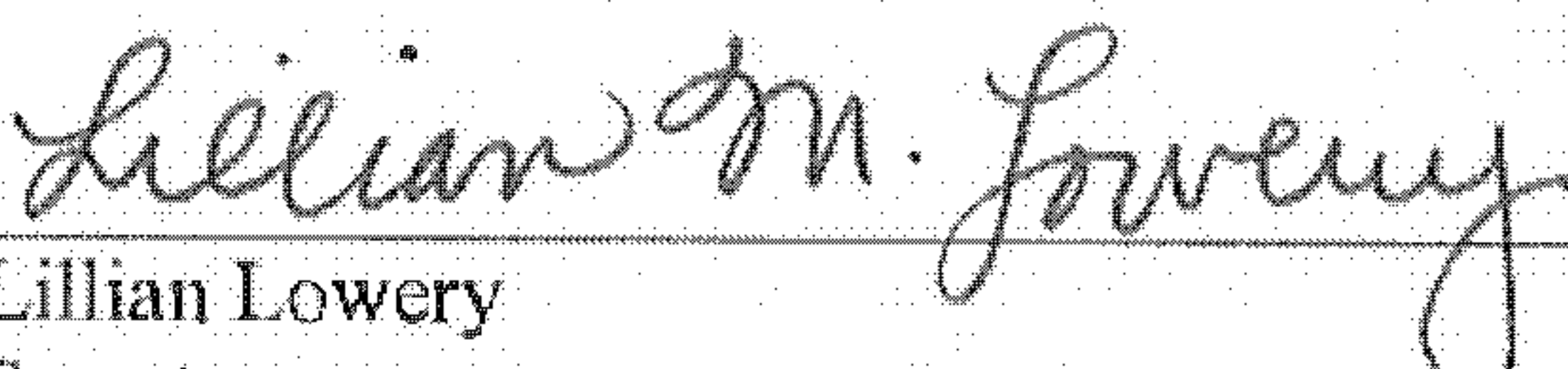
Selection Criterion	Participating Party	Type of Participation
	<p>LEA representatives</p> <p>4) ECAP Administrator (DOE)</p> <p>5) IDEA/619 (DOE) IDEA Part C (DHSS) Delaware Stars Director (DIEEC)</p>	<p>schools while encouraging these exempt programs to become licensed by OCCL</p> <p>4) Engaging state pre-K providers in Stars by modifying contract requirements to require participation</p> <p>5) Responsible for strengthening the access of children receiving Part C and B to centers and homes that participate in Stars by a) educating families on the benefits of selecting Stars programs and b) having representatives from each program work to improve Stars programs' ability to serve children with special needs by collaborating to offer technical assistance to Stars programs</p>
(B)(3)	<p>1 & 2) CCDF Administrator (DHSS) Delaware Stars Director (DIEEC) Child Care Licensing (DSCYF) Head Start Collab Director (DOE) Delaware Institute for Excellence in Early Childhood (DIEEC) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)</p>	<p>1) Participating in a technical assistance advisory committee to monitor and coordinate technical assistance resources; exploring opportunities to consolidate technical assistance initiatives to increase effectiveness and impact on high-need children</p> <p>2) Participate in the Stars communication and outreach campaign under the leadership of the Governor's Office</p>
(B)(4)	<p>1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Child & Adult Care Food Program (DOE) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)</p>	<p>1) Providing outreach to families to improve understanding about the importance of high quality early childhood programs as defined by Delaware Stars</p>
(B)(5)	<p>1) CCDF Administrator (DHSS) Delaware Stars Director (DIEEC) Child Care Licensing Administrator (DSCYF) Stars Contract Manager (DOE) Head Start Collab Director (DOE)</p>	<p>1) Providing oversight on the evaluation of Stars by an external evaluator, as members of the Delaware Stars Management Team</p>

Selection Criterion	Participating Party	Type of Participation
(C)(1)	1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Child & Adult Care Food Program (DOE) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Participating in the routine revision of the ELFs and ensuring the quality and appropriateness of the standards
(C)(2)		
(C)(3)	1 & 2) Maternal Child Health (DHSS) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Delaware B.E.S.T. (DSCYF) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Participating in a task force to adopt and implement cross-sector, evidence-based screening and assessment that will be incorporated in Help Me Grow and the integrated early childhood data system 2) Participating with Help Me Grow to develop and implement follow-up protocols for children with high needs
(C)(4)		
(D)(1)	1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Participating as members of the Professional Development Advisory Committee to expand the Delaware Competencies for Early Childhood to be inclusive of Home Visiting and Early Intervention
(D)(2)	1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE)	1) Participating as members of the Compensation Advisory Committee; responsible for providing oversight on the implementation of the Compensation Program and Leadership Coaching Program including outreach to increase Educator participation

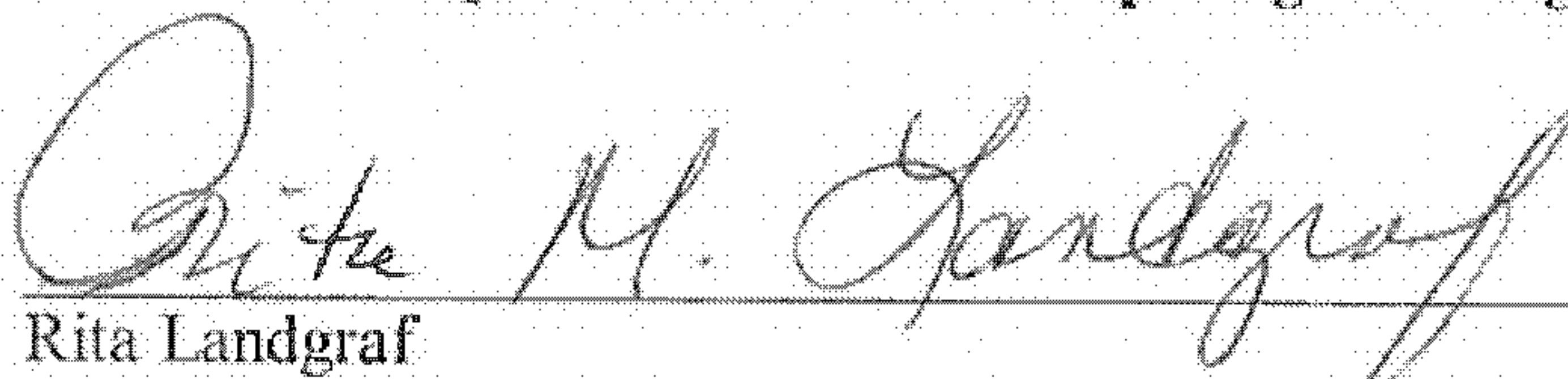
Selection Criterion	Participating Party	Type of Participation
(C)(1)	1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Child & Adult Care Food Program (DOE) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Participating in the routine revision of the ELF's and ensuring the quality and appropriateness of the standards
(C)(2)		
(C)(3)	1 & 2) Maternal Child Health (DHSS) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Delaware B.E.S.T. (DSCYF) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Participating in a task force to adopt and implement cross-sector, evidence-based screening and assessment that will be incorporated in Help Me Grow and the integrated early childhood data system 2) Participating with Help Me Grow to develop and implement follow-up protocols for children with high needs
(C)(4)		
(D)(1)	1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE) Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	1) Participating as members of the Professional Development Advisory Committee to expand the Delaware Competencies for Early Childhood to be inclusive of Home Visiting and Early Intervention
(D)(2)	1) Purchase of Care (DHSS) Office of Child Care Licensing (DSCYF) Head Start Collab (DOE) ECAP (DOE) IDEA Part C (DHSS) IDEA /619 (DOE)	1) Participating as members of the Compensation Advisory Committee; responsible for providing oversight on the implementation of the Compensation Program and Leadership Coaching Program including outreach to increase Educator participation

Selection Criterion	Participating Party	Type of Participation
	Parents as Teachers (DOE) Smart Start Home Visiting (DHSS)	
(E)(1)	1) LEA Representatives Delaware Institute for Excellence in Early Childhood (DIEEC) Early Development and Learning Resources Work Group (DOE) 2) Delaware Institute for Excellence in Early Childhood (DIEEC) Early Development and Learning Resources Work Group (DOE)	1) Participating as members of the Kindergarten Entry Assessment Stakeholder Work Group responsible for creating Kindergarten Entry Assessment Data Rubric 2) Providing Professional Development to Kindergarten on Kindergarten Entry Assessment
(E)(2)		

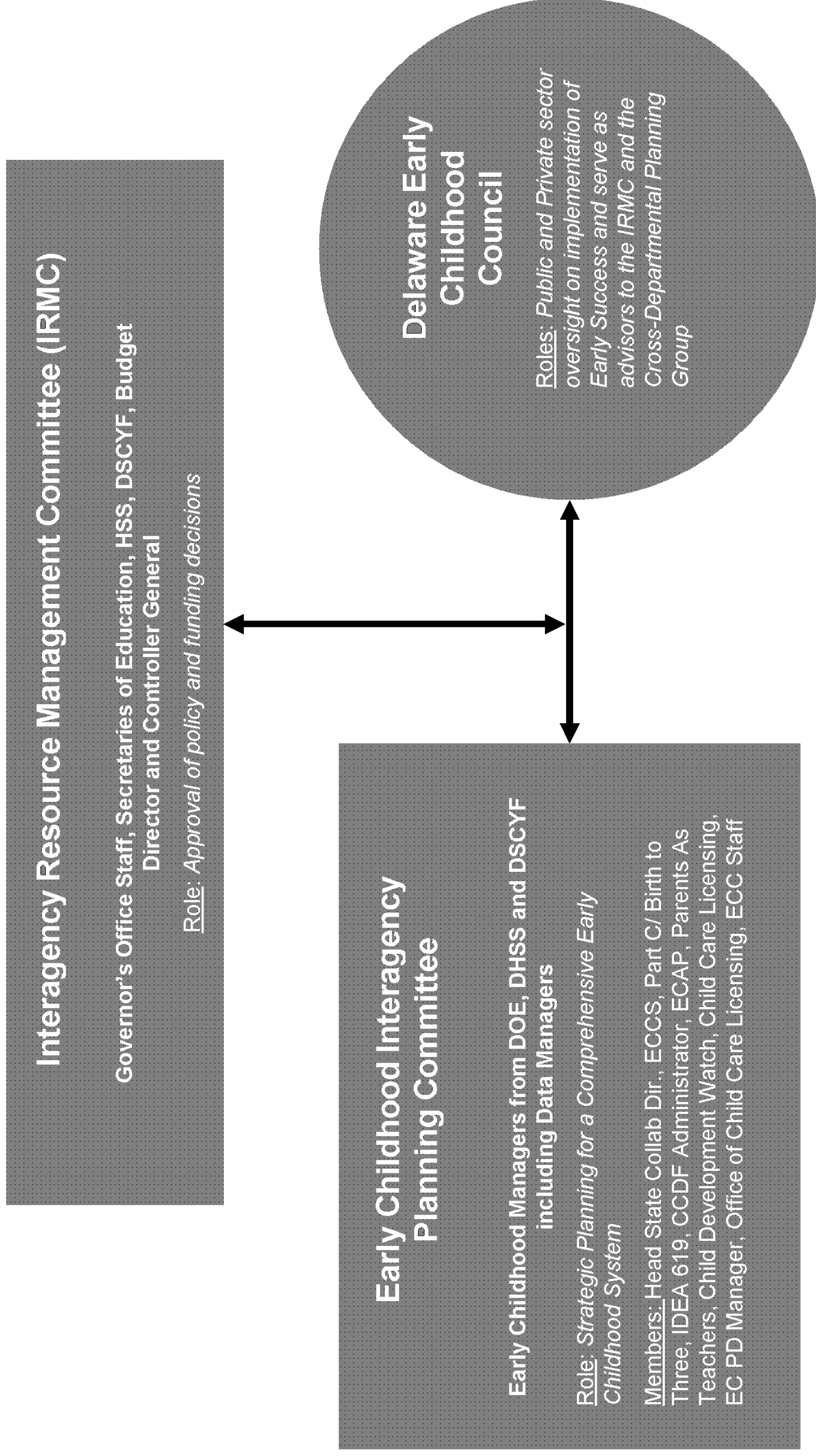
Authorized Representative of Lead Agency:

 10/17/2011
Date
Lillian Lowery
Secretary
Delaware Department of Education

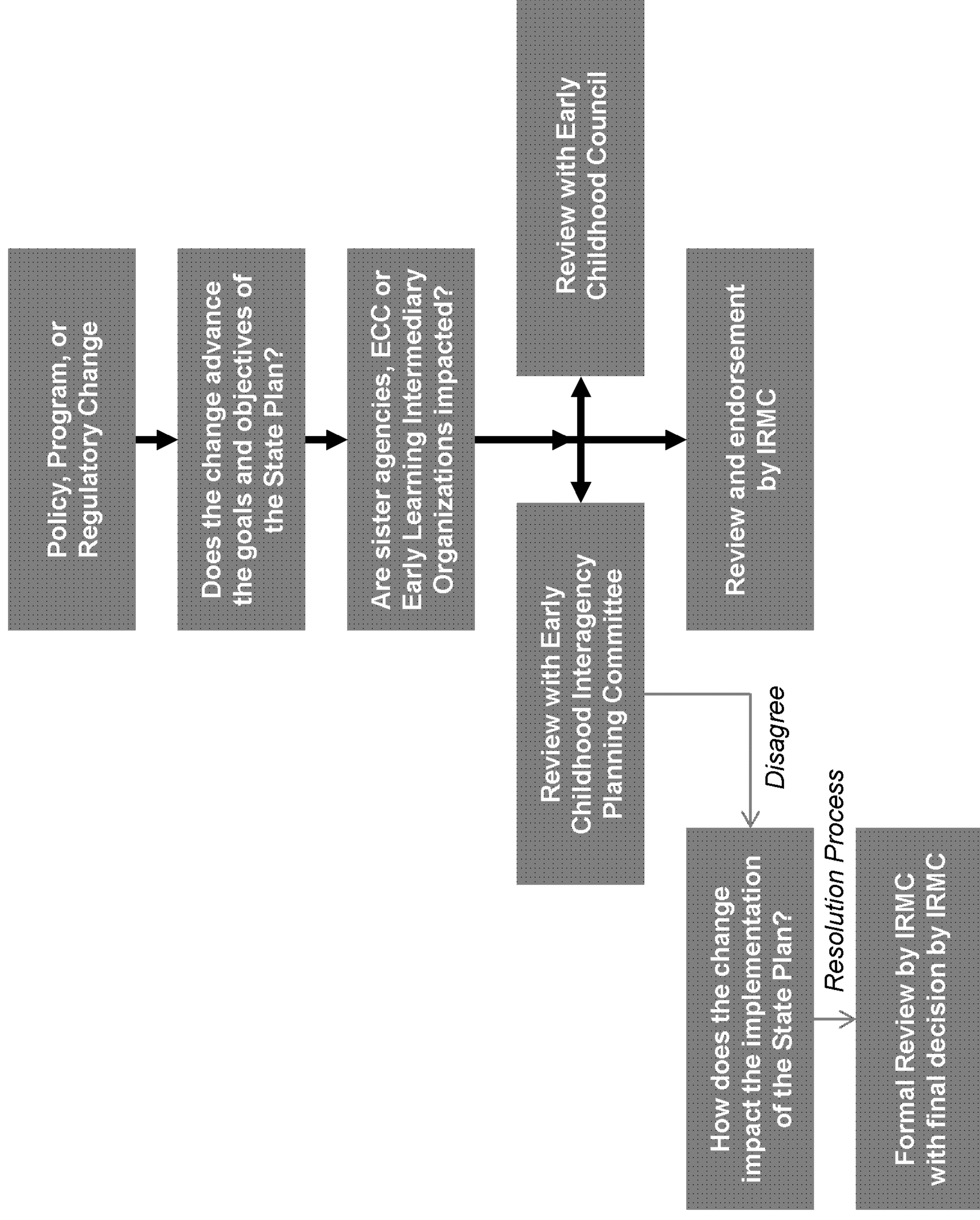
Authorized Representative of Participating State Agency:

 10/18/2011
Date
Rita Landgraf
Secretary
Delaware Department of Health and Social Services

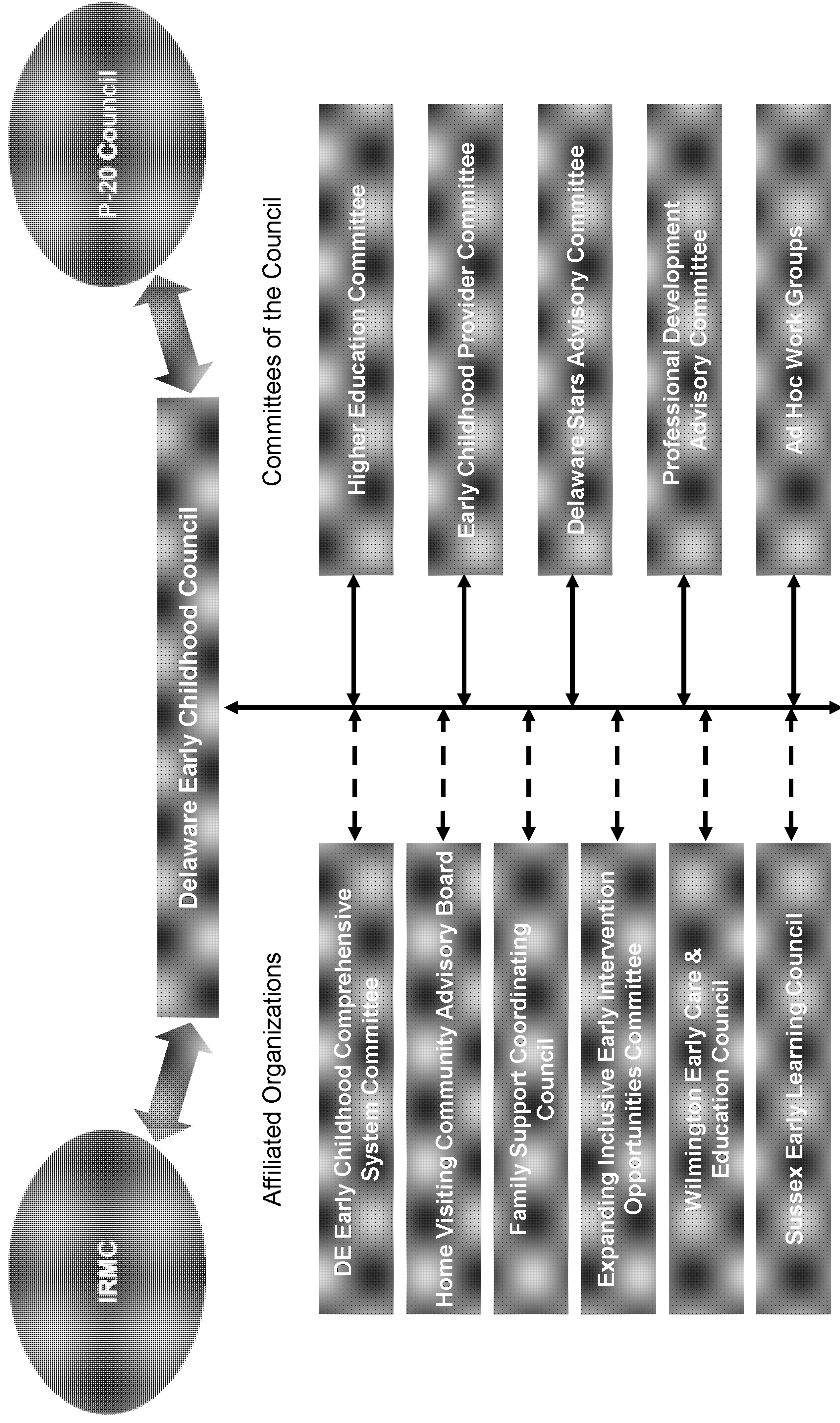
Interagency Governance for Early Childhood



Early Childhood Decision Making Process



Early Success: Delaware's Early Childhood Plan



Letters of Stakeholder Support	
<p style="text-align: center;">Advocacy Groups</p> <p>Delaware American Academy of Pediatrics</p> <p style="text-align: center;">Home Visiting Advisory Group Vision 2015 Nemours</p> <p>Metropolitan Wilmington Urban League</p> <p style="text-align: center;">Higher Education Institutions</p> <p>Delaware Technical & Community College</p> <p style="text-align: center;">Delaware State University</p> <p>University of Delaware: Family and Consumer Sciences Staff</p> <p>University of Delaware: Office of the President</p> <p style="text-align: center;">Wesley College</p> <p style="text-align: center;">Wilmington University</p> <p style="text-align: center;">Schools, Unions, Superintendents</p> <p>Delaware State Education Association</p> <p style="text-align: center;">District Chiefs</p> <p style="text-align: center;">Delaware Association of School Administrators</p> <p>Delaware State Board of Education</p> <p style="text-align: center;">Political Leaders/Groups outside of ELIO's</p> <p style="text-align: center;">P-20 Council</p> <p style="text-align: center;">Congressional Delegation</p> <p style="text-align: center;">Kids Caucus of the Delaware Legislature</p> <p style="text-align: center;">Department of Labor</p> <p style="text-align: center;">Delaware Public Policy Institute</p> <p>North Carolina Division of Child Development and Early Education</p> <p style="text-align: center;">Workforce Investment Board</p>	<p style="text-align: center;">Early Learning Intermediary Organizations</p> <p style="text-align: center;">Delaware Association for the Education of Young Children</p> <p style="text-align: center;">Delaware Head Start Association</p> <p style="text-align: center;">Early Childhood Council</p> <p style="text-align: center;">Part C ICC</p> <p style="text-align: center;">Prevent Child Abuse Delaware</p> <p style="text-align: center;">Family Child Care Representative to ECC</p> <p style="text-align: center;">Governor's Advisory Council for Exceptional Citizens</p> <p style="text-align: center;">Sussex County Early Childhood Council</p> <p>Wilmington Early Care and Childhood Council</p> <p style="text-align: center;">Wilmington Head Start, Inc.</p> <p style="text-align: center;">Local Nonprofits and Community Leaders</p> <p style="text-align: center;">Wilmington Montessori School</p> <p style="text-align: center;">Boys and Girls Club of Delaware</p> <p style="text-align: center;">Children and Families First</p> <p>Interdenominational Ministers Action Council</p> <p style="text-align: center;">La Esperanza</p> <p style="text-align: center;">Latin American Community Center</p> <p style="text-align: center;">Rodel Foundation</p> <p style="text-align: center;">United Way of Delaware</p> <p>Newark Day Nursery and Children's Center</p> <p style="text-align: center;">YMCA of Delaware</p> <p style="text-align: center;">Members of the Business Community</p> <p style="text-align: center;">Delaware Business Roundtable, Inc</p> <p style="text-align: center;">Chamber of Commerce</p>



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Delaware Chapter

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Wilmington, DE 19801
Phone: 302/778-3908
E-mail: khamilton@deaaap.org

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Carol Owens, MD, FAAP
Iman Sharif, MD, FAAP

October 10, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, DE 19805

Dear Madame Secretary:

The Delaware Chapter of the American Academy of Pediatrics (De-AAP) supports the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. The strengths of this plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, we remain committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

The DE-AAP has an established track record of supporting outcomes for children in early childhood and development programs. In a pilot project from 2009-2010, the DE-AAP expanded awareness of developmental screenings, and standardized the use of these screenings in pediatric practices for children from birth to age five. The group specifically wanted to ensure that Delaware children received comprehensive screenings at ages 9, 18, 24 and 30 months.

The results of the project: 1) Parents worked with the pediatric offices by completing the PEDS Response Form and Parent Resource Centers were created at the pilot sites. 2) Physicians use the PEDS tool, identifying children with developmental delays and referring them for additional services to specialists. 3) Program findings and recommendations were presented regarding implementing developmental screening statewide at our conference in April 2010.

In addition to our existing efforts, De-AAP is eager to engage in the new efforts and approaches outlined in the state's plan.

- DE-AAP membership on the Early Childhood Council
- DE-AAP continues to work with DPH to increase use of an evidence-based developmental screening tool and to link families to services.
- DE-AAP's ability and commitment to using the Early Learning Foundations in our work with families and programs; and our organization's past participation in developing the Early Learning Foundation and commitment to participate in the next revision.

De-AAP strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

Mary Lou Gavin, MD, FAAP
Vice President
Member - Early Childhood Council

Home Visiting Community Advisory Board

October 10, 2011

The Honorable Vivian L. Rapposelli

Department of Services for Children, Youth, and Their Families

1825 Faulkland Road

Wilmington, DE 19805

Dear Madame Secretary:

As Chair of the Home Visiting Community Advisory Board, I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on our existing foundation and momentum to take another leap forward in the quality and outcomes of our early learning system. The Home Visiting Community Advisory Board has appreciated the opportunity to participate in the formation of the Governor's plan; we have benefited from the strong support of his administration as we work for improved child outcomes. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, The Home Visiting Community Advisory Board remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

The Home Visiting Community Advisory Board has an established track record of supporting outcomes for children in early childhood and development programs. Children & Families First (CFF) brought together stakeholders from health care and child welfare to examine unmet needs to improve maternal and child health outcomes. Once CFF was awarded the Supporting Evidenced-Based Home Visiting Grant to Prevent Child Maltreatment (EBHV), the Home Visiting Community Advisory Board expanded its membership and worked to build a continuum of evidenced-based home visiting programs in our state. Our group now includes representatives from Early Head Start, Parents As Teachers, Nurse Family Partnership, Division of Public Health, Division of Family Services, Office of the Child Advocate, Child Death, Near Death and Stillborn Commission, Christiana Care Health System, Nemours Health and Prevention Services, Prevent Child Abuse Delaware, Domestic Violence Coordinating Council and individual advocates. The Home Visiting Community Advisory Board has worked to ensure that evidenced-based home visiting is an integral part of Delaware's early childhood system, building on the fact that home visiting and family support have been included in the State's comprehensive early childhood plan since 2006. Public will on behalf of high quality home visiting has continued to grow and the new federal home visiting grants are allowing us to take our plans to implementation.

In addition to our existing efforts, the Home Visiting Community Advisory Board is eager to engage in the new efforts and approaches outlined in the state's plan.

- We are committed to incorporating the Delaware's early learning guidelines (ELG's) in each of our home visiting programs by ensuring our interventions are aligned with the ELG's and that every family we work with has access to the ELG's.
- We will continue to participate in the Early Childhood Council, Delaware's State Advisory Council, ensuring that home visiting participates in all aspects of implementation of the State Plan.
- We are committed to participating in the implementation of Help Me Grow, an initiative where home visiting is an important partner.

The Home Visiting Community Advisory Board strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

A handwritten signature in black ink that reads "Leslie Newman". The signature is written in a cursive, flowing style.

Leslie Newman

Chair, Home Visiting Community Advisory Board

October 13, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805

Dear Madame Secretary:

As Chairman of Vision 2015, I am writing to express support for the state's Race to the Top – Early Learning Challenge application and for the plans that the Markell Administration has set for Delaware's early learning and development systems that serve as its foundation.

The Early Learning Challenge offers our state the opportunity to improve its existing early learning system by taking another step forward in quality and outcome. As a coalition representing education, government, business and community leaders statewide, Vision 2015 has appreciated the opportunity to inform the Governor's plan, as well as his administration's support of our work. The strengths of this plan are its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children for success in Kindergarten and the early grades.

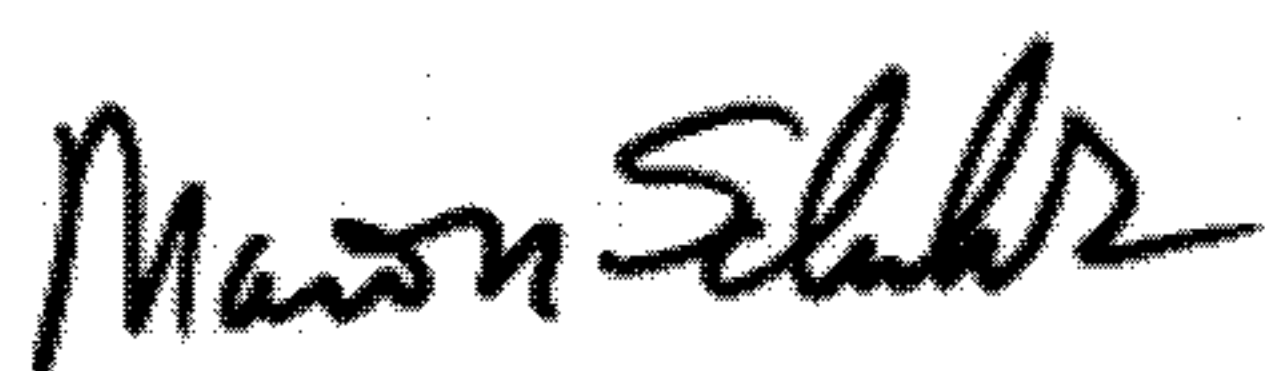
Early childhood education is one of Vision 2015's highest priorities, and we have worked diligently to advance early learning since 2006 when the coalition was established. Our efforts involve informing the broader education community and the general public on the importance of early learning, and informing and advocating for effective early learning practices. We also have developed key partnerships throughout the state to ensure that quality early learning remains a key priority for our lawmakers.

In addition to our existing efforts, Vision 2015 is eager to engage in new efforts and approaches outlined in the state's plan, including working to increase participation in the Delaware Stars quality rating program, improve training and compensation for early childhood providers, strengthen the alignment of services, and enable every child to arrive at school ready to learn.

Realizing the benefits of Delaware's early learning plans will only be possible through the continued partnership between educators, families, children, administrators, community leaders, and state policy makers, and we will work to maintain it.

Vision 2015 strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



Marvin N. Schoenhals
Chairman, WSFS Bank

October 6, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805

Dear Madame Secretary:

It is with great pleasure that we write this letter of support for the goals established by the Markell Administration for Delaware's birth through five early learning and development systems, which serves as a strong foundation for the state's Race to the Top – Early Learning Challenge application. As the Chief Executive Officer of Nemours/Alfred I duPont Hospital for Children, I join Mary Kate Mouser, the Executive Director of Nemours Health and Prevention Services, to convey our continued support of Delaware's efforts to ensure all children ages birth to five are healthy and ready to learn by school entry.

Nemours is one of the nation's largest pediatric health systems, operating the Alfred I. duPont Hospital for Children and Outpatient facilities throughout the Delaware Valley, Northern, and Central Florida. Nemours Health and Prevention Services (NHPS) is the health promotion and prevention services division of the hospital. The goal of NHPS is to drive long-term improvements in policies and practices that promote child health, and to leverage community strengths and resources to ensure all children have an opportunity to grow up healthy. By valuing and investing in health and wellness today, we can prevent disease for our children and future generations and promote optimal outcomes in all areas of a child's developmental growth.

Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in improving quality and outcomes of our early learning system. Nemours has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. The strength of this bold plan lies in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state and local policy makers. To that end, Nemours remains committed to an ongoing collaboration with these stakeholder groups. We are determined to use that collaboration to achieve Delaware's plan for early childhood.

Nemours has an established track record of supporting outcomes for children in early childhood and development programs. Our medical, preventative, and support services target the physical and emotional wellness of children, which is critical to their development. We have supported several initiatives and programs that serve communities throughout Delaware in effort to ensure that every child enters kindergarten ready and prepared to learn.

Alfred I. duPont
Hospital for Children
Wilmington, Delaware

Nemours Center for
Children's Health Media

Nemours Children's Clinic
Jacksonville, Florida
Orlando, Florida
Pensacola, Florida
Wilmington, Delaware

Nemours Health &
Prevention Services

Nemours Health Clinic
Wilmington, Delaware

Nemours Mansion & Gardens

Nemours.org

KidsHealth.org

PedsEducation.org

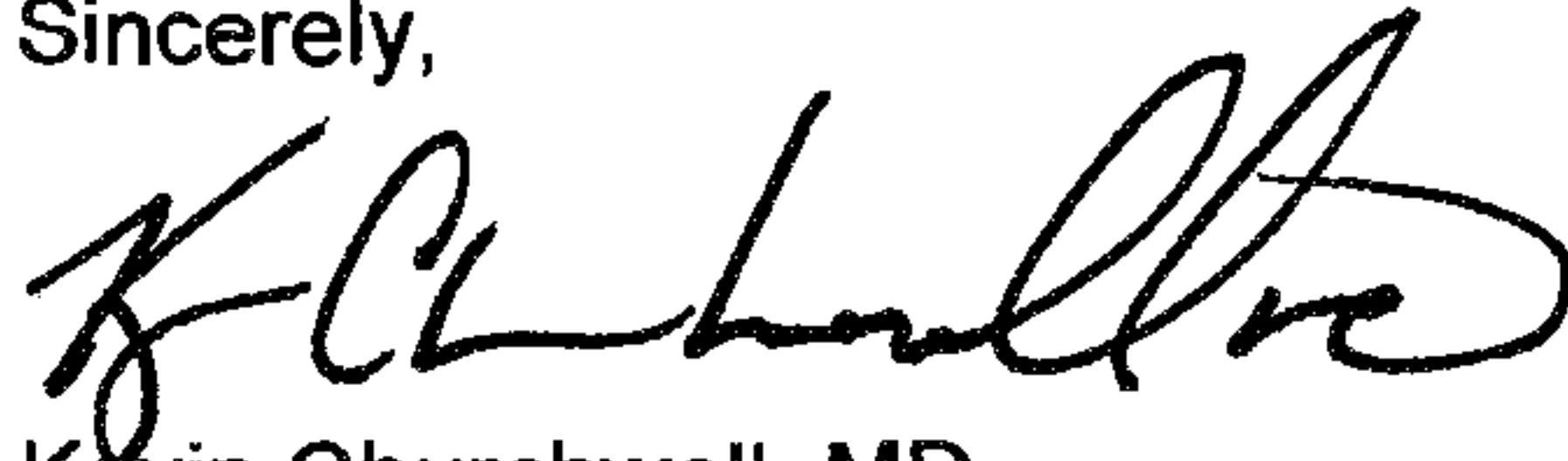
The Honorable Vivian L. Rapposelli
October 6, 2011
Page 2

As a collaborative partner, Nemours has invested more than a million dollars to assist Delaware's development and implementation of a coordinated system of care for early childhood. It is our intent to continue to participate with our early childhood stakeholders to ensure all children have access to quality programming and coordinated health care, especially those most at risk of being underserved or uninsured.

As outlined in the state plan, Nemours is eager to assist with efforts to improve quality professional development, including training and technical assistance for early childhood programs; development and implementation of a coordinated statewide early identification and referral system; increased capacity for home visiting programs for at risk children and their families; appropriate developmental screenings and interventions within primary care settings and linkages to community resources; and a shared database for tracking indicators related to health and school readiness.

Nemours strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

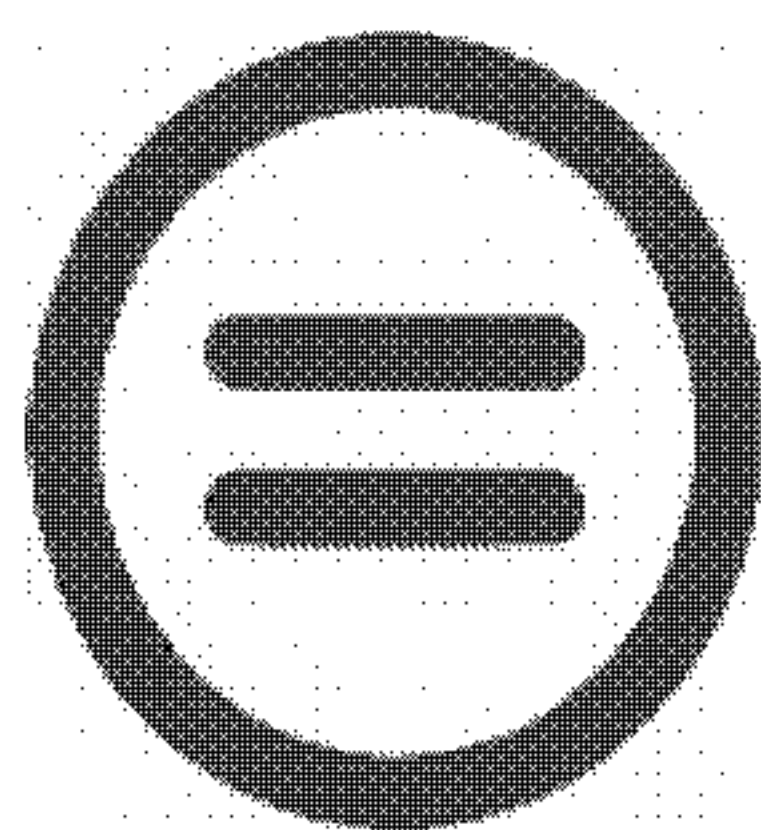
Sincerely,



Kevin Churchwell, MD
Senior Vice President, Nemours
Chief Executive Officer, Al duPont Hospital for Children

Mary Kate Mouser, MEd
Executive Director, Nemours Health & Preventions Services





**Metropolitan Wilmington
Urban League**

A3-3_Letters of Stakeholder Support

*Empowering Communities.
Changing Lives.*

100 West 10th Street, Suite 710
Wilmington, DE 19801
(302) 622-4300
www.mwul.org

October 11, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd.
Wilmington, DE 19805

Dear Madame Secretary:

As President and CEO of the Metropolitan Wilmington Urban League (MWUL), I am writing to express our support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. The MWUL has appreciated the opportunity to work closely with the Governor on a number of initiatives, specifically education reform efforts. The strengths of his bold plan lies in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten, the early grades and beyond.

The MWUL believes the reform outlined in Delaware's plan will succeed only through a shared-vision and strong partnership between educators, parents and families, children, administrators, community leaders, state and local policy makers. To that end, the MWUL remains committed to ongoing collaboration with these key stakeholder groups to make this plan a reality.

As the voice of equity for the community of color, the MWUL has an established track record of supporting outcomes for children irrespective of their background. Equal access to a quality education is a core value in our organization and drives our policy and programs.

We support the state's application for the Early Learning Challenge grant, and we will work collectively with other key stakeholders to advance an agenda to help Delaware take advantage of this historic opportunity.

Sincerely,

Deborah T. Wilson,
President & CEO

cc: Edie A. Corbin, Director of Education/Health



October 13, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd.
Wilmington, DE 19805

Dear Madame Secretary:

As the Vice President for Academic Affairs of Delaware Technical Community College (Delaware Tech), I am writing to express support for the goals Governor Markell's administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take a leap forward in the quality and outcomes of its early learning system. Delaware Tech supports the concepts of the Governor's plan, and appreciates his administration's support for our work. The strengths of the concepts lie in their focus on quality, attention to the needs of the whole child, and emphasis on preparing all children – especially those with high needs – to be ready to succeed in kindergarten and the early grades.

Delaware Tech has an established track record of fostering positive outcomes for children in early childhood and development programs. The College offers educational opportunities that include certificate, diploma and associate degree options, and professional development training. Educational offerings are aligned with state curriculum, best practices in early care, and practical application of knowledge.

In addition to educational opportunities, the College has actively participated in the provision of early care and education through local and statewide measures. Each campus delivers quality child care environments for the children of student parents and community members. These Child Development Centers/Lab Schools not only provide quality child care and development experiences, but support Delaware residents in being able to obtain an education and also provide expanded learning opportunities for students in the early care programs of study. Lastly, the Education Department faculty and college-wide chairpersons serve on various statewide committees and organizations that support and advocate for quality early care programs.

Delaware Technical & Community College
Office of the President
P.O. Box 897, Dover, DE 19903
Phone: (302) 739-3737 Fax: (302) 739-3345
Equal Opportunity/Affirmative Action Institution

The Honorable Vivian L. Rapposelli

October 10, 2011

Page 2

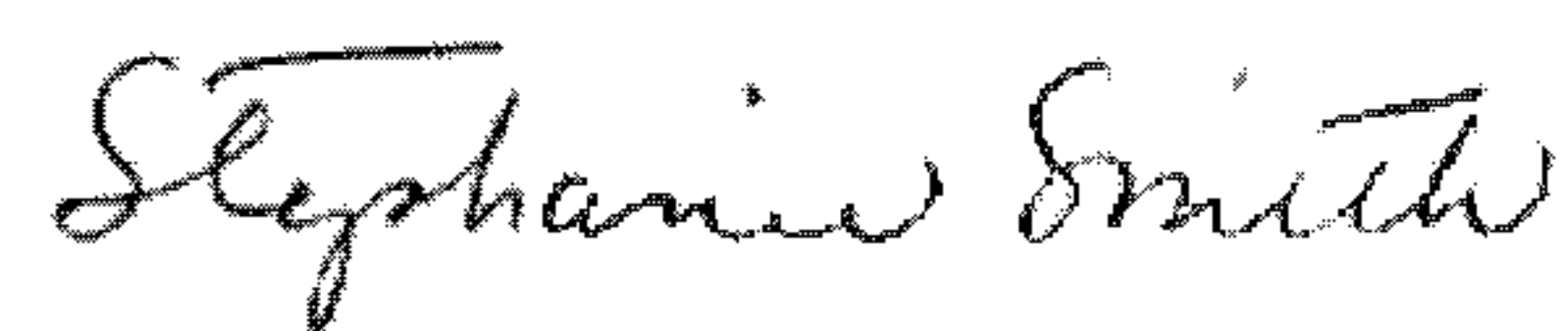
The College is committed to strengthen our alignment with the State's frameworks and plans for workforce development to ensure that Delaware meets its goal of building an exceptionally well prepared early childhood workforce. Delaware Tech produces the largest number of graduates into the field in the state, and our commitment to early learning and development is well-established.

With support provided by the Early Learning Challenge grant, Delaware Tech will take action in the following areas, and is committed to completing this work by the end of the four-year grant period:

- Ensure Delaware's competency framework for early childhood educators is fully integrated into our course offerings and curriculum.
- Allow early childhood educators to earn credits, outside of a matriculated student model, in coursework that provides an overview of the field, aligns with standards, teaches key competencies, and provides developmental education.
- Provide an articulated pathway for these providers/educators, and others interested in entering the field, to enroll in a range of educational offerings that are consistent with the state's workforce development goals and that provide options to advance their career.
- Investigate and adopt new instruction and support models (e.g. acceleration of developmental education) to increase the completion rate for students seeking credentials and degrees in early childhood.
- Create and offer professional development ongoing training for the workforce

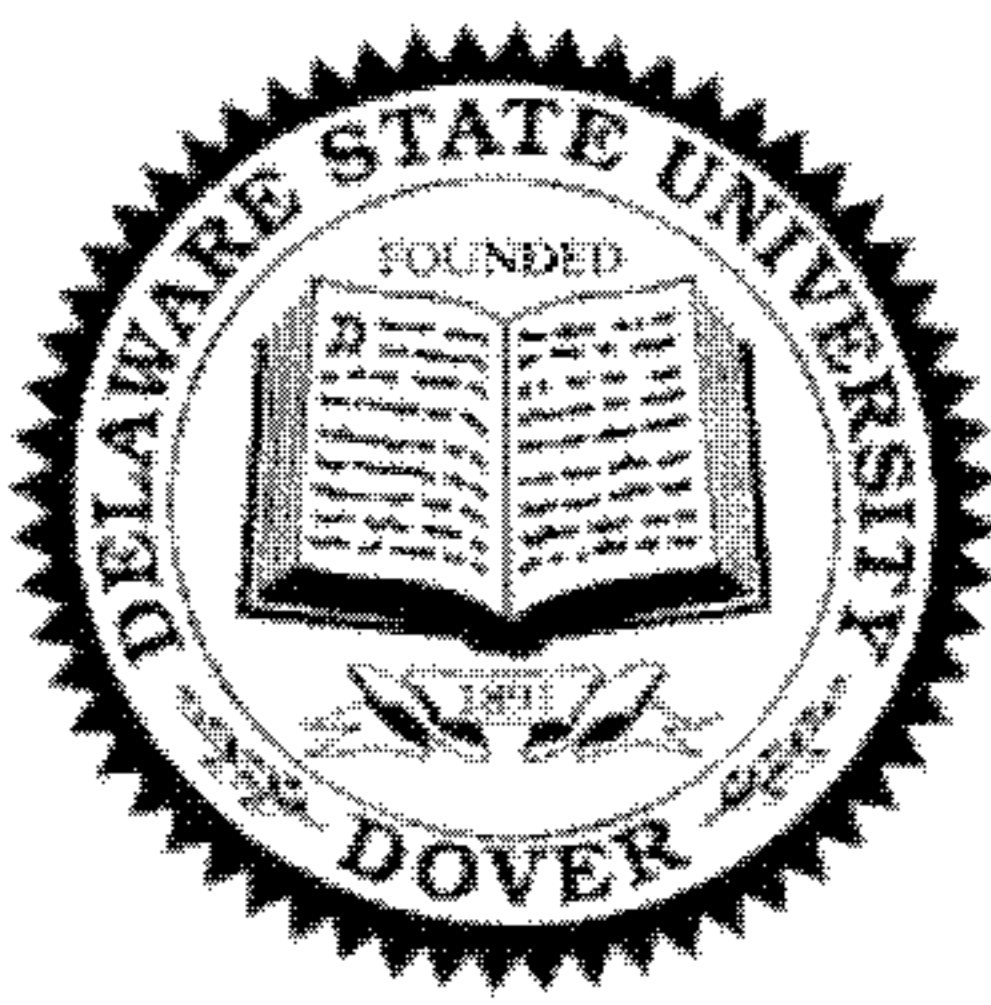
Delaware Tech strongly supports the state's application for Race to the Top and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



Stephanie Smith

Vice President for Academic Affairs



DELAWARE STATE UNIVERSITY

Office of the President

October 12, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Rd
 Wilmington, DE 19805

Dear Madame Secretary:

I am impressed with and fully support the goals that the Markell Administration has set for Delaware's birth through five early learning and development system, which serves as a strong foundation for the State's Race to the Top – Early Learning Challenge application. The strengths of this proposal lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades. Certainly, this is the kind of proposal that can do a great deal to advance our efforts to support and strengthen early child education as it relates to the quality and outcomes of the State's early learning system.

As our faculty worked collaboratively with the Governor's staff to frame and develop this proposal, it is quite apparent that the four-fold objectives are complimentary to the teaching, research and outreach mission areas of Delaware State University, an 1890 land grant institution. Delaware State University (DSU) has an established track record of supporting outcomes for children in early childhood and development programs. For example, the DSU Early Childhood Lab School is now in its 47th year serving two basic purposes: (1) to provide an educational program for children ages 12 months- five years old where the staff, environment and curricular are focused on stimulating cognitive, social, linguistic, emotional and physical development of students within a family context; and (2) to provide practical educational opportunities for pre-service teachers enrolled at the University to experience early field experience and to allow pre-service teachers to observe, research, participate and apply theory to practice. Currently, the Lab School is serving a maximum of 60 children. The Department of Education in the College of Education, Health and Public policy has a well-defined Early Childhood Education (Birth-2) that leads to the B.S. degree. In this case, professors integrate lecture with direct observation of children in many courses each semester. Specifically, the early field experience, which is completed in the Lab School, helps students to decide whether to work with toddlers, preschoolers, special education, and early elementary school. From the general education, methods, practicum courses, to student teaching; students enhance practical concepts and experiences leading to B.S. degree in early childhood. All the programs in this field are fully accredited by meeting NCATE and NAEYC standards.

The Elementary Education program at Delaware State provides outstanding career preparation and opportunities for K-6 teachers in a small university setting that allows for individual attention for each of our students. Students learn to teach all academic subjects proficiently, with extra emphasis on literacy and multicultural / multiethnic classrooms in a positive classroom atmosphere that is conducive to learning. The program emphasizes direct, hands-on experience in real-world classrooms and incorporates the most current theories in learning, assessment, and child development. Elementary Education graduates leave our institution as highly qualified professionals who are ready to teach.

In addition, the Elementary Special Education Program prepares teachers to work with children (kindergarten through eighth grade) who have high incidence disabilities. This type of teaching requires specialized skills; the Department of Education offers the perfect environment for developing those skills and competencies, with small class sizes, and a supportive atmosphere that emphasizes direct faculty-student interactions. On completion of the program of study, Elementary Special Education graduates are certifiable teacher. Students develop professional teaching competencies and skills in the following areas: language development, remedial and developmental reading, behavior analysis and modification, assessment and diagnosis of students with exceptional needs, lesson planning and classroom management, communication with parents and family members, collaboration with other stakeholders, and the use of adaptive and assistive technologies to accommodate individual needs.

Another program that is ostensibly related to supporting outcomes for children in early childhood and development programs is “Early Childhood Education in Nutrition and Physical Activity” in the University’s Cooperative Extension Program in the College of Agriculture and Related Sciences. Historically, Cooperative Extension has been actively involved in providing training for childcare providers and direct nutrition education of pre-school aged children. At DSU, we have the Expanded Food and Nutrition Education Program (EFNEP) which provides nutrition, food safety and food budgeting information to low- income mothers of young children and pregnant teens, and also nutrition and food safety education to youth in after-school programs. In addition, our Supplemental Nutrition Assistance Program Education (SNAP-Ed) is designed particularly to conduct nutrition and food safety education programming in Title I (low income) schools for 2nd and 3rd graders. As we plan strategically for the future, we will soon form a Child Nutrition Education Task Force to work with self-selected Head Start schools, the Early Childhood Assessment Program, and preschools catering to SNAP-eligible households (those served by the Child and Adult Care Food Program - CACFP) to introduce nutrition, physical activity and food safety education at these venues, both to the children and parents.

The University’s Department of Nursing offers courses to students and early childhood professionals/paraprofessionals to support outcomes for children in early childhood and development programs. The content of these courses provides students with the practices, strategies and methods of working with children in early childhood and children with developmental issues. Our students apply the nursing process in providing care to the childbearing family during antepartum, intrapartum, and postpartum periods in a variety of settings. They learn to assess health maladaptations as they relate to growth and development of the infant. . Competencies and skills needed to manage the health care of children experiencing potential and actual problems in fulfilling human needs and achieving bio-psycho-social adaptation are developed as students work with children in the community. A major focus area is Head Start wherein students develop skills in developmental assessment. Students are made aware of the roles of the nurse in promoting health and adaptation for the child within the context of a family are emphasized in clinical and theoretical components of the course

In the University’s College of Business, two early learning programs are noteworthy: (1) Family Child Care Providers, and (2) the Junior Entrepreneurs in Training.

The Delaware Center for Enterprise Development (DCED) at DSU offers a 28-hour Course for Family Child Care Providers. This course is approved by the Office of Child Care Licensing (28hours) and endorsed by Children and Families First, our state-wide Resource and Referral Agency. The providers develop a business plan and parent handbook while becoming empowered with a personalized action plan. The course is approved by the Office of Child Care Licensing and uses the Kauffman Foundation course materials. Topics being covered include: pricing and cost analysis; financial records and cash flow budgeting; marketing strategies; and identifying your competition.

Since 2007, Citigroup, along with several other partners, has sponsored a Family Child Care Business Plan Competition. Additionally, DCED is involved with developing curriculum to meet the new regulations being implemented by the Office of Child Care Licensing for Early Childhood Administrators. It is the goal of DCED to decrease the risk of Centers and Family Child Care in non-compliance by offering the required courses throughout the state of Delaware at a minimal cost to the providers

The JET Program is an entrepreneurial awareness and skills enhancement program for students enrolled in various Delaware public schools and who are members of local community centers. JET addresses the need to provide youth the opportunity to learn about entrepreneurship; to teach youth basic concepts and skills required for entrepreneurship; and to help youth understand the relationship between academic subjects and the practical world of entrepreneurship. The program, which has a two dimensional focus on entrepreneurial awareness and skills development, is designed to provide exposure, inspire entrepreneurial initiative, plant seeds for the future, affect behavior, and provide opportunities as well as increased career options for students.


The JET Summer Camp is a two-week youth entrepreneurship day camp designed to inspire up to 30 middle school youth, primarily from low- to moderate-income households, to consider entrepreneurship as an option. This provides an active learning environment and a positive alternative to unsupervised summer activities. The camp is held on the DSU campus and transportation and meals are provided. The curriculum used is from the Kauffman Foundation and the National Foundation for Teaching Entrepreneurship.

Going forward, Delaware State University is fully committed to supporting the goals and objectives of the Early Learning Challenge to develop a well trained early childhood workforce. To be specific:

- To ensure that the Delaware's competency framework for early childhood educators is integrated into our course offerings and curriculum, so that graduates from our programs have the skills that are required to deliver high quality programming; and
- To continue to offer a range of coursework, credential opportunities, and degree programs – consistent with those outlined in the state plan – that provide educators with a range of pathways to access the early childhood field, and to advance in their career.

This proposal is well developed, succinctly written and fits nicely with the Delaware State University's current efforts to support outcomes for children in early childhood and development programs. As such, Delaware State University strongly supports the State's application for Race to the Top and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



Dr. Harry L. Williams
President



Families and Their Communities
105 Edward R. Wilson House
Newark, DE 19717-1303
Telephone: (302) 831-1329
<http://ag.udel.edu/extension/fam/>
ptnelson@udel.edu
Fax: (302) 831-0843
October 14, 2011

Cooperative Extension

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth and Their Families
1825 Faulkland Rd.
Wilmington, DE 19805

Dear Secretary Rapposelli:

I am pleased to support Delaware's outstanding proposal for the *Race to the Top – Early Learning Challenge* grant. I am committed to strengthening *Help Me Grow!* and other programs by expanding the reach of *Just in Time Parenting* – which offers:

- An unusually parent-friendly series targeting prenatal through 5 years.
- A delivery system that capitalizes on the “teachable moment” -- keyed to the age of each parent’s child.
- Ongoing development and evaluation of ***Just in Time Parenting*** resources by a multi-state team of Cooperative Extension professionals at leading land-grant universities nationwide.

There are two ways to receive *Just in Time Parenting*:

- Parents can sign up for a free subscription at <http://www.extension.org/parenting> and receive monthly “e-deliveries.”
- **Print issues can be mailed monthly** (or bi-monthly for older children). This method is especially important for those without dependable Internet access.

Just in Time Parenting is available in **English and Spanish** and written at a 4th grade reading level. Each issue cuts to the core of knowledge needed to help children thrive --

- Promoting healthy growth and development -- socially, emotionally, physically and intellectually.
- Helping prepare children for school success; reinforcing positive parenting
- Encouraging and reinforcing family strengths – gently encouraging and affirming health and vitality.
- Helping families connect to resources in their local areas – when help is needed.

In addition, I will enlist my Extension Family & Consumer Sciences colleagues, who have a long and effective track record throughout our state in providing nutrition, food safety and money management programming for child care providers and families. It is exciting to be a part of this strong Delaware collaboration.

Sincerely,

A handwritten signature in black ink that reads "Pat Nelson".

Pat Tanner Nelson, Ed. D., Professor; Family & Human Development Specialist



Office of the President

Patrick T. Harker
President104 Hnllihen Hall
Newark, DE 19716-0101
Phone: 302-831-2111
Fax: 302-831-1279
Email: harker@udel.edu

October 5, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Rd
 Wilmington, DE 19805

Dear Madame Secretary:

As President of the University of Delaware, I am writing to express support for the goals that the Markell Administration has set for Delaware's birth through five early learning and development systems. These goals provide a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build upon existing resources and recent momentum to take a significant step forward in improving the quality and outcomes of our early learning system. The University of Delaware has appreciated the opportunity to participate in the formation of the Governor's plan, as well as Governor Markell's support for our work together. Building on a strong, long standing University-State partnership, faculty from the University of Delaware's College of Education and Human Development have been actively engaged with the administration throughout the vision and proposal building process of this application. We are fully invested in helping to ensure that evidence-based practices will be integrated into the design and implementation of this statewide initiative to improve outcomes for young children. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

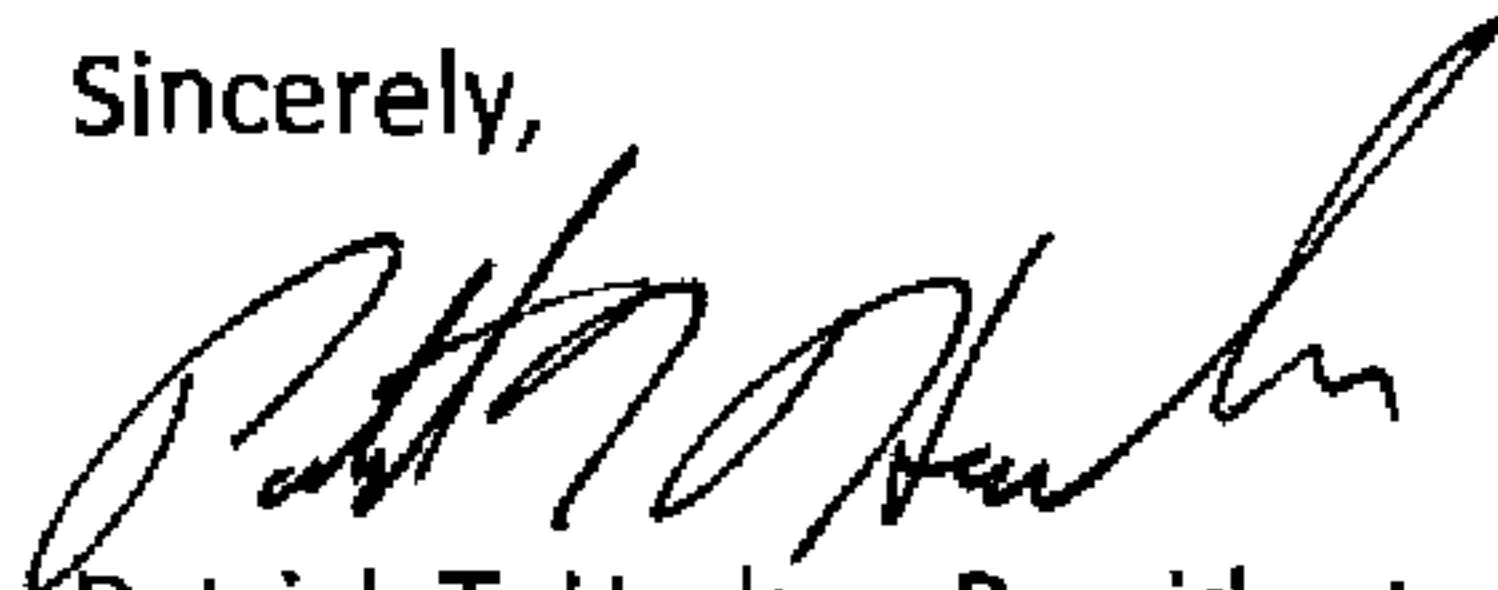
The University of Delaware has an established track record of supporting outcomes for children in early childhood and development programs. The Department of Human Development and Family Studies (HDFS) in the College of Education and Human Development, for instance, houses multiple research projects and initiatives as well as scientist practitioner laboratory sites including the Delaware Institute for Excellence in Early Childhood, New Directions Early Head Start, the Laboratory Preschool, and the Early Learning Center-Newark and Early Learning Center-Wilmington. In addition, the NCATE approved Early Childhood Education major (birth to grade2) has been cited as one of the few blended early childhood/early childhood special education programs in the country. Embedded in these programs is an emphasis on meeting the needs of high risk children with a particular focus on children in poverty and children with disabilities and their families. As such, the HDFS Department and the College of Education and Human Development more broadly, are essential partners in the state's Race to the Top plan. In particular, Delaware Stars for Early Success, the Early Childhood Professional Development System, and Delaware's Kindergarten Readiness project reside in the Delaware Institute for Excellence in Early Childhood and will play a pivotal role in the implementation of key initiatives for this proposal. The College has also worked with the administration in the development of a data system that will be used to evaluate the effectiveness of these initiatives.

As we move forward, the University of Delaware makes several specific commitments to support the goal of the Early Learning Challenge in order to develop a great early childhood workforce. In particular:

- The Delaware competency framework for early childhood educators will be integrated into our course offerings, curriculum, and outreach, so that graduates from our programs have the skills that are required to deliver high quality programming
- A range of coursework, credential opportunities, and degree programs – consistent with those outlined in the state plan – will be offered that provide educators with a range of pathways to access the early childhood field, and to advance in their career; we will build a new generation of leaders in early childhood through our certificate and graduate programs
- The Delaware Institute for Excellence in Early Childhood will continue to collaborate with the State of Delaware as an essential partner in the implementation and evaluation of strategic initiatives to improve early learning outcomes for the young children of Delaware

The University of Delaware strongly supports the state's application for Race to the Top and is excited to work together to begin the next phase to help Delaware take advantage of this historic opportunity.

Sincerely,



Patrick T. Harker, President
University of Delaware



October 11, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Rd
 Wilmington, DE 19805

Dear Madame Secretary:

As VPAA of the Wesley College, I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. Wesley College Education Department appreciates the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten, the early grades and beyond.

Wesley College has an established track record of supporting outcomes for children in early childhood and development programs. Wesley College has historically been an advocate for early childhood and currently provides graduate and undergraduate licensure and certification programs for the school-age population.

The Wesley College Education Department is poised to plan for flexible programs that prepare professionals and para-professionals to teach and address the instructional and special needs of birth through five year-old children.

As we move forward, Wesley College Education Dept. makes several specific commitments to support the goal of the Early Learning Challenge to develop a great early childhood workforce. In particular:

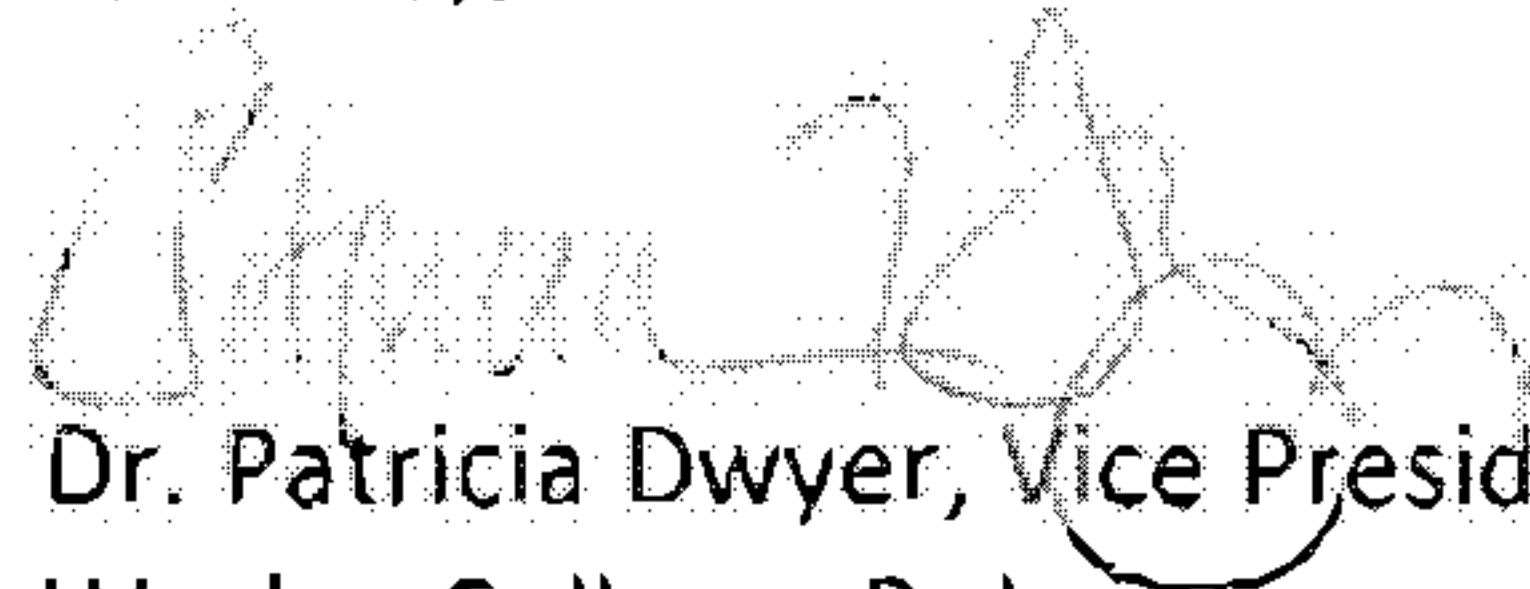
- To ensure that Delaware's competency framework for early childhood educators is integrated into our current and proposed early childhood course offerings and curriculum in each of the 8 content areas, so that graduates from our programs have the knowledge, skills, and dispositions that are required to deliver high quality programming that targets the individual needs of the birth through five year old population.
- To offer a range of coursework, credential opportunities, and degree programs – consistent with those outlined in the state plan – that provide educators with a range of pathways to access the early childhood field at levels 1-4, and to advance in their career.



- To establish a collaborative relationship linking Wesley College's Education and Nursing departments in the building of Nursing and Early Childhood Education programs focused on health, lifetime wellness and learning for b-K12 children and their families in urban and rural Delaware.
- To establish a Special Education program that addresses the unique needs of pK-8 infants and children, to include the autistic spectrum.

Wesley College Education Dept. strongly supports the state's application for Race to the Top and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



Dr. Patricia Dwyer, Vice President for Academic Affairs
Wesley College, Delaware



October 11, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805

Dear Madame Secretary:

As Provost and Vice President for Academic Affairs of Wilmington University, I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. Wilmington University has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in kindergarten and the early grades.

Wilmington University has a history of delivering coursework in a manner that is conducive to adults who are working full time and we have an established record of supporting outcomes for children in early childhood and development programs. In addition, Wilmington University has provided in-kind space for the New Castle County Child Care Resource Center for many years and we were the first higher education institution in Delaware to provide competency demonstration pathways for early childhood. As one of the preferred programs for those currently working in the field, we certainly affirm our commitment to these students and to their chosen field of endeavor.

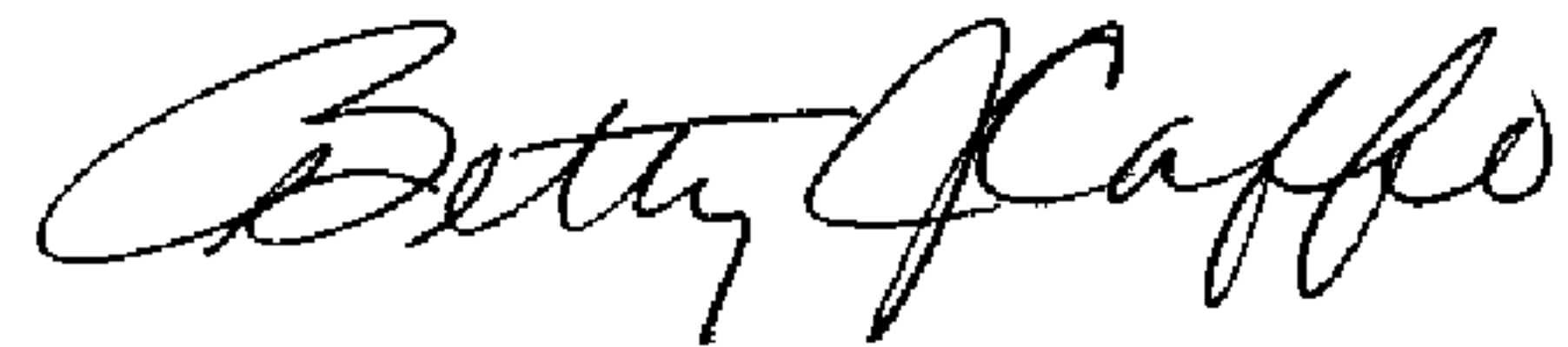
As we move forward, Wilmington University makes several specific commitments to support the goal of the Early Learning Challenge to develop a great early childhood workforce. In particular:

- To ensure that the Delaware's competency framework for early childhood educators is integrated into our course offerings and curriculum, so that graduates from our programs have the skills that are required to deliver high quality programming;

- To offer a range of coursework, credential opportunities, and degree programs – consistent with those outlined in the state plan – that provide educators with a range of pathways to access the early childhood field, and to advance in their career.

Wilmington University strongly supports the state’s application for Race to the Top and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

A handwritten signature in black ink that reads "Betty Caffo". The signature is written in a cursive, flowing style.

Dr. Betty J. Caffo
Provost and Vice President for Academic Affairs

BJC/pmp



October 18, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Rd
 Wilmington, DE 19805

Dear Madame Secretary:

I am writing to express DSEA's support for Delaware's grant objectives for the state's Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build upon existing foundations and the recent momentum to enhance the quality and outcomes of our early learning systems. DSEA has been a collaborative partner in Delaware's implementation of their Race to the Top plan for the K-12 schools. We have also advocated for quality pre-K programs to ensure that all Delaware's children are ready to learn.

As stakeholders we believe that the focus must be on the needs of the whole child, and on preparing all children to be ready to succeed in Kindergarten and the early grades. An early foundation is essential for success in school. DSEA remains committed to ongoing collaboration with the Markell Administration and many stakeholder groups to make this plan a reality.

We also believe the assessment of Kindergarten students will be worthwhile. While we have some capacity concerns, we are committed to working with the Administration and other partners to determine how the state's plan will be implemented. Kindergarten teachers' participation in this design process will be essential to ensure the process is aligned with current efforts, is useful for teachers' practice, and does not negatively impact instructional time.

DSEA strongly supports the state's application for The Early Learning Challenge and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

Frederika Jenner
 President

DELAWARE STATE EDUCATION ASSOCIATION

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Branch Office | 4135 Oglethorpe-Stanton Road | Suite 101 | Newark, Delaware 19713 | P • 302.366.8440 | F • 302.366.0287

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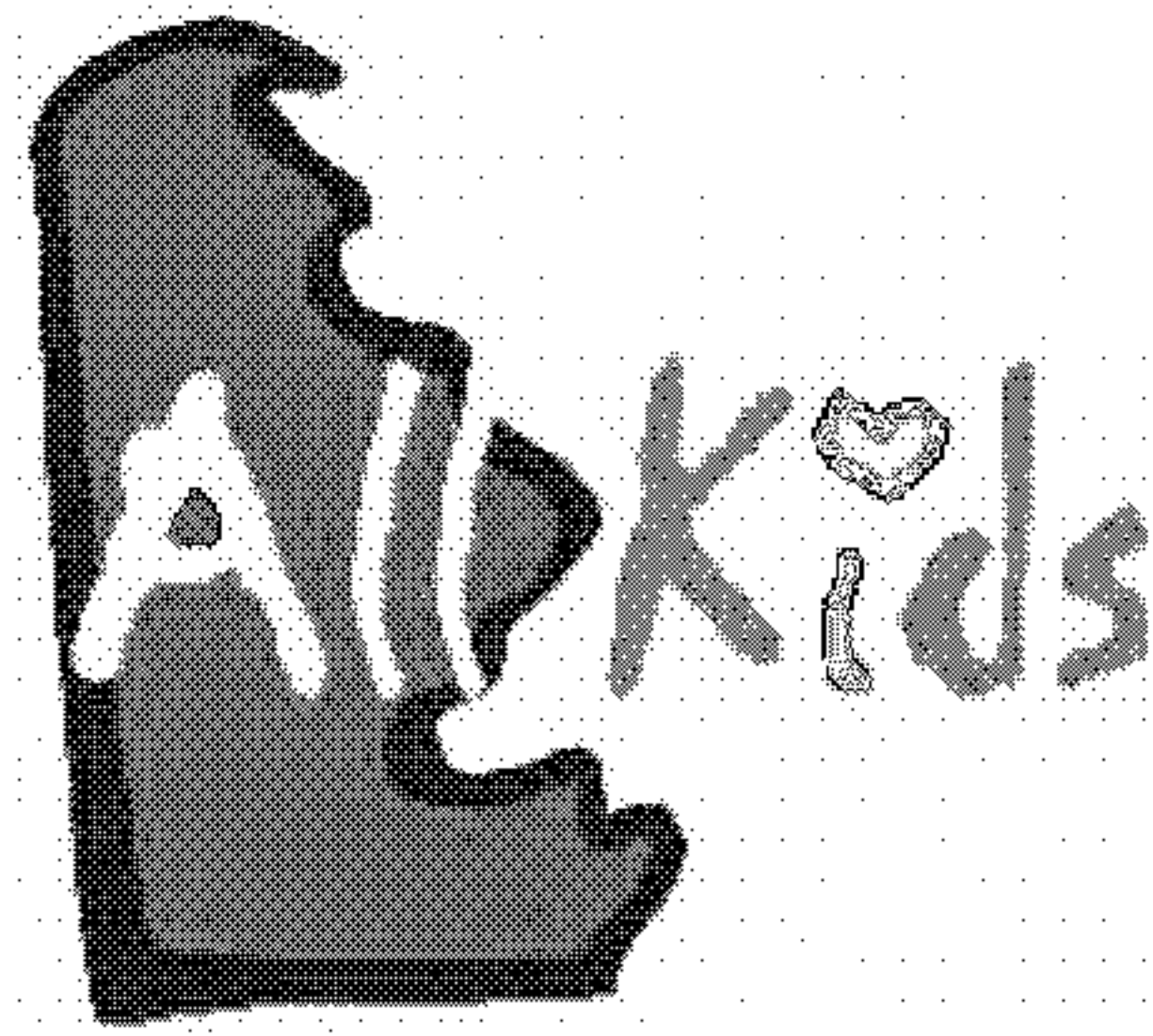
Frederika Jenner
 President

Mike Hoffmann
 Vice President

Karen Crouse
 Treasurer

Mary Jo Faust
 NEA Director

Howard Weinberg
 Executive Director



DELAWARE CHIEF SCHOOL OFFICERS ASSOCIATION

October 10, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Rd
 Wilmington, DE 19805

Dear Madame Secretary:

As President of the Delaware Chief School Officers Association, I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system.

The Chief School Officers has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. This strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

The Chief School Officers has an established track record of supporting outcomes for children in early childhood and development programs. The Chief School Officers believe the application will present a strategy to build alignment between early childhood and early elementary grades, to better ensure kindergarten readiness. It will promote an aligned view of the goals across the transition period to kindergarten, and will also include implementation of a statewide kindergarten entry assessment. It will also inform instruction in kindergarten and early grades, and provide aggregated data for state and local policy-makers to assess the outcomes from the early childhood system.

As we move forward, the Chief School Officers makes several specific commitments to support the goal of implementing a kindergarten entry assessment program that helps to measure and improve readiness levels for all children statewide. In particular, the district chiefs commit:

- To work with the state and its partners to select an assessment instrument (or instruments) that can be implemented statewide for all teachers and all students, to measure children's readiness across domains
- To ensure that this assessment, as well as our kindergarten and early grade programming more generally, is structured to meet the differential needs and levels of readiness in the population, especially for children with high needs
- To the participation of our kindergarten teachers in training and coaching programs, with the goal of statewide, valid, and reliable implementation of the assessment no later than 2014-15

The Chief School Officers Association strongly supports the state's application for Race to the Top and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Respectfully yours,

David C. Ring, Jr., Ed.D
 President

2010-11 OFFICERS

David C. Ring, Jr.
President

Michael D. Thomas
Vice President

Mervin B. Daugherty
Secretary

Deborah D. Wicks
Treasurer

MISSION

The mission of DCSCOA is to build the capacity of public schools to meet the needs of all students, deliver quality teaching and learning experiences, provide relevant curriculum, assure effective use of resources, and maintain safe, healthy learning environments.

APPROACH

DCSCOA is a coalition of top educational leaders working collaboratively with our constituents and key business, government, civic and philanthropic leaders to identify and remove roadblocks to achieving healthy communities and top-performing students and schools.

A3-B Letters of Stakeholder Support

Delaware Association of School Administrators

860 Silver Lake Blvd., Suite 150 • Dover, DE 19904-2402

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2011-2012

October 06, 2011

Officers

Dan Shelton, Ed.D.
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Curt Bunting
President-Elect

J. Glenn Davidson
Past President

Christine daCosta
Treasurer

Executive Director
G. Scott Reihm

Executive Assistant
Deborah A. Virdin

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd., Wilmington, DE 19805

Dear Madame Secretary:

As Executive Director of the Delaware Association of School Administrators (DASA), I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. DASA has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

DASA has an established track record of supporting outcomes for children in early childhood and development programs.

As we move forward, DASA makes several specific commitments to support the goal of implementing a kindergarten entry assessment program that helps to measure and improve readiness levels for all children statewide. In particular, the district chiefs should commit:

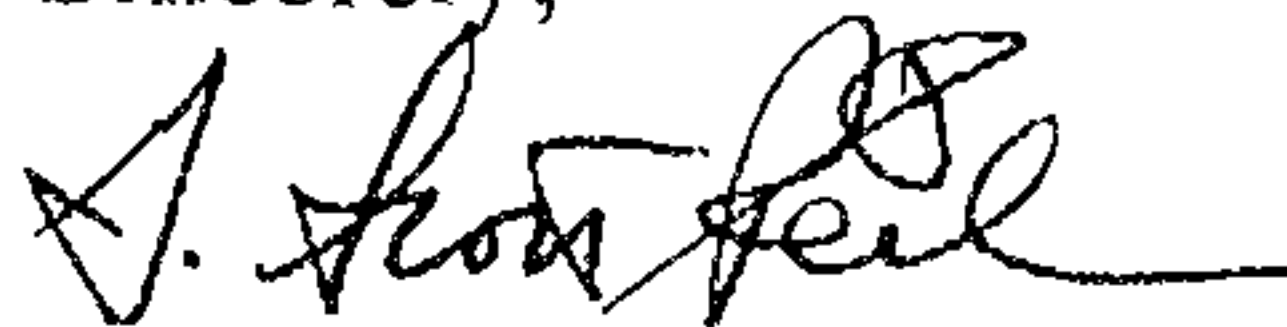
- *To work with the state and its partners to select an assessment instrument (or instruments) that can be implemented statewide for all teachers and all students, to measure children's readiness across domains

- *To ensure that this assessment, as well as our kindergarten and early grade programming more generally, is structured to meet the differential needs and levels of readiness in the population, especially for children with high needs

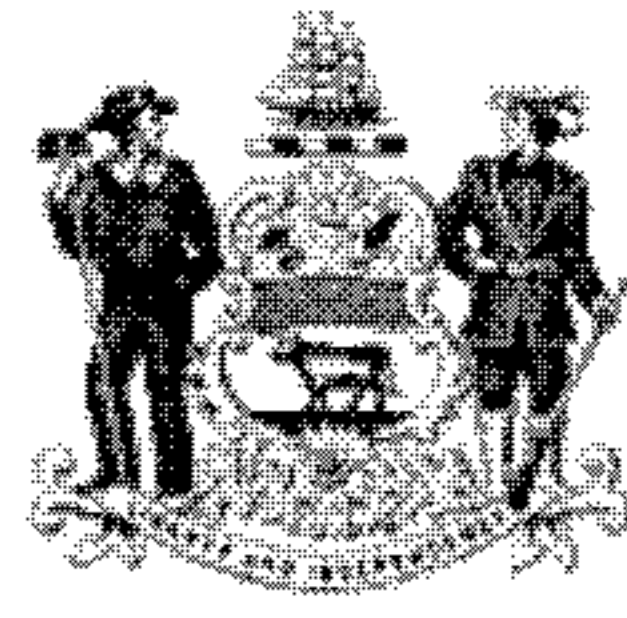
- *To the participation of our kindergarten teachers in training and coaching programs, with the goal of statewide, valid, and reliable implementation of the assessment no later than 2014-15

DASA strongly supports the state's application for Race to the Top and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



G. Scott Reihm, Executive Director
Delaware Association of School Administrators



STATE BOARD OF EDUCATION
THE TOWNSEND BUILDING
401 FEDERAL STREET, SUITE 2
DOVER, DE 19901

TERI QUINN GRAY, PH.D.
PRESIDENT

October 17, 2011

The Honorable Vivian L. Rapposelli
Secretary, Department of Services for Children,
Youth, and Their Families
1825 Faulkland Road
Wilmington, DE 19805

Dear Madame Secretary,

The Delaware State Board of Education is pleased to support the goals and initiatives of the Markell administration regarding the birth to five early learning and development systems. We strongly believe that these programs will create a strong foundation for the state's Race to the Top, Early Learning Challenge Grant.

The Early Learning Challenge grant offers an opportunity for Delaware to build upon its existing foundations and recent progress to take yet another step forward in the progress and growth of our early learning system. The State Board of Education fully appreciates the opportunity to participate in the development of the Governor's plan for early learning. The Board fully believes that the strength in this bold plan lies in its focus on quality and attention to the needs of the whole child. The emphasis on the preparation of all children, especially those with high needs, to be successful in kindergarten and the early grades is paramount to helping our nation be successful.

The State Board has a proven track record of supporting initiatives that increase opportunities for success for children in Delaware. The State Board has been a strong supporter of Delaware's Race to the Top Initiatives, access to higher education for all students, healthy kids programs within our schools, and an emphasis on literacy across the curriculum. The Board president also works together with the P-20 Council to further the opportunities beyond K – 12 to include birth to 5 and the transition from high school to college and work.

As we move forward, the Delaware State Board of Education supports the goal of the Early Learning Challenge to develop a great childhood workforce. They agree to partner:

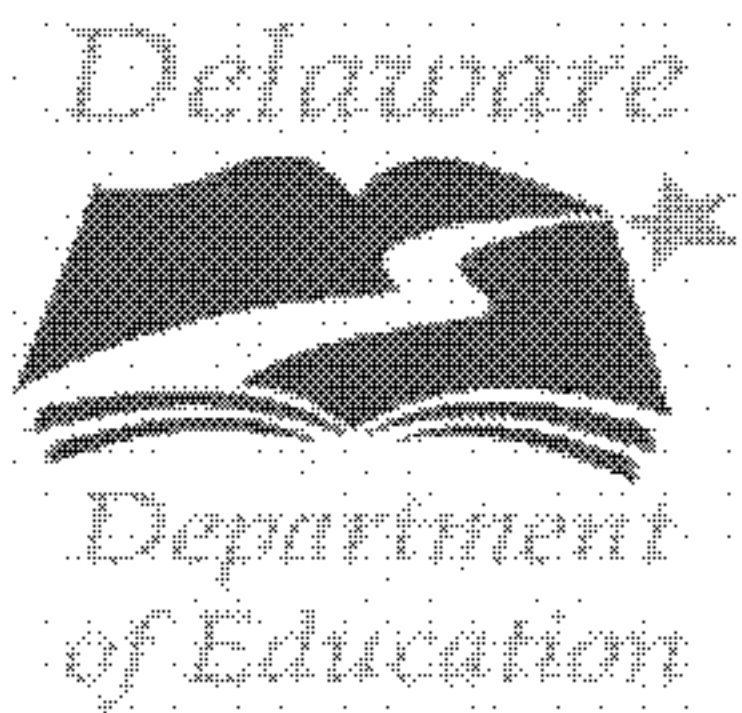
- To ensure that the Delaware's competency framework for early childhood educators is integrated into our course offerings and curriculum, so that graduates from our programs have the skills that are required to deliver high quality programming
- To offer a range of coursework, credential opportunities, and degree programs – consistent with those outlined in the state plan – that provide educators with a range of pathways to access the early childhood field, and to advance in their career

The State Board of Education strongly supports the state's application for the Race to the Top Early Learning Challenge and is excited to look forward to the work and rewards ahead.

Sincerely,

A handwritten signature in cursive script that reads "Teri Quinn Gray". The signature is written in black ink on a white background.

Teri Quinn Gray, Ph.D.
President
Delaware State Board of Education



DEPARTMENT OF EDUCATION

The Townsend Building
 401 Federal Street Suite 2
 Dover, Delaware 19901-3639
 DOE WEBSITE: <http://www.doe.k12.de.us>

Lillian M. Lowery, Ed.D.
 Secretary of Education
 Voice: (302) 735-4000
 FAX: (302) 739-4654

October 17, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Road
 Wilmington, DE 19805

Dear Madame Secretary,

As co-chairs of the Delaware P-20 Council, we are pleased to support the goals and initiatives of the Markell administration regarding the birth to five early learning and development systems. We strongly believe that these programs will create a strong foundation for the state's Race to the Top, Early Learning Challenge Grant.

The Early Learning Challenge grant offers an opportunity for Delaware to build upon its existing foundations and recent progress to take yet another step forward in the progress and growth of our early learning system. The P-20 Council fully appreciates the opportunity to participate in the development of the Governor's plan for early learning. The Council fully believes that the strength in this bold plan lies in its focus on quality and attention to the needs of the whole child. The emphasis on the preparation of all children, especially those with high needs, to be successful in kindergarten and the early grades is paramount to helping our nation be successful.

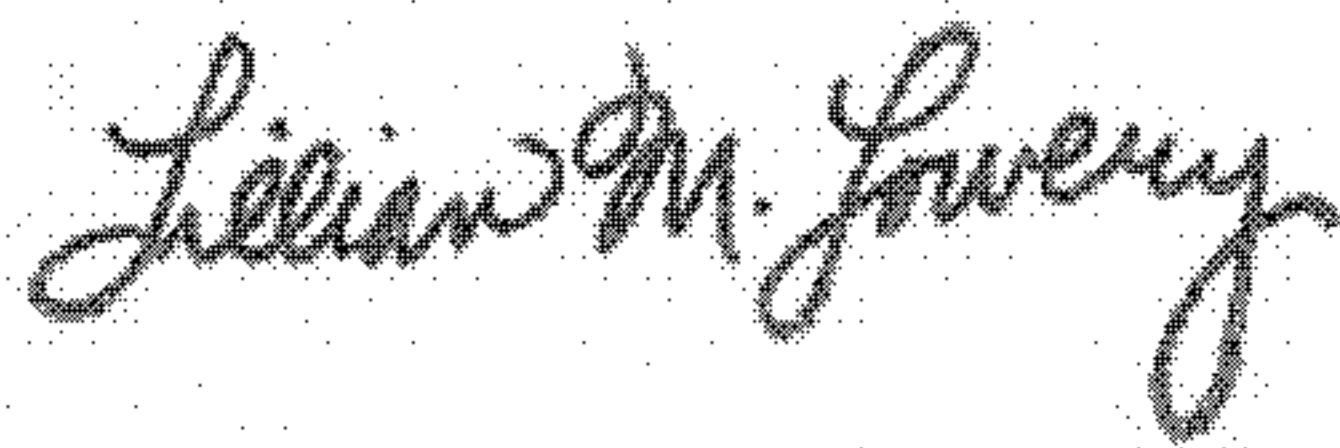
The P-20 Council has a history of working together and supporting outcomes for children in early childhood and development programs. In recent legislation, citing the need to work more thoroughly with data governance and preparation of the whole child, the P-20 Council was expanded and authority was clarified to engage and facilitate greater cross-agency data sharing. The P-20 Council focuses on transitions. Those transitions from birth – 5, and from kindergarten to 3rd grade, where reading on grade level is a strong indicator of future success in both education and careers are of particular focus in the Early Learning Challenge and to the P-20 Council. The higher education institutions on the P-20 Council see the opportunity to increase the quality and quantity of early learning opportunities as the potential to build upon ongoing professional development and develop pathways for different types of students that are interested in early learning and development.

As we move forward, the P-20 Council supports the goal of the Early Learning Challenge to develop a great childhood workforce. They agree to partner:

- To ensure that the Delaware’s competency framework for early childhood educators is integrated into our course offerings and curriculum, so that graduates from our programs have the skills that are required to deliver high quality programming
-
- To offer a range of coursework, credential opportunities, and degree programs – consistent with those outlined in the state plan – that provide educators with a range of pathways to access the early childhood field, and to advance in their career

The P-20 Council strongly supports the state’s application for the Race to the Top Early Learning Challenge and is excited to look forward to the work and rewards ahead.

Sincerely,

A handwritten signature in black ink that reads "Lillian M. Lowery". The signature is written in a cursive style with a large, stylized initial "L".

Lillian M. Lowery, Ed.D.
Secretary of Education

Congress of the United States
Washington, DC 20515

October 17, 2011

Mr. Arne Duncan, Secretary
United States Department of Education
400 Maryland Avenue South West
Washington, DC 20202

RE: Race to the Top: Early Learning Challenge, CFDA No. 84.412

Dear Secretary Duncan:

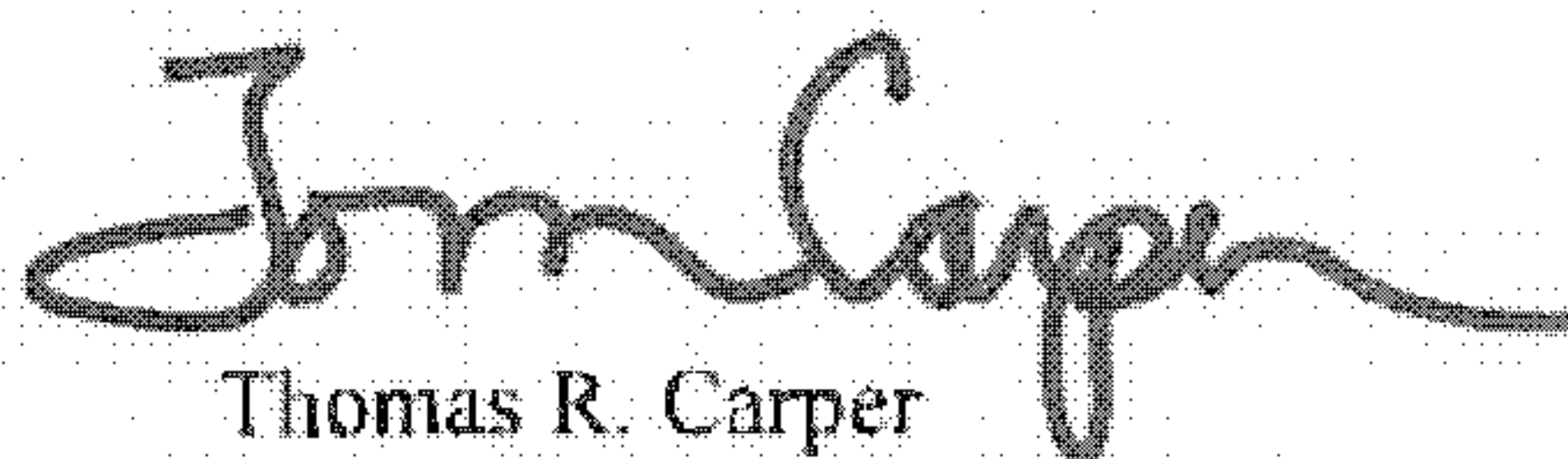
We are writing to express our support for the State of Delaware's grant application submitted to the U.S. Department of Education and the U.S. Department of Health and Human Services for the Race to the Top Early Learning Challenge.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. The strengths of Delaware's plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

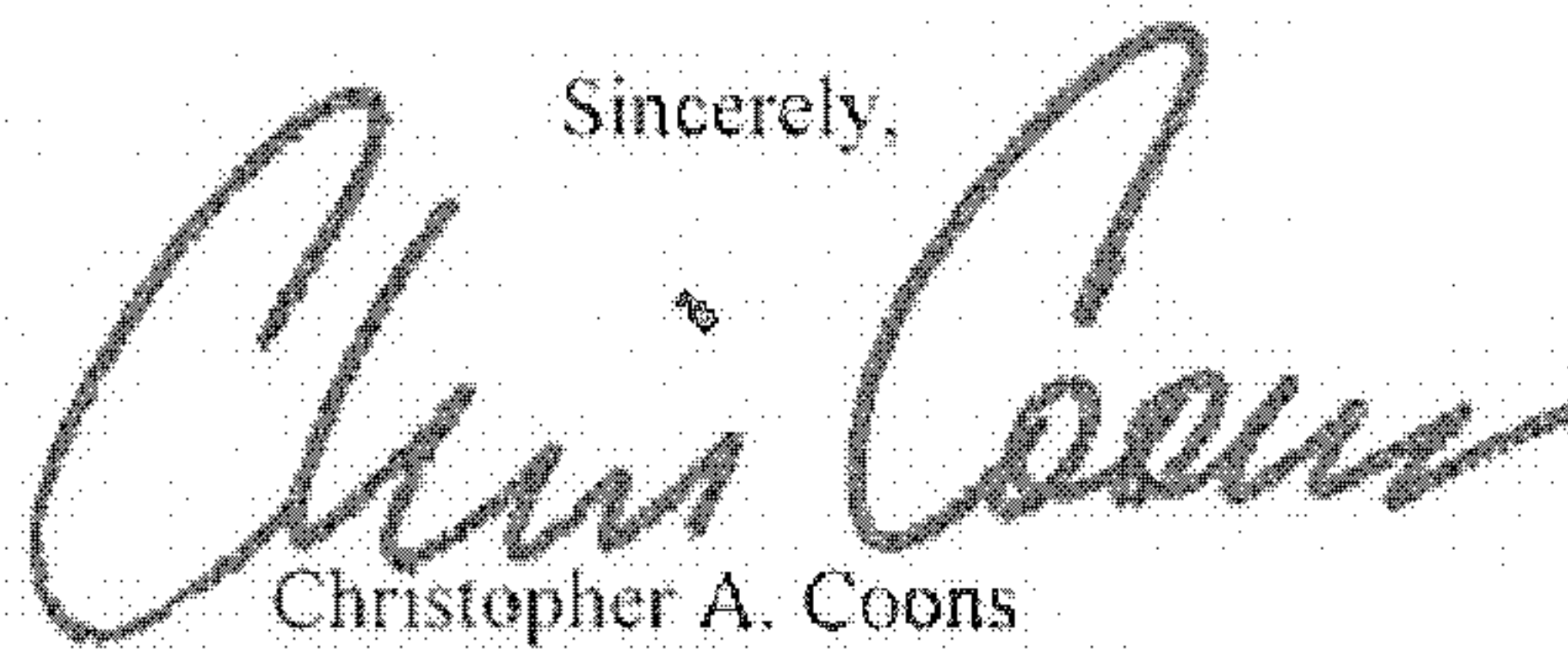
We commend Governor Markell and his administration's efforts for implementing coherent, compelling and comprehensive education reform and support his plan to ensure that children enter kindergarten with the skills, knowledge, and dispositions toward learning they need to be successful. The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. Delaware has a history of collaboration in achieving common goals, and we are committed to supporting the ongoing collaboration with these stakeholder groups to make this plan a reality.

We strongly support the state's application for the Early Learning Challenge grant, and look forward to the next phase of work to help Delaware take advantage of this historic opportunity. We appreciate your consideration of this proposal and ask that you contact us when a decision is rendered. Should you have any questions, we can be reached through our respective staff members: Senator Carper through Mr. Josh Magarik at (302) 573-6291, Senator Coons through Ms. Latisha Bracy at (302) 573-6345 and Congressman Carney through Mr. Albert Shields at (302) 691-7333.

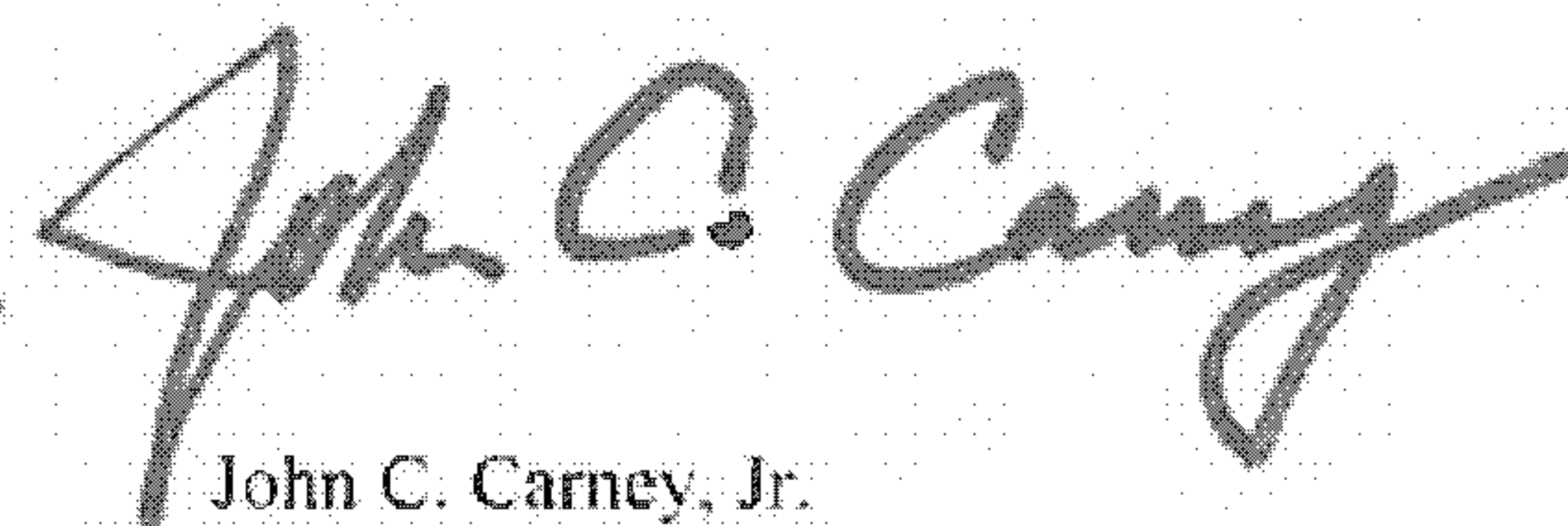
Sincerely,



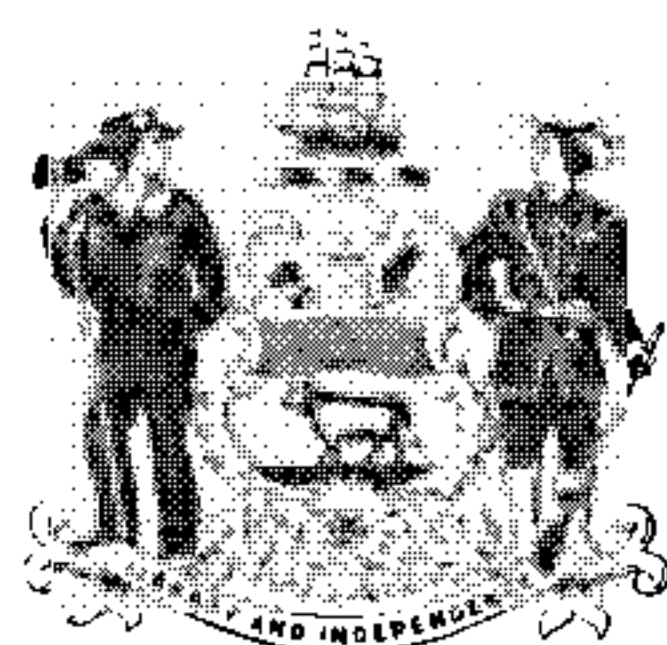
Thomas R. Carper
United States Senator



Christopher A. Coons
United States Senator



John C. Carney, Jr.
Member of Congress



DELAWARE GENERAL ASSEMBLY
STATE OF DELAWARE
LEGISLATIVE HALL
DOVER, DELAWARE 19901

October 14, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, DE 19805

Dear Secretary Rapposelli:

We, the undersigned co-chairs and members of the Kids Caucus, are writing to express our support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and momentum to take another leap forward in the quality and outcomes of our early learning system. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to succeed in kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, we remain committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

As co-chairs and members of the Kids Caucus, we have an established track record of supporting outcomes for children in early childhood and development programs. Each legislative session we create, sponsor, and support legislation to improve the lives of children, as well as develop vital collaborative relationships with government agencies, schools, non-profit organizations, and businesses to ensure that the needs of our children will be met in a comprehensive manner.

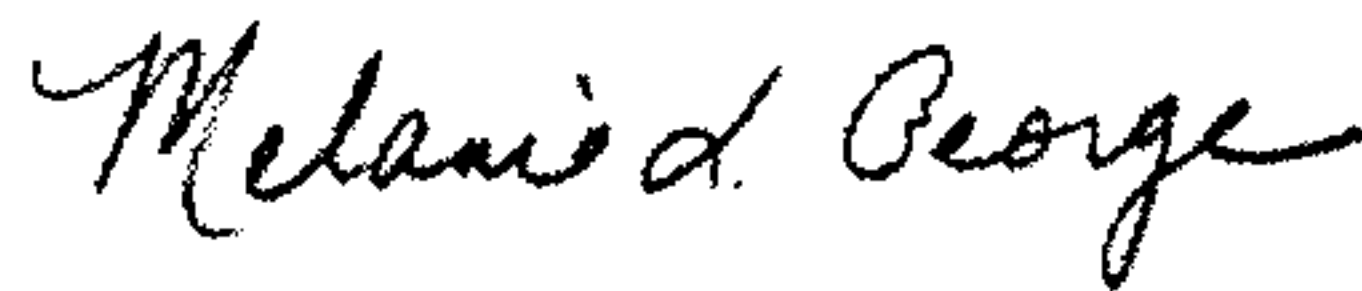
In addition to our existing efforts, we are eager to engage in the new efforts and approaches outlined in the state's plan. As we prepare for the upcoming legislative session, we are considering how to craft our legislative agenda to compliment the state's plan.

We strongly support the state's application for the Early Learning Challenge grant, and we are excited to help Delaware take advantage of this historic opportunity.

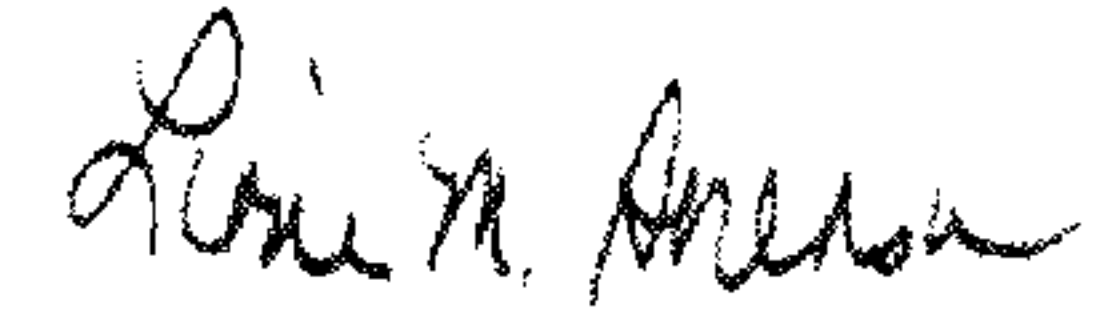
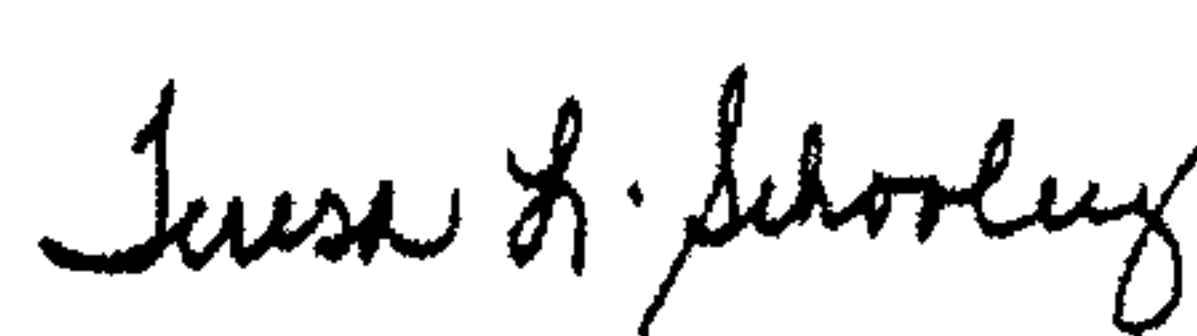
Sincerely,



Patricia M. Blevins
State Senator
7th District



Melanie L. George, Esq.
State Representative
5th District



Teresa L. Schooley
State Representative
23rd District


Liane M. Sorenson
State Senator
6th District



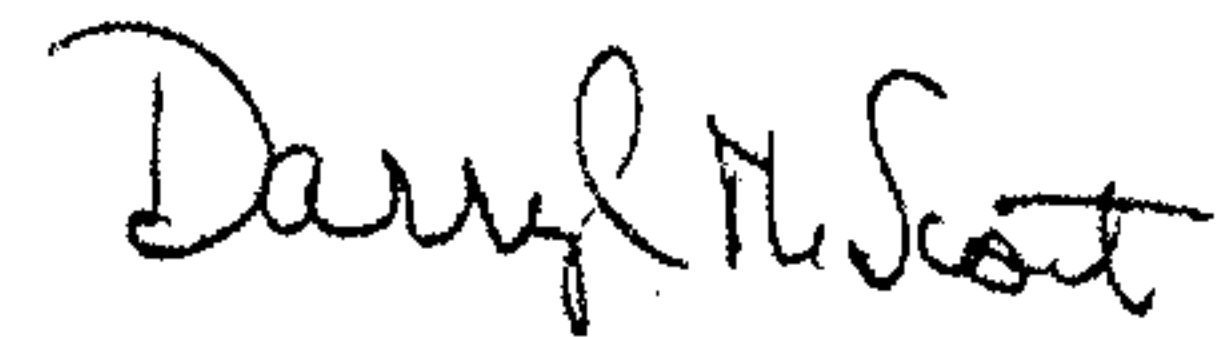
Catherine L. Cloutier
State Senator
5th District



Debra J. Heffernan
State Representative
6th District



Earl G. Jaques, Jr.
State Representative
27th District



Darryl M. Scott
State Representative
31st District

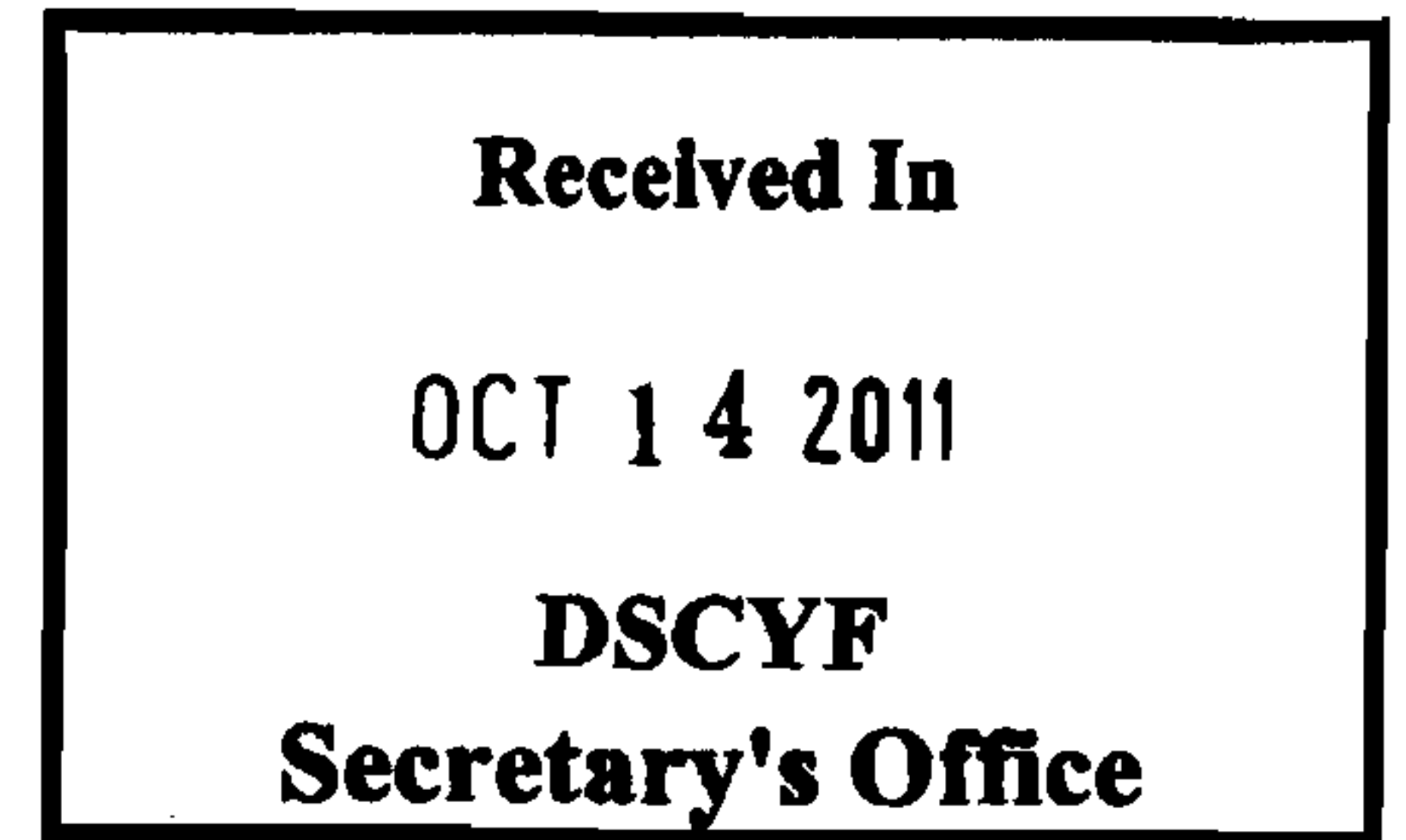


OFFICE OF THE SECRETARY

4425 NORTH MARKET STREET • WILMINGTON, DELAWARE • 19802 • (302) 761-8000 • FAX (302) 761-6621

October 11, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, Delaware 19805



Dear Madame Secretary:

As Secretary of the Delaware Department of Labor, I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. The department has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's and support for our work. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades in order to be prepared for the rigors of school and future success in employment.

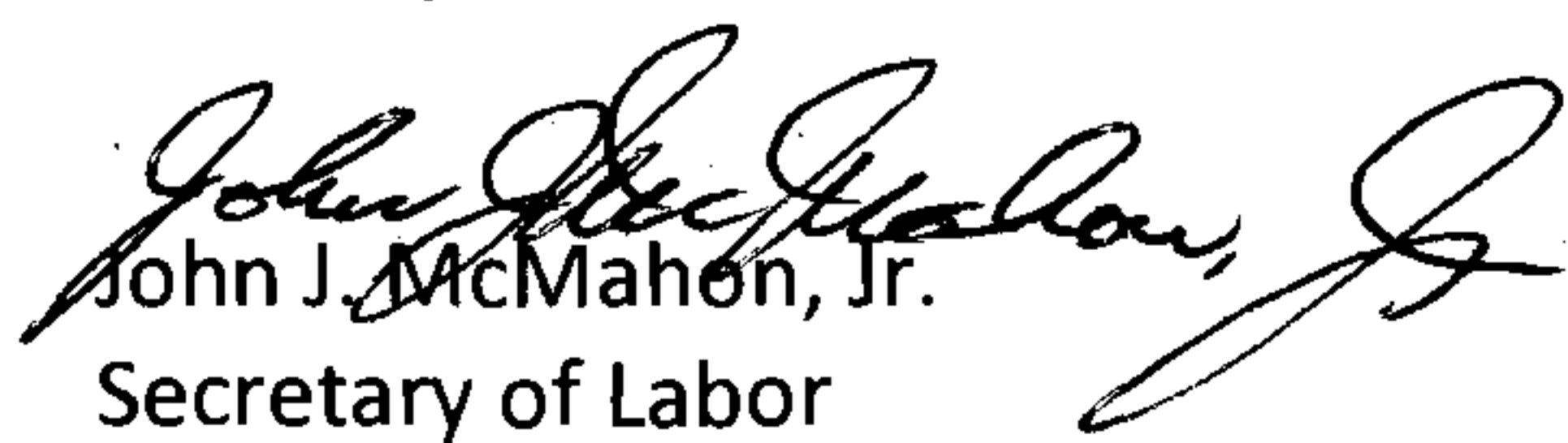
The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, our department remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

The Department of Labor has an established track record of supporting outcomes for children in early childhood and development programs and continue those efforts working with our school districts and respective staffs on the ever changing workforce and the skills required for success in demand occupations. Our efforts range from providing necessary training dollars to individuals pursuing careers in early childhood education as well as working with our Department of Education in the development of career pathways.

In addition to our existing efforts, the Department of Labor is eager to engage in the new efforts and approaches outlined in the state's plan.

The Department strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,


John J. McMahon, Jr.
Secretary of Labor

DELAWARE
PUBLIC POLICY
INSTITUTE

Marvin N. Schoenhals, Chairman
John H. Taylor, Jr., Executive Director

October 11, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, DE 19805

Dear Madame Secretary:

As Executive Director of the Delaware Public Policy Institute (DPPI), a non-profit, non-partisan, non-governmental think tank that identifies emerging issues that drive Delaware's future public policy, I am writing in support of the state's Race to the Top – Early Learning Challenge application and for the plans of the Markell Administration for Delaware's early learning and development systems that serve as its foundation.

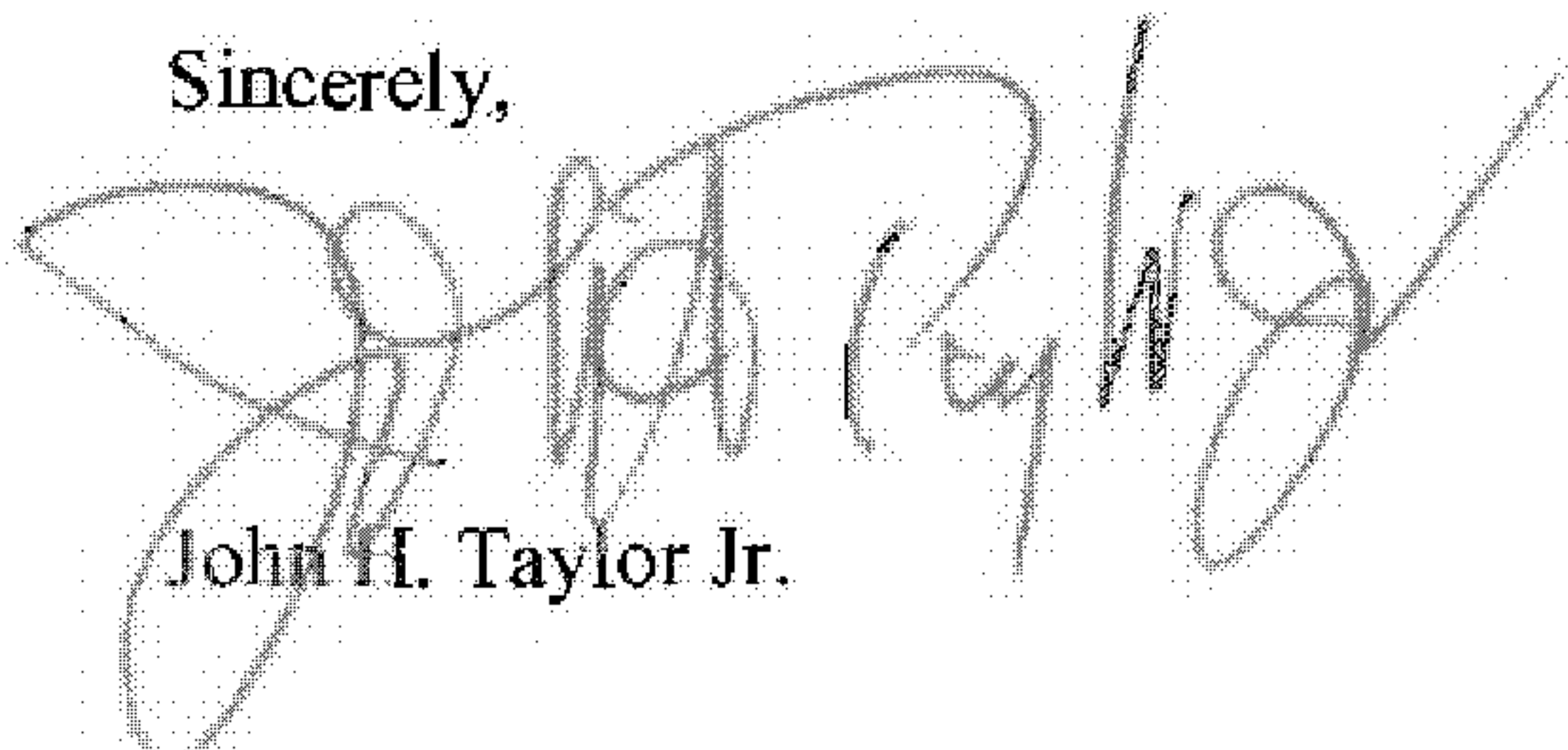
Delaware has been working diligently on these issues for several years and if selected for this Early Learning Challenge it would give Delaware a unique opportunity to build on what we've already done by advancing quality.

I was one of the original 26 people who devised and shaped Vision 2015, the state's public education reform effort. Investing in early childhood education is a critically important element of Vision 2015. We are committed to the concept that every child who enters kindergarten should be ready to learn and that high quality early childhood education should be widely available – especially to children at risk.

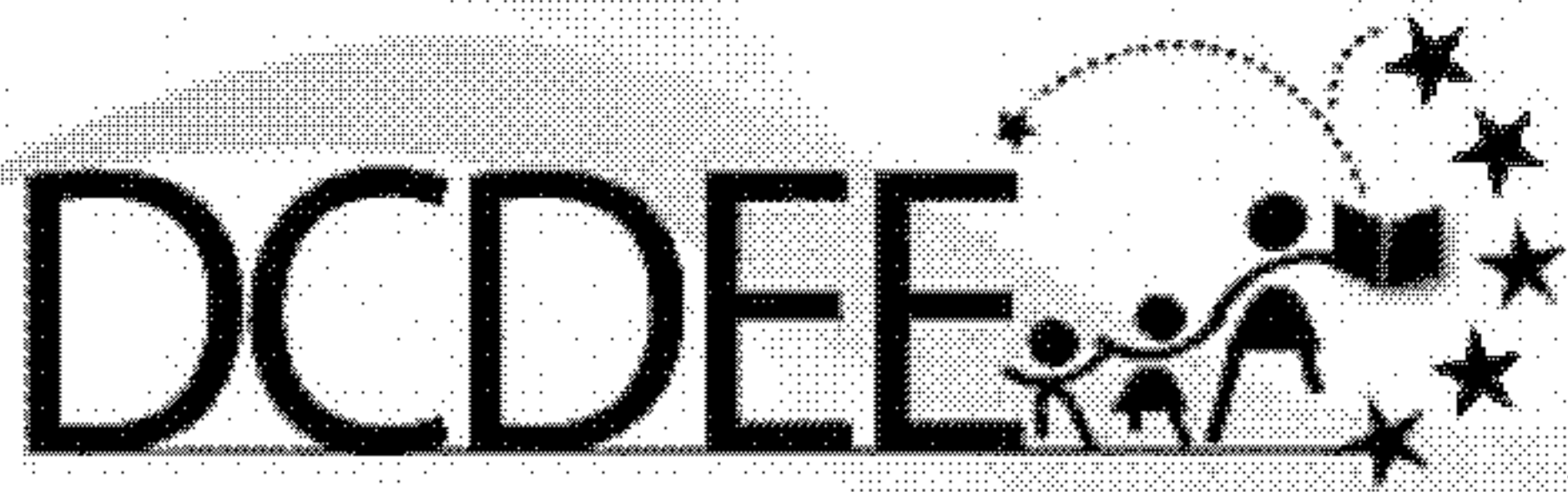
DPPI and Vision 2015 were truly gratified that Governor Markell made early learning a high priority for his administration and that he created a strong plan that focuses on quality and the needs of a whole child. We believe it is the right blueprint for preparing all children – especially those with high needs – for success in Kindergarten and the early grades.

DPPI and its partners will continue to encourage the strong partnership between our educators, families, children, administrators, community leaders, and state policy makers that has brought Delaware so far in education reform. The Delaware Public Policy Institute strongly supports the state's application for the Early Learning Challenge grant, and encourages you to help Delaware take advantage of this historic opportunity.

Sincerely,



John H. Taylor Jr.



North Carolina Department of Health and Human Services
Division of Child Development and Early Education

5 Star Rated License • Prekindergarten • Subsidized Early Education for Kids

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

Deborah J. Cassidy, Director

October 17, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805

Dear Secretary Rapposelli:

We are pleased to support your efforts in Delaware on the Race to the Top application to develop a measure to support the alignment of Quality Rating and Improvement and regulatory systems. This collaborative initiative will benefit both states as we continue to strive to ensure children and families have high quality options for early care and education.

As part of this commitment, the North Carolina Division of Child Development and Early Education would work collaboratively with administrators and researchers in Delaware and Kentucky to develop, field test and pilot a scale that would meet the specific needs of both the QRIS and regulatory systems.

As you know, the Division of Child Development and Early Education and UNC Greensboro have worked collaboratively for many years on research and evaluation initiatives designed to improve the quality of care for infants, toddlers, preschoolers and school age populations across both center-based and home-based settings. We have had a long-standing relationship in our state that has led to numerous collaborative activities from which to build.

We wish you the best of luck with your application and look forward to working with you on the initiative.

Sincerely,

A handwritten signature in black ink that reads "Deborah J. Cassidy, Ph.D." The signature is written in a cursive style.

Deborah J. Cassidy, Ph.D.



Gary R. Stockbridge, Chairman
Gwendolyn M. Jones, Executive Director

(302) 761-8160 TEL
(302) 762-2138 FAX

October 12, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, DE 19805

Dear Secretary Rapposelli:

The Delaware Workforce Investment Board (DWIB) is pleased to support the goals of the Markell Administration regarding Delaware's birth through five early learning and development systems. We believe these goals serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. We agree that our nation's success lies in attending to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

The DWIB has an established track record of supporting individuals interested in working in the field of early childhood development. Our collaboration with the Delaware Department of Labor – Division of Employment and Training provides education and training opportunities for eligible adults who wish to pursue careers in education. The DWIB supports funding participants desiring careers in education at the certificate level as well as degrees, which can be attained at Delaware colleges and universities.

The DWIB supports the Early Learning Challenge and will partner:

- To continue to ensure that the Delaware's competency framework for early childhood educators is integrated into our course offerings and curriculum, so that graduates from our programs have the skills that are required to deliver high quality programming
- To offer a range of coursework, credential opportunities, and degree programs – consistent with those outlined in the state plan – that provide educators with a range of pathways to access the early childhood field, and to advance in their career

The DWIB enthusiastically supports the state's application for Race to the Top and looks forward to the work ahead.

Sincerely,

Gary R. Stockbridge, Chairman
Delaware Workforce Investment Board



Delaware Association for the Education of Young Children, Inc.

October 12, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Rd
 Wilmington, DE 19805

Dear Madame Secretary:

As President of the Delaware Association for the Education of Young Children (DAEYC), I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. DAEYC has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, DAEYC remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

DAEYC has an established track record of supporting outcomes for children in early childhood and development programs. As an affiliate of the National Association for the Education of Young Children, our organization works actively to improve teaching and learning, build community awareness of the needs of children and their families, provide career advisement and professional development, and support accreditation and excellence in early childhood education programs. DAEYC administers the T.E.A.C.H. Early Childhood® Program which is dedicated to improving the quality of the early childhood workforce through education scholarships. DAEYC is also an active member of Delaware's Early Childhood Council. In particular, we provide staff support to the Early Childhood Council's Provider Advisory Committee.

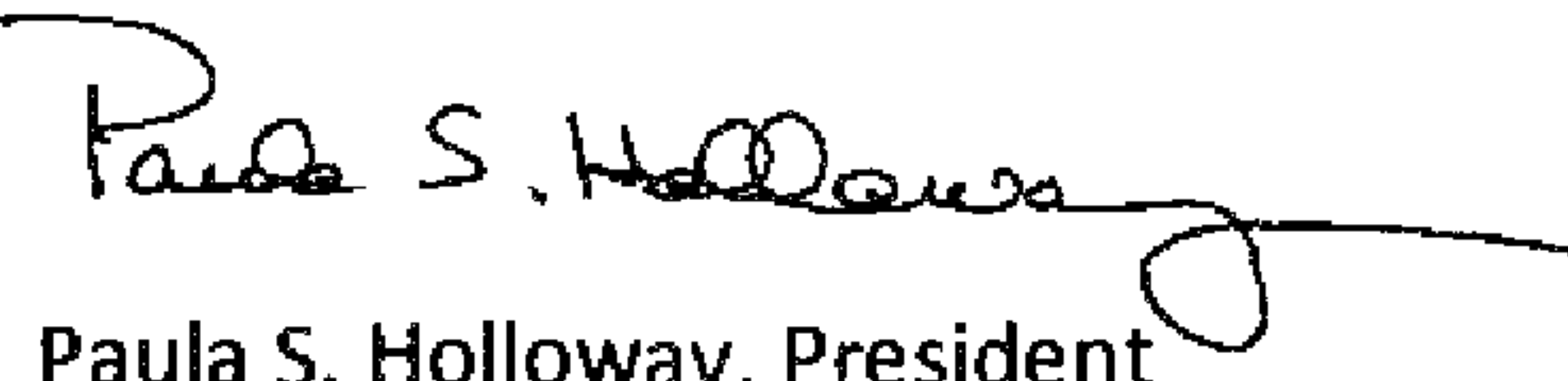
In addition to our existing efforts, DAEYC is eager to engage in the new efforts and approaches outlined in the state's plan. Our organization is committed to working with other early childhood organizations to develop a more effective early childhood workforce. Through our conferences and trainings we promote the Early Learning Foundations to families and early childhood educators. Our agency is currently overseeing the completion of a Delaware Early Learning Foundations Infant/Toddler Family

Activity Book for statewide distribution. We will support and participate in any future revisions to the Foundations.

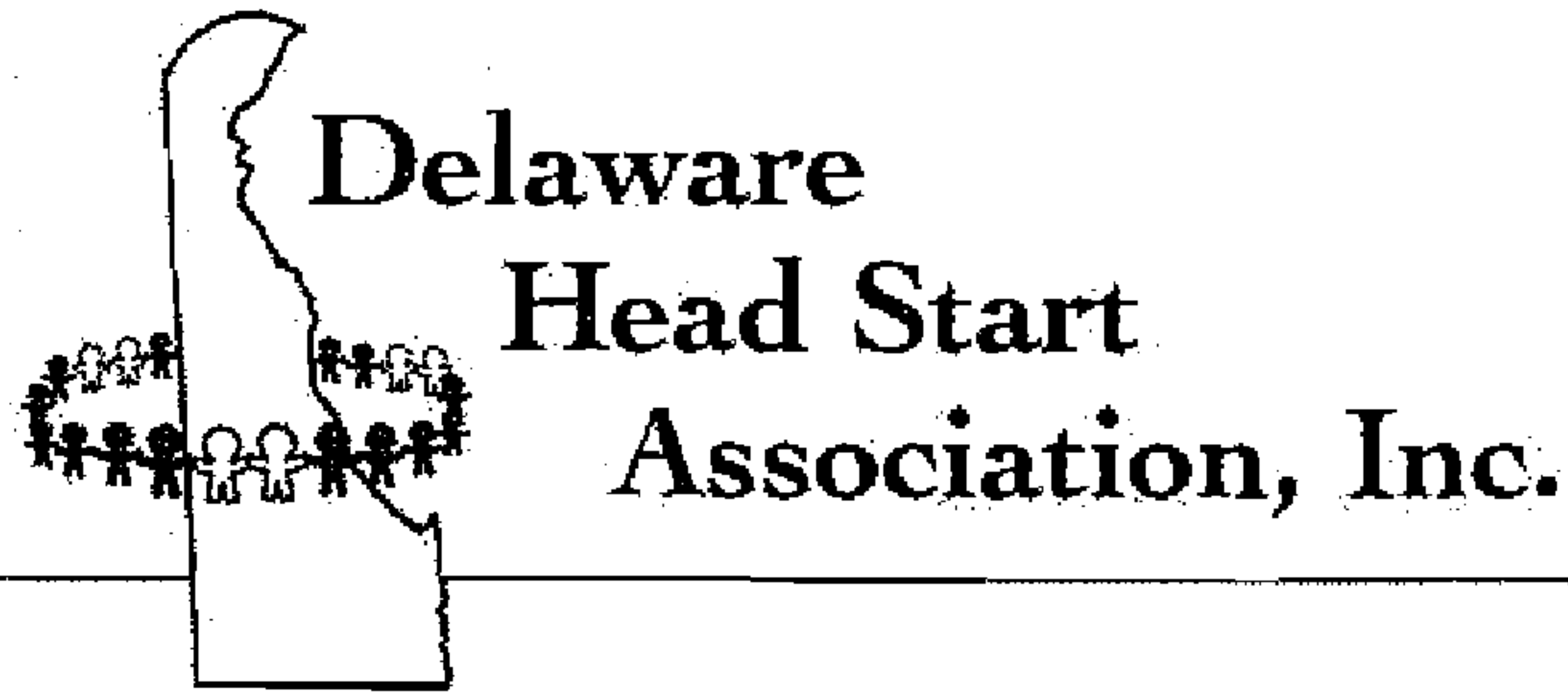
DAEYC coordinates its trainings and conferences through the Delaware Institute for Excellence in Early Childhood (DIEEC). With the guidance of the DIEEC, we strive to offer higher level trainings to early childhood educators. Our organization is also committed to promoting the Delaware Stars program. Through the T.E.A.C.H. Early Childhood® Program we will support the professional development of those early childhood professionals in Delaware Stars programs.

The Delaware Association for the Education of Young Children strongly supports the state's application for the Early Learning Challenge Grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

A handwritten signature in black ink that reads "Paula S. Holloway". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Paula S. Holloway, President
Delaware Association for the Education of Young Children



October 11, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Road
 Wilmington, DE 19805

Dear Madame Secretary:

As the Vice President and Acting President of the Delaware Head Start Association, Inc. (DHSA) I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. The Delaware Head Start Association, Inc. has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. The strengths of this plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children to be ready to succeed in Kindergarten and the early grades.

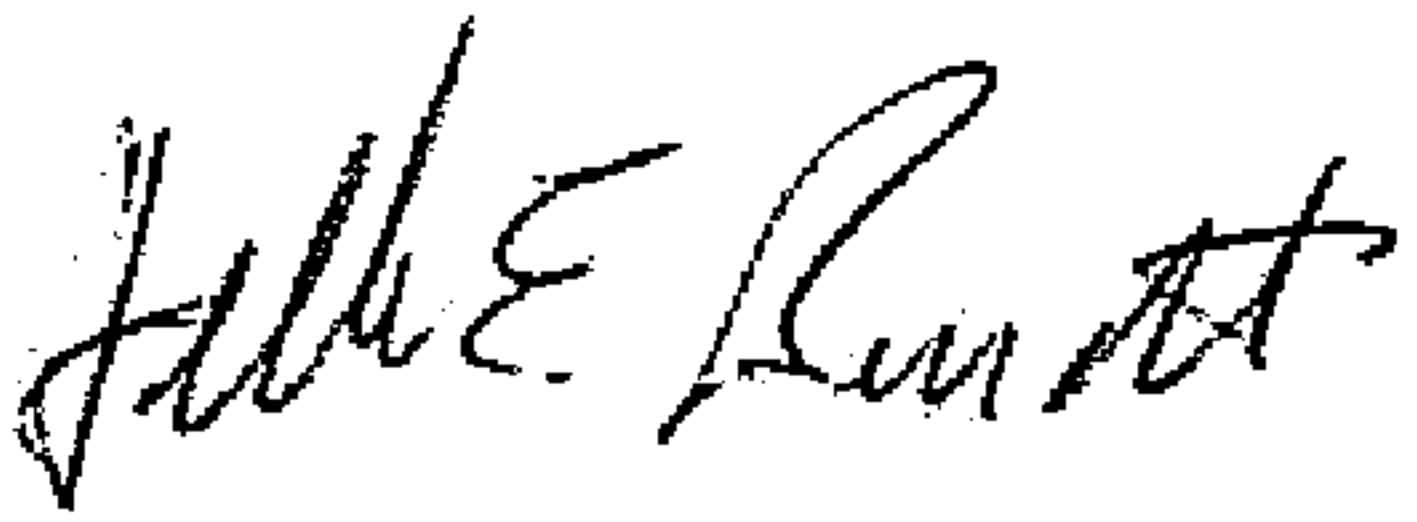
The reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, the Delaware Head Start Association, Inc. remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

The Delaware Head Start Association, Inc. has an established track record of supporting outcomes for children in early childhood and development programs. DHSA has conducted annual professional conferences for the early education community for many years. This year the DHSA is partnering, for the first time, with the Delaware Association for the Education of Young Children to present a joint conference. The entire early education community is represented and there will be opportunities for all professionals as well as parents to participate. DHSA is very involved in all efforts to improve the quality of care and education in early childhood and are represented on the Governor's Early Childhood Council, a statewide provider's advocacy group, statewide health and mental health groups, regional support associations, and many local advisory councils and committees.

In addition to our existing efforts, the Delaware Head Start Association, Inc. is eager to engage in the new efforts and approaches outlined in the state's plan. Specifically we are very interested in the area of building a professional, effective workforce. We believe this is key to improving services and providing high quality programs for children and families. The four federal Head Start grantees are also committed to participating in the state's quality rating and improvement system (Delaware Stars).

The Delaware Head Start Association, Inc. supports the state's application for Race to the Top and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey E. Benatti". The signature is written in a cursive, flowing style.

Jeffrey E. Benatti, Acting President
Delaware Head Start Association, Inc.

Delaware Early Childhood Council
401 Federal Street, Suite 2
Dover, DE 19901

October 14, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805

Dear Secretary Rapposelli:

The Early Childhood Council strongly supports the goals and priorities that Governor Markell has set for strengthening the quality, availability, and outcomes of early learning and development services. These goals and priorities build on a strong foundation of improvements over the past decade and are already reflected in significant policy changes and resource investments made by the Markell Administration over the past two years. They reflect a deep understanding of the critical importance of improvements in early learning for the overall success of K-12 education, especially for children with high needs. Implementation of Delaware's proposal for a Race to the Top – Early Learning Challenge grant will dramatically accelerate state efforts in support of these commitments.

The Early Childhood Council, which serves as the federally-recognized state advisory board on early childhood, has appreciated the opportunity to help create the Governor's plan to develop a comprehensive and coordinated early childhood system that provides the highest quality services and environment for all areas of early childhood education. The strengths of this plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and beyond.

Since 2001, the Early Childhood Council has supported policies and programs to improve the availability of high quality early childhood learning and development programs. Delaware Stars, the state's quality rating and improvement system, was initiated by the Council. Participation in that program will grow significantly as a result of Governor Markell's investment of an additional \$22 million in early childhood funding, with the largest portion supporting tiered-reimbursement to providers based on their quality rating in the Stars system. This expansion will greatly accelerate with funding from the Early Learning Challenge grant.

Leadership from the Council also was instrumental in supporting analysis of areas for improvement in early childhood policy, fiscal alignment, and program integration. The Markell Administration has acted to implement these improvements. Carrying out Delaware's plan under the Early Learning Challenge grant will further extend these improvements.

With funding provided by the Head Start State Advisory Council grant, the Early Childhood Council is supporting the development and piloting of the Delaware Kindergarten Readiness program. As described in the Governor's proposal, this program will be greatly expanded and

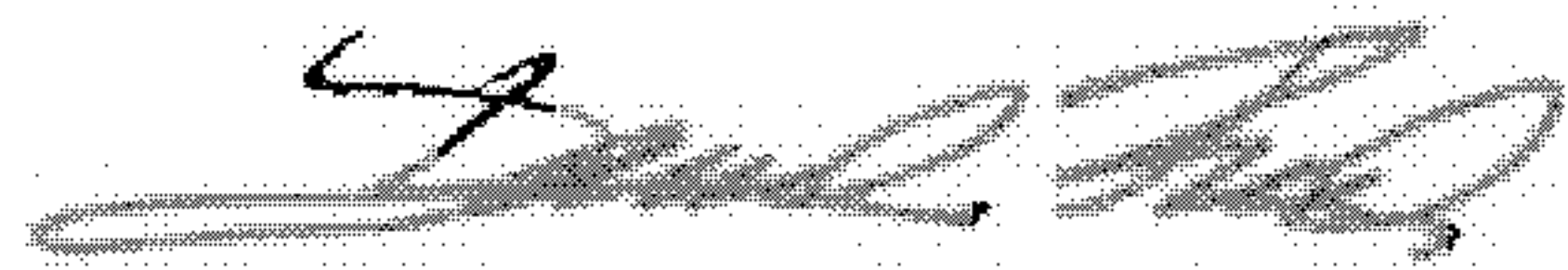
accelerated on a statewide basis with the funding provided from the Early Learning Challenge grant.

The Early Childhood Council is ready and eager to support the new and expanded efforts and approaches outlined in the state's plan. The Council is especially pleased with the plan's focus on these critical factors for the improvement learning outcomes for young children:

- Aggressive strengthening of Delaware Stars, with the inclusion of programs from all sectors of the early childhood community
- Expansion of the Kindergarten Readiness program, leading to a stronger partnership between early childhood service providers and K-12 education
- Comprehensive strengthening of the early childhood workforce
- Focused investments on children with high needs, concentrating on factors that will rapidly improve learning outcomes

The Early Childhood Council strongly and enthusiastically supports the state's proposal, and is committed to actively supporting implementation through a strong and representative statewide partnership of families, educators, service providers, administrators, community leaders, and state policy makers.

Sincerely,



Daniel Rich, Chair
Delaware Early Childhood Council



October 10, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805

Dear Madame Secretary:

Delaware Birth to Three Early Intervention System (Part C program), the lead agency for Infants and Toddlers with Disabilities under Part C of the Individuals with Disabilities Education Improvement Act, strongly supports the goals the Markell Administration has set for Delaware’s birth through five early learning and development systems, which serve as a strong foundation for the state’s Race to the Top – Early Learning Challenge application.

Part C and its statewide advisory council, Interagency Coordinating Council (ICC) remain committed to the strengths of this bold plan with its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in kindergarten and the early grades.

The bold reforms outlined in Delaware’s plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. Part C and ICC bring the medical, early intervention, and young families of children with disabilities together as stakeholder groups to make this plan a reality.

Part C has an established track record of supporting outcomes for children in early childhood and development programs through:

- ICC and Part C’s commitment for all programs within early intervention to use the Early Learning Foundations in working with young children with disabilities and developmental delays, and their families, and
- Part C’s commitment to using evidence-based developmental screening and assessment to inform early intervention instruction and to measure child and family outcomes.

Moving forward, Part C will support the implementation of the early childhood plan by:

- Assuring collaboration across early childhood programs to track progress for children with disabilities leading to kindergarten readiness assessments;
- Linking families to early childhood programs that participate in Delaware Stars if feasible for the family;
- Supporting Delaware Stars’ professional development and implementation of inclusive practices that benefit all children with high needs.

Part C and ICC are ready to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

Rosanne Griff-Cabelli, DE Part C Coordinator, Birth to Three Early Intervention System
Division of Management Services, DE Health and Social Services
Pc: Michelle Lamers, Chairperson, ICC



Prevent Child Abuse Delaware

Member Agency of the United Way of Delaware

October 12, 2011

Officers
Connie Geiger
President

Deborah Doughty
Vice President

Stephanie Chapman
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Kristina Gonser
Ryan Keating
Caren Laiosa
Denise Lovett
Michael Meraglia
Stephen Peeke
Linda Phillips
Susan Purcell

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805

Dear Madame Secretary:

As Executive Director of Prevent Child Abuse Delaware, the CBCAP lead agency in Delaware, I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. PCAD has appreciated the opportunity to participate in the formation of the Governor's plan. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, PCAD remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

PCAD has an established track record of working towards positive outcomes for children by leading efforts to strengthen and support families. In addition to our existing efforts, which include providing CBCAP grants to early childhood centers to enhance their ability to work successfully with families PCAD is eager to engage in the new efforts and approaches outlined in the state's plan. PCAD is specifically interested in outreach efforts that help families to understand the need for quality child care and that emphasize the importance of early development.

PCAD strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,


Karen K. DeRasmo
Executive Director

100 West 10th Street • Suite 715 • Wilmington, DE 19801 • 302-425-7490 • Fax: 302-425-7494
www.pcadelaware.org • Email: pcad@comcast.net
1-866-925-7223

**Carlina Hall
217 Wedgefield Circle
New Castle, DE 19720**

October 5, 2011

**The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, DE 19805**

Dear Madame Secretary:

As the appointed Family Child Care Representative on the Delaware Early Childhood Council, I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. I have appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's and support for our work. This strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

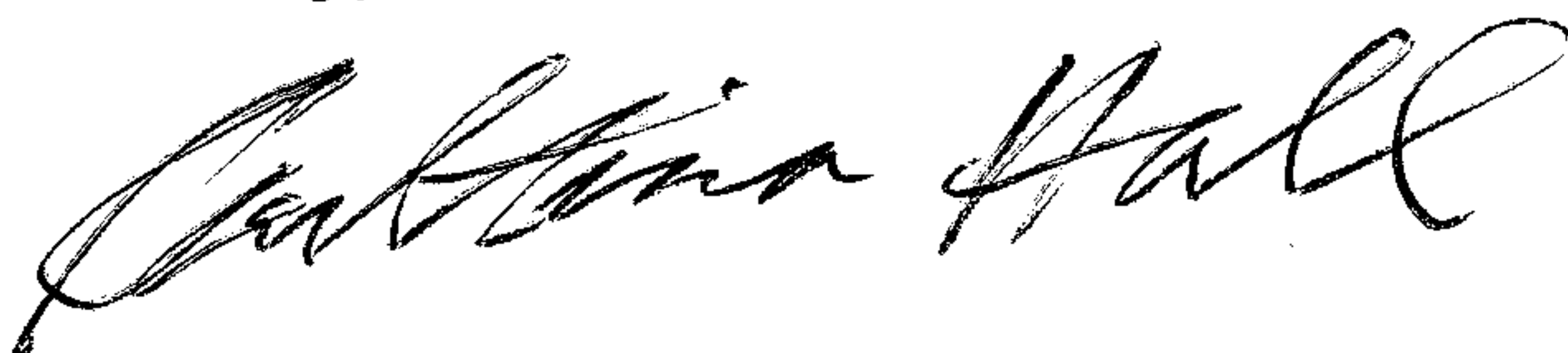
The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, I remain committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

Family Child Care providers have an established track record of supporting outcomes for children in early childhood and development programs. We have been engaged in the development all aspects of the early childhood system in Delaware, including but not limited to of the Early Learning Foundations, child care regulation development, Delaware Stars, and the professional development system.

In addition to our existing efforts, Family Child Care providers like me, are eager to engage in the new efforts and approaches outlined in the state's plan. I am committed to ensuring the children in my care are prepared to be successful in school. I serve children with high-needs; children with disabilities and children whose care is paid for by Purchase of Care, our state subsidy program. I am firmly committed to help build a better early childhood system for my children.

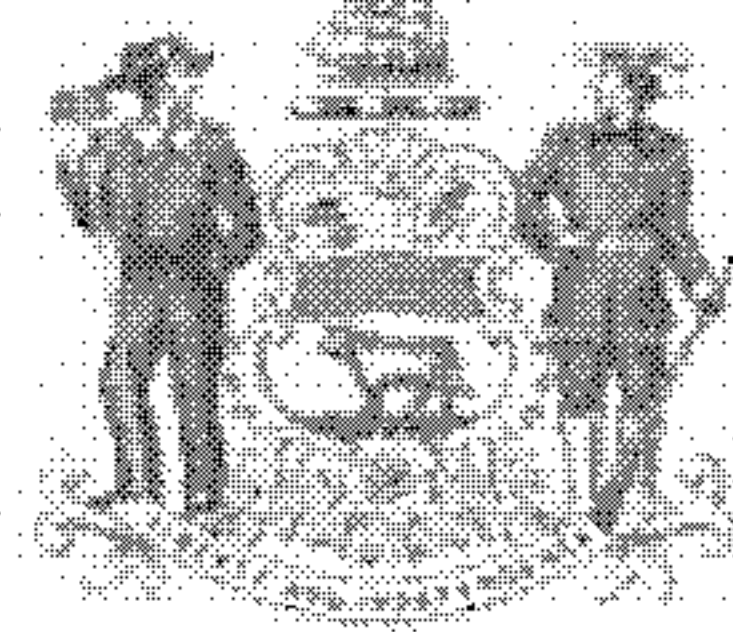
Family Child Care providers like me strongly support the state's application for the Early Learning Challenge grant, and are excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



**Carlina Hall, Family Child Care Representative
Delaware Early Childhood Council**

STATE OF



DELAWARE

GOVERNOR'S ADVISORY COUNCIL FOR EXCEPTIONAL CITIZENS

GEORGE V. MASSEY STATION
518 WEST LOCKERMAN STREET
DOVER, DELAWARE 19904
TELEPHONE: (302) 739-4553
FAX: (302) 739-6126

October 17, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805

Dear Secretary Rapposelli:

The Governor's Advisory Council for Exceptional Citizens (GACEC) is the State Advisory Panel for the Individuals with Disabilities Education Act (IDEA) and its amendments as required by federal mandate. Initially, the GACEC served as the Advisory Council for Exceptional Children with a primary mandate to advise the State Board of Education of the educational needs of exceptional children; however, Delaware Senate Bill 353, passed in 1977, gave the Council its present name and expanded its responsibilities to cover the human service needs (including education) of exceptional citizens of all ages. As the chairperson of the GACEC, I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. The GACEC has appreciated the opportunity to participate in the formation of the Governor's plan, working with his administration and garnering support for the work of the Council. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs (such as children with disabilities, low income and English language learners) – to be ready to succeed in Kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, the GACEC remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

The GACEC has an established track record of supporting outcomes for children in early childhood and development programs, reviewing and monitoring areas of need. The GACEC

has supported policies and programs that improve the availability of high quality early childhood learning/development programs and this grant proposal addresses many of the areas in need of improvement. The state's quality rating improvement system, Delaware Stars, will grow tremendously due to the additional \$22 million in early childhood funding. The largest portion of the funding will support the tiered reimbursement to providers based on their quality rating in the Stars system. This expansion will greatly accelerate under the Governor's plan with funding from the Early Learning Challenge Grant.

In addition to our existing efforts, the GACEC is eager to engage in the new efforts and approaches outlined in the state's plan. The GACEC is especially pleased with the plan's focus on the following critical factors for the improvement learning outcomes for young children:

- Aggressive ramp-up of the Delaware Stars, with the inclusion of programs from all sectors of the early childhood community
- Expansion of the Kindergarten Readiness program, leading to a stronger partnership between early childhood services providers and the K-12 education system
- Comprehensive strengthening of the early childhood workforce, through strengthening of professional development
- Focused investments on children with high need, concentrating on factors that will rapidly improve learning outcomes

As stated earlier, the GACEC strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



Terri A. Hancharick
Chairperson

TAH:kpc

CC: The Honorable Jack Markell, Governor
The Honorable Matthew Denn, Lt. Governor
The Honorable Lillian Lowery, Secretary of Education
The Honorable Rita Landgraf, Secretary of Delaware Health and Social Services
Jennifer Ranji, Office of the Governor
Janet Carter, Department of Education
Dan Rich, Delaware Early Childhood Council
Janet Cornwell, Delaware Early Childhood Center



DELAWARE EARLY CHILDHOOD CENTER

Mispillion and West Streets
 Harrington, DE 19952
 (302) 398-8945
 fax: 302-398-8983



“Serving young children and their families throughout Delaware since 1979.”

New Directions Early Head Start- Kent County
 Early CHOICES
 Early Childhood Assistance Program
 Lake Forest Kent-Sussex ABE/ELL
 Little Spartans Early Learning Center
 Parents As Teachers
 Early Intervention

October 11, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and their Families
 1825 Faulkland Road
 Wilmington, DE 19805

Dear Madame Secretary:

As the Chairperson of the Sussex Early Childhood Council, I am writing to express support for the goals the Markell Administration has set for Delaware’s birth to five early learning and development systems, which serve as a strong foundation for the state’s Race to the Top-Early Learning Challenge application.


The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. The Sussex Early Childhood Council has appreciated the opportunity to participate in the formation of the Governor’s plan, and his administration’s support for our work. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children-especially those with the highest needs-to be ready to succeed in kindergarten and the early grades.

The bold reforms outlined in Delaware’s plan will succeed only through a strong partnership between educators, families, administrators, community leaders, and state policy makers. To that end, the Sussex Early Childhood Council remains committed to ongoing collaboration at the local level with these stakeholder groups to make this plan a reality.

The Sussex Early Childhood Council has as its mission to foster collaboration among families, communities, providers, and schools for children’s early success in Sussex County. The Council has a diverse membership representing school districts, child cares, health and welfare programs, higher education, community resources, and parents. Since its beginning in 2003 as a home visiting consortium, the council has served as a voice for the uniqueness and significance of Sussex County. The council has worked closely with the state council to embed the Early Learning Foundations in the work of all of its members. The council strongly supports Delaware Stars to improve the quality of care for young children and their families. A primary concern for the council is to promote continuity of programs and services supporting families and their children-birth into kindergarten, with agencies, and community members providing the smoothest transitions possible for children.

In addition to existing efforts, the Sussex Early Childhood Council is eager to engage in the new initiatives outlined in the state’s plan. Council members will work to ensure that the early childhood workforce in Sussex County participates fully in all efforts to enhance its knowledge and competency, as well as supporting the full implementation of Delaware Stars.

The Sussex Early Childhood Council enthusiastically supports the state’s application for the Early Learning Challenge grant and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity. The children and families in Sussex County deserve as much.

Sincerely,

 Janet R. Cornwell, Ph.D.
 Director, Delaware Early Childhood Center

The Delaware Early Childhood Center is part of the Lake Forest School District. Lake Forest School District does not discriminate in employment or in educational programs, services or activities based on race, color, national origin, gender, age, or disability, in accordance with state and federal laws. Inquiries should be directed to the Director of Personnel at the Lake Forest Central Business Office, 5423 Killen’s Pond Road, Felton, DE 19943-9801. Telephone: 302-284-3020.



Wilmington Early Care & Education Council
City Of Wilmington
Department of Parks & Recreation
500 Wilmington Avenue
Wilmington, DE 19801
Phone 302- 576-3810

October 10, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, DE 19805

Dear Madame Secretary:

As Chairperson of the Wilmington Early Care and Education Council (WECEC), I am writing to express support for the goals that Governor Markell's Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the State's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. WECEC has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, WECEC remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality. WECEC has an established track record of supporting quality programming for children and families which support positive outcomes for children in early childhood and development programs. WECEC has established the Teacher Professional Development Center in Wilmington which is dedicated to supporting early care and education professionals in increasing their core knowledge, gaining additional education and skills, and having access to quality technical assistance and communities of learning. In addition, each year WECEC provides 25 – 50 scholarships to early care and education teachers in the City of Wilmington, who are serving some of our highest needs children, to enhance their education and support the development of the early care and education workforce so they are prepared and ready to provide high quality services to our youngest children. All of this is done through the unique collaborative efforts of the City of Wilmington, local school districts, the State of Delaware and dedicated early child and education providers and advocates.

In addition to our existing efforts, WECEC is eager to engage in the new efforts and approaches outlined in the State's plan. While already a strong supporter of the DE STARS system, WECEC is committed to encouraging and supporting Wilmington providers in understanding the system and becoming participants in order to improve the quality of services to children. Through the Teacher Professional Development Center we will continue to educate families and providers about the Delaware Early Learning Foundations and look forward to assisting in future revisions. We are committed to supporting the full implementation of the goals Governor Markell has set forth to ensure quality programs and positive outcomes for our youngest citizens.

Little Kids, Big Plans

WECEC strongly supports the State's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

A handwritten signature in black ink, appearing to read "Dayna Moore". The signature is fluid and cursive, with a large loop at the beginning.

Dayna Moore, Chairperson
Wilmington Early Care and Education Council

October 10, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805

Dear Madame Secretary:

As Executive Director of the Wilmington Head Start Inc. I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. Wilmington Head Start (WHS) has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's and support for our work. This strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, Wilmington Head Start (WHS) remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

Wilmington Head Start has an established track record of supporting outcomes for children in early childhood and development programs. The program serves over 500 economically disadvantaged children and their families in the City of Wilmington for over 30years. We are a comprehensive program that provides, dental, health, nutritional, mental health services. We also provide families with assistance for meeting their identified goals and objectives.

In addition to our existing efforts, Wilmington Head Start is eager to engage in the new efforts and approaches outlined in the state's plan. We are currently participating in the STARS Process. Our Center Directors have completed the Directors Certificate training and we are waiting to be assessed on the Environmental Rating System (ERS). And- that giving that there will be significant increases in POC, given that Head Start programs will be at least a level 4 program, we are considering expanding our full-day service options as capacity within our system allows.

Wilmington Head Start] strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

Deborah Thomas

Deborah Thomas- Executive Director

Wilmington Head Start, Inc.



October 13, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Rd
 Wilmington, DE 19805

Dear Madame Secretary:

On behalf of the Board of the Wilmington Montessori School (WMS) and the Center for Montessori Advancement (CMA), I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. WMS/ the CMA has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. The strengths of this bold plan lie in increasing direct funding to children with the highest needs, enhanced professional growth of early childhood staff, increasing the opportunities for children to be ready for kindergarten, and increasing the alignment between preschool and school age programs. In addition, the state understands that for children to develop academically, the state must also provide for the child's health and social needs. Each of these goals is coherent with the goals of the Montessori educational community in Delaware and specifically for Wilmington Montessori School and the Center for Montessori Advancement.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. When the grant is received, we hope to partner with the state as we share the Montessori model with others through professional development opportunities, mentoring, and in expanding the opportunities for children to participate in quality Montessori early childhood programs.

As a 5 STAR, AMS, Middle States, and NAEYC accredited program, Wilmington Montessori School has an established 48 year history of serving children in Delaware. Recently, the funding increases for Purchase of CARE tied to the STARS quality rating program has allowed WMS to

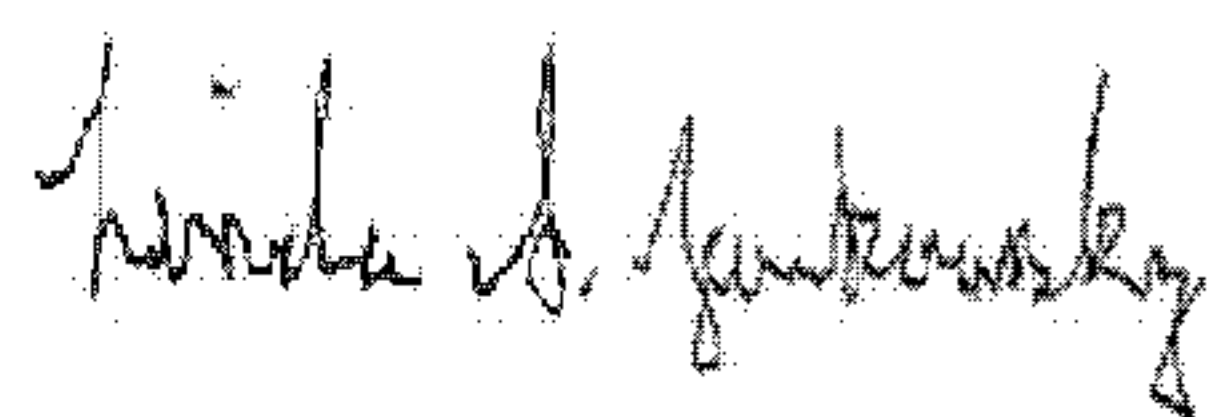
being marketing to the POC community. Research shows that Montessori preschool provides a demonstrated foundation for later school success by imparting solid skills in math and reading, as well as a deep understanding of social justice and community in the schoolyard and the classroom. These advantages are maximized when Montessori early childhood programs are linked with Montessori Elementary programs. In fact, Montessori education is one of the few models that provides for the continual development of the child from birth through age 18.

In addition to our existing efforts, Wilmington Montessori Board's vision is to "change the face of education" by sharing our model with others. With this goal in mind, the school is establishing the Center for Montessori Advancement (CMA). Specifically, the CMA will support the goal of developing a professional workforce for early childhood education. Positioned to provide mentoring and professional development in current best practices of classroom management, language to support children, observation/assessment, and early literacy and math development, the CMA will partner with other organizations in the state to support the professional growth of the early childhood workforce. In addition, the CMA will partner with school districts and early childhood providers to replicate 5 STAR Montessori programs that can serve a diverse group of children in all three counties of the state.

It is an important point in history for education in Delaware. Time, resources and new thinking are being invested at all levels of education at an unprecedented rate to move the First State into a stronger place and ensure that our future leaders have the skills they need to succeed, regardless of their socio-economic status. Wilmington Montessori School will bring its experience and knowledge to impact a broader community of children, families and educators by launching the CMA. CMA takes an unprecedented look at public, private and Montessori education in Delaware, marshals the tremendous resources that exist within the state and creates the vision, plan and infrastructure to support the expansion of quality Montessori education in Delaware.

In closing, the Board and staff of Wilmington Montessori School and the Center for Montessori Advancement strongly supports the state's application for Race to the Top and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



Linda S. Zankowsky, Ed.D.
Head of School
Wilmington Montessori School/
Center for Montessori Advancement



October 5, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805

Dear Secretary Rapposelli,

I am writing to express support for the goals the Governor's for Delaware's early learning and development systems. This effort helps build a strong foundation for the state's Race to the Top Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. This plan helps expand the quality of care by addressing the needs of the whole child, preparing them to be ready to succeed in Kindergarten and the early grades. This preparation is particularly important for children with high needs served by our Boys and girls Clubs.

Strong partnerships between educators, families, children, administrators, community leaders, and state policy makers is critical and we remain committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

As you may be aware as a result of our programs

- 50% of those children at our public housing location in Dover no longer needed to attend summer school.
- 55% of those in programs advanced two reading grade levels

As the largest provider of childcare to youth in our state the Boys & Girls Club also serves more than 2,100 youth who qualify for Purchase of Care.

We support the state's application for the Early Learning Challenge grant, and look forward to the next phase of work to help Delaware expand and improve care and services to Delaware's youth.

Sincerely,

A handwritten signature in black ink, appearing to read "Leo H. Smith", is written over a light gray circular stamp.

President/CEO



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October 10, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Rd
 Wilmington, DE 19805

Dear Madame Secretary:

As Chief Executive Officer of Children & Families First, I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. Children & Families First has appreciated the opportunity to participate in the formation of the Governor's plan; his administration has shown tremendous support for our work. This strength of this bold plan lies in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, Children & Families First remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

Children & Families First has an established track record of supporting outcomes for children in early childhood and development programs. Children & Families First was the recipient of a five year ACF grant to implement evidenced based home visiting in Delaware. This grant afforded us the opportunity to bring the Nurse Family Partnership Program to Delaware which targets low income first time moms, with a special focus on pregnant teens. The funding was also the catalyst to establish the Home Visiting Community Advisory Board which has worked to establish a continuum of evidenced based home visiting programs in our state. Our state is proud that will be implementing four evidenced-based models with coordinated care for those in highest need and training for home visitors across programs.

Children & Families First is also a provider for Delaware Stars, our QRIS system. Our staff provides technical assistance to child care providers across Delaware, helping them gain the skills and tools they need to improve quality and assure that children are ready for school. We have been a member of the Stars Management Team since its inception.

In addition to the above, Children & Families First is eager to engage in the new efforts and approaches outlined in the state's plan. As the state's Resource and Referral agency, we look forward to promoting Delaware Stars with families as they seek to identify a provider. The Stars marketing plan is a great opportunity to engage families who will help drive this important

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 Wilmington, DE 19802
 (302) 658-5177
 (302) 658-5170 fax

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 (302) 479-1651 fax

91 Wolf Creek Blvd.
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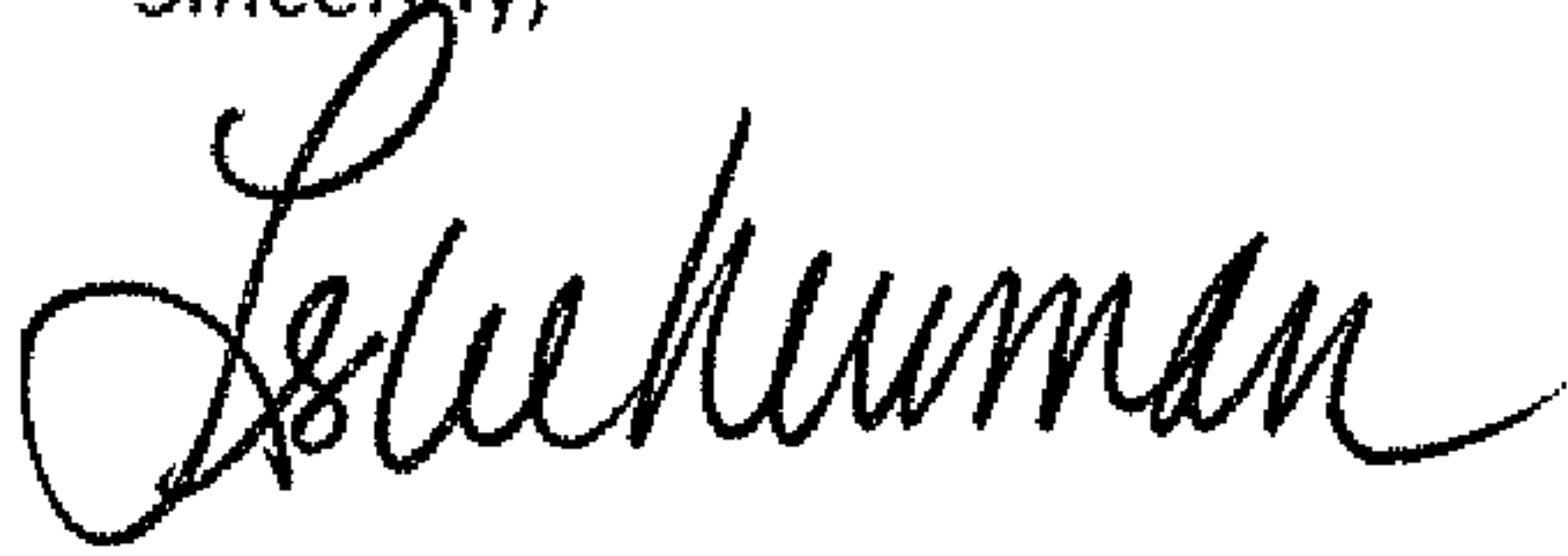
410 S. Bedford St.
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 (302) 856-2388
 (302) 856-2196 fax



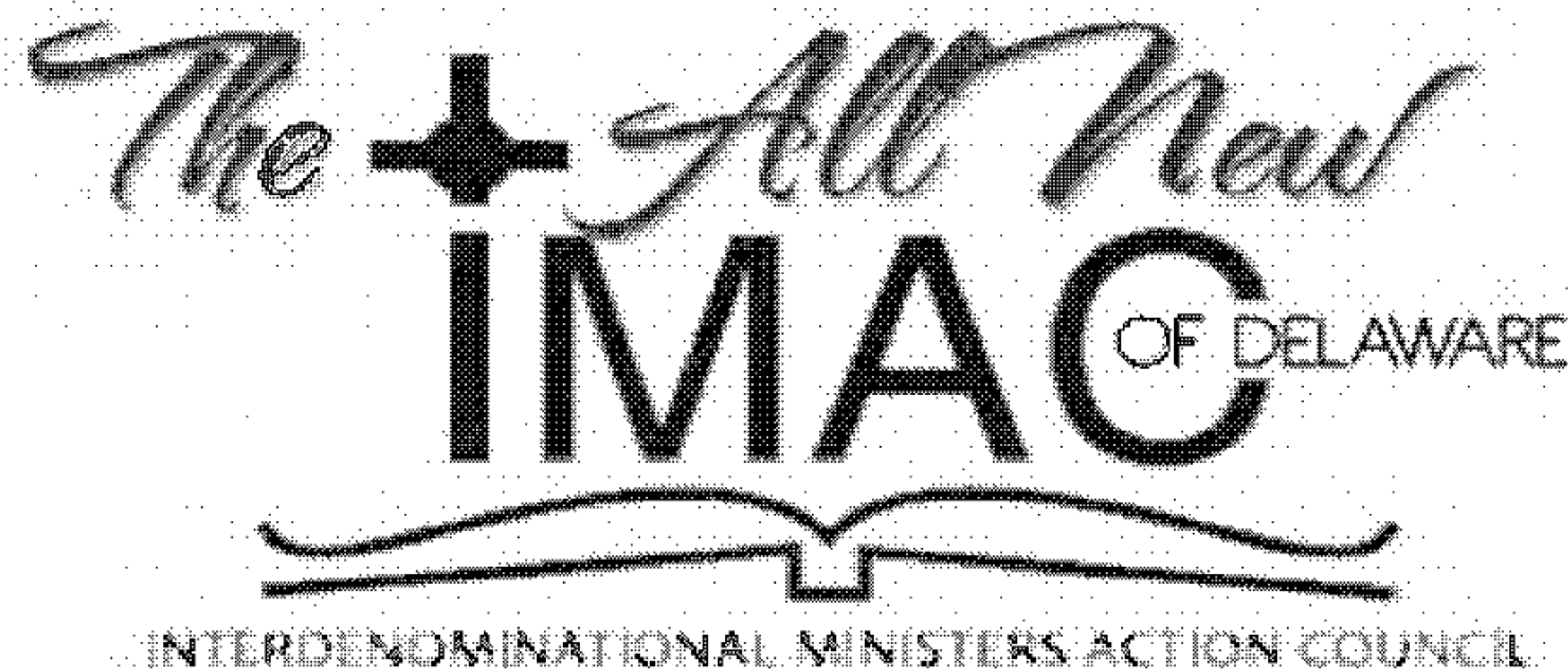
quality initiative. We are also committed to using the Early Learning Foundations in our work with families and programs. As a comprehensive, statewide social service agency with more than 125 years of service to Delaware families and children, we see the Early Learning Challenge grant as a tremendous opportunity to build on our momentum and move our positives efforts even further.

Children & Families First strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

A handwritten signature in black ink that reads "Leslie Newman". The signature is written in a cursive, flowing style.

Leslie Newman
CEO
Children & Families First

**IMAC Executive Council:**

*Ecumenical Coalition of Clergy promoting moral, ethical, biblical and
Spiritual formation regarding social and economic justice*

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The Honorable Jack Markell, Governor
State of Delaware
Tatnall Building
William Penn Street, 12th Floor
Dover, DE 19901

Dear Governor Markell:

On behalf of the Interdenominational Ministers Action Council (IMAC), I am more than pleased to express my strong support for Delaware's Race to the Top – Early Learning Challenge application. IMAC is an enthusiastic supporter of Delaware's education focused efforts that aim to prepare its children for adult roles as employees, successful leaders of businesses and organizations and future constructive contributors to the communities in which they live.

IMAC is particularly pleased about Delaware's proposed programs under Early Learning Challenge because of their proactive and preventive orientation toward education. More specifically, this initiative will enable Delaware's school districts, in partnership with communities and parents, to begin and sustain the education and learning process before students enter the first grade. The benefits of early education programs, such as Head Start, to a child's later academic performance have been documented by a wealth of scientific data. It stands to reason then that programs and services under Early Learning Challenge will inculcate the value of education in both children and parents. In addition, they will fulfill the valuable purpose of identifying learning problems/issues in young children when they first appear. In this manner, Delaware's Early Learning Challenge initiative gives parents and educators a head start in responding to problems that can be effectively addressed before a youngster enters elementary school.

Furthermore, programs under Early Learning Challenge, combined with Delaware's current Race to the Top programs, constitute a continuum of education that

coincides with the developmental phases of learning that begin far in advance of children's entrance into the first grade. Entering elementary school with an understanding of the fundamentals of reading, mathematics and writing, as well as, exposure to the world's cultures, while in kindergarten, will no doubt increase a child's academic success at all educational levels.

I applaud your vision as it pertains to educating Delaware's children as well as the efforts of the state's leadership to submit what I know is a progressive and comprehensive application for Early Learning Challenge funding.

Respectfully yours,

Tyrone Johnson

Tyrone C. Johnson, Sr., President
Interdenominational Ministers Action Council



October 11, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, Delaware 19805

Dear Madame Secretary:

As the Executive Director of La Esperanza, Inc., I am writing to express our support for the goals that the Markell Administration has established for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware the opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. La Esperanza appreciates the opportunity to participate in the formation of the Governor's plan, and his administration's support of our work. The strengths of this bold, yet attainable, plan lie in its focus on quality, its attention to address the needs of the child as a whole, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and early grades.

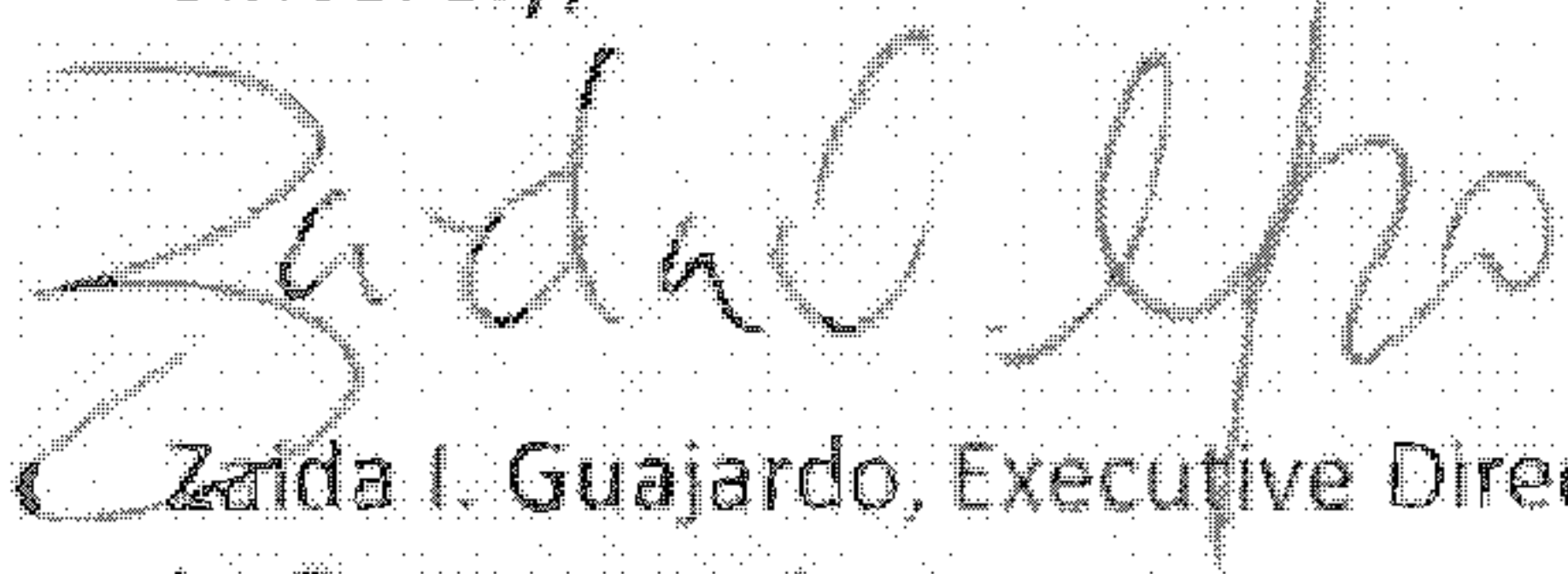
The audacious reforms outlined in Delaware's plan will only succeed through a strong collaborative partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, La Esperanza remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

La Esperanza has an established track record of supporting outcomes for children in early childhood and development programs. Our programs and services are provided directly to adults and parents, which focuses and emphasizes on meeting the needs of the entire family. Our education program gives emphasis on the importance of each parent's role in ensuring a high quality education for their children at an early age; providing them with the necessary tools to ensure parental involvement and presenting a clear understanding of the impact it will have in the lives of their children.

In addition to our existing commitment, La Esperanza is eager to engage in the new efforts and approaches outlined in the state's plan. We are committed to continue and increase efforts to educate and empower our low-income Hispanic residents, who we serve, to increase the number and percent of disadvantaged children enrolled in high-quality early learning programs; serving as a liaison between the schools and parents to ensure enrollment, parental involvement, and a clear understanding of the importance of ensuring a quality education for their children.

La Esperanza, without reservation, strongly recommends and supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

A handwritten signature in cursive script, appearing to read "Zaida I. Guajardo".

Zaida I. Guajardo, Executive Director
La Esperanza, Inc.



October 12, 2011

The Latin American
Community Center
403 N. Van Buren Street
Wilmington, DE 19805
302-655-7338
302-655-7334/fax
www.thelatincenter.org

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, Delaware 19805

Dear Madame Secretary:

As the Executive Director of the Latin American Community Center (LACC), I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top -- Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. The LACC has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children -- especially those with high needs -- to be ready to succeed in Kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, the LACC remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

The Latin American Community Center La Fiesta Early Development Centers have an established track record of supporting outcomes for children in early childhood and development programs. Children receive intensive school readiness services to prepare them to start kindergarten ready to learn and achieve. Model Cities funding facilitated in 1973 the creation of La Fiesta I, which is licensed for 103 children, infants to age 4. La Fiesta II is an Early Childhood Assistance Program (ECAP) established in 2003 to prepare 34 four-year olds from very low-income households for kindergarten.

The LACC and its La Fiesta Early Development Centers provides bilingual (Spanish/English), culturally sensitive and affirming programs to working poor minority families residing in a low-income, inner-city neighborhood. Services include:

Work Supports: Support parents' work efforts by providing, safe, affordable child care so that parents can hold down their jobs.



Education: Developmental childcare in a safe, healthy and learning-rich environment. La Fiesta uses the Creative Curriculum, which is used by Head Start programs throughout the U.S. and by private preschools, including Montessori Schools.

Adult Literacy: Classes to assist parents in increasing their own literacy and encouraging their children's include English as a Second Language, English Language Civics and the *Lee y Seras* Family Literacy Program.

Social Supports: The LACC has a continuum of care philosophy, which is part of the agency's mission statement. The LACC provides wraparound services such as case management for self-sufficiency, workforce development, substance abuse prevention and treatment, *Los Niños Bien Educados* parent education program, and a licensed mental health program to link families to other resources they need for health and economic advancement.

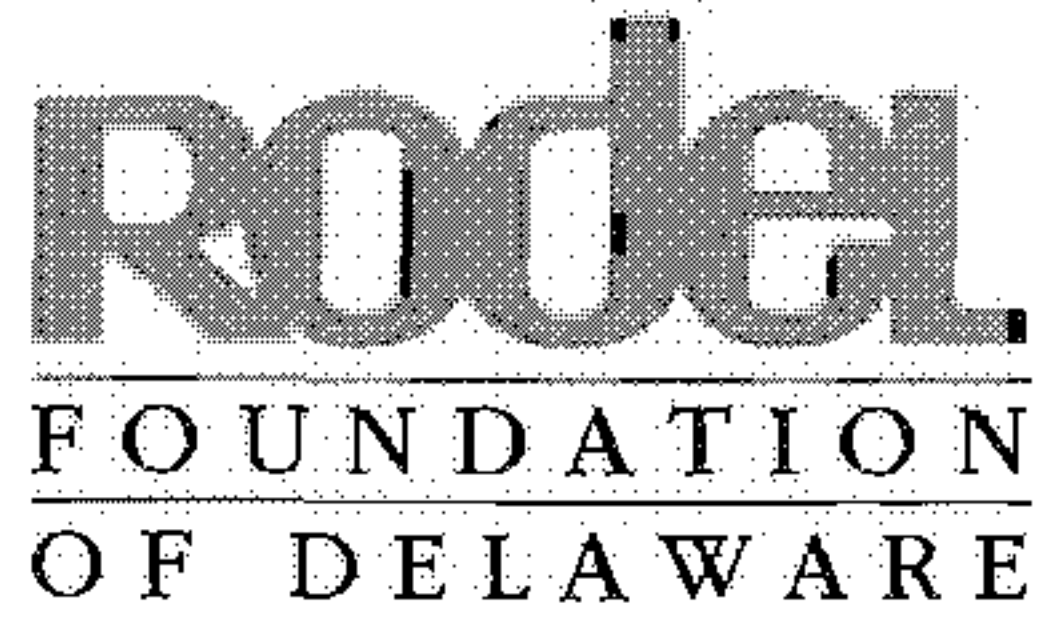
In addition to our existing efforts, the Latin American Community Center is eager to engage in the new efforts and approaches outlined in the state's plan. La Fiesta I and II Early Development Centers participate in the Delaware STARS for Early Success quality rating and improvement system. The goal of both La Fiestas is to achieve STARS Level 5, the highest rating, which meets requirements for accreditation by the National Association for the Education of Young Children (NAEYC).

The Latin American Community Center strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



Maria Matos, Executive Director
Latin American Community Center



October 6, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Road
 Wilmington, DE 19805

Dear Madame Secretary:

As President and CEO of the Rodel Foundation of Delaware, I am writing to express support for the state's Race to the Top Early Learning Challenge application and for the plans that the Markell Administration has set for the Delaware early learning and development systems that serve as its foundation.

The Early Learning Challenge offers Delaware the opportunity to build on its existing early learning system by taking another leap forward in quality and outcome. Rodel appreciated the opportunity to participate in the formation of the Governor's plan, and we are thankful to the administration's continued support for our work. The plan's focus on quality and its attention to the needs of the whole child will go a long way toward preparing all of our children—especially those with high needs—for success in kindergarten and the early grades.

Rodel has an established record of supporting early childhood and development programs and has advised the Delaware Department of Education, Delaware's Department of Services for Children, Youth and Their Families, and the Early Childhood Council on policies targeting quality early learning. To ensure that early learning remains a key priority in the state, we have consistent and influential communication with our lawmakers. Our chief investment, Vision 2015 and its coalition-created plan is a major force in Delaware's educational improvement. Strengthening early education is a fundamental component of that plan.

In addition to our existing efforts, Rodel is enthusiastic about the opportunity to engage in the new efforts and approaches outlined in the state's plan, including working to increase participation in the Delaware Stars quality rating program, improve training and compensation for early childhood providers, strengthen the alignment of services, and enable every child to arrive at school ready to learn. In the coming years, our organization will be focusing efforts toward kindergarten readiness and how best to improve early childhood and development programs for maximum K-12 support. These research, policy, and practice efforts align directly with our commitment to provide support for the state's implementation of its plan if awarded the Early Learning Challenge grant.

Reaching our goals for early learning will require the continued strong partnership between educators, families, children, administrators, community leaders, and state policy makers, and Rodel remains committed to this ongoing collaboration.

In closing, Rodel strongly supports the state's application for the Early Learning Challenge grant and is eager to begin the next phase of work to help Delaware take advantage of this historic opportunity. As the largest education funder in Delaware, we've got a lot invested.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul A. Herdman". The signature is stylized and includes a long horizontal line extending to the right.

Paul A. Herdman, President & CEO
 Rodel Foundation of Delaware

7-3 Letters of Stakeholder Support

GIVE. ADVOCATE. VOLUNTEER. LIVE UNITED

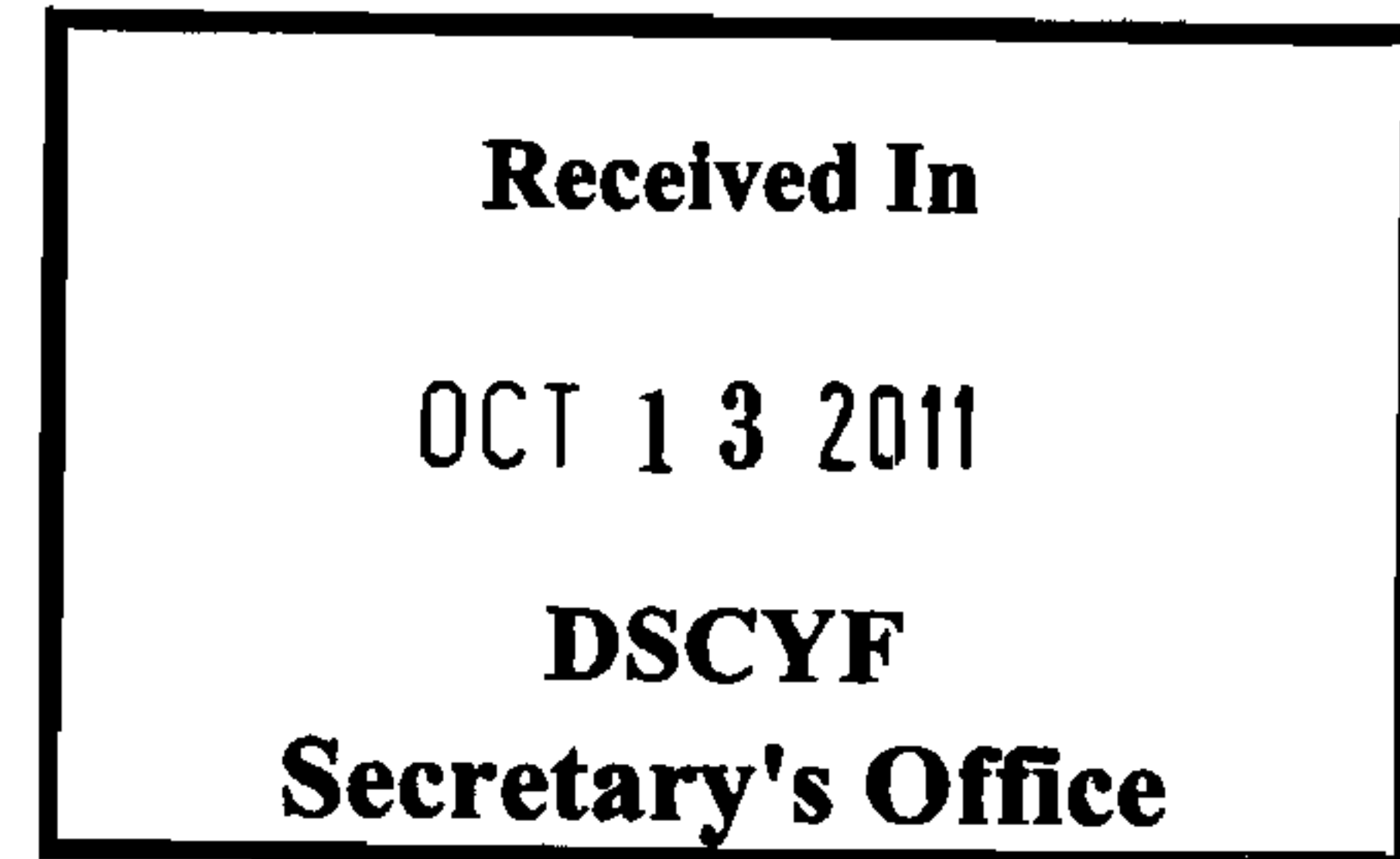


www.uwde.org

United Way of Delaware

October 5, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Rd
Wilmington, DE 19805



Dear Madame Secretary:

As President and Chief Executive Officer of United Way of Delaware (UWD), I am writing in support of the goals the Markell administration has set for Delaware's birth through five early learning and development systems, which form the basis for the state's *Race to the Top – Early Learning Challenge* application.

As you know, UWD funds and promotes improvements in the State's early care and education system. We believe these investments have contributed to significant milestones in our early care system and have helped establish a momentum that creates a solid foundation for further improvements. *The Early Learning Challenge* is an historic opportunity to build on this foundation. And, now is the time to leverage the momentum and to work collaboratively to take a giant step forward in the effort to improve outcomes in our early learning system.

The strength of this bold plan is its focus on quality, attention to the needs of the whole child, and its emphasis on preparing *all* children – especially those with high needs – to succeed in kindergarten and the early grades. But success is not a given. The only way that that the reforms outlined in Delaware's plan will succeed is if educators, administrators, community leaders, state policy makers, non-profit organizations, corporations, faith leaders, parents, children, and others join together in support of these goals. With this letter, United Way of Delaware is taking that step and pledging its commitment to join with these stakeholders in a collaborative effort to energize this plan.

We are making this commitment because UWD is engaged in a long-term strategy to eliminate the root causes of Delaware's most pressing social problems and Education is central to this strategy. In addition to our foundational support for the Delaware Stars Quality Rating and Improvement System, which the legislature now funds, UWD is engaged in designing and implementing the *Getting School Ready* initiative, which seeks to ensure that the state's pre-school facilities are working to a similar kindergarten readiness standard. We believe this work links directly and meaningfully to what is outlined in the application.

New Castle County Office
The Linden Building, Third Floor
625 N. Orange Street
Wilmington, DE 19801
(302) 573-3700

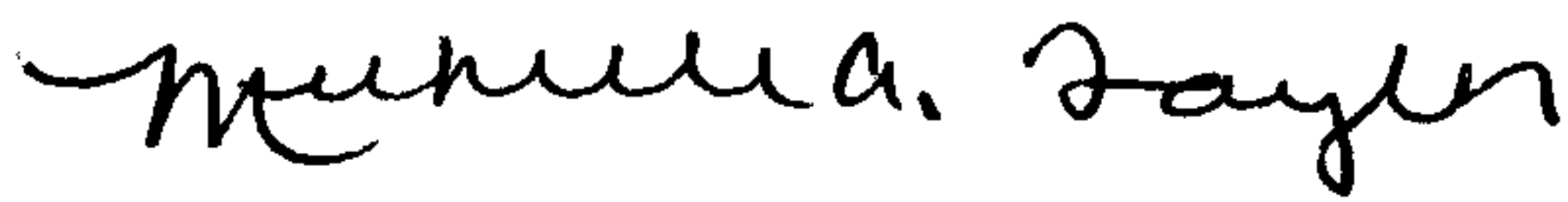
Kent County Office
365 United Way
Dover, DE 19901
(302) 734-4779

Sussex County Office
37212 Rehoboth Avenue Extended
Rehoboth Beach, DE 19971
(302) 856-7884

AFL-CIO Community Services
P.O. Box 67
Bear, DE 19701
(302) 456-3500

For all these reasons, I offer the unreserved support of this statewide organization for the state's application for the Early Learning Challenge grant. I am proud to ask that you count United Way of Delaware as among your strongest supporters in this critical work. We are excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,

A handwritten signature in black ink that reads "Michelle A. Taylor". The signature is written in a cursive, flowing style.

Michelle A. Taylor
President and Chief Executive Officer



October 11, 2011

The Honorable Vivian L. Rapposelli
 Department of Services for Children, Youth, and Their Families
 1825 Faulkland Rd
 Wilmington, DE 19805

Dear Madame Secretary:

As President of the Delaware Coalition for Early Learning (DECEL), I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. DECEL has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. This strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those at high risk with high needs – to be ready to succeed in Kindergarten and the early grades.

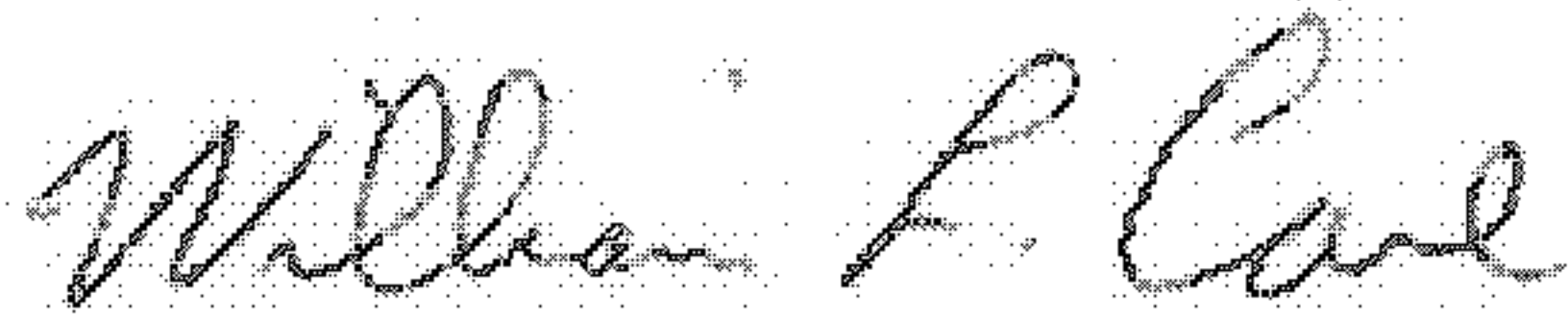
The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, early care providers, and state policy makers. To that end, DECEL remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

DECEL has an established track record of supporting efforts to improve quality in centers and family child care settings, and also providing provider feedback on daily operational issues that could impact on those efforts. *DECEL has developed an organizational structure for early care providers and other stakeholder groups join together for statewide advocacy efforts to support quality early education for children and support the providers serving children every day. Our work has included identifying and communicating challenges for providers in delivering quality care, providing input to state committees/officials on system and provider needs, sponsorship of our annual Early Childhood Education Advocacy Day at Delaware's Legislative Hall to educate and secure adequate resources critical to sustaining quality care. DECEL actively advocated with others for the approval of the Governors' \$22 million early childhood education initiative proposal this year, conducting a legislative writing campaign and meeting with the Delaware Joint Finance Committee members to voice strong support.*

In addition to our existing efforts, DECEL is eager to engage in the new efforts and approaches outlined in the state's plan. DECEL plans to expand its' membership to include more providers, continue to coordinate ECE Advocacy Day and provide increased opportunities for providers to express their needs as they serve the children and families in Delaware

The Delaware Coalition for Early Learning strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



William L. Carl, President
Delaware Coalition For Early Learning



October 6, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, Delaware 19805

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Madame Secretary:

As President of the YMCA of Delaware, I am writing to express support for the goals the Markell Administration has set for Delaware's birth through five early learning and development systems, which serve as a strong foundation for the state's Race to the Top – Early Learning Challenge application.

The Early Learning Challenge offers Delaware an opportunity to build on existing foundations and recent momentum to take another leap forward in the quality and outcomes of our early learning system. The YMCA of Delaware has appreciated the opportunity to participate in the formation of the Governor's plan, and his administration's support for our work. The strengths of this bold plan lie in its focus on quality, its attention to the needs of the whole child, and its emphasis on preparing all children – especially those with high needs – to be ready to succeed in Kindergarten and the early grades.

The bold reforms outlined in Delaware's plan will succeed only through a strong partnership between educators, families, children, administrators, community leaders, and state policy makers. To that end, The YMCA of Delaware remains committed to ongoing collaboration with these stakeholder groups to make this plan a reality.

The YMCA of Delaware has an established track record of supporting outcomes for children in early childhood and development programs. The Y conducts pre-school programs for 2 through 5 year olds in all three Delaware counties. These programs focus on large motor skills, educational enrichment, family activities and small group work including; language arts, listening skills, reading, writing and literacy.

Today's children are growing up in communities that require them to be well equipped mentally, socially and physical at a much younger age than past generations. In addition to our existing efforts, The YMCA of Delaware is eager to engage in the new efforts and approaches outlined in the state's plan. Communities continue to need pre-school programs that offer our children a foundation to learn basic life skills and prepare our children for their elementary, and high school experiences which will hopefully make them more productive individuals and contributing citizens.

The YMCA of Delaware strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely, ^

Michael P. Graves, President
YMCA of Delaware

Board of Directors

Linda B. West
Chairman

Robert L. Hawkins, Jr.
Vice Chairman

Bruce H. Colbourn
Vice Chairman

Will F. Henry, Jr.
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Enid Wallace-Simms
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Catherine Willey

Michael P. Graves
President

YMCA OF DELAWARE

100 W. 10th Street, Suite 1100, Wilmington, DE 19801
P 302-571-6908 F 302-656-5035 www.ymcade.org

The Delaware Business Roundtable, Inc. As of Letters of Stakeholder Support

1201 Orange Street, Suite 1010 • Wilmington, Delaware 19801
(302) 655-2673 • Fax (302) 655-4374

October 13, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children, Youth, and Their Families
1825 Faulkland Road
Wilmington, DE 19805

Dear Madame Secretary:

As Chairman of the Delaware Business Roundtable and a member of the Delaware Business Roundtable Education Committee, I am writing in support of the state's Race to the Top – Early Learning Challenge application.

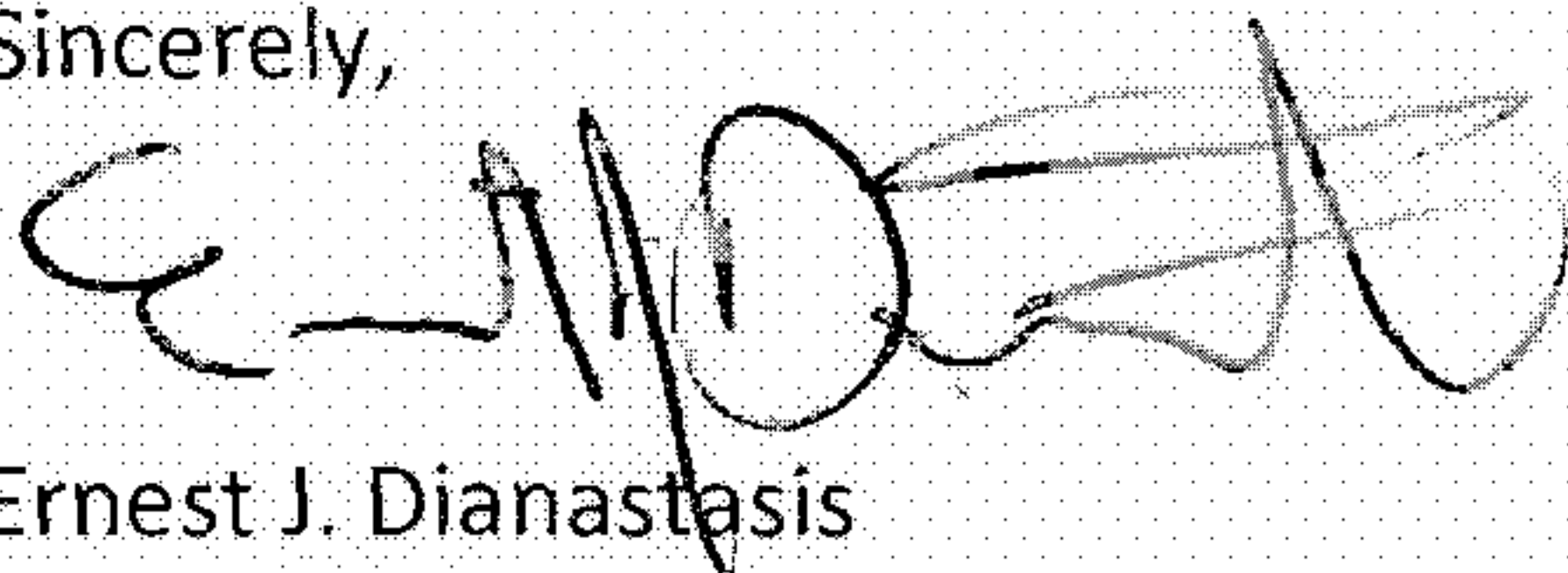
We agree that the Early Learning Challenge represents a rare opportunity for Delaware to further strengthen our early learning system by improving the quality of services and raising expected outcomes. The Delaware Business Roundtable has invested considerable resources in several early childhood education (ECE) initiatives for many years—efforts that we view as foundational to the State's plan. We are grateful for your leadership and that of Governor Markell and Lt. Governor Denn, who have prioritized ECE for the state, resulting in a \$22 million investment in state programs.

To achieve the goals of this plan, we need to maintain the strong partnership between educators, families, children, administrators, community and business leaders, and state policy makers that has brought us so far. The Delaware Business Roundtable remains committed to this ongoing collaboration.

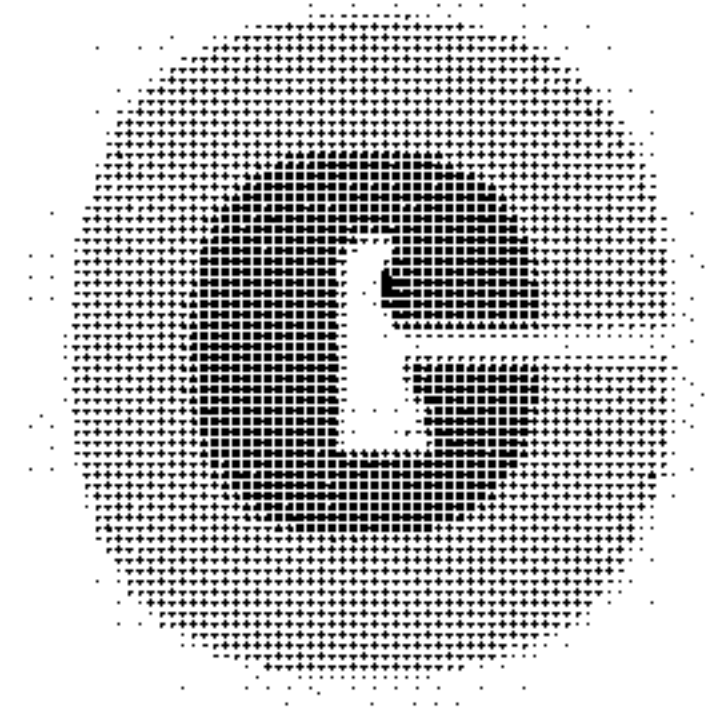
Going forward, you can count on the business community to keep education reform—from pre-K through grade 12, on the front burner with citizens and public officials. We look forward to the work ahead.

In closing, the Delaware Business Roundtable strongly supports the state's application for the Early Learning Challenge grant, and is excited to begin the next phase of work to help Delaware take advantage of this historic opportunity.

Sincerely,



Ernest J. Dianastasis
Chairman, Delaware Business Roundtable



DELAWARE STATE
CHAMBER OF COMMERCE

Thomas J. Cooper, Chairman
James A. Wolfe, President & CEO

October 10, 2011

The Honorable Vivian L. Rapposelli
Department of Services for Children,
Youth, and Their Families
1825 Faulkland Road
Wilmington, DE 19805

Dear Madame Secretary:

As President and CEO of the Delaware State Chamber of Commerce representing businesses throughout the state, I am writing in support of the state's Race to the Top – Early Learning Challenge application and for the plans of the Markell Administration for Delaware's early learning and development systems that serve as its foundation.

The Early Learning Challenge offers Delaware a unique opportunity to build on its existing early learning system by advancing quality, and the State Chamber was fortunate to be included in the conversation that shaped the state's early learning plans. We are also grateful to Governor Markell for prioritizing early learning and for creating a strong plan that focuses on quality and the needs of a whole child. We believe it is the right blueprint for preparing all children – especially those with high needs – for success in Kindergarten and the early grades.

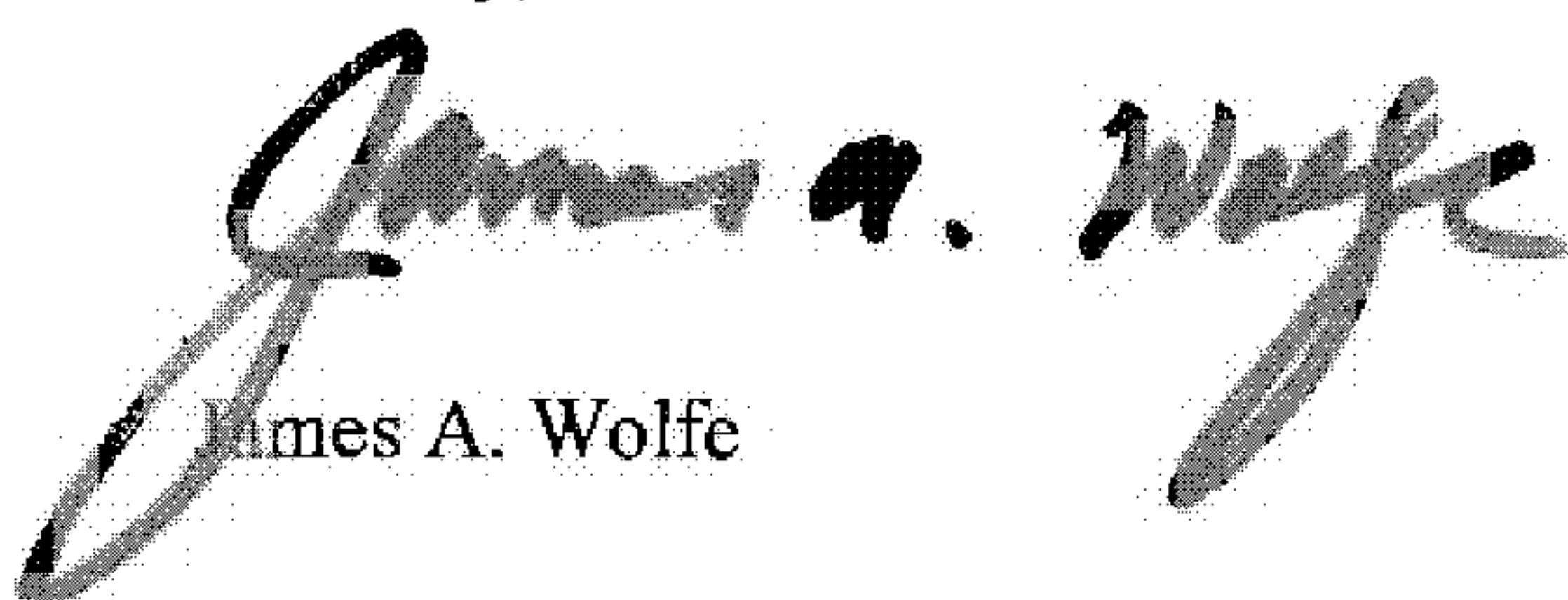
As the largest and most influential business organization in the state, it is our job to keep track of and report on legislative activities to ensure that these laws and regulations are doing what they are intended to, and our role in Early Childhood Education reflects that. We are also a supporting partner of the Vision 2015 coalition that has worked tirelessly to advance and support early learning programs and providers for our youngest learners.

In addition to our existing efforts, we look forward to new efforts and approaches outlined in the state's plan to increase participation in the Delaware Stars quality rating program, improve training and compensation for early childhood providers, and strengthen the alignment of services.

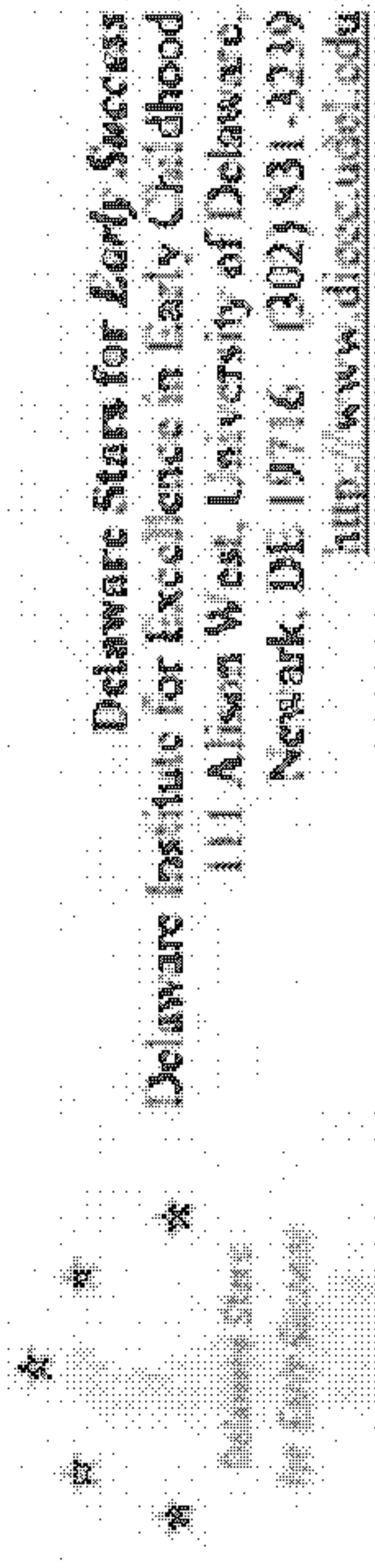
And we will continue to encourage the strong partnership between our educators, families, children, administrators, community leaders, and state policy makers that has brought Delaware so far in education reform.

The Delaware State Chamber of Commerce strongly supports the state's application for the Early Learning Challenge grant, and encourages you to help Delaware take advantage of this historic opportunity.

Sincerely,



James A. Wolfe



Onboarding Form

Classroom Environmental Scan

Things to look for:

- Schedule of activities is posted.
- Lesson plan with activities is posted.
- Indoor space/arrangement is clean and safe.
- Routines followed (procedures)/transitions are smooth.
- Materials are accessible for play.
- Materials/Interest areas are appropriate.

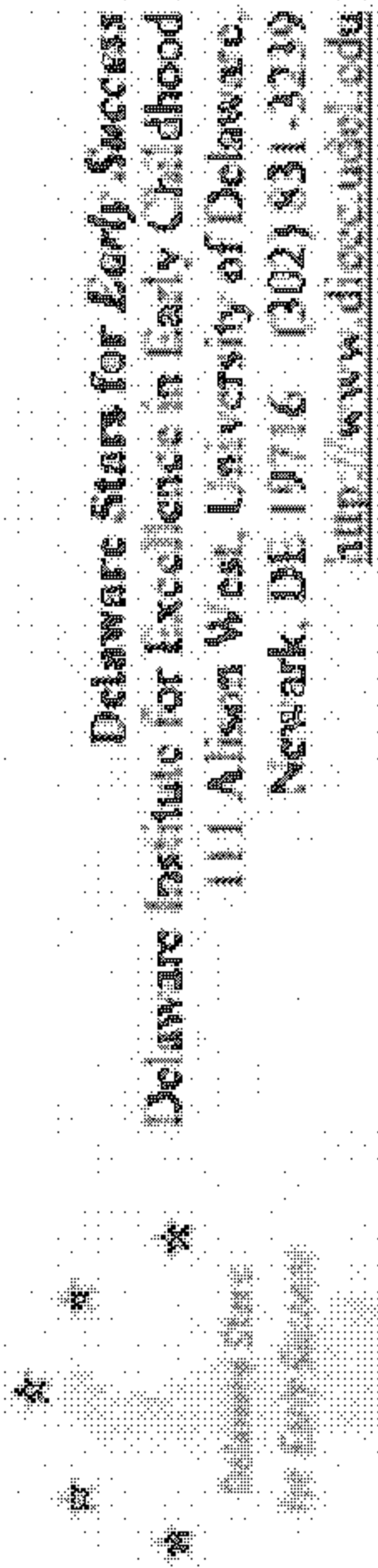
- Peer interaction occurs.
- Sleeping/Eating accommodations are appropriate.
- Gross motor activities/materials are safe/appropriate.
- Staff is responsive to children's needs.
- Noise level is appropriate/language encouraged.
- Supervision/discipline is adequate/appropriate.

Infants # Present: ____ # of Staff: ____	General Notes:
	Interactions:
	Materials:
	Environment:
	Procedures: (Schedule, Lesson Plans, Transitions, etc.)
	Health/Safety:
Toddlers	General Notes:

# Present: ____ # of Staff: ____	Interactions:
	Materials:
	Environment:
	Procedures: (Schedule, Lesson Plans, Transitions, etc)
	Health/Safety:
Preschoolers # Present: ____	General Notes:

Program Name: _____

Date: _____



Onboarding Form

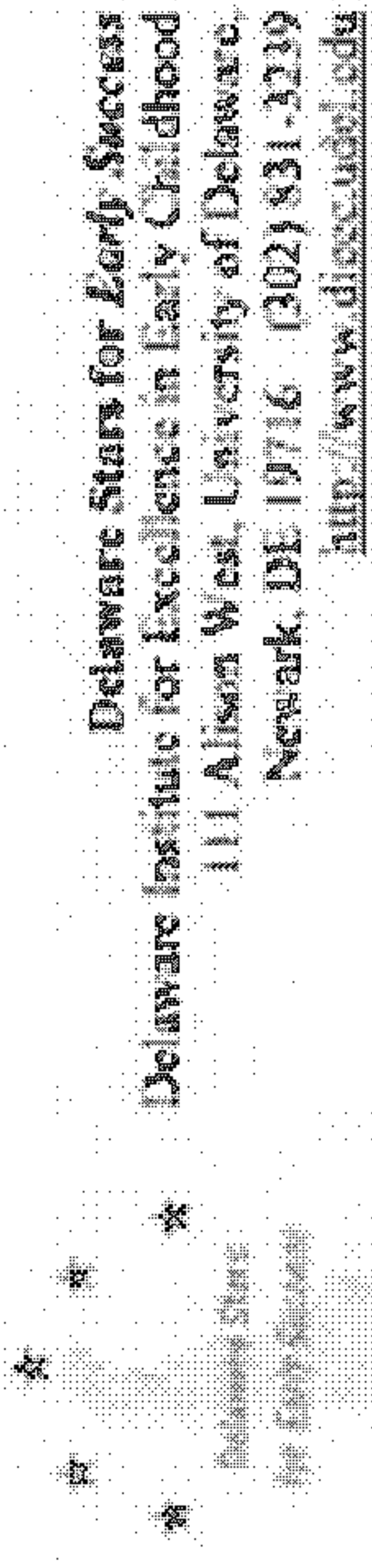
# of Staff: ____	
Interactions:	
Materials:	
Environment:	
Procedures: (Schedule, Lesson Plans, Transitions, etc.)	
Health/Safety:	
School Age # Present: ____ # of Staff: ____	General Notes:

Interactions:	
Materials:	
Environment:	
Procedures: (Schedule, Lesson Plans, Transitions, etc)	
Health/Safety:	

Program Notes: (Hours, # of children enrolled, gross motor (facilities and access), etc.)

Program Name: _____

Date: _____



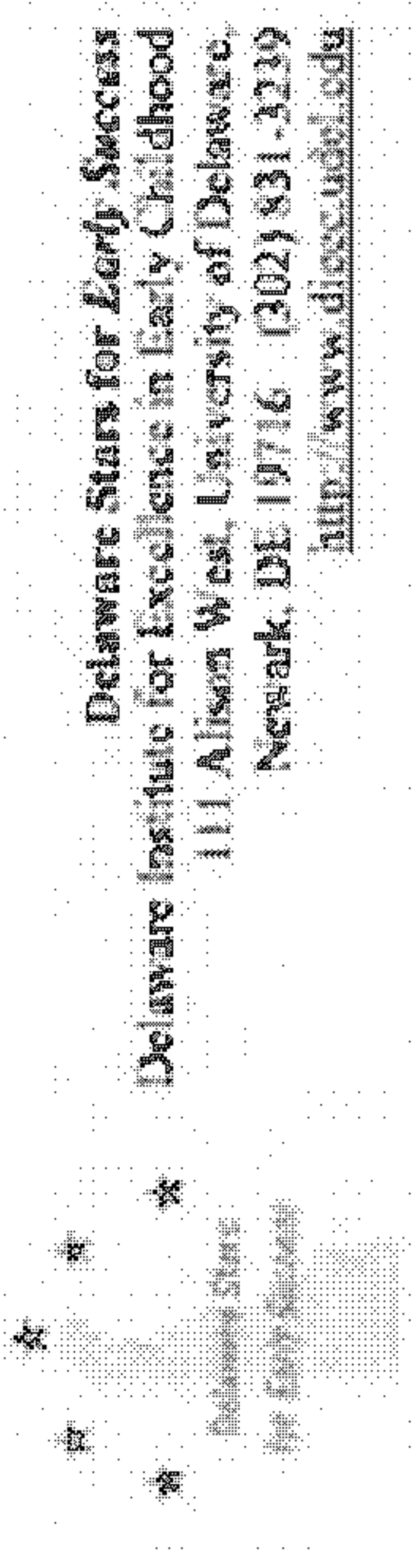
Onboarding Form

# Present: _____ # of Staff: _____	General Notes:
	Interactions:
	Materials:
	Environment:
	Procedures: (Schedule, Lesson Plans, Transitions, etc.)
	Health/Safety:

# Present: _____ # of Staff: _____	General Notes:
	Interactions:
	Materials:
	Environment:
	Procedures: (Schedule, Lesson Plans, Transitions, etc.)
	Health/Safety:

Program Name:

Date:



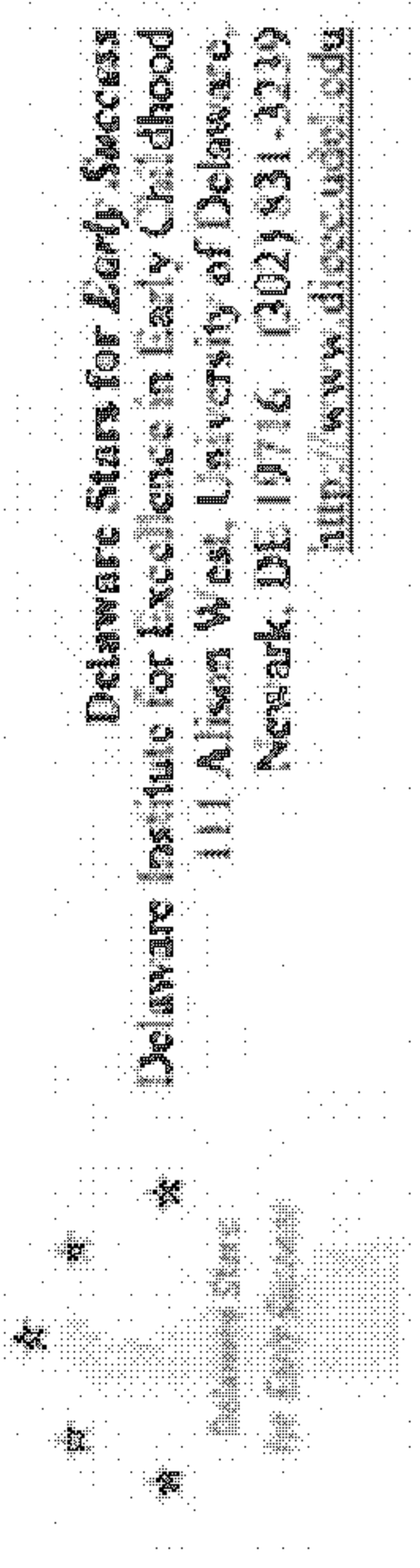
Onboarding Form

Interview

1. What are your programs strengths?
2. What do you do to support quality improvement?
3. Do staff have planning time away from the children?
4. Do staff complete professional development training/activities? How are they chosen?
5. How do you supervise/evaluate staff?
6. What are your biggest challenges with the age groups you serve?
 - a. Infants
 - b. Toddlers
 - c. Preschoolers

Program Name:

Date:



Onboarding Form

d. School Age

7. Describe efforts to retain staff and describe turnover experience:

a. Retention:

b. Turnover:

8. What support do you hope to gain from participating in Stars?

9. What informs goal setting for your program?

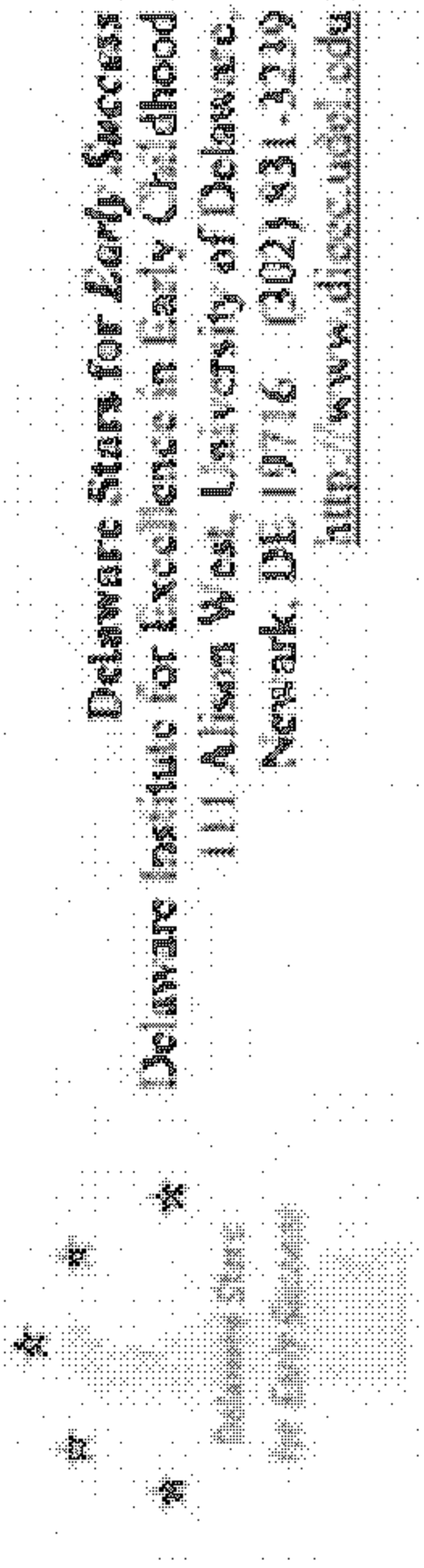
10. How can Delaware Stars help support you in achieving these goals?

11. In what ways do you use technology in your program (planning, curriculum, lessons, research, budget, marketing)?

12. In what ways would you like to extend your use of technology in your program?

Program Name:

Date:

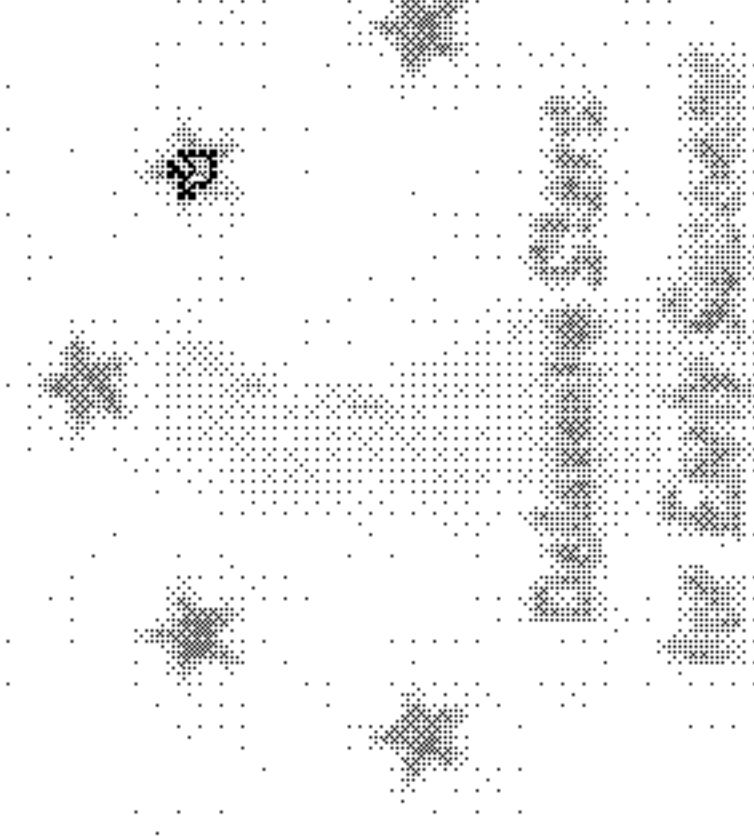


Delaware Stars for Early Success
Institute for Excellence in Early Childhood
111 Alison West, University of Delaware,
Newark, DE 19716 (302) 831-3239
<http://www.diosc.udel.edu>

Onboarding Form

Program Name:

Date:



Delaware Stars for Early Success
 Delaware Institute for Excellence in Early Childhood
 111 Alison West, University of Delaware,
 Newark, DE 19716 (302) 831-3239
<http://www.diesc.udel.edu>

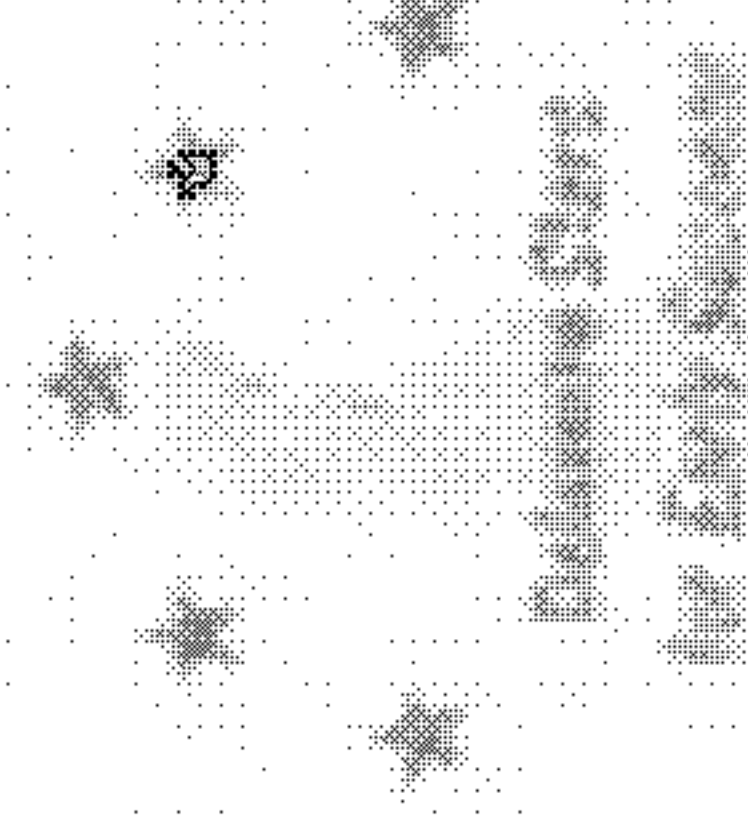
ECE Center Standards

Domain: Family and Community Partnerships (X points max)

Rationale: Family involvement and reciprocal family-provider relationships are fundamental to high quality early care and education services. This dimension of practice emphasizes ongoing, bi-directional communication between families and programs. Meaningful family engagement in early care and education programs requires attention and sensitivity to the needs of all families. Further, collaboration between child care programs and schools/other agencies assists programs in accessing resources to meet the needs of young children and their families.

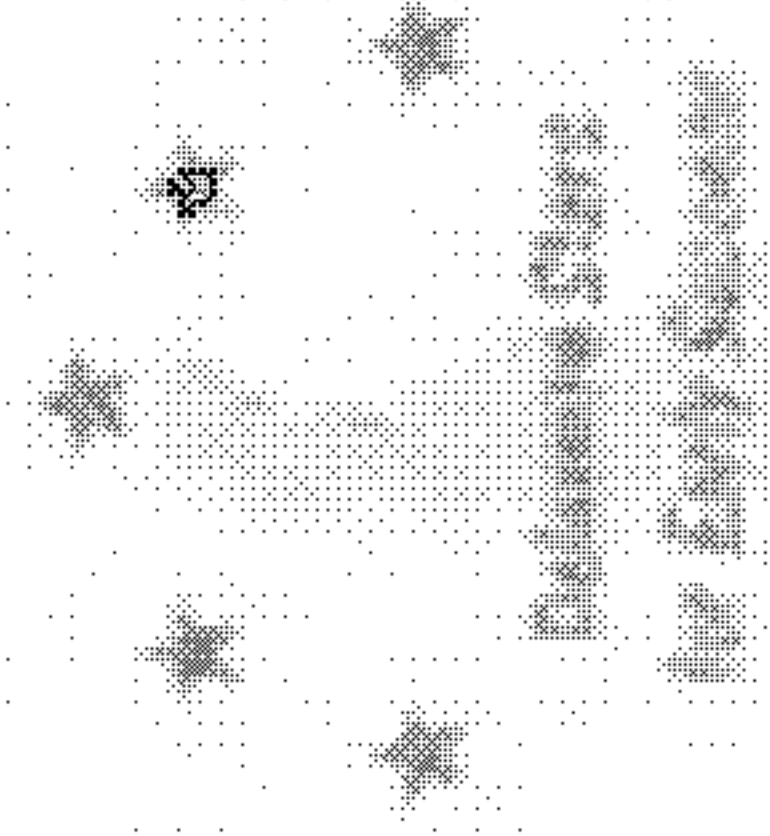
Categories: Communication (FC), Involvement & Support (FS), Community Partnerships (FP)

Code	Standard	Points	Verification
Communication (max X points)			
FC1	Program welcomes all children and their families with procedures that embrace inclusion.	X	Sample examples of verification include: Written inclusion policy with a parent letter reflecting people first language (not disability first), training certificates for Inclusion training or credentials that have been completed, welcoming events at the start of the program year.
FC2	Each classroom provides regular written correspondence with families. <ul style="list-style-type: none"> • For classrooms with children 	X	Sample examples of verification include: Children 0-36 months - form used for communication and evidence of use such as blank and completed daily sheets and



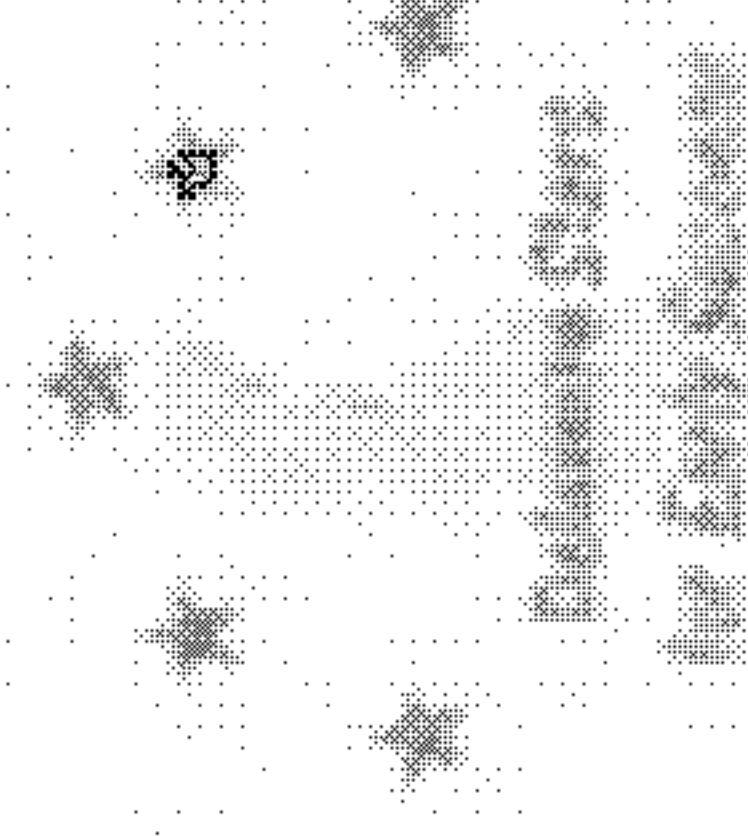
Delaware Stars for Early Success
Delaware Institute for Excellence in Early Childhood
111 Alison West, University of Delaware,
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FC3	<p>predominately 0-36 months, correspondence is individualized and provided daily</p> <ul style="list-style-type: none"> For classrooms with children predominately 37 months and older, correspondence can be group and weekly <p>Program conducts conferences with families at least twice annually.</p>	X	<p>reference in policies, handbook, or other document. Children 37 months and older - evidence of format used such as bulletin board with current information, classroom webpage.</p>
FS1	<p>Program makes accommodations for families of children with identified disabilities or who are dual language learners.</p> <ul style="list-style-type: none"> Accommodations for families of children with identified disabilities Accommodations for families of children who are dual language learners 	X	<p>Sample examples of verification include: Parent signature on form, evidence of the policy in handbook or other programmatic document, dates on program/family schedule.</p>
Involvement & Support (max X points)			
FS2	<p>Program systematically gathers information from families and uses data to inform program planning annually.</p>	X	<p>Sample examples of verification include: Informal conferences offered, blank and completed progress reports, daily notebook.</p>
FS3	<p>Program implements a variety of family-centered events annually.</p>	X	<p>Sample examples of verification include: Copies of parent/family surveys from the most recent year with report summarizing findings, minutes from meetings (Advisory board, PTO, committees).</p>
FS4	<p>Program supports transitions for families:</p>	X	<p>Sample examples of verification include: A minimum of three events, with at least one educationally focused is required. Evidence includes pictures of gatherings, flyers for events with attendance, handbook, documents. Sample examples of verification include: Written</p>



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	<ul style="list-style-type: none">• Into the program• Within the program• Out of the program	X X X	transition policies in program and parent materials plus copies of literature and evidence of activities.
Community Partnerships (max X points)			
FP1	Program develops and maintains formalized relationships with schools.	X	Sample examples of verification include: LEA agreement, transition assistance into school, inclusive services for young children with disabilities.
FP2	Program develops and maintains formalized relationships with community-based agencies.	X	Sample examples of verification include: Written evidence of implementation such as memorandum of understanding/written agreement, event flyer, or parent permission form.



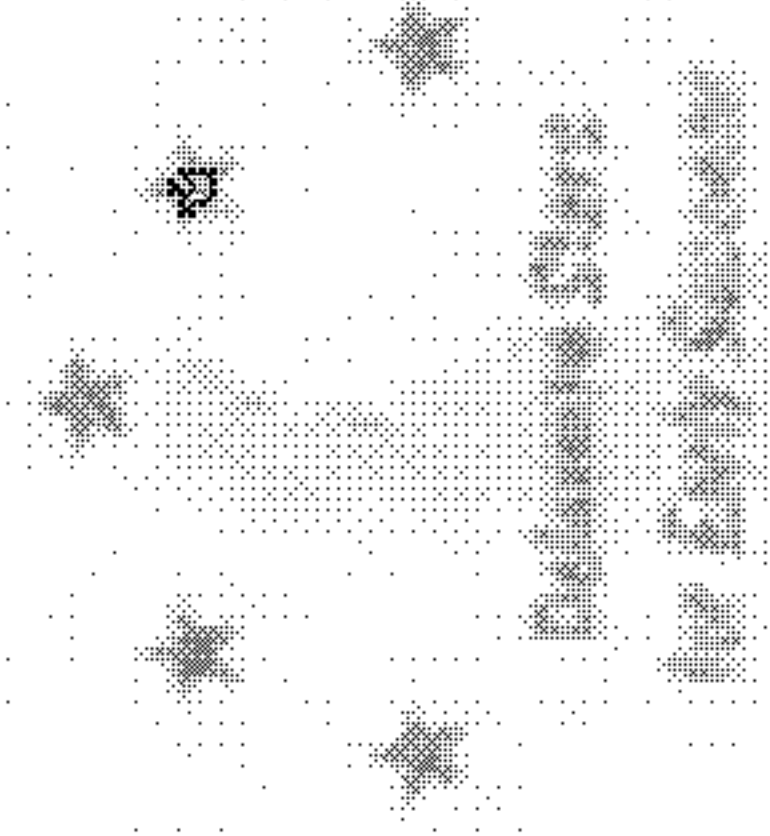
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Domain: Qualifications and Professional Development (X points max)

Rationale: A well-prepared teaching and administrative staff are essential to high quality early care and education. Thoughtfully planned professional development linked to effective supervision and evaluation practices provide ongoing support to staff in meeting the needs of young children and their families.

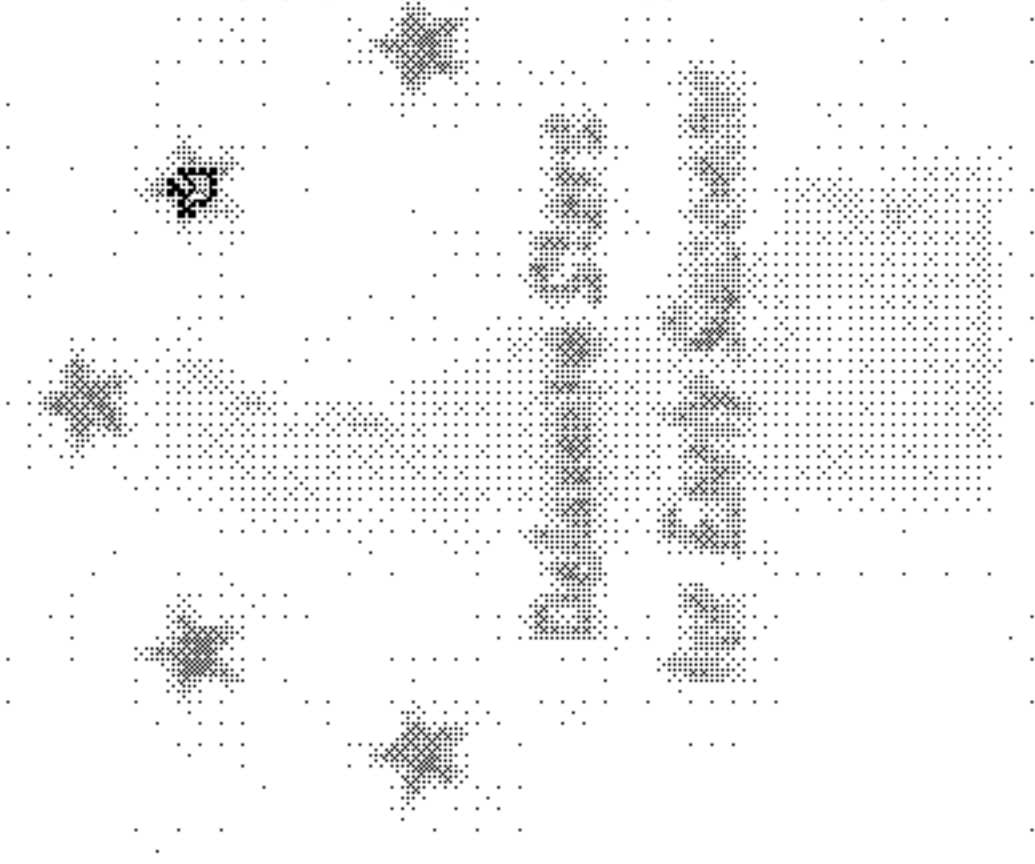
Categories: Education (QE), Training (QT)

Code	Standard	Points	Verification
Education (max X points)			
QE1	Person functioning as Administrator completes the Delaware Administrator Credential and is qualified through Delaware First as an Administrator.	X	Sample examples of verification include: Copy of Delaware credential and copy of Delaware First certificate.
QE2	Person functioning as the Administrator utilizes the <i>Delaware Early Childhood Career Lattice</i> for professional development planning and achieves Step 8 or above.	X	Sample examples of verification include: Official Delaware Institute for Excellence in Early Childhood (DIEEC) transcripts.
QE3	Teaching staff complete appropriate credentials. <ul style="list-style-type: none"> • At least one staff member attains a Delaware credential (excluding Administrator) • 25% of staff completes one Delaware credential 	X	Sample examples of verification include: Copy of Delaware credentials.
QE4	Program staff utilizes the <i>Delaware Early Childhood Career Lattice</i> for career planning. <ul style="list-style-type: none"> • 50% of staff are at Step 4 or above on the <i>Delaware Early Childhood Career Lattice</i> 	X	Sample examples of verification include: Official DIEEC transcripts.



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QE5	<ul style="list-style-type: none">• 30% of staff are at Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i>• 20% of staff are at Step 8 or above on the <i>Delaware Early Childhood Career Lattice</i>	X	
	Person functioning as Curriculum Coordinator utilizes the <i>Delaware Early Childhood Career Lattice</i> for professional development planning.		Sample examples of verification include: Official DIEEC or college transcripts.
	<ul style="list-style-type: none">• Achieves Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i>	X	
	<ul style="list-style-type: none">• Achieves Step 8 or above on the <i>Delaware Early Childhood Career Lattice</i>	X	
Training (max X points)			
QT1	Annual training hours are quality assured.		Sample examples of verification include: Official DIEEC or college transcripts.
	<ul style="list-style-type: none">• For each staff, 50% or more of all training hours completed are quality assured• For each staff, 75% or more of all training hours completed are quality assured	X	



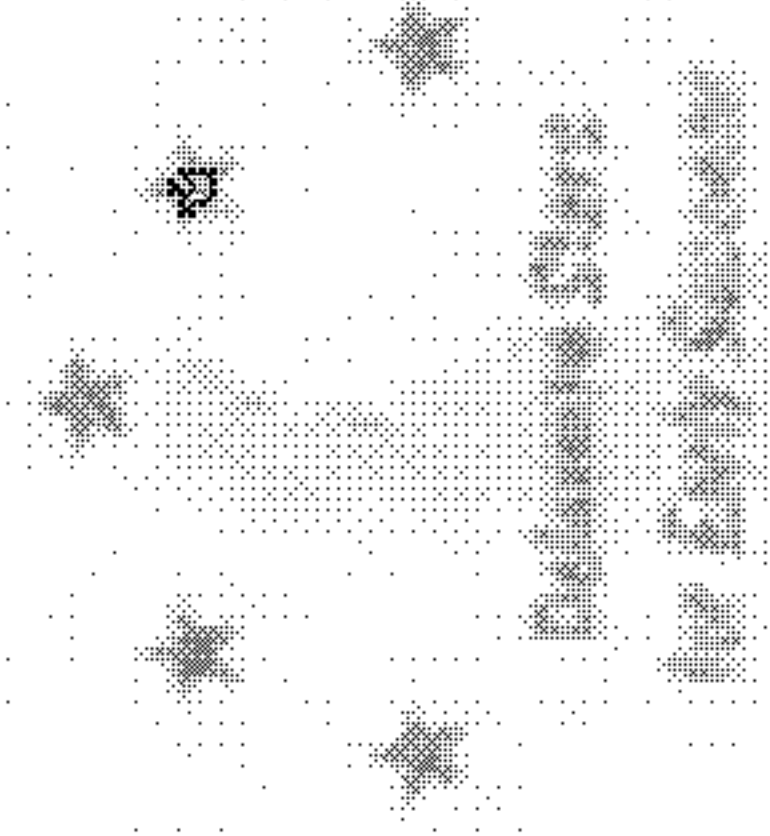
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Domain: Management and Administration (X points max)

Rationale: Effective management and administrative practices create the infrastructure for the provision of high quality early care and education. Well-managed programs facilitate quality through lower rates of staff turn-over, effective supervision, and appropriate allocation of personnel resources.

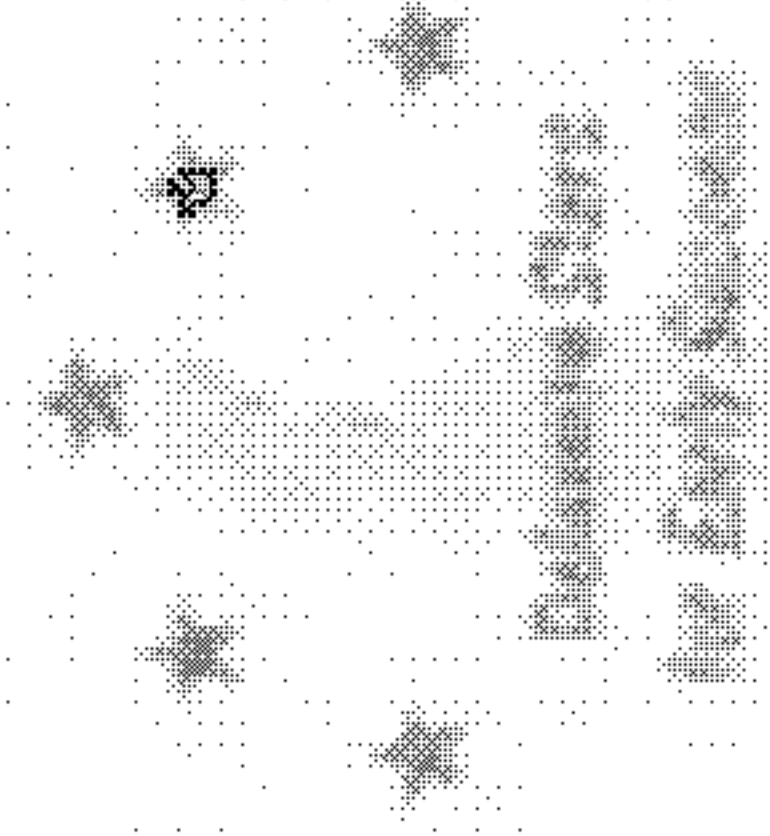
Categories: Personnel Management (MP), Program Development and Evaluation (ME), Operations and Administration (MO), Fiscal Management (MF)

Code	Standard	Points	Verification
Personnel Management (max X points)			
MP1	<p>Program implements a system of staff evaluation that integrates professional development needs.</p> <ul style="list-style-type: none"> Annual evaluation for each staff person that includes observations, written feedback, and a self-assessment completed by staff using the <i>Delaware Competencies for Early Childhood Professionals</i> Program requires staff to use annual competency-based evaluation and self-assessment to create annual <i>Individual Professional Development Plans</i> 	X	Sample examples of verification include: Copy of evaluations with feedback and documentation of annual completion, copy of <i>Individual Professional Development Plans</i> (a plan documenting professional progress and needs of an individual staff person that guide professional development both for the individual and the program) signed by staff that reflects feedback from annual evaluation.
MP2	Program requires ratios of 1 teacher to every 3 assistant teachers, caregivers, and interns.	X	Sample examples of verification include: Copy of current staff designations in database.
MP3	Program arranges regular, paid planning time		Sample examples of verification include: Evidence of



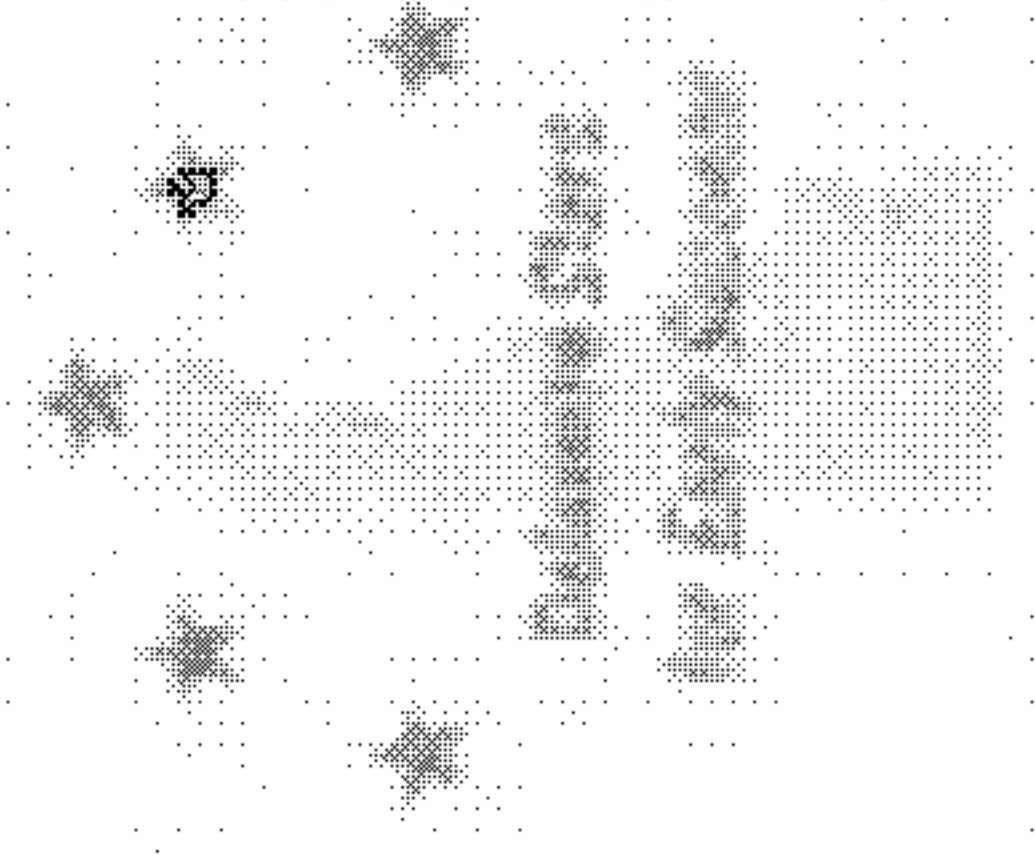
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	(minimum one hour) and access to resources for at least one classroom staff per classroom when they are not responsible for children. <ul style="list-style-type: none"> • Bi-weekly (30 minutes continuous or more) • Weekly (30 minutes continuous or more) 	X X	resources and documentation in handbook or other programmatic document with staff sign-off such as staff attendance, schedules, or sign-out sheet.
Program Development and Evaluation (max X points)			
ME1	Program completes a <i>Facility Professional Development Plan</i> to compile information on staff Professional Development needs.	X	Sample examples of verification include: Copy of <i>Facility Professional Development Plan</i> (demonstrates the integration of professional development needs across the program and guides professional development planning for the administrator) that includes information found in the <i>Individual Professional Development Plans</i> .
ME2	Program has a signed contract with each family and updates it annually or more often as needed.	X	Sample examples of verification include: Contract should, at minimum, identify parent(s)/guardian(s) and child(ren), payment amount, and include start and end dates for the agreement.
ME3	Program implements a risk management plan.	X	Sample examples of verification include: Copy of plan and evidence of implementation.
ME4	Program has an advisory board that contributes to the decision-making of the program.	X	Sample examples of verification include: Copies of the meeting attendance and minutes.
Operations and Administration (max X points)			
MO1	Program provides staff access to secure storage and comfortable facilities.	X	Sample examples of verification include: Evidence of secure storage space such as locked cabinets or closet; evidence of facilities for staff such as a private area outside of children's space with comfortable adult furniture and adult restroom.



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MO2	<p>Program provides access to the following for full time employees: Paid vacation, paid sick time, paid holidays, retirement, insurance (health or other).</p> <ul style="list-style-type: none"> • Two selected • Three or more <p>Program conducts required all-staff meetings.</p> <ul style="list-style-type: none"> • Monthly • Quarterly <p>Program implements strategies to retain staff.</p> <ul style="list-style-type: none"> • Promotes team building among staff at least twice annually • Retains 75% of classroom staff on a 12-month basis and provides documentation of efforts <p>Program offers convenient access to onsite technology, including computers with Internet service.</p> <ul style="list-style-type: none"> • Administrative computer • Staff computer in staff space 	X X X X X X	Sample examples of verification include: Staff contract/letter of agreement signed by staff and administrator.
MO3	<p>Program conducts required all-staff meetings.</p> <ul style="list-style-type: none"> • Monthly • Quarterly 	X X	Sample examples of verification include: Copies of agendas with attendance list, current staff list in database.
MO4	<p>Program implements strategies to retain staff.</p> <ul style="list-style-type: none"> • Promotes team building among staff at least twice annually • Retains 75% of classroom staff on a 12-month basis and provides documentation of efforts 	X X	Sample examples of verification include: Pictures of events, flyers, documentation in handbooks; less than 25% of staff change on database profile over a 12-month period.
MO5	<p>Program offers convenient access to onsite technology, including computers with Internet service.</p> <ul style="list-style-type: none"> • Administrative computer • Staff computer in staff space 	X X	Sample examples of verification include: Evidence of working computer onsite with valid e-mail address; documentation of staff use in planning, research, communication.
Fiscal Management (max X points)			
MF1	<p>Program implements a system for fiscal management.</p> <ul style="list-style-type: none"> • Annual operating budget with income and expense figures • Program reviews annual operating budget quarterly, adjusts as needed, and files copies for later review 	X X	Sample examples of verification include: Copies of fiscal policies and procedures, copies of quarterly financial reports; affidavit by on-site administrator and/or board members.



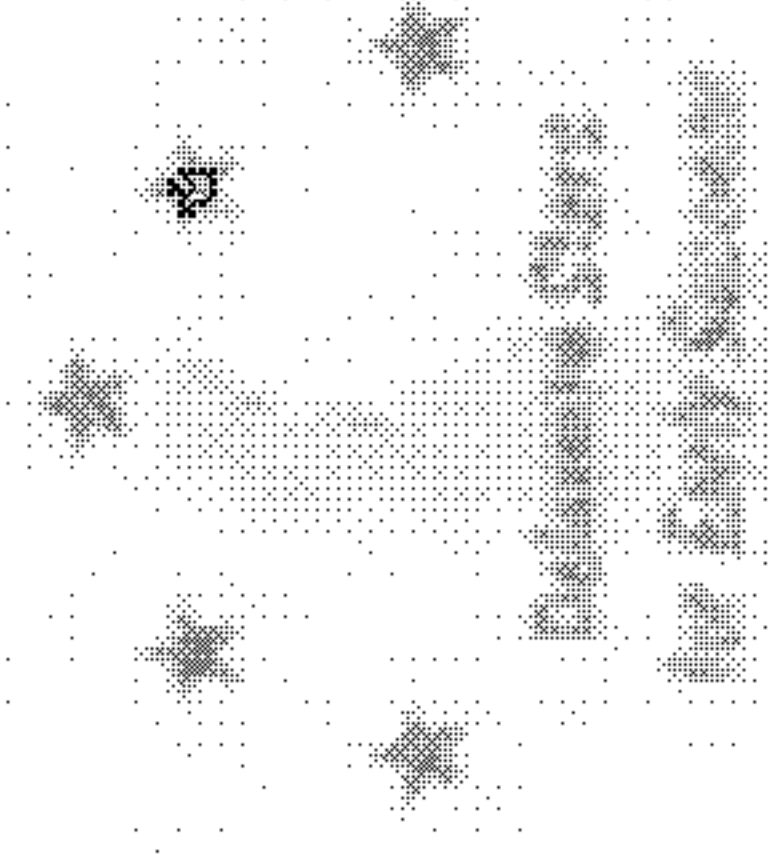
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Domain: Learning Environment and Curriculum (X points max)

Rationale: The provision of effective, developmentally appropriate learning environments is essential to high quality early care and education practice. The foundation for appropriate learning environments is positive interactions between teachers and children. From this foundation, teachers intentionally plan appropriate experiences for young children that address key areas of learning and development.

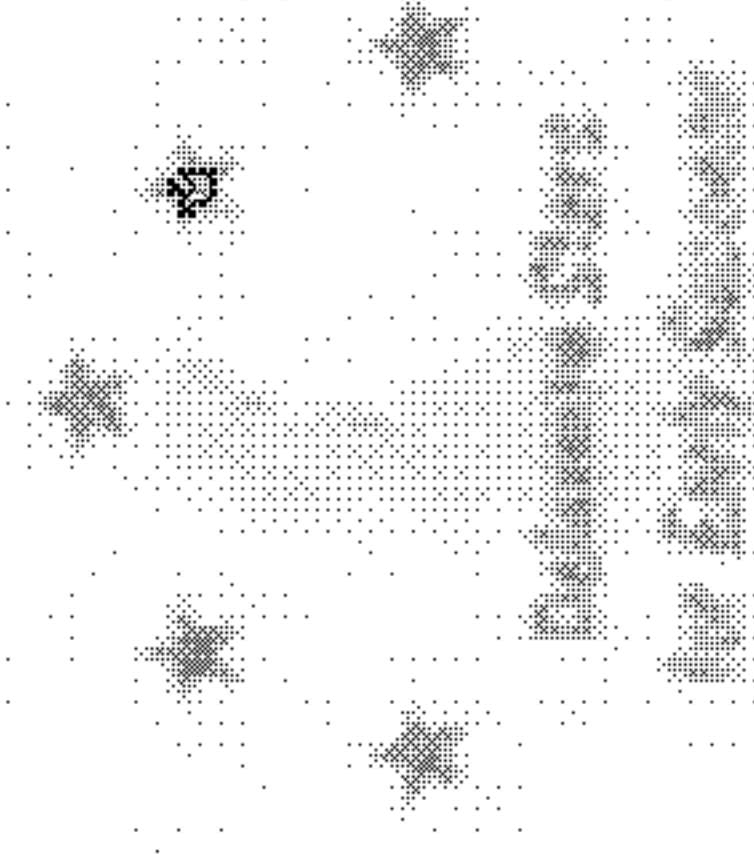
Categories: Classroom Environment (LE), Observation & Assessment (LO), Curriculum Planning & Implementation (LC)

Code	Standard	Points	Verification
Classroom Environment (max X points)			
REQUIRED	Program has an independent ERS assessment and achieves the following classroom scores for classrooms selected: <ul style="list-style-type: none"> • Minimum 3.00 (Star Level 3) • Minimum 4.00 (Star Level 4) • Minimum 5.00 (Star Level 5) 		Prior to assessment, at least one administrator and one lead staff from each classroom/group must complete ERS training and transcripts must reflect completion.
LE1	Program utilizes a system of continuity of care throughout the day.	X	Sample examples of verification include: Policies and staffing schedules that reflect defined groups where children stay with their group throughout the day.
LE2	Program minimizes transitions with caregiver(s) throughout program year.	X	Sample examples of verification include: Policies and staffing schedules that reflect: Infant/Toddlers: Looping system, primary care system, long-



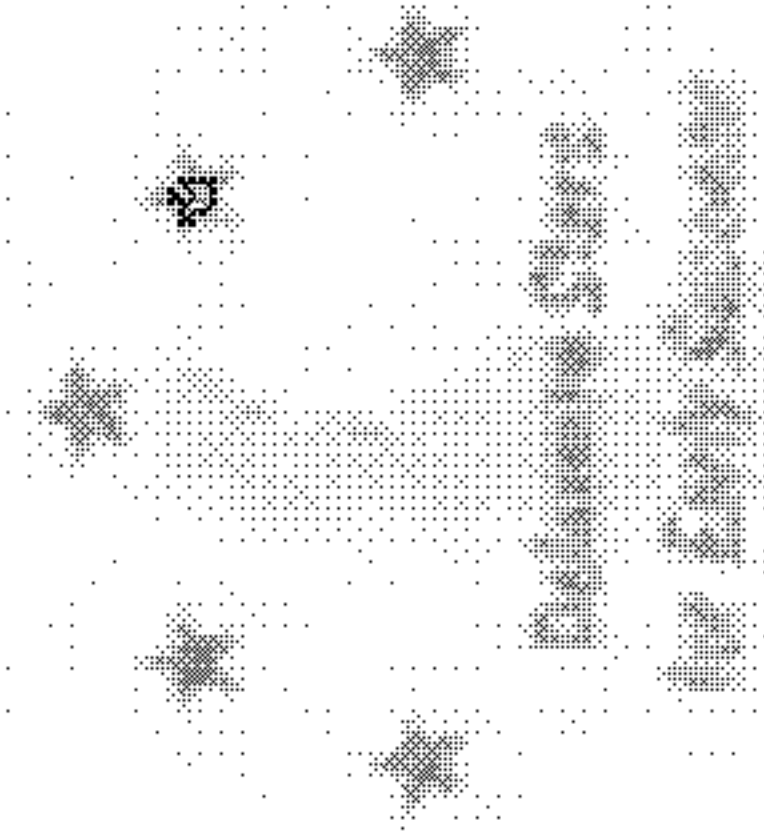
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			term groups Preschoolers: Mixed age groups, staff changes limited, limited transitions School-agers: Staff retention, intentional groupings with lead staff
LE3	<p>Program implements the following ratios:</p> <p>Infants (under 12 months) 1:3 Young Toddlers (12-24 months) 1:4 Older Toddlers (24-36 months) 1:6 Young Preschoolers (36-48 months) 1:8 Older Preschoolers (48-60 months) 1:10 School-Age (60 months and older) 1:12</p>	X	Sample examples of verification include: Policies and staffing schedules or attendance records that reflect the ratios.
LE4	<p>Program implements the following group sizes:</p> <p>Infants (under 12 months) 6 Young Toddlers (12-24 months) 8 Older Toddlers (24-36 months) 12 Young Preschoolers (36-48 months) 16 Older Preschoolers (48-60 months) 20 School-Age (60 months and older) 24</p>	X	Sample examples of verification include: Policies and staffing schedules or attendance records that reflect the group sizes.
Observation & Assessment (max X points)			
LO1	Program observes and documents individual children's progress twice annually and reports progress to families.	X	Sample examples of verification include: Written documentation such as daily notes showing developmental progress, progress reports, notes from conferences, portfolios.
LO2	<p>Program annually implements a method of assessing growth and progress for all infants, toddlers, and preschoolers:</p> <ul style="list-style-type: none"> • Child developmental screening 	X	Sample examples of verification include: Evidence that at least two staff have been trained on screening and assessment tools used. Screenings and assessments must be from approved list or submitted for approval and approved. Documentation includes



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	<ul style="list-style-type: none"> Curriculum-based assessment 	X	reports, observation notes, checklist, or other relevant form.
LO3	Program uses individual child assessments for infants, toddlers, and preschoolers to inform goal and lesson planning.	X	Sample examples of verification include: Lesson plans showing link to child assessment forms.
Curriculum Planning and Implementation (max X points)			
LC1	Program follows a daily schedule that supports children's free exploration and use of classroom materials.	X	Sample examples of verification include: Written daily schedule and evidence of schedule followed providing an equitable amount of time for free play, based on ERS requirements (ECERS-R item 35 Free play - 5.1; ITERS-R item 30 Free play - 5.1; SACERS item 38 Free choice - 5.1).
LC2	<p>Daily activities and lesson planning for infants, toddlers, and preschoolers are based on the <i>Delaware Early Learning Foundations</i>.</p> <ul style="list-style-type: none"> Implements a written comprehensive curriculum that is aligned with the <i>Delaware Early Learning Foundations</i> for infants, toddlers, and preschoolers Implements a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity 	X	Sample examples of verification include: Daily activities and lesson plans with documented goals and supporting environment linked to the <i>Delaware Early Learning Foundations (ELF)</i> ; evidence that <i>ELF</i> domains are used. Prior to curriculum approval, at least one administrator and one staff from each classroom must complete the <i>ELF</i> training. Daily activities and lesson plans must include activities focused on healthy lifestyles, including healthy eating and physical activity.
LC3	<p>Program implements instructional and environmental modifications that support the learning of all children.</p> <ul style="list-style-type: none"> Program implements formalized procedures for making accommodations for children with identified disabilities 	X	Sample examples of verification include: Proof of enrollment (IEP, IFSP, documentation from child mental health) within the last 12 months.

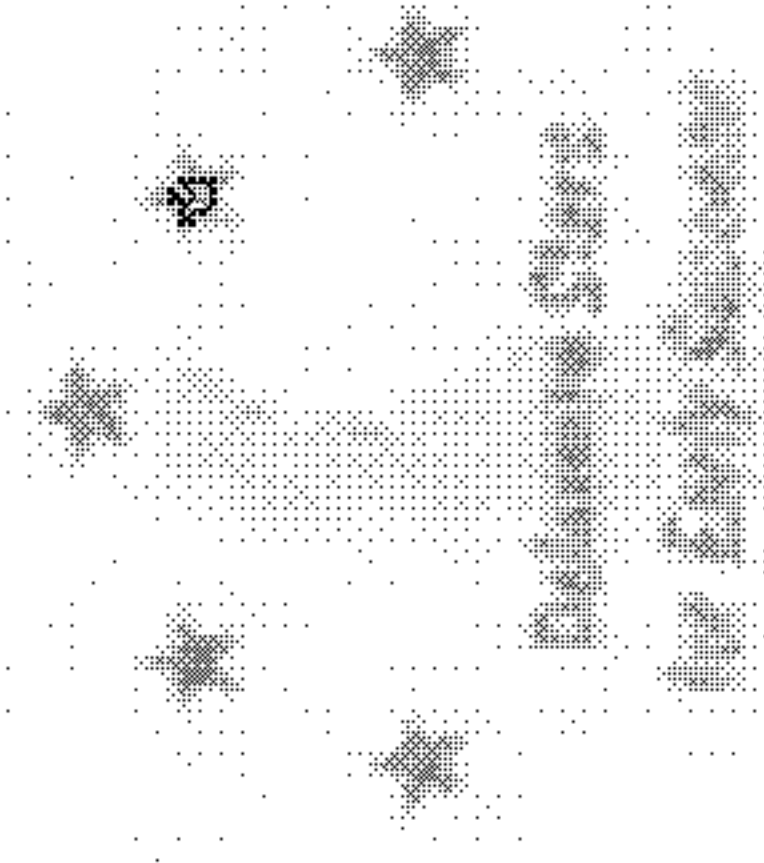


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	<ul style="list-style-type: none">• Program implements formalized procedures for making accommodations for children who are dual language learners	X
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Bonus:

Bonus	Program actively engages in or completes sustained technical assistance on an annual basis.	X
	Sample examples of verification include: Documentation of technical assistance; signature of technical assistant.	



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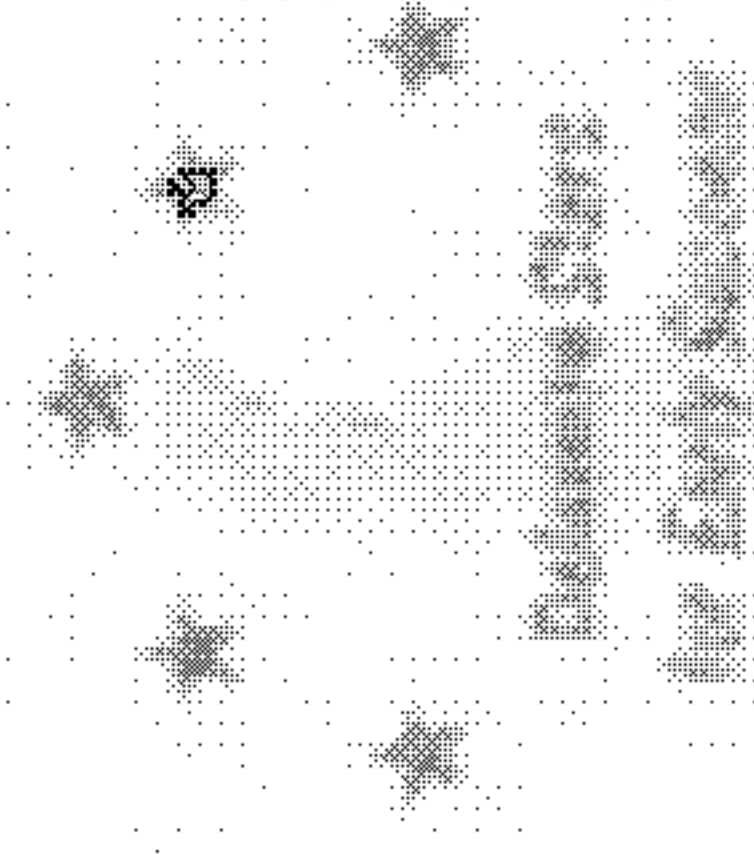
FCC Standards

Domain: Family and Community Partnerships (X points max)

Rationale: Family involvement and reciprocal family-provider relationships are fundamental to high quality early care and education services. This dimension of practice emphasizes ongoing, bi-directional communication between families and programs. Meaningful family engagement in early care and education programs requires attention and sensitivity to the needs of all families. Further, collaboration between child care programs and schools/other agencies assists programs in accessing resources to meet the needs of young children and their families.

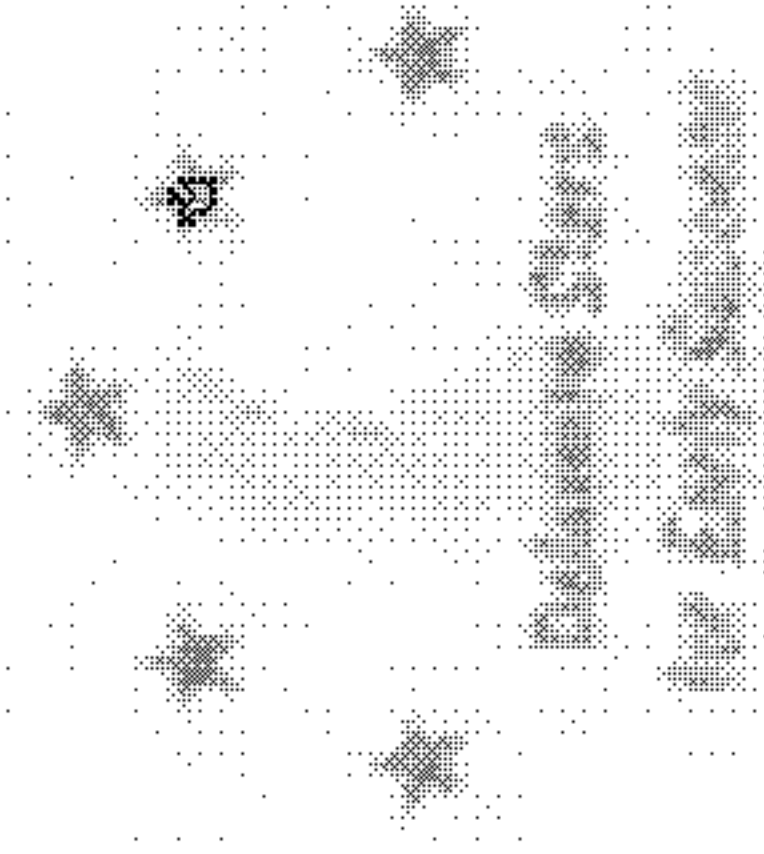
Categories: Communication (FC), Involvement & Support (FS), Community Partnerships (FP)

Code	Standard	Points	Verification
Communication (max X points)			
FC1	Program welcomes all children and their families with procedures that embrace inclusion.	X	Sample examples of verification include: written inclusion policy with a parent letter reflecting people first language (not disability first), training certificates for Inclusion training or credentials that have been completed, welcoming events at the start of the program year.
FC2	Program provides regular written correspondence with families. <ul style="list-style-type: none"> For children 0-36 months, correspondence is individualized and provided daily 	X	Sample examples of verification include: Children 0-36 months - form used for communication and evidence of use such as blank and completed daily sheets and reference in policies, handbook, or other document. Children 37



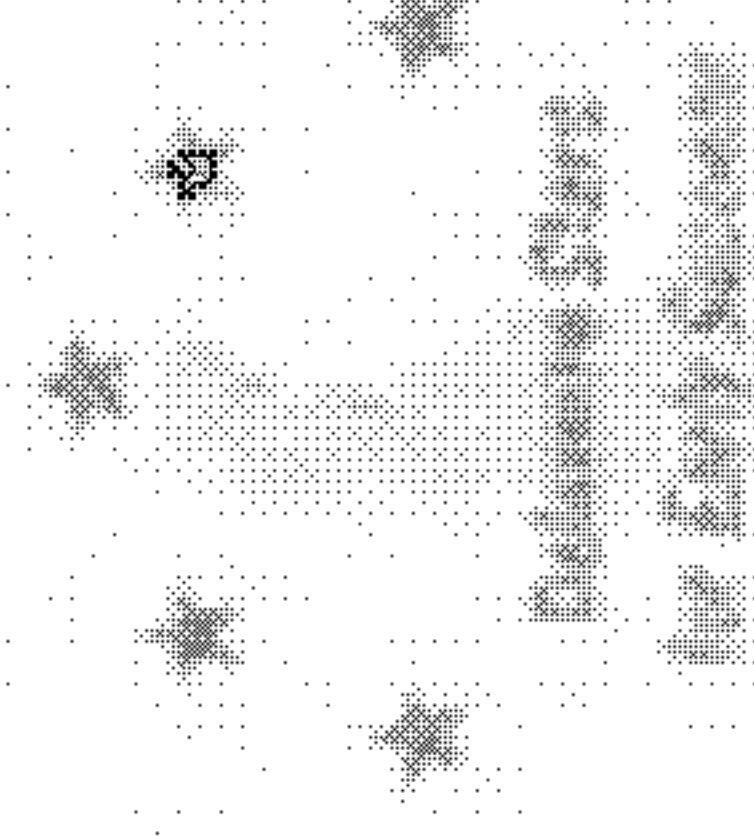
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	<ul style="list-style-type: none"> For children 37 months and older, correspondence is at least group and weekly 	X	months and older - evidence of format used such as bulletin board with current information, classroom webpage.
FC3	Program conducts conferences with families at least twice annually.	X	Sample examples of verification include: Parent signature on form, evidence of the policy in handbook or other programmatic document, dates on program/family schedule.
Involvement & Support (max X points)			
FS1	<p>Program makes accommodations for families of children with identified disabilities or who are dual language learners.</p> <ul style="list-style-type: none"> Accommodations for families of children with identified disabilities Accommodations for families of children who are dual language learners 	X X	Sample examples of verification include: informal conferences offered, blank and completed progress reports, daily notebook.
FS2	Program systematically gathers information from families and uses data to inform program planning annually.	X	Sample examples of verification include: Copies of parent/family surveys from the most recent year with report summarizing findings, minutes from meetings (Advisory board, PTO, committees).
FS3	Program implements a variety of family-centered events annually.	X	Sample examples of verification include: A minimum of three events, with at least one educationally focused is required. Evidence includes pictures of gatherings, flyers for events with attendance, handbook, documents.
FS4	Program makes available information about child and family related resources.	X	Sample examples of verification include: Brochures, bulletin board, newsletters, website posting, informational materials.
FS5	<p>Program supports transitions for families:</p> <ul style="list-style-type: none"> Into the program 	X	Sample examples of verification include: Written transition policies in program and parent materials plus



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		X	copies of literature and evidence of activities.
Community Partnerships (max X points)			
FP1	Program develops and maintains on-going relationships with schools.	X	Sample examples of verification include: LEA agreement, transition assistance into school, inclusive services for young children with disabilities.
FP2	Program develops and maintains on-going relationships with community-based agencies.	X	Sample examples of verification include: Written evidence of implementation such as memorandum of understanding/written agreement, event flyer, or parent permission form.



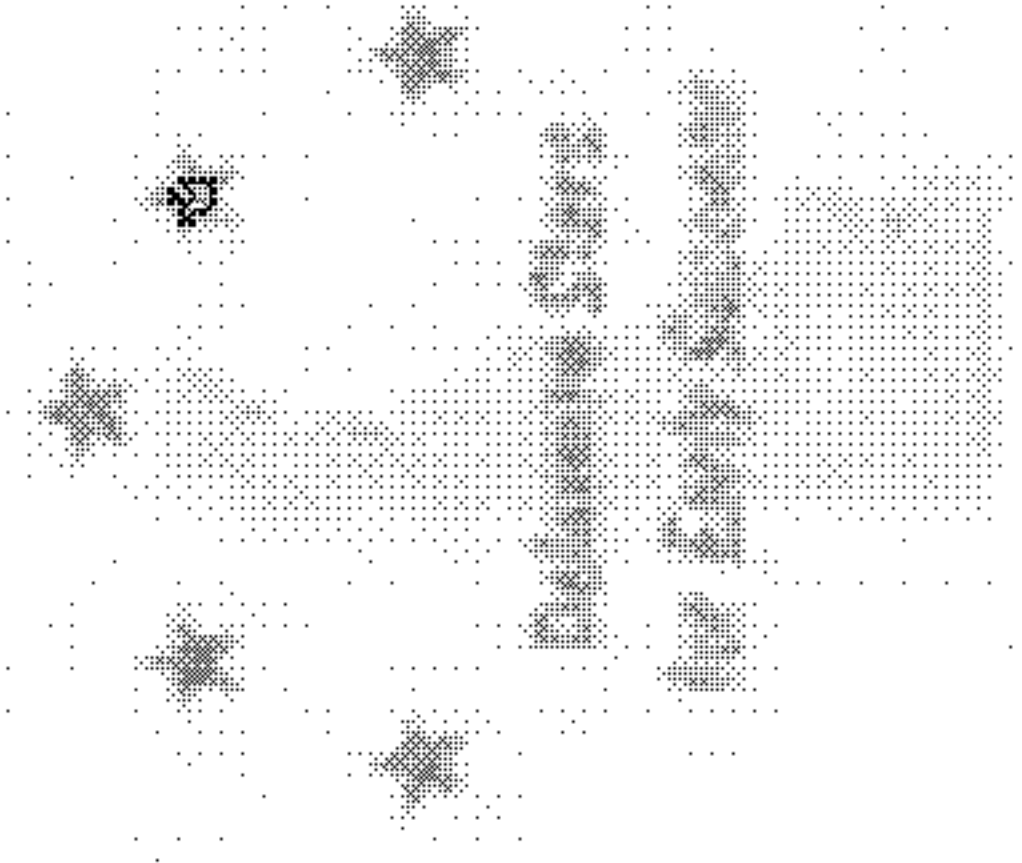
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Domain: Qualifications and Professional Development (X points max)

Rationale: A well-prepared provider is essential to high quality early care and education. Thoughtfully planned professional development is essential to meet the needs of young children and their families.

Categories: Education (QE), Training (QT)

Code	Standard	Points	Verification
Education (max X points)			
QE1	Provider completes at least one Delaware credential.	X	Sample examples of verification include: Copy of Delaware credential.
QE2	Provider utilizes the <i>Delaware Early Childhood Career Lattice</i> for career planning. <ul style="list-style-type: none"> • Provider is at Step 4 or above on the <i>Delaware Early Childhood Career Lattice</i> • Provider is at Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> • Provider is at Step 8 or above on the <i>Delaware Early Childhood Career Lattice</i> 	X X X	Sample examples of verification include: Official Delaware Institute for Excellence in Early Childhood (DIEEC) transcripts.
Training (max X points)			
QT1	Annual training hours are quality assured. <ul style="list-style-type: none"> • For provider, 50% or more of all training hours completed are quality assured • For provider, 75% or more of all training hours 	X X	Sample examples of verification include: Official DIEEC or college transcript.



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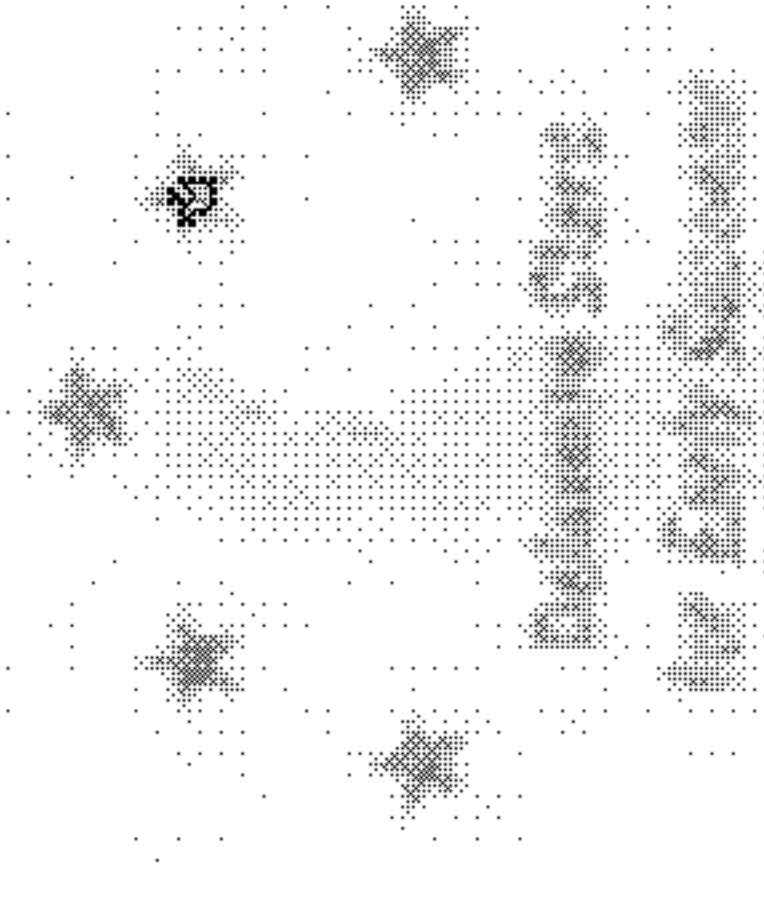
completed are quality assured

Domain: Management and Administration (X points max)

Rationale: Effective management and administrative practices create the infrastructure for the provision of high quality early care and education.

Categories: Personnel Management (MP), Program Development and Evaluation (ME), Operations and Administration (MO), Fiscal Management (MF)

Code	Standard	Points	Verification
Personnel Management (max X points)			
MP1	Provider conducts an annual self-assessment using the <i>Delaware Competencies for Early Childhood Professionals</i> and creates an annual professional development plan.	X	Sample examples of verification include: Copy of self-assessment tied to <i>Delaware Competencies for Early Childhood Professionals</i> .
Program Development and Evaluation (max X points)			
ME1	Program has a signed contract with each family and updates it annually or more often as needed.	X	Sample examples of verification include: Contract should, at minimum, identify parent(s)/guardian(s) and child(ren), payment amount, and include start and end dates for the agreement.
ME2	Program implements a risk management plan.	X	Sample examples of verification include: Copy of plan and evidence of implementation.



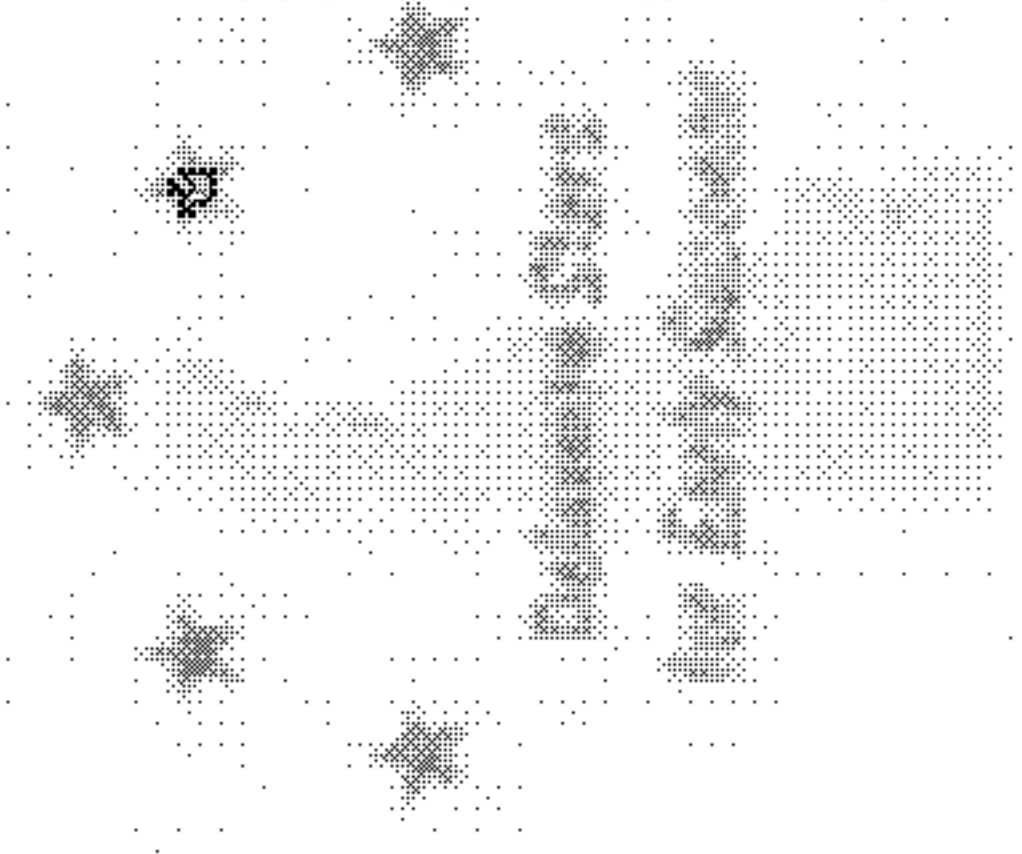
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Operations and Administration (max X points)

MO1	Provider has convenient access to onsite technology, including a computer with Internet service.	X	Sample examples of verification include: Evidence of working computer onsite and valid e-mail address.
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Fiscal Management (max X points)

MF1	Program implements a system for fiscal management. <ul style="list-style-type: none"> • Annual operating budget with income and expense figures • Program reviews annual operating budget quarterly, adjusts as needed, and files copies for later review 	X X	Sample examples of verification include: Copies of fiscal policies and procedures, copies of quarterly financial reports.
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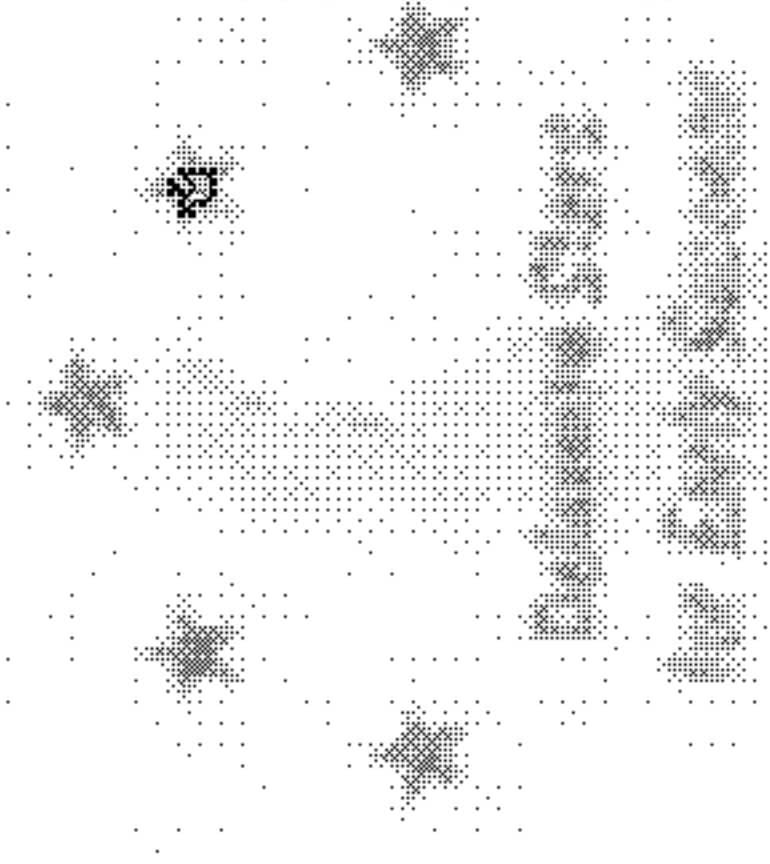
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Domain: Learning Environment and Curriculum (X points max)

Rationale: The provision of effective, developmentally appropriate learning environments is essential to high quality early care and education practice. The foundation for appropriate learning environments is positive interactions between providers and children. From this foundation, providers intentionally plan appropriate experiences for young children that address key areas of learning and development.

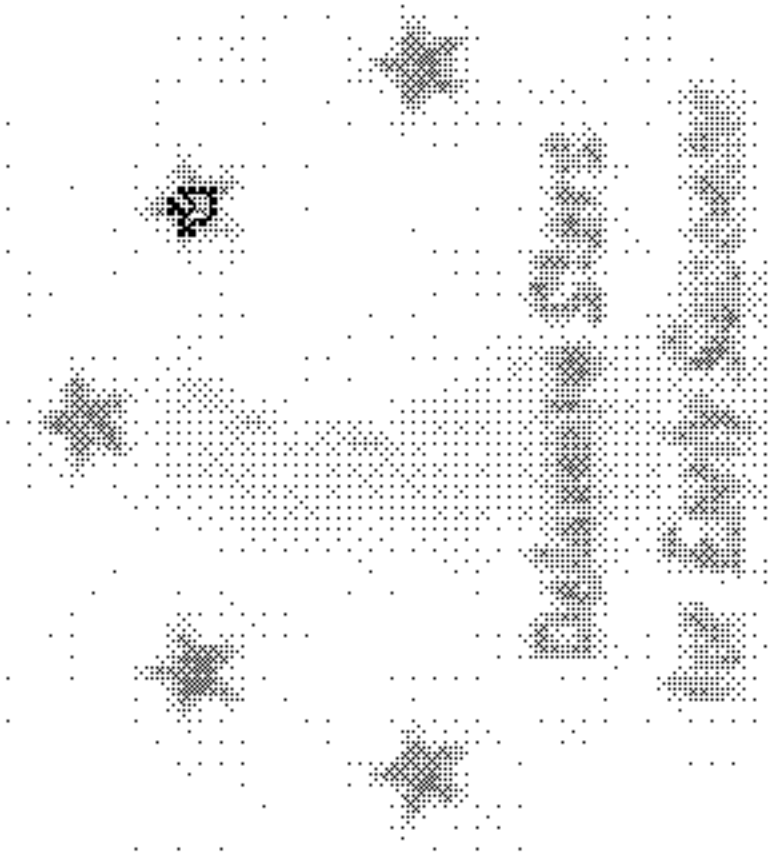
Categories: Program Environment (LE), Observation & Assessment (LO), Curriculum Planning & Implementation (LC)

Code	Standard	Points	Verification
Program Environment (max X points)			
REQUIRED	Program has an independent ERS assessment and achieves the following classroom scores for classrooms selected: <ul style="list-style-type: none"> • Minimum 3.00 (Star Level 3) • Minimum 4.00 (Star Level 4) • Minimum 5.00 (Star Level 5) 		Prior to assessment provider must complete ERS training.
Observation & Assessment (max X points)			
LO1	Program observes and documents individual children's progress twice annually and reports progress to families.	X	Sample examples of verification include: Written documentation such as daily notes showing developmental progress, progress reports, notes from conferences, portfolios.
LO2	Program annually implements: <ul style="list-style-type: none"> • Child developmental screening for all infants, toddlers, and preschoolers 	X	Sample examples of verification include: Evidence that at least two staff have been trained on screening and assessment tools used. Screenings and assessments must be from approved list or



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	<ul style="list-style-type: none"> Curriculum-based assessment for all infants, toddlers, and preschoolers Developmental youth assessment for all school-agers 	X	submitted for approval and approved. Documentation includes reports, observation notes, checklist, or other relevant form.
LO3	Program uses individual child assessments for infants, toddlers, and preschoolers to inform goal and lesson planning.	X	Sample examples of verification include: Lesson plans showing link to child assessment forms.
LO4	Program uses developmental youth assessments for school-agers to inform goals and lesson planning.	X	Sample examples of verification include: Lesson plans showing link to youth assessment forms.
Curriculum Planning and Implementation (max X points)			
LC1	Program follows a daily schedule that supports children's free exploration and use of materials.	X	Sample examples of verification include: Written daily schedule and evidence of schedule followed providing an equitable amount of time for free play, based on ERS requirements (FCCERS-R item 32 Free play - 5.1).
LC2	Program implements lesson plans and activities for each age group served.	X	Sample examples of verification include: Daily activities and lesson plans with documented goals.
LC3	<ul style="list-style-type: none"> Implements a written comprehensive curriculum that is aligned with the <i>Delaware Early Learning Foundations</i> for infants, toddlers, and preschoolers Implements a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity for infants, toddlers, and preschoolers Implements a framework for curriculum 	X	Sample examples of verification include: Daily activities and lesson plans with documented goals and supporting environment linked to <i>Early Learning Foundations (ELF)</i> ; evidence that <i>ELF</i> domains are used. Prior to curriculum approval, provider must complete the <i>ELF</i> training. Daily activities and lesson plans must include activities focused on healthy lifestyles, including healthy eating and physical activity.

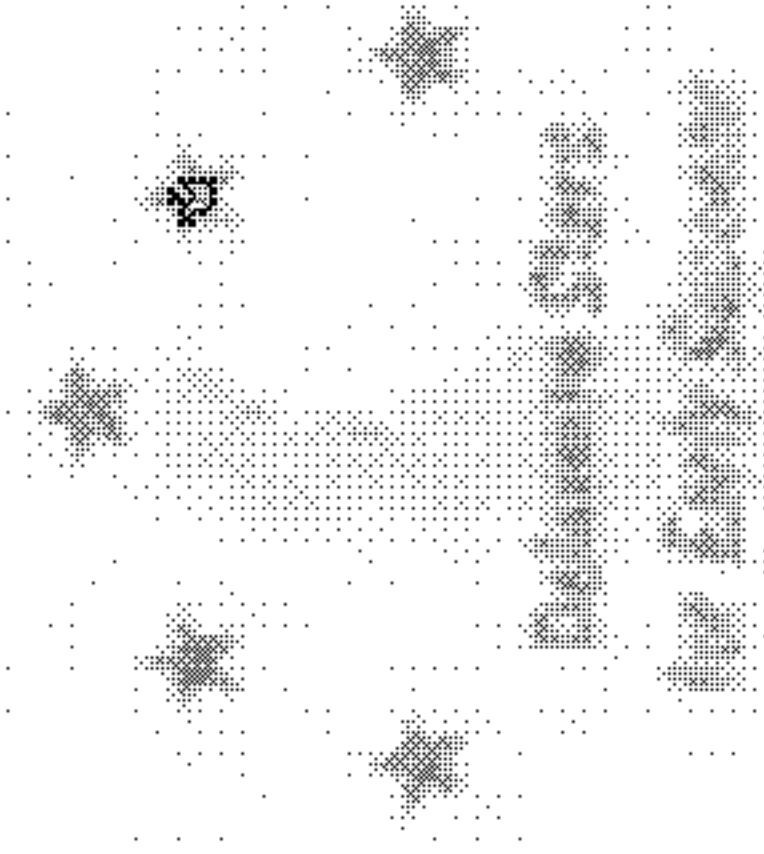


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	<p>planning for school-agers</p> <ul style="list-style-type: none"> • Implements a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity for school-agers 	X	
LC4	<p>Program implements instructional and environmental modifications that support the learning of all children.</p> <ul style="list-style-type: none"> • Program implements formalized procedures for making accommodations for children with identified disabilities • Program implements formalized procedures for making accommodations for children who are dual language learners 	X X	<p>Sample examples of verification include: Proof of enrollment (IEP, IFSP, documentation from child mental health) within the last 12 months.</p>

Bonus:

Bonus	Program actively engages in or completes sustained technical assistance on an annual basis.	X	Sample examples of verification include: Documentation of technical assistance; signature of technical assistant.
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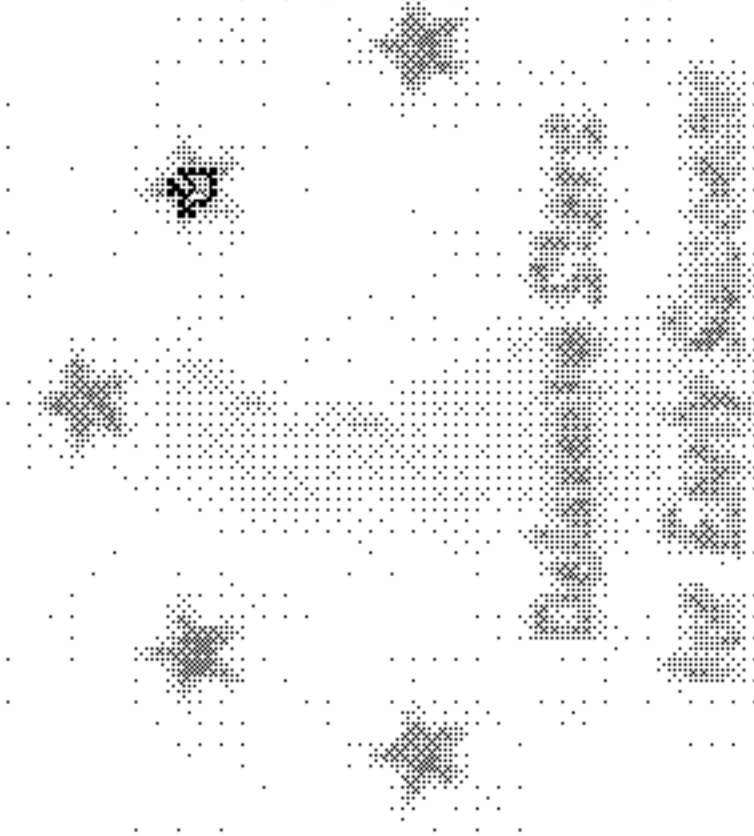
LFCC Standards

Domain: Family and Community Partnerships (X points max)

Rationale: Family involvement and reciprocal family-provider relationships are fundamental to high quality early care and education services. This dimension of practice emphasizes ongoing, bi-directional communication between families and programs. Meaningful family engagement in early care and education programs requires attention and sensitivity to the needs of all families. Further, collaboration between child care programs and schools/other agencies assists programs in accessing resources to meet the needs of young children and their families.

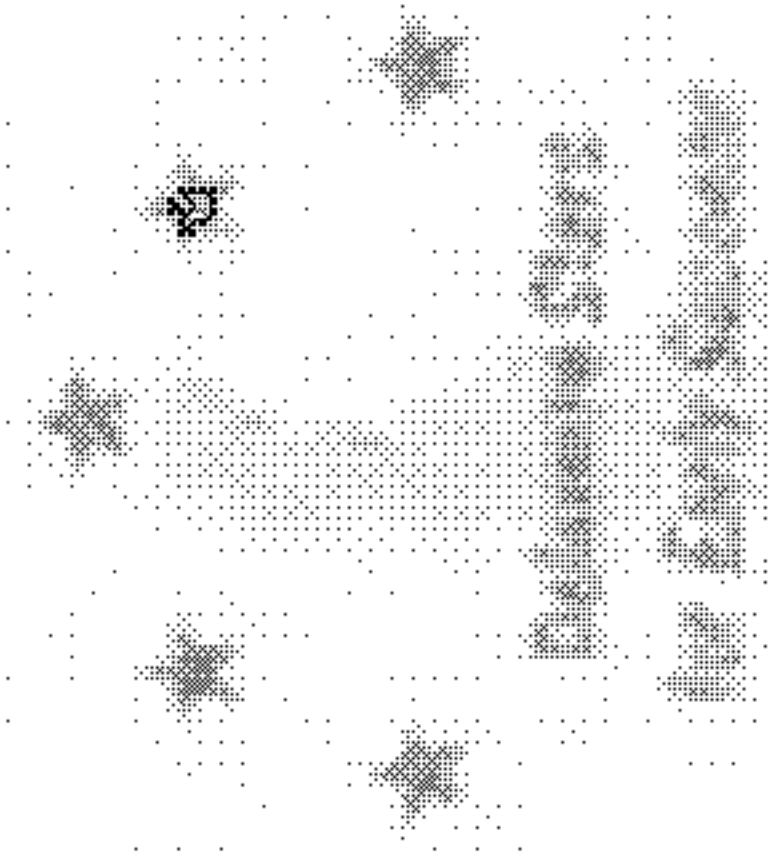
Categories: Communication (FC), Involvement & Support (FS), Community Partnerships (FP)

Code	Standard	Points	Verification
Communication (max X points)			
FC1	Program welcomes all children and their families with procedures that embrace inclusion.	X	Sample examples of verification include: Written inclusion policy with a parent letter reflecting people first language (not disability first), training certificates for Inclusion training or credentials that have been completed, welcoming events at the start of the program year.
FC2	Program provides regular written correspondence with families. <ul style="list-style-type: none"> • For children 0-36 months, correspondence is 	X	Sample examples of verification include: Children 0-36 months - form used for communication and evidence of use such as blank and completed daily



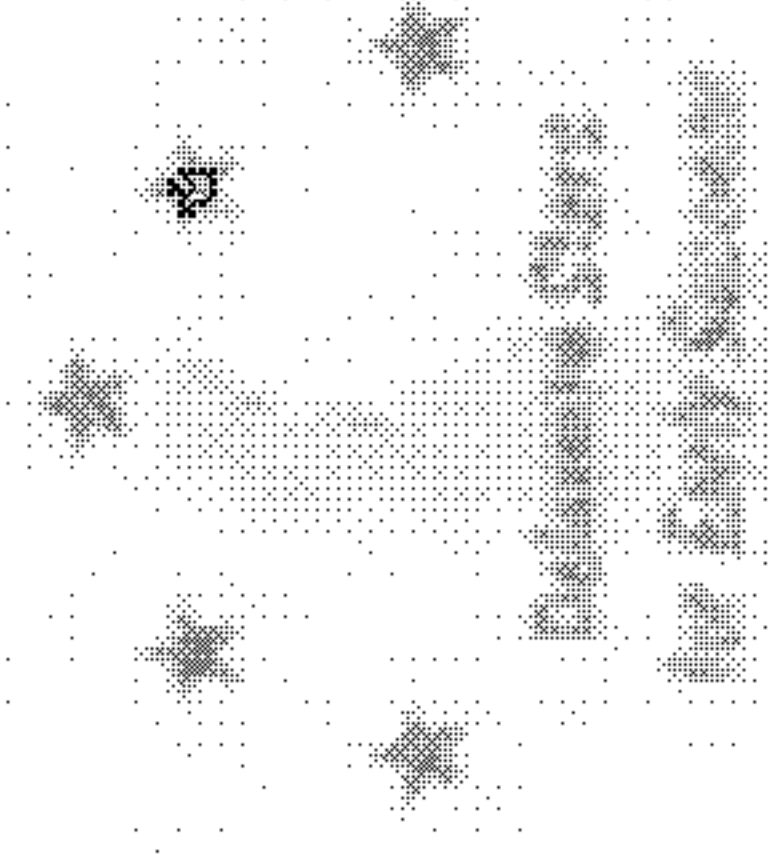
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	individualized and provided daily			sheets and reference in policies, handbook, or other document. Children 37 months and older - evidence of format used such as bulletin board with current information, classroom webpage.
FC3	<ul style="list-style-type: none"> For children 37 months and older, correspondence is at least group and weekly 	X		Sample examples of verification include: Parent signature on form, evidence of the policy in handbook or other programmatic document, dates on program/family schedule.
Involvement & Support (max X points)				
FS1	<p>Program makes accommodations for families of children with identified disabilities or who are dual language learners.</p> <ul style="list-style-type: none"> Accommodations for families of children with identified disabilities Accommodations for families of children who are dual language learners 	X		Sample examples of verification include: Informal conferences offered, blank and completed progress reports, daily notebook.
FS2	Program systematically gathers information from families and uses data to inform program planning annually.	X		Sample examples of verification include: Copies of parent/family surveys from the most recent year with report summarizing findings, minutes from meetings (Advisory board, PTO, committees).
FS3	Program implements a variety of family-centered events annually.	X		Sample examples of verification include: A minimum of three events, with at least one educationally focused is required. Evidence includes pictures of gatherings, flyers for events with attendance, handbook, documents.
FS4	Program makes available information about child and family related resources.	X		Sample examples of verification include: Brochures, bulletin board, newsletters, website



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FS5	Program supports transitions for families: <ul style="list-style-type: none"> • Into the program • Within the program (as needed) • Out of the program 	<p style="text-align: center;">X X X</p>	posting, informational materials. Sample examples of verification include: Written transition policies in program and parent materials plus copies of literature and evidence of activities.
Community Partnerships (max X points)			
FP1	Program develops and maintains on-going relationships with schools.	X	Sample examples of verification include: LEA agreement, transition assistance into school, inclusive services for young children with disabilities.
FP2	Program develops and maintains on-going relationships with community-based agencies.	X	Sample examples of verification include: Written evidence of implementation such as memorandum of understanding/written agreement, event flyer, or parent permission form.



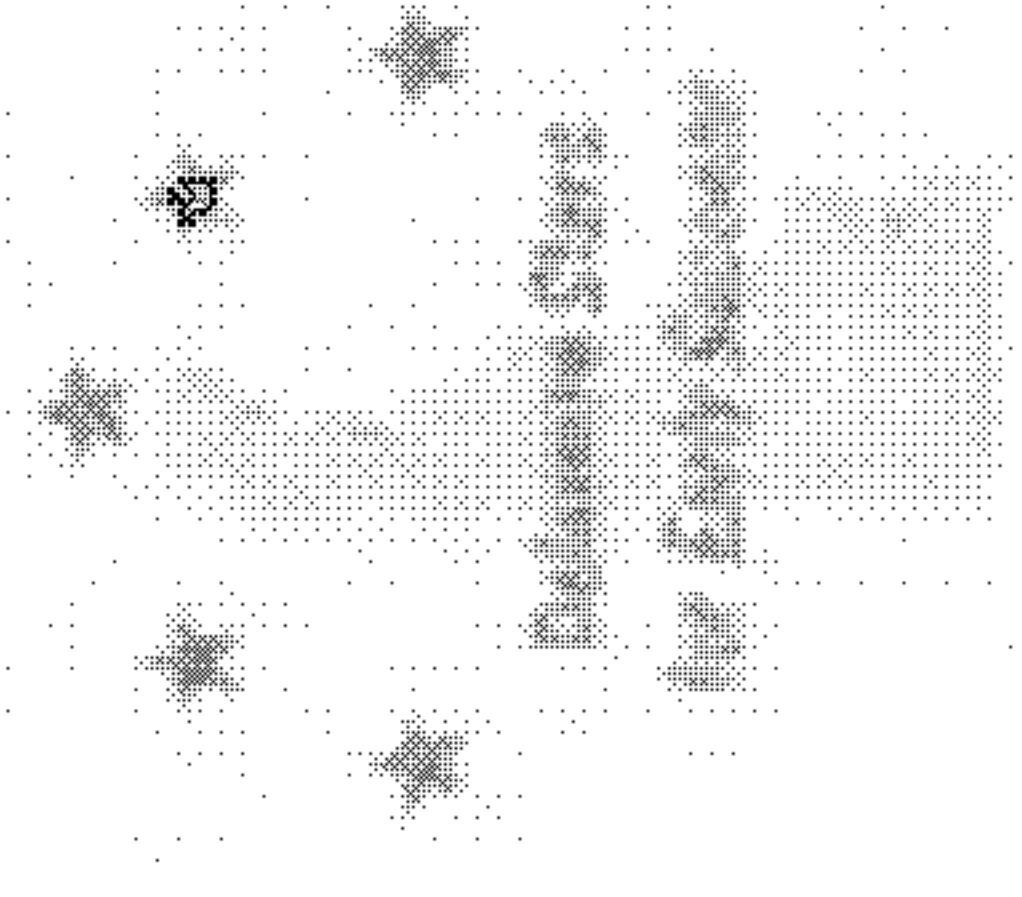
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Domain: Qualifications and Professional Development (X points max)

Rationale: A well-prepared provider and staff are essential to high quality early care and education. Thoughtfully planned professional development linked to effective supervision and evaluation practices provide ongoing support in meeting the needs of young children and their families.

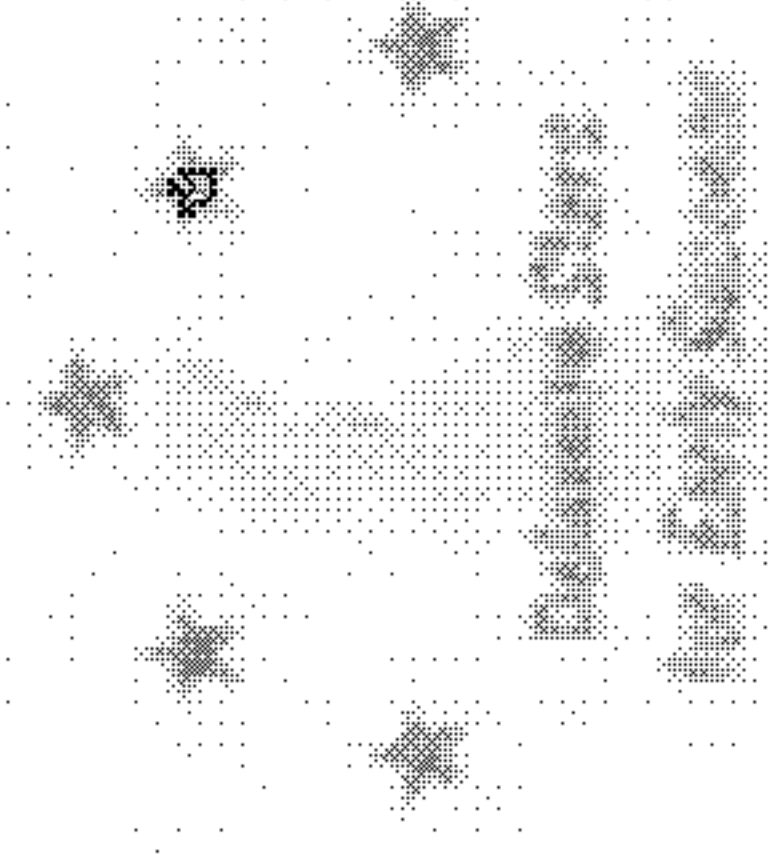
Categories: Education (QE), Training (QT)

Code	Standard	Points	Verification
Education (max X points)			
QE1	Provider completes at least one Delaware credential.	X	Sample examples of verification include: Copy of Delaware credential.
QE2	At least one staff member attains a Delaware credential (excluding owner/provider).	X	Sample examples of verification include: Copy of Delaware credentials.
QE3	Owner/provider utilizes the <i>Delaware Early Childhood Career Lattice</i> for career planning. <ul style="list-style-type: none"> • Owner/provider is at Step 4 or above on the <i>Delaware Early Childhood Career Lattice</i> • Owner/provider is at Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> 	X X	Sample examples of verification include: Official Delaware Institute for Excellence in Early Childhood (DIEEC) transcripts.
QE4	Program staff utilizes the <i>Delaware Early Childhood Career Lattice</i> for career planning. <ul style="list-style-type: none"> • 50% of staff are at Step 4 or above on the <i>Delaware Early Childhood Career Lattice</i> • 50% of staff are at Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> 	X X	Sample examples of verification include: Official DIEEC transcripts.



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Training (max X points)		
QT1	Annual training hours are quality assured. <ul style="list-style-type: none">• 50% or more of all training hours for provider and each staff are quality assured• 75% or more of all training hours for provider and each staff are quality assured	X X Sample examples of verification include: Official DIEEC or college transcripts.



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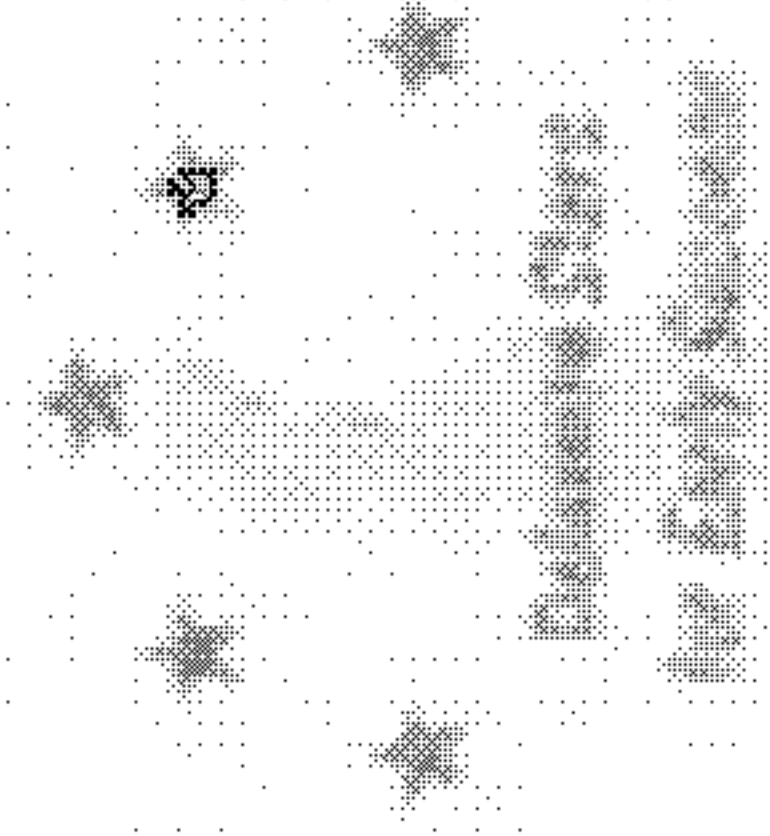
Domain: Management and Administration (X points max)

Rationale: Effective management and administrative practices create the infrastructure for the provision of high quality early care and education. Well-managed programs facilitate quality through lower rates of staff turn-over, effective supervision, and appropriate allocation of personnel resources.

Categories: Personnel Management (MP), Program Development and Evaluation (ME), Operations and Administration (MO), Fiscal Management (MF)

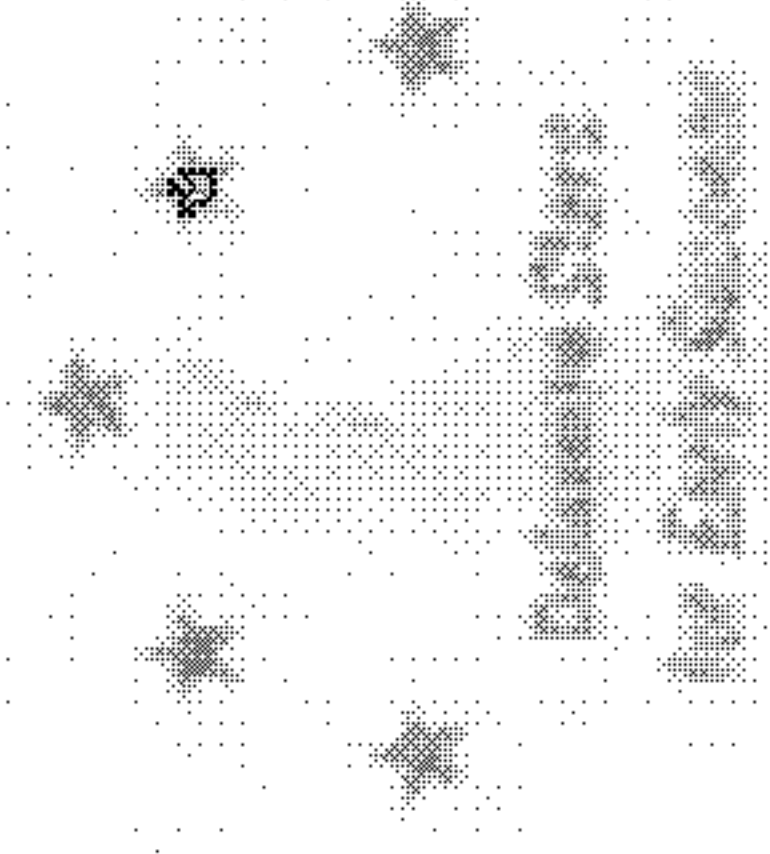
Note: Substitutes are not included in these indicators.

Code	Standard	Points	Verification
Personnel Management (max X points)			
MP1	Provider conducts an annual self-assessment using the <i>Delaware Competencies for Early Childhood Professionals</i> and creates an annual professional development plan.	X	Sample examples of verification include: Copy of self-assessment tied to <i>Delaware Competencies for Early Childhood Professionals</i> .
MP2	Program implements a system of staff evaluation that integrates professional development needs. <ul style="list-style-type: none"> • Annual evaluation for each staff person that includes observations, written feedback, and a self-assessment completed by staff using the <i>Delaware Competencies for Early Childhood Professionals</i> • Program requires staff to use annual competency-based evaluation and self- 	X	Sample examples of verification include: Copy of evaluations with feedback and documentation of annual completion, copy of <i>Individual Professional Development Plans</i> (a plan documenting professional progress and needs of an individual staff person that guide professional development both for the individual and the program) signed by staff that reflects feedback from annual evaluation.



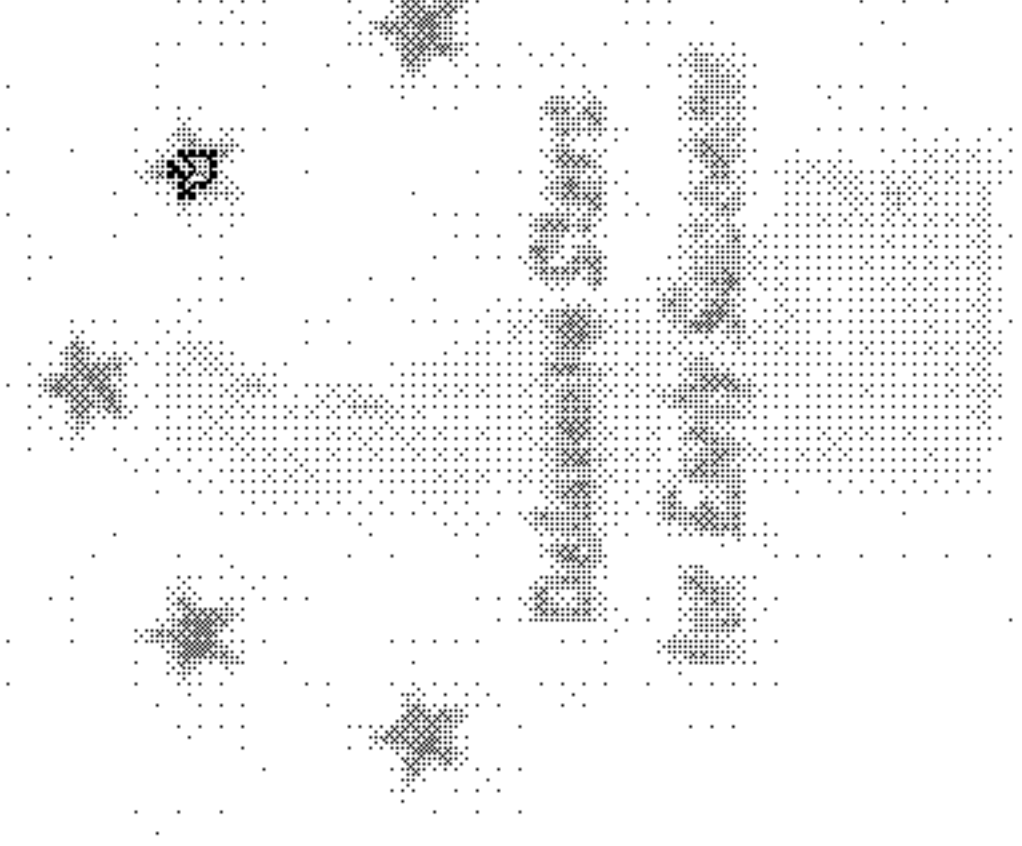
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	assessment to create annual <i>Individual Professional Development Plans</i>		
MP3	<p>Program arranges regular, paid planning time (minimum one hour) and access to resources for at least one staff per group when they are not responsible for children.</p> <ul style="list-style-type: none"> • Bi-weekly (30 minutes continuous or more) • Weekly (30 minutes continuous or more) 	<p>X</p> <p>X</p>	<p>Sample examples of verification include: Evidence of resources and documentation in handbook or other programmatic document with staff sign-off such as staff attendance, schedules, or sign-out sheet.</p>
Program Development and Evaluation (max X points)			
ME1	<p>Program completes a <i>Facility Professional Development Plan</i> to compile information on staff Professional Development needs.</p>	X	<p>Sample examples of verification include: Copy of <i>Facility Professional Development Plan</i> (demonstrates the integration of professional development needs across the program and guides professional development planning for the administrator) that includes information found in the <i>Individual Professional Development Plans</i>.</p>
ME2	<p>Program has a signed contract with each family and updates it annually or more often as needed.</p>	X	<p>Sample examples of verification include: Contract should, at minimum, identify parent(s)/guardian(s) and child(ren), payment amount, and include start and end dates for the agreement.</p>
ME3	<p>Program implements a risk management plan.</p>	X	<p>Sample examples of verification include: Copy of plan and evidence of implementation.</p>
Operations and Administration (max X points)			
MO1	<p>Program provides staff access to secure storage and comfortable facilities.</p>	X	<p>Sample examples of verification include: Evidence of secure storage space such as locked cabinets or closet; evidence of facilities for staff such as private area outside</p>



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			of children's space with comfortable adult furniture and adult restroom.
MO2	<p>Program provides access to the following for employees: Paid vacation, paid sick time, paid holidays.</p> <ul style="list-style-type: none"> • One selected • Two or more 	X X	Sample examples of verification include: Staff contract/letter of agreement signed by staff and administrator.
MO3	<p>Program conducts required all-staff meetings.</p> <ul style="list-style-type: none"> • Monthly • Quarterly 	X X	Sample examples of verification include: Copies of agendas with attendance list, current staff list in database.
MO4	<p>Program implements strategies to retain staff.</p> <ul style="list-style-type: none"> • Promotes team building among staff at least twice annually • Retains 75% of staff on a 12-month basis and provides documentation of efforts 	X X	Sample examples of verification include: Pictures of events, flyers, documentation in handbooks; less than 25% of staff change on database profile over a 12-month period.
MO5	<p>Program offers convenient access to onsite technology, including computer(s) with Internet service.</p> <ul style="list-style-type: none"> • Provider computer • Staff access 	X X	Sample examples of verification include: Evidence of working computer onsite with valid e-mail address; documentation of staff use in planning, research, communication.
Fiscal Management (max X points)			
MF1	<p>Program implements a system for fiscal management.</p> <ul style="list-style-type: none"> • Annual operating budget with income and expense figures • Program reviews annual operating budget quarterly, adjusts as needed, and files copies for later review 	X X	Sample examples of verification include: Copies of fiscal policies and procedures, copies of quarterly financial reports.



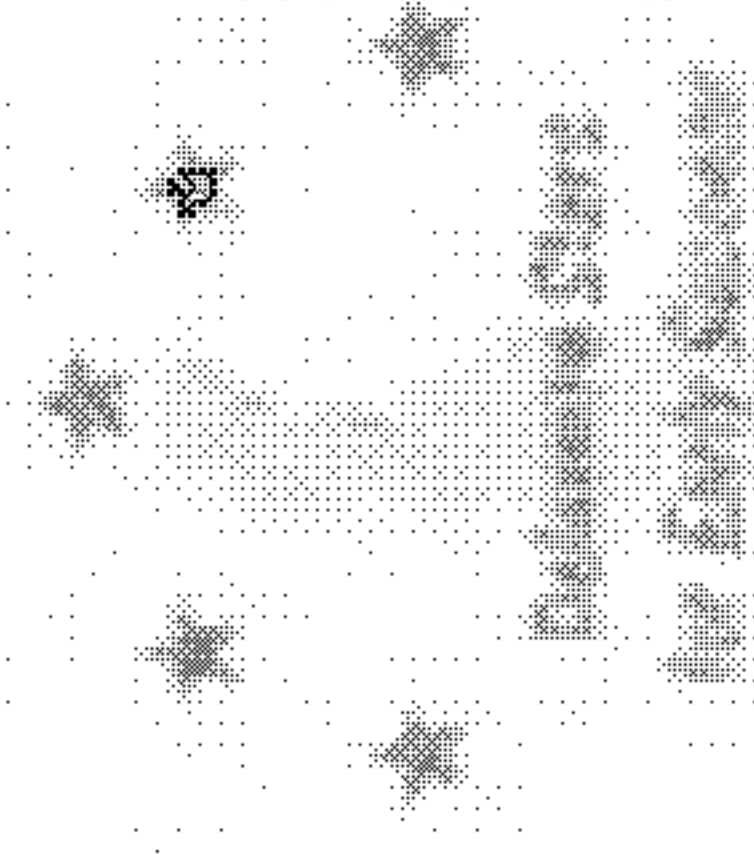
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Domain: Learning Environment and Curriculum (X points max)

Rationale: The provision of effective, developmentally appropriate learning environments is essential to high quality early care and education practice. The foundation for appropriate learning environments is positive interactions between providers and children. From this foundation, providers intentionally plan appropriate experiences for young children that address key areas of learning and development.

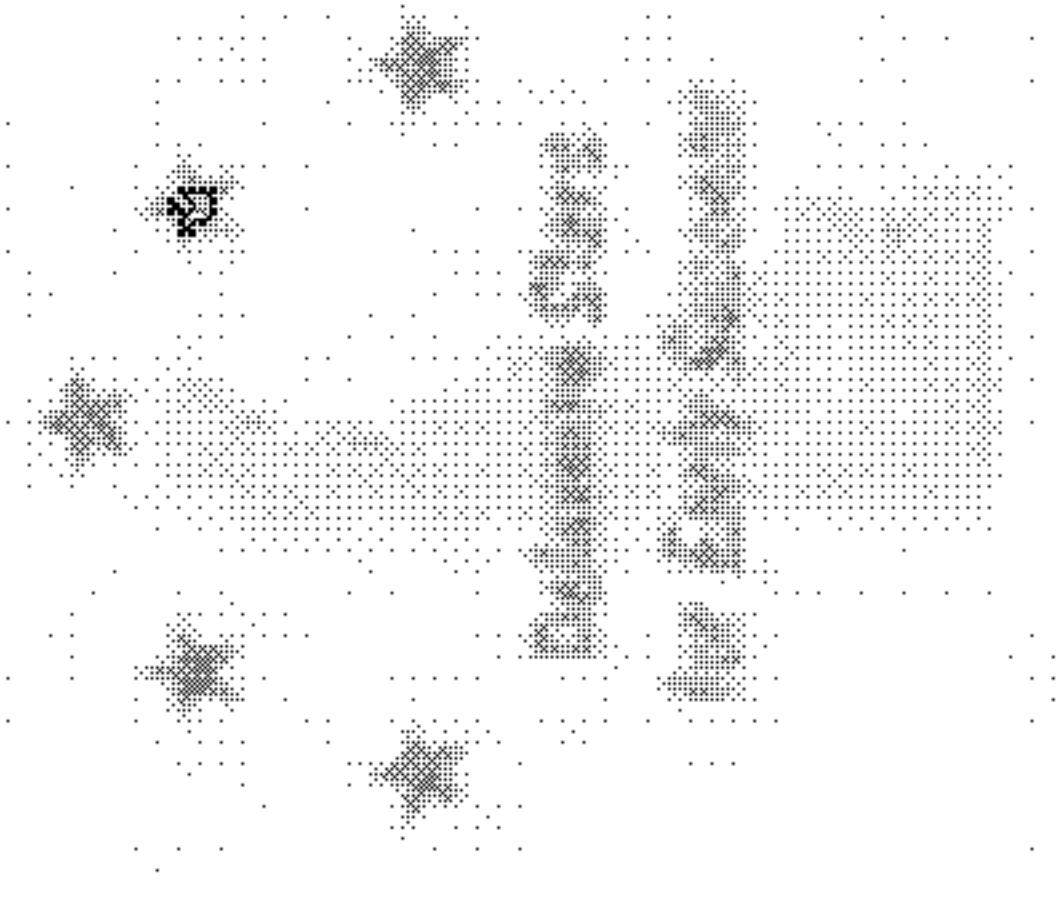
Categories: Program Environment (LE), Observation & Assessment (LO), Curriculum Planning & Implementation (LC)

Code	Standard	Points	Verification
Program Environment (max X points)			
REQUIRED	Program has an independent ERS assessment and achieves the following classroom scores for classrooms selected: <ul style="list-style-type: none"> • Minimum 3.00 (Star Level 3) • Minimum 4.00 (Star Level 4) • Minimum 5.00 (Star Level 5) 		Prior to assessment provider and at least 50% of staff must complete ERS training.
LE1	Program utilizes a system of continuity of care throughout the day.	X	Sample examples of verification include: Policies and staffing schedules that reflect defined groups where children stay with their group throughout the day.
LE2	Program minimizes transitions with caregiver(s) throughout program year.	X	Sample examples of verification include: Policies and staffing schedules that reflect: Infant/Toddlers: Looping system, primary care system, long-term groups Preschoolers: Mixed age groups, staff changes limited, limited transitions



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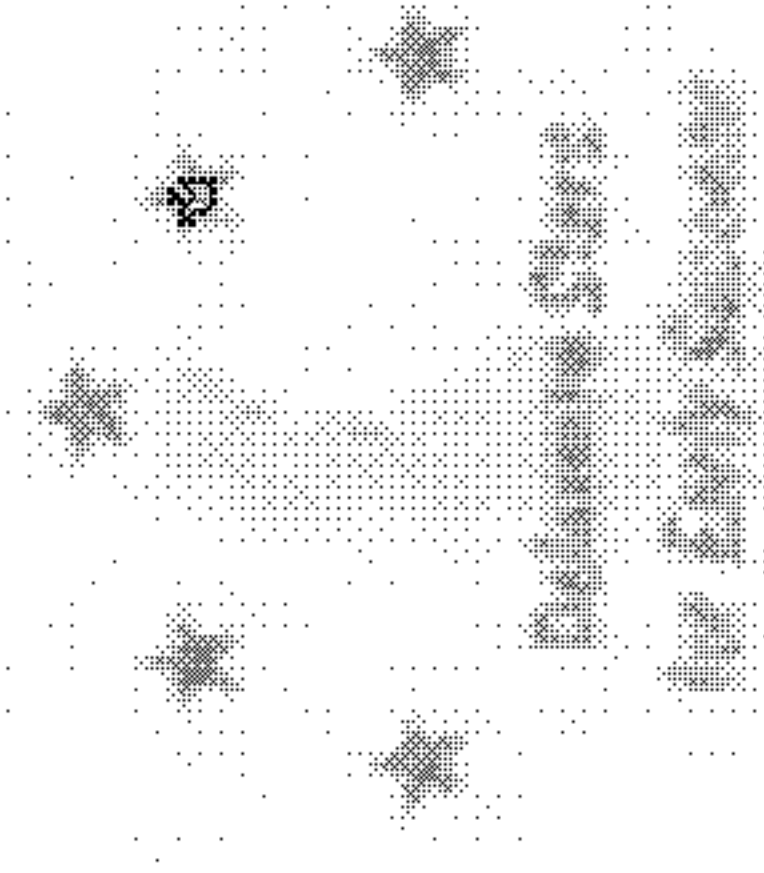
		School-agers: Staff retention, intentional groupings with lead staff
Observation & Assessment (max X points)		
LO1	Program observes and documents individual children's progress twice annually and reports progress to families.	X
LO2	Program annually implements: <ul style="list-style-type: none"> • Child developmental screening for all infants, toddlers, and preschoolers • Curriculum-based assessment for all infants, toddlers, and preschoolers • Developmental youth assessment for all school-agers 	X X X X
LO3	Program uses individual child assessments for infants, toddlers, and preschoolers to inform goal and lesson planning.	X
LO4	Program uses developmental youth assessments for school-agers to inform goals and lesson planning.	X
Curriculum Planning and Implementation (max X points)		
LC1	Program follows a daily schedule that supports children's free exploration and use of materials.	X
		Sample examples of verification include: Written documentation showing developmental progress, such as progress reports, notes from conferences, portfolios. Sample examples of verification include: Evidence that at least two staff have been trained on screening and assessment tools used. Screenings and assessments must be from approved list or submitted for approval and approved. Documentation includes reports, observation notes, checklist, or other relevant form. Sample examples of verification include: Lesson plans showing link to child assessment forms. Sample examples of verification include: Lesson plans showing link to youth assessment forms.



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Bonus:

Bonus	Program actively engages in or completes sustained technical assistance on an annual basis.	X	Sample examples of verification include: Documentation of technical assistance; signature of technical assistant.
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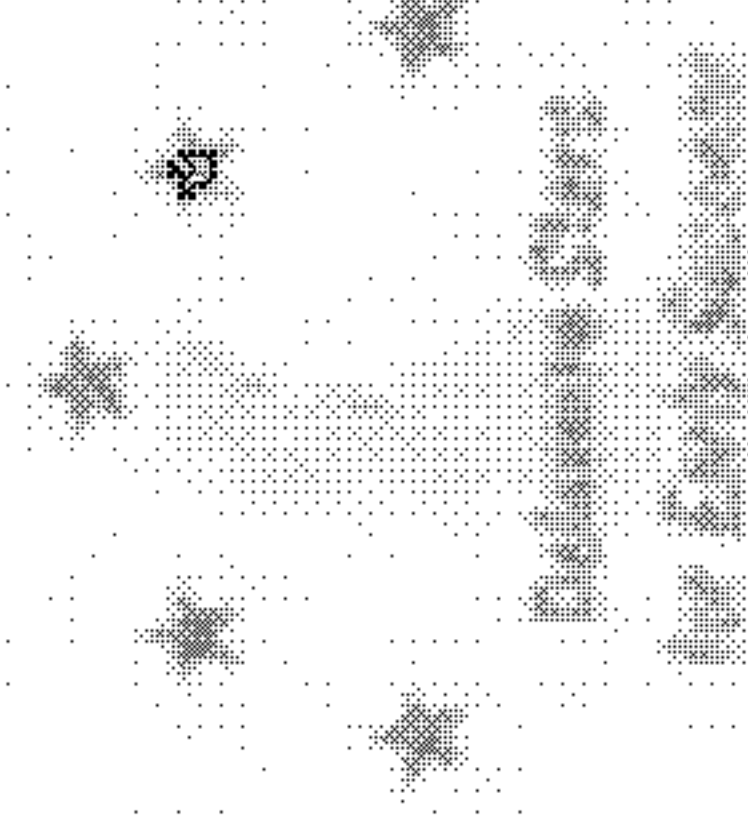
School Age Standards

Domain: Family and Community Partnerships (X points max)

Rationale: Family involvement and reciprocal family-provider relationships are fundamental to high quality school-age services. This dimension of practice emphasizes ongoing, bi-directional communication between families and programs. Meaningful family engagement in school-age programs requires attention and sensitivity to the needs of all families. Further, collaboration between school-age programs and schools/other agencies assists programs in accessing resources to meet the needs of youth and their families.

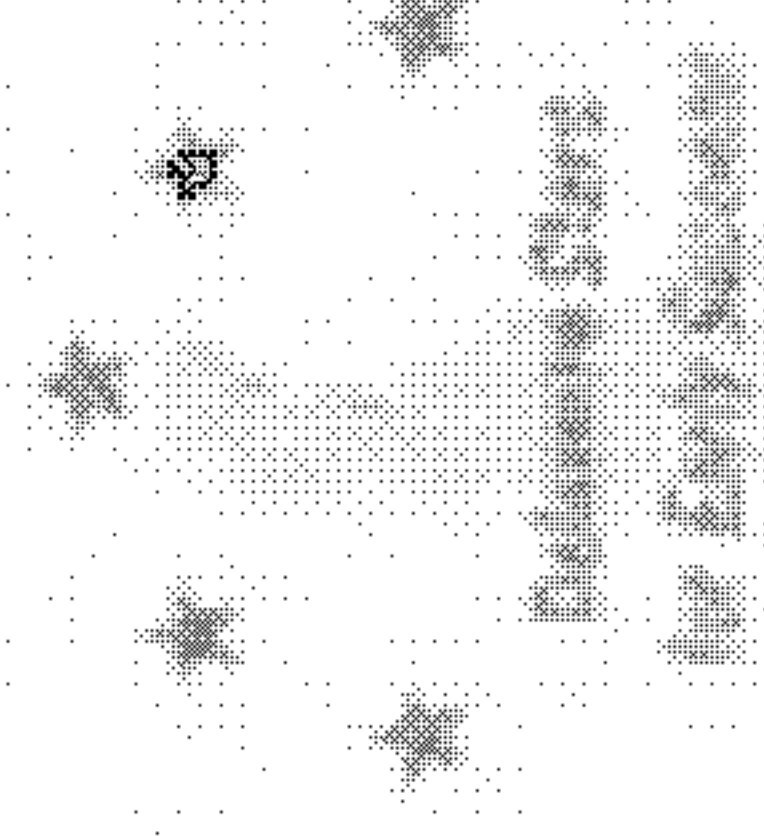
Categories: Communication (FC), Involvement & Support (FS), Community Partnerships (FP)

Code	Standard	Points	Verification
Communication (max X points)			
FC1	Program welcomes all youth and their families with procedures that embrace inclusion.	X	Sample examples of verification include: written inclusion policy with a parent letter reflecting people first language (not disability first), training certificates for Inclusion training or credentials that have been completed, welcoming events at the start of the program year.
FC2	Program provides weekly written correspondence with families.	X	Sample examples of verification include: bulletin board with current information, classroom webpage, emails, newsletters.



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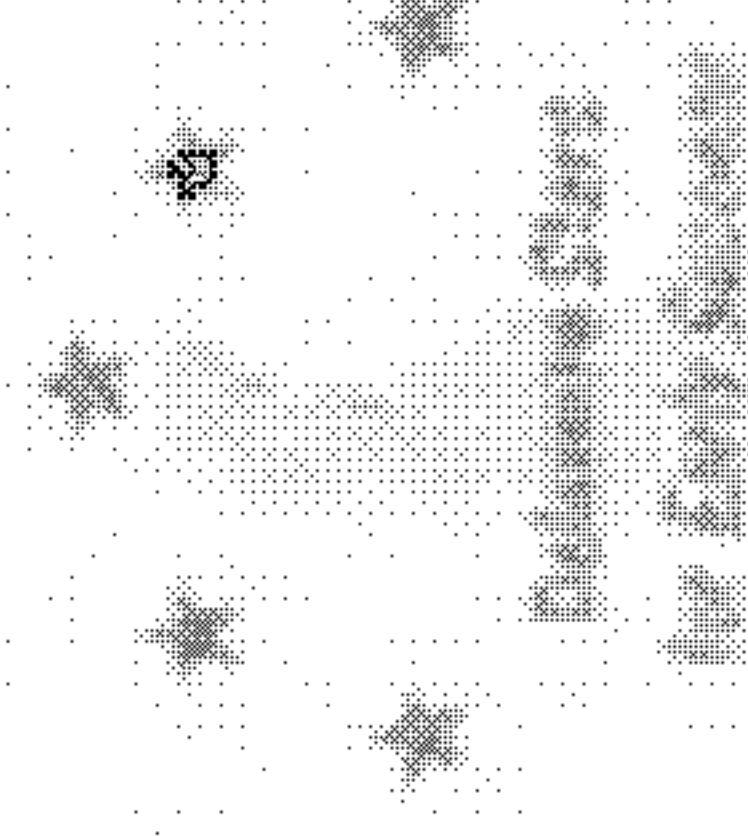
FC3	Program conducts conferences with families at least twice annually.	X	Sample examples of verification include: Parent signature on form, evidence of the policy in handbook or other programmatic document, dates on program/family schedule.
Involvement & Support (max X points)			
FS1	Program makes accommodations for families of children with identified disabilities or who are dual language learners. <ul style="list-style-type: none"> • Accommodations for families of youth with identified disabilities • Accommodations for families of youth who are dual language learners 	X	Sample examples of verification include: informal conferences offered, blank and completed progress reports, daily notebook.
FS2	Program systematically gathers information from families and uses data to inform program planning annually.	X	Sample examples of verification include: Copies of parent/family surveys from the most recent year with report summarizing findings, minutes from meetings (Advisory board, PTO, committees).
FS3	Program implements a variety of family-centered events annually.	X	Sample examples of verification include: A minimum of three events, with at least one educationally focused is required. Evidence includes pictures of gatherings, flyers for events with attendance, handbook, documents.
FS4	Program supports transitions for families: <ul style="list-style-type: none"> • Into the program • Within the program (as needed) • Out of the program 	X X X	Sample examples of verification include: Written transition policies in program and parent materials plus copies of literature and evidence of activities.



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Community Partnerships (max X points)

FP1	Program develops and maintains formalized relationships with schools.	X	Sample examples of verification include: LEA agreement, transition assistance into school, inclusive services for young children with disabilities.
FP2	Program develops and maintains formalized relationships with community-based agencies.	X	Sample examples of verification include: Written evidence of implementation such as memorandum of understanding/written agreement, event flyer, or parent permission form.



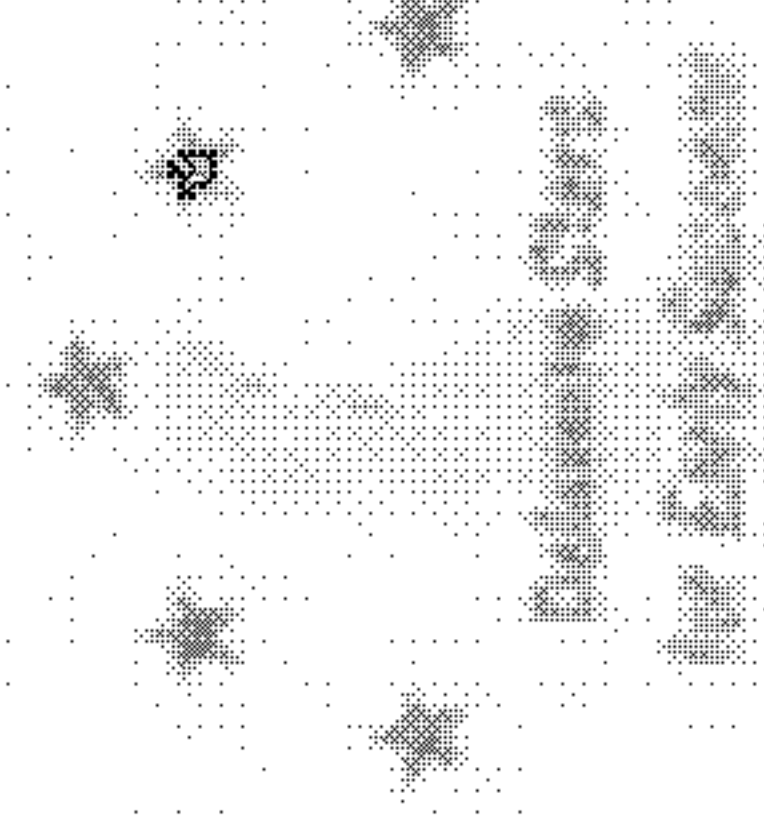
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Domain: Qualifications and Professional Development (X points max)

Rationale: A well-prepared teaching and administrative staff are essential to high quality school-age care. Thoughtfully planned professional development linked to effective supervision and evaluation practices provide ongoing support to staff in meeting the needs of youth and their families.

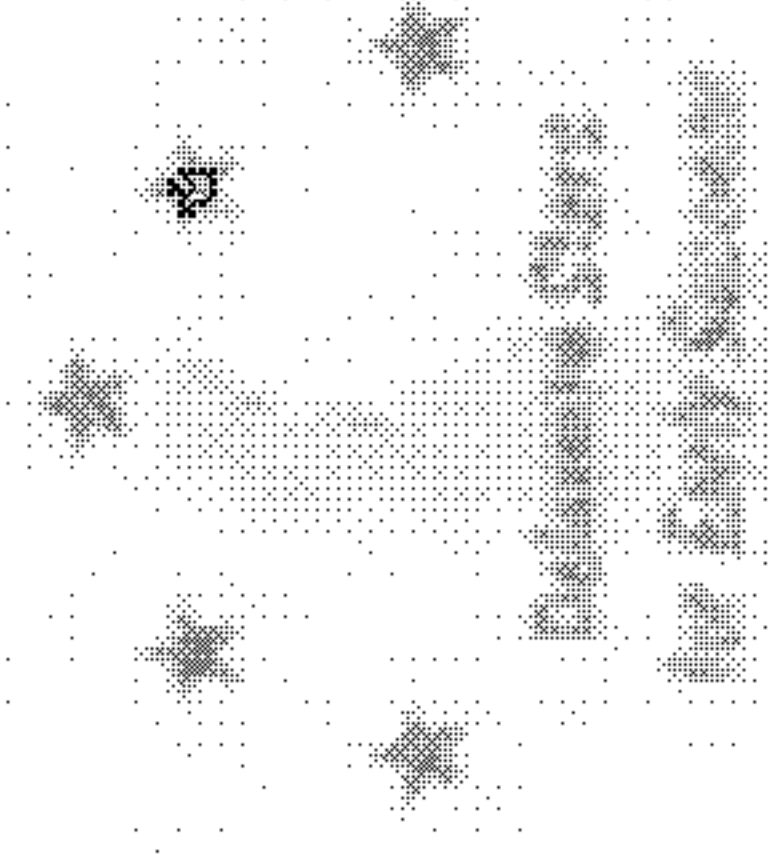
Categories: Education (QE), Training (QT)

Code	Standard	Points	Verification
Education (max X points)			
QE1	Person functioning as Administrator completes the Delaware Administrator Credential and is qualified through Delaware First as an Administrator.	X	Sample examples of verification include: Copy of Delaware credential and copy of Delaware First certificate.
QE2	Person functioning as the Administrator utilizes the <i>Delaware Early Childhood Career Lattice</i> for professional development planning and achieves Step 8 or above.	X	Sample examples of verification include: Official Delaware Institute for Excellence in Early Childhood (DIEEC) transcripts.
QE3	Teaching staff complete appropriate credentials. <ul style="list-style-type: none"> • At least one staff member attains a Delaware credential (excluding Administrator) • 25% of staff completes one Delaware credential 	X	Sample examples of verification include: Copy of Delaware credentials.
QE4	Program staff utilizes the <i>Delaware Early Childhood Career Lattice</i> for career planning. <ul style="list-style-type: none"> • 50% of staff are at Step 4 or above on the <i>Delaware Early Childhood Career Lattice</i> 	X	Sample examples of verification include: Official DIEEC transcripts.



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QE5	<ul style="list-style-type: none"> 30% of staff are at Step 6 or above on the <i>Delaware Early Childhood Career Lattice</i> <p>Person functioning as Curriculum coordinator utilizes the <i>Delaware Early Childhood Career Lattice</i> for professional development planning.</p> <ul style="list-style-type: none"> Achieves Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> Achieves Step 8 or above on the <i>Delaware Early Childhood Career Lattice</i> 	<p>X</p> <p>X</p>	<p>Sample examples of verification include: Official DIEEC or college transcripts.</p>
Training (max X points)			
QT1	<p>Annual training hours are quality assured.</p> <ul style="list-style-type: none"> For each staff, 50% or more of all training hours completed are quality assured For each staff, 75% or more of all training hours completed are quality assured 	<p>X</p> <p>X</p>	<p>Sample examples of verification include: Official DIEEC or college transcripts.</p>



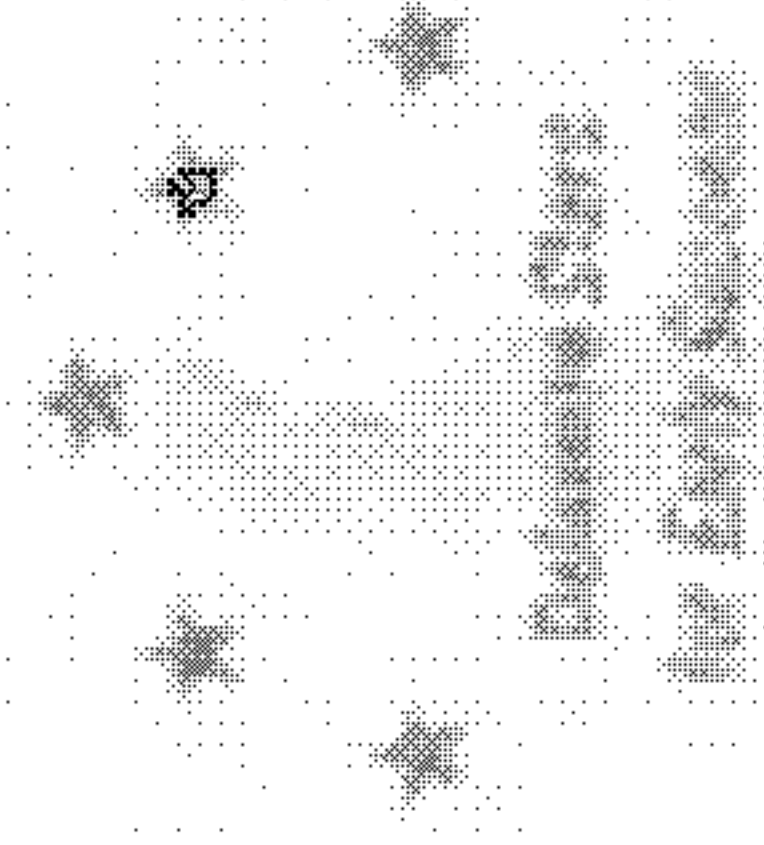
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Domain: Management and Administration (X points max)

Rationale: Effective management and administrative practices create the infrastructure for the provision of high quality school-age care. Well-managed programs facilitate quality through lower rates of staff turn-over, effective supervision, and appropriate allocation of personnel resources.

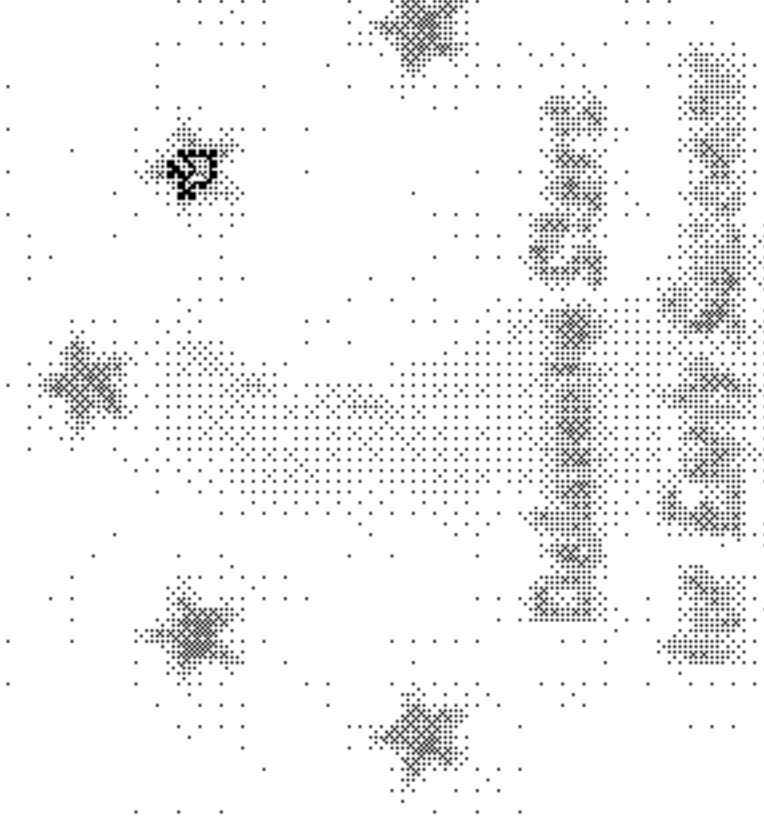
Categories: Personnel Management (MP), Program Development and Evaluation (ME), Operations and Administration (MO), Fiscal Management (MF)

Code	Standard	Points	Verification
Personnel Management (max X points)			
MP1	Program implements a system of staff evaluation that integrates professional development needs. <ul style="list-style-type: none"> • Annual evaluation for each staff person that includes observations, written feedback, and a self-assessment completed by staff using the <i>Delaware Competencies for Early Childhood Professionals</i> • Program requires staff to use annual competency-based evaluation and self-assessment to create annual <i>Individual Professional Development Plans</i> 	X	Sample examples of verification include: Copy of evaluations with feedback and documentation of annual completion, copy of <i>Individual Professional Development Plan</i> (a plan documenting professional progress and needs of an individual staff person that guide professional development both for the individual and the program) signed by staff that reflects feedback from annual evaluation.



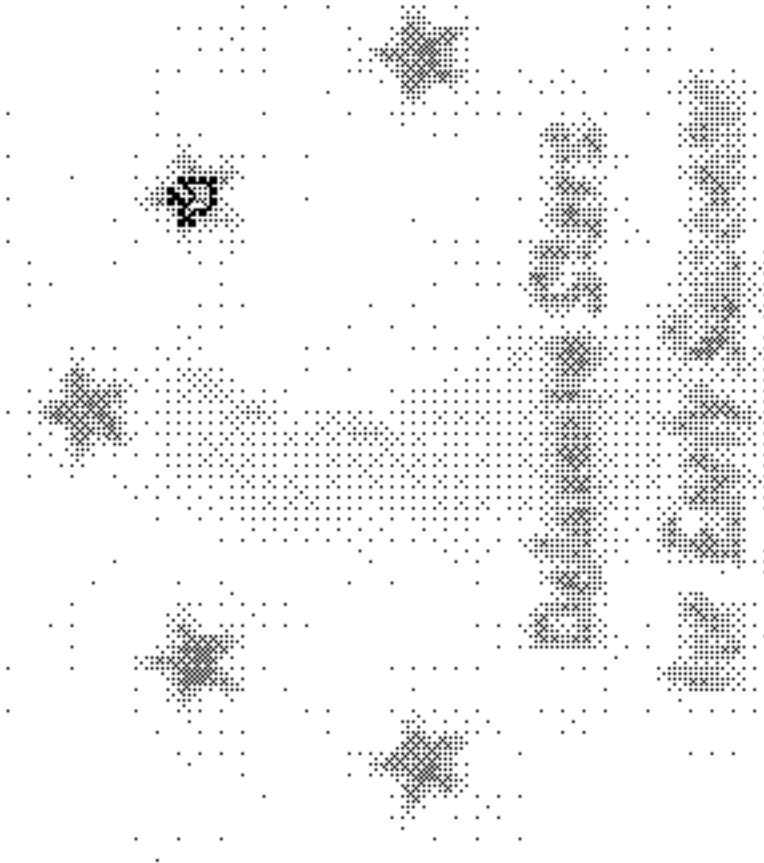
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MP2	Program requires a staff person designated as School-Age Site Coordinator to be present on-site during operating hours.	X	Sample examples of verification include: Copy of current staff designations in database and staff schedules.
MP3	Program arranges regular, paid planning time (minimum one hour) and access to resources for at least one staff person per group when they are not responsible for children. <ul style="list-style-type: none"> • Bi-weekly (30 minutes continuous or more) • Weekly (30 minutes continuous or more) 	X X	Sample examples of verification include: Evidence of resources and documentation in handbook or other programmatic document with staff sign-off such as staff attendance, schedules, or sign-out sheet.
Program Development and Evaluation (max X points)			
ME1	Program completes a <i>Facility Professional Development Plan</i> to compile information on staff Professional Development needs.	X	Sample examples of verification include: Copy of <i>Facility Professional Development Plan</i> (demonstrates the integration of professional development needs across the program and guides professional development planning for the administrator) that includes information found in the <i>Individual Professional Development Plans</i> .
ME2	Program has a signed contract with each family and updates it annually or more often as needed.	X	Sample examples of verification include: Contract should, at minimum, identify parent(s)/guardian(s) and child(ren), payment amount, and include start and end dates for the agreement.
ME3	Program implements a risk management plan.	X	Sample examples of verification include: Copy of plan and evidence of implementation.
Operations and Administration (max X points)			
MO1	Program provides staff access to secure storage and comfortable facilities.	X	Sample examples of verification include: Evidence of secure storage space such as locked cabinets or closet; evidence of



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MO2	Program provides access to the following for full time employees: Paid vacation, paid sick time, paid holidays, retirement, insurance (health or other). <ul style="list-style-type: none"> • Two selected • Three or more 	X X	facilities for staff such as an area outside of children's space with comfortable adult furniture and adult restroom.
MO3	Program conducts required all-staff meetings. <ul style="list-style-type: none"> • Monthly • Quarterly 	X X	Sample examples of verification include: Copies of agendas with attendance list, current staff list in database.
MO4	Program implements strategies to retain staff. <ul style="list-style-type: none"> • Promotes team building among staff at least twice annually • Retains 75% of staff on a 9-month basis and provides documentation of efforts 	X X	Sample examples of verification include: Pictures of events, flyers, documentation in handbooks; less than 25% of staff change on database profile over a 12-month period.
MO5	Program offers convenient access to onsite technology, including computers with Internet service. <ul style="list-style-type: none"> • Administrative computer (onsite) • Staff computer in staff space (can be off-site) 	X X	Sample examples of verification include: Evidence of working computer onsite with valid e-mail address; documentation of staff use in planning, research, communication.
Fiscal Management(max X points)			
MF1	Program implements a system for fiscal management. <ul style="list-style-type: none"> • Annual operating budget with income and expense figures • Program reviews annual operating budget quarterly, adjusts as needed, and files copies for later review 	X X	Sample examples of verification include: Copies of fiscal policies and procedures, copies of quarterly financial reports; affidavit by on-site administrator and/or board members.



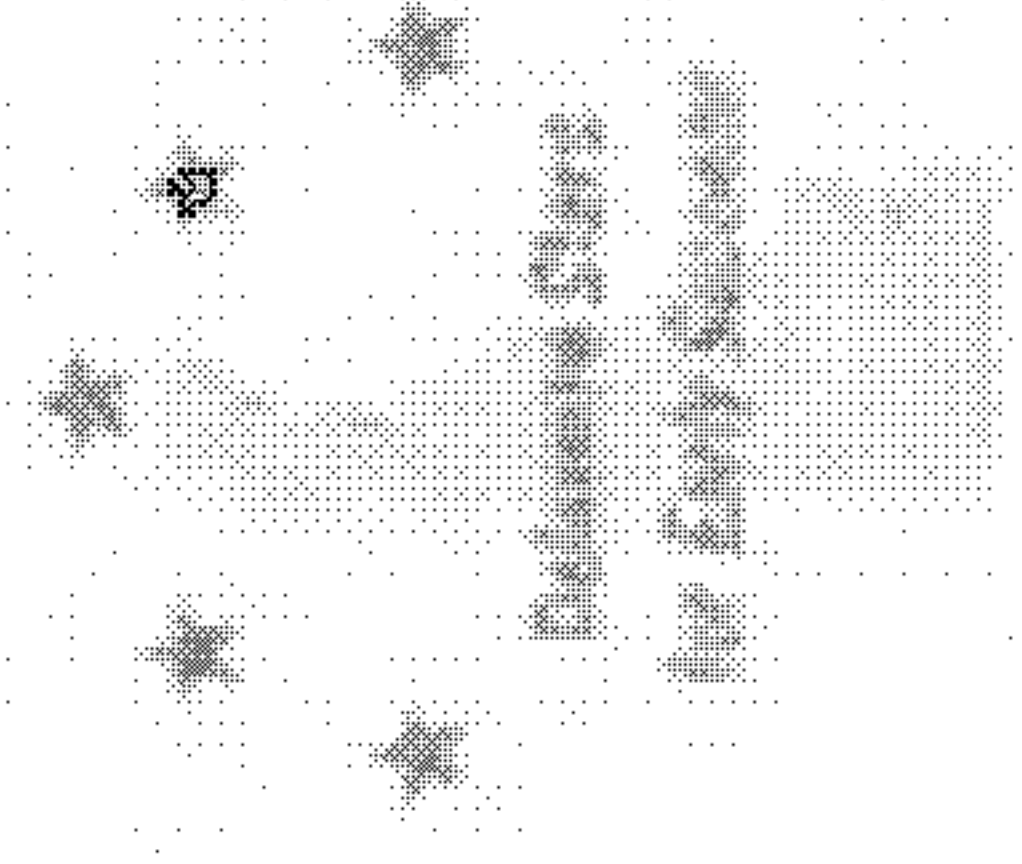
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Domain: Learning Environment and Curriculum (X points max)

Rationale: The provision of effective, developmentally appropriate learning environments is essential to high quality school-age practice. The foundation for appropriate learning environments is positive interactions between teachers and youth. From this foundation, teachers and caregivers intentionally plan appropriate experiences for youth that address key areas of learning and development.

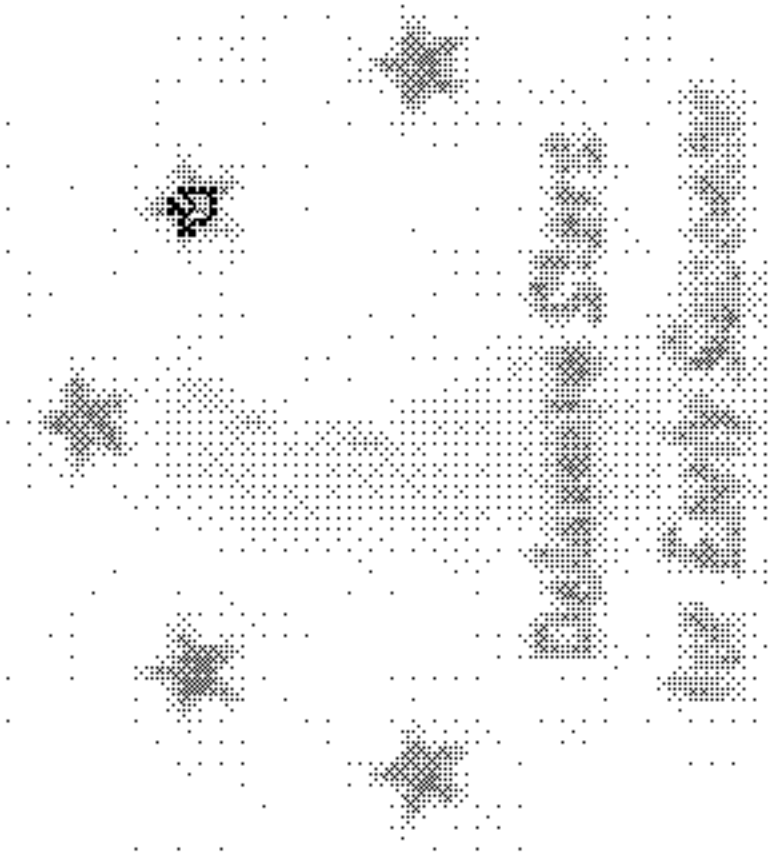
Categories: Classroom Environment (LE), Observation & Assessment (LO), Curriculum Planning & Implementation (LC)

Code	Standard	Points	Verification
Classroom Environment (max X points)			
REQUIRED	Program has an independent ERS assessment and achieves the following classroom scores for classrooms selected: <ul style="list-style-type: none"> • Minimum 3.00 (Star Level 3) • Minimum 4.00 (Star Level 4) • Minimum 5.00 (Star Level 5) 		Prior to assessment, at least the School-Age Site Coordinator and one lead staff for each group must complete ERS training.
LE1	Program implements the staff/child ratio of 1:12 for youth 60 months and older.	X	Sample examples of verification include: Policies and staffing schedules or attendance records that reflect the ratios.
LE2	Program implements the maximum group size of 24 for	X	Sample examples of verification include: Policies and staffing



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	youth 60 months and older.		schedules or attendance records that reflect the group sizes.
Observation & Assessment (max X points)			
LO1	Program observes and documents individual youth's progress twice annually and reports progress to families.	X	Sample examples of verification include: Written documentation such as daily notes showing developmental progress, progress reports, notes from conferences, portfolios.
LO2	Program annually implements developmental youth assessment.	X	Sample examples of verification include: Evidence that at least two staff have been trained on assessment tool used. Assessments must be from approved list or submitted for approval and approved. Documentation includes reports, observation notes, checklist, or other relevant form.
LO3	Program uses developmental youth assessments to inform goals and lesson planning.	X	Sample examples of verification include: Lesson plans showing link to youth assessment forms.
Curriculum Planning and Implementation (max X points)			
LC1	Program follows a daily schedule that supports youth's free exploration and use of classroom materials.	X	Sample examples of verification include: Written daily schedule and evidence of schedule followed providing an equitable amount of time for free play, based on ERS requirements (SACERS item 38 Free choice - 5.1).
LC2	Program has plan for daily and weekly activities appropriate to all ages.	X	Sample examples of verification include: Daily activities and lesson plans with documented goals and supporting environment.
LC3	Program implements a framework for curriculum planning.	X	Sample examples of verification include: Framework must be approved or submitted for approval and approved.
LC4	Program implements a supplemental curriculum to	X	Sample examples of verification include: Daily activities and



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	support healthy lifestyles, including healthy eating and physical activity.		lesson plans must include activities focused on healthy lifestyles, including healthy eating and physical activity.
LC5	<p>Program implements instructional and environmental modifications that support the learning of all children.</p> <ul style="list-style-type: none"> • Program implements formalized procedures for making accommodations for youth with identified disabilities • Program implements formalized procedures for making accommodations for youth who are dual language learners 	<p>X</p> <p>X</p>	<p>Sample examples of verification include: Proof of enrollment (IEP, IFSP, documentation from child mental health) within the last 12 months.</p>

Bonus:

Bonus	Program actively engages in or completes sustained technical assistance on an annual basis.	X	Sample examples of verification include: Documentation of technical assistance; signature of technical assistant.
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Home » Public Policy » State Licensing Regulations »

We Can Do Better: 2011 Update Required Health and Safety regulations for Child Care Centers

State	Immunizations	Guidance / discipline	Diapering / handwashing	Fire drills	Medicine administration	Placing infants on their backs to sleep	Emergency preparedness	Playground surfaces under outdoor equipment	Hazardous material	Incidence reporting	Allows corporal punishment
Alabama	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Alaska	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Arizona	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Arkansas	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
California	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Colorado	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Connecticut	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Delaware	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Department Of Defense	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
District Of Columbia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Florida	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Georgia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Hawaii	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No
Idaho	Yes	No	Yes	No	No	No	No	No	Yes	No	Yes
Illinois	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Indiana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Iowa	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Kansas	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Kentucky	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Louisiana	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Maine	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Maryland	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Massachusetts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Michigan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Minnesota	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Mississippi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Missouri	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Montana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Nebraska	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No
Nevada	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
New Hampshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
New Jersey	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
New Mexico	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
New York	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
North Carolina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
North Dakota	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Oklahoma	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Oregon	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Pennsylvania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Rhode Island	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
South Carolina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	Yes	Yes	Yes	Yes	Yes	(B)(1)-3: NACCRRA Center Health and Safety Regulations	Yes	Yes	No	No	No	No
South Carolina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
South Dakota	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Tennessee	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Texas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Utah	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Vermont	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Virginia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Washington	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
West Virginia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Wisconsin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Wyoming	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

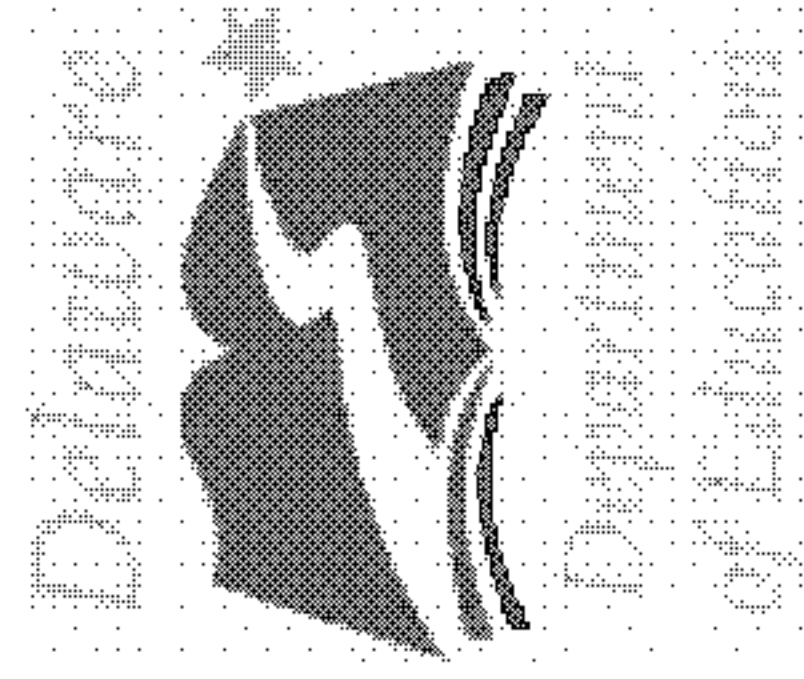
Source: NACCRRA (2011). We Can Do Better: 2011 Update, NACCRRA's Ranking of State Child Care Center Regulations and Oversight

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A Voluntary Quality Rating and Improvement System
Early Care and Education Center Standards
Alternative Pathway NAEYC Accredited Programs

September 2010



A program of the Delaware Department of Education and the Delaware Early Childhood Council

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GENERAL INFORMATION

Eligibility for Participation in Delaware Stars

In order to participate in Delaware Stars a program must have been open and serving families with a current, valid license (not under any enforcement action, including suspension, probation, or warning of probation) from the Office of Child Care Licensing (OCCL) for a minimum of 12 months prior to application and at the time of enrollment. In addition, there must be no outstanding concerns as identified by Purchase of Care or the Child and Adult Care Food Program.

Interpreting the Delaware Stars Standards

Each Star Level builds on the previous level(s). A program must demonstrate that they are meeting **ALL** items at any given Star Level to achieve that level. As a program moves up a Star Level they must maintain the standards at previous level(s). ***See Companion Guide for notes for clarifications for standards.** Standards are coded for easier use.

Standards Categories	1 Star Standards	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
General	Meets current Delaware Licensing Rules, in good standing.	In order to achieve Star Level 2 a program must meet and maintain all standards at Star Level 1.	In order to achieve Star Level 3 a program must meet and maintain all standards at Star Levels 1 and 2.	In order to achieve Star Level 4 a program must meet and maintain all standards at Star Levels 1, 2 and 3.	In order to achieve Star Level 5 a program must meet and maintain all standards at Star Levels 1, 2, 3 and 4

QUALIFICATIONS AND PROFESSIONAL DEVELOPMENT (QPD)

Standards Categories	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
Professional Development for Early Childhood Administrators and Early Childhood Curriculum Coordinators (QPD/PD-ECA & ECCC)	QPD/PD-ECA & ECCC-2.1 Half of annual training hours must be Level 2 or higher. (Effective 1/1/2010) QPD/PD-ECA & ECCC-2.2 Completes Individual Professional Development Plan updating it annually and including any training required by Delaware Stars. * QPD/PD-ECA & ECCC-2.3 Shows evidence of having made progress/completed education/ training in the areas identified in Individual Professional Development Plan. *			

*See Companion Guide for notes for clarifications for standards

LEARNING ENVIRONMENT AND CURRICULUM (LEC)

Standards Categories	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
Learning Environment (LEC/LE)		LEC/LE-3.1 Each classroom that is assessed must have an ERS score of at least 3.00 and the average ERS facility score must be at least 3.50. No item score of 1 on Diapering/Toileting, Health Practices, and Safety Practices. Assessments will be based on the ERS tool and Delaware Stars Clarifications. *	LEC/LE-4.1 Each classroom that is assessed must have an ERS score of at least 4.00 and the average ERS facility score must be at least 4.50. No item score of 1 on Interaction subscale or Listening and Talking/Language and Reasoning subscale. Assessments will be based on the ERS tool and Delaware Stars Clarifications. *	LEC/LE-5.1 Each classroom that is assessed must have an ERS score of at least 5.00 and the average ERS facility score must be at least 5.50. No item score below 3 on Interaction subscale or Listening and Talking/Language and Reasoning subscale and no item score of 1 on Activities subscale. Assessments will be based on the ERS tool and Delaware Stars Clarifications. *

*See Companion Guide for notes for clarifications for standards

FAMILY AND COMMUNITY PARTNERSHIPS (FCP)

Standards Categories	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
Family Communication and Involvement (FCP/FCI)	FCP/FCI-2.2 Program has a written inclusion policy that is reviewed with staff and shared with families.			

*See Companion Guide for notes for clarifications for standards

MANAGEMENT AND ADMINISTRATION (MA)

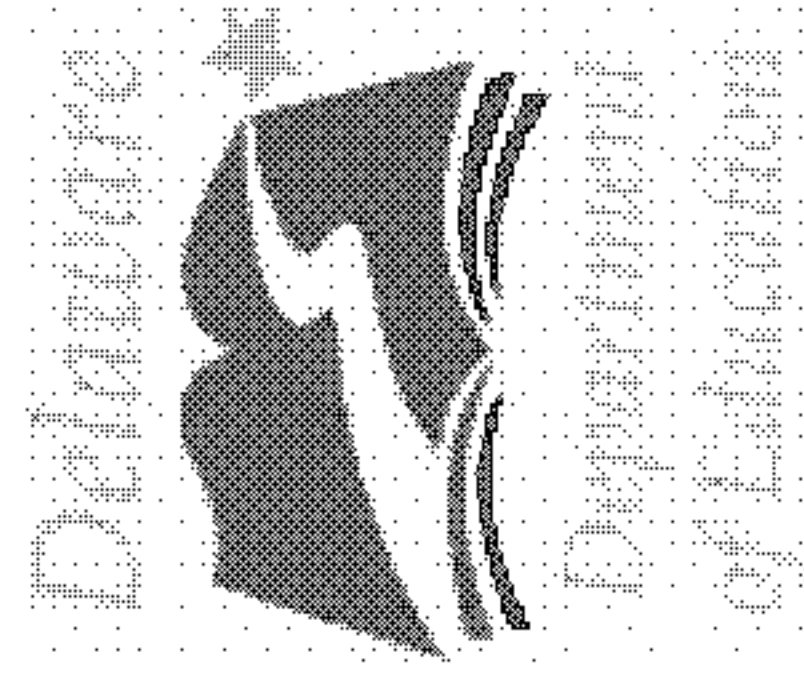
Standards Categories	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
Continuous Quality Improvement (MA/CQI)		MA/CQI-3.1 Program develops and implements a Facility/Program Professional Development Plan that is updated annually and includes individual staff professional development goals and program training goals. *		

*See Companion Guide for notes for clarifications for standards



A Voluntary Quality Rating and Improvement System
Early Care and Education Center Standards
Alternative Pathway Head Start Programs

September 2010



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Interpreting the Delaware Stars Standards

Each Star Level builds on the previous level(s). A program must demonstrate that they are meeting **ALL** items at any given Star Level to achieve that level. As a program moves up a Star Level they must maintain the standards at previous level(s). ***See Companion Guide for notes for clarifications for standards.** Standards are coded for easier use.

Standards Categories	1 Star Standards	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
General	Meets current Delacare Licensing Rules, in good standing.	In order to achieve Star Level 2 a program must meet and maintain all standards at Star Level 1.	In order to achieve Star Level 3 a program must meet and maintain all standards at Star Levels 1 and 2.	In order to achieve Star Level 4 a program must meet and maintain all standards at Star Levels 1, 2 and 3.	In order to achieve Star Level 5 a program must meet and maintain all standards at Star Levels 1, 2, 3 and 4

QUALIFICATIONS AND PROFESSIONAL DEVELOPMENT (QPD)

Standards Categories	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
Early Childhood Administrator Qualifications (QPD/ECA)	QPD/ECA-2.1 Qualified through Delaware First as Early Childhood Administrator.	QPD/ECA-3.1 Completed 3 college credits in program administration.*	QPD/ECA-4.1 Completed 3 additional college credits for a total of 6 college credits in program administration.	QPD/ECA-5.1 Completed BA /BS degree in early childhood education (ECE) or related field.* QPD/ECA-5.2 Completed additional qualifications required by Delaware Stars.*
Early Childhood Curriculum Coordinator Qualifications (QPD/ECCC)			QPD/ECCC-4.1 Completed 3 additional college credits for a total of 6 college credits in curriculum development and child assessment.	

*See Companion Guide for notes for clarifications for standards

QUALIFICATIONS AND PROFESSIONAL DEVELOPMENT (QPD)

Standards Categories	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
Professional Development for Early Childhood Teachers and Early Childhood Assistant Teachers (QPD/PD-ECT & ECAT)	QPD/PD-ECT & ECAT -2.2 Completes the Individual Professional Development Plan updating it annually. * QPD/PD-ECT & ECAT -2.3 Shows evidence of having completed education/ training in the areas identified in Individual Professional Development Plan. *			

*See Companion Guide for notes for clarifications for standards

LEARNING ENVIRONMENT AND CURRICULUM (LEC)

Standards Categories	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
Learning Environment (LEC/LE)		LEC/LE-3.1 Each classroom that is assessed must have an ERS score of at least 3.00 and the average ERS facility score must be at least 3.50. No item score of 1 on Diapering/Toileting, Health Practices, and Safety Practices. Assessments will be based on the ERS tool and Delaware Stars Clarifications. *	LEC/LE-4.1 Each classroom that is assessed must have an ERS score of at least 4.00 and the average ERS facility score must be at least 4.50. No item score of 1 on Interaction subscale or Listening and Talking/ Language and Reasoning subscale. Assessments will be based on the ERS tool and Delaware Stars Clarifications. *	LEC/LE-5.1 Each classroom that is assessed must have an ERS score of at least 5.00 and the average ERS facility score must be at least 5.50. No item score below 3 on Interaction subscale or Listening and Talking/ Language and Reasoning subscale and no item score of 1 on Activities subscale. Assessments will be based on the ERS tool and Delaware Stars Clarifications. *

*See Companion Guide for notes for clarifications for standards

FAMILY AND COMMUNITY PARTNERSHIPS (FCP)

Standards Categories	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
Family Communication and Involvement (FCP/FCI)			FCP/FCI-4.4 Program gathers information from families about program satisfaction.	
Transitions (FCP/T)	FCP/T-2.1 Program develops and implements a written plan for transitioning children from one classroom or group to another.			

*See Companion Guide for notes for clarifications for standards

MANAGEMENT AND ADMINISTRATION (MA)

Standards Categories	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
Business Practices (MA/BP)	<p>MA/BP-2.3 Program has a written mission statement that is shared with staff and families.</p>		<p>MA/BP-4.2 Program makes at least 2 of the following benefits available to eligible employees: *</p> <ul style="list-style-type: none"> ○ Annual incremental raises based on performance evaluation ○ Paid professional membership ○ Paid sick leave ○ Paid family leave ○ Paid vacation/holidays ○ Reduced fee for child care services ○ Tuition reimbursement ○ Payment for staff development/training ○ Group health insurance coverage ○ Paid % of health insurance ○ Retirement plan ○ Flextime ○ Life insurance ○ Short and/or long-term disability insurance 	<p>MA/BP-5.2 Program makes at least 3 of the following benefits available to eligible employees:</p> <ul style="list-style-type: none"> ○ Annual incremental raises based on performance evaluation ○ Paid professional membership ○ Paid sick leave ○ Paid family leave ○ Paid vacation/holidays ○ Reduced fee for child care services ○ Tuition reimbursement ○ Payment for staff development/training ○ Group health insurance coverage ○ Paid % of health insurance ○ Retirement plan ○ Flextime ○ Life insurance ○ Short and/or long-term disability insurance

*See Companion Guide for notes for clarifications for standards

MANAGEMENT AND ADMINISTRATION (MA)

Standards Categories	2 Star Standards	3 Star Standards	4 Star Standards	5 Star Standards
Personnel (MA/P)			MA/P-4.1 Program develops and implements a staff evaluation process that includes at least one documented observation and a written performance evaluation report.	
Continuous Quality Improvement (MA/CQI)		MA/CQI-3.1 Program develops and implements a Facility/Program Professional Development Plan that is updated annually and includes individual staff professional development goals and program training goals. *		

*See Companion Guide for notes for clarifications for standards

Delaware Stars Early Childhood Standards and OCCL Requirements

Standards

OCCL Requirements

Family and Community Partnerships: *Communication*

FC1	Program welcomes all children and their families with procedures that embrace inclusion.	<u>Orientation</u> Prior to enrollment, child care centers and school-age programs are required to meet with parents/guardians to determine if program can effectively meet the child's developmental and educational needs and to identify any accommodations or planning that may be needed to do so.
FC2	Each classroom provides regular written correspondence with families. <ul data-bbox="760 1416 1006 2387" style="list-style-type: none">• For classrooms with children predominately 0-36 months, correspondence must be individualized and provided daily• For classrooms with children predominately 37 months and older, correspondence can be group and weekly	<u>Communication</u> Child care centers and school-age programs are required to have an organized system of communicating with parents/guardians and strategies to ensure parent/guardian involvement. Additionally, a written policy of such system must exist and be shared with parents/guardians. This policy must include such items as: <ol data-bbox="1000 119 1895 1262" style="list-style-type: none">1. Assurances of non-discrimination and respect for each child's family and culture of families enrolled and the ability for parents/guardians to participate, communicating in their native language whenever possible2. Procedures for learning about parent/guardian preferences and goals and any concerns or special circumstances that may influence the child's development and learning3. Procedures for ensuring that parents/guardians are kept regularly informed concerning the program and their children's developmental and educational progress, including a minimum of one conference annually between center/program staff and parents/guardians4. Procedures used by the center/program to assess children's accomplishments and needs and, when there are concerns, to refer parents/guardians for additional help in the community5. Multiple opportunities for involvement of all parents/guardians that includes specific strategies to encourage the involvement of parents/guardians that have the tendency not to be involved with the center/program6. A procedure encouraging parents/guardians to review current licensing rules made available at the center/program and for making and handling complaints7. A statement of the center/program's developmental and educational goals for all children; and a typical daily schedule
FC3	Program conducts conferences with families at least twice annually.	
FS1	Program makes accommodations for families of children with identified disabilities or who are dual language learners. <ul data-bbox="1356 1445 1552 2387" style="list-style-type: none">• Accommodations for families of children with identified disabilities• Accommodations for families of children who are dual language learners	
FS2	Program systematically gathers information from families and uses data to inform program planning annually.	
FS3	Program implements a variety of family-centered events annually.	

	<p>8. Written explanations of the center/program’s policies including positive behavior management; nutrition and food service; safety and sanitation; transporting children; release of children; routine and emergency health care plan; and accident/incident and child abuse reporting</p> <p>Staff must keep daily records of an infant’s feeding, sleeping, and other routine activities and share these with the infant’s parents/guardians at the end of each day.</p>
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Family and Community Partnerships: *Transitions*

<p>FS4 Program supports transitions for families:</p> <ul style="list-style-type: none"> • Into the program • Within the program • Out of the program 	<p><u>Transitions</u> Upon admittance of a new child, the center/program ensures staff will work with the parents/guardians to create and utilize a positive transition plan into the center/program using such procedures as the exchange of pertinent information concerning the child, phased-in entry to the program, and the assignment of a primary staff member, especially for an infant or toddler.</p>
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Family and Community Partnerships: *Community Relationships*

<p>FP1 Program develops and maintains formalized relationships with schools.</p> <p>FP2 Program develops and maintains formalized relationships with community–based agencies.</p>	<p><i>No related OCCL requirements exist.</i></p>
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Qualifications and Professional Development: *Credentials*

<p>QE1 Person functioning as Administrator completes the Delaware Administrator Credential and is qualified through Delaware First as an Administrator.</p> <p>QE3 Teaching staff complete appropriate credentials.</p> <ul style="list-style-type: none"> • At least one staff member attains a Delaware credential (excluding Administrator) • 25% of staff completes one Delaware credential 	<p><i>Note: Credentials require completion of identified training specific to credential focus, a portfolio review, and an interview. Attainment of credentials is not required by OCCL.</i></p>
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Qualifications and Professional Development: Career Lattice	
<p>QE2</p> <p>Person functioning as the Administrator utilizes the <i>Delaware Early Childhood Career Lattice</i> for professional development planning and achieves Step 8 or above.</p>	<p><i>Note: Participation in career lattice steps is not required by OCCL. The following are the minimum requirements for each step mentioned in the related indicators:</i></p> <p><i>Step 4 – 9 ECE college credits or valid CDA</i></p> <p><i>Step 5 – 15 ECE or 12 School-age college credits</i></p> <p><i>Step 6 – 30 college credits with 15 ECE or 12 School-age credits</i></p> <p><i>Step 7 – AA/AS degree with 15 ECE or 12 School-age credits</i></p> <p><i>Step 8 – BS/BA degree with 15 ECE or 12 School-age credits</i></p> <p><u>Minimal Position Requirements</u></p> <p><i>Early Childhood Administrators</i> must be at least 21 years of age and meet all of the following criteria:</p> <ol style="list-style-type: none"> 1. Possess an Associate Degree from an accredited college or university in early childhood education or related field; or a Bachelors degree from an accredited college or university in any field 2. Complete at least 15 college/university credits in course content covering at least three of the following topic areas – child development, developmental curriculum planning, positive behavior management, health & safety, nutrition, family/community, and professionalism 3. Have 24 months of experience working with children preschool age or younger in a group setting 4. At least three college/university credits or 45 clock hours of training in administration (unless personnel and fiscal tasks are not the responsibility of the Early Childhood Administrator) <p><i>Early Childhood Curriculum Coordinators</i> must be at least 20 years of age and meet all of the following criteria:</p> <ol style="list-style-type: none"> 1. Possess at least a high school degree or its equivalent 2. Complete at least fifteen 15 college/university credits in child development or early childhood education of which six credits shall be in early childhood curriculum development and planning 3. 36 months of experience working with children preschool age or younger in group setting <p><i>Early Childhood Teachers</i> must be at least 18 years of age and meet all of the following criteria:</p> <ol style="list-style-type: none"> 1. Possess at least a high school degree or its equivalent 2. 12 months of experience working with children preschool age or younger in a group setting
<p>QE4</p> <p>Program staff utilizes the <i>Delaware Early Childhood Career Lattice</i> for career planning.</p> <ul style="list-style-type: none"> • 50% of staff are at Step 4 or above on the <i>Delaware Early Childhood Career Lattice</i> • 30% of staff are at Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> • 20% of staff are at Step 8 or above on the <i>Delaware Early Childhood Career Lattice</i> 	
<p>QE5</p> <p>Person functioning as Curriculum Coordinator utilizes the <i>Delaware Early Childhood Career Lattice</i> for professional development planning.</p> <ul style="list-style-type: none"> • Achieves Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> • Achieves Step 8 or above on the <i>Delaware Early Childhood Career Lattice</i> 	

		<p>3. Complete the following:</p> <p>a. <i>Training for Early Care and Education 1 & Training for Early Care and Education 2</i> (120 hours core topic areas)</p> <p><i>Early Childhood Assistant Teachers</i> must be at least 18 years of age and meet all of the following criteria:</p> <ol style="list-style-type: none"> 1. Possess at least a high school degree or its equivalent 2. Six months of experience working with children preschool age or younger in a group setting 3. Complete the following: <ol style="list-style-type: none"> a. <i>Training for Early Care and Education 1</i> (60 hours core topic areas)
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Qualifications and Professional Development: *Training Hours*

<p>QT1</p>	<p>Annual training hours are quality assured:</p> <ul style="list-style-type: none"> • For each staff, 50% or more of all training hours completed are quality assured • For each staff, 75% or more of all training hours completed are quality assured 	<p><u>Training Hours</u></p> <p>All individuals working in a center/program are required to complete training hours annually. All positions are required to maintain their First Aid/CPR certification. For staff members providing direct care, topics of trainings must be within the following core areas:</p> <ul style="list-style-type: none"> • Child Development • Developmental Curriculum Planning • Positive Behavior Management • Health, Safety, and Nutrition • Family/Community • Professionalism • Administration <p>Minimum annual requirements* for staff providing direct care are as follows:</p> <ul style="list-style-type: none"> • 8 clock hours for staff working 25 or more hours per week • 9 clock hours for staff working less than 25 hours per week <p>*Training hours accepted by OCCL are not required to be quality assured.</p>
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Management and Administration: *Staff Evaluation*

<p>MP1</p>	<p>Program implements a system of staff evaluation that integrates professional development needs.</p> <ul style="list-style-type: none"> • Annual evaluation for each staff person that includes observations, written feedback, and a self-assessment completed by staff using the <i>Delaware Competencies</i> 	<p><u>Professional Development Plans</u></p> <p>Staff is required to complete <i>Individual Professional Development Plans (IPDP)</i> annually. The <i>IPDP</i> is a plan documenting professional progress and needs of an individual staff person. These plans guide professional development for both the individual and the program. Each <i>IPDP</i> should be developed with input from the staff member, be approved by the Early Childhood Administrator, and include the</p>
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	<p><i>for Early Childhood Professionals</i></p> <ul style="list-style-type: none"> • Program requires staff to use annual competency-based evaluation and self-assessment to create annual <i>Individual Professional Development Plans</i> 	<p>following:</p> <ul style="list-style-type: none"> • Current qualifications • Annual goal(s) for the individual staff member's professional development • Progress made toward the goal(s) • All training completed by the staff member during that particular year including copies or training certificate and/or proof of successful completion of the training • How listed training is related to goals
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Management and Administration: Staff Ratio

MP2	<p>Program requires ratios of 1 teacher to every 3 assistant teachers, caregivers, and interns.</p>	<p><u>Staffing</u> 1:4 ratio of Early Childhood Teachers to Early Childhood Assistant Teachers, Early Childhood Caregivers, and Early Childhood Interns</p>
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Management and Administration: Staff Accommodations

MP3	<p>Program arranges regular, paid planning time (minimum one hour) and access to resources for at least one classroom staff per classroom when they are not responsible for children.</p> <ul style="list-style-type: none"> • Bi-weekly (30 minutes continuous or more) • Weekly (30 minutes continuous or more) 	<p><u>Management and Administration</u> Child care programs shall have an organized system of business and management, sufficient staff, and space and equipment to fulfill the following functions: administrative, fiscal, and clerical; cleaning and maintenance; food services; direct child care; and supervisory.</p>
MO1	<p>Program provides staff access to secure storage and comfortable facilities.</p>	
MO2	<p>Program provides access to the following for full time employees: Paid vacation, paid sick time, paid holidays, retirement, insurance (health or other).</p> <ul style="list-style-type: none"> • Two selected • Three or more 	
MO3	<p>Program conducts required all-staff meetings.</p> <ul style="list-style-type: none"> • Monthly • Quarterly 	
MO4		

<p>MO5</p>	<p>Program implements strategies to retain staff.</p> <ul style="list-style-type: none"> Promotes team building among staff at least twice annually Retains 75% of classroom staff on a 12-month basis and provides documentation of efforts <p>Program offers convenient access to onsite technology, including computers with Internet service.</p> <ul style="list-style-type: none"> Administrative computer Staff computer in staff space 	
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Management and Administration: *Written policies*

<p>ME1</p>	<p>Program completes a <i>Facility Professional Development Plan</i> to compile information on staff Professional Development needs.</p>	<p><u>Written Policies</u> Child care programs and school-age programs are required to have the following written policies and procedures in place and implemented, and reviewed with staff at orientation upon hire:</p> <ul style="list-style-type: none"> Personnel, administrative, and adult health Emergency and evacuation Positive behavior management Routine and emergency health care including health exclusions, medication administration, child accident and injury, and recognition of child illness Goals and program for children Nutrition, food safety, and sanitation Child abuse and neglect recognition, documentation, and reporting Release of children, daily attendance, and system for taking throughout the day Family involvement <p>Child care programs and school-age programs are required to have personnel files for each staff member and files for each child.</p>
<p>ME2</p>	<p>Program has a signed contract with each family and updates it annually or more often as needed.</p>	
<p>ME3</p>	<p>Program implements a risk management plan.</p>	
<p>ME4</p>	<p>Program has an advisory board that contributes to the decision-making of the program.</p>	
<p>MF1</p>	<p>Program implements a system for fiscal management.</p> <ul style="list-style-type: none"> Annual operating budget with income and expense figures Program reviews annual operating budget quarterly, adjusts as needed, and files copies for later review 	

Learning Environment and Curriculum: *Transitions*

<p>LE1</p>	<p>Program utilizes a system of continuity of care throughout the day.</p>	<p><u>Transitions</u> Center/program is required to have an organized system of documented</p>
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LE2	<p>Program minimizes transitions with caregiver(s) through program year.</p>	<p>communication among staff to ensure that any staff member assuming responsibility for a child or group of children (for example, during shift changes) is informed of any significant, pertinent information involving the child or group.</p> <p>Center/program must have and implement a plan for transitioning children between groups or classrooms that uses such procedures as the exchange of pertinent information concerning the child, phased-in entry to a new group or classroom and/or with a newly assigned staff member(s).</p>
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Learning Environment and Curriculum: Ratios

LE3	<p>Program implements the following ratios:</p> <p>Infants (under 12 months) 1:3</p> <p>Young Toddlers (12-24 months) 1:4</p> <p>Older Toddlers (24-36 months) 1:6</p> <p>Young Preschoolers (36-48 months) 1:8</p> <p>Older Preschoolers (48-60 months) 1:10</p> <p>School-Age (60 months and older) 1:12</p>	<p><u>Minimum staff to child ratios</u></p> <p>Infants (under 12 months) 1:4</p> <p>Young Toddlers (12-24 months) 1:6</p> <p>Older Toddlers (24-36 months) 1:8</p> <p>Young Preschoolers (36-48 months) 1:10</p> <p>Older Preschoolers (48-60 months) 1:12</p> <p>School-Age (60 months and older) 1:15</p>
LE4	<p>Program implements the following group sizes:</p> <p>Infants (under 12 months) 6</p> <p>Young Toddlers (12-24 months) 8</p> <p>Older Toddlers (24-36 months) 12</p> <p>Young Preschoolers (36-48 months) 16</p> <p>Older Preschoolers (48-60 months) 20</p> <p>School-Age (60 months and older) 24</p>	<p><u>Maximum group size</u></p> <p>Infants (under 12 months) 8</p> <p>Young Toddlers (12-24 months) 12</p> <p>Older Toddlers (24-36 months) 16</p> <p>Young Preschoolers (36-48 months) 20</p> <p>Older Preschoolers (48-60 months) 24</p> <p>School-Age (60 months and older) 30</p>

Learning Environment and Curriculum: Observation & Assessment

LO1	<p>Program observes and documents individual children's progress twice annually and reports progress to families.</p>	<p><u>Documenting Children's progress</u></p> <p>A center/program must have an organized system for documenting the progress of individual children preschool age and younger in relation to appropriate developmental and educational goals. This documentation shall be done annually and used to identify possible concerns, and activities and experiences that may benefit the child. Information gathered to document a child's progress is kept in the child's file and shared with the parent/guardians at a conference. With the parent/guardian's permission, information may also be shared with other professionals when referring the child for special services.</p>
LO2	<p>Program annually implements a method of assessing growth and progress for all infants, toddlers, and preschoolers:</p> <ul style="list-style-type: none"> • Child developmental screening • Curriculum-based assessment 	

LO3	Program uses individual child assessments for infants, toddlers, and preschoolers to inform goal and lesson planning.
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Learning Environment and Curriculum: Curriculum

LC1	<p>Program follows a daily schedule that supports children’s free exploration and use of classroom materials.</p> <p>Daily activities and lesson planning for infants, toddlers, and preschoolers are based on the <i>Delaware Early Learning Foundations</i>.</p> <ul style="list-style-type: none"> • Implements a written comprehensive curriculum that is aligned with the <i>Delaware Early Learning Foundations</i> for infants, toddlers, and preschoolers • Implements a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity <p>Program implements instructional and environmental modifications that support the learning of all children.</p> <ul style="list-style-type: none"> • Program implements formalized procedures for making accommodations for children with identified disabilities • Program implements formalized procedures for making accommodations for children who are dual language learners 	<p><u>Program goals and activities</u></p> <p>Center/programs must have written goals for children’s development and education that are appropriate to the ages and development levels of the children in attendance. Goals must include the following development areas:</p> <ul style="list-style-type: none"> • Physical • Social-Emotional • Language/literacy • Cognitive <p>Center/programs must have a written plan of developmentally appropriate activities designed to help all children reach the goals. Plan should include whole group, small group, and individual activities. At least one activity per goal, or at least 4, must be made available to children daily.</p> <p>Activity plans shall also be based on best practices and accepted research in the field of early care and education and in alignment with principles of foundations of learning and development as set forth by the Delaware and/or United States Department of Education.</p> <p>Activities shall be varied; age and developmentally appropriate; culturally meaningful and educationally valuable. Adaptations of activities shall be made for children with disabilities to enable them to reach goals described in IEPs and IFSPs.</p> <p>A schedule for each group of children will be posted for easy reference by parents/guardians and staff. The schedule shall show blocks of time for required activities and reflect periods for both active play and quiet play or rest; indoor and outdoor play; free-choice and staff-directed activities.</p>
LC3		

Learning Environment and Curriculum: Environment

REQUIRED	<p>Program has an independent ERS assessment and achieves the following classroom scores for classrooms selected:</p>	<p>Indoor physical space for toddlers and older shall be organized into the following activity areas and be made available daily:</p> <ul style="list-style-type: none"> • Language and literacy
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	<ul style="list-style-type: none"> • Minimum 3.00 (Star Level 3) • Minimum 4.00 (Star Level 4) • Minimum 5.00 (Star Level 5) 	<ul style="list-style-type: none"> • Dramatic play • Construction/block play • Creative arts • Manipulative/mathematics/problem solving • Other activity areas include the following and involve activities available at least once a week: <ul style="list-style-type: none"> a. Cooking or food exploration b. Science and nature investigation c. Music and rhythm d. Multi-sensory play tables using materials such as water, sand, rice or beans
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Bonus

<p><i>Bonus</i></p>	<p>Program actively engages in or completes sustained technical assistance on an annual basis.</p>	<p><i>No related OCCL requirements exist.</i></p>
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Overview of Head Start/ECAP Outcomes Study: State of Delaware

The Delaware Head Start/ECAP Outcomes study was initially commissioned by the Interagency Resource Management Committee (IRMC) in 1998 to measure the effectiveness of Head Start and Early Childhood Assistance Programs (ECAP) serving all four year olds in their pre-kindergarten year and their families on an annual basis.

The study was designed to be helpful by:

- Providing information for families on the effectiveness of the programs in which their children are enrolled;
- Helping programs monitor how their systems are achieving outcomes and where they need to focus future efforts;
- Offering concrete information to decision makers, including parents, about how programs are addressing needs at the local and state level, and identifying areas requiring technical assistance or training for program personnel.

The Head Start/ECAP Outcomes study is an analysis of program description, child outcome, and family outcome information. The study is conducted annually collecting information from all Head Start and ECAP programs related to children in their pre-kindergarten year and the families served by these programs.

About the Delaware Department of Education

The State of Delaware is committed to supporting early education for young children. In April 2000, Delaware published *Early Success: Creating a Quality Early Care and Education System for Delaware's Children*. In 2006, the Delaware Early Care & Education Council published *Early Success: Delaware's Early Childhood Plan*. This document is a revised and expanded plan that better reflects current research and systems development. "Delaware recognizes that what children experience from birth to age five has a direct impact on their future success in school and life. We are committed to ensuring that all young children enter school prepared to succeed. *Early Success: Delaware's Early Childhood Plan* outlines what we need to accomplish to meet this goal. It

defines the components of a comprehensive early childhood system to support Delaware’s youngest children and their families.”
(Early Success, 2006, p.1)

Building the system is summarized by the following math equation:

$$\begin{array}{ccccccc} \text{Ready} & + & \text{Ready Early Care} & + & \text{Ready} & + & \text{Ready} \\ \text{Families} & & \text{\& Education} & & \text{Communities} & & \text{Schools} \\ & & & & & & \text{Children} \end{array} =$$

The Delaware Department of Education (DOE) is actively involved in providing a variety of early education services to children from infancy through kindergarten entry. Within the DOE is the Department of Curriculum and Instructional Improvement. Within that department is the Division of Exceptional Children/Early Childhood, which currently focuses on the following early childhood initiatives:

- Early care and education;
- Social-emotional development;
- Full-day Kindergarten;
- Literacy;
- Head Start Collaboration;
- Pre-Kindergarten; and
- Home-based parent education.

The Education Specialist responsible for the Early Childhood Assistance Program and Parents As Teachers, and the liaison from DOE for the Head Start/ECAP Outcomes Study is Connie Moran (cmoran@doe.k12.de.us).

About the Interagency Resource Management Committee (IRMC)

The Interagency Resource Management Committee (IRMC) was established by the legislature in Fiscal Year 1992. It was composed of five members: the Secretary of Education (who also serves as chairperson); the Secretary of Health and Social Services; the Secretary of Services for Children, Youth and Their Families; the Budget Director; and the Controller General. The coordination and collaboration of these state agencies is necessary to establish an early childhood system. The IRMC was charged with fostering an interagency approach in coordinating the delivery of early care and education services in Delaware, promoting interagency collaboration in providing services to those eligible for the Program for Children with Disabilities, providing administrative oversight for the state Early Childhood Assistance Program (ECAP) and coordinating the implementation of the report: *Early Success: Delaware's Early Childhood Plan (2006)*. The IRMC initiated the Head Start/ECAP Outcomes Project as a means to measure the effectiveness of the Pre-K programs and as a justification for program funding and support.

About the Delaware Early Childhood Center

The Delaware Early Childhood Center (DECC) has operated statewide since 1979. Its mission is to identify and build on strengths and interests of young children and families through partnerships, education, services and supports in order to enhance their lives in the community. DECC operates the following programs: Early CHOICES; Kent/Sussex Even Start/English Language Learners ; Early Childhood Assistance Program; Sussex County Parents as Teachers ; New Directions Early Head Start-Kent County and RELATE.

DECC is administered by the Lake Forest School District and has offices in Harrington, Dover, Georgetown, and New Castle. DECC has a staff of more than 100 employees, including professionals and paraprofessionals, who bring with them extensive and diverse training and experience in early childhood, special education and related areas. At any point in time, DECC serves more than 800 young children and their families in Delaware. The Delaware Department of Education contracts with DECC for data analysis

and report generation for the Head Start/ECAP Outcomes study. The Director of the Delaware Early Childhood Center and the Principal Investigator for the Head Start/ECAP Outcomes Project is Dr. Janet Cornwell (jrcornwell@lf.k12.de.us).

About Head Start and the Early Childhood Assistance Program

The Head Start/ECAP Outcomes Study measures child and family outcomes for four-year-olds served in Head Start and ECAP programs in their pre-kindergarten year in the state of Delaware. **Head Start** is a comprehensive federally funded child development program (Title V of the Economic Opportunity Act of 1964) serving pre-school children. The overall goal of Head Start is to increase the social competence of young children in low-income families. In 1969, Head Start was transferred from the Office of Economic Opportunity to the Office of Child Development in the U.S. Department of Health, Education and Welfare and is a program within the Administration on Children, Youth and Families in the Department of Health and Human Services. The program is locally administered by community-based non-profit organizations.

The **Early Childhood Assistance Program (ECAP)** consists of state funded pre-kindergarten programs for four-year-olds living at or below the federal poverty level administered by the Delaware Department of Education and operated by community-based organizations throughout the state, including existing Head Start grantees, school districts, community organizations and other early childhood agencies. The Department of Education, in cooperation with the Interagency Resource Management Committee (IRMC), oversees the implementation and operation of the state's pre-kindergarten initiative, called the Early Childhood Assistance Program (ECAP). ECAP was established in 1994 to address the need for improved school readiness by giving income eligible four-year-old children at least one year of preschool and reducing the waiting lists at Head Start centers.

Both Head Start and ECAP programs operate according to the Head Start Performance Standards (45 CFR part 1304) to serve preschool children and their families. Programs address the comprehensive needs of children and families by linking with existing services at the local level. These services are designed to meet the emotional, social, health, nutrition and psychological needs of

preschool children and to respect their parents as the most critical influence in the child's life. Parents serve as partners with the local programs in creating policy and influencing the character of programs. Creating healthy families is an integral part of both Head Start and ECAP, which is why the programs include home visits, parent workshops, community collaborations, and referral services for children and families. Programs are mandated to serve at least ten percent of children classified as disabled and may allow up to ten percent of enrolled children above the income guidelines.

Introduction to 2006-2007 Outcomes Study

The 2006-2007 Outcomes study is a systematic method for measuring child and family outcomes for Head Start and Early Childhood Assistance Programs (ECAP) in the state of Delaware, consistent with the federal Head Start Performance Standards. In addition, the study is guided by the *Early Success* plan's guiding principle "for achieving school readiness for all children by measuring effectiveness. Objective 1.6 (p.6) of the plan states that, "Every child will have access to monitoring of his or her development to support learning." For more information about the initial design of the Outcomes Study, see the *Head Start/ECAP Outcome Evaluation Proposal* (Gamel-McCormick & Lovett, 1998).

Study of Child Outcomes

The goal of this phase of the Head Start/ECAP Outcomes Project was to track the progress of children attending twelve of the fourteen Head Start and ECAP programs in the state of Delaware. Programs were asked to report assessment data for a randomly selected number of children including those with IEPs. For programs with more than 35 enrolled, 25% of children were selected. For programs with less than 35 enrolled, 50% (or a minimum of 10) children were selected. In order to track child development outcomes, programs selected either the *Creative Curriculum Development Continuum Assessment* or the *Work Sampling for Head Start*. Programs submitted completed instruments for randomly selected children for the Fall, 2006, and Spring, 2007.

Delaware's Work on Child Outcomes

Having children come to kindergarten ready to be successful is an important aspect to early education services. The State of Delaware is committed to supporting early education for young children. In Delaware's *Early Success* plan, there are seven guiding principles that guide quality program enhancement. One of those goals is to address child outcomes: "to employ a wide range of proven approaches for achieving quality" (Early Success, April 2000). One critical component that was identified as having an impact on quality is instruction, based on the solid framework of a developmentally appropriate curriculum.

A Delaware advisory workgroup gave careful consideration to identifying preschool outcomes and linking them to Delaware's K-12 standards and kindergarten performance indicators. The group's mission was to create a framework for learning opportunities that provides information to parents and educators to support each child's developmental growth. *DELAWARE: Early Learning Foundations for School Success* was created, which organized outcomes into seven developmental domains.

Delaware's Early Learning Foundations (DE Department of Education, March 2003) is "a document that can be used as a guide by parents, preschool teachers, family child care providers and others. The intent is to outline the types of learning experiences children ideally should have before they come to kindergarten. The Early Learning Foundations are aligned with the K-12 kindergarten expectations. They are used as a guide for promoting high quality early learning experiences for children. The Foundations document is organized by seven developmental domains which correspond to domains included in the Head Start Child Outcomes Framework" (Department of Health & Human Services, September 2003). The assessment instruments used by Head Start and ECAP programs for the Delaware Outcomes study, Work Sampling and Creative Curriculum, have been aligned below and throughout this report.

Head Start Program Performance Standards provide a sound foundation for achieving positive child outcomes. Released in 2000, the *Head Start Child Outcomes Framework* (Head Start, revised Summer 2003) is intended to guide Head Start programs in their curriculum planning and ongoing assessment of the progress and accomplishments of children. There are Domains, Elements and Indicators presented as a framework of building blocks that are important for school success. Except for the Literacy domain which is only included in the Head Start Outcomes, there is a direct parallel between the Head Start outcomes and those presented in the Delaware framework. Both of these documents are intended for use as instructional guides for early childhood educators as they plan for the short-term and long range individual development of each child served in the programs. Table 1, below, shows the comparisons in developmental domains for the DE Early Learning Foundations, Head Start Outcomes, Work Sampling and Creative Curriculum.

Table 1: of DE Early Learning Foundations, Head Start Outcomes, Work Sampling and Creative Curriculum

Delaware Early Learning Foundations	Head Start Child Outcomes	Work Sampling	Creative Curriculum
<u>Language development</u> Language Literacy	<u>Language development</u> Language: listening & understanding; speaking & communicating Literacy: phonological awareness; book knowledge; print awareness; early writing; alphabet knowledge	<u>Language development</u> Listening & understanding Speaking & communicating <u>Literacy</u> Book knowledge/ appreciation Print/alphabet awareness Early writing	<u>Language development</u> Listening and speaking <u>Reading and writing</u> Reading/print recognition Alphabet Books Writing
<u>Mathematics</u> Numbers and operations Geometry and spatial sense Patterns and measurement	<u>Mathematics</u> Numbers & operations Geometry & spatial sense Patterns & measurements	<u>Mathematics</u> Problem solving Number and operations Geometry and spatial sense Patterns Measurement	<u>Cognitive (Mathematics)</u> Seriation Patterns Time/sequence Space One-one correspondence Numbers & counting
<u>Science</u> Scientific skills & methods Scientific knowledge	<u>Science</u> Scientific skills & methods Scientific knowledge	<u>Science</u> Scientific skills & methods Scientific knowledge	<u>Cognitive (Science)</u> Cause & effect Classification Comparisons
<u>Creative Arts</u> Music Art Movement Dramatic play	<u>Creative Arts</u> Music Art Movement Dramatic play	<u>Creative Arts</u> Music Art/ Appreciation Movement Dramatic play	<u>Representation & Symbolic Thinking</u> Pretend roles & situations Makes believe with objects Makes/ interprets representations
<u>Emotional and Social Development</u> Self-concept Self-control Cooperation Social relationships Knowledge of families & communities	<u>Social & Emotional Development</u> Self-concept Self-control Cooperation Social relationships Knowledge of families & communities	<u>Social & Emotional Development</u> Self concept Self control Cooperation Social relationships Knowledge of families & communities	<u>Social/ Emotional Development</u> Sense of self Responsibility for self & others Prosocial behaviors
<u>Approaches to Learning</u> Initiative & curiosity Engagement & persistence Reasoning & problem solving	<u>Approaches to Learning</u> Initiative & curiosity Engagement & persistence Reasoning & problem solving	<u>Approaches to Learning</u> Initiative and curiosity Engagement and persistence Reasoning and problem solving	<u>Cognitive (Approaches to Learning)</u> Observes with curiosity Problem solving approaches Persistence with tasks Applies knowledge to new context
<u>Physical Health and Development</u> Fine motor skills Gross motor skills Health status & practices	<u>Physical Health & Development</u> Gross motor skills Fine motor skills Health Status & practices	<u>Physical Health & Development</u> Gross motor skills Fine motor skills Health status and practices	<u>Physical Development</u> Gross motor Fine motor 8

Characteristics of Delaware Head Start/ECAP Children

The goal of this component of the Head Start/ECAP Outcomes Project was to provide an overall description of the four-year-olds and families served by Delaware Head Starts and ECAPs. Demographic data is reported for 1320 children served by 13 programs.

Table 2: Description of Children and Families Served by Head Start/ECAP programs in 2006-2007

GENDER	NUMBER	PERCENTAGE
Males	649	49.17%
Females	671	50.83%
ETHNICITY	NUMBER	PERCENTAGE
African-American	693	52.50%
Caucasian	130	9.85%
Hispanic	447	33.86%
Other	50	3.79%
PRIMARY LANGUAGE	NUMBER	PERCENTAGE
English	894	67.93%
Spanish	403	30.62%
Other	19	1.44%
CHILDREN WITH SPECIAL NEEDS	NUMBER	PERCENTAGE
Children with IEP	59	4.47%
OTHER CHILD CARE/ HEAD START EXPERIENCE	NUMBER	PERCENTAGE
Attended Head Start last year	540	40.91%
Attend other child care programs in addition to ECAP this year	266	20.15%
PROGRAM OPERATIONS	PROGRAM RESPONSE	
Full or part-year program operation	Full-year: 187- 14.22%	Part-year: 1, 128-85.78%
Number of days per week program operates	Five days per week	
Number of hours per day program operates	Less than 4 hrs: 765-57.95%	4-6 hrs: 413-31.29% More than 6 hrs: 142-10.76%

Child outcome data from 347 four-year-olds in 13 Head Start/ECAP programs in Delaware were studied in the Outcomes Project. The children were all assessed in the Fall of 2006 and the Spring of 2007, using either the *Creative Curriculum Developmental Continuum for Ages 3-5* (10 programs-308 children) or the *Work Sampling for Head Start Developmental Checklist* (3 programs-39 children). Summary data are depicted in three ways for this report. Initially, aggregated data from the 347 children in the 13 Head Start/ECAP programs are presented comparing the percentage of skills mastered in the seven developmental areas: Language, Mathematics, Science, Creative Arts, Emotional and Social Development, Approaches to Learning, and Physical Health & Development. The percentage of skills mastered overall is also presented. Then data is presented on the 308 children who were assessed using the *Creative Curriculum Developmental Continuum for Ages 3-5*. Finally, data is presented on the 39 children who were assessed using *Work Sampling for Head Start Developmental Checklist*.

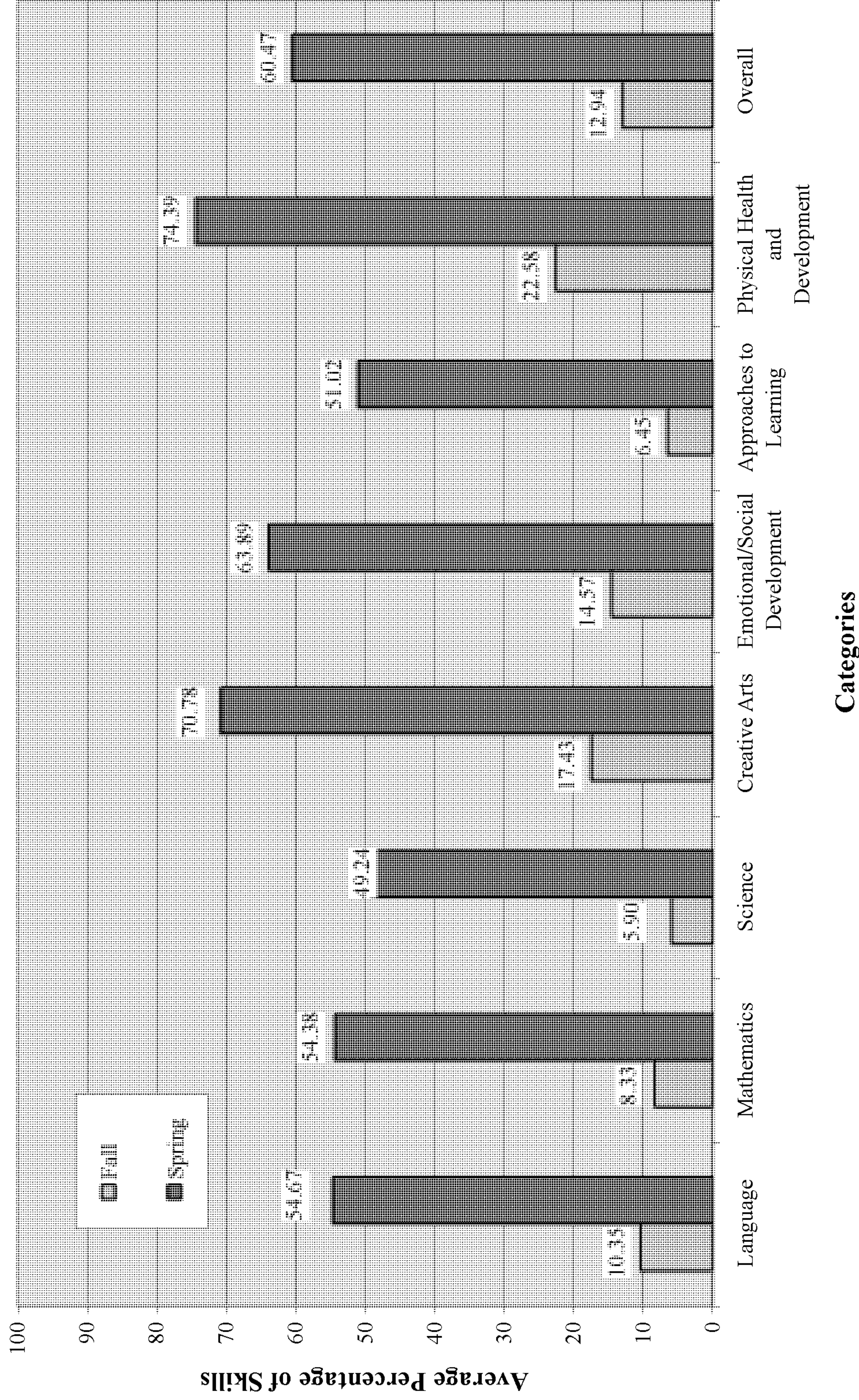
Aggregated data in terms of percentage of skills mastered by 347 four-year-olds in all 13 programs was analyzed initially. (See Figure

- 1)
 - In the area of Language Development, children were reported as having mastered 10.35% of their skills in the Fall of 2006. In the Spring of 2007, these children had mastered 54.67% of the skills in this area. Therefore, they had progressed in mastery 44.32% in the area of Language Development in 2006-2007.
 - In the area of Mathematics, children were reported as having mastered 8.33% of their skills in the Fall. In the Spring, these children had mastered 54.38% of the skills in this area. Therefore, they had progressed in mastery 46.05% in the area of Mathematics in 2006-2007.
 - In the area of Science, children were reported as having mastered 5.90% of their skills in the Fall. In the Spring, these children had mastered 49.24% of the skills in this area. Therefore, they had progressed in mastery a total of 43.34% in the area of Science in 2006-2007.

- In the area of Creative Arts, children were reported as having mastered 17.43% of their skills in the Fall of 2006. In the Spring of 2007, these children had mastered 70.78% of the skills in this area. Therefore, they had progressed in mastery 53.35% in the area of Creative Arts in 2006-2007.
- In the area of Emotional and Social Development, children were reported as having mastered 14.57% of their skills in the Fall of 2006. In the Spring of 2007, these children had mastered 63.89% of the skills in this area. Therefore, they had progressed in mastery 49.32% in the area of Emotional and Social Development in 2006-2007.
- In the area of Approaches to Learning, children were reported as having mastered 6.45% of their skills in the Fall of 2006. In the Spring of 2007, these children had mastered 51.02% of the skills in this area. Therefore, they had progressed in mastery 44.57% in the area of Approaches to Learning in 2006-2007.
- In the area of Physical Health and Development, children were reported as having mastered 22.58% of their skills in the Fall of 2006. In the Spring of 2007, these children had mastered 74.39% of the skills in this area. Therefore, they had progressed in mastery 51.81% in the area of Physical Development in 2006-2007.
- Overall, children were reported to have mastered 12.94% of their skills in the Fall of 2006. By Spring, 2007, they had mastered 60.47% of their skills overall. Children served by Head Start/ ECAP progressed 47.53% in skill mastery overall in 2006-2007.

**Figure 1: Aggregated Average Percentage of Skills in Fall 2006 and Spring 2007
in Delaware Head Start/ ECAP Programs**

N=347



About the Creative Curriculum Developmental Continuum Assessment System

The *Creative Curriculum Developmental Continuum* (Dodge, D. et.al., 2001) is a strengths-based approach that focuses on developmentally appropriate practice. The assessment shows the sequence of development for each of 50 curriculum objectives for 3-5 year old children, and forerunner skills for children who may not be at a typical level of development. It is a roadmap for determining where each child is developmentally, for tracking each child's progress, and for planning learning experiences. It provides a context for observation and assessment and a direction for program planning for individualization.

The *Developmental Continuum* addresses four areas of development – social/emotional, physical, cognitive and language (communication). Under these four areas there are 10 goals and 50 objectives.

- I. Social/Emotional Development (13 items)** focuses on the process by which children learn the values and behaviors accepted by society and also about becoming a competent and confident person. Subcategories include Sense of Self, Responsibility for Self and Others, and Pro-social Behavior.
- II. Physical Development (8 items)** includes items related to gross motor and fine motor development.
- III. Cognitive Development (16 items)** involves how children think, how they see their world, and how they use what they learn. Subcategories include Learning and Problem Solving, Logical Thinking, and Representation and Symbolic Thinking.
- IV. Language or Communication Development (13 items)** includes understanding and communicating through words, spoken and written. Subcategories include Listening and Speaking, and Reading and Writing.

For the 2006-2007 Outcomes study, Child Outcomes data for programs using the *Creative Curriculum Developmental Continuum* is reported in seven developmental domains aligning with the Delaware Early Learning Foundations. Items have been assigned to each of these categories (see Figure 1).

1. Language development (13 items)
2. Mathematics (6 items)
3. Science (3 items)
4. Creative Arts (3 items)
5. Emotional and social development (13 items)
6. Approaches to learning (4 items)
7. Physical health and development (8 items)

Each objective is broken down into developmental steps and children are observed and scored at their skill levels to indicate which category of rating describes what has been observed:

1. **Forerunner:** describes a skill that is not in the typical range of development but lags behind; this is an emerging skill.
2. **Step 1:** describes a skill that approximates the beginning level.
3. **Step 2:** describes a skill at the next level in reaching the objective.
4. **Step 3:** describes a skill that represents the highest level of skill development or mastery.

(Source: www.teachingstrategies.com)

Creative Curriculum Results for Head Start/ ECAP Children

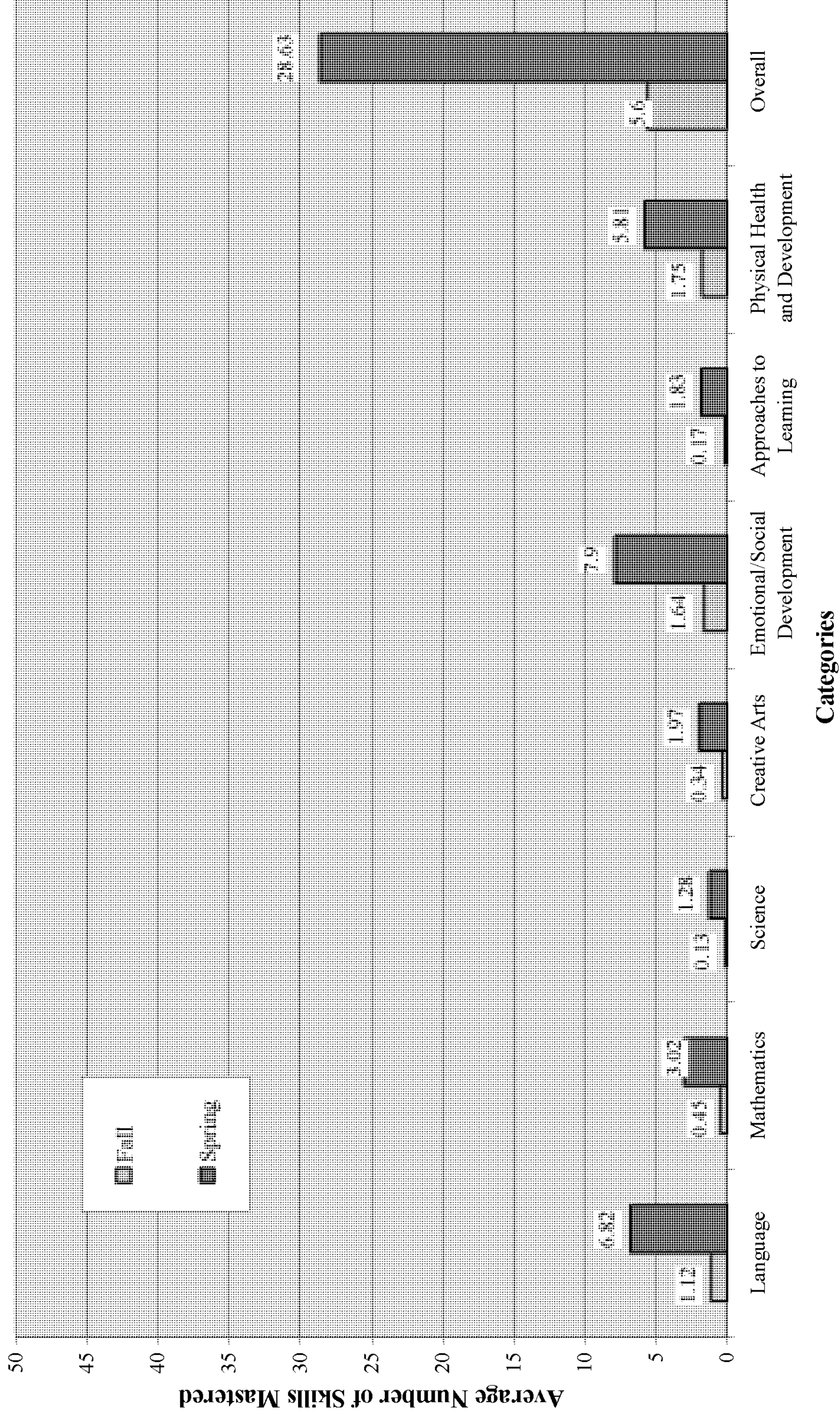
Information was collected from the ten Head Start/ECAP programs using the *Creative Curriculum Developmental Continuum*.

A complete assessment instrument was collected for a random number of children in each program and analyzed for all fifty items of the tool. Results are reported for seven developmental domains and overall development. The average number of skills reported for Fall 2006 and Spring 2007 can be compared to reveal progress children have made. This progress demonstrates the programs' efficacy in guiding children's developmental growth and in curriculum instruction.

- In Language Development, the 308 four year olds in seven Head Start/ECAP programs had mastered 1.12 skills at the Step 3 level by the Fall of 2006 and 6.82 skills out of a total of 13 items in the Spring of 2007. Children progressed in mastering an average of 5.70 skills in the area of Language Development in 2006-2007.
- In Mathematics, the 308 children had mastered 0.45 skills at the Step 3 level by the Fall of 2006 and 3.02 skills out of a total of 6 skills in the Spring of 2007. Children progressed in mastering an average of 2.57 skills in the area of Mathematics in 2006-2007.
- In Science, the 308 children had mastered 0.13 skills at the Step 3 level by the Fall of 2006 and 1.28 skills out of a total of 3 skills in the Spring of 2007. Children progressed in mastering an average of 1.15 skills in the area of Mathematics in 2006-2007.
- In Creative Arts, the 308 children had mastered 0.34 skills at the Step 3 level by the Fall of 2006 and 1.97 skills out of a total of 3 skills in the Spring of 2007. Children progressed in mastering an average of 1.63 skills in the area of Creative Arts in 2006-2007.
- In Emotional and Social Development, the 308 children had mastered 1.64 skills at the Step 3 level by the Fall of 2006 and 7.90 skills out of a total of 13 skills in the Spring of 2007. Children progressed in mastering an average of 6.26 skills in the area of Emotional and Social Development in 2006-2007.

- In Approaches to Learning, the 308 children had mastered 0.17 skills at the Step 3 level by the Fall of 2006 and 1.83 skills out of a total of 4 skills in the Spring of 2007. Children progressed in mastering an average of 1.66 skills in the area of Approaches to Learning in 2006-2007.
- In Physical Health and Development, the 308 children had mastered 1.75 skills at the Step 3 level by the Fall of 2006 and 5.81 skills out of a total of 8 skills in the Spring of 2007. Children progressed in mastering an average of 4.06 skills in the area of Physical Health and Development in 2006-2007.
- Overall, the 308 children had mastered 5.60 skills at the Step 3 level by the Fall of 2006 and 28.63 skills out of a total of 50 items in the Spring of 2007. Children progressed in mastering an average of 23.03 of the 50 total skills overall in 2006-2007.

Figure 2: Progress in Skills Mastery on Creative Curriculum in 2006-2007
N=308



About the Work Sampling System

Work Sampling for Head Start (Meisels, S. et al, 2001) assists teachers in observing, recording, and evaluating an individual child's skills, knowledge, behaviors, and accomplishments. This system is used by six Head Start and ECAP programs for child assessment. It is intended to help teachers monitor what children know and can do, and to assist teachers in planning learning experiences. Teachers are able to complete this checklist without actually testing their children since it reflects common experiences and expectations in classrooms that are structured around activities appropriate for most children of this age. This is completed three times per year, fall, winter and spring, following a period of ongoing observation.

There are eight (8) domains in the *Work Sampling for Head Start* checklist. Each item is in the form of a one-sentence performance indicator.

- I. **Social and Emotional Development** (13 items) emphasizes emotional and social competence and includes subcategories of Self-concept, Self-control, Cooperation, Social Relationships, & Knowledge of families and communities;
- II. **Approaches to Learning** (5 items) focuses on how children become involved in learning and includes subcategories of Initiative and Curiosity, Engagement & Persistence, & Reasoning and Problem Solving;
- III. **Language Development** (5 items) is organized into two components : Listening & Understanding and Speaking & Communicating and includes the subcategories of Listening and Understanding, Speaking and Communicating;
- IV. **Literacy** (7 items) looks at experiences with language, print and literature in a variety of contexts and includes the subcategories of Book knowledge & Appreciation, Print & Alphabet Awareness, and Early Writing.
- V. **Mathematics** (8 items) is focused on children's approach to mathematical thinking and problem solving. Emphasis is placed on how children acquire and use strategies and includes the subcategories of Problem Solving, Numbers & Operations, Geometry & Spatial Sense, Patterns, and Measurement;

- VI. **Science** (5 items) addresses thinking and inquiry skills as well as scientific knowledge and includes the subcategories of Scientific skills & Methods and Scientific Knowledge;
 - VII. **Creative Arts** (5 items) emphasizes children's engagement with the arts, both actively and receptively and includes the subcategories of Music, Art, Movement, Dramatic Play and Appreciation;
 - VIII. **Physical Health and Development** (7 items) emphasizes physical development as an integral part of children's well being and includes the subcategories of Gross Motor Skills, Fine Motor Skills and Health Status and Practices.
- For the 2006-2007 Head Start/ ECAP Outcomes Study, aligning domains with the Delaware Early Learning Foundations, results are reported in seven domains, combining the Language and Literacy areas, as well as reporting on overall development.

The categories on the checklist rating reflect the degree to which children have acquired the skill, behavior, and/or demonstrated the accomplishments required by each of the performance indicators. Three types of ratings are possible:

1. **Not Yet** indicates that this child cannot perform this indicator; the child has not yet acquired this behavior or skill;
2. **In Process** implies that the skills, knowledge, behaviors or accomplishments are intermittent or emergent and not demonstrated reliably or consistently;
3. **Proficient** means that this child can reliably demonstrate the skills, knowledge, behaviors or accomplishments represented by this performance indicator.

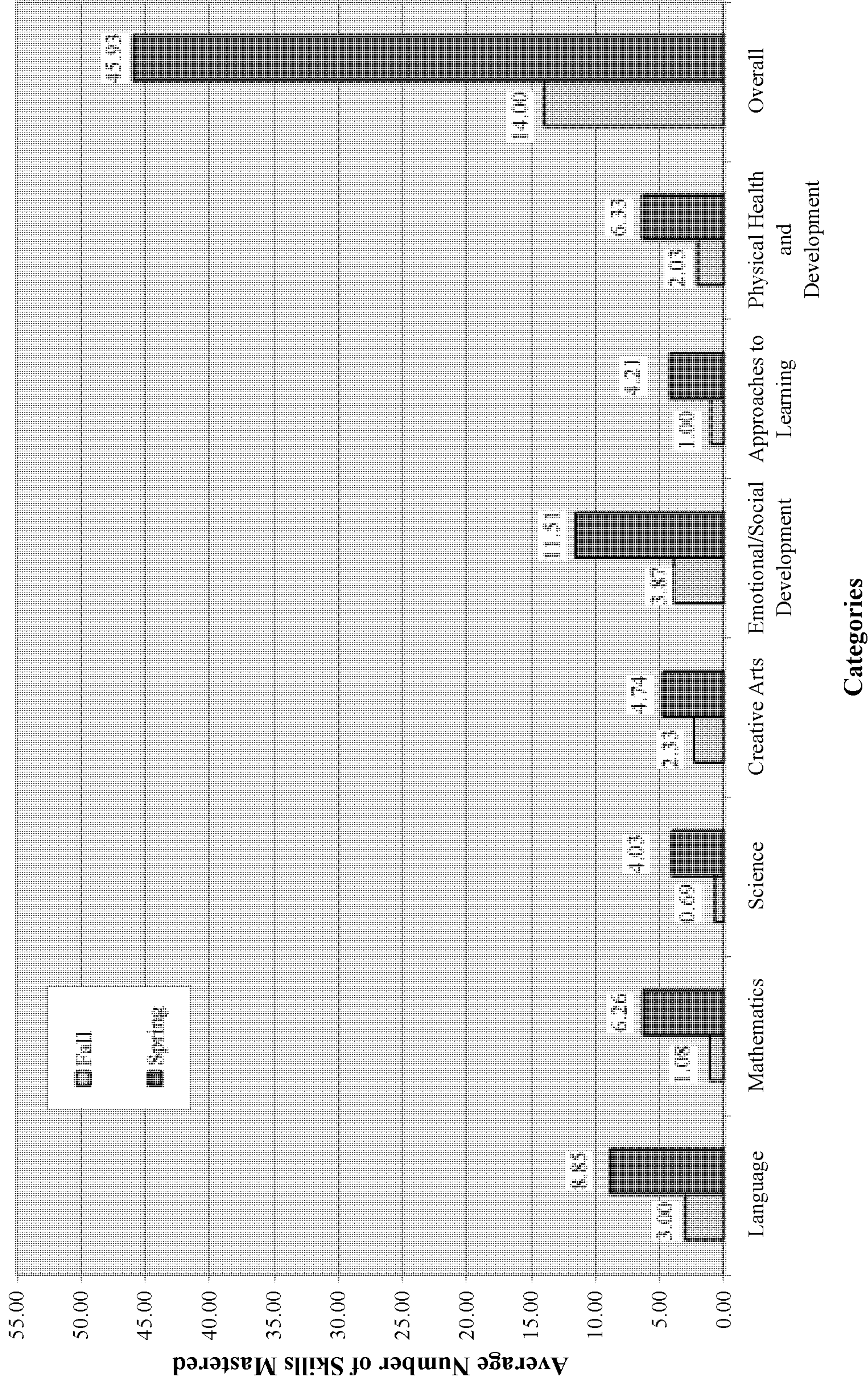
Work Sampling Results for Head Start/ECAP Children

Information was collected from the three Head Start/ECAP programs using *Work Sampling for Head Start*. The programs were asked to report results for the 2006-2007 year for each of the randomly selected children (n=39). Results are reported for seven developmental domains and overall development. The language and literacy categories have been combined for reporting in keeping with the domains established in the Delaware Early Learning Foundations. The average number of skills reported for Fall 2006 and Spring 2007 can be compared to reveal progress children have made. This progress demonstrates the program's efficacy in guiding children's developmental growth and in curriculum instruction. This report presents skills mastered in each area and overall in the fall and spring, therefore only skills rated as proficient are shared.

- In Language Development, the 39 four year olds in three Head Start/ECAP programs had mastered 3.00 skills at the Proficient level by the Fall of 2006 and 8.85 skills out of a total of 12 items in the Spring of 2007. Children progressed in mastering an average of 5.85 skills in the area of Language Development in 2006-2007.
- In Mathematics, the 39 four year olds had mastered 1.08 skills at the Proficient level by the Fall of 2006 and 6.26 skills out of a total of 8 items in the Spring of 2007. Children progressed in mastering an average of 5.18 skills in the area of Mathematics in 2006-2007.
- In Science, the 39 four year olds had mastered 0.69 skills at the Proficient level by the Fall of 2006 and 4.03 skills out of a total of 5 items in the Spring of 2007. Children progressed in mastering an average of 3.34 skills in the area of Science in 2006-2007.
- In Creative Arts, the 39 four year olds had mastered 2.33 skills at the Proficient level by the Fall of 2006 and 4.74 skills out of a total of 5 items in the Spring of 2007. Children progressed in mastering an average of 2.41 skills in the area of Creative Arts in 2006-2007.

- In Emotional and Social Development, the 39 four year olds had mastered 3.87 skills at the Proficient level by the Fall of 2006 and 11.51 skills out of a total of 13 items in the Spring of 2007. Children progressed in mastering an average of 7.64 skills in the area of Emotional and Social Development in 2006-2007.
- In Approaches to Learning, the 39 four year olds had mastered 1.00 skill at the Proficient level by the Fall of 2006 and 4.21 skills out of a total of 5 items in the Spring of 2007. Children progressed in mastering an average of 3.21 skills in the area of Approaches to Learning in 2006-2007.
- In Physical Health and Development, the 39 four year olds had mastered 2.03 skills at the Proficient level by the Fall of 2006 and 6.33 skills out of a total of 7 items in the Spring of 2007. Children progressed in mastering an average of 4.30 skills in the area of Physical Health and Development in 2006-2007.
- In Overall Development, the 39 four year olds in three Head Start/ECAP programs had mastered 14.00 skills at the Proficient level by the Fall of 2006 and 45.93 skills out of a total of 55 items in the Spring of 2007. Children progressed in mastering an average of 31.92 skills overall in 2006-2007.

Figure 3: Progress in Skills Mastery on Work Sampling in 2006-2007
N=39



CONCLUSION

In their Overall Development, the 347 randomly selected four-year-olds served in Head Start/ECAP programs made progress in skill mastery during 2006-2007. When comparing the percentage of skills mastered in the Fall of 2006 and Spring of 2007, children progressed in all areas. They progressed from mastery of 12.94% of skills overall in the Fall of 2006 to mastery of 60.47% of overall skills in the Spring of 2007. Children served by Head Start/ECAPs progressed 47.53% in skill mastery overall in 2006-2007.

The 308 children in ten Head Start/ECAP programs using the *Creative Curriculum Development Continuum* progressed in mastery in an average of 28.63 skills overall in the Spring of 2007, starting from 5.60 skills mastered in the Fall of 2006. Therefore, the 308 four-year-olds served by ten Head Start/ECAP programs progressed in mastering an average of 23.03 of the 50 total skills overall in 2006-2007.

The 39 children in three Head Start/ECAP programs using *Work Sampling for Head Start* progressed in proficiency an average of 45.93 skills overall in the Spring of 2007, starting from 14.00 skills mastered in the Fall of 2006. Therefore, the 39 four-year-olds served by three Head Start/ECAP programs progressed in mastering an average of 31.93 of the 55 total skills overall in 2006-2007.

The results of the data collected from Head Start/ECAP programs indicate that children being served by these programs have made significant progress in all areas of development tracked by the assessment instrument for the period of Fall 2006 through Spring 2007. This progress demonstrates Head Start/ECAP's efficacy in guiding children's developmental growth and in curriculum instruction.

Study of Family Outcomes

One of the five goals of *Early Success: Delaware's Early Childhood Plan* is Ready Families. “Families are the prime educators of their children; it is their responsibility to assist their children to become healthy and productive citizens. In order to be successful at parenting, families need access to information, services and community resources in varying levels to support them in this important task.” (*Early Success, 2006, p. 20*) One of the core indicators of Ready Families in the *Early Success* plan is the percentage of progress on the Family Outcomes indicators in Delaware’s Part C program, Head Start and Early Childhood Assistance Programs (ECAP). The Head Start/ECAP Outcomes study asks programs to report on family goals developed and implemented in their Family Partnership Agreements.

For the 2006-2007 Outcomes study program year, family goals were summarized and reported in twelve goal categories: Health/Nutrition (including medical care, family safety & family health), Mental Health (including family wellness, substance abuse, counseling), Child Care, Parenting Skills, Housing, Adult Education (including literacy, training, advocacy and leadership), Employment, Transportation, Relationships (including communication, social support and self-concept), Finances (including budget and money management), Basic Needs (including food and clothing) and Child Education.

For the current program year, a total of 897 goals were identified by 333 families in the family partnership process in twelve of the thirteen programs.

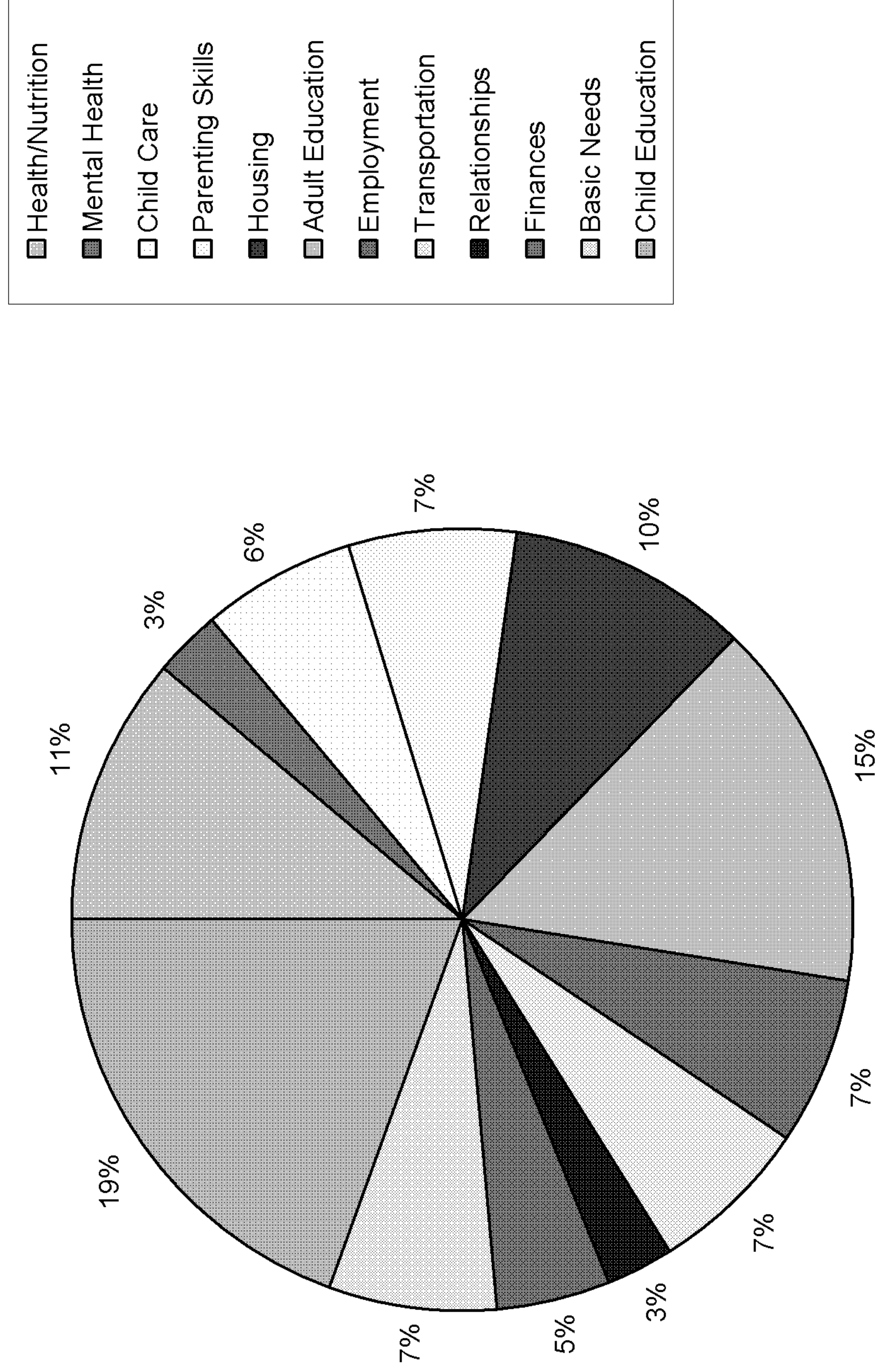
- 99 goals were identified in the Health/Nutrition category. 91 goals were completed (91.92%).
- 26 goals were identified in the Mental Health category. 24 goals were completed (92.31%).
- 58 goals were identified in the Child Care category. 42 goals were completed (72.41%).
- 61 goals were identified in the Parenting category. 45 goals were completed (73.77%).
- 91 goals were identified in the Housing category. 50 goals were completed (54.95%).

- 136 goals were identified in the Adult Education category. 102 goals were completed (75.00%).
- 61 goals were identified in the Employment category. 49 goals were completed (80.33%).
- 61 goals were identified in the Transportation category. 56 goals were completed (91.80%).
- 26 goals were identified in the Relationships category. 20 goals were completed (76.92%).
- 42 goals were identified in the Finances category. 32 goals were completed (76.19%).
- 61 goals were identified in the Basic Needs category. 60 goals were completed (98.36%).
- 175 goals were identified in the Child Education category. 173 goals were completed (98.86%).

Table 3: Head Start/ECAP Family Goal Categories 2006-2007
Number of Goals and Number and Percentage of Goals Completed
(N=333)

Category	Total Family Goals	Family Goals Completed	Percentage of Goals Completed
Health/Nutrition	99	91	91.92%
Mental Health	26	24	92.31%
Child Care	58	42	72.41%
Parenting Skills	61	45	73.77%
Housing	91	50	54.95%
Adult Education	136	102	75.00%
Employment	61	49	80.33%
Transportation	61	56	91.80%
Interpersonal Relationships	26	20	76.92%
Finances	42	32	76.19%
Food/Clothing/Basic Needs	61	60	98.36%
Child Education	175	173	98.86%
Total	897	744	82.94%

**Figure 9: Head Start/ECAP Programs
2006-2007 Total Family Goals
(n=333)**



Conclusion

The results of the data collected from the Family Outcomes data for 2006-2007 shows that goals were identified in all categories. These represent the areas that a random selection of 333 families, working in partnership with the program's family service workers, identified as areas of family need. The families completed 744 goals out of 897 (82.94%) for the program year. Families were supported by their Head Start and ECAP programs in identifying and achieving their goals.

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Delaware Early Learning Foundations:

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Infant/Toddler

Delaware Department of Education
Sept. 2010

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Additional copies can be accessed at the EDLR website:

http://www.doe.k12.de.us/infosuites/students_family/earlychildhood/default.shtml

Delaware Early Learning Foundations: Infant/Toddler

Dear Early Childhood Professional:

Our youngest children are one of our most precious resources. So much happens to them during their earliest years. What occurs around them during their early years has a powerful impact on their growth and development. Our job as adults is to provide them with a nurturing, safe, but exciting world. We need to do this in ways that are interactive, supportive, caring, and responsive.

The enclosed document is the revised **Delaware Early Learning Foundations: Infant/Toddler**. The Foundations have two purposes. The first is to provide a broad picture of what happens to children as they go from infancy to toddler-hood. Children develop as a result of the many things that happen while they are involved with the adults who care for them. They develop as they observe and participate in the many activities that happen during their early lives. Secondly, this document is intended to serve as a way for adults to ensure that they are making available appropriate and needed activities to support children's growth and development. For those individuals in early care and education settings, the document is intended to be used as a broad instructional guide for planning experiences.

The Delaware Early Learning Foundations for Infant/Toddler were originally created in 2007. Since that time much new information has become available about children's development. It became clear that it was appropriate to update the Foundations to reflect this new information. In the process of updating the Foundations we received considerable feedback from professionals that wanted more information to help with planning their work with children. You will see that the format of the document has changed to reflect what professionals said was important.

Early Success, Delaware's plan created to strengthen the system of early care and education throughout the state, has a goal that targets having *Ready Children*. One of the critical components that will help the state reach that goal is an objective within the plan that reads: *Each child will be provided the opportunity to learn as outlined in the Delaware Early Learning Foundations. These opportunities will be developmentally appropriate and individualized for each child.*

During the everyday routines of our youngest children, it is the interactions with them and how we respond with our words, actions, gestures, and emotions that become the teachable moment and are so important to help them grow and develop successfully. Within the world of children, it is the adults who can plan for and/or take advantage of those experiences to further children's knowledge and growth. We hope you find this document helpful as you plan for, interact, respond, and develop supportive learning relationships with our youngest children.

Dr. Jim J. Lesko
Director, Early Development and Learning Resources
Delaware Department of Education

Directions for Use

Plans for How the Document Will Be Used

Children grow and develop as whole human beings, each with their unique skills and abilities developing simultaneously. Children’s language skills improve and become more complex as their motor skills mature. They become much more social human beings as they become better at responding to others. Their cognitive skills become stronger as they are better able to move and problem solve and experience new ideas and activities. All of this is important as you look at and use the Foundations for Infant/Toddler.

It is important to understand that children develop multiple skills (language, motor, cognitive, social, and emotional), often at the same time, within and during the many activities they experience daily. Children also develop individual skills at different times. For a period of time they may grow a lot in language while ignoring their motor skills. Then suddenly, they will put a lot of effort into their motor development and their language development stabilizes.

The Foundations is a document intended to be a curriculum framework and used as a guide for daily and monthly planning. The Foundations are linked to the skill expectations children will develop as they grow. It is the hope that the Foundations will provide a curricular guide for programs. Learning opportunities are intended to be sets of broad-based activities through which children are exposed to new learning concepts, thus having the “opportunity” to acquire new skills, practice those skills, as well as master previously learned skills. As development progresses children build upon earlier skills and develop more complex skill sets. While certainly not complete – the Foundations provide a solid basis upon which professionals can plan their daily, monthly, and annual instructional activities.

Equally important is the understanding that throughout infancy and toddlerhood, children develop their skills in an integrated way during the course of the day. Skills typically do not develop in isolation, nor do we typically teach skills in isolation. Instead, adults are supporting children’s development during many of the activities we do every day. Meal times,

diapering, reading stories, play time, outside, and other experiences that occur daily become natural opportunities to help children grow and develop.

As you look through the Foundations, you will see that children’s skills have been divided into the domains of Social Emotional, Language and Literacy, Discoveries, and Physical Development and Health. Similarly the domains have been divided into four different growth periods: Young Infant (0-6 months), Older Infant (6-12 months), Young Toddler (12-24 months) and Older Toddler (24-36 months). This was done to help the professional see the sequence of individual skills as they develop and mature and to assist with understanding the broad array of skills children develop as they move from infancy to toddlerhood to preschool. In dividing the skills by domain and age there is no intent that these skills would be taught individually. Instead, the division of skills is intended to assist professionals with a framework for planning activities.

Activities that are carefully planned and implemented constitute intentional teaching. Intentional teaching has been demonstrated to be a powerful learning tool. While involvement in materials and with peers is essential for learning – it is the careful planning of those tasks to ensure that engagement supports learning that is critical to the learning process. An important component to the planning process is the concept of making sure that the environment is adequately ready to support learning. Professionals need to make sure there are a sufficient number of materials across learning domains and the materials are in good shape and vary across time.

This document is primarily intended for early childhood professionals. However, it cannot be emphasized enough the necessity to involve families in young children’s learning. Families are always the first teachers. Professionals often need additional information and support. Sharing information about what is happening in the program/setting and then providing suggestions of activities families can do at home to reinforce and share in the process is crucial.

Organization of the Document

Domains

The Foundations document is organized into four domains:

- Social Emotional
- Language and Literacy
- Discoveries
- Physical Development and Health

Each domain (section) begins with a brief summary of the key messages about development for that topic area. This is followed by a chart containing the sub-domains, learning opportunities, listings of actions children might do, and a listing of supportive practices.

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see children do:	What you can do to support a child's development:
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The first column "Sub-Domain" involves breaking down the topic areas into smaller subsections. An example can be found in the Social Emotional Domain, the learning opportunities are divided into subsections: Self-Awareness, Self-Regulation and Attachment/Social Relationships. The purpose is to help the professional see the different topic areas within domains.

The second column "To support ongoing learning..." is the listing of the learning opportunities. In this revised Foundations document, there are some new learning opportunities and in some cases a revision of previous learning opportunities. The learning opportunities are not listed in any hierarchical order though they may be grouped by sub-domain topical areas as indicated above. It is important to remember that these opportunities are learning situations that the professional will plan for and implement with children. In the Language and Literacy area, one of the learning opportunities is: "shows interest in rhymes, books, stories, and songs." With this learning opportunity the professional will plan for many different activities for children to "play" with language. This may include singing while having a diaper changed, reading nursery rhymes, reading a story during a quiet time, chanting during a transition activity, and making up nonsense words that sound the same.

The third column "What you might see children do" came as a result of responses from the field. Professionals wanted to know what they should see children doing as a result of the learning opportunities. It is important

to note that these are not definitive lists – but are instead brief examples of some skills you might see children demonstrating after having participated in a learning opportunity. The skills listed in this column should NOT be used as a checklist as it is not inclusive of all skills children will demonstrate. Instead, they are intended to be a "check-in" for professionals to see that children are acquiring some of the skills they should be taking away from the activities.

The fourth column "What you can do to support..." is a listing of some possible activities that professionals can provide that are linked with the learning opportunities. It is important to remember that this list is only a brief sample of some practices and there are MANY more activities that professionals can plan for and provide to support children's learning.

Age

The domains have been divided into four different growth periods: Young Infant (0-6 months), Older Infant (6-12 months), Young Toddler (12-24 months) and Older Toddler (24-36 months). It is intended that these four divisions give some indication about when professionals should be planning for these learning opportunities to occur and what supportive practices to make available.

The learning opportunities repeat themselves across age groups. So there is the same learning opportunity for Social Emotional in Young Infant through Older Toddler: "Express feelings, emotions, and needs in a responsive environment." What is different are the behaviors the children may demonstrate and the practices the professional may use to support learning.

Children vary quite a bit in development and professionals need to take this into consideration. There is substantial growth between the first few weeks of life and the age of three. To put this growth in perspective, it was most helpful to frame the differences using growth periods. It is more important to know where each child is developmentally to better plan for activities, while keeping in mind that children's development will vary.

Summary

The Foundations document is intended to be used as an instructional guide for early childhood professionals. As individuals plan annual and short-term lesson plans for infants and toddlers, the Foundations can be used to assist in the development of instructional activities. It is hoped that professionals will use the Foundations and the information contained within, as they plan their daily, weekly, and year-long classroom activities.

Delaware Early Learning Foundations: Infant/Toddler

Guiding Principles

- ✓ All children are learners.
- ✓ Children learn through play.
- ✓ Every child is unique and is accepted for his/her differences in development, culture, home environment, and learning style.
- ✓ Parents/families are the child's first teachers—they play a key role in preparing children for success in school through being involved in their child's education from birth.
- ✓ Quality early learning experiences are essential to prepare a child for success in school.
- ✓ The learning opportunities provided need to be developmentally appropriate for all children.
- ✓ A developmentally appropriate learning environment supports learning and development.
- ✓ It takes partnerships among families, early care and education professionals, schools, health care providers, and other community resources to promote children's development and school success.

SOCIAL EMOTIONAL

Babies come into the world ready to connect with the people around them, as well as their surroundings. Change happens rapidly during the first year of life. By their third birthday babies progress from being able to alert the caregiver with a hungry cry to communicating complex desires and labeling basic emotions.

In the first twelve weeks of life babies are oriented toward their caregiver. They respond to touch, being rocked, and familiar sounds. They focus visually on faces, looking intently at their caregiver when being held. Newborns can call for help with a cry, calm down when fed, held, or rocked. They are curious about new objects they can see, or new sounds they can hear. They often want what is familiar. Babies are social and curious, but they are most tuned to their basic needs. During these first three months, caregiving should be responsive to these needs, so babies develop trust and start to learn to soothe themselves when upset.

When babies are between 4 and 8 months of age they become more aware of the world around them. They are still focused on people but are more willing to sit on laps facing out towards the world. They smile and laugh more frequently and make sounds as they interact with others. They still need to be held and comforted when upset. As babies begin to move around, rolling over, crawling, and creeping, their world gets bigger. They explore from a secure base, liking to have familiar people and toys around them.

After 8 months of age, as babies start to walk, then run and climb, they need to develop self-control to be successful in all that they attempt. Toddlers are very curious and active, needing caregivers to be consistent

and keep them safe as they explore. Children need help from caregivers to learn how to get along with others. They need places where people understand their unique temperaments, learning styles, and interests. Caregivers respond by setting limits, redirecting, and bringing impulsive behavior under control. When caregivers predict and prevent problem situations, talk about feelings and label emotions, they help children develop language to communicate, and to help with self-control.

By the time children are three, they are active and curious, and they are also aware of their own feelings. When upset, they are able to calm quickly. Young children need support to learn social and emotional skills. Professionals need to prepare intentional, interactive learning opportunities to help young children learn the skills they need to develop resiliency. Research shows that crisis moments are not the best teachable moments, when children are in conflict. Professionals should select occasions when children are calm and attentive to engage in interesting demonstrations. Children often require ongoing support by patient caregivers as they practice concepts related to understanding feelings, calming down, developing friendships, and solving problems.

The three sub-domains of Social Emotional development include:

- Self-Awareness – recognition of self as separate person with strengths and needs, likes and dislikes
- Self-Regulation – ability to comfort self and manage emotions
- Attachment/Social Relationships – connections between child and other people

Social Emotional Young Infant (0-6 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young infant (0–6 months) do:	What you can do to support a child's development:
<p>Self-Awareness (recognition of self as separate person with strengths and needs, likes and dislikes)</p>	<p>SE1 Express feelings, emotions, and needs in a responsive environment</p> <p>SE2 Discover own body</p> <p>SE3 Recognize and respond to name</p> <p>SE4 Begin to develop independence</p> <p>SE5 Begin to develop a sense of accomplishment</p>	<ul style="list-style-type: none"> • Cry, smile, coo • Use a variety of facial expressions • Begin to communicate needs through cries and gestures • Show distress by crying and/or kicking legs • Move hands and feet, begin to look at fingers • Turn head toward caregiver when hears name • Cry to get needs met • Use sounds, body movements, and eye contact to promote interaction • Stop crying when needs met 	<ul style="list-style-type: none"> • Be responsive to baby's cries • Identify signals and respond to baby in soothing manner (Ex: change diaper, feed, comfort) • Use words and/or facial expressions to respond to baby's expressions of emotions • Position baby to allow him/her to see his/her hands and feet and begin to develop an awareness of his/her body • Point to and label body parts • Use baby's name during conversations throughout the day, including during daily routines such as diapering • Respond quickly with words or actions • Respond to baby's signals • Respond quickly to baby's cues with words or actions until needs are met
<p>Self-Regulation (ability to comfort self and manage emotions)</p>	<p>SE6 Begin to develop calming and coping skills</p> <p>SE7 Develop self-control</p>	<ul style="list-style-type: none"> • Stop crying when adult gently rocks or talks to baby • Close eyes, suck on fist, turn head away from distractions • Calm self by sucking thumb, fingers, pacifier or toy • Cry to be picked up • Stop crying when picked up or hears caregiver's voice 	<ul style="list-style-type: none"> • Pick up baby when cries • Swaddle, gently rock baby • Sing or hum to baby • Gently rub baby's back or stomach • Talk to baby in soothing voice • Develop routines for eating and sleeping based on individual needs of family and baby to prevent anxiety • Plan with family to meet baby's needs

Social Emotional Young Infant (0-6 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young infant (0–6 months) do:	What you can do to support a child’s development:
<p>Attachments/ Social Relationships (connections between child and other people)</p>	<p>SE8 Express feelings through facial expressions, gestures and sound</p> <hr/> <p>SE9 Build a trusting relationship with a caring adult</p> <hr/> <p>SE10 Engage with other children</p> <hr/> <p>SE11 Respond to emotions of others</p>	<ul style="list-style-type: none">• Cry, grimace• Coo, begin to smile, move arms and legs excitedly• Look at caregiver’s face• Turn toward sound of familiar caregiver’s voice• Imitate gestures, facial expressions and sounds• Express own needs• Begin to look at other babies	<ul style="list-style-type: none">• Establish staffing patterns that help baby develop a relationship with a primary caregiver• Softly talk or sing to baby to help him/her calm down• Talk to baby about his/her feelings (Ex: “You look unhappy” or “You look hungry”)• Respond to baby to help meet the needs that are being expressed (Ex: feed baby when baby is hungry)• Place unbreakable mirror near baby to enable baby to see reflection• Provide comfortable position in order to encourage continuing eye contact• Hold baby facing you so that baby can look at you• Acknowledge baby by smiling back and interacting (Ex: picking baby up, stroking, providing assurance that you are still close by)• Copy baby’s facial expressions and sounds• Sing and talk throughout daily routines (Ex: diaper changing or feeding)• Provide baby with limited number of primary caregivers• Provide opportunity for tummy time with other babies on the floor• Show pictures of babies

Social Emotional Older Infant (6-12 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older infant (6–12 months) do:	What you can do to support a child's development:
<p>Self-Awareness (recognition of self as separate person with strengths and needs, likes and dislikes)</p>	<p>SE1 Express feelings, emotions and needs in a responsive environment</p>	<ul style="list-style-type: none"> • Cry, gesture, coo, and make other sounds • Signal for adult attention or request help by crying, gesturing, or moving • Express emotions including happiness and anger (when frustrated) • Express fear of unfamiliar people by moving toward caregiver • Express needs such as pointing to bottle when hungry • Spit out things that are “icky” • Move body with purpose such as picking up a toy • Point to body parts while looking at books or pictures with adult prompt • Smile, make eye contact when hears name • Entertain self for short periods of time • Physically move away from caregiver to play and explore environment • Begin to feed self with fingers • Begin to remove clothing — pull off socks and shoes • Begin to participate in dressing by holding out arm or leg • Smile, laugh, clap, repeat gestures to cheer for self after trying new things such a crawling or walking • Repeat action such as <i>Pat-a-Cake</i> or <i>Bye-bye</i> 	<ul style="list-style-type: none"> • Identify baby's signals to get attention and respond to baby in soothing manner • Encourage baby's happy sounds by imitating sounds and smiling at baby • Quickly respond to baby when he/she is upset or angry • Soothe fearful baby with calm words and comforting hugs • Communicate while preparing for feeding to acknowledge hunger • While looking at books or pictures, label body parts and have baby point to body parts • When changing baby, play simple games to identify body parts such as <i>This Little Piggy Went to Market</i> • Use baby's name often during interactions (conversations, songs, rhymes) • Watch for and respond to baby's cues for hunger, sleep and boredom • Encourage older baby to feed self by cutting food into small bites • Interact with baby while eating • Allow baby to safely play and explore independently • Talk with family about baby's independence during daily routines • Provide favorite toys • Respond to baby with smiles, positive words to acknowledge accomplishment
	<p>SE2 Discover own body</p>		
	<p>SE3 Recognize and respond to name</p>		
	<p>SE4 Begin to develop independence</p>		
	<p>SE5 Begin to develop a sense of accomplishment</p>		

Social Emotional Older Infant (6-12 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older infant (6–12 months) do:	What you can do to support a child's development:
Self-Regulation (ability to comfort self and manage emotions)	SE6 Begin to develop calming and coping skills SE7 Develop self-control	<ul style="list-style-type: none"> • Cry and cling to parents when they are leaving, but calm down after a short time • Calmly adapt to small transitions during the day • Cling to primary caregiver • Begin to comfort self by sucking on pacifier or snuggling with favorite toy 	<ul style="list-style-type: none"> • Provide consistent, predictable routines throughout the day, including arrival and dismissal • Reassure baby that family will return later • Respond when needed • Limit number of transitions including change of staff and location • Establish consistent routines and staffing patterns to support positive relationships and prevent anxiety • Observe baby to identify objects that provide comfort
Attachments/ Social Relationships (connections between child and other people)	SE8 Express feelings through facial expressions, gestures, and sound SE9 Build a trusting relationship with a caring adult SE10 Engage with other children SE11 Respond to emotions of others	<ul style="list-style-type: none"> • Express joy • Get angry when frustrated • Spit out things that are “icky” • Express fear of unfamiliar people by looking at or moving toward caregiver • Begin to cry when another baby cries • Smile, laugh when in presence of familiar caregiver • Show affection for familiar adults • Vocalize to call for caregiver • Begin to engage in turn-taking or two way “conversations” • Crawl away but checks back visually, call/gesture to ensure adult contact • Act anxious around strangers • Point to photos of family members • Look to caregiver for approval when completing task • Look at others • Take toys from other babies • Not share toys • Scream when baby takes their toy 	<ul style="list-style-type: none"> • Talk to baby about feelings you observe • Be responsive when baby is upset (Ex: pick up immediately and comfort) • Acknowledge separation anxiety • Have families provide photos or toy from home to provide comfort • Display photos of baby and family members at eye level • Wait for baby to respond after talking • Play interactive baby games such as <i>Peek a Boo</i> and <i>How Big is Baby?</i> • Provide positive words of encouragement • Provide experiences to be with and observe others through floor time and tummy time • Have enough toys for babies to play with • Provide individual comfort when baby is upset • Comfort crying baby, talk about and identify feelings of other babies

Social Emotional Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child's development:
<p>Self-Awareness (recognition of self as separate person with strengths and needs, likes and dislikes)</p>	<p>SE1 Express feelings, emotions and needs in a responsive environment</p> <p>SE2 Discover own body</p> <p>SE3 Recognize and respond to name</p> <p>SE4 Begin to develop independence</p> <p>SE5 Begin to develop a sense of accomplishment</p>	<ul style="list-style-type: none"> • Express his/her own feelings and range of emotions • Express emotions to get reaction from others • Express jealousy when caregiver holds another child • Identify simple body parts such as head, leg, arm • Recognize reflection in mirror and say name • Begin to identify self by name • Begin to say/sign name when prompted • Show preferences for favorite toys, books and objects • Say “Mine” to things he/she wants • Begin to feed self with utensils • Display preference to complete tasks by himself/herself and voice displeasure when caregiver tries to help • Begin to communicate to get adult help (Ex: point to where a ball has rolled under a shelf) • Watch for reaction from others after action or doing something 	<ul style="list-style-type: none"> • Talk about and label feelings/emotions toddler is experiencing • Talk to toddler about feelings calmly • Help toddler communicate feelings • Sing songs mentioning and touching body parts such as <i>Head, Shoulders, Knees and Toes</i> • Place unbreakable mirrors down in play space • Make photo album with pictures of toddler • Play games with names such as <i>Hide and Seek</i> • Maintain consistency of familiar toys and objects while introducing new ones • Provide opportunities to have own space and toys • Provide opportunities for toddler to participate in self-help and cleanup activities (Ex: put a block in the block box) • Provide feeding utensils that are easy to grasp • Provide safe environment and careful monitoring for toddler to play • Provide simple activities that can be completed independently (Ex: knob puzzles, board books)

Social Emotional Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child's development:
Self-Regulation (ability to comfort self and manage emotions)	SE6 Begin to develop calming and coping skills SE7 Develop self-control	<ul style="list-style-type: none"> • Cling to blanket or stuffed toy at arrival time when family tries to leave • Want to be picked up by caregiver at arrival time • Begin to develop understanding of right and wrong (Ex: says <i>No</i> after throwing food on floor then looks to caregiver for reaction) • Demonstrate difficulty sharing • Understand connection between own behavior and reaction of others • Continue to have difficulty sharing • Cry when does not get what he/she wants 	<ul style="list-style-type: none"> • Provide familiar and/or favorite toys for toddler to play with • Play quiet, relaxing music • Greet toddler and help find favorite toy or book to look at • Create book with family pictures for toddler having separation difficulty • Provide flexible but predictable schedule individualized to accommodate toddler needs • Establish reasonable and appropriate expectations for behavior • Set simple rules and talk about them with toddler • Discuss expectations with families • Intervene when toddler is doing something dangerous or inappropriate and redirect • Provide adequate toys to avoid conflict • Let toddler know that it is okay to feel angry • Provide safe place for toddler to calm self while receiving support
Attachments/ Social Relationships (connections between child and other people)	SE8 Express feelings through facial expressions, gestures and sound SE9 Build a trusting relationship with a caring adult	<ul style="list-style-type: none"> • Express jealousy when caregiver holds another child • Try to comfort another child who is upset • Cling to parent or caregiver • Express sadness when parent leaves 	<ul style="list-style-type: none"> • Acknowledge toddler's feelings, then redirect to favorite toy • Sing songs about feelings such as <i>If You're Happy and You Know It</i> • Read picture books about feelings

Social Emotional Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12-24 months) do:	What you can do to support a child's development:
Attachments/ Social Relationships (connections between child and other people)	SE10 Engage with other children SE11 Respond to emotions of others	<ul style="list-style-type: none"> • Identify photos of self and family members • Act anxious around strangers • Enjoy helping by working side by side with adult • Try new things with favorite caregiver close by • Comfort peer by offering them own blanket or patting them on back • Play side-by-side with other toddlers (parallel play) • Push, hit, or bite when another child takes toy • Begin to say other child's name • Match facial expressions; interpret facial cues as emotional expressions • Begin to respond to feelings of others 	<ul style="list-style-type: none"> • Acknowledge separation anxiety and respond to toddler with comfort and concern • Talk about daily events that end with family's return • Talk about what is happening and allow time for toddler to respond • Post family pictures to help toddler adjust to separation • Get down on floor and engage in play with toddler • Encourage parallel play by introducing centers for small group play • Provide multiples of favorite toys • Talk about feelings when conflict arises (Ex: "You are mad because Monique took your toy.") • Play simple small-group games such as <i>Ring-Around-the-Rosy</i> • Post pictures of toddlers with different emotions at eye level for discussion • Model empathy (Ex: "You look so sad. Can I give you a hug?") • Use "I" statements (Ex: "I feel sad when you hit.") • Notice and comment on toddler's attempts to be caring toward other toddlers (Ex: focus on intention; give a special toy to another, even when toddler then takes it back)

Social Emotional Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older toddler (24–36 months) do:	What you can do to support a child's development:
<p>Self-Awareness (recognition of self as separate person with strengths and needs, likes and dislikes)</p>	<p>SE1 Express feelings, emotions and needs in a responsive environment</p> <p>SE2 Discover own body</p> <p>SE3 Recognize and respond to name</p> <p>SE4 Begin to develop independence</p> <p>SE5 Begin to develop a sense of accomplishment</p>	<ul style="list-style-type: none"> • Begin to recognize his/her own feelings and range of emotions • Act out different emotions during pretend play • Use one or two words to express feelings • Begin to recognize and react to feelings of others • Express frustration through tantrums • Identify body parts including elbow, ankle, neck • Begin to identify name in print • Begin to ask for help when unable to complete tasks independently • Use words, gestures or signs to celebrate success • Request praise after completing difficult activity (Ex: putting puzzle together) 	<ul style="list-style-type: none"> • Plan for and use books, puppets, dramatic play, and role playing to teach toddler how to label and share feelings • Plan for teachable moments that are not during emotional situations such as tantrums • Talk about and label feelings and emotions toddler is experiencing • Talk to toddler about feelings calmly • Help toddler communicate feelings and needs using words and/or signs • Help toddler label feelings of others • Provide calm place such as quiet cushioned area for toddler to express emotions and calm down • Provide reminders, cues or picture prompts to help toddler calm down • Look at books and pictures, ask toddler to point to body parts • Do finger plays and games, <i>Head Shoulders, Baby - one, two, three</i> • Label toddler's picture with printed name • Play games and sign songs with toddler's spoken and printed names • Provide opportunities for toddler to do things for himself/herself • Provide support as toddler attempts to complete tasks independently • Watch for individual changes in toddler's skill and celebrate success

Social Emotional Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older toddler (24–36 months) do:	What you can do to support a child's development:
Self-Regulation (ability to comfort self and manage emotions)	SE6 Begin to develop calming and coping skills SE7 Develop self-control	<ul style="list-style-type: none"> • Carry around favorite stuffed animal when afraid • Go off by himself/herself • Continue to need adult support when in conflict with another child • Begin to follow and repeat simple rules • Understand the connection between own behavior and the reaction of others • Begin to make careful choices to avoid danger and conflict 	<ul style="list-style-type: none"> • Prompt toddler to find favorite toy that provides comfort • Calm briefly, then redirect to favorite toy or activity • Prompt toddler to help find safe, quiet area to calm himself/herself • Practice calming exercises with toddlers • Provide support if needed • Provide consistent expectations • Communicate expectations before beginning transitions or new activity • Focus on positive rather than negative behavior • Acknowledge toddler's positive behavior • Help toddler identify feelings • Help toddler understand they have choices how to express their feelings • Provide support for better choices when toddler is involved in dangerous activity • Provide positive support as toddler begins to share toys • Identify feelings of others
Attachments/ Social Relationships (connections between child and other people)	SE8 Express feelings through facial expressions, gestures and sound SE9 Build a trusting relationship with a caring adult SE10 Engage with other children SE11 Respond to emotions of others	<ul style="list-style-type: none"> • Use one or two words to express feelings • Express frustration through tantrums • Ask/sign/gesture to get attention • Show affection by hugging • Search out favorite caregiver for comfort • Follow around favorite caregiver • Develop friendship with one or two peers • Have preferences for some children • Say friend's name • Begin to think of solutions for social conflicts with assistance 	<ul style="list-style-type: none"> • Act out different emotions during pretend play • Use pictures/photos showing variety of emotions • Use signs or gestures to help toddler identify emotions • Sing emotion songs such as <i>If You're Happy and You Know It</i> • Teach words to label emotions • Remain calm and provide safe place for toddler who is having tantrum • Organize room to minimize tantrums and frustration by having enough toys and minimizing number of transitions • Provide quiet place for toddler who chooses to be by himself/herself

Social Emotional Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older toddler (24–36 months) do:	What you can do to support a child's development:
Attachments/ Social Relationships (connections between child and other people)		<ul style="list-style-type: none">• Use one to two word sentences to express feelings• Share favorite toy with child who is sad• Ask others about how they are feeling• Get caregiver to help another child in need	<ul style="list-style-type: none">• Vary routine to allow for quiet time• Encourage toddler to use words/signs to request things they need (provide word cues to help if needed)• Have conversations with toddler throughout day• Be responsive to toddler's requests• Plan for one-on-one time with toddler• Provide time throughout day for many opportunities to explore with others• Notice and give positive comments when toddler is playing side-by- side• Plan "Teachable Moments" to help toddler learn social skills throughout day, including simple strategies for solving social conflicts• Model sharing• Provide support for solving social conflicts• Provide support for toddler who has trouble playing with others (Ex: giving separate containers of blocks to toddlers who are having trouble sharing)• Provide prompts and cues to toddler to ask others for things he/she wants• Use "I" statements• Give toddler words to express how he/she feels• Look at and read books that show emotions• Have puppets "express" emotions to toddler• Use emotion words to label toddler's feelings• Create poster or book about emotions using toddlers' photos

LANGUAGE AND LITERACY

The development of language, communication skills, and literacy is related, but not measurable by a baby's age. This means that babies grow and develop at different rates, with some babies talking early and some babies talking later. While babies are born with a need to communicate, and start communicating through body language, cries, coos, and by making all kinds of sounds, it takes time to learn the meaning of words, to produce words and then later to read and write. Strong literacy skills in reading and writing are built on the ability to listen or watch, understand, and make meaning from spoken words, signs, or other types of communication. From birth to age three is an exciting time to observe the development of language, both receptive (what a child understands) and expressive (spoken word) language. Parents and early childhood professionals work together to provide the foundations for early literacy success. Children's efforts at language and communication need to be supported by the adults in their environments. Early childhood professionals can build these skills by:

- providing opportunities to participate in play experiences that support language and literacy development;
- facilitating a wide variety of developmentally appropriate materials and experiences throughout the child's daily routines;
- providing exposure to print rich environments that nurture the child's language and literacy skills; and
- validating and reinforcing language by talking, narrating, singing, repeating sounds back, providing signs and/or gestures, and listening to children.

Special consideration in the development of language skills should be given to dual language learners. These children face many challenges whether they are learning two languages at the same time or one after the other. Children who have a strong foundation in the language that they are learning from their home generally have an easier time acquiring a second language. Parents are strongly encouraged to use the language they are most comfortable with when talking, reading, singing, caring for, and playing with their baby at home. When possible the caregiver should also be able to speak in the language that the baby is learning at the home. When this is not possible, treat the language spoken in the home with respect and care, using important words like the word for mother, baby, and love.

The four sub-domains of Language and Literacy include:

- Receptive Language – listening and understanding
- Expressive Language – communicating and speaking
- Emergent Literacy – the foundations of reading
- Emergent Writing – the beginnings of writing

Language and Literacy Young Infant (0-6 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young infant (0–6 months) do:	What you can do to support a child’s development:
Receptive Language (listening and understanding)	LL1 Show interest in sounds	<ul style="list-style-type: none"> • Startle or cry to loud sounds • Quiet down and turn head towards familiar voice • Smile when spoken to or greeted by smiling face • Smile, kick, move arms and legs while listening to caregiver’s voice • Gaze at face • Watch speaker intently • Look at object or picture caregiver indicates with gestures and words • Look to caregiver when name is spoken • Lift arms when caregiver gestures or says “Up” while picking up baby 	<ul style="list-style-type: none"> • Hold baby close while speaking, signing or reading • Read, talk, sing, sign, and actively play with baby throughout day • Talk/sign about what you are doing as you are doing it • Talk/sign about what baby is doing as they are doing it • Play music and sing songs during day, trying to connect what you are doing with song choice (Ex: singing <i>Rock-a-Bye Baby</i> while rocking) • Provide activities that expose baby to a variety of sounds • Name objects baby is interested in • Allow baby to explore objects by looking, feeling, and mouthing • Create and sing songs with movement, finger plays and use baby’s name
	LL2 Show interest in language of others		
	LL3 Begin to understand gestures, words, routines, communication		
	LL4 Respond to communication of others		
	Expressive Language (communicating and speaking)		

Language and Literacy Young Infant (0-6 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young infant (0–6 months) do:	What you can do to support a child's development:
Expressive Language (communicating and speaking)	<p>LL6 Imitate sounds, words, signs, facial expressions, and gestures</p> <p>LL7 Communicate using words, sounds, and/or signs leading to communicating using phrases and short sentences</p> <p>LL8 Use sounds, words or signs for a variety of purposes, including expressing emotions and physical states</p> <p>LL9 Engage in turn-taking back-and-forth exchanges leading to conversation</p>	<ul style="list-style-type: none"> • Imitate pointing • Imitate some movements or gestures • Use meaningful gestures • Vocalize pleasure and displeasure sounds • Vocalize when talked to while moving limbs • Cry to communicate different meanings • Respond to names of familiar objects in primary language by moving body or making sounds • Gurgle • Use different types of cries to signal hunger, discomfort, fear, or pain • Smile at adult to invite interaction • Laugh aloud • Raise arms to familiar adult • Move arms and legs when looking at someone • Cry if another baby cries 	<ul style="list-style-type: none"> • Frequently talk/sign to baby using simple and clear words/signs • Make simple sounds and allow time for baby to imitate you • Maintain eye contact while baby is vocalizing or gesturing to reinforce their communication attempt • Imitate sounds or gestures baby makes and allow time and attention for him to imitate you • Use personal pronouns (Ex: me, you) • Sing songs and finger plays often • Show and imitate gestures, words, signs, environmental noises (Ex: animal noises, car noises, phone ringing) • Talk/sign to baby about what is happening to him/her and around him/her • Model names of common objects in primary language • Talk to baby during caregiving times (Ex: changing diaper, bathing) • Provide toys that baby can use to create sounds, taking turns with you (Ex: rattles/squeaky toys)

Language and Literacy Young Infant (0-6 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young infant (0–6 months) do:	What you can do to support a child's development:
Emergent Literacy (the foundations of reading)	<p>LL10 Show interest in rhymes, books, stories, and songs</p> <p>LL11 Actively participate and show appreciation for book reading, story sharing and singing</p> <p>LL12 Interact with books appropriately</p>	<ul style="list-style-type: none"> • Explore books using senses (Ex: taste, feel, sight, smell) • Reach for pages of books • Look at caregiver's face when being read to • Demonstrate enjoyments through facial/body movements to sound of words in books • Follow caregiver's gaze to pictures 	<ul style="list-style-type: none"> • Read simple, colorful books daily with baby in close proximity • Point to pictures in books and around room, simply label them by saying the word • Sing songs and finger plays • Allow baby to freely explore books • Share books with baby many times throughout the day • Re-read books
Emergent Writing (the beginnings of writing)	<p>LL13 Use and experiment with different writing materials</p> <p>LL14 Notice and show interest in signs and words in the classroom environment</p>	<ul style="list-style-type: none"> • Move both hands when he/she sees an exciting object • Grasp object, lets go, and attempts to grasp it again 	<ul style="list-style-type: none"> • Show baby variety of objects • Provide baby with safe, age-appropriate items to handle and explore • Help baby grasp object if necessary

Language and Literacy Older Infant (6-12 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older infant (6–12 months) do:	What you can do to support a child’s development:
Receptive Language (listening and understanding)	LL1 Show interest in sounds	<ul style="list-style-type: none"> Smile and laugh during interactions Actively search for source of sound that is not visible Move body to song or music Respond to safety words such as “Stop!” or “Hot!” (Ex: pause, eye contact) 	<ul style="list-style-type: none"> Encourage baby to follow along with movements in songs and rhymes Sing songs that involve one-step directions (Ex: “May I have that?”, “Clap hands”, “Show me your foot”)
	LL2 Show interest in language of others		
	LL3 Begin to understand gestures, words, routines, communication		
	LL4 Respond to communication of others		
Expressive Language (communicating and speaking)	LL5 Use sounds, gestures, or actions to communicate wants and needs	<ul style="list-style-type: none"> Protest by gesturing or shake head Wave bye-bye May point to request an item Reach to touch another person’s body part Reach for object person is holding Imitate facial expressions Imitate sounds/signs of primary language Imitate environmental sounds (Ex: car sounds, animal sounds) Listen to and try to show participation with finger plays Produce different sorts of consonant vowel sounds (Ex: ma ma ma ma, da da da da, de de de) Chuckle and laugh 	<ul style="list-style-type: none"> Use gestures/sign language to support what you say Use words/signs to express baby’s nonverbal communication Use gestures and signs throughout routines Respond to any sound or gesture that you think maybe word or looks like sign Allow baby a turn in the interaction and then respond as if you’re having conversation Introduce/model new sounds, gestures, signs or words for baby to imitate Use movements with finger plays. If necessary, help baby participate by using hand over hand assistance Respond to baby’s word/sign attempts, modeling correct production Play naming games with baby (Ex: name animals and their accompanying sounds)
	LL6 Imitate sounds, words, signs, facial expressions and gestures		
	LL7 Communicate using words, sounds, and/or signs leading to communicating using phrases and short sentences		

Language and Literacy Older Infant (6-12 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older infant (6–12 months) do:	What you can do to support a child’s development:
Expressive Language (communicating and speaking)	LL8 Use sounds, words or signs for a variety of purposes, including expressing emotions and physical states	<ul style="list-style-type: none"> Use sounds to get and keep an adult’s attention Look at specific item upon hearing/seeing word in primary language Use same sounds, intonations, signs, and facial expressions as parents do Produce strings of babble with intermixed, occasional words Combine vocalizations with gestures Point to ask for out-of-reach toy Babble by self and in response to others 	<ul style="list-style-type: none"> Respond with interest and excitement to baby’s attempts to communicate Name objects and pictures baby points to or expresses interest in Talk/sign about what baby is experiencing using simple language Support language with accompanying signs, gestures and tone of voice Learn names/signs of some objects of home setting in the baby’s primary language (Ex: bottle, diaper, foods, body parts) Correctly pronounce baby’s name, as well as names of other family members Use tapes/stories/songs in baby’s primary language Use words/signs to describe baby’s non-verbal communication Frequently engage with baby in his/her chosen activities Talk with baby and wait to allow him/her to have turn to make sounds or show gestures
	LL9 Engage in turn-taking back-and-forth exchanges leading to conversation		
Emergent Literacy (the foundations of reading)	LL10 Show interest in rhymes, books, stories, and songs	<ul style="list-style-type: none"> Independently pick up a book and flip the pages Listen and/or look at books for a short period of time when read to Babble while looking at book as if reading Show enjoyment while looking at pictures 	<ul style="list-style-type: none"> Add props to reading activities (Ex: puppets, flannel boards and costumes) Tell stories Make books using pictures of familiar babies Allow babies opportunities to “read” books independently Let babies see you enjoy reading Encourage baby to choose favorite books Provide books containing familiar items
	LL11 Actively participate and show appreciation for book reading, story sharing and singing		
	LL12 Interact with books appropriately		

Language and Literacy Older Infant (6-12 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older infant (6–12 months) do:	What you can do to support a child’s development:
Emergent Writing (the beginnings of writing)	LL13 Use and experiment with different writing materials LL14 Notice and show interest in signs and words in the classroom environment	<ul style="list-style-type: none">• Transfer and manipulate an object with hands• Pick up a small toy with thumb and fingers (pincher grasp)• Show interest when adults write• Use crayons to make marks• Make marks with finger in paint	<ul style="list-style-type: none">• Supervise babies manipulating objects• Provide paper and age appropriate writing instruments (Ex: crayons)• Tell stories based on pictures• Model writing marks with crayons right next to baby when crayon is in his/her hand• Provide toys to squeeze for strengthening finger muscles

Language and Literacy Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child’s development:
Receptive Language (listening and understanding)	LL1 Show interest in sounds	<ul style="list-style-type: none"> Combine objects in play and notice new sounds it makes (Ex: bang blocks together, place items in container) 	<ul style="list-style-type: none"> Encourage toddlers to explore musical instruments
	LL2 Show interest in language of others	<ul style="list-style-type: none"> Participate in finger plays 	<ul style="list-style-type: none"> Use gestures to reinforce directions (Ex: pointing)
	LL3 Begin to understand gestures, words, routines, communication	<ul style="list-style-type: none"> Laugh at silly language Point to common objects when named 	<ul style="list-style-type: none"> Engage in body awareness activities (Ex: <i>Head, Shoulders, Knees, and Toes</i>) Actively engage in book reading (Ex: pointing at pictures, give toddler turn)
	LL4 Respond to communication of others	<ul style="list-style-type: none"> Listen and respond to peer when speaking Share and show items of interest 	<ul style="list-style-type: none"> Encourage toddlers to talk to and listen to each other Encourage toddlers to explore materials and identify new sounds by using words (Ex: “That’s a loud bang! You made it make a softer sound when you slowed down.”)
Expressive Language (communicating and speaking)	LL5 Use sounds, gestures or actions to communicate wants and needs	<ul style="list-style-type: none"> Use simple gesture (Ex: nod head for yes) Use facial expressions to show excitement or distress 	<ul style="list-style-type: none"> Model correct use of words/signs that toddler attempts to produce
	LL6 Imitate sounds, words, signs, facial expressions and gestures	<ul style="list-style-type: none"> Pull caregiver to object he/she wants to play with Imitate new words or signs Imitate adult movements when doing rhymes/finger plays (Ex: <i>Pat-a-Cake</i>) Imitate simple expressions (Ex: smile, frown, surprised look) 	<ul style="list-style-type: none"> Describe objects using attributes such as size, shape (Ex: your plate is a blue circle) Follow toddler’s lead, focusing on what is attracting his/her attention then name/sign (Ex: “That’s a pig”. “Can you say pig?” “Oink”) Model words, sounds, and signs toddler can imitate (Ex: uh-oh, dada, ball) Repeat one word/sign toddler produces and add another relevant one to situation (Ex: “ball” “red ball. BIG ball”) Use gestures/signs with songs and finger plays for toddler to imitate such as <i>Pat-a-Cake</i>

Language and Literacy Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child’s development:
Expressive Language (communicating and speaking)	<p>LL7 Communicate using words, sounds, and/or signs leading to communicating using phrases and short sentences</p> <p>LL8 Use sounds, words or signs for a variety of purposes, including expressing emotions and physical states</p> <p>LL9 Engage in turn-taking back-and-forth exchanges leading to conversation</p>	<ul style="list-style-type: none"> • Produce few words/signs that are understandable and consistent (Ex: ba ba for bottle, ma ma or da da) • Say more words/signs every month • Combine gestures with vocalizations • Use strings of different sounds sounding like he/she is having a conversation • Begin to combine words/signs • May become frustrated if meaning of communication attempt is not readily understood • Begin to use words/signs to describe physical needs and wants (Ex: hungry) • Respond to yes/no questions • Initiate conversations • Name pictures • Match emotions of peers • Initiate play with peers • Begin to combine words 	<ul style="list-style-type: none"> • Note words/signs toddler uses and provide him/her opportunities to use • Describe events to help toddler learn new words/signs • Speak/sign with toddler on his/her eye level • Expose toddler to stories and songs in primary language • Invite parents to share taped stories and songs in home language • Learn words/signs that are most commonly used in toddler’s primary language • Use familiar words/signs when communicating with toddler • Ask parent what consistent word/sign/sound their toddler uses for common daily activities • Listen closely to toddler’s language attempts • Talk with toddler during routines, describing what is happening • Respond to conversational starters • Use meaningful two word phrases when toddler is interested in specific item (Ex: “more milk,” “ball please,” “thank you”) • Use toddler’s name frequently to identify his/her possessions • Respond quickly to toddler’s signs of distress as he/she has limited language with which to communicate needs • Set up environments and activities to encourage toddlers to communicate with each other

Language and Literacy Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child’s development:
Emergent Literacy (the foundations of reading)	LL10 Show interest in rhymes, books, stories, and songs	<ul style="list-style-type: none"> • Recognize familiar signs, labels, or logos in home or community • Finish repetitive lines in familiar books • Hold book correctly for reading • See picture of flower and pretends to smell it • Point to pictures upon request • Enjoy being read to 	<ul style="list-style-type: none"> • Point out symbols in environment (Ex: stop sign means stop, green light means go, signs of familiar stores/places of interest) • Read stories to toddlers many times throughout day • Provide books everywhere... in all areas, near naptime mats, dramatic play areas, quiet area, etc. • Help toddlers make their own books and place in book corner for others to view • Tell stories without books
	LL11 Actively participate and show appreciation for book reading, story sharing, and singing		
	LL12 Interact with books appropriately		
Emergent Writing (the beginnings of writing)	LL13 Use and experiment with different writing materials	<ul style="list-style-type: none"> • Pretend to write by scribbling • Choose to use markers or crayons during playtime • Imitate marks on paper • Notice letters and words on paper 	<ul style="list-style-type: none"> • Make personalized books of different experienced events (Ex: make book about nature walk you went on together) • Point to pictures that match what you are reading in book • Provide books in toddler’s primary language • Have access to different materials used for writing (Ex: crayons, markers, paint brushes, and finger paints) • Allow toddlers to explore and communicate using their own written language • Put down toddler’s words in writing
	LL14 Notice and show interest in signs and words in the classroom environment		

Language and Literacy Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older toddler (24–36 months) do:	What you can do to support a child’s development:
Receptive Language (listening and understanding)	LL1 Show interest in sounds	<ul style="list-style-type: none"> Join in finger play with actions and words Actively seek to participate in ongoing activities Interact in play with peers Try to repeat sounds in environment, including words that peers say 	<ul style="list-style-type: none"> Play language based games (Ex: games of pretend, <i>Hokey Pokey</i>, <i>Follow the Leader</i>) Provide opportunities for toddlers to correct or fill in information (Ex: “Is that a tiger?” “It’s time for ____.”) Expose toddlers to different varieties of music Talk with toddlers all day, narrating what you observe and pointing out new ways they are learning or making sounds; ask them questions about their discoveries
	LL2 Show interest in language of others		
	LL3 Begin to understand gestures, words, routines, communication		
	LL4 Respond to communication of others		
Expressive Language (communicating and speaking)	LL5 Use sounds, gestures, or actions to communicate wants and needs	<ul style="list-style-type: none"> Move/gesture to indicate toileting needs (Ex: wet or soiled diaper, tug on pants indicating a need to use bathroom) Repeat simple rhymes and songs Imitate two and three word phrases Initiate finger plays Use words for many objects (Ex: nouns) Use name to refer to self Name some body parts Use one word questions with intonation Use some two-word question approximations (Ex: “whadat?”) Ask for help 	<ul style="list-style-type: none"> Put toddler’s communication attempts into words (Ex: “I understand you’re mad.” “Ouch! That hurt.”) Call toddler’s attention to other children’s sounds, gestures, facial expressions (Ex: “Look how happy Sarah is that you shared your crayons with her.”) Positively acknowledge words toddler attempts to use and model its correct production (Ex: “gog” “right! <u>D</u>og”) Use pronouns (Ex: he/she, him/her) Use two- or three-word/sign phrases Sing simple songs, repeat familiar rhymes Encourage use of language in humor and pretend play Answer questions toddler asks with detail Continue to ask toddler simple questions
	LL6 Imitate sounds, words, signs, facial expressions and gestures		
	LL7 Communicate using words, sounds, and/or signs leading to communicating using phrases and short sentences		

Language and Literacy Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older toddler (24–36 months) do:	What you can do to support a child’s development:
Expressive Language (communicating and speaking)	<p>LL8 Use sound, words or signs for a variety of purposes, including expressing emotions and physical states</p> <p>LL9 Engage in turn taking back and forth exchanges leading to conversation</p>	<ul style="list-style-type: none"> • Ask questions • Talk/sign to self • Begin to describe personal experiences • Converse in primary language, one or two responses • Recognize stories and songs that he/she hears frequently • Use three-word sentences • Learn and use new words • Use feeling words and facial expressions appropriately • Talk to other children • Answer simple questions • Answer questions with accurate “yes” or “no” answer • Use language or gestures that are increasingly understandable • Use language in dramatic and/or symbolic play • Begin to use language to describe own pictures/artwork • Participate taking turn in conversation 	<ul style="list-style-type: none"> • Put toddler’s gestures/movements into words/signs expressing emotions • Include songs, stories, and music from toddler’s primary language and culture in planned activities • Invite parents to plan activity representing their primary language/culture • Invite family members to read book or describe tradition in their primary language/culture • Read words around room aloud to make connection between pictures and words • Read, sing, march to rhythm of language • Set up environments and activities to encourage toddlers to communicate with each other • Support toddlers in their attempts to communicate with each other (Ex: taking turns, listening) • Ask toddlers to describe their work (Ex: block structures, art) • Write what toddlers say/sign (Ex: comments on art work, stories, reports of vacations) • Allow time for toddler’s response and provide assistance if he/she needs help • Model correct grammar (Ex: “Him’s hurt!” “He’s hurt? Show me,” “He don’t got none.” “He doesn’t have any?”)

Language and Literacy Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older toddler (24–36 months) do:	What you can do to support a child's development:
Emergent Literacy (the foundations of reading)	LL10 Show interest in rhymes, books, stories, and songs	<ul style="list-style-type: none"> • Label or make accompanying noises when sees picture • Participate in book reading by making noises (Ex: says tweet, tweet when pointing at birds) • Recognize book by cover • Pretend to “read” independently • Recognize name in print • Open book and flip pages in order • Pick out/request story book for teacher/caregiver to read • Choose to look at books as free choice activity 	<ul style="list-style-type: none"> • Label toy shelves/boxes with written word as well as picture • Ask toddler to get favorite book • Read books having repetitive phrases/verses • Ask toddler to retell familiar story • Display a variety of books • Use your finger to follow words from left to right, top of page to bottom • Point out specific letters especially in words of interest (Ex: child's name) • Model reading for purpose throughout day, read directions for recipe on pancake mix box, read aloud note from parent
	LL11 Actively participate and show appreciation for book reading, story sharing and singing		
	LL12 Interact with books appropriately		
Emergent Writing (the beginnings of writing)	LL13 Use and experiment with different writing materials	<ul style="list-style-type: none"> • Hold crayon with thumb and fingers of one hand • Try to imitate symbols and pictures • “Writing” and “drawing” begin to look different • Try to describe his/her writing/art work through his/her own words and interpretations (Ex: show scribble and say, “it’s a dinosaur”) 	<ul style="list-style-type: none"> • Provide different sorts of writing materials, both in terms of paper (Ex: cards, white paper, envelopes, notebooks) and writing tools (Ex: crayons, paint, pencils, chalk, ink pads and stamps) • Use environmental print including labels with upper and lowercase letters • Post pictures drawn by age matched peers • Post pictures throughout the environment • Share stories created using toddler's writing • Provide activities to develop hand-eye coordination, visual memory, and copying forms (Ex: practice left to right, top to bottom) • Use touch experience with letters (Ex: sandpaper backed, flannel, magnetic)
	LL14 Notice and show interest in signs and words in the classroom environment		

DISCOVERIES

Infants enter the world aware and eager to learn. Everything they do feeds their inborn curiosity. Beginning at birth, they make discoveries about themselves, the people around them, and the objects in their environment. At the foundation of their discoveries are relationships. Knowing they are interacting with responsive, nurturing caregivers offers them the security to explore and expand their world. For the young infant, this exploration happens by watching and taking in information through their senses and experiences as they use their bodies to learn about the immediate world. As they gain information about their world and control over their bodies, they expand their actions and movements and seek more challenging situations. They move out to explore from their secure place. Simple behaviors become more complex problem solving experiences that build on one another. What started out as simply attending to their immediate world now has expanded to keeping items in memory, making connections, understanding concepts, and bringing symbolic play into learning. An environment that is accessible, organized and predictable, and developmentally appropriate offers them the freedom to choose their activities. Infants and toddlers learn best when they can control what is happening and explore what is interesting to them.

The Early Childhood Professionals are the facilitators of this learning process. The environment should be structured so that it is responsive to individual temperaments, learning styles and interests. Take a step back

to observe actions and reactions and nurture, guide and be responsive to the learning process. Be aware that learning is holistic and know how to capture the spontaneous teachable moments. Daily activities and routines are important learning and teaching opportunities.

The seven sub-domains of Discoveries include:

- Sensory Awareness – exploration of the physical world and the properties of things
- Spatial Awareness – sense of space and how things fit as people and objects move
- Memory – develops an understanding that people, objects and events continue to exist when they cannot be seen, object permanence
- Cause and Effect – events and outcomes are caused by themselves, other people, or things
- Attention and Persistence – attends to tasks and persists with activities that interest them
- Curiosity and Problem Solving – ability to use experiences to make meaningful connections
- Play – engage with real objects in imaginative ways

Discoveries Young Infant (0-6 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young infant (0–6 months) do:	What you can do to support a child’s development:
Sensory Awareness (exploration of the physical world and the properties of things)	DS1 Use vision to respond to light and focus on details such as faces, movement and color	<ul style="list-style-type: none"> • Play with own hands and feet • Gaze at faces and objects • Gather information about people, objects, and themselves using multiple senses 	<ul style="list-style-type: none"> • Watch and respond to cues • Offer objects with high contrast; provide “just enough” stimulation for individuality • Provide awake time on tummy and back • Talk about what baby is experiencing (<i>parallel talk</i>)
	DS2 Use taste and smell to learn about foods, people and objects		
	DS3 Explore people and objects through touch		
	DS4 Use hearing to gain information about people, places, language, and things		
	DS5 Use all senses to learn about cultures and ways of doing things		
Spatial Awareness (sense of space and how things fit as people and objects move)	DS6 Discover how their own bodies fit into spaces	<ul style="list-style-type: none"> • Find mouth to explore self and objects • Explore environment by rolling, inching, or crawling • Reach for and grasp objects 	<ul style="list-style-type: none"> • Provide as much safe protected floor time as possible on tummy and back • Provide wide range of objects to touch and mouth
	DS7 Explore how objects can fit into a variety of spaces as they build, stack, fill, and dump		
Memory (develops an understanding that people, objects, and events continue to exist when they cannot be seen, object permanence)	DS8 Focus on people in their immediate world	<ul style="list-style-type: none"> • Explore objects only in immediate world • Does not search for a person or object that has disappeared 	<ul style="list-style-type: none"> • Provide safe places to explore objects • Bring a variety of objects to baby

Discoveries Young Infant (0-6 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young infant (0–6 months) do:	What you can do to support a child's development:
Memory (develops an understanding that people, objects, and events continue to exist when they cannot be seen, object permanence)	DS9 Focus on objects in their immediate world and when they disappear, they no longer exist for the infant		
	DS10 Realize that people and objects that have disappeared still remain in the infant's memory	<ul style="list-style-type: none"> • Grasp objects and bring to mouth to explore • Repeat behaviors such as kicking, shaking, or batting • Use cries or sounds to express needs for food, attention, and comfort 	<ul style="list-style-type: none"> • React and respond calmly to baby's cues • Make eye contact • Keep hands clean and free for mouthing • Recognize baby's cues for hunger such as smacking lips and sucking motions • Respond promptly and positively to cries so that needs are met
DS11 Realize that a specific action (Ex: cry) is caused either through their own body or their own actions			
DS12 Recognize that people and specific parts of objects can cause things to happen			
DS13 Use their own body to get what they want or need (Ex: hands for feeding or reaching out, voice for crying to get attention)			
DS14 Watch people and see how they can be used to get what they want			
DS15 Use objects as a way to get what they want			

Discoveries Young Infant (0-6 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young infant (0–6 months) do:	What you can do to support a child’s development:
Attention and Persistence (attends to tasks and persists with activities that interest them)	DS16 Notice and pay attention to objects and people of interest	<ul style="list-style-type: none"> Become quiet when caregiver responds to basic needs Focus on patterns in carpet or on mobile 	<ul style="list-style-type: none"> Acknowledge changes in behaviors (Ex: “that’s better, all clean.”) Talk about changes baby is seeing in immediate environment
	DS17 Choose to stay with an activity that interests them		
Curiosity and Problem Solving (ability to use experiences to make meaningful connections)	DS18 Explore objects to see how they work, using trial and error to meet challenges	<ul style="list-style-type: none"> Physically, emotionally, or verbally react to environment Put objects in mouth, bang objects against materials, shake, or hit objects 	<ul style="list-style-type: none"> Tell babies what is happening in your interactions Respond to baby’s cues
	DS19 Make connections with people and use what they know from other situations to solve a problem		
	DS20 Try a variety of approaches in problem solving using own body and objects		
Play (engage with real objects in imaginative ways)	DS21 Play with hands	<ul style="list-style-type: none"> Watch what is happening in environment Reach for and explore real objects 	<ul style="list-style-type: none"> Provide soft, cuddly dolls and other safe objects for touching, mouthing, and exploring
	DS22 Imitate and practice what happens in their life as they watch people and events		
	DS23 Use props and people as they engage in make believe play and act out simple themes		

Discoveries Older Infant (6-12 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older infant (6–12 months) do:	What you can do to support a child's development:		
Sensory Awareness (exploration of the physical world and the properties of things)	DS1 Use vision to respond to light and focus on details such as faces, movement and color	<ul style="list-style-type: none"> Shake rattle or use voice to make sounds Reach out, touch and explore nurturing caregivers Focus on details, color, and movements of people and objects 	<ul style="list-style-type: none"> Remain nearby, available and non-directive Use feeding routines to explore tastes and textures Provide safe age-appropriate environment filled with colors, textures, shapes, and sizes 		
	DS2 Use taste and smell to learn about foods, people, and objects				
	DS3 Explore people and objects through touch				
	DS4 Use hearing to gain information about people, places, language, and things				
	DS5 Use all senses to learn about cultures and ways of doing things				
	DS6 Discover how their own bodies fit into spaces			<ul style="list-style-type: none"> Stack, sort, dump, push and pull objects to see how they fit Explore the world from a new view by sitting up, creeping and crawling 	<ul style="list-style-type: none"> Encourage exploration of materials that are safe and accessible Include a variety of containers to be filled and emptied
	DS7 Explore how objects can fit into a variety of spaces as they build, stack, fill and dump				
	Memory (develops an understanding that people, objects, and events continue to exist when they cannot be seen, object permanence)			DS8 Focus on people in their immediate world and when they disappear, they no longer exist for the infant	<ul style="list-style-type: none"> Continue to play though notices caregiver is out of sight Search actively for an object that is hidden

Discoveries Older Infant (6-12 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older infant (6–12 months) do:	What you can do to support a child's development:
Memory (develops an understanding that people, objects, and events continue to exist when they cannot be seen, object permanence)	DS9 Focus on objects in their immediate world and when they disappear, they no longer exist for the infant	<ul style="list-style-type: none"> Repeatedly drop objects and look to see where they have gone 	<ul style="list-style-type: none"> Organize the environment grouping like items so they can easily be put where they belong Place items in drawers, cabinets, and baskets to encourage simple searching
	DS10 Realize that people and objects that have disappeared still remain in the infant's memory	<ul style="list-style-type: none"> Use hands or objects to cause actions like music or movement Use fingers to feed self Point or vocalize to obtain wants or needs 	<ul style="list-style-type: none"> Provide a variety of toys with interesting shapes and textures to encourage exploration Offer materials that the baby can use to make things happen — music boxes, wind-up toys, mobiles Offer developmentally appropriate foods that encourage self-feeding (first with fingers and then utensils)
	Cause and Effect (events and outcomes are caused by themselves, other people, or things)	DS11 Realize that a specific action (Ex: cry) is caused either through their own body or their own actions	
DS12 Recognize that people and specific parts of objects can cause things to happen			
DS13 Use their own body to get what they want or need (Ex: hands for feeding or reaching out, voice for crying to get attention)			
DS14 Watch people and see how they can be used to get what they want			
DS15 Use objects as a way to get what they want			
Attention and Persistence (attends to tasks and persists with activities that interest them)	DS16 Notice and pay attention to objects and people of interest	<ul style="list-style-type: none"> Change behaviors when routines or rituals are changed Turn away from intense interactions or sounds 	<ul style="list-style-type: none"> Purposefully change materials in the environment Maintain and create routines, rituals and transitions that are responsive to individual baby

Discoveries Older Infant (6-12 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older infant (6–12 months) do:	What you can do to support a child's development:
	<p>DS17 Choose to stay with an activity that interests them</p>	<ul style="list-style-type: none"> Look back and forth between people and objects 	
<p>Curiosity and Problem Solving (ability to use experiences to make meaningful connections)</p>	<p>DS18 Explore objects to see how they work, using trial and error to meet challenges</p>	<ul style="list-style-type: none"> Use own body to taste, feel, touch, or smell objects and materials in their world 	<ul style="list-style-type: none"> Describe what baby is engaged in Provide materials that have various tastes, textures, smells, colors, or sounds Offer choices of materials to explore and time to make this happen
	<p>DS19 Make connections with people and use what they know from other situations to solve a problem</p>	<ul style="list-style-type: none"> Discover properties of objects by using them over and over again in multiple ways 	
	<p>DS20 Try a variety of approaches in problem solving using own body and objects</p>		
<p>Play (engage with real objects in imaginative ways)</p>	<p>DS21 Play with hands, feet, and objects in their immediate world</p>	<ul style="list-style-type: none"> Roll, inch or crawl to different areas of the room to experience and explore real objects 	<ul style="list-style-type: none"> Offer many everyday objects in the play environment Provide real, safe household objects like bowls or pots with lids
	<p>DS22 Imitate and practice what happens in their life as they watch people and events</p>		
	<p>DS23 Use props and people as they engage in make believe play and act out simple themes</p>		

Discoveries Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child’s development:			
Sensory Awareness (exploration of the physical world and the properties of things)	DS1 Use vision to respond to light and focus on details such as faces, movement and color	<ul style="list-style-type: none"> • Explore foods and develop likes and dislikes • React to sounds, rhythms and voices in the environment • Use senses to explore textures, people and objects 	<ul style="list-style-type: none"> • Use teachable moments to provide sensory exploration experiences • Encourage them to try new tastes and textures • Be intentional and spontaneous 			
	DS2 Use taste and smell to learn about foods, people and objects					
	DS3 Explore people and objects through touch					
	DS4 Use hearing to gain information about people, places, language, and things					
	DS5 Use all senses to learn about cultures and ways of doing things					
	Spatial Awareness (sense of space and how things fit as people and objects move)			DS6 Discover how their own bodies fit into spaces	<ul style="list-style-type: none"> • Squeeze onto caregiver’s lap when another child is already there • Learn about balance as they stack and nest objects • Get stuck in tight spaces and work to get out • Learn to walk through different spaces, including those occupied by other people and their toys 	<ul style="list-style-type: none"> • Encourage choice and use of a variety of materials • Provide space to work with the materials and use pre-math language such as small, tiny, big, bigger to describe their actions • Encourage toddler to use materials in a variety of ways without showing them the “right” way
				DS7 Explore how objects can fit into a variety of spaces as they build, stack, fill, and dump		

Discoveries Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child's development:			
Memory (develops an understanding that people, objects, and events continue to exist when they cannot be seen, object permanence)	DS8 Focus on people in their immediate world and when they disappear, they no longer exist	<ul style="list-style-type: none"> Search for items in specific sequences or places Look for caregiver or parent after they leave room 	<ul style="list-style-type: none"> Encourage active searching for objects and people Leave room and peek back in so they know you are still there 			
	DS9 Focus on objects in their immediate world and when they disappear, they no longer exist					
	DS10 Realize that people and objects that have disappeared still remain in the toddler's memory					
	Cause and Effect (events and outcomes are caused by themselves, other people, or things)			DS11 Realize that a specific action (Ex: cry) is caused either through their own body or their own actions	<ul style="list-style-type: none"> Begin to use spoon or fork to feed self Push, poke, or prod buttons or knobs to make things happen Empty and fill different size cups with materials 	<ul style="list-style-type: none"> Encourage communication with words and gestures to obtain needs Provide a variety of action toys that produce sounds, lights or movements Provide a variety of toys that will give opportunity to experience simple problem solving Respond to cries positively with kind words or cuddle
				DS12 Recognize that people and specific parts of objects can cause things to happen		
DS13 Use their own body to get what they want or need (Ex: hands for feeding or reaching out, voice for crying to get attention)						
DS14 Watch people and see how they can be used to get what they want						
DS15 Use objects as a way to get what they want						

Discoveries Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child's development:
Attention and Persistence (attends to tasks and persists with activities that interest them)	DS16 Notice and pay attention to objects and people of interest	<ul style="list-style-type: none"> Expect favorite song or book to be presented the same way every time Engage in solitary play Can often stay with activity to completion depending on temperament 	<ul style="list-style-type: none"> Allow toddlers to guide how songs or stories are to be used Observe interests and change materials Design the environment to be accessible to all toddlers
	DS17 Choose to stay with an activity that interests them		
Curiosity and Problem Solving (ability to use experiences to make meaningful connections)	DS18 Explore objects to see how they work, using trial and error to meet challenges	<ul style="list-style-type: none"> Imitate caregiver Move object around to see it in different ways Develop basic concepts, patterns, shapes, and textures of things in environment 	<ul style="list-style-type: none"> Provide materials that have shapes, colors, and textures Count with and for toddlers when at all possible (make 1-1 connections) Suggest possibilities that guide understanding and exploration with materials
	DS19 Make connections with people and use what they know from other situations to solve a problem		
	DS20 Try a variety of approaches in problem solving using own body and objects		
	DS21 Play with hands, feet and objects in their immediate world		
Play (engage with real objects in imaginative ways)	DS22 Imitate and practice what happens in their life as they watch people and events	<ul style="list-style-type: none"> Pretend to talk on telephone, cook meals or care for baby Use real tools to act out simple tasks 	<ul style="list-style-type: none"> Encourage interactions with many types of role playing toys Provide various types of materials that may have similar shape or function and are used by adults daily Allow toddlers time to create and act out their own pretend play activities
	DS23 Use props and people as they engage in make believe play and act out simple themes		

Discoveries Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a older toddler (24–36 months) do:	What you can do to support a child's development:		
Sensory Awareness (exploration of the physical world and the properties of things)	DS1 Use vision to respond to light and focus on details such as faces, movement, and color	<ul style="list-style-type: none"> React to sounds, rhythms and voices to build language Explore textures in their natural environment Use senses to discriminate and make connections 	<ul style="list-style-type: none"> Provide exploration with creative, expressive and sensory materials Encourage music, rhymes and sound exploration Use your language to tell them what they are experiencing (parallel talk) 		
	DS2 Use taste and smell to learn about foods, people, and objects				
	DS3 Explore people and objects through touch				
	DS4 Use hearing to gain information about people, places, language, and things				
	DS5 Use all senses to learn about cultures and ways of doing things.				
	DS6 Discover how their own bodies fit into spaces			<ul style="list-style-type: none"> Build, knock over, and build again with a variety of materials Experiment with lots of shapes, puzzles, and sorters Learn to make judgments about how high to climb, how high to jump, and how fast and where to run 	<ul style="list-style-type: none"> Provide stackable toys, sorters, and other objects Provide simple interlocking puzzles and shapes Be close but not overly helpful when toddler is figuring out challenges Encourage movement
	DS7 Explore how objects can fit into a variety of spaces as they build, stack, fill, and dump				
Spatial Awareness (sense of space and how things fit as people and objects move)					

Discoveries Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a older toddler (24–36 months) do:	What you can do to support a child's development:
Memory (develops an understanding that people, objects, and events continue to exist when they cannot be seen, object permanence)	DS8 Focus on people in their immediate world and when they disappear, they no longer exist for the infant	<ul style="list-style-type: none"> Identify objects or people by name, sound or facial expression Look for favorite book or toy where it belongs 	<ul style="list-style-type: none"> Use your language and label objects and people that toddlers see Describe toddler's facial expressions; have mirror available to see what you see
	DS9 Focus on objects in their immediate world and when they disappear, they no longer exist for the infant		
	DS10 Realize that people and objects that have disappeared still remain in the infant's memory		
	Cause and Effect (events and outcomes are caused by themselves, other people, or things)		
DS12 Recognize that people and specific parts of objects can cause things to happen			
DS13 Use their own body to get what they want or need (Ex: hands for feeding or reaching out, voice for crying to get attention)			
DS14 Watch people and see how they can be used to get what they want			
DS15 Use objects as a way to get what they want			

Discoveries Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a older toddler (24–36 months) do:	What you can do to support a child’s development:
Attention and Persistence (attends to tasks and persists with activities that interest them)	DS16 Notice and pay attention to objects and people of interest	<ul style="list-style-type: none"> Expect favorite song or book to be presented same way every time Engage in solitary play Can often stay with activity to completion depending on temperament 	<ul style="list-style-type: none"> Allow toddlers to guide how songs or stories are to be used Observe interests and change materials Design the environment to be accessible to all toddlers
	DS17 Choose to stay with an activity that interests them		
Curiosity and Problem Solving (ability to use experiences to make meaningful connections)	DS18 Explore objects to see how they work, using trial and error to meet challenges	<ul style="list-style-type: none"> Try several ways to reach an object that is stuck Use body, objects or instruments to clap, pat or make other sounds Twist or turn objects to figure out how they work 	<ul style="list-style-type: none"> Provide materials that make sounds, show how things work and what might go together Describe patterns in the natural world like large, small, large, small
	DS19 Make connections with people and uses what they know from other situations to solve a problem		
	DS20 Try a variety of approaches in problem solving using own body and objects		
Play (engage with real objects in imaginative ways)	DS21 Play with hands, feet and objects in their immediate world	<ul style="list-style-type: none"> Use real objects in imaginative ways to engage in role play activities such as talking on shoe or using block for bottle Play different roles in pretend play 	<ul style="list-style-type: none"> Be deliberate during interaction with toddlers Play with them; be a kid again; be silly; have fun Offer play scenarios for both individuals and groups Join in acting out play when they invite you
	DS22 Imitate and practice what happens in their life as they watch people and events		
	DS23 Use props and people as they engage in make believe play and act out simple themes		

Physical Development and Health

Physical development and health are linked to life-long well-being and provide the foundation for exploration and learning that help to build school readiness. This domain connects to and supports all of the other domains as children explore and interact with their environment.

From the spontaneous, natural movements of infants to the coordinated purposeful movements of toddlers, children's physical development is dramatic in the first three years of life. As infants, children's physical bodies are their connection to the world. When they experience responsive care, their relationships with trusted caregivers give them the security to explore the environment. This exploration allows them to build brain connections and learn across domains.

It is important for infants and toddlers to be active, to explore their environments, and manipulate a wide range of safe materials. Children grow, develop, and learn in a predictable sequence, but at their own individual pace. When planning activities, it is important to respect the cues, interests, and needs of each individual child, adapting appropriately to support successful learning. Early childhood professionals can provide

daily opportunities for infants and toddlers to respect, learn about, and care for their own bodies as they experience and then begin to practice healthy habits, hygiene and safety skills. As children develop into preschoolers, physical development and health is a strong foundation for learning.

The four sub-domains of Physical Development and Health include:

- Sensory – five senses used to explore and learn about the environment
- Fine Motor – development of strength and coordination of muscles in hands and fingers to explore and manipulate objects in the environment
- Gross Motor – development of large muscle strength, control, coordination, and balance to move in and interact with the environment
- Health Awareness and Practice – experiencing and learning about healthy habits: personal care, hygiene, nutrition, physical activity, and safety

Physical Development and Health Young Infant (0-6 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young infant (0–6 months) do:	What you can do to support a child’s development:
Sensory (five senses used to explore and learn about the environment)	PD1 Experience different sensory activities (touch, smell, see, hear, taste, etc.)	<ul style="list-style-type: none"> • Startle to unexpected sounds • Quiet to soothing sounds • Turn head toward sounds • Respond to faces and touch with smile • Follow moving object with eyes • Reach out to grasp and hold object • Explore objects with mouth and hands 	<ul style="list-style-type: none"> • Talk to infant from different directions and distances • Sing to infant using repetitive songs • Snuggle infant giving face to face time • Offer opportunities to suck and mouth differing textures • Offer toys for infant to grasp and shake
	PD2 Organize and discriminate sensory experiences		
	PD3 Engage in sensory activities and play		
Fine Motor (development of strength and coordination of muscles in hands and fingers to explore and manipulate objects in the environment)	PD4 Develop strength, small motor control, and coordination through daily activities	<ul style="list-style-type: none"> • Begin with hands tightly fist and gradually open and move them • Grasp what is put in hands • Mouth hands • Bring hands to midline • Consistently use hands for object exploration • Put toys in mouth • Shake toys while holding 	<ul style="list-style-type: none"> • Offer hands, fingers and objects to grasp • Stroke and touch • Explore soft toys, blankets, etc.
	PD5 Touch, grasp, reach and explore people and objects		
	PD6 Develop and use eye-hand coordination to perform a variety of tasks		
	PD7 Use and manipulate objects purposefully		
	PD8 Use two hands in a coordinated, purposeful fashion		
Gross Motor (development of large muscle strength, control, coordination, and balance to move in and interact with the environment)	PD9 Move freely as they begin to control their own bodies starting with the head and back and progressing to the arms and legs	<ul style="list-style-type: none"> • Move arms and legs randomly • Turn head side to side • Lift head when on stomach • Hold head without bobbing when held • Reach up while on back • Begin to have control of arm movements • Begin to reach for and hold objects 	<ul style="list-style-type: none"> • Place alert baby on rug or mat to allow him/her to move without getting hurt • Provide time on tummy and back • Support baby in upright position on lap facing outward to see the world around him/her • Carry baby in upright position • Provide variety of play positions throughout the day
	PD10 Increase the strength, balance, and coordination of their bodies		
	PD11 Ability to coordinate their bodies to perform increasingly complex movements		

Physical Development and Health Young Infant (0-6 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young infant (0–6 months) do:	What you can do to support a child's development:
Gross Motor (development of large muscle strength, control, coordination, and balance to move in and interact with the environment)	PD12 Interact with people and environment through movement and body awareness	<ul style="list-style-type: none"> • Roll back and forth • Push up from belly on straight arms 	<ul style="list-style-type: none"> • Provide baby with toys to encourage reaching toward them (Ex: an overhead gym, toys on floor during tummy time, toys held to reach for)
Health Awareness and Practice (experiencing and learning about healthy habits: personal care, hygiene, nutrition, physical activity, and safety)	PD13 Learn about and respect their bodies PD14 Engage in daily physical activity, both indoors and outdoors PD15 Experience and learn about hygiene routines PD16 Experience and learn about healthy lifestyle practices PD17 Learn about and demonstrate safe behaviors and accident prevention	<ul style="list-style-type: none"> • Cry when hungry or uncomfortable • Enjoy warm baths • Relax when rocked • Interact with caregivers when content and secure • Explore indoors and outdoors, free of confining equipment • Show interest in solid food 	<ul style="list-style-type: none"> • Respond promptly to infants' needs and cries with sensitivity and respect • Watch for and respond to cues for hunger and fullness • Interact during daily care routines: talk, sing, smile, make eye contact • Get down on the floor during tummy time, face to face, so that you can talk, sing and explore together • Place infants on blankets with favorite toys for unrestricted play indoors and outdoors each day • Develop a routine for going to sleep: rocking, patting back, reading, singing • Provide a healthy, safe environment, free of smoke, hazards, too much sunlight, and unsupervised pets

Physical Development and Health Older Infant (6-12 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older infant (6–12 months) do:	What you can do to support a child's development:
Sensory (five senses used to explore and learn about the environment)	PD1 Experience different sensory activities (touch, smell, see, hear, taste, etc.)	<ul style="list-style-type: none"> • Begin some imitation of hand play such as waving bye-bye and clapping hands • Calm with comfort from a familiar adult when upset • Respond to familiar books and songs • Respond to different textures 	<ul style="list-style-type: none"> • Play peek a boo with people and objects, with and without sound • Provide floor time exposing infant to a variety of textures, colors and items of interest • Place infant on lap, face to face and enjoy rhythm games and word play using hand over hand or practice imitation • Listen to different kinds of music and rhythm, encourage participation with voice and/or instruments • Encourage mirror play • Encourage handling of finger foods and utensils during mealtime
	PD2 Organize and discriminate sensory experiences		
	PD3 Engage in sensory activities and play		
Fine Motor (development of strength and coordination of muscles in hands and fingers to explore and manipulate objects in the environment)	PD4 Develop strength, small motor control, and coordination through daily activities.	<ul style="list-style-type: none"> • Transfer objects from one hand to another • Control grasp and release of single objects • Hold a toy in each hand simultaneously • Begin to finger-feed self 	<ul style="list-style-type: none"> • Present easy to grasp objects (Ex: rings and soft toys) • Engage in reciprocal finger plays, gestures, and signs • Present objects close to midline for opportunities for right and left hand grasp • Provide objects to place into open containers
	PD5 Touch, grasp, reach and explore people and objects.		
	PD6 Develop and use eye-hand coordination to perform a variety of tasks		
	PD7 Use and manipulate objects purposefully		
	PD8 Use two hands in a coordinated, purposeful fashion		

Physical Development and Health Older Infant (6-12 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see an older infant (6–12 months) do:	What you can do to support a child's development:		
Gross Motor (development of large muscle strength, control, coordination, and balance to move in and interact with the environment)	PD9 Move freely as they begin to control their own bodies starting with the head and back and progressing to the arms and legs	<ul style="list-style-type: none"> • Gradually sit independently • Get to hands and knees and rock back and forth • Move from one location to another by rolling, crawling on belly, and crawling on hands and knees • Pull to standing position • Begin to take steps sideways while holding onto something (cruising) 	<ul style="list-style-type: none"> • Support baby in sitting position with toys, books or activities of interest in front • Provide opportunity for face to face interaction • Provide open arms or sturdy furniture to encourage the baby to move toward you or an object • Place toys on low furniture to encourage baby to pull up, stand and play in standing position 		
	PD10 Increase the strength, balance, and coordination of their bodies				
	PD11 Ability to coordinate their bodies to perform increasingly complex movements				
	PD12 Interact with people and environment through movement and body awareness				
	PD13 Learn about and respect their bodies			<ul style="list-style-type: none"> • Indicate when hungry, full, thirsty, uncomfortable, tired • Develop consistent sleep/wake patterns and daily routines • Cooperate during care routines: may hold bottle, feed themselves, help wash hands, pull at diapers when wet • Spend longer periods of time exploring the environment and playing with favorite toys • Bat, grab, drop or shake simple toys: rattles, soft balls, dolls, and cause and effect toys • Use solid furniture for pulling up, standing, and cruising • Eat a variety of fruits and vegetables 	<ul style="list-style-type: none"> • Support a daily routine for eating, sleeping, and activity • Provide safe outdoor and indoor play daily: simple games, kicking, crawling, standing, cruising, dancing • Avoid screen time for children under 2 years of age • Model good nutrition, health and safety practices • Watch for and respond to hunger and fullness cues • Introduce healthy, solid foods gradually, one at a time • Encourage growing independence in self-feeding and hand washing • Provide clear direction to keep children safe from hazards
	PD14 Engage in daily physical activity, both indoors and outdoors				
	PD15 Experience and learn about hygiene routines				
PD16 Experience and learn about healthy lifestyle practices					
PD17 Learn about and demonstrate safe behaviors and accident prevention					
Health Awareness and Practice (experiencing and learning about healthy habits: personal care, hygiene, nutrition, physical activity, and safety)					

Physical Development and Health Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child's development:
Sensory (five senses used to explore and learn about the environment)	PD1 Experience different sensory activities (touch, smell, see, hear, taste, etc.)	<ul style="list-style-type: none"> • React to surprise happenings • Develop preferences for tastes, textures, sounds, scents and sights • Touch and explore objects with hands and fingers • Begin to notice and repeat different sounds • Respond to own name and familiar words • Enjoy movement activities like walking, dancing, swinging 	<ul style="list-style-type: none"> • Provide utensils for play to encourage scooping, poking, and balancing a variety of textures • Create routines to practice hand washing, cleaning up, and wiping mouths • Provide containers with a variety of messy play materials both liquids and solids • Hang pictures and place toys at toddler's level and allow for touching and exploring; pictures and toys should be changed occasionally • Encourage response to different sounds in the environment: bells, sirens, water running, birds, airplanes, knocks on the door, voices of peers
	PD2 Organize and discriminate sensory experiences		
	PD3 Engage in sensory activities and play		
Fine Motor (development of strength and coordination of muscles in hands and fingers to explore and manipulate objects in the environment)	PD4 Develop strength, small motor control, and coordination through daily activities	<ul style="list-style-type: none"> • Begin to hold cup • Begin to pinch thumb and finger • Begin to manipulate small objects • Begin to turn pages in sturdy board book • Fold, crush and change shapes of blankets, paper, and foods • Add and empty objects from containers 	<ul style="list-style-type: none"> • Present containers with/without lids for play with liquids or solids • Provide a variety of experiences with scissors, craft materials, glue, writing tools, and sensory choices • Practice using forks, spoons, napkins, cups for play and eating • Present peg boards, puzzles and lacing activities
	PD5 Touch, grasp, reach, and explore people and objects		
	PD6 Develop and use eye-hand coordination to perform a variety of tasks		

Physical Development and Health Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child’s development:
Fine Motor (development of strength and coordination of muscles in hands and fingers to explore and manipulate objects in the environment)	PD7 Use and manipulate objects purposefully		<ul style="list-style-type: none"> • Offer sturdy books for turning pages and exploring positioning or pointing at pictures • Offer dolls, clothing, blankets, and accessories with large buttons, snaps, and zippers for play; allow children to practice dressing and undressing activities • Offer foods to pick up and eat such as cheerios, puffs, etc. • Begin to introduce simple shape sorting toys
	PD8 Use two hands in a coordinated, purposeful fashion	<ul style="list-style-type: none"> • Begin to roll and toss objects • Walk short distances with both hands held, then with one hand • Walk independently • Climb into an adult lap, on furniture, up and down stairs, or out of crib • Kick balls short distances • Begin to run, but may be awkward and have difficulty stopping • Squat 	<ul style="list-style-type: none"> • Provide small objects to roll, toss, and kick, such as beanbags and balls • Provide push toys to hold on to • Hold toddler's hand at chest level and walk slowly on a variety of surfaces • Encourage toddler to climb on variety of surfaces, such as laps, low sturdy furniture, steps • Encourage toddler to run toward an adult to gain control of stopping
Gross Motor (development of large muscle strength, control, coordination, and balance to move in and interact with the environment)	PD9 Move freely as they begin to control their own bodies starting with the head and back and progressing to the arms and legs		
	PD10 Increase the strength, balance, and coordination of their bodies		
	PD11 Ability to coordinate their bodies to perform increasingly complex movements		
	PD12 Interact with people and environment through movement and body awareness		

Physical Development and Health Young Toddler (12-24 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a young toddler (12–24 months) do:	What you can do to support a child’s development:
Health Awareness and Practice (experiencing and learning about healthy habits: personal care, hygiene, nutrition, physical activity, and safety)	PD13 Learn about and respect their bodies	<ul style="list-style-type: none"> • Cooperate during physical care: dressing, eating, hand washing, bathing, tooth brushing, nose blowing, and diapering • Engage in active play: pushing carts, loading wagons, rolling balls, walking, climbing, dancing, riding wheel toys • Eat a variety of healthy foods, including fruits and vegetables • Show interest in preparing and serving food • Interact with others at mealtimes • Respond to verbal warnings of danger from trusted adult 	<ul style="list-style-type: none"> • Engage toddlers in safe, supervised, unstructured physical activity indoors and outdoors each day • Create classroom experiences and use resources that increase health and safety awareness and skills: bathing dolls, brushing teeth after lunch, washing fruit, preparing healthy snacks • Serve a variety of healthy foods, but allow children to choose what and how much to eat • Sit with the toddlers during meals to model healthy eating and encourage conversation • Encourage toddlers to drink water when they get thirsty • Discuss safety rules and procedures before going on walks, playing outside, using riding toys
	PD14 Engage in daily physical activity, both indoors and outdoors		
	PD15 Experience and learn about hygiene routines		
	PD16 Experience and learn about healthy lifestyle practices		
	PD17 Learn about and demonstrate safe behaviors and accident prevention		

Physical Development and Health Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a older toddler (24–36 months) do:	What you can do to support a child’s development:
Sensory (five senses used to explore and learn about the environment)	PD1 Experience different sensory activities (touch, smell, see, hear, taste, etc.)	<ul style="list-style-type: none"> • Play with different textures — solid and liquid materials • Use senses to experience nature and weather • Eat a variety of foods with different tastes and textures • Recognize and repeat familiar songs and rhythms 	<ul style="list-style-type: none"> • Make and play with play dough and various tools to practice pounding, poking, cutting and rolling activities • Provide shovels, rakes, buckets, and hoses for outdoor play • Take nature walks and gather various nature items; be sure to touch, note sights, scents, and sounds around you • Make available sensory tables and messy trays with a variety of toddler safe materials to explore • Engage in heavy work play such as pushing carts, moving toys, and carrying and moving on different surfaces with various weighted items • Provide time for singing familiar songs or using rhythm instruments
	PD2 Organize and discriminate sensory experiences		
	PD3 Engage in sensory activities and play		
	Fine Motor (development of strength and coordination of muscles in hands and fingers to explore and manipulate objects in the environment)		
PD5 Touch, grasp, reach, and explore people and objects			
PD6 Develop and use eye-hand coordination to perform a variety of tasks			
PD7 Use and manipulate objects purposefully			

Physical Development and Health Older Toddler (24-36 Months)

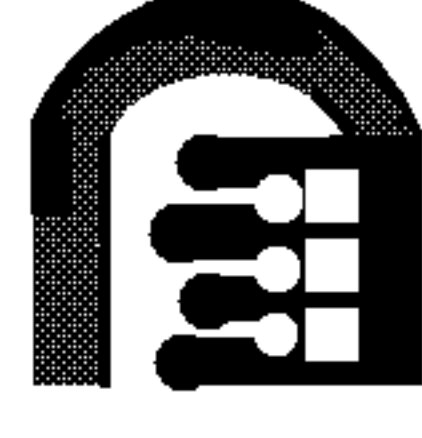
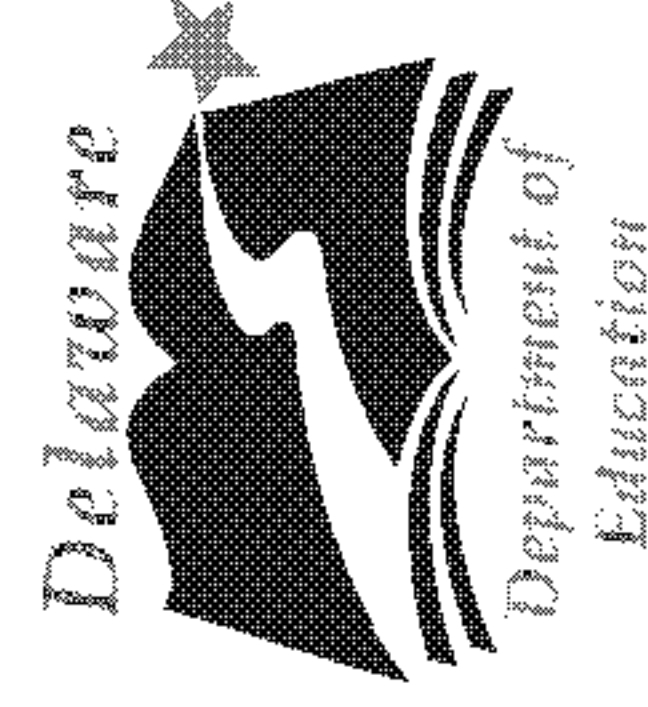
SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a older toddler (24–36 months) do:	What you can do to support a child's development:
Fine Motor (development of strength and coordination of muscles in hands and fingers to explore and manipulate objects in the environment)	PD8 Use two hands in a coordinated, purposeful fashion		<ul style="list-style-type: none"> Suggest toy trading among peers hand-to-hand Provide objects to move along surfaces with boundaries (Ex: cars on a track)
	PD9 Move freely as they begin to control their own bodies starting with the head and back and progressing to the arms and legs PD10 Increase the strength, balance, and coordination of their bodies PD11 Ability to coordinate their bodies to perform increasingly complex movements PD12 Interact with people and environment through movement and body awareness	<ul style="list-style-type: none"> Begin to jump Begin to throw objects with aim Begin to put on own shirt, pants, shoes or jacket Move with increased coordination: change direction, stop, hold position Move easily across variety of surfaces, increasing balance Begin to experiment with riding toys, using feet to move forward Walk backward 	<ul style="list-style-type: none"> Play games that use music, imitation, and simple directions (Ex: animal movements, follow the leader, dancing with scarves) Provide toddler with opportunities to jump using mats, pillows, lines on the floor, as well as holding hands or objects Provide toddler with appropriate objects to throw and kick at targets or into containers with aim Encourage toddler to throw one-handed while stepping forward Provide toddler with clothes that are loose enough and simple to put on; allow time to dress without being rushed Provide activities to encourage balance: balance beam, walking along a line on the floor, standing on one foot, navigating uneven surfaces Provide riding toys

Physical Development and Health Older Toddler (24-36 Months)

SUB-DOMAIN	To support ongoing learning and development the child is given an opportunity to:	What you might see a older toddler (24–36 months) do:	What you can do to support a child’s development:
Health Awareness and Practice (experiencing and learning about healthy habits: personal care, hygiene, nutrition, physical activity, and safety)	PD13 Learn about and respect their bodies	<ul style="list-style-type: none"> • Enjoy and initiate active play: dancing, climbing, playing with push or pull toys, crawling through tunnels, throwing balls, running • May indicate toilet needs • Decide what and how much to eat when offered healthy food choices • Prepare for sleep with bedtime comfort items and a familiar routine • Begin to initiate appropriate action at signs of danger: offer hand to adult near a parking lot or street 	<ul style="list-style-type: none"> • Encourage toddler’s independence in feeding, toileting, and hand washing • Have conversations to show respect for ability to keep healthy and safe • Offer ramps, steps, low climbers, carts, riding toys, and obstacle courses to build skills, coordination, confidence • Limit screen time to 2 hours or less • Model and discuss nutrition, health and safety practices during activities • Offer simple cooking activities using healthy and culturally appropriate foods, especially fruits, vegetables, and whole grains • Provide classroom resources to support toddler’s exploration of health, nutrition, and safety issues (Ex: books, songs, puppets, dramatic play props, dolls, etc.) • Allow time in the daily schedule to practice developing health, hygiene, and safety skills
	PD14 Engage in daily physical activity, both indoors and outdoors		
	PD15 Experience and learn about hygiene routines		
	PD16 Experience and learn about healthy lifestyle practices		
	PD17 Learn about and demonstrate safe behaviors and accident prevention		



DELAWARE HEALTH
AND SOCIAL SERVICES



Department of Services
for Children, Youth and
Their Families

Delaware Early Learning Foundations:

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(b)(6)

Preschool

Delaware Department of Education

Sept. 2010

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Additional copies can be accessed at the EDLR website:

http://www.doe.k12.de.us/infosuites/students_family/earlychildhood/default.shtml

Delaware Early Learning Foundations: Preschool

Dear Early Childhood Professional:

Having children come to kindergarten prepared to be successful is an important aspect to early childhood services. The State of Delaware is committed to supporting early childhood development for young children. Many individuals, families, groups, organizations, and agencies are focused on activities and services designed to ensure that young children have available what they need to development to their best potential. We know there are sets of experiences that we call learning opportunities that strengthen the ready learning process. This updated and revised document will be your guide to these learning opportunities.

The Delaware Early Learning Foundations were originally created in 2003. Since that time much new information has become available about children's development. It became clear that it was appropriate to update the Foundations to reflect this new information. In the process of updating the Foundations we received considerable feedback from professionals who wanted more information to help with planning their work with children. You will see that the format of the document has changed to reflect what professionals said was important.

Early Success, Delaware's plan created to strengthen the system of early care and education throughout the state, has a goal that targets having *Ready Children*. One of the critical components that will help the state reach that goal is on objective within the plan that reads: *Each Child will be provided the opportunity to learn as outlined in the Delaware Early Learning Foundations. These opportunities will be developmentally appropriate and individualized for each child.*

When the Foundations were first created, the question was asked: "What is it that is expected developmentally of a child prior to kindergarten?" Considerable time and effort was made by the many groups that have participated in the development and revision of the Foundations towards identifying those outcomes. Broad input was received to identify developmentally appropriate skills and accompanying activities that would support a child's success. Careful consideration was given to linking the Foundations with Delaware's K-12 standards and kindergarten-level expectations. The Advisory group adapted and revised the expectations for children and then transformed that information into establishing broad sets of learning opportunities that would support learning. Rather than have a listing of "readiness skills" the Foundations document is a curricular planning guide. The focus of the Foundations is to provide a structure and guide for planning experiences [opportunities] that are important to facilitating children's development.

Research has demonstrated that high-quality early education does have a positive impact on children's later school achievement. We hope the Foundations will be one tool professionals will use to support quality early learning. It is the intent of this work to ensure that Delaware's children are ready to begin school with the skills they need to be successful.

Dr. Jim J. Lesko
Director, Early Development and Learning Resources
Delaware Department of Education

Directions for Use

Plans for How the Document Will Be Used

The Foundations is a document intended to be a curriculum framework and used as a guide for daily, weekly and monthly planning. The purpose is to provide an outline of the types of learning opportunities children need before they come to kindergarten.

The Foundations are linked to the skill expectations children need as they enter kindergarten. It is the hope that the Foundations will provide a curricular guide for programs. Learning opportunities are intended to be sets of broad-based activities through which children are exposed to new learning concepts, thus having the “opportunity” to acquire new skills, practice those skills as well as master previously learned skills. As development progresses children build upon earlier skills and develop more complex skill sets. While certainly not complete, the Foundations provide a solid basis upon which professionals can plan their daily, weekly, monthly, and annual instructional activities.

It was necessary to divide the document into eight domains listed below for organizational purposes and ease of use for professionals. However, it is important to remember that professionals typically do not plan a math or a language activity in isolation. Instead, activities are planned in which children are engaged in tasks that support learning across multiple areas of development. A cooking activity can (and should) support children’s learning in the areas of Mathematics (measuring), Language and Literacy (recipes and directions), Science (mixing together ingredients to form

something else), Social Emotional (sharing), Approaches to Learning (inferences and motivation), and Physical Development and Health (healthy foods). Children naturally learn by engaging in interesting and motivating activities – most often through play experiences. While the Foundations are organized by content domain they are intended to be implemented through integrated and engaging activities.

Activities that are carefully planned and implemented constitute intentional teaching. Intentional teaching has been demonstrated to be a powerful learning tool. While involvement in materials and with peers is essential for learning, it is the careful planning of those tasks to ensure engagement supports learning that is critical to the learning process. An important component to the planning process is the concept of making sure that the environment is adequately ready to support learning. Professionals need to make sure there are a sufficient number of materials across learning domains and the materials are in good shape and vary across time.

This document is primarily intended for professionals. However, it cannot be emphasized enough the necessity to involve families in young children’s learning. Families are always the first teachers. Professionals often need additional information and support. Sharing information about what is happening in the program/setting and then providing suggestions of activities caregivers can do at home to reinforce and share in the process is crucial.

Organization of the Document

The Foundations document is organized into eight domains:

- Social Emotional
- Approaches to Learning
- Language and Literacy
- Mathematics
- Science
- My Family, My Community, My World
- Creative Expression
- Physical Development and Health

Each Domain (section) begins with a brief summary of the key messages about development for that topic area. This is followed by a chart containing the subdomains, learning opportunities, listing of actions children might do, and a listing of supportive practices.

SUB-DOMAIN	To support children’s preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child’s development:
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The first column, “Sub-Domain,” involves breaking down the topic areas into smaller subsections. An example can be found in Mathematics. In the Sub-Domain column the learning opportunities are divided into subsections: Number and Operations, Geometry and Spatial Sense, Patterns, Measurement, and Data Analysis. The purpose is to help the early childhood professional to see the different topic areas within domains.

The second column, that starts with “To support children’s preparation . . .,” is the listing of the learning opportunities. In this revised Foundations document, there are some new learning opportunities and in some cases a revision of previous learning opportunities. The learning opportunities are not listed in any hierarchical order though they may be grouped by subdomain topical areas as indicated above. It is important to remember that the learning opportunities are learning situations that the early

childhood professional will plan for and implement with children. In the Language and Literacy area, one of the learning opportunities is: “Play with language such as rhyming.” With this learning opportunity the professional will plan for many different activities for children to “play” with language. This may include singing “BINGO”, reading nursery rhymes, chanting during circle or outside, and making up nonsense words that sound the same.

The third column, – “What you might see children do,” – came as a result of responses from the field. Professionals wanted to know what they should see children doing as a result of the learning opportunities. It is important to note that these are not definitive lists, – but are instead brief examples of some skills you might see children demonstrating after having participated in a learning opportunity. The skills listed in this column should NOT be used as a checklist as it is not inclusive of all skills children will demonstrate. Instead, they are intended to be a “check-in” for professionals to see that children are acquiring some of the skills they should be taking away from the activities.

The fourth column, – “What you can do to support a child’s development,” – is a listing of some possible activities that professionals can provide that are linked with the learning opportunities. It is important to remember that this list is only a brief sample of some practices and there are MANY more activities that professionals can plan for and provide to support children’s learning.

Summary

The Foundations document is intended to be used as an instructional guide for early childhood educators. As individuals plan annual and short-term lesson plans for preschool-age children, the Foundations can be used to assist in the development of instructional activities. It is hoped that early educators will use the Foundations and the information contained within, as they plan their daily, weekly, and year-long classroom activities.

Delaware Early Learning Foundations: Preschool for School Success

Guiding Principles

- ✓ All children are learners.
- ✓ Children learn through play.
- ✓ All children who turn five on or before August 31 are eligible to attend kindergarten.
- ✓ All age-eligible children may enroll in kindergarten regardless of their developmental level or prior experiences.
- ✓ Every child is unique and is accepted for his/her differences in development, culture, home environment, and learning style.
- ✓ Schools will be accessible and ready to meet the individual physical and developmental needs of all children.
- ✓ Parents/families are the child's first teachers—they play a key role in preparing children for success in school through being involved in their child's education from birth.
- ✓ Quality early learning experiences are essential to prepare a child for success in school.
- ✓ The learning opportunities provided need to be developmentally appropriate for preschool-age children.
- ✓ A developmentally appropriate learning environment fosters kindergarten readiness.
- ✓ It takes partnerships among families, early care and education professionals, schools, health care providers, and other community resources to promote children's development and school success.

SOCIAL EMOTIONAL DEVELOPMENT

Social emotional development begins at birth and progresses rapidly during the preschool years. Effectively supporting the development of emotional and social skills is complex. Children's social behavior may vary for a variety of reasons including, but not limited to a child's personality, temperament, family relationships, cultural context, and early experiences. Teachers have a responsibility to be proactive in creating a classroom community that accepts and supports all children including providing regular extended opportunities for spontaneous, child-initiated play. The area of social emotional development outlines the learning opportunities needed to help children develop these key skills.

The three sub-domains of Social Emotional include:

- Self-Concept – focuses on how the child feels about him/her self and views him/her self as a learner
- Self-Regulation – targets the child's ability to adjust his/her emotions and to focus his/her attention
- Social Relationships and Cooperation – focuses on the child's awareness of responsibility to him/her self and others and his/her ability to get along with others

Social Emotional Development

SUB-DOMAIN	To support children’s preparation for kindergarten families and programs will provide children the opportunity to:	What you may see children do:	What adults can do to support a child’s development:
<p>Self-Concept</p>	<p>SE31 Be with adults who are consistent, responsive, and caring</p>	<ul style="list-style-type: none"> • Show pride in achievements • Describe self using several basic characteristics (Ex: gender, age, ethnicity, hair color, eye color, etc.) • Show ability to adjust to new situations • Use materials in self-directed manner • Demonstrate appropriate trust in adults • Stand up for rights • Make appropriate eye contact 	<ul style="list-style-type: none"> • Greet child on arrival, call by name • Communicate with child on eye level • Show respect, consideration, warmth to all children • Provide opportunities for child to share information and stories about their family, their home, and their interests • Invite families into the classroom • View problems as teaching opportunities, provide child with time to come up with solutions: “It looks like two people want the same car. I wonder how you can solve that problem?”
	<p>SE32 Make meaningful choices and experience the outcomes of those choices in a safe and supportive environment</p>		
	<p>SE33 Participate in activities that are challenging but within their reach</p>		
	<p>SE34 Assume a role in determining how they will learn</p>		

Social Emotional Development

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you may see children do:	What adults can do to support a child's development:
Self-Concept	SE35 Participate in meaningful responsibilities	<ul style="list-style-type: none">Identify likes and dislikes	<ul style="list-style-type: none">Take action to support and enhance playEncourage and allow child to initiate and regulate his/her own learning and interaction with peersProvide child with materials and equipment that reflects the lives of children and families, as well as diversity found in societyActively listen to child, tune into his/her interests and ideas, build on these when planningSet appropriate expectations based on knowledge of individual child and his/her family keeping in mind what is appropriate or effective social behavior in one culture or setting may not be in anotherEstablish mealtime routines with child (Ex: taking turns washing hands, setting the table, passing foods and beverages family style)Provide opportunities for child to assist in caring (Ex: feeding pets, cleaning tables, taking attendance)
	SE36 Explore and participate in activities and materials designed to build understanding of individual characteristics and of diversity in culture, family structure, ability, language, age and gender in non-stereotypical ways		
	SE37 Be a part of the classroom community so that each child feels accepted and gains a sense of belonging		

Social Emotional Development

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you may see children do:	What adults can do to support a child's development:
Self-Regulation	SE38 Recognize, label and express a range of feelings and needs appropriately (Ex: happy, sad, frustrated, angry, fearful, etc.)	<ul style="list-style-type: none"> • Recognize and label feelings in self and others • Increasingly express feelings through appropriate gestures, actions, and language • Avoid common dangers • Demonstrate appropriate use of toys • Show some creativity in the use of toys • Follow routines • Adapt to changes in daily routines • Answer questions related to safety • Use thinking skills to resolve conflicts • Respect and care for environment and materials • Demonstrate some self-direction and independence • Follow rules • Associate emotions with words and facial expressions 	<ul style="list-style-type: none"> • Make play and games important parts of curriculum • Establish and maintain predictable, consistent routines • Model appropriate emotional responses • Model self-control and self-regulation in words and actions • Encourage open expression of feelings • Provide activities that support self-control (Ex: stop-start games) • Provide opportunities to practice stopping activities on request • Provide opportunities to work on projects over a period of time • Use logical consequences and guidance practices that support self-control • Give advance notice so child can bring their play to an end • Give clear directions, expect that the child will do what you have asked them to do, follow through as appropriate • Create opportunities for child to practice rules and to apply those rules in new situations
	SE39 Begin to understand that feelings are separate from actions and that it is acceptable to have a range of feelings (Ex: from frustrated to really mad)		
	SE40 Express feelings through play and artistic representation		
	SE41 Begin to understand that actions have consequences		
	SE42 Follow simple rules and routines with minimal help		

Social Emotional Development

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you may see children do:	What adults can do to support a child's development:
Self-Regulation	SE43 Experience logical and natural consequences	<ul style="list-style-type: none">• Stop actions when necessary	<ul style="list-style-type: none">• Offer child visual and concrete reminders about self-regulation (Ex: visual schedules, stop signs, picture of raising quiet hand)• Provide child with chance to decide on appropriate action before stopping or stepping in• Teach child skills that foster self-control (Ex: taking deep breathes, body relaxation)• Teach child to reflect and plan• Take opportunities to talk about daily activities and feelings• Label child's feelings: "You're sad because Daddy had to leave."• Describe your own feelings: "I'm frustrated because I can't open the glue."
	SE44 Complete activities that he/she has started		
	SE45 Use materials purposefully, safely, and respectfully		
	SE46 Attempt to solve problems in a positive manner		

Social Emotional Development

SUB-DOMAIN	To support children’s preparation for kindergarten families and programs will provide children the opportunity to:	What you may see children do:	What adults can do to support a child’s development:
<p>Social Relationships and Cooperation</p>	<p>SE47 Develop trust in familiar adults and close peers</p>	<ul style="list-style-type: none"> • Play well with other children • Recognize feelings of others and respond appropriately • Share and respect rights of others 	<ul style="list-style-type: none"> • Create sensitive and responsive relationships with each child • Set aside large blocks of uninterrupted time for child-directed play • Actively listen to child
	<p>SE48 Receive guidance, support and directions from a range of familiar adults</p>	<ul style="list-style-type: none"> • Work collaboratively toward goals with peers 	<ul style="list-style-type: none"> • Act the way you would like child to act so he/she can learn by observing
	<p>SE49 Develop and maintain friendships with peers</p>	<ul style="list-style-type: none"> • Enjoy interacting with peers as well as with adults • Label feelings of peers and respond to them 	<ul style="list-style-type: none"> • Teach child strategies to stay calm, give voice to what child might be feeling or thinking by saying out loud how he/she might feel and why he/she might feel that way
	<p>SE50 Develop awareness of other’s perspectives and gain an understanding of how their actions impact those around them</p>	<ul style="list-style-type: none"> • Play group games with other children without constant adult supervision 	<ul style="list-style-type: none"> • Encourage friendships by describing or commenting on friend’s play, providing special materials or activities to encourage child to play or to complete a task together, interpreting for a child who is having a difficult time being understood, inviting two children to play together, inviting two or more children to join you in play
	<p>SE51 Develop and demonstrate positive social skills (Ex: please, thank you, helping a friend, sharing, etc.)</p>	<ul style="list-style-type: none"> • Listen to peers and discuss ideas or observations, including verbalizing solutions to problems • Demonstrate understanding that different people have different feelings, attitudes, or beliefs through role playing in pretend play 	<ul style="list-style-type: none"> • Use understanding of child’s abilities to decide how to help child solve problems

Social Emotional Development

SUB-DOMAIN	To support children’s preparation for kindergarten families and programs will provide children the opportunity to:	What you may see children do:	What adults can do to support a child’s development:
Social Relationships and Cooperation	SE52 Develop ability to initiate and sustain play with peers	<ul style="list-style-type: none">• Begin to use compromise, negotiation, and discussion in working, playing and resolving conflicts at first with adult support	<ul style="list-style-type: none">• Step in and solve problem, give hint or assistance, or watch and do nothing, giving he/she opportunity to solve problems independently
	SE53 Be a helpful member of a group or household through sharing tasks or chores	<ul style="list-style-type: none">• Begin to demonstrate ability to give and take during peer interactions by helping, sharing, and discussing with peers	<ul style="list-style-type: none">• Read stories that show children treating each other with respect and kindness
	SE54 Develop turn taking and negotiation skills	<ul style="list-style-type: none">• Demonstrate ability to take turns in games or using materials• Manage emotions during conflicts• Assert self in socially acceptable ways	<ul style="list-style-type: none">• Talk about emotions shown by characters in stories• Describe different perspectives for child• Create routines that help child to get to know others• Incorporate games that require pro-social behavior (Ex: parachute)• Provide daily opportunities for child to participate in dramatic play• Model empathy and respect for others’ feelings• Interpret and give voice to feelings of other children (Ex: “Jamie cried because she was scared when you yelled loudly.”)

APPROACHES TO LEARNING

All children approach learning in different ways, regardless of their abilities. How a child acquires and understands knowledge is dependent upon the child's unique attitudes, skills, learning styles, and culture. Learning can be influenced by a child's willingness to take initiative, and their openness to and curiosity about new tasks and challenges. Learning is also influenced by a child's imagination, persistence, attentiveness, and problem solving skills. Adults in children's environments can do a lot to help support the development of these critical skills. The learning environment should be well-planned and carefully designed to support individual differences while helping children to take initiatives, try new things, show persistence and problem solve. Some children are naturally

outgoing and are verbal; others are more comfortable observing and communicating in nonverbal ways. Children can be visual or auditory learners. The learning environment will need to accommodate to a variety of learning styles based upon the broad range of children's interests.

The three sub-domains of Approaches to Learning include:

- Initiative and Curiosity
- Engagement and Persistence
- Reasoning and Problem Solving

Approaches to Learning

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:	
Initiative and Curiosity	AL31 Participate in a variety of tasks and activities using all five senses	<ul style="list-style-type: none"> • Independently choose to participate and play in available centers • Select new and different materials • Volunteer to share new ideas and experiences • Initiate movement and play 	<ul style="list-style-type: none"> • Offer exploration of materials/activities appealing to variety of senses and learning styles, for small and larger group experiences • Provide child with opportunities to make and follow their plans (Ex: describing what he/she plans to do with materials for an art activity or what he/she will do during center/choice time) • When child is trying to solve problem (Ex: doing puzzle) encourage he/she to try different solutions (flexibility) • Provide play-based learning environment with clearly defined interest areas and labeled materials that invite child to explore, discover and participate to enhance learning • Provide variety of materials, photographs, artwork, and music to stimulate experiences, knowledge, and interests • Build on child's own ideas and interests (Ex: project or curriculum unit, what story to read) • Be aware of child who shows limited interests, invite child to participate in variety of experiences that may expand his/her play ideas • Provide child with opportunities to communicate about his/her ideas, experiences, and feelings — both in group times and informally at other times throughout the day • Vary active and quiet activities throughout the day (Ex: rhythm and movement, followed by a quiet story time) 	
	AL32 Make independent choices during play and throughout the daily routine			
	AL33 Approach tasks and activities with flexibility, imagination, inventiveness, and confidence			
	AL34 Show eagerness and curiosity to learn about and discuss a variety of topics, ideas, and tasks			

Approaches to Learning

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Engagement and Persistence	<p>AL35 Begin to develop the ability to focus and complete a variety of tasks, activities, projects, and experiences</p> <p>AL36 Begin to develop and follow through with plan for play and other activities</p> <p>AL37 Begin to demonstrate the ability to follow a sequence of steps to create a finished project</p>	<ul style="list-style-type: none">• Initiate, follow through, and complete activities and projects• Assign roles when engaged in dramatic play scenarios• Participate in activities that encourage following directions and steps to complete tasks	<ul style="list-style-type: none">• Ask open-ended questions to encourage and develop play ideas• Use small-group activities when possible, as child will find it easier to become engaged when group is small• Comment on and encourage efforts child puts into his/her work, not just final results• Record child's plans to facilitate follow-through and recall of steps/progress• Document, label/describe, display steps, talk about play with photos whenever possible• Include activities to encourage following directions and steps to complete tasks (Ex: cooking recipes, written directions, pictures to follow sequence to complete projects)• Develop warm, secure relationships with child, to help child become more engaged and persistent in his/her learning• Work with child who quickly becomes disengaged or give up on tasks, encouraging them to persist

Approaches to Learning

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Reasoning and Problem Solving	AL38 Develop the ability to recognize and solve problems through active exploration, including trial and error, interactions and discussions with peers and adults	<ul style="list-style-type: none"> • Make predictions of outcomes in stories and answer "What if?" questions • Engage in problem solving in variety of developmental areas • Describe and explain different ways to solve problems • Demonstrate awareness of ways to get help in solving problems 	<ul style="list-style-type: none"> • Help child learn how to function in a group, relate positively to others and solve problems peacefully • Throughout the day, provide a variety of materials and experiences to support child's abilities to understand cause and effect, sequencing, comparisons, and problem solving • Give recognition to child who helps others solve problems • Help child think about what he/she does to help others • Model problem-solving for child (Ex: think out loud, brainstorm problem solving options with child)
	AL39 Develop the ability to classify, compare, and contrast objects, events, and experiences		
	AL40 Demonstrate the ability to sequence events		
	AL41 Begin to develop the ability to explain and demonstrate strategies to solve problems		

LANGUAGE AND LITERACY

Language is defined as human speech, written symbols for speech, or any means of communication. The development of language begins at birth, follows a predictable sequence, and develops at each child's individual rate. Language and literacy involves reading, writing, listening/viewing, and speaking/signing. These skills are developed when children's efforts at language are supported by the adults in their environments. Children should be provided opportunities to participate in play experiences that support language and literacy development. The role of the adult is to facilitate a wide variety of developmentally appropriate materials and experiences inside and outside of the classroom in addition to providing a print-rich environment that nurtures the child's efforts in emergent language and literacy skills.

Attention needs to be given to English Language Learners since they face many issues as they are learning two languages at the same time. Preschoolers who have a strong foundation in their first language generally are able to learn a second language easier. Best practices

indicate that instruction for language and literacy development should be given in the child's primary language first. When this is not possible, parents are strongly encouraged to use their primary language at home while the preschooler learns a second language outside the home. Many languages differ in their structure from English. Therefore, early childhood professionals should be aware of such differences as they plan their instruction and should avoid referring students to special education programs. Overall, a rich multicultural variety of materials such as signs, posters, books, and pictures in two or more languages should surround the English Language Learners as much as possible.

The four sub-domains of Language and Literacy include:

- Receptive Communication
- Expressive Communication
- Emergent Reading
- Emergent Writing

Language and Literacy

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Receptive Communication	LL31 Respond to their names, requests for action, or information	<ul style="list-style-type: none"> • Look at or point to objects when named • Go to a specific center area and explore a specific item, when asked • Follow directions to string red-colored beads, blue-colored beads, and yellow-colored beads in sequence • Act out characters in story read aloud or signed • Listen to a story and respond to questions (Ex: "What color was the wagon? What might the farmer be thinking?") • Sit and attend to activity or story 	<ul style="list-style-type: none"> • Watch or listen to child and model good attending skills • Give direction to child and time to respond • Provide activities that allow child to distinguish between variety of sounds or hand shapes • Explain simple steps in tasks • Ask open-ended questions to encourage more than a one-word answer • Ask different types of questions starting with choices, yes-no questions, who, what, where, followed by why and when • Recognize and reinforce positive attending behaviors during story time
	LL32 Develop listening, watching, attention, and comprehension skills		
	LL33 Follow two- or three-step directions		
	LL34 Identify particular sounds in the environment through different media		
	LL35 Respond to questions		
	LL36 Increase vocabulary to include prepositions and basic concepts		

Language and Literacy

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Expressive Communication	LL37 Be aware that people communicate in a variety of ways (verbal and non-verbal)	<ul style="list-style-type: none"> • Ask to join play group or share materials • Make up nonsense words • Play with ASL signs and hand shapes • Identify objects, people, and actions from pictures • Respond to questions • Describe what he/she did during the previous day • Describe ideas • Express feelings, needs, and wants • Recall details in a story 	<ul style="list-style-type: none"> • Use indirect methods (repeating the correct form) to correct child's grammatical errors • Reinforce child's native language • Extend child's comments by adding descriptive words • Ask child about his/her work (Ex: art, block structures, etc.) • Find ways to connect motion to words/language • Restate and expand what child says/signs • Model correct tone and volume while speaking • Model correct facial grammar and speed when signing • Ask open-ended questions
	LL38 Communicate so they will be understood by peers and adults		
	LL39 Play with language such as rhyming		
	LL40 Use language to enter play situation		
	LL41 Participate in turn taking conversations		
	LL42 Dictate a story to an adult		
	LL43 Communicate using multiple words/phrases including nouns, verbs, descriptive phrases, prepositions and/or American Sign Language (ASL) grammatical features		
	LL44 Use volume and tone or ASL facial grammar appropriate to the situation		
	LL45 Respond appropriately to messages in conversation		
	LL46 Express emotions through language		
	LL47 Use language appropriately during play situations		

Language and Literacy

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Expressive Communication	<p>LL48 Experiment with patterns in words</p>	<ul style="list-style-type: none"> • Use new vocabulary words • Communicate when information is not understood • Describe daily events and experiences • Engage in extended and meaningful verbal and nonverbal exchange with others • Ask questions what, when, where, why, and who 	<ul style="list-style-type: none"> • Model language for social situations • Teach child by using "word play" • Teach child by using "word play" songs like "<i>Banana Fana Fo Fana</i>." • Use full sentences rather than one-word sentences • Use rich, complex vocabulary
Emergent Reading	<p>LL49 Show an interest in rhymes, songs, books, stories, writings, and other literacy or reading-related activities</p> <p>LL50 Show increasing awareness of print, familiar signs, labels, and symbols</p> <p>LL51 Identify and name letters of the alphabet</p> <p>LL52 Recognize their first name in print written with the first letter in upper case followed by lower-case letters</p> <p>LL53 Recognize common letter sounds at the beginning, middle, and end of words</p> <p>LL54 Know the difference between upper- and lower-case letters</p>	<ul style="list-style-type: none"> • Pick up a book and look through it • Say aloud/sign names of pictures seen on classroom wall, books, or other media • Request favorite stories or books • Recognize own name in various places 	<ul style="list-style-type: none"> • Let child see you enjoy reading • Provide books and other reading materials throughout environment • Provide activities to match, identify, name letters • Add props such as puppets, flannel boards, and costumes • Tell stories without books • Re-read books • Read books and poems every day

Language and Literacy

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Emergent Reading	LL55 Show comprehension by answering questions related to an age-appropriate story that has been read or told	<ul style="list-style-type: none"> • Open book and flip through pages front to back • Identify pictures or objects with same beginning sounds or letters • Point to an upper-case letter • Name some upper-case letters • Recognize and say words that begin with same sounds • Stomp words in a sentence • Clap syllables in words 	<ul style="list-style-type: none"> • Read big books, tracking print as book is read • Help children make their own books and place in book corner for others to view • Use tactile experience with letters (Ex: sandpaper backed, flannel, magnetic) • Display variety of books • Label everything using upper- and lower-case letters • Engage in playing with words in sentences, syllables in words, and phonemes in words
	LL56 Understand the parts of a book and how it is used		
	LL57 Hold a book upright, turn the pages starting at the front of the book, and scan pages left to right and top to bottom		
	LL58 Explore different types of literature such as narrative (story) and informative (non-fiction)		
	LL59 Demonstrate that print represents someone's thoughts and ideas		
	LL60 Interpret pictures		
	LL61 Hear words in a sentence and syllables in words		
	LL62 Know that print is read and pictures are not		

Language and Literacy

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Emergent Writing	LL63 Use scribbles, symbols, or drawings to share experiences	<ul style="list-style-type: none"> • Write on paper with crayon or pencil • Draw pictures to describe experiences • Write his/her name • Trace letters or shapes • Copy letters or shapes • Write and/or draw letters or shapes • Use pretend writing to make shopping list during dramatic play 	<ul style="list-style-type: none"> • Model writing and explain why you write • Provide activities to develop hand-eye coordination, visual memory, copying forms, and practice left to right, top to bottom • Take dictation from child • Relate writing to needs (Ex: shopping list, recipes, etc.) • Provide practice materials (Ex: wipe-off cards, sand trays, and erasable pads) • Use terms "upper" and "lower" rather than "big" and "little" • Provide child with variety of writing materials (Ex: postcards, writing paper, and envelopes) • Provide writing materials in all the centers throughout the room
	LL64 Use a variety of writing tools and materials		
	LL65 Trace and copy shapes and letters		
	LL66 Begin to print the letters of their first name		
	LL67 Express self through pretend writing		
	LL68 Write in a variety of formats		
	LL69 Practice writing left to right and top to bottom		
	LL70 Use inventive spelling		
	LL71 Develop strength, dexterity, and control needed to use writing tools and materials		
	LL72 Develop hand-eye coordination required for written communication		

MATHEMATICS

Mathematical learning begins with children making sense of their world when provided with opportunities to describe and explore the relationships of objects and materials. Mathematics is embedded in authentic, hands-on activities that occur naturally during real-life situations. Adults facilitate this learning by encouraging children's critical thinking skills through open-ended questions to develop concept knowledge in number and operations, geometry and spatial relationships, patterns, measurement, and data analysis.

The five sub-domains of Mathematics include:

- Number and Operations
- Geometry and Spatial Sense
- Patterns
- Measurement
- Data Analysis

Mathematics

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Number and Operations	<p>MA31 Develop an awareness of numbers and counting as a means for understanding quantity</p> <p>MA32 Recite numbers in sequence</p> <p>MA33 Recognize numbers</p> <p>MA34 Use one-to-one correspondence when counting</p> <p>MA35 Use language to compare numbers of objects (Ex: more, less, same)</p> <p>MA36 Determine quantity or "how many"</p> <p>MA37 Understand numbers and number concepts as they relate to everyday life</p> <p>MA38 Use ordinal number words to describe the position of objects (Ex: "first," "second," "third," etc.)</p> <p>MA39 Understand the concept of how numbers relate to quantity</p>	<ul style="list-style-type: none"> • Count blocks in the correct sequence in block area • State which child (or object) is first, second, or third • Count 6 objects and say, "I have 6" • Give each child one napkin or cracker or straw during snack • Correctly identify numbers seen in environment 	<ul style="list-style-type: none"> • Model counting throughout each day (Ex: How many boys are sitting in circle?) • Ask questions to encourage child to count during daily activities (Ex: How many more cups will we need?) • Incorporate music, stories, and rhymes that involve counting • Provide variety of manipulatives to encourage counting concepts • Ask child to give each person one of something (Ex: napkins, crayons, paper, etc.)
Geometry and Spatial Sense	<p>MA40 Begin to recognize, name, describe, build, and draw two and three dimensional shapes</p> <p>MA41 Put together and take apart increasingly more difficult puzzles</p>	<ul style="list-style-type: none"> • Build with blocks and describe structures • Recognize and name shapes in their environment • Draw shapes to create pictures • Put together and take apart puzzles 	<ul style="list-style-type: none"> • Provide puzzles of varying difficulty • Provide manipulatives that can be sorted by color, size, and shape • Display and read books about shapes • Look for and point out shapes with the child inside and outside

Mathematics

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Geometry and Spatial Sense	<p>MA42 Describe how shapes are the same or different (Ex: size, shape, color)</p> <p>MA43 Demonstrate and describe positions of objects</p>	<ul style="list-style-type: none"> • Create designs using pattern blocks • Describe shapes in the environment using the words "same" and "different" • Use words such as "in," "on," and "under" to describe where an object is • Sort objects by size, shape, or color 	<ul style="list-style-type: none"> • Provide child with writing materials to encourage drawing shapes • Use intentional words to describe location of item (Ex: "I see some animals are inside the zoo you built and others are outside.")
	<p>MA44 Recognize, copy, and extend simple patterns with a variety of materials</p> <p>MA45 Arrange objects in a series according to one attribute (Ex: shape, size, texture)</p> <p>MA46 Develop an awareness of concepts of time as it relates to daily lives (Ex: snack, circle, bedtime)</p> <p>MA47 Sort and match a variety of concrete objects according to attributes (Ex: color, size, shape)</p>	<ul style="list-style-type: none"> • Predict and create what comes next in a pattern made with blocks • Notice patterns in stories and music • Sort objects by color, shape, size • Talk about what comes next in daily schedule 	<ul style="list-style-type: none"> • Read and display books that contain visual and auditory patterns • Encourage child to look for patterns inside, outside and on clothing • Sing songs with repeating patterns • Provide materials that child can copy and extend patterns • Discuss patterns in events (Ex: days of the week, day/night, breakfast/lunch/dinner)
Measurement	<p>MA48 : Use non-standard (feet, hands, shoes, blocks, yarn) and standard (ruler, yardstick, measuring tape) measures</p> <p>MA49 Explore concepts of measurable attributes (Ex: weight, volume, length, time, and temperature)</p> <p>MA50 Begin to compare and sort according to measurement attributes (length, size, weight)</p>	<ul style="list-style-type: none"> • Measure objects such as a carpet using his/her feet, hands, yarn, blocks • Measure objects such as a table with a ruler, yardstick, tape measure • Use words such as shorter, taller, bigger, smaller, heavier, lighter to compare and sort objects 	<ul style="list-style-type: none"> • Model and encourage child to measure objects using non-standard and standard units of measure • Provide child with pan balances and different types of materials to explore concept of volume/weight (Ex: cotton balls, marbles, counting bears, etc.)

Mathematics

SUB-DOMAIN	To support children’s preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child’s development:
Measurement		<ul style="list-style-type: none"> • Fill and empty different size containers with sand and/or water • Use smaller containers to fill up larger containers 	<ul style="list-style-type: none"> • Provide variety of toys in sand and water areas to encourage exploration of volume and weight (Ex: measuring cups, pitchers and bottles of different sizes, funnels, etc.)
Data Analysis	<p>MA51 Begin to represent data using concrete objects, pictures, and simple graphs</p> <p>MA52 Begin to compare and interpret data collected</p>	<ul style="list-style-type: none"> • Participate in recording specific information about self (Ex: favorite color, ice cream or other topic of interest) • Display information collected on simple graph (Ex: collect leaves, sort leaves by color on graph or pie chart) • Engage in task that involves collecting information and creating strategy to show the data (Ex: ask group of children their favorite color, graphing responses — 5 like orange, 3 like purple, etc.) • Participate in group task that involves children identifying which graph represents “more” or “less” or “the same” • Make inferences from graphic examples (Ex: “Nobody likes broccoli and a lot of us like carrots.”) 	<ul style="list-style-type: none"> • Pose questions of interest to group of children learning about animals (Ex: “What is your favorite animal?”) • Provide child with simple graph and display information • Model and encourage child to talk about data collected

SCIENCE

Science is a curricular content area, important to children's cognitive development and supportive of all other areas of development. In the process of exploring science, children will also develop language skills, math knowledge, social cooperation, and physical dexterity. From infancy, children are curious and explore using their senses, which are foundations of scientific exploration. Children's interactions with, and questions about, events in the physical world and the living and non-living things in it, form the beginnings of emerging science. During the preschool years, children begin to make observations, practice scientific inquiry, draw conclusions, and use tools to extend their investigations. Adults and educational programs can provide children with materials, technology, tools, and learning opportunities that promote their sense of

wonder, their curiosity, and their development of scientific knowledge and reasoning skills.

The seven sub-domains of Science include:

- Sensory Awareness
- Scientific Exploration
- Scientific Inquiry
- Scientific Knowledge – Living Things
- Scientific Knowledge – Non-Living Things
- Scientific Knowledge – Earth and Sky
- Scientific Knowledge – Environment

Science

SUB-DOMAIN	To support children’s preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child’s development:
Sensory Awareness	<p>SC31 Use senses in purposeful ways to gather information and explore the environment</p> <p>SC32 Begin to identify and recognize the differences among the senses, their functions, and the kinds of information they get from each sense</p>	<ul style="list-style-type: none">• Use senses to explore how things in the environment look, feel, sound, taste, and smell• Describe what he/she sees, feels, hears, tastes, or smells• Compare and contrast features of different objects; describe which senses are used (Ex: shell is rough, pickle is sour, kiwi is green inside)	<ul style="list-style-type: none">• Provide access to sand, water, mud, paint, rice, clay• Provide developmentally appropriate access through play to variety of materials to explore taste, touch, sight, smell, and sound• Create texture and temperature experiences: feel box, hot and cold items to touch and compare, make collages of rough and smooth items• Provide opportunities to smell and identify spices, foods, flowers• Taste various foods that allow child to experience and identify flavors such as sweet, salty, and sour• Identify sounds: play “Sound Lotto” using tapes, match sounds to pictures of objects, take a walk to identify sounds• Investigate vibrations and sounds by playing instruments or making their own out of pots, pans, and bowls

Science

SUB-DOMAIN	To support children’s preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child’s development:
Scientific Exploration	SC33 Express their curiosity and investigate questions of interest through play and exploration	<ul style="list-style-type: none">• Look at, feel, and describe a variety of objects (Ex: shells, pebbles, smooth sea glass, and egg cases from the beach)• Use tools such as shovels, rakes, spoons, measuring cups for dirt or sand• Explore objects that attract and repel magnets• Use magnifiers to carefully observe details of insects, leaves, shells, and other small objects• Explore funnels, sieves, and tubing during water and sand play	<ul style="list-style-type: none">• Provide developmentally appropriate access through play so that child can touch, manipulate, build and take apart objects• Display and rotate materials (Ex: rocks, stones, seed pods, gourds, nests, pine cones, fossils, shells, feathers)• Provide tools for exploration (Ex: magnifying glasses, magnets, color paddles, tweezers, eye droppers, specimen jars, scales and other measurement tools)• Collect objects during walks and discuss or chart the similarities and differences among the items in your collection (Ex: leaves, pebbles, or seeds)
	SC34 Use materials and tools appropriate for problem solving and exploration		

Science

SUB-DOMAIN	To support children’s preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child’s development:
<p>Scientific Inquiry</p>	<p>SC35 Ask scientific questions</p>	<ul style="list-style-type: none"> • Ask “how” or “why” an event or phenomenon occurred • Observe and describe changes that happen to materials in the environment (Ex: when food coloring is added to liquids, water is added to dirt, or apples are cooked to become applesauce) • Make predictions about the color change when a new food color is added to a substance, about changes that occur when water is added to sand or dirt, or how heat changes foods during cooking • Describe changes that occur and communicate an understanding of results verbally and/or through drawing 	<ul style="list-style-type: none"> • Provide developmentally appropriate opportunities to act on objects; explore the world around them; and to communicate their questions, ideas, explanations, and findings • Use open-ended questions (Ex: who, what, where, how, why) • Assist in discussing and charting observations • Support child as he/she formulates predictions, conclusions, and explanations (Ex: “what comes next,” “what if”) • Encourage child to communicate his/her ideas and findings verbally, with graphs, and by drawing in science journals
	<p>SC36 Investigate and explore their questions using observations and previous experience to make predictions</p>		
	<p>SC37 Provide their own explanations for “how” and “why” things happen</p>		
	<p>SC38 Use data from an investigation or exploration to draw conclusions and communicate results</p>		

Science

SUB-DOMAIN	To support children’s preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child’s development:
Scientific Knowledge – Living Things	SC39 Observe, describe, and discuss the natural world of people, animals and plants	<ul style="list-style-type: none"> • Share observations about living things • Distinguish farm animals from wild animals or desert plants from forest plants • Identify adult animals and their offspring • Handle animals and plants gently and approach carefully • Recognize pet’s need for food and water or plant’s need for water and sun 	<ul style="list-style-type: none"> • Provide developmentally appropriate access through play to explore living things • Collect seedpods and leaves on walks • Play nature or leaf lotto • Read and discuss books about plants, animals, lifecycles • Plant seeds or plants; visit gardens to learn about plant parts and life cycles • Use resources from the environment to create objects and art (Ex: nature bracelets, wreaths, collages) • Discuss how plants and animals are used by people as resources for food and other products (Ex: wood, cotton, and wool) • Explore how human beings, plants, and animals interact with each other in the environment • Identify animal tracks, sounds, colors, and parts
	SC40 Recognize categories of people, plants and animals; describe similarities and differences among them		
	SC41 Recognize people, plants and animals grow and change over time and need certain things to survive		
	SC42 Demonstrate respect for living things		

Science

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Scientific Knowledge – Non-Living Things	SC43 Observe, describe, and discuss physical properties of non-living things, both natural and human-made	<ul style="list-style-type: none"> Share observations about non-living things such as rocks are hard, ice is cold 	<ul style="list-style-type: none"> Provide developmentally appropriate access through play to explore the properties of non-living objects and materials
	SC44 Recognize categories of non-living things and describe similarities and differences among them	<ul style="list-style-type: none"> Sort objects by properties such as heavy vs. light, cold vs. hot 	<ul style="list-style-type: none"> Explore simple machines (wheels, pulleys, levers, and ramps/inclines), woodworking tools, cooking tools (eggbeaters, whisks, potato mashers), motorized (fan) and non-motorized (tricycle) objects that move, building materials, kinds of movement (roll, slide, flight, float), and equipment to explore how water moves (funnels, tubes, water wheels)
	SC45 Explore objects, machines, technology and structures	<ul style="list-style-type: none"> Show curiosity and manipulate objects and machines such as blocks and LEGOs, flashlights and battery toys; tricycles and wagons; telephones and computers 	<ul style="list-style-type: none"> Provide experiences with observation and measuring tools such as magnets, prisms and mirrors, magnifiers, tape measures, rulers, measuring cups and spoons
	SC46 Experiment with effects of their own actions on objects	<ul style="list-style-type: none"> Observe how their actions create change: switches turn lights on and off, changing the height of ramps effects how fast objects roll or slide, placing a large heavy block on a tower of small ones causes a collapse 	<ul style="list-style-type: none"> Investigate sinking and floating
			<ul style="list-style-type: none"> Explore simple technology: cash register, telephone, computer, CD player, tape recorder, microwave, LED clock Help child to safely take apart a machine such as an old telephone or a wind-up toy Explore balance, weight, and structures by creating horizontal bridges and spans Experiment with and explore liquids and solids: absorb, dissolve, melt, freeze, mix, separate

Science

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Scientific Knowledge – Earth and Sky	<p>SC47 Observe, describe, and discuss changes in the seasons and the weather</p>	<ul style="list-style-type: none"> • Observe that it is raining or note that trees are turning colors in the fall • Mix dirt and water to make mud; describe how sand and dirt feel different; discuss how oceans are different from ponds • Observe stars and moon can be seen best at night and that the sun goes down as it becomes night; notice that the moon isn't always the same shape 	<ul style="list-style-type: none"> • Provide developmentally appropriate access through play to the earth's elements, stars, planets, and weather • Graph/chart temperatures over time and relate this to changes in their clothing (short vs. long sleeves or needing to wear a coat) • Explore wind direction using sails, wind wheels, or streamers • Explore water's effects on other materials by pouring water on piles of rocks, sand, and dirt • Provide science journals for child to draw his/her observations about weather and seasonal changes • Observe and describe the sky during the day and at night • Collect rain or measure snow to find out how much fell during a storm • Classify rocks, crystals, geo rocks • Explore and describe landforms and bodies of water: hills, mountains, oceans, sand dunes, ponds, rivers • Look at dirt, rocks, and sand more closely using magnifying glasses
	<p>SC48 Observe, describe and discuss landforms, bodies of water, and the properties of earth's materials (Ex: rocks, dirt, sand and water)</p>		
	<p>SC49 Observe, describe, and discuss the characteristics of the sun, moon, stars, and sky</p>		

Science

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Scientific Knowledge – Environment	SC50 Explore how the environment is affected by what people do SC51 Describe and engage in activities that preserve the environment	<ul style="list-style-type: none">• Observe trash or litter where it does not belong and suggest picking it up• Pick up trash on playground; use both sides of paper; turn off water when brushing teeth; use recycling bins	<ul style="list-style-type: none">• Provide developmentally appropriate access through play to the environment• Model recycling and discuss the different materials that can be recycled• Model and discuss ways to save water and electricity• Reuse materials such as paper towel tubes, jar lids, juice cartons or magazines for art projects• Take nature walks and focus on the different plants and animals that live together in your neighborhood• Pick up trash (if it is safe to do so) during your walks• Compost, rake leaves, plant trees and flowers

MY FAMILY, MY COMMUNITY, MY WORLD

My Family, My Community, My World is the study of how we live, work, and play. Beginning at birth, children learn about themselves, their families, their communities, and their world. Early childhood professionals can encourage curiosity and expand knowledge by providing learning opportunities through play. Children are eager to talk about themselves and their daily experiences at home, in their communities, and in their learning environments. Conversations about similarities and differences are a vital part of becoming respectful citizens within the community.

In their daily experiences, children encounter many cultures. Specific cultures should not be a focus of a weekly theme but instead should be incorporated into daily discussions and activities. Children begin to learn about the past, present, and future through discussions about their own experiences. Knowledge of places and spaces begins within their own residence, expanding to their community and learning environment.

When working together, children should be a part of creating rules and learning to problem solve. Within a learning environment, children learn about money and resources through planned learning opportunities and pretend play. The social study of a child's family, community, and world is important to prepare children for success in both kindergarten and in the multicultural world.

The five sub-domains of My Family, My Community, My World include:

- My Family and My Community Culture
- Past, Present and Future History
- Places and Spaces – Geography
- Working Together – Government and Communities
- Money and Resources – Economics

My Family, My Community, My World

SUB-DOMAIN	To support children's preparation for kindergarten, families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
My Family and My Community Culture	MM31 Understand the concept of belonging to a family	<ul style="list-style-type: none"> • Draw family picture • Communicate information about family and events • Pretend to build structures to represent different types of homes during block play • Pretend to make various types of food during dramatic play • Respond to similarities or differences of others in a respectful way • Use positive words to describe characteristics of children (Ex: hair, skin tone, clothes, language) • Talk about his/her friends 	<ul style="list-style-type: none"> • Introduce vocabulary words such as community, respect, and words for multicultural utensils, dances, or foods • Display family pictures in room and label with names and family relationships • Read stories about different families and groups of people in the community followed by discussions • Ask family member for suggestions for activities (Ex: multicultural stories, dances, or foods) • Make word charts of everyday words (with pictures) in English and languages spoken by children • Include props in play centers for child to take on family roles such as "Mom" or "Dad" • Include variety of play foods, utensils, and clothes in dramatic play center to represent various cultures • Display print that is representative of language and culture of children in the group • Elicit family assistance to provide music, language, food and games to introduce other cultures
	MM32 Begin to develop an awareness of their family's culture		
	MM33 Begin to develop an awareness of the cultures of other children and adults in their group and community		
	MM34 Build an awareness and respect for differences in people (Ex: language, skin tone, race, abilities/disabilities, family structure, age, clothing)		
	MM35 Understand the concept of belonging to different groups (Ex: family, early childhood group, friends, community)		

My Family, My Community, My World

SUB-DOMAIN	To support children's preparation for kindergarten, families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Past, Present and Future History	MM36 Develop emerging concept of time through daily schedule and routines	<ul style="list-style-type: none"> Communicate using terms to describe time (Ex: yesterday, today, tomorrow; and morning, afternoon; and before nap, after nap) 	<ul style="list-style-type: none"> Introduce vocabulary including yesterday, today, tomorrow, morning, afternoon
	MM37 Share their personal history including people, places, and events that take place in the past and the present	<ul style="list-style-type: none"> Convey information about personal history and/or family heritage from birth to present 	<ul style="list-style-type: none"> Post daily schedule to refer to throughout the day Provide props that represent multigenerational families Refer to a clock throughout the day
	MM38 Talk about events that may happen in the near future	<ul style="list-style-type: none"> Talk about current events in his/her family and community 	<ul style="list-style-type: none"> Invite grandparents to visit and share family stories
	MM39 Begin to understand that things, people, and places change over time	<ul style="list-style-type: none"> Recall information about past events Make predictions about future events (Ex: what will happen next) Sequence events in order that they occurred 	<ul style="list-style-type: none"> Have discussions about stages of growth (Ex: "You were a baby, and now you are three years old.") Make a photo album to tell a child's story, beginning with his/her birth Sequence story events after reading Provide opportunities for child to predict what is going to happen next in the schedule, or while reading a story

My Family, My Community, My World

SUB-DOMAIN	To support children's preparation for kindergarten, families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Places and Spaces – Geography	MM40 Be familiar with information about where they live, including their address	<ul style="list-style-type: none"> Name street address Name city and state in which he/she lives 	<ul style="list-style-type: none"> Introduce vocabulary including apartment, map, globe, soil, air, lake, ocean, desert
	MM41 Develop concepts and describe location, directionality, and spatial relationships (Ex: on top of/ under, inside/outside, next to, beside, up/down, left/right)	<ul style="list-style-type: none"> Describe directionality and location (Ex: up, down, inside, outside, left, right) Describe some features of environment in which he/she lives (Ex: house, apartment) 	<ul style="list-style-type: none"> Discuss with child location of his/her "buildings" or "vehicles" in relation to other objects he/she is playing with Use map or globe to see where multicultural story takes place Take walks in neighborhood; discuss directions and locations of landmarks and buildings that child sees
	MM42 Understand the world around them by using tools such as maps and globes, GPS (Global Positioning Satellite)	<ul style="list-style-type: none"> Describe features of earth (Ex: rocks, soil, air) 	<ul style="list-style-type: none"> Use Internet Web site maps to see satellite views of the neighborhood
	MM43 Develop an awareness of the natural environment surrounding them outdoors	<ul style="list-style-type: none"> Explore natural resources (Ex: rocks, soil, plants, etc.) Place trash in trash can rather than littering indoor or outdoor environment Participate in activities to pick up or reduce amount of trash, including reusing and recycling materials 	<ul style="list-style-type: none"> Help child make a map of the classroom, center, or playground Use map or globe to locate where out-of-town family members live Use an internet map or GPS to follow directions to a destination

My Family, My Community, My World

SUB-DOMAIN	To support children's preparation for kindergarten, families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Places and Spaces – Geography	<p>MM44 Begin to understand the relationship between humans and the natural environment</p>	<ul style="list-style-type: none"> Use blocks, clay, and other materials to represent the natural environment 	<ul style="list-style-type: none"> Take walks to identify and record natural vs. man-made objects Provide accessories including people, vehicles, and small buildings in the block area to help child re-create neighborhoods Introduce vocabulary/concepts to help child learn to protect the environment (reduce, recycle, and reuse) Created “recycle” and “reuse” box for discarded items that can be used for projects (Ex: scraps of colored paper, ribbons)
Working Together – Government and Communities	<p>MM45 Develop awareness of community people, including the services and products they provide, and the skills needed to perform their jobs</p>	<ul style="list-style-type: none"> Pretend to be different community helpers in the dramatic play center (dress up) Help set table before snack Assist another child, clean up toys Help to develop classroom/early childhood group rules With support begin to problem solve solutions to problems that happen in the early childhood group (Ex: take turns or work out simple agreements using words instead of hands) 	<ul style="list-style-type: none"> Take a “trash walk” to clean up the playground Introduce vocabulary such as take turns, share, cooperate, responsibility, rules, compromise Provide opportunities for child to participate in voting process (Ex: create class rules, games/activities, choose favorite foods)
	<p>MM46 With support begin to develop problem solving skills</p>	<ul style="list-style-type: none"> Assist another child, clean up toys 	<ul style="list-style-type: none"> Have opportunities for peer support and teamwork (Ex: pair two or more children to work on a task together)
	<p>MM47 Help to create rules</p>	<ul style="list-style-type: none"> Help to develop classroom/early childhood group rules 	<ul style="list-style-type: none"> Accessorize dramatic play area with “work uniforms,” hats, shoes/boots, and props, to pretend to be different community helpers
	<p>MM48 Develop an awareness that people living in a family, early childhood group, or community have roles, responsibilities, and rules to help each other</p>	<ul style="list-style-type: none"> With support begin to problem solve solutions to problems that happen in the early childhood group (Ex: take turns or work out simple agreements using words instead of hands) 	<ul style="list-style-type: none"> Accessorize dramatic play area with “work uniforms,” hats, shoes/boots, and props, to pretend to be different community helpers

My Family, My Community, My World

SUB-DOMAIN	To support children's preparation for kindergarten, families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Working Together – Government and Communities	MM49 Perform simple tasks within the home, early childhood group, or community	<ul style="list-style-type: none"> Help with simple chores (Ex: prepare for snack by placing napkins on the table, or replace blocks on the shelf) 	
	MM50 Participate in group decision making		
Money and Resources – Economics	MM51 Explore the concept of money, including what it is and how it is used	<ul style="list-style-type: none"> Use pretend money in dramatic play area to buy pretend food 	<ul style="list-style-type: none"> Provide cash register, coins, bills, and other props to create a “store” in the dramatic play area
	MM52 Develop an awareness that people work for money in order to provide for basic necessities, including the concept that people can trade and barter to get goods and services	<ul style="list-style-type: none"> Trade toys while playing Discuss where things come from (Ex: milk comes from the grocery store; the grocery store gets the milk from the cow that lives on the farm) 	<ul style="list-style-type: none"> Introduce vocabulary words such as penny, nickel, dime, quarter, dollar Provide various uniforms in dramatic play area for child to act out jobs Assign and chart weekly or daily jobs
	MM53 Begin to understand how people make and consume goods and services		<ul style="list-style-type: none"> Discuss different jobs that family members perform
	MM54 Begin to understand wants versus basic necessities		<ul style="list-style-type: none"> Have child dictate or help write list of things “needed” before beginning an activity or project

CREATIVE EXPRESSION

The Creative Expression domain builds on the Infant/Toddler domain of Discoveries. Creative expression includes the areas of music, movement/dance, visual arts, and dramatic play. Fostering children's creativity is an essential component in children's early learning experiences. Early childhood professionals provide opportunities for active and passive participation as well as embracing the unique characteristics of each child. Children's learning in all domains is

enhanced by the integration of creative expression with the other areas of the curriculum.

The four sub-domains of Creative Expression include:

- Music
- Movement and Dance
- Visual Arts
- Dramatic Play

Creative Expression

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Music	CE31 Develop awareness of different musical instruments, tones patterns/rhythms and tempos	<ul style="list-style-type: none"> • Sing songs, finger-plays, and rhymes 	<ul style="list-style-type: none"> • Provide various types of CDs (Ex: classical, jazz, instrumental, vocal)
	CE32 Initiate and recall patterns, songs, rhythms, and rhymes	<ul style="list-style-type: none"> • Play rhythm instruments 	<ul style="list-style-type: none"> • Invite musical guests and/or performers
	CE33 Be exposed to music from other cultures	<ul style="list-style-type: none"> • Listen to variety of CDs, include CDs from other cultures 	<ul style="list-style-type: none"> • Lead singing experiences
	CE34 Sing a variety of simple songs in various keys	<ul style="list-style-type: none"> • Compose and recite rhymes • Clap, stomp, snap in patterns or to rhythm of music • Sing and move to "If You're Happy and You Know It" 	<ul style="list-style-type: none"> • Lead finger-playing experiences • Introduce and teach songs by repetition
	CE35 Express through movement what is felt and heard in various rhythmic patterns	<ul style="list-style-type: none"> • Use rhythm sticks and rhythm instruments 	<ul style="list-style-type: none"> • Provide various CDs with music from different cultures for listening and moving to rhythm
Movement and Dance	CE36 Demonstrate an awareness of different musical tempos, patterns, and beats through movement	<ul style="list-style-type: none"> • Dance to CDs with music from variety of cultures 	<ul style="list-style-type: none"> • Provide supplementary materials to use with dance (Ex: scarves, hoops, rhythm instruments)
	CE37 Gain awareness of different cultures through experiences with a variety of music and movement activities	<ul style="list-style-type: none"> • Clap, stomp, and sway to music 	<ul style="list-style-type: none"> • Invite musical guests and/or performers
	CE38 Experience and use movement to reinforce learning in other curricular areas	<ul style="list-style-type: none"> • Clap syllables for his/her name 	

Creative Expression

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Visual Arts	CE39 Show interest using different art media and materials in a variety of ways for creative expression and representation	<ul style="list-style-type: none"> Paint with different materials (Ex: paint brush, tooth brush, feather, leaf) Sculpt with variety of materials (Ex: play dough, clay, pipe cleaners) View examples of classic works of art Respond to prompts (Ex: "How does this picture make you feel?") 	<ul style="list-style-type: none"> Provide variety of collage materials Provide variety of sculpture materials (Ex: clay, play dough, wood) Display artwork by creating an "art show" at child's eye level Provide variety of painting materials Provide pictures of other artists' work Provide example of classic works of art (Ex: museum postcards, library books, old calendars)
	CE40 Plan and create original drawings, paintings, models, and other art creations using a variety of media		
	CE41 Share experiences, ideas, and thoughts about artistic creations		
	CE42 Use a variety of art materials and activities for sensory experiences		
	CE43 Express interest in and show respect for the creative work of others		
	CE44 Express experiences and feelings through a variety of artistic processes and creations		
Dramatic Play	CE45 Represent fantasy and real-life experiences through pretend play	<ul style="list-style-type: none"> Take restaurant orders Converse with other adults and children Engage in pretend play by acting out stories or real-life scenarios Dress-up and engage in imaginative play 	<ul style="list-style-type: none"> Provide clothing, materials, and props (Ex: pots, pans, food boxes, stethoscopes, mirrors, baby dolls, baby bottles, menus, cookbooks, cash registers) Provide various settings (Ex: doctor's office, White House Oval Office, camp site, restaurant, and salon)
	CE46 Show imagination and creativity in play		
	CE47 Participate in adult-guided dramatic activities		
	CE48 Engage in cooperative pretend play with another child		

PHYSICAL DEVELOPMENT AND HEALTH

Physical development and health are linked to lifelong well being and provide the foundation for exploration and learning that help to build school readiness. This domain connects to and supports all of the other domains as children explore and interact with their environment. It is important for young children to be active, to explore their environments, and interact and engage with a wide range of safe materials. Children grow, develop, and learn in a predictable sequence, but at their own individual pace. When planning activities, it is important to respect the cues, interests and needs of each individual child, adapting appropriately to support successful learning. Early childhood professionals can provide daily opportunities for young children to respect, learn about and care for their own bodies as they experience and then begin to practice healthy habits, hygiene, and safety skills. As children grow, their physical development and health becomes a strong foundation for learning.

As preschoolers, children's motor development continues to offer opportunities for increasing confidence and competence as they continue to explore, learn across domains, and take more responsibility for their own health and safety. Preschool children need time and daily opportunities to engage in indoor and outdoor play so that they can develop to their full potential, ready for success in school and life. This domain connects to and supports all of the other domains as children explore and interact with their environment.

The three sub-domains of physical development and health include:

- Fine Motor
- Gross Motor
- Health Awareness and Practice

Physical Development and Health

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to :	What you might see children do:	What you can do to support a child's development:
Fine Motor	<p>PD31 Develop strength, small-motor control, and coordination through daily activities</p> <p>PD32 Develop and use eye-hand coordination to perform a variety of tasks</p> <p>PD33 Explore and experiment with a variety of tools</p>	<ul style="list-style-type: none"> Shaping clay, hammering wood, using a paper punch, finger painting, stapling, cutting, using tableware, buttoning and snapping Building with blocks, putting together puzzles, making collages, stringing beads, reproducing shapes and patterns, using scissors and developing dressing skills (Ex: buttons, snaps, zippers, buckles) Using crayons, pencils, markers, chalk, pencils, paintbrushes, keyboard and mouse 	<ul style="list-style-type: none"> Provide activities that strengthen hand grasp using wide variety of tools and materials, such as clay, sand, water Provide activities to use pincher grasp, (Ex: gluing, making collages, sorting small objects using clothespins, tweezers, or tongs) Develop manipulative learning area that includes stringing beads, interlocking blocks, magnetic boards, small blocks, puzzles, and musical instruments Support child's attempts to zip, button, snap and tie Provide time and opportunities to use variety of writing and art materials Demonstrate and provide opportunities to use scissors safely Model writing in everyday activities Modify activities to ensure participation of child with special needs
Gross Motor	PD34 Increase strength, balance, coordination, flexibility, stamina, and control in motor activities	<ul style="list-style-type: none"> Walking, climbing, running, jumping, hopping, galloping, pedaling, skipping, marching, and lying on stomach while doing fine-motor activities 	<ul style="list-style-type: none"> Provide safe equipment and environments that vary in skill levels (Ex: balls, climbing equipment, slides, hoops, balance beam, tricycles, crawling, and stairs) Modify activities to ensure participation of child with special needs

Physical Development and Health

SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to :	What you might see children do:	What you can do to support a child's development:
Gross Motor	PD35 Demonstrate body and space awareness, to move and stop with control over speed and direction PD36 Develop the ability to coordinate increasingly complex movements	<ul style="list-style-type: none">• Moving smoothly between different surfaces, such as moving from carpet to tile or concrete to grass on playground; navigating obstacle courses; playing freeze tag or follow the leader• Navigate person space with peers• Participate in throwing, catching, kicking, bouncing balls, riding a tricycle, using slide and swings	<ul style="list-style-type: none">• Support child's need to be active and develop their motor skills by planning at least one hour of physical activity daily• Provide opportunities for children to engage in regular physical activity indoors (Ex: dancing, obstacle courses, beanbag toss, yoga, or stepping)• Provide activities that use only one side of the body at a time (Ex: such as hopping or standing on one foot)• Provide opportunities for activities that use both sides of the body at the same time and to cross the midline of the body (Ex: dancing, bending, twisting, stretching, balancing)• Teach new skills (Ex: skipping, throwing overhand, jumping rope, hopping)

Physical Development and Health

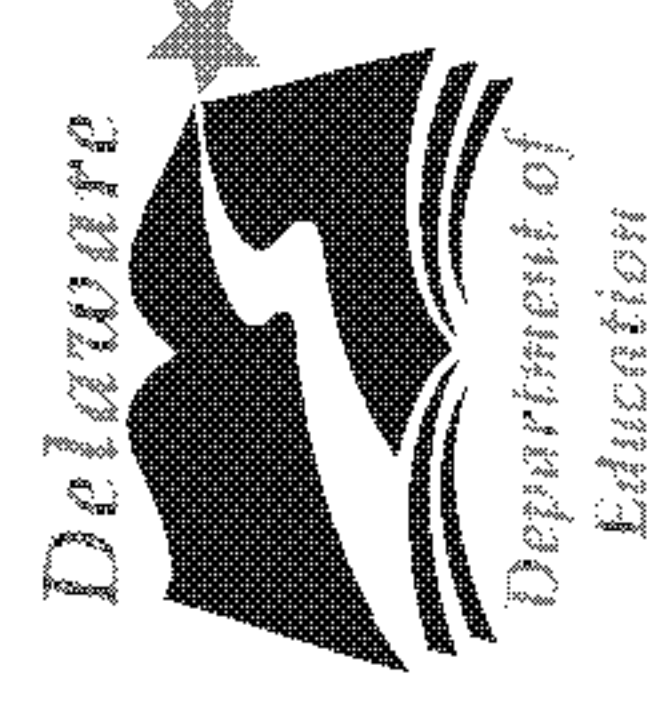
SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to :	What you might see children do:	What you can do to support a child's development:
Health Awareness and Practice	PD37 Expand knowledge and respect for their bodies	<ul style="list-style-type: none"> Play simple games like "Head, Shoulders, Knees and Toes," listen to body signals of fullness and hunger in order to choose how much to eat, care for his/her body in daily routines, and learn about body parts, systems, and functions 	<ul style="list-style-type: none"> Have conversations with child that show respect and appreciation for their growing abilities to keep themselves strong and healthy
	PD38 Engage in daily physical activity, both indoors and outdoors	<ul style="list-style-type: none"> Actively play, dance to music, run, ride tricycles, climb on playground equipment or activities that increase his/her pulse and cause breathe deeply 	<ul style="list-style-type: none"> Model and discuss good nutrition, health and safety practices during regular activities
	PD39 Learn about and practice health and hygiene routines	<ul style="list-style-type: none"> Independently blow nose, using the toilet, washing their hands, brushing their teeth, and coughing and sneezing into their elbows Choosing fruits and vegetables, engaging in physical activities to builds strong and healthy bodies, identifying the purpose of advertising, and beginning to cooperate with limited screen time and rest time 	<ul style="list-style-type: none"> Support need to move by planning at least 60 minutes of moderate to vigorous physical activity daily Limit screen time to less than 2 hours a day, except for videos that engage children in dance, fitness and physical activity Include time in routine schedule for building hygiene and self-help skills Provide cooking and food preparation experiences using healthy and culturally appropriate foods, especially fruits, vegetables, and whole grains Help child recognize individual signs of hunger, thirst, fatigue, and need for physical activity

Physical Development and Health

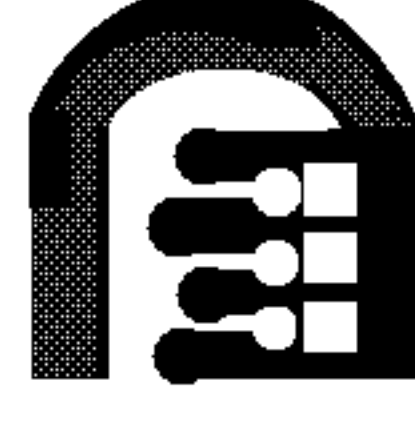
SUB-DOMAIN	To support children's preparation for kindergarten families and programs will provide children the opportunity to:	What you might see children do:	What you can do to support a child's development:
Health Awareness and Practice	<p>PD40 Experience and learn about healthy lifestyle practices</p> <p>PD41 Learn about and demonstrate safe behaviors and accident prevention</p>	<ul style="list-style-type: none">• Wash hands before eating and after using the toilet; stay safe distance from swings; be aware of traffic when crossing streets and in parking lots; know when and how to call 911; grow increasingly aware of potential risks and ways to keep self and others safe	<ul style="list-style-type: none">• Discuss safety rules• Use discussions, stories, puppets, and role playing to encourage child's sense of capability for their own safety and prepare to handle emergencies• Provide classroom resources to support child's exploration of health, nutrition, and safety issues (Ex: books, music, dramatic play props and costumes)• Modify activities to ensure participation of child with special needs



DELAWARE HEALTH
AND SOCIAL SERVICES



Delaware
Department of
Education



Department of Services
for Children, Youth and
Their Families

Kindergarten Common Core Standards	Aligned with ELF?
English Language Arts Standards » Reading: Literature » Kindergarten	
Key Ideas and Details:	
1. With prompting and support, ask and answer questions about key details in a text.	YES
2. With prompting and support, retell familiar stories, including key details.	YES
3. With prompting and support, identify characters, settings, and major events in a story.	YES
Craft and Structure	
4. Ask and answer questions about unknown words in a text.	YES
5. Recognize common types of texts (e.g., storybooks, poems).	YES
6. With prompting and support, name the author and illustrator of a story and define the role of each in telling the story.	NO
Integration of Knowledge and Ideas	
7. With prompting and support, describe the relationship between illustrations and the story in which they appear (e.g., what moment in a story an illustration depicts).	YES
8. With prompting and support, identify the reasons an author gives to support points in a text.	YES
9. With prompting and support, compare and contrast the adventures and experiences of characters in familiar stories.	NO
Range of Reading and Level of Text Complexity	
10. Actively engage in group reading activities with purpose and understanding.	YES
English Language Arts Standards: Reading: Foundational Skills	
Print Concepts	
1. Demonstrate understanding of the organization and basic features of print.	YES
○ Follow words from left to right, top to bottom, and page by page.	YES
○ Recognize that spoken words are represented in written language by specific sequences of letters.	YES
○ Understand that words are separated by spaces in print.	YES
○ Recognize and name all upper- and lowercase letters of the alphabet.	YES
Phonological Awareness	
2. Demonstrate understanding of spoken words, syllables, and sounds (phonemes).	YES
○ Recognize and produce rhyming words.	YES
○ Count, pronounce, blend, and segment syllables in spoken words.	YES

○ Blend and segment onsets and rimes of single-syllable spoken words.	YES
○ Isolate and pronounce the initial, medial vowel, and final sounds (phonemes) in three-phoneme (consonant-vowel-consonant, or CVC) words.1 (This does not include CVCs ending with /l/, /r/, or /x/.)	YES
○ Add or substitute individual sounds (phonemes) in simple, one-syllable words to make new words.	YES
Phonics and Word Recognition	
3. Know and apply grade-level phonics and word analysis skills in decoding words.	YES
○ Demonstrate basic knowledge of letter-sound correspondences by producing the primary or most frequent sound for each consonant.	YES
○ Associate the long and short sounds with the common spellings (graphemes) for the five major vowels.	YES
○ Read common high-frequency words by sight (e.g., the, of, to, you, she, my, is, are, do, does).	YES
○ Distinguish between similarly spelled words by identifying the sounds of the letters that differ.	YES
Fluency	
4. Read emergent-reader texts with purpose and understanding.	NO
English Language Arts Standards » Writing » Kindergarten	
Text Types and Purposes	
1. Use a combination of drawing, dictating, and writing to compose opinion pieces in which they tell a reader the topic or the name of the book they are writing about and state an opinion or preference about the topic or book (e.g., My favorite book is...).	YES
2. Use a combination of drawing, dictating, and writing to compose informative/explanatory texts in which they name what they are writing about and supply some information about the topic.	YES
3. Use a combination of drawing, dictating, and writing to narrate a single event or several loosely linked events, tell about the events in the order in which they occurred, and provide a reaction to what happened.	YES
Production and Distribution of Writing	
4. (Begins in grade 3)	N/A
5. With guidance and support from adults, respond to questions and suggestions from peers and add details to strengthen writing as needed.	NO
6. With guidance and support from adults, explore a variety of digital tools to produce and publish writing, including in collaboration with peers.	NO
Research to Build and Present Knowledge	
7. Participate in shared research and writing projects (e.g., explore a number of	NO

books by a favorite author and express opinions about them).	
8. With guidance and support from adults, recall information from experiences or gather information from provided sources to answer a question.	NO
9. (Begins in grade 4)	N/A
Range of Writing	
10. (Begins in grade 3)	N/A
English Language Arts Standards » Speaking & Listening » Kindergarten	
Comprehension and Collaboration	
1. Participate in collaborative conversations with diverse partners about kindergarten topics and texts with peers and adults in small and larger groups.	YES
○ Follow agreed-upon rules for discussions (e.g., listening to others and taking turns speaking about the topics and texts under discussion).	YES
○ Continue a conversation through multiple exchanges.	YES
2. Confirm understanding of a text read aloud or information presented orally or through other media by asking and answering questions about key details and requesting clarification if something is not understood.	YES
3. Ask and answer questions in order to seek help, get information, or clarify something that is not understood. Presentation of Knowledge and Ideas	NO
4. Describe familiar people, places, things, and events and, with prompting and support, provide additional detail.	YES
5. Add drawings or other visual displays to descriptions as desired to provide additional detail.	YES
6. Speak audibly and express thoughts, feelings, and ideas clearly.	YES
English Language Arts Standards » Language » Kindergarten	
Conventions of Standard English	
1. Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.	YES
○ Print many upper- and lowercase letters.	YES
○ Use frequently occurring nouns and verbs.	YES
○ Form regular plural nouns orally by adding /s/ or /es/ (e.g., dog, dogs; wish, wishes).	YES
○ Understand and use question words (interrogatives) (e.g., who, what, where, when, why, how).	YES
○ Use the most frequently occurring prepositions (e.g., to, from, in, out, on, off, for, of, by, with).	YES
○ Produce and expand complete sentences in shared language activities.	YES
2. Demonstrate command of the conventions of standard English capitalization, punctuation, and spelling when writing.	NO

○ Capitalize the first word in a sentence and the pronoun I.	
○ Recognize and name end punctuation.	
○ Write a letter or letters for most consonant and short-vowel sounds (phonemes).	
○ Spell simple words phonetically, drawing on knowledge of sound-letter relationships.	
Knowledge of Language	
3. (Begins in grade 2)	N/A
Vocabulary Acquisition and Use	
4. Determine or clarify the meaning of unknown and multiple-meaning words and phrases based on kindergarten reading and content.	YES
○ Identify new meanings for familiar words and apply them accurately (e.g., knowing duck is a bird and learning the verb to duck).	YES
○ Use the most frequently occurring inflections and affixes (e.g., -ed, -s, re-, un-, pre-, -ful, -less) as a clue to the meaning of an unknown word.	YES
5. With guidance and support from adults, explore word relationships and nuances in word meanings.	YES
○ Sort common objects into categories (e.g., shapes, foods) to gain a sense of the concepts the categories represent.	YES
○ Demonstrate understanding of frequently occurring verbs and adjectives by relating them to their opposites (antonyms).	YES
○ Identify real-life connections between words and their use (e.g., note places at school that are colorful).	YES
○ Distinguish shades of meaning among verbs describing the same general action (e.g., walk, march, strut, prance) by acting out the meanings.	YES
6. Use words and phrases acquired through conversations, reading and being read to, and responding to texts.	YES
Mathematics » Kindergarten » Counting & Cardinality	
Know number names and the count sequence.	
1. Count to 100 by ones and by tens.	YES
2. Count forward beginning from a given number within the known sequence (instead of having to begin at 1).	YES
3. Write numbers from 0 to 20. Represent a number of objects with a written numeral 0-20 (with 0 representing a count of no objects).	YES
Count to tell the number of objects.	
4. Understand the relationship between numbers and quantities; connect counting to cardinality.	YES
○ When counting objects, say the number names in the standard order, pairing each object with one and only one number name and each	YES

number name with one and only one object.	
<ul style="list-style-type: none"> ○ Understand that the last number name said tells the number of objects counted. The number of objects is the same regardless of their arrangement or the order in which they were counted. 	YES
<ul style="list-style-type: none"> ○ Understand that each successive number name refers to a quantity that is one larger. 	YES
5. Count to answer “how many?” questions about as many as 20 things arranged in a line, a rectangular array, or a circle, or as many as 10 things in a scattered configuration; given a number from 1–20, count out that many objects.	YES
Compare numbers.	
6. Identify whether the number of objects in one group is greater than, less than, or equal to the number of objects in another group, e.g., by using matching and counting strategies.1	YES
7. Compare two numbers between 1 and 10 presented as written numerals.	YES
Mathematics » Kindergarten » Operations & Algebraic Thinking	
Understand addition as putting together and adding to, and understand subtraction as taking apart and taking from.	
1. Represent addition and subtraction with objects, fingers, mental images, drawings1, sounds (e.g., claps), acting out situations, verbal explanations, expressions, or equations.	NO
2. Solve addition and subtraction word problems, and add and subtract within 10, e.g., by using objects or drawings to represent the problem.	NO
3. Decompose numbers less than or equal to 10 into pairs in more than one way, e.g., by using objects or drawings, and record each decomposition by a drawing or equation (e.g., $5 = 2 + 3$ and $5 = 4 + 1$).	NO
4. For any number from 1 to 9, find the number that makes 10 when added to the given number, e.g., by using objects or drawings, and record the answer with a drawing or equation.	NO
5. Fluently add and subtract within 5.	NO
Mathematics » Kindergarten » Number & Operations in Base Ten	
1. Compose and decompose numbers from 11 to 19 into ten ones and some further ones, e.g., by using objects or drawings, and record each composition or decomposition by a drawing or equation (such as $18 = 10 + 8$); understand that these numbers are composed of ten ones and one, two, three, four, five, six, seven, eight, or nine ones.	NO
Mathematics » Kindergarten » Measurement & Data	
Describe and compare measurable attributes.	
1. Describe measurable attributes of objects, such as length or weight. Describe several measurable attributes of a single object.	YES

2. Directly compare two objects with a measurable attribute in common, to see which object has “more of”/“less of” the attribute, and describe the difference. For example, directly compare the heights of two children and describe one child as taller/shorter.	YES
Classify objects and count the number of objects in each category.	
3. Classify objects into given categories; count the numbers of objects in each category and sort the categories by count.	YES
Mathematics » Kindergarten » Geometry	
Identify and describe shapes (squares, circles, triangles, rectangles, hexagons, cubes, cones, cylinders, and spheres).	
1. Describe objects in the environment using names of shapes, and describe the relative positions of these objects using terms such as above, below, beside, in front of, behind, and next to.	YES
2. Correctly name shapes regardless of their orientations or overall size.	YES
3. Identify shapes as two-dimensional (lying in a plane, “flat”) or three-dimensional (“solid”).	YES
Analyze, compare, create, and compose shapes.	
4. Analyze and compare two- and three-dimensional shapes, in different sizes and orientations, using informal language to describe their similarities, differences, parts (e.g., number of sides and vertices/“corners”) and other attributes (e.g., having sides of equal length).	YES
5. Model shapes in the world by building shapes from components (e.g., sticks and clay balls) and drawing shapes.	YES
6. Compose simple shapes to form larger shapes. For example, “Can you join these two triangles with full sides touching to make a rectangle?”	YES

Early Childhood Assistance Program Funding Application

March 22, 2011

The Department of Education and the Interagency Resources Management Committee (IRMC) requests existing ECAP providers submit an application for continued funding to operate their Early Childhood Assistance Program (ECAP).

The purpose of the application is for programs to request continued funding for their existing ECAPs. Programs will need to demonstrate a continued community need for their programs. In addition, programs will continue to need to demonstrate their capacity and capability to provide services following Head Start Standards in the following areas:

1. Education and early childhood development
2. Child health and developmental services
3. Family partnerships
4. Community partnerships
5. Nutrition
6. Human Resources
7. Services for children with disabilities
8. Fiscal management
9. Child health and safety
10. Program governance
11. Child mental health
12. Management systems and procedures
13. Parent Involvement

Applications are due Monday, May 23, 2011 by 4:30pm. Proposal and one copy must be delivered to:

Verna Thompson, Education Associate, ECAP
Early Development and Learning Resources
Department of Education
401 Federal Street, Suite #2
Dover, Delaware 19901
Phone: (302) 735-4295

INTRODUCTION AND PURPOSE

The State of Delaware continues to be committed to providing comprehensive early childhood services to 4-year-old children who live in poverty, including services in support of their families. The State of Delaware, through legislation (Amended HB 483, Sub 1 - see Appendix B 1.g and Amended Title 14, Chapter 30, Section 3001 - see Appendix B 2.g), has established the State Early Childhood Assistance Program to support this effort. The Department of Education is authorized to provide such services through contracts with public and private providers (including, but not limited to, those programs administering Federal Head Start programs).

The Interagency Resource Management Committee has administrative responsibility for all appropriations supporting this program. The mission of the Interagency Resource Management Committee (IRMC) is to insure that all of Delaware's young children, and their families have access to high quality, well coordinated public and private services. The IRMC supports a partnership with families, government, schools and the private sector to meet the needs of young children.

The Department of Education (DOE) and the Interagency Resource Management Committee (IRMC) requires continuation grant applications to continue the implementation of comprehensive early childhood education programs for 4-year-old children living with families with incomes that meet federal Head Start eligibility requirements. Such comprehensive services must include:

- Education and early childhood development (As stated in the Head Start Performance Standards 45-CFR 1304.21).
- Family partnerships (As stated in the Head Start Performance Standards 45-CFR 1304.40).

- Community partnerships (As stated in the Head Start Performance Standards 45-CFR 1304.41).
- Nutrition (As stated in the Head Start Performance Standards 45-CFR 1304.23).
- Child health and safety (As stated in the Head Start Performance Standards 45-CFR 1304.20).
- Program governance (As stated in the Head Start Performance Standards 45-CFR 1304.50).
- Child mental health (As stated in the Head Start Performance Standards 45-CFR 1304.24).
- Services for children with disabilities (As stated in the Head Start Performance Standards 45-CFR 1308).
- Transition Services (As stated in the Head Start Performance Standards 45-CFR 1304.41).
- Management systems and procedures (As stated in the Head Start Performance Standards 45-CFR 1304, 1304.51, 1305).
- Human resources (As stated in the Head Start Performance Standards 45-CFR 1301.52).
- Facilities, materials, and equipment (As stated in the Head Start Performance Standards 45-CFR 1304.53).
- Minimum of 20 program hours per week for a total of 640 contract hours per program year.

Applicants submitting proposals must assure their ability to meet those criteria established in the federal Head Start Performance Standards and State of Delaware DELACARE Child Care Center licensing regulations. Each funded classroom must meet the DELACARE criteria, enclosing a copy of the most recent license(s) in the appendix if appropriate. These guidelines are available at <http://kids.delaware.gov/occl/occl.shtml>

Several program options will be considered for funding. These options will include providing services within center-based classrooms, family child care settings, and/or community early education programs in which children are placed and receive services. In all options, children and families are expected to receive the full range of services that are in compliance with Head Start Performance Standards.

This application is intended for continuation of existing early ECAP services. A maximum per child cost for comprehensive services has been set at \$6600 per child. This rate and the total funding amount awarded to programs are contingent upon adequate funding appropriations by the Delaware State Legislature. This appropriation is typically finalized by June 30 of each calendar year. Grant awards will be for a three year period provided there is sufficient funding contained within the annual appropriations act and the contractor adheres to the required Head Start Performance Standards.

Priority for continuation will be given to those applicants who propose:

- 1) To serve the unserved and underserved communities.
- 2) To collaborate with existing community-level early care programs to facilitate access to or provide full day/full year early care and education services where needed.
- 3) To assure commitment to a process of program standard and quality improvement that ensures the provision of comprehensive, high quality early education services.

4) To actively work towards cooperative activities among and between programs that assures the delivery of services to children and families and meets the standards as required by programs.

5) Are substantially in compliance with the implementation of the Head Start Performance Standards.

The Department of Education will support this initiative through programmatic technical assistance, facilitation of community collaborative initiatives, cooperative and coordinated training, transition facilitation, program evaluation/feedback and management. The other members of the IRMC (Department of Health and Social Services, Department of Children Youth and their Families, The Budget Office, and the Controller General's Office) will also support this program through technical assistance.

Grantees in operation more than two years will be monitored by the Department of Education (DOE) on a triennial basis. **New grantees (defined as those in operation one year), will receive two reviews, including a comprehensive annual program review visit conducted by the DOE.** All reviews will be guided by the Office of Head Start Monitoring Protocol, a tool designed to evaluate a program's compliance with the Head Start Performance Standards.

The IRMC is responsible for the assurance that all services under the State Early Childhood Assistance Program are in agreement with the criteria identified above. In addition, the IRMC has set the following guiding principles for programs serving children birth to age five:

- Family Centered Focus - Delaware has a commitment to strengthening and supporting families. The family is the primary influence in the child's life and the most knowledgeable source of information about his/her needs; programs and policies will enhance and build the capacity of the family to meet its own needs, and be sensitive to the family's right to privacy and multi-cultural differences.
- Community Integration/Inclusion of Services - The diverse needs of children and their families require varying resources and supports from different agencies; therefore, services will need to be planned using a collaborative, interagency approach. Existing services and programs, both private and public, should be supported and appropriate linkages should be promoted.
- High Quality Services - All policies and services should strive to assure a high level of quality in program development and delivery.
- Cost Effectiveness - The delivery of services should be focused on deriving the maximum benefit from available state, federal, local, and private funding while avoiding duplication.
- Transition - All transitions activities should provide a seamless system of services for children, birth to kindergarten. A transition process should be established between agencies referring children to community early childhood programs and/or their local school buildings. The transition process needs to also involve the family and include strategies to promote continued parent involvement in their children's education.

APPLICATION FORMAT

1. **DEADLINE FOR SUBMISSION OF APPLICATION** - All applications must be submitted in One (1) original and one (1) copy and received at the Department of Education, by **4:30pm** on or before May 23, 2011. The applicant is responsible for insuring that the application is delivered by the required date and time.

Be advised that if an application is sent via the U.S. Postal Service, allow at least two additional days for an item to be delivered to the Department of Education Business Office from the time it is expected to arrive at the Post Office.

Proposals must be addressed to:

Verna Thompson, Education Associate, ECAP
Early Development and Learning Resources
Delaware Department of Education
401 Federal Street
Suite #2
Dover, Delaware 19901
(302) 735-4295

2. **CONTRACT PERIOD** – This grant application will be for the funding cycle for FY12– FY14. The funding contract will be for July 1, 2011 to June 30, 2012. Continuation funding applications will be required for each subsequent year.

All grants are contingent upon monitoring reviews and legislative appropriations of funding.

3. **ASSURANCES** - Each respondent must assure the Department of Education and the Interagency Resource Management Committee that it will comply with:

A. all relevant State and Federal statutes and regulations,

B. the criteria included in Head Start Performance Standards, and Delaware Child Care Licensing regulations

C. the reporting requirements associated with the program. Programs will assure that they will participate in program evaluation activities established by the Department of Education and the IRMC. Programs will implement and complete annual pre and post child level measurement strategies.

4. **AGREEMENTS - Applicants will need to have current collaborative written agreements (within their respective service area) with their local Head Start and/or other Early Childhood Assistance Program providers, as well as the local school district, to address issues including, but not limited to, service areas, recruitment, transition of children and families, and sharing of resources and information. Copies of those agreements must be included in the appendix of the application. No funds will be released until all collaborative agreements are completed and on file with the DOE.** Evidence of other collaborations should also be included.
5. **TABLE OF CONTENTS - A Table of Contents should be included in the proposal identifying pages of each required section of the narrative.**
6. **NARRATIVE - The proposal narrative must not exceed 50 typed, double-spaced, numbered pages.** One inch margins and 12 pitch or larger should be used for the narrative section. The narrative section should include the following:
 - a. Program Philosophy and Mission Statement - Describe the proposed program's philosophy, vision, and/or mission statement that provide the guiding principles of the program. This description should include strategies for assuring a high quality program, support of families and their needs, array of comprehensive services;

services that are integrated into existing community settings and programs, and services that are coordinated with other programs.

- b. Target Population and Needs Assessment - Identify the target population and the geographic service area to be covered by the project. Describe projects separately if operating in different geographic locations. Include supporting information concerning the need for such services and changes. Refer to Head Start Performance Standard 1305.3 for minimum requirements for community assessment.
- c. Program Goal/Objectives and Methods for Implementation - Identify the goals and objectives for the proposed project. The goals and objectives must address the designated Standards as listed in the Head Start Performance Standards document to include the core areas now included in the Self Assessment Tool Kit. The approach and methods section will need to outline how the program proposes to implement services for children. Included in this section, applicants will need to include information about: education and early childhood development; child health and developmental services; family partnerships; community partnerships; nutrition, transportation; services for children with disabilities; transition plan; child mental health; child health and safety; and program governance. The goals, objectives, approaches and methodology must relate to the guiding principles for Family Centered Focus, Shared Decision Making, Parent Governance and Community Integration/Inclusion of Services.
- d. Curriculum Methodology – Describe the curricular methodology to be followed in the classroom. Include curriculums to be used, strategies for instruction, and methodology for implementing and monitoring the assessment system for reporting

on children's development and progress. Include a description of how the program will align curriculum with the Delaware Early Learning Foundations.

e. Assessment Methodology – Describe the strategies to be used in the classroom/program around child-level measurement. Identify measurement tools and how the information will be used for instruction. Include professional development strategies the program will use to support the teachers' effective use of assessment information for instruction.

f. Training and Quality Improvement - Describe the goal(s) and objective(s) targeted for staff training and quality improvement. Include the timelines for training, how the training relates to the program approach and methods and how the determination will be made as to the effectiveness of the staff development activities. Identify through goals, objectives and strategies, how funds will be targeted to improve the quality of services to be made available (i.e., enhance program services). Include references to identifying training and resources that support staff and address such issues as cultural competence, responsiveness to families and respect for individual differences.

g. Transition - Describe the strategies and processes for transitioning children from the ECAP into their local public school kindergarten. Include the activities for parents/families, children and collaborative actions with district representatives.

h. Collaborative Partnerships - Describe the collaborative community partnerships that are in place with local providers. Identify the providers and the collaborative activities that are planned or ongoing.

i. Human Resources - Identify each position necessary for the implementation of the identified goals and objectives and a short description of the job responsibilities.

Include supervisory personnel. Job descriptions should be included in an appendix. Resumes should be available if requested. For each position, indicate the percentage of time required for project activities. The narrative must include a brief description of procedures for staff recruitment, selection, and training, as well as a description of any particular background, skills, etc., needed to address project activities. Refer back to Performance Standards for staff qualification and child/adult ratio.

j. Monitoring and Self-Assessment - Describe how the goals and objectives will be evaluated by the project staff. Evaluation methodology should include a plan for evaluating the agency's (1) compliance with Head Start Performance Standards (2) strategies for assessing family satisfaction with program services, (3) strategies for evaluating goals and objectives for the services provided.

k. Program Information Report – Describe reporting procedures and responsibilities for:

- Entering information on the Department of Education eSchool data system
- Completing the annual Program Information Reports (PIR)
- Submitting ECAP quarterly reports to the Department of Education

Programs are required to establish some formal process for management of program data. Programs may utilize the Head Start Family Information System (HSFIS) or other (DOE approved) data management system to maintain program information on the children and families involved with their program.

7. BUDGET - Using the budget form included in this request for proposals, provide a line item budget for the proposed project. A written budget justification must be included for each line item. Include **all** the sources of revenue that support this program on the budget form. The budget form and justification must provide a clear

picture of the need for the requested funds and the utilization of all resources to conduct the proposed project. Please identify sufficient funds for an audit of program financial records if this had not been previously accounted for in prior grant applications.

Appendix A

1. Assurances - Delaware Code title 29 SS6922/Federal Code

- a) Title VI of Civil Rights 1964
- b) Title IX of Education Amendment 1972

Appendix a 1.a

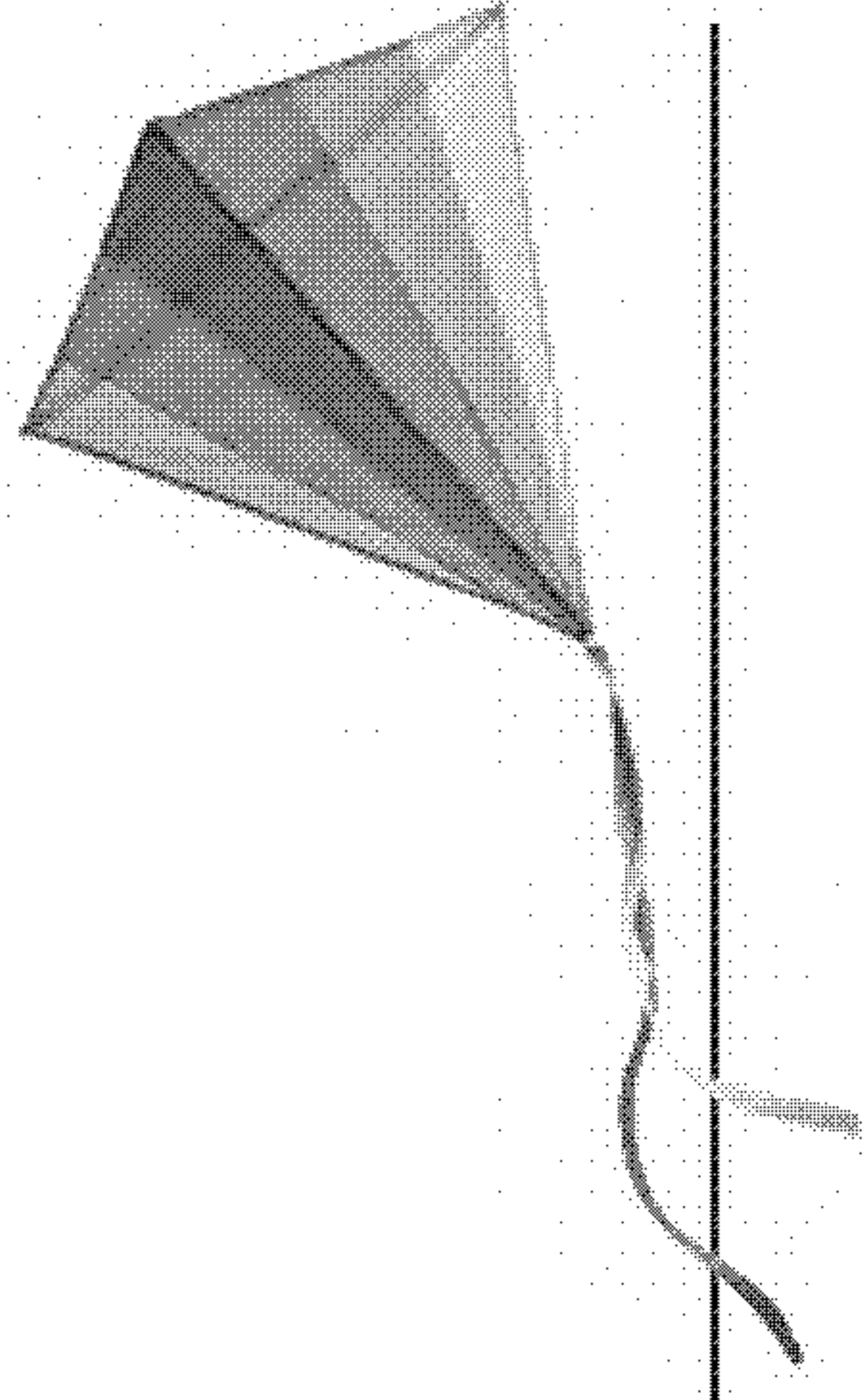
**REQUIREMENTS OF TITLE VI OF THE
CIVIL RIGHTS ACT OF 1964**

The contractor for this project will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education and Welfare (45 CFR Part 80) issued pursuant to that Title, to the end that, in accordance with Title IV of that Act and the Regulation, no person in the United States shall, on the ground of race, creed, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the contractor received federal financial assistance from the Department of Health, Education and Welfare.

Appendix a 1.b

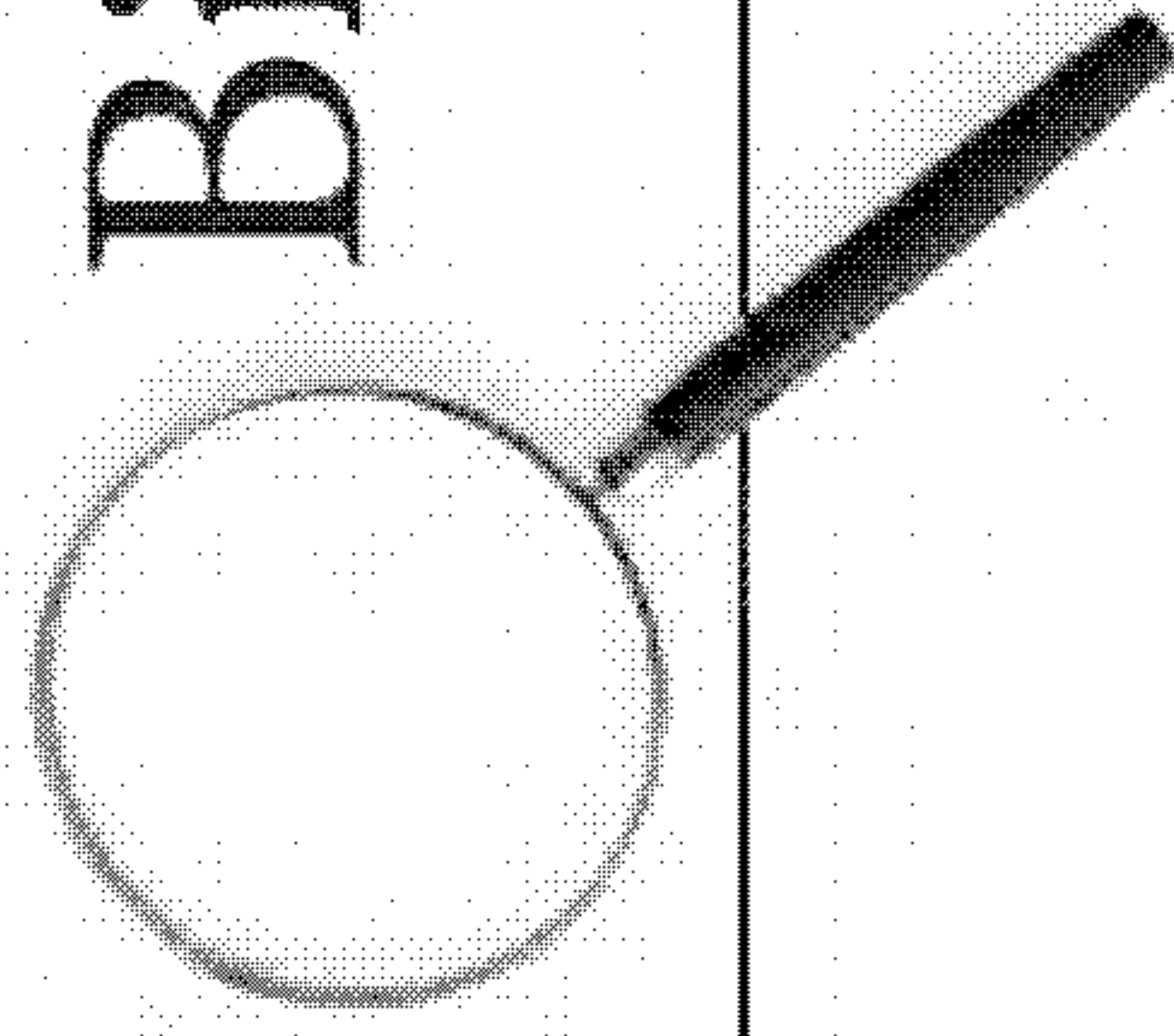
**REQUIREMENTS OF TITLE IX OF THE
EDUCATIONAL AMENDMENTS OF 1972**

The contractor for this project will comply with Title IX of the Education Amendments of 1972 P.L. 92-318 and all pertinent regulations of the Department of Health, Education and Welfare issued pursuant to the Title, to the end that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, be denied employment in, or be subjected to discrimination under any education program or activity receiving federal financial assistance or which is administered or authorized by the State Board of Education.



Alignment of

Teaching Strategies GOLD[®] Objectives for Development & Learning: *Birth Through Kindergarten*



WITH

Delaware Early Learning
Foundations: Preschool

**Alignment of the Delaware Early Learning Foundations: Preschool
With
Teaching Strategies GOLD® Objectives for Development & Learning: Birth Through Kindergarten**

This document aligns the learning opportunities in the Delaware Early Learning Foundations: Preschool with the objectives, dimensions, and indicators of the Teaching Strategies GOLD® assessment system.

The following objectives related to English Language Acquisition of Teaching Strategies GOLD® are not addressed in the Delaware Early Learning Foundations: Preschool

- 37. Demonstrates progress in listening to and understanding English
- 38. Demonstrates progress in speaking English

References

Delaware Department of Education, Early Development and Learning Resources. (2010). Delaware early learning foundations: Preschool. Dover, DE: Author. Retrieved March 11, 2011, from http://www.dieec.udel.edu/sites/dieec.udel.edu/files/early_childhood_professionals/elfpreschool9-10.pdf

Heroman, C., Burts, D. C., Berke, K., & Bickart, T. (2010). Teaching Strategies GOLD® objectives for development & learning: Birth through kindergarten. Washington, DC: Teaching Strategies, Inc.

Delaware Early Learning Foundations: Preschool		Teaching Strategies GOLD® Objectives, Dimensions, and Indicators
Social Emotional Development		
Learning Opportunities		
Sub-Domain		
Self-Concept	<p>SE31 Be with adults who are consistent, responsive, and caring</p> <p>SE32 Make meaningful choices and experience the outcomes of those choices in a safe and supportive environment</p> <p>SE33 Participate in activities that are challenging but within their reach</p> <p>SE34 Assume a role in determining how they will learn</p> <p>SE35 Participate in meaningful responsibilities</p> <p>SE36 Explore and participate in activities and materials designed to build understanding of individual characteristics and of diversity in culture, family structure, ability, language, age, and gender in non-stereotypical ways.</p> <p>SE37 Be part of the classroom community so that each child feels accepted and gains a sense of belonging</p>	<p>2. Establishes and sustains positive relationships</p> <p>2a. Forms relationships with adults</p> <p>4. Uses trusted adult as a secure base from which to explore the world</p> <p>11. Demonstrates positive approaches to learning</p> <p>11a. Attends and engages</p> <p>4. Sustains interest in working on a task, especially when adults offer suggestions, questions, and comments</p> <p>11. Demonstrates positive approaches to learning</p> <p>11b. Persists</p> <p>6. Plans and pursues a variety of appropriately challenging tasks</p> <p>11. Demonstrates positive approaches to learning</p> <p>11d. Shows curiosity and motivation</p> <p>6. Shows eagerness to learn about a variety of topics and ideas</p> <p>1. Regulates own emotions and behaviors</p> <p>1c. Takes care of own needs appropriately</p> <p>6. Demonstrates confidence in meeting own needs</p> <p>29. Demonstrates knowledge about self</p> <p>30. Shows basic understanding of people and how they live</p> <p>29. Demonstrates knowledge about self</p>
Self-Regulation	<p>SE38 Recognize, label and express a range of feelings, and needs appropriately (Ex: happy, sad, frustrated, angry, fearful, etc.)</p> <p>SE39 Begin to understand that feelings are separate from actions and that it is acceptable to have a range of feelings (Ex: from frustrated to really mad)</p>	<p>1. Regulates own emotions and behaviors</p> <p>1a. Manages feelings</p> <p>6. Is able to look at a situation differently or delay gratification</p> <p>1. Regulates own emotions and behaviors</p> <p>1a. Manages feelings</p> <p>6. Is able to look at a situation differently or delay gratification</p>

	SE40 Express feelings through play and artistic representation	<ol style="list-style-type: none"> 1. Regulates own emotions and behaviors 1a. Manages feelings <ol style="list-style-type: none"> 6. Is able to look at a situation differently or delay gratification 2. Establishes and sustains positive relationships 2b. Responds to emotional cues <ol style="list-style-type: none"> 6. Identifies basic emotional reactions of others and their causes accurately
	SE41 Begin to understand that actions have consequences	<ol style="list-style-type: none"> 1. Regulates own emotions and behaviors 1b. Follows limits and expectations <ol style="list-style-type: none"> 6. Manages classroom rules, routines, and transitions with occasional reminders
	SE42 Follow simple rules and routines with minimal help	<ol style="list-style-type: none"> 2. Establishes and sustains positive relationships 2b. Responds to emotional cues <ol style="list-style-type: none"> 6. Identifies basic emotional reactions of others and their causes accurately
	SE43 Experience logical and natural consequences	<ol style="list-style-type: none"> 11. Demonstrates positive approaches to learning 11a. Attends and engages <ol style="list-style-type: none"> 6. Sustains work on age-appropriate, interesting tasks; can ignore most distractions and interruptions
	SE44 Complete activities that he/she has started	<ol style="list-style-type: none"> 3. Participates cooperatively and constructively in group situations 3a. Balances needs and rights of self and others <ol style="list-style-type: none"> 6. Initiates the sharing of materials in the classroom and outdoors
	SE45 Uses materials purposefully, safely, and respectfully	<ol style="list-style-type: none"> 3. Participates cooperatively and constructively in group situations 3b. Solves social problems <ol style="list-style-type: none"> 6. Suggests solutions to social problems
	SE46 Attempt to solve problems in a positive manner	<ol style="list-style-type: none"> 2. Establishes and sustains positive relationships 2a. Forms relationships with adults <ol style="list-style-type: none"> 6. Manages separations without distress and engages with trusted adults 2c. Interacts with peers <ol style="list-style-type: none"> 4. Uses successful strategies for entering groups
Social Relationships and Cooperation	SE47 Develop trust in familiar adults and close peers	<ol style="list-style-type: none"> 11. Demonstrates positive approaches to learning 11a. Attends and engages <ol style="list-style-type: none"> 4. Sustains interest in working on a task, especially when adults offer suggestions, questions, and comments
	SE48 Receive guidance, support and directions from a range of familiar adults	

	<p>SE49 Develop and maintain friendships with peers</p>	<p>2. Establishes and sustains positive relationships 2d. Makes friends 6. Establishes a special friendship with one other child, but the friendship might only last a short while</p>
	<p>SE50 Develop awareness of other's perspectives and to gain an understanding of how their actions impact those around them</p>	<p>2. Establishes and sustains positive relationships 2b. Responds to emotional cues 6. Identifies basic emotional reactions of others and their causes accurately</p>
	<p>SE51 Develop and demonstrate positive social skills (Ex: please, thank you, helping a friend, sharing, etc.)</p>	<p>3. Participates cooperatively and constructively in group situations 3a. Balances needs and rights of self and others 6. Initiates the sharing of materials in the classroom and outdoors 10. Uses appropriate conversational and other communication skills 10b. Uses social rules of language 6. Uses acceptable language and social rules while communicating with others; may need reminders</p>
	<p>SE52 Develop ability to initiate and sustain play with peers</p>	<p>2. Establishes and sustains positive relationships 2c. Interacts with peers 6. Initiates, joins in, and sustains positive interactions with a small group of two to three children</p>
	<p>SE53 Be a helpful member of a group or household through sharing tasks or chores</p>	<p>1. Regulates own emotions and behaviors 1c. Takes care of own needs appropriately 8. Takes responsibility for own well-being</p>
	<p>SE54 Develop turn taking and negotiation skills</p>	<p>3. Participates cooperatively and constructively in group situations 3a. Balances needs and rights of self and others 4. Takes turns</p>
<p>Approaches to Learning</p>		
<p>Initiative and Curiosity</p>	<p>AL31 Participate in a variety of tasks and activities using all five senses</p>	<p>11. Demonstrates positive approaches to learning 11d. Shows curiosity and motivation 6. Shows eagerness to learn about a variety of topics and ideas</p>
	<p>AL32 Make independent choices during play and throughout the daily routine</p>	<p>11. Demonstrates positive approaches to learning 11a. Attends and engages 6. Sustains work on age-appropriate, interesting tasks; can ignore most distractions and interruptions</p>

	AL33 Approach tasks and activities with flexibility, imagination, inventiveness, and confidence	11. Demonstrates positive approaches to learning 11e. Shows flexibility and inventiveness in thinking 4. Uses creativity and imagination during play and routine tasks
	AL34 Show eagerness and curiosity to learn about and discuss a variety of topics, ideas, and tasks	11. Demonstrates positive approaches to learning 11d. Shows curiosity and motivation 6. Shows eagerness to learn about a variety of topics and ideas
Engagement and Persistence	AL35 Begin to develop the ability to focus and complete a variety of tasks, activities, projects, and experiences	11. Demonstrates positive approaches to learning 11a. Attends and engages 6. Sustains work on age-appropriate, interesting tasks; can ignore most distractions and interruptions
	AL36 Begin to develop and follow through with plan for play and other activities	11. Demonstrates positive approaches to learning 11b. Persists 6. Plans and pursues a variety of appropriately challenging tasks
	AL37 Begin to demonstrate the ability to follow a sequence of steps to create a finished project	11. Demonstrates positive approaches to learning 11b. Persists 6. Plans and pursues a variety of appropriately challenging tasks
Reasoning and Problem Solving	AL38 Develop the ability to recognize and solve problems through active exploration, including trial and error, interactions, and discussions with peers and adults	11. Demonstrates positive approaches to learning 11c. Solves problems 6. Solves problems without having to try every possibility
	AL39 Develop the ability to classify, compare, and contrast objects, events, and experiences	13. Uses classification skills 6. Groups objects by one characteristic; then regroups them using a different characteristic and indicates the reason 22. Compares and measures 4. Compares and orders a small set of objects as appropriate according to size, length, weight, area, or volume; knows usual sequence of basic daily events and a few ordinal numbers
	AL40 Demonstrate the ability to sequence events	22. Compares and measures 4. Compares and orders a small set of objects as appropriate according to size, length, weight, area, or volume; knows usual sequence of basic daily events and a few ordinal numbers
	AL41 Begin to develop the ability to explain and demonstrate strategies to solve problems	11. Demonstrates positive approaches to learning 11c. Solves problems 6. Solves problems without having to try every possibility

Language and Literacy	
Receptive Communication	<p>LL31 Respond to their names, requests for action, or information</p> <p>LL32 Develop listening, watching, attention, and comprehension skills</p> <p>LL33 Follow two-or three-step directions</p> <p>LL34 Identify particular sounds in the environment through different media</p> <p>LL35 Respond to questions</p> <p>LL36 Increase vocabulary to include prepositions and basic concepts</p> <p>LL37 Be aware that people communicate in a variety of ways (verbal and non-verbal)</p> <p>LL38 Communicate so they will be understood by peers and adults</p> <p>LL39 Play with language such as rhyming</p>
	<p>8. Listens to and understands increasingly complex language</p> <p>8a. Comprehends language</p> <p>6. Responds appropriately to specific vocabulary and simple statements, questions, and stories</p> <p>8. Listens to and understands increasingly complex language</p> <p>8a. Comprehends language</p> <p>6. Responds appropriately to specific vocabulary and simple statements, questions, and stories</p> <p>8. Listens to and understands increasingly complex language</p> <p>8b. Follows directions</p> <p>6. Follows directions of two or more steps that relate to familiar objects and experiences</p> <p>8. Listens to and understands increasingly complex language</p> <p>8a. Comprehends language</p> <p>6. Responds appropriately to specific vocabulary and simple statements, questions, and stories</p> <p>8. Listens to and understands increasingly complex language</p> <p>8a. Comprehends language</p> <p>6. Responds appropriately to specific vocabulary and simple statements, questions, and stories</p> <p>9. Uses language to express thoughts and needs</p> <p>9a. Uses an expanding expressive vocabulary</p> <p>6. Describes and tells the use of many familiar items</p> <p>30. Shows basic understanding of people and how they live</p> <p>9. Uses language to express thoughts and needs</p> <p>9b. Speaks clearly</p> <p>6. Is understood by most people; may mispronounce new, long, or unusual words</p> <p>15. Demonstrates phonological awareness</p> <p>15a. Notices and discriminates rhyme</p> <p>4. Fills in the missing rhyming word; generates rhyming words spontaneously</p>

	<p>LL40 Use language to enter play situation</p>	<p>2. Establishes and sustains positive relationships 2c. Interacts with peers 4. Uses successful strategies for entering groups</p>
	<p>LL41 Participate in turn taking in conversations</p>	<p>10. Uses appropriate conversational and other communication skills 10a. Engages in conversations 6. Engages in conversations of at least three exchanges</p>
	<p>LL42 Dictate a story to an adult</p>	<p>9. Uses language to express thoughts and needs 9d. Tells about another time or place 4. Tells simple stories about objects, events, and people not present; lacks many details and a conventional beginning, middle, and end</p>
	<p>LL43 Communicate using multiple words/phrases including nouns, verbs, descriptive phrases, prepositions and/or ASL grammatical features</p>	<p>9. Uses language to express thoughts and needs 9a. Uses an expanding expressive vocabulary 6. Describes and tells the use of many familiar items 9c. Uses conventional grammar 6. Uses complete, four- to six-word sentences</p>
	<p>LL44 Use volume and tone or ASL facial grammar appropriate to the situation</p>	<p>10. Uses appropriate conversational and other communication skills 10b. Uses social rules of language 6. Uses acceptable language and social rules while communicating with others; may need reminders</p>
	<p>LL45 Respond appropriately to messages in conversation</p>	<p>8. Listens to and understands increasingly complex language 8a. Comprehends language 6. Responds appropriately to specific vocabulary and simple statements, questions, and stories</p>
	<p>LL46 Express emotions through language</p>	<p>10. Uses appropriate conversational and other communication skills 10b. Uses social rules of language 6. Uses acceptable language and social rules while communicating with others; may need reminders</p>
	<p>LL47 Use language appropriately during play situations</p>	<p>10. Uses appropriate conversational and other communication skills 10b. Uses social rules of language 6. Uses acceptable language and social rules while communicating with others; may need reminders</p>
	<p>LL48 Experiment with patterns in words</p>	<p>15. Demonstrates phonological awareness 15a. Notices and discriminates rhyme 4. Fills in the missing rhyming word; generates rhyming words spontaneously</p>

Emergent Reading	<p>LL49 Show an interest in rhymes, songs, books, stories, writings, and other literacy or reading-related activities</p> <p>LL50 Show increasing awareness of print, familiar signs, labels, and symbols</p> <p>LL51 Identify and name letters of the alphabet</p> <p>LL52 Recognize their first name in print written with the first letter in upper case followed by lower-case letters</p> <p>LL53 Recognize common letter sounds at the beginning, middle, and ends of words</p> <p>LL54 Know the difference between upper-and lower-case letters</p> <p>LL55 Show comprehension by answering questions related to an age-appropriate story that has been read or told</p> <p>LL56 Understand the parts of a books and how it is used</p> <p>LL57 Hold a book upright, turn pages starting at the front of the book, and scan pages left to right and top to bottom</p>	<p>18. Comprehends and responds to books and other texts</p> <p>18a. Interacts during read-alouds and book conversations</p> <p>4. Asks and answers questions about the text; refers to pictures</p> <p>17. Demonstrates knowledge of print and its uses</p> <p>17b. Uses print concepts</p> <p>6. Shows awareness of various features of print: letters, words, spaces, upper- and lowercase letters, some punctuation</p> <p>16. Demonstrates knowledge of the alphabet</p> <p>16a. Identifies and names letters</p> <p>4. Recognizes as many as 10 letters, especially those in own name</p> <p>17. Demonstrates knowledge of print and its uses</p> <p>17b. Uses print concepts</p> <p>6. Shows awareness of various features of print: letters, words, spaces, upper- and lowercase letters, some punctuation</p> <p>16. Demonstrates knowledge of the alphabet</p> <p>16b. Uses letter-sound knowledge</p> <p>6. Shows understanding that a sequence of letters represents a sequence of spoken sounds</p> <p>17. Demonstrates knowledge of print and its uses</p> <p>17b. Uses print concepts</p> <p>6. Shows awareness of various features of print: letters, words, spaces, upper- and lowercase letters, some punctuation</p> <p>18. Comprehends and responds to books and other texts</p> <p>18a. Interacts during read-alouds and book conversations</p> <p>4. Asks and answers questions about the text; refers to pictures</p> <p>17. Demonstrates knowledge of print and its uses</p> <p>17a. Uses and appreciates books</p> <p>6. Knows some features of a book (title, author, illustrator); connects specific books to authors</p> <p>17. Demonstrates knowledge of print and its uses</p> <p>17a. Uses and appreciates books</p> <p>4. Orients book correctly; turns pages from the front of the book to the back; recognizes familiar books by their covers</p>
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	<p>LL58 Explore different types of literature such as narrative (Story) and informative (non-fiction)</p> <p>LL59 Demonstrate that print represents someone's thoughts and ideas</p> <p>LL60 Interpret pictures</p> <p>LL61 Hears words in a sentences and syllables in words</p> <p>LL62 Know that print is read and pictures are not</p>	<p>17. Demonstrates knowledge of print and its uses</p> <p>17a. Uses and appreciates books</p> <p>8. Uses various types of books for their intended purposes</p> <p>17. Demonstrates knowledge of print and its uses</p> <p>17a. Uses and appreciates books</p> <p>8. Uses various types of books for their intended purposes</p> <p>18. Comprehends and responds to books and other texts</p> <p>18b. Uses emergent reading skills</p> <p>4. Pretends to read, using some of the language from the text; describes the action across pages, using pictures to order the events; may need prompts from adult</p> <p>15. Demonstrates phonological awareness</p> <p>15c. Notices and discriminates smaller and smaller units of sound</p> <p>4. Hears and shows awareness of separate syllables in words</p> <p>17. Demonstrates knowledge of print and its uses</p> <p>17b. Uses print concepts</p> <p>2. Shows understanding that text is meaningful and can be read</p>
Emergent Writing	<p>LL63 Use scribbles, symbols, or drawings to share experiences</p> <p>LL64 Use a variety of writing tools and materials</p> <p>LL65 Trace and copy shapes and letters</p> <p>LL66 Begin to print the letters of their first name</p> <p>LL67 Express self through pretend writing</p>	<p>19. Demonstrates emergent writing skills</p> <p>19b. Writes to convey meaning</p> <p>3. Mock letters or letter-like forms</p> <p>7. Demonstrates fine-motor strength and coordination</p> <p>7b. Uses writing and drawing tools</p> <p>6. Holds drawing and writing tools by using a three-point finger grip but may hold the instrument too close to one end</p> <p>19. Demonstrates emergent writing skills</p> <p>19a. Writes name</p> <p>3. Mock letters or letter-like forms</p> <p>19. Demonstrates emergent writing skills</p> <p>19a. Writes name</p> <p>5. Partially accurate name</p> <p>19. Demonstrates emergent writing skills</p> <p>19b. Writes to convey meaning</p> <p>4. Letter strings</p>

	LL68 Write in a variety of formats	19. Demonstrates emergent writing skills 19b. Writes to convey meaning 4. Letter strings
	LL69 Practice writing left to right and top to bottom	19. Demonstrates emergent writing skills 19b. Writes to convey meaning 4. Letter strings
	LL70 Use inventive spelling	19. Demonstrates emergent writing skills 19b. Writes to convey meaning 5. Early invented spelling
	LL71 Develop strength, dexterity, and control needed to use writing tools and materials	7. Demonstrates fine-motor strength and coordination 7b. Uses writing and drawing tools 6. Holds drawing and writing tools by using a three-point finger grip but may hold the instrument too close to one end
	LL72 Develop hand-eye coordination required for written communication	7. Demonstrates fine-motor strength and coordination 7a. Uses fingers and hands 6. Uses refined wrist and finger movements
Mathematics		
Number and operations	MA31 Develop an awareness of numbers and counting as means for understanding quantity	20. Uses number concepts and operations 20a. Counts 6. Verbally counts to 20; counts 10–20 objects accurately; knows the last number states how many in all; tells what number (1–10) comes next in order by counting
	MA32 Recite numbers in sequence	20. Uses number concepts and operations 20a. Counts 6. Verbally counts to 20; counts 10–20 objects accurately; knows the last number states how many in all; tells what number (1–10) comes next in order by counting
	MA33 Recognize numbers	20. Uses number concepts and operations 20c. Connects numerals with their quantities 4. Identifies numerals to 5 by name and connects each to counted objects

	MA34 Use one-to-one correspondence when counting	20. Uses number concepts and operations 20a. Counts 4. Verbally counts to 10; counts up to five objects accurately, using one number name for each object
	MA35 Use language to compare numbers of objects (Ex: more, less, same)	20. Uses number concepts and operations 20b. Quantifies 6. Makes sets of 6–10 objects and then describes the parts; identifies which part has more, less, or the same (equal); counts all or counts on to find out how many
	MA36 Determine quantity or “how many”	20. Uses number concepts and operations 20b. Quantifies 6. Makes sets of 6–10 objects and then describes the parts; identifies which part has more, less, or the same (equal); counts all or counts on to find out how many
	MA37 Understand numbers and number concepts as they relate to everyday life	20. Uses number concepts and operations 20a. Counts 6. Verbally counts to 20; counts 10–20 objects accurately; knows the last number states how many in all; tells what number (1–10) comes next in order by counting
	MA38 Use ordinal number words to describe the position of objects (Ex: “First,” “second,” “third,” etc.)	22. Compares and measures 4. Compares and orders a small set of objects as appropriate according to size, length, weight, area, or volume; knows usual sequence of basic daily events and a few ordinal numbers
	MA39 Understand the concept of how numbers relate to quantity	20. Uses number concepts and operations 20c. Connects numerals with their quantities 6. Identifies numerals to 10 by name and connects each to counted objects
Geometry and Spatial Sense	MA40 Begin to recognize, name, describe, build, and draw two and three dimensional shapes	21. Explores and describes spatial relationships and shapes 21b. Understands shapes 6. Describes basic two- and three-dimensional shapes by using own words; recognizes basic shapes when they are presented in a new orientation

	MA41 Put together and take apart increasingly more difficult puzzles	21. Explores and describes spatial relationships and shapes 21b. Understands shapes 6. Describes basic two- and three-dimensional shapes by using own words; recognizes basic shapes when they are presented in a new orientation
	MA42 Describe how shapes are the same or different (Ex: size, shape, color)	21. Explores and describes spatial relationships and shapes 21b. Understands shapes 6. Describes basic two- and three-dimensional shapes by using own words; recognizes basic shapes when they are presented in a new orientation
	MA43 Demonstrate and describe positions of objects	21. Explores and describes spatial relationships and shapes 21a. Understands spatial relationships 6. Uses and responds appropriately to positional words indicating location, direction, and distance
Patterns	MA44 Recognize, copy, and extend simple patterns with a variety of materials	23. Demonstrates knowledge of patterns 6. Extends and creates simple repeating patterns
	MA45 Arrange objects in a series according to one attribute (Ex: Shape, size, texture, or color)	22. Compares and measures 4. Compares and orders a small set of objects as appropriate according to size, length, weight, area, or volume; knows usual sequence of basic daily events and a few ordinal numbers
	MA46 Develop an awareness of concepts of time as it relates to daily lives (Ex: snack, circle, bedtime)	22. Compares and measures 4. Compares and orders a small set of objects as appropriate according to size, length, weight, area, or volume; knows usual sequence of basic daily events and a few ordinal numbers
	MA47 Sort and match a variety of concrete objects according to attributes (Ex: color, size, shape)	13. Uses classification skills 4. Places objects in two or more groups based on differences in a single characteristic, e.g., color, size, or shape
Measurement	MA48 Use non-standard (feet, hands, shoes, blocks, yarn) and standard (ruler, yardstick, measuring tape) measures	22. Compares and measures 6. Uses multiples of the same unit to measure; uses numbers to compare; knows the purpose of standard measuring tools
	MA49 Explore concepts of measurable attributes (Ex: weight, volume, length, time, and temperature)	22. Compares and measures 4. Compares and orders a small set of objects as appropriate according to size, length, weight, area, or volume; knows usual sequence of basic daily events and a few ordinal numbers

	MA50 Begin to compare and sort according to measurement attributes (length, size, weight)	22. Compares and measures 4. Compares and orders a small set of objects as appropriate according to size, length, weight, area, or volume; knows usual sequence of basic daily events and a few ordinal numbers
Data Analysis	MA51 Begin to represent data using concrete objects, pictures, and simple graphs	14. Uses symbols and images to represent something not present 14a. Thinks symbolically 6. Plans and then uses drawings, constructions, movements, and dramatizations to represent ideas
	MA52 Begin to compare and interpret data collected	20. Uses number concepts and operations 20b. Quantifies 6. Makes sets of 6–10 objects and then describes the parts; identifies which part has more, less, or the same (equal); counts all or counts on to find out how many
Science		
Sensory Awareness	SC31 Use senses in purposeful ways to gather information and explore the environment	24. Uses scientific inquiry skills
	SC32 Begin to identify and recognize the differences among the senses, their functions, and the kinds of information they get from each sense	24. Uses scientific inquiry skills
Scientific Exploration	SC33 Express their curiosity and investigate questions of interest through play and exploration	24. Uses scientific inquiry skills
	SC34 Use materials and tools appropriate for problem solving and exploration	28. Uses tools and other technology to perform tasks
Scientific Inquiry	SC35 Ask scientific questions	24. Uses scientific inquiry skills
	SC36 Investigate and explore their questions using observations and previous experience to make predictions	24. Uses scientific inquiry skills
	SC37 Provide their own explanations for “how” and “why” things happen	24. Uses scientific inquiry skills

	SC38 Use data from an investigation or exploration to draw conclusions and communicate results	20. Uses number concepts and operations 20b. Quantifies 6. Makes sets of 6–10 objects and then describes the parts; identifies which part has more, less, or the same (equal); counts all or counts on to find out how many
Scientific knowledge-Living Things	SC39 Observe, describe, and discuss the natural world of people, animals and plants	25. Demonstrates knowledge of the characteristics of living things
	SC40 Recognize categories of people, plants, and animals and describe the similarities and differences among them	13. Uses classification skills 6. Groups objects by one characteristic; then regroups them using a different characteristic and indicates the reason
	SC41 Recognize people, plants and animals grow and change over time and need certain things to survive	25. Demonstrates knowledge of the characteristics of living things
	SC42 Demonstrate respect for living things	25. Demonstrates knowledge of the characteristics of living things
Scientific Knowledge-Non-Living Things	SC43 Observe, describe, and discuss physical properties of non-living things, both natural and human-made	26. Demonstrates knowledge of the physical properties of objects and materials
	SC44 Recognize categories of non-living things and describe similarities and differences among them	13. Uses classification skills 6. Groups objects by one characteristic; then regroups them using a different characteristic and indicates the reason
	SC45 Explore objects, machines, technology and structures	28. Uses tools and other technology to perform tasks
	SC46 Experiment with effects of their own actions on objects	26. Demonstrates knowledge of the physical properties of objects and materials
Scientific Knowledge-Earth and Sky	SC47 Observe, describe, and discuss changes in the seasons and the weather	27. Demonstrates knowledge of Earth's environment
	SC48 Observe, describe, and discuss landforms, bodies of water, and the properties of earth's materials (Ex: rocks, dirt, sand and water)	27. Demonstrates knowledge of Earth's environment
	SC49 Observe, describe, and discuss the characteristics of the sun, moon, stars, and sky	27. Demonstrates knowledge of Earth's environment
Scientific Knowledge-Environment	SC50 Explore how the environment is affected by what people do	27. Demonstrates knowledge of Earth's environment

	SC51 Describe and engage in activities that preserve the environment	27. Demonstrates knowledge of Earth's environment
My Family, My community, My world		
My Family and My Community Culture	MM31 Understand the concept of belonging to a family	29. Demonstrates knowledge about self
	MM32 Begin to develop an awareness of their family's culture	29. Demonstrates knowledge about self
	MM33 Begin to develop an awareness of the cultures of other children and adults in their group and community	30. Shows basic understanding of people and how they live
	MM34 Build an awareness and respect for the differences in people (Ex: Language, skin tone, race, abilities/disabilities, family structure, age, clothing)	30. Shows basic understanding of people and how they live
	MM35 Understand the concept of belonging to different groups (EX: family, early childhood group, friends, community)	30. Shows basic understanding of people and how they live
Past, Present and Future History	MM36 Develop emerging concept of time through daily schedule and routines	31. Explores change related to familiar people or places
	MM37 Share their personal history including people, places and events that take place in the past and the present	31. Explores change related to familiar people or places
	MM38 Talk about events that may happen in the near future	31. Explores change related to familiar people or places
	MM39 Begin to understand that things, people, and places change over time	31. Explores change related to familiar people or places
Places and Spaces Geography	MM40 Be familiar with information about where they live, including their address	29. Demonstrates knowledge about self
	MM41 Develop concepts and describe location, directionality, and spatial relationships (Ex: on top, of/under, inside/outside, next to, beside, up/down, left/right)	21. Explores and describes spatial relationships and shapes 21a. Understands spatial relationships 6. Uses and responds appropriately to positional words indicating location, direction, and distance
	MM42 Understand the world around them by using tools such as maps and globes, GPS (Global Positioning Satellite)	32. Demonstrates simple geographic knowledge
	MM43 Develop an awareness of the natural environment surrounding them outdoors	27. Demonstrates knowledge of Earth's environment

	MIM44 Begin to understand the relationship between humans and the natural environment	27. Demonstrates knowledge of Earth's environment
Working Together- Government and Communities	MIM45 Develop awareness of community people, including the services and products they provide, and the skills needed to perform their jobs	30. Shows basic understanding of people and how they live
	MIM46 With support begin to develop problem solving skills	11. Demonstrates positive approaches to learning 11c. Solves problems 6. Solves problems without having to try every possibility
	MIM47 Help to create rules	3. Participates cooperatively and constructively in group situations 3b. Solves social problems 6. Suggests solutions to social problems
	MIM48 Develop an awareness that people living in a family, early childhood group, or community have roles, responsibilities, and rules to help each other	30. Shows basic understanding of people and how they live
	MIM49 Perform simple tasks within the home, early childhood group, or community	1. Regulates own emotions and behaviors 1c. Takes care of own needs appropriately 6. Demonstrates confidence in meeting own needs
	MIM50 Participate in group decision making	3. Participates cooperatively and constructively in group situations 3b. Solves social problems 6. Suggests solutions to social problems
Money and Resources- Economics	MIM51 Explore the concept of money, including what it is and how it is used	30. Shows basic understanding of people and how they live
	MIM52 Develop an awareness that people work for money in order to provide for basic necessities, including the concept that people can trade and barter to get goods and services	30. Shows basic understanding of people and how they live
	MIM53 Begin to understand how people make and consume goods and services	30. Shows basic understanding of people and how they live
	MIM54 Begin to understand wants versus basic necessities	30. Shows basic understanding of people and how they live

Creative Expression	
Music	<p>CE31 Develop awareness of different musical instruments, tones patterns/rhythms and tempos</p> <p>CE32 Initiate and recall patterns, songs rhythms, and rhymes</p> <p>CE33 Be exposed to music from other cultures</p> <p>CE34 Sing a variety of simple songs in various keys</p> <p>CE35 Express through movement what is felt and heard in various rhythmic patterns</p> <p>CE36 Demonstrate an awareness of different musical tempos, patterns, and beats through movement</p> <p>CE37 Gain awareness of different cultures through experiences with a variety of music and movement activities</p> <p>CE38 Experience and use movement to reinforce learning in other curricular areas</p>
Movement and Dance	<p>CE39 Show interest using different art media and materials in a variety of ways for creative expressions and representation</p> <p>CE40 Plan and create original drawings, paintings, models, and other art creations using a variety of media</p> <p>CE41 Share experiences, ideas and thoughts about artistic creations</p> <p>CE42 Use a variety of art materials and activities for sensory experiences</p> <p>CE43 Express interest in and show respect for creative work of others</p> <p>CE44 Express experiences and feelings through a variety of artistic processes and creations</p> <p>CE45 Represent fantasy and real-life experiences through pretend play</p>
Visual Arts	<p>34. Explores musical concepts and expression</p> <p>34. Explores musical concepts and expression</p> <p>34. Explores musical concepts and expression</p> <p>34. Explores musical concepts and expression</p> <p>35. Explores dance and movement concepts</p> <p>34. Explores musical concepts and expression</p> <p>35. Explores dance and movement concepts</p> <p>34. Explores musical concepts and expression</p> <p>35. Explores dance and movement concepts</p> <p>35. Explores dance and movement concepts</p> <p>33. Explores the visual arts</p> <p>33. Explores the visual arts</p> <p>33. Explores the visual arts</p> <p>33. Explores the visual arts</p> <p>33. Explores the visual arts</p> <p>33. Explores the visual arts</p> <p>33. Explores the visual arts</p>
Dramatic Play	<p>14. Uses symbols and images to represent something not present</p> <p>14b. Engages in sociodramatic play</p> <p>4. Acts out familiar or imaginary scenarios; may use props to stand for something else</p>

	CE46 Show imagination and creativity in play	11. Demonstrates positive approaches to learning 11e. Shows flexibility and inventiveness in thinking 6. Changes plans if a better idea is thought of or proposed
	CE47 Participate in adult-guided dramatic activities	36. Explores drama through actions and language
	CE48 Engage in cooperative pretend play with another child	14. Uses symbols and images to represent something not present 14b. Engages in sociodramatic play 6. Interacts with two or more children during pretend play, assigning and/or assuming roles and discussing actions; sustains play scenario for up to 10 minutes
Physical Development and Health		
Fine Motor	PD31 Develop strength, small-motor control, and coordination through daily activities	7. Demonstrates fine-motor strength and coordination 7a. Uses fingers and hands 6. Uses refined wrist and finger movements
	PD32 Develop and use eye-hand coordination to perform a variety of tasks	7. Demonstrates fine-motor strength and coordination 7a. Uses fingers and hands 6. Uses refined wrist and finger movements
	PD33 Explore and experiment with a variety of tools	7. Demonstrates fine-motor strength and coordination 7b. Uses writing and drawing tools 6. Holds drawing and writing tools by using a three-point finger grip but may hold the instrument too close to one end
Gross Motor	PD34 Increase strength, balance, coordination, flexibility, stamina, and control in motor activities	4. Demonstrates traveling skills 6. Moves purposefully from place to place with control 5. Demonstrates balancing skills 6. Sustains balance during simple movement experiences
	PD35 Demonstrate body and space awareness, to move and stop with control over speed and direction	4. Demonstrates traveling skills 8. Contributes complex movements in play and games
	PD36 Develop the ability to coordinate increasingly complex movements	6. Demonstrates gross-motor manipulative skills 8. Manipulates balls or similar objects with a full range of motion
Health Awareness and Practice	PD37 Expand knowledge and respect for their bodies	29. Demonstrates knowledge about self

	PD38 Engage in daily physical activities, both indoors and outdoors	29. Demonstrates knowledge about self
	PD39 Learn about and practice health and hygiene routines	1. Regulates own emotions and behaviors 1c. Takes care of own needs appropriately 6. Demonstrates confidence in meeting own needs
	PD40 Experience and learn about healthy lifestyle practices	29. Demonstrates knowledge about self
	PD41 Learn about and demonstrate safe behaviors and accident prevention	1. Regulates own emotions and behaviors 1b. Follows limits and expectations 6. Manages classroom rules, routines, and transitions with occasional reminders

INTRODUCTION

Multiple sources of information that measure the child's progress are required when completing the COS process. Recommended sources include but are not limited to observations, interviews with the child's family or caregiver, work samples, other assessment tools, IEP progress notes and checklists. At least one of the formal assessment tools, from the list below, must be used as a data source for completing the COSF at both entry and exit or any time a COSF is completed.

DELAWARE APPROVED ASSESSMENT TOOLS

Primary Assessment Tools

The following assessments are criterion-referenced, performance/observation based assessment measures identified as Primary Assessment Tools for ALL 619 children, with the exception of Preschool Speech Delayed and Children with severe and profound disabilities (see below)

- Carolina Curriculum Assessment for Infants and Toddlers
- Carolina Curriculum Assessment for Preschoolers
- Teaching Strategies GOLD (Birth to Five)
- California Desired Results Access (Birth to Five)
- Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)

Assessments for Children with Severe and Profound Disabilities

Children with severe and profound disabilities present unique challenges to measure progress in development. Most early childhood assessment measures are not designed for use with children with severe disabilities. Often the assessments are not sensitive to the incremental changes that may be presented. The Delaware Department of Education piloted three assessments during the 2006-2007 school year to determine their usefulness for the system.

Sites using these measures should notify DDOE. The Department is requesting that programs share copies of the protocols [names can be omitted] so that we may complete data analysis on the utility of the instruments. The Department will also follow up with program staff to obtain first-hand information on the instruments.

- Developmental Assessment for the Severely Handicapped
- Callier Azusa Scale
- Assessment for Individuals with Severe and Profound Disabilities

Assessments for Children with ONLY Preschool Speech Delays

Children identified as Preschool Speech Delayed must still have progress monitored on the three OSEP Outcomes. This will necessitate administering speech assessments [Outcome 2] and another assessment that measures social and emotional, motor and adaptive skill development [Outcomes 1 and 3]. The data from the two forms of assessment will need to determine children's progress on the three outcomes using a pre/post test design. (If a child has a preschool speech delay and DD, then this alternate process does not apply.)

➤ **Outcome 1 and 3**

The speech and language pathologist will administer one of four possible assessment instruments to obtain pre/post developmental information in the areas of social/emotional, motor and adaptive skills. The assessment instruments chosen to measure these respective developmental areas fall into two categories: parent surveys and interview tools. Therapists can choose to use either the Parent Survey(s) or Interview tools to collect information on Outcome 1 and Outcome 3.

➤ **Parent Survey Forms**

Parent survey forms are designed to be completed by the parent independently and returned to the pathologist. The instrument will need to be administered immediately upon identification, in the spring and at the conclusion of therapy. Pathologists need to be cognizant about when a parent may need assistance completing the assessment. It may be necessary to call a parent and complete the survey over the phone. The following two surveys available for use include:

**Ages and Stages Questionnaire and
Ages and Stages SE (together)**

(or)

Child Development Inventory

➤ **Interview Tools**

Information on children's development can be obtained using one of the interview tools. Pathologists would need to interview the parents immediately following the eligibility process and then again in the spring and at the conclusion of therapy. Where it is not possible to interview the parent, interviewing the primary caregiver/practitioner would be acceptable. The two recommended interview tools are:

**Vineland Scales II
Adaptive Behavior Assessment System**

➤ **Outcome 2:**

The speech and language pathologist will administer appropriate speech assessments such as the Goldman Fristoe Test of Articulation to provide pre/post information to measure children's progress on Outcome 2.

DELAWARE POLICY ON USING OTHER ASSESSMENTS

The Department of Education is open to using other assessments. LEAs interested in requesting a new assessment tool be added to the list of approved assessment tools for the child outcomes process will need to obtain formal approval to use assessments not on the approved list. Five essential procedures are necessary:

1. The LEA will need to determine the alignment of the measurement tool to the Delaware Infant Toddler and Preschool Early Learning Guidelines.
2. The assessment tool needs to measure the areas inclusive within the three OSEP Child Outcomes.
3. The assessment tool needs to be designed for repeated use and designed for ongoing monitoring of children's development.
4. The assessment will need age anchors to allow assessment teams to compare children development with typical peers.
5. The assessment will meet all or most of the criteria in the Review Criterion for Identification of Anchor Tools (see Appendix).

Approval Process for Using Assessments

The LEA should submit a formal request to use the assessment (see Appendix). Information should be sent to the Delaware IDEA/619 Coordinator. A formal letter from the Department responding to the request and giving approval or disapproval will be provided.

Included in the request should be:

1. A letter requesting the use of an assessment tool
2. A copy of the assessment instrument
3. Completed New Assessment Instrument Request Form and Review Criterion for Identification of Anchor Tools
4. Completed crosswalk of the assessment tool items with the Early Learning Foundations
- 5.
- 6.

DELAWARE COMPETENCIES for EARLY CHILDHOOD PROFESSIONALS

(b)(6)

INTRODUCTION

Delaware Department of Education in collaboration with Delaware Higher Education and the Delaware early childhood community have developed these competencies as standards for the knowledge and skills expected of those professionals responsible for the care and education of young children in group programs.

Purpose: To establish a set of core knowledge and competencies as standards for professionals working in early childhood programs in Delaware.

These knowledge and competencies were developed in keeping with the following assumptions:

- Competent, well-trained professionals are the key to providing quality early childhood programs
- Competencies can be used to establish standards for employment and job performance
- There are a set of personal characteristics and attributes that support effective job performance in early care and education
- Competencies should be considered emergent; developing over time with experience
- Competencies are cumulative and create a continuum for professional development

Knowledge and competencies may be used:

- To design appropriate training and education
- For personal assessment of professional growth and planning for professional development
- As a tool for career advisement
- To plan for staff development
- To develop job descriptions
- To assess job performance
- As a piece of the process for issuing credentials, certificates, or licenses

Each content area is organized to include:

- A general statement that establishes the significance of the content area to the early childhood field
 - Required knowledge related to the content area
 - Competencies for any given position incorporate all the competencies of previous positions
 - Required competencies related to the content area, outlined by levels of job responsibilities:
 - Level 1: Assists in the implementation of curriculum; includes Early Childhood Intern, Early Childhood Assistant Teacher, Family Child Care Level I Licensee & Large Family Child Care Assistant
 - Level 2: Implements curriculum for a group of children; includes Early Childhood Teacher, Family Child Care Level II Licensee & Large Family Child Care Provider
 - Level 3: Designs and develops curriculum; includes Early Childhood Curriculum Coordinator
 - Level 4: Manages and leads the program; includes Early Childhood Administrator
- *Note: Large Family Child Care and Family Child Care Licensees will need to demonstrate competency in some of the Level 4 skills

ATTRIBUTES AND CHARACTERISTICS OF EFFECTIVE EARLY CHILDHOOD PROFESSIONALS

- ❖ Exhibits stable and responsible work habits
- ❖ Accepts challenges and learns from mistakes
- ❖ Expects continuous change
- ❖ Takes time for regular reflection and self-examination
- ❖ Works cooperatively with co-workers in a team effort
- ❖ Demonstrates unconditional caring, warmth and respect for each child's uniqueness
- ❖ Serves as a model for children through their own conduct
- ❖ Exhibits the ability to be delighted and curious about children
- ❖ Displays imagination and creativity
- ❖ Employs humor and patience
- ❖ Communicates effectively with each child, both verbally and non-verbally
- ❖ Communicates effectively with adults
- ❖ Shows respect for the diversity of families, children and co-workers
- ❖ Exhibits ability to empathize with others

DELAWARE CORE KNOWLEDGE
AND COMPETENCIES
FOR
EARLY CHILDHOOD PROFESSIONALS

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CHILD DEVELOPMENT AND LEARNING

CONTENT AREA STATEMENT: An understanding of how young children develop and learn is at the very core of the early childhood professional's knowledge base. All further training and education builds on this foundation. Each professional is expected to draw on this knowledge to create environments and to interact with children in ways that support their development and learning.

KNOWLEDGE: Early childhood professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Major theories of child development

- Typical stages of development for children birth through age 8, developmental milestones in each of the domains, and the interrelatedness of those domains; physical, cognitive, language, social, and emotional

- Individual variability in development and learning

- Contextual influences on children's development

- Communication and partnerships with families to support children's development and learning

- Role of adult-child relationships and interactions in supporting children's development and learning

- Play as the context for children's learning

- Formal and informal practices and procedures for assessing children's development and learning

- Implications of child development for planning environments, curriculum, and activities

- Strategies for supporting individual children's development and learning, including children with special needs

CHILD DEVELOPMENT AND LEARNING (CD)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Application of Child Development			
<ul style="list-style-type: none"> .1 Demonstrates an understanding that children grow and develop through play .2 Demonstrates an understanding that individual differences affect children's growth and development .3 Uses knowledge of developmental milestones, assists children in participating at their individual level of interest and ability .4 Interacts with children to support their development and learning 	<ul style="list-style-type: none"> .1 Uses informal observation as strategy for understanding individual children's development and learning .2 Applies knowledge of child development and learning to establish appropriate expectations of individual children .3 Uses knowledge of children's family, culture, and any risk factors when planning to support the development and learning of individual children .4 Applies knowledge of child development to plan and implement developmentally appropriate activities and environments .5 Adapts activities and environments to meet the special needs and situations of individual children .6 Implements procedures for assessment of children .7 Keeps families informed about their child's developmental progress 	<ul style="list-style-type: none"> .1 Keeps up-to-date with current research and best practice about child development and learning .2 Designs curriculum based on knowledge of child development and learning .3 Supports staff in applying knowledge of child development and learning in daily practice 	<ul style="list-style-type: none"> .1 Ensures that the program's philosophy and mission express a commitment to supporting children's development and learning .2 Evaluates curriculum for attention to all developmental domains .3 Assesses program's responsiveness to the developmental needs of individual children, including those with special needs .4 Designs staff development plan to ensure all staff are trained in child development and learning

ENVIRONMENT AND CURRICULUM

CONTENT AREA STATEMENT: Young children learn best when they are involved in experiences and activities that appropriately promote their development and learning. It is the responsibility of early childhood professionals to design the environment, plan the curriculum and use appropriate teaching strategies in order to support each child's learning.

KNOWLEDGE: Early childhood professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Concepts and principles of developmentally appropriate practice
- Play as a foundation for early childhood curriculum
- Curriculum planning that supports children in acquiring self-help skills, effective communication and problem-solving skills
- Curriculum planning that supports development in each of the domains; cognitive, language and communication, physical, social and emotional
- Curriculum planning for appropriate early learning in the content areas; literacy, math, science, social studies, and creative expression
- Curriculum planning for children of different ages and stages of development
- Planning for schedules, routines and transitions to support children's learning and positive behavior
- Planning for an integrated curriculum
- Curriculum adaptation for children with special needs
- Planning for arrangement of the physical environment and selection of materials to support children's learning and development
- Providing learning opportunities that reflect children's culture and family experiences
- Teaching methods, practices and strategies that promote children's learning

ENVIRONMENT AND CURRICULUM (EC)

NOTE: Curriculum activities that promote social emotional development are listed with Promoting Social Emotional Development rather than here

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Developmentally Appropriate Curriculum Planning			
<p>.1 Interacts with and participates appropriately with children at all times</p> <p>.2 Asks age and developmentally appropriate questions and actively listens to children's responses</p> <p>.3 Encourages children to ask questions</p> <p>.4 Talks with children and stimulates conversation among children</p> <p>.5 Encourages and accepts children's creative expressions</p> <p>.6 Facilitates and supports children's participation in experiences and activities of the planned curriculum</p>	<p>.1 Provides activities and experiences that promote physical development:</p> <ul style="list-style-type: none"> * Large and small motor skills and control * Sensory experiences * Body awareness <p>.2 Provides activities and experiences that promote cognitive development:</p> <ul style="list-style-type: none"> * Encourages children's curiosity, exploration and problem solving * Provides opportunities to sequence, organize, compare, and contrast <p>.3 Provides activities and experiences that promote language development:</p> <ul style="list-style-type: none"> * Uses conversation to enrich and expand vocabulary * Helps children acquire verbal and non-verbal means of communication <p>.4 Provides activities and experiences that promote creative expression:</p> <ul style="list-style-type: none"> * Emphasizes spontaneity and process rather than end product * Music, Art, Drama, Dance and Movement <p>.5 Uses naturally occurring opportunities to encourage development of self-help skills:</p> <ul style="list-style-type: none"> * independence in eating, toileting, dressing, and routine hygiene * awareness of basic health and safety rules <p>.6 Provides age and developmentally appropriate activities and experiences that support emergent literacy:</p> <ul style="list-style-type: none"> * Reads, sings, and plays games * Provides phonological, alphabet and book awareness * Makes connection between spoken and written language * Provides a print rich environment <p>.7 Provides activities and experiences that support emergent math and scientific thinking:</p> <ul style="list-style-type: none"> * Concepts such as time, space, shape, pattern, quantity and number * Nature, ecology and living things * Machines, technology and non-living things * Scientific inquiry <p>.8 Provides activities and experiences that support emergent thinking in social studies:</p> <ul style="list-style-type: none"> * People; their diversity and how they live * Family and community * Money, work and resources * Geographical concepts of space and place * Concepts of past, present and future 	<p>.1 Designs curriculum that supports children's progress in each of the developmental domains</p> <p>.2 Designs curriculum that supports children's emerging abilities in each of the content areas</p> <p>.3 Uses The Delaware Early Learning Foundations in designing curriculum</p> <p>.4 Provides regular support to staff for curriculum planning and implementation</p> <p>.5 Supports staff in adapting curriculum and activities for individual children, including those with special needs</p> <p>.6 Works with staff and families to generate learning goals for children</p>	<p>.1 Ensures that current research and best practice are used to develop and implement curriculum</p> <p>.2 Designs staff development plan to ensure that staff are trained to plan and implement developmentally appropriate curriculum</p> <p>.3 Designs strategies for evaluating curriculum</p> <p style="text-align: center;">NOTE: <i>All curriculum should be designed and implemented to be age and developmentally appropriate; and incorporate the Delaware Early Learning Foundations for School Success.</i></p>

ENVIRONMENT AND CURRICULUM (EC)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Creating Developmentally Appropriate Learning Environments			
<p>.7 Follows daily schedule</p> <p>.8 Supports and encourages children's participation in a variety of activities</p>	<p>.9 Arranges the physical learning environment to encourage play, exploration, and learning</p> <p>.10 Selects developmentally appropriate materials</p> <p>.11 Provides an interesting and secure environment both indoors and outdoors</p> <p>.12 Accommodates individual children's needs when planning the learning environment</p> <p>.13 Uses adult-child relationships and interactions as a resource for creating a positive learning environment</p> <p>.14 Designs age appropriate schedules, routines and transitions</p> <p>.15 Provides for extended, uninterrupted time for play</p> <p>.16 Uses technology in a developmentally appropriate manner to support children's learning</p> <p>.17 Builds on children's interests when planning activities</p> <p>.18 Plans curriculum activities that provide a balance of:</p> <ul style="list-style-type: none"> * quiet and active experiences * child-initiated and teacher facilitated activities * Indoor and outdoor activities * Individual, small group and large group experiences <p>.19 Supports children's cultural heritage</p> <p>.20 Uses the outdoors and community as an extended classroom</p> <p>.21 Uses a variety of teaching methods appropriate to children's age and development to support learning, including:</p> <ul style="list-style-type: none"> * open-ended questioning * group discussion * problem-solving * cooperative learning * inquiry experiences * teachable moments <p>.22 Arranges the physical environment to create a welcoming place for children</p> <p>.23 Arranges the environment to allow for typical early childhood experiences:</p> <ul style="list-style-type: none"> * dramatic play * sand and water play * sensory activities * physical activities * art activities * music activities * block play 	<p>.7 Supports staff in designing the learning environment to support developmentally appropriate curriculum</p> <p>.8 Guides staff in adapting the learning environment to support the needs of individual children, including those with special needs</p> <p>.9 Encourages staff to use play and social interaction as context for children's learning</p>	<p>.4 Designs procedures for regular evaluation and continuous improvement of the learning environment</p> <p>.5 Creates program schedules and structures groupings of children to best support children's development and learning</p> <p>.6 Ensures that the learning environment is responsive to cultural diversity</p>

PROMOTING SOCIAL EMOTIONAL DEVELOPMENT

CONTENT AREA STATEMENT: Quality early childhood programs promote the development of young children's self-esteem, social competence and pro-social behaviors. Professionals need to have a clear understanding of children's social and emotional development and positive guidance strategies that support such development.

KNOWLEDGE: Early childhood professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Children's social and emotional development and maturation
- Influences on children's behavior—rate and pattern of development in all domains, temperament, special needs, family and culture
- Strategies for promoting positive behavior and developing pro-social behaviors of young children
- Positive guidance approach to dealing with challenging behaviors
- Group management strategies
- Observation and assessment of individual and group behavior of young children
- Communicating and partnering with families to support children's development of pro-social behaviors and positive self-esteem

PROMOTING SOCIAL EMOTIONAL DEVELOPMENT (SE)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Interactions and Environment			
<ul style="list-style-type: none"> .1 Develops a warm, positive, nurturing relationship with each child .2 Responds appropriately to children's emotional needs .3 Accepts children's feelings and helps them to express feelings .4 Models positive behavior .5 Acknowledges accomplishments and efforts of individual children 	<ul style="list-style-type: none"> .1 Helps children use effective problem solving and appropriate conflict resolution strategies .2 Provides opportunities for cooperative play and interaction .3 Helps children deal with stress and change .4 Encourages children to show empathy and respect for others .5 Helps each child be accepted by the group and learn appropriate techniques for "getting along" .6 Establishes an environment that fosters trust, respect, cooperation and appropriate behavior 	<ul style="list-style-type: none"> .1 Keeps current about research and best practice in relation to children's social-emotional development and positive guidance strategies .2 Designs curriculum to support children's social emotional development .3 Guides staff in using interactions that support children's social emotional development 	<ul style="list-style-type: none"> .1 Designs staff development plan to ensure that staff are trained in positive social emotional development <p>NOTE: <i>All curriculum should be designed and implemented to be age and developmentally appropriate; and incorporate the Delaware Early Learning Foundations for School Success.</i></p>

PROMOTING SOCIAL EMOTIONAL DEVELOPMENT (SE)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Group Management			
<p>.6 Keeps all children under direct supervision at all times</p> <p>.7 Helps children handle daily routines, transitions and unexpected changes</p>	<p>.7 Uses group management techniques in establishing an environment that promotes positive behavior:</p> <ul style="list-style-type: none"> *creates appropriate schedules, routines and transitions *provides developmentally appropriate activities *creates appropriate room arrangements *provides sufficient and appropriate materials and equipment <p>.8 Involves children in setting rules and expectations when appropriate</p> <p>.9 Establishes a positive environment focused on exploration and interaction</p>	<p>.4 Guides staff in using appropriate group management techniques</p>	<p>.2 Establishes program policies and procedures that promote the use of appropriate group management strategies</p>

PROMOTING SOCIAL EMOTIONAL DEVELOPMENT (SE)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Guidance Strategies			
<p>.8 Examines personal beliefs about children's behavior and discipline</p> <p>.9 Supports the implementation of guidance strategies used in the program</p> <p>.10 Addresses specific problem situations or behaviors without labeling the child</p>	<p>.10 Identifies developmentally appropriate behavior and reasonable expectations for children's behavior</p> <p>.11 Modifies situations to prevent problems</p> <p>.12 Uses positive guidance strategies:</p> <ul style="list-style-type: none"> * "I" messages * Redirection * Choices * Natural and logical consequences * Conflict resolution & problem solving * Limit-setting <p>.13 Encourages children to develop self-control and use anger management</p> <p>.14 Uses encouragement to motivate children</p> <p>.15 Communicates with parents regarding developmentally appropriate behavior and expectations for children</p> <p>.16 Works with families to develop strategies with children when there are behavioral concerns</p>	<p>.5 Supports staff in using positive guidance strategies with all children</p> <p>.6 Supports staff in using observation and assessment results to plan and implement individual guidance strategies</p> <p>.7 Plans for the inclusion of children with behavior issues</p>	<p>.3 Develops program policies and procedures to promote the use of positive guidance strategies</p> <p>.4 Works with families and staff to address children's challenging behaviors</p>

OBSERVATION AND ASSESSMENT

CONTENT AREA STATEMENT: Observation and assessment are a critical component of an effective program that supports children's development and learning. Effective observation helps early childhood professionals to plan and adapt the environment and curriculum to meet group and individual needs.

KNOWLEDGE: Early childhood professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

Objective observation of young children

Systems for collecting and documenting children's work samples

Strategies for creating written records of observations

Methods for gathering information – anecdotal records, rating scales, developmental checklists

Use of learning standards in the process of observing and supporting children's development and learning

Uses for information gathered from observation and assessment:

- o Planning and adapting the learning environment and curriculum
- o Planning for supporting individual children's development and learning
- o Informing the professional's interactions with children
- o Communicating with families

Role of observation in a guidance approach to behavior management

Appropriate use of formal assessment with young children

Criteria for sound assessment practices – reliability and validity, freedom from bias and developmental appropriateness

Process for special needs assessment and development of an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)

OBSERVATION AND ASSESSMENT (OA)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Observation			
<ul style="list-style-type: none"> .1 Practices objective observation and reflects on those observations .2 Uses observation as a way to “get to know” children – their interests and developmental levels .3 Uses observation as a strategy for preventing problems 	<ul style="list-style-type: none"> .1 Completes regular, written child observations .2 Observes children’s development and learning in relation to Delaware’s Early Learning Foundations and Delaware’s Infant and Toddler Early Learning Foundations .3 Uses observation information to adapt interactions with individual children .4 Makes changes to the environment based on observations .5 Includes information gathered from child observations in curriculum planning .6 Makes plans for supporting individual children’s development and learning based on information gathered from observations .7 Uses information from observations to support children’s development of social emotional skills .8 Informs families about observations of children’s development and learning 	<ul style="list-style-type: none"> .1 Supports staff in implementing child observation procedures .2 Guides staff in using the results of child observation for curriculum, including individualizing curriculum 	<ul style="list-style-type: none"> .1 Develops program policies and procedures for child observation .2 Designs staff development plan to ensure that staff are trained in observation

OBSERVATION AND ASSESSMENT (OA)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Assessment			
.4 Contributes, as appropriate, to informal child assessment procedures	.9 Collects samples of children's work .10 Conducts assessment of each child's development and learning, gathering information in a variety of ways .11 Includes families in assessment process, gathering information and reporting results .12 Contributes, as appropriate, to assessment for identification of special needs	.3 Guides staff in implementing program's plan for child assessment .4 Supports staff in communicating with families regarding children's developmental progress and learning .5 Supports the assessment of children with special needs	.3 Develops and evaluates program plan for assessment of children's developmental progress and learning .4 Identifies strategies for working with families for effective child assessment .5 Designs staff development plan to ensure that staff are trained in assessment .6 Ensures program incorporates all available assessment data for individual children, including those with special needs

HEALTH, SAFETY AND NUTRITION

CONTENT AREA STATEMENT: Early childhood professionals are expected to ensure the health and safety of each child in their care. They are also expected to provide for nutritionally balanced meals and snacks to be served to children. In addition, they promote children's learning about health, safety and nutrition.

KNOWLEDGE: Early childhood professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Issues and concerns related to the health, safety and nutrition of young children
- Regulations and laws pertaining to health, safety and nutrition of young children in a group setting
- Planning and implementing safe environments for children
- Practices that promote the health of young children
- Practices that meet the nutritional needs of young children
- Health, safety and nutrition curriculum for young children
- Community resources

HEALTH, SAFETY AND NUTRITION (HS)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Safe & Healthy Environments			
<ul style="list-style-type: none"> .1 Follows all laws and regulations pertaining to health, food services, and safety. .2 Follows mandated reporting requirements regarding child abuse and neglect .3 Implements health, safety and/or nutritional plans for individual children .4 Supports a safe, healthy environment for all children. .5 Documents accidents and incidents as necessary .6 Performs first aid and CPR when necessary .7 Supervises and interacts with children to ensure their safety and health .8 Carries out established emergency procedures, including disaster plans .9 Knows and uses safety equipment appropriately .10 Practices infection control, including appropriate hand washing and diapering procedures .11 Practices Universal Precautions .12 Performs daily health check, including observing for signs of abuse and neglect .13 Recognizes and responds to signs of acute and chronic illness .14 Supervises the serving of nutritious meals and snacks .15 Practices safe food handling procedures .16 Maintains sanitary environment .17 Monitors safety during meal and snack times 	<ul style="list-style-type: none"> .1 Plans and prepares a safe, healthy environment for all children .2 Selects materials and equipment so as to ensure safety .3 Establishes safety rules and precautions for children .4 Monitors the serving of nutritious meals and snacks .5 Provides opportunities for daily physical activity .6 Applies knowledge of child development in promoting children's health, safety and nutrition 	<ul style="list-style-type: none"> .1 Supports staff in creating a safe and healthy environment .2 Develops plans for meeting the health, safety, and nutrition needs of all children 	<ul style="list-style-type: none"> .1 Establishes program practices to ensure a safe and healthy environment .2 Monitors the program's compliance with health and safety standards .3 Informs families about program policies and practices regarding health, safety, and nutrition .4 Ensures program offers quality nutrition when serving meals and snacks

HEALTH, SAFETY AND NUTRITION (HS)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Health, Safety and Nutrition Education			
<p>.18 Helps children to adopt good health and safety practices</p> <p>.19 Encourages children to participate in physical activities</p> <p>.20 Interacts with children during meal and snack times, promoting appropriate social behavior</p> <p>.21 Helps children to adopt good nutrition habits.</p> <p>.22 Models good nutrition practices</p>	<p>.7 Teaches children about safety</p> <p>.8 Implements self-help activities that encourage independence</p> <p>.9 Teaches children about hygiene and good health</p> <p>.10 Teaches children about good nutrition</p> <p>.11 Teaches children about physical fitness</p>	<p>.3 Designs curriculum to include learning activities in health, safety, nutrition and physical fitness</p> <p>.4 Supports staff in implementing curriculum that includes health, safety, nutrition and physical fitness activities</p>	<p>.5 Designs staff development plan to ensure staff are trained in developmentally appropriate curriculum for health, safety, nutrition and physical fitness</p> <p>.6 Communicates with families about children's food preferences and special needs</p>

WORKING WITH FAMILIES

CONTENT AREA STATEMENT: Families play a critical role in young children's development and learning. Early childhood professionals need to appreciate that role and be able to communicate with families to form supportive partnerships, and to involve families in the early childhood program. A positive relationship between families and professionals becomes a support for children.

KNOWLEDGE: Early childhood professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- The role of families in children's development and learning
- Understanding and respect for the diversity of family structure, culture, and lifestyle
- Effective techniques and strategies for communicating with families
- Strategies for involving families in early childhood programs
- Knowledge of community resources for families and children

WORKING WITH FAMILIES (FM)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Communicating with Families			
.1 Follows rules for confidentiality .2 Communicates with families in a manner that respects diversity .3 Communicates with families regarding children's daily activities	.1 Responds to family member's questions and concerns .2 Shares information with families about the curriculum .3 Implements effective conflict resolution techniques .4 Talks with families about their child's progress	.1 Supports staff in using appropriate, positive communication strategies with families	.1 Establishes program policies and procedures for communicating with families
Supporting Families			
.4 Demonstrates respect for the family role as primary educator .5 Demonstrates respect for the diversity of family structure, function, and lifestyle and child rearing practices .6 Knows when to seek support in working with families	.5 Recognizes and responds to stressors that families face .6 Supports the parenting role by providing relevant information about child development and learning .7 Provides information about community resources .8 Supports families in the early intervention process .9 Supports families and children in transitions	.2 Supports staff in responding to families' needs	.2 Establishes a program climate that is responsive to the diversity of families being served .3 Develops a plan for family education about young children's development and learning .4 Establishes policies and procedures for responding to family crises
Involving Families			
.7 Demonstrates positive and appropriate relationships with families	.10 Fosters family participation in the program	.3 Supports staff in planning family involvement opportunities	.5 Plans opportunities for families to be involved in program decision-making and evaluation

PROFESSIONALISM

CONTENT AREA STATEMENT: Every profession has a body of knowledge that defines the profession and requirements which guide professional growth and development. In addition, there are standards for professional and ethical behavior. Everyone working in the early childhood field needs to understand what it means to be an early childhood professional and has an obligation to make a commitment to ongoing personal and professional growth.

KNOWLEDGE: Early childhood professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Standards for personal/professional behavior that lead to quality care and education of young children

- Practices that support ongoing personal and professional growth and development for self and others

- Ethical professional behavior as outlined in the National Association for the Education of Young Children's (NAEYC) Code of Ethical Conduct

PROFESSIONALISM (PR)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Professional Growth and Development			
<ul style="list-style-type: none"> .1 Begins to reflect on own professional practice .2 Uses constructive feedback to improve performance .3 Seeks knowledge to improve professional practice .4 Participates in setting goals and carries out professional development plan .5 Uses available professional resources .6 Completes annual training hours 	<ul style="list-style-type: none"> .1 Participates in professional activities and/or organizations to enhance professional growth 	<ul style="list-style-type: none"> .1 Incorporates advanced training into personal professional development plan .2 Keeps up-to-date about current research and best practice in the early care and education field .3 Keeps up-to-date about current issues, advocacy and legislative efforts in the field, including those in Delaware .4 Supports staff in developing plans for their personal growth and professional development 	<ul style="list-style-type: none"> .1 Participates in advocacy activities that promote quality early care and education .2 Develops the program's professional development plan to support individual staff professional development and program improvement

PROFESSIONALISM (PR)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of children	Designs and develops curriculum	Manages and leads program
Personal and Professional Behavior			
<ul style="list-style-type: none"> .7 Establishes and maintains appropriate professional boundaries .8 Demonstrates good work habits .9 Follows all program policies and procedures .10 Maintains confidentiality .11 Adheres to licensing regulations .12 Performs effectively as a member of a team .13 Interacts with children, families and co-workers in a positive and respectful manner .14 Practices effective communication skills .15 Uses problem-solving skills .16 Follows NAEYC's Code of Ethical Conduct .17 Demonstrates appropriate supervision of others 	<ul style="list-style-type: none"> .2 Engages in reflection about teaching and children .3 Promotes quality programs and services for children and families .4 Articulates personal philosophy of early care and education .5 Models professional behavior 	<ul style="list-style-type: none"> .5 Demonstrates ethical, professional behavior, serving as a role model for staff 	<ul style="list-style-type: none"> .3 Bases decision-making on knowledge of current research and best practice .4 Maintains an environment that encourages the professional behavior of staff .5 Practices effective team-building .6 Uses a participatory management style that values the knowledge and experience of staff .7 Leads staff through a process of program evaluations and continuous quality improvement

MANAGEMENT & ADMINISTRATION

CONTENT AREA STATEMENT: Effective management of early childhood programs is critical to the development and delivery of quality programming for young children and their families. Administrators must be able to manage the program's finances, operations and personnel. Effective managers plan for program development and evaluation.

KNOWLEDGE: Administrators will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Fiscal policies and procedures
- Budget development and management
- Funding sources for early childhood programs
- Staff compensation and benefits
- State and federal laws and regulations that relate to early childhood programs
- Working with boards and advisory groups
- Monitoring health and safety practices
- Facility maintenance (building and grounds)
- Risk management, including effective security procedures
- System for maintaining supplies, materials and equipment to support a positive learning environment
- System for child and staff record-keeping
- Marketing strategies
- Personnel policies
- Recruitment, selection and retention of qualified staff
- Job descriptions for all staff positions
- Supervision and evaluation of staff
- Staff development, including individual professional development planning
- Creating a positive, supportive work environment
- Developmentally appropriate curriculum models
- Developmentally appropriate child assessment tools and practices
- Program evaluation methods that include the use of nationally-recognized program assessment tools
- Quality improvement planning

MANAGEMENT & ADMINISTRATION

Program Development & Evaluation

- .1 Develops statements of program's philosophy and mission
- .2 Applies state and federal regulations when making program decisions and setting policies
- .3 Establishes and monitors the implementation of policies and procedures that ensure compliance with all laws and regulations regarding health, safety, and nutrition
- .4 Applies current research and best practice to program planning
- .5 Coordinates with community agencies and professionals, when necessary
- .6 Provides resources to support a positive learning environment and the delivery of developmentally appropriate curriculum
- .7 Designs and implements a professional development plan for the program, that incorporates individual plans in order to support the personal and professional growth of staff
- .8 Establishes a process and procedures for the development and implementation of a developmentally appropriate curriculum that addresses all developmental domains (physical, cognitive, language, social and emotional) and content areas (literacy, math, science, social studies, and creative expression)
- .9 Applies current research and best practice to the development, implementation and evaluation of policies and procedures for child assessment
- .10 Develops and evaluates program policies and procedures for behavior management
- .11 Applies current research and best practice to the development, implementation and evaluation of policies and practices for establishing positive family-staff relationships
- .12 Develops and implements a plan for regular program evaluation that incorporates recognized professional standards
- .13 Develops and implements a process for quality improvement planning based on program evaluation

Personnel Management

- .14 Demonstrates an understanding of laws and regulations applicable to personnel management
- .15 Develops and regularly reviews personnel policies, including policies in a staff handbook
- .16 Develops and maintains a system for personnel record-keeping that includes information about experience and qualifications
- .17 Develops job descriptions for all staff positions
- .18 Recruits and selects qualified staff
- .19 Conducts orientation for new employees
- .20 Develops and implements procedures for staff supervision and performance evaluation
- .21 Establishes procedures for staff communication, including planning for staff meetings
- .22 Sets clear policies and practices to create a positive, supportive work environment
- .23 Implements a system for staff development that includes individual professional development planning based on self-assessment and performance evaluation
- .24 Develops strategies to support staff retention
- .25 Coordinates and reviews staff benefit programs

Fiscal Management

- .26 Participates in long-range financial planning
- .27 Develops an annual budget to support program goals
- .28 Implements a system for monitoring revenues and expenses
- .29 Manages cash accounts and cash flow
- .30 Develops, reviews and periodically updates fiscal policies and procedures
- .31 Prepares financial reports and documents
- .32 Works with accountant or financial service
- .33 Maintains financial records
- .34 Works effectively with state and federal funding programs
- .35 Establishes and monitors a system for payables and receivables
- .36 Establishes a staff compensation schedule based on roles, qualifications, experience and performance
- .37 Establishes a fee structure for families
- .38 Designs an efficient and cost effective purchasing system

Operations and Administration

- .39 Assumes responsibility for compliance with all laws and regulations applicable to early childhood or school-age programs
- .40 Develops, reviews and updates a policies and procedures manual
- .41 Develops an emergency management plan
- .42 Establishes and implements a system for maintenance of program facility
- .43 Uses effective risk management strategies, including the implementation of a facility security system and maintenance of appropriate insurance policies
- .44 Maintains an adequate inventory of materials and equipment to operate an effective program
- .45 Develops staffing patterns and schedules to operate an effective program
- .46 Uses technology to enhance the program's business systems and communications
- .47 Works effectively within the business structure of the program ie., non-profit, corporation, multi-agency
- .48 Develops strategies for communication, education and involvement of boards, advisory groups and agency management
- .49 Establishes and maintains effective relationships with community-based support services, professional and business organizations, and neighborhood and community partners
- .50 Develops parent contracts
- .51 Establishes and maintains a system of child record-keeping, including children's health records
- .52 Develops and maintains effective marketing strategies

USING COMPETENCIES and SELF-ASSESSMENT CHECKLISTS

Competencies for early childhood professionals may be used in several ways by an individual:

- For career planning
- For identifying skills and skills needed
- For professional development planning

Competencies may also be used by an employer or supervisor:

- To develop job descriptions
- To assess an employees skill strengths and needs
- To plan on-the-job training and mentoring
- To plan professional development activities

The following pages are competency self-assessment checklists. There is a checklist for each professional level outlined in the competencies. To use the checklists as a self-assessment tool, select the checklist for the professional position level you are employed in, or wish to be employed in, and review the skills expected for that level. Using the key at the bottom of each page, select the numbered response that best indicates your present level of skill for each listed competency.

An example for Professional Level 2; Supporting Families E-FM2.7:

	Review Date	4/08	5/08			Notes
E-FM2.7	Provides information about community resources	2	2 <i>employer</i>			<i>4/08 need training 5/08 training scheduled for 7/21/08</i>

Key 1 – never 2 – sometimes 3 – usually 4 – always

In this example, if your response is 2 (sometimes) or 1 (never) it may be that you have not had any training on community resources to become familiar with them. Or perhaps you are not comfortable in providing information or making suggestions to families. Training, professional development or technical assistance could help you develop this skill or increase your performance level. Any need for training might be noted in the far right column of the checklist.

Using the competencies to do your own self-assessment and then having a co-worker or supervisor make their assessment of your skill level will give you feedback on skill areas that may need some improvement through practice or training.

Copies may be made of the blank forms or downloaded from the Delaware Department of Education website www.doe.k12.de.us/programs/delfirst

**Delaware Core Knowledge and Competencies for Early Childhood Professionals
Professional Level 1 – Self Assessment**

	Review Date					Notes
CHILD DEVELOPMENT AND LEARNING (CD)						
Application of Child Development						
E-CD1.1	Demonstrates an understanding that children grow and develop through play					
E-CD1.2	Demonstrates an understanding that individual differences affect children's growth and development					
E-CD1.3	Uses knowledge of developmental milestones, assists children in participating at their individual level of interest and ability					
E-CD1.4	Interacts with children to support their development and learning					
ENVIRONMENT AND CURRICULUM (EC)						
Developmentally Appropriate Curriculum Planning						
E-EC1.1	Interacts with and participates appropriately with children at all times					
E-EC1.2	Asks age and developmentally appropriate questions and actively listens to children's responses					
E-EC1.3	Encourages children to ask questions					
E-EC1.4	Talks with children and stimulates conversation among children					
E-EC1.5	Encourages and accepts children's creative					
E-EC1.6	Facilitates and supports children's participation in experiences and activities of the planned curriculum					
Creating Developmentally Appropriate Learning Environments						
E-EC1.7	Follows daily schedule					
E-EC1.8	Supports and encourages children's participation in a variety of activities					
PROMOTING SOCIAL EMOTIONAL DEVELOPMENT (SE)						
Interactions and Environment						
E-SE1.1	Develops a warm, positive, nurturing relationship with each child					
E-SE1.2	Responds appropriately to children's emotional needs					
E-SE1.3	Accepts children's feelings and helps them to express feelings					
E-SE1.4	Models positive behavior					
E-SE1.5	Acknowledges accomplishments and efforts of individual children					
Group Management						
E-SE1.6	Keeps all children under direct supervision at all times					
E-SE1.7	Helps children handle daily routines, transitions and unexpected changes					

Key 1 – never 2 – sometimes 3 – usually 4 – always

**Delaware Core Knowledge and Competencies for Early Childhood Professionals
Professional Level 1 – Self Assessment**

	Review Date					Notes
Guidance Strategies						
E-SE1.8	Examines personal beliefs about children's behavior and discipline					
E-SE1.9	Supports the implementation of guidance strategies used in the program					
E-SE1.10	Addresses specific problem situations or behaviors without labeling the child					
OBSERVATION AND ASSESSMENT (OA)						
Observation						
E-OA1.1	Practices objective observation and reflects on those observations					
E-OA1.2	Uses observation as a way to "get to know" children – their interests and developmental levels					
E-OA1.3	Uses observation as a strategy for preventing problems					
Assessment						
E-OA1.4	Contributes, as appropriate, to informal child assessment procedures					
HEALTH, SAFETY AND NUTRITION (HS)						
Safe & Healthy Environments						
E-HS1.1	Follows all laws and regulations pertaining to health, food services, and safety.					
E-HS1.2	Follows mandated reporting requirements regarding child abuse and neglect					
E-HS1.3	Implements health, safety and/or nutritional plans for individual children					
E-HS1.4	Supports a safe, healthy environment for all children					
E-HS1.5	Documents accidents and incidents as necessary					
E-HS1.6	Performs first aid and CPR when necessary					
E-HS1.7	Supervises and interacts with children to ensure their safety and health					
E-HS1.8	Carries out established emergency procedures, including disaster plans					
E-HS1.9	Knows and uses safety equipment appropriately					
E-HS1.10	Practices infection control, including appropriate hand washing and diapering procedures					
E-HS1.11	Practices Universal Precautions					
E-HS1.12	Performs daily health check, including observing for signs of abuse and neglect					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 1 – Self Assessment

	Review Date					Notes
E-HS1.13	Recognizes and responds to signs of acute and chronic illness					
E-HS1.14	Supervises the serving of nutritious meals and snacks					
E-HS1.15	Practices safe food handling procedures					
E-HS1.16	Maintains sanitary environment					
E-HS1.17	Monitors safety during meal and snack times					
Health, Safety and Nutrition Education						
E-HS1.18	Helps children to adopt good health and safety practices					
E-HS1.19	Encourages children to participate in physical activities					
E-HS1.20	Interacts with children during meal and snack times, promoting appropriate social behavior					
E-HS1.21	Helps children to adopt good nutrition habits					
E-HS1.22	Models good nutrition practices					
WORKING WITH FAMILIES (FM) Communicating with Families						
E-FM1.1	Follows rules for confidentiality					
E-FM1.2	Communicates with families in a manner that respects diversity					
E-FM1.3	Communicates with families regarding children's daily activities					
Supporting Families						
E-FM1.4	Demonstrates respect for the family role as primary educator					
E-FM1.5	Demonstrates respect for the diversity of family structure, function, and lifestyle and child rearing practices					
E-FM1.6	Knows when to seek support in working with families					
Involving Families						
E-FM1.7	Demonstrates positive and appropriate relationships with families					
PROFESSIONALISM (PR) Professional Growth and Development						
E-PR1.1	Begins to reflect on own professional practice					
E-PR1.2	Uses constructive feedback to improve performance					
E-PR1.3	Seeks knowledge to improve professional practice					
E-PR1.4	Participates in setting goals and carries out professional development plan					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 1 – Self Assessment

	Review Date					Notes
E-PR1.5	Uses available professional resources					
E-PR1.6	Completes annual training hours					
Personal and Professional Behavior						
E-PR1.7	Establishes and maintains appropriate professional boundaries					
E-PR1.8	Demonstrates good work habits					
E-PR1.9	Follows all program policies and procedures					
E-PR1.10	Maintains confidentiality					
E-PR1.11	Adheres to licensing regulations					
E-PR1.12	Performs effectively as a member of a team					
E-PR1.13	Interacts with children, families and co-workers in a positive and respectful manner					
E-PR1.14	Practices effective communication skills					
E-PR1.15	Uses problem-solving skills					
E-PR1.16	Follows NAEYC's Code of Ethical Conduct					
E-PR1.17	Demonstrates appropriate supervision of others					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 2 – Self Assessment

	Review Date					Notes
CHILD DEVELOPMENT AND LEARNING (CD) Application of Child Development						
E-CD2.1	Uses informal observation as strategy for understanding individual children's development and learning					
E-CD2.2	Applies knowledge of child development and learning to establish appropriate expectations of individual children					
E-CD2.3	Uses knowledge of children's family, culture, and any risk factors when planning to support the development and learning of individual children					
E-CD2.4	Applies knowledge of child development to plan and implement developmentally appropriate activities and environments					
E-CD2.5	Adapts activities and environments to meet the special needs and situations of individual children					
E-CD2.6	Implements procedures for assessment of children					
E-CD2.7	Keeps families informed about their child's developmental progress					
ENVIRONMENT AND CURRICULUM (EC) Developmentally Appropriate Curriculum Planning						
E-EC2.1	Provides activities and experiences that promote physical development: *Large and small motor skills *Sensory experiences *Body awareness					
E-EC2.2	Provides activities and experiences that promote cognitive development: * Encourages children's curiosity, exploration and problem solving * Provides opportunities to sequence, organize, compare, and contrast					
E-EC2.3	Provides activities and experiences that promote language development: * Uses conversation to enrich and expand vocabulary * Helps children acquire verbal and non-verbal means of communication					
E-EC2.4	Provides activities and experiences that promote creative expression: * Emphasizes spontaneity and process rather than end product * Music, Art, Drama, Dance and Movement					
E-EC2.5	Uses naturally occurring opportunities to encourage development of self-help skills: * Independence in eating, toileting, dressing, and routine hygiene * Awareness of basic health and safety rules					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 2 – Self Assessment

	Review Date					Notes
E-EC2.6	Provides age and developmentally appropriate activities and experiences that support emergent literacy: *Reads, sings, and plays games *Provides phonological, alphabet and book awareness *Makes connection between spoken and written language *Encourages verbal & written expression *Provides a print rich environment					
E-EC2.7	Provides activities and experiences that support emerging math and scientific thinking: *Concepts such as time, space, shape, pattern, quantity and number *Nature, ecology and living things *Machines, technology and non-living things *Scientific inquiry					
E-EC2.8	Provides activities and experiences that support emergent thinking in social studies: *People; their diversity and how they live *Family and community *Money, work and resources *Geographical concepts of space and place *Concepts of past, present and future					
Creating Developmentally Appropriate Learning Environments						
E-EC2.9	Arranges the physical learning environment to encourage play, exploration, and learning					
E-EC2.10	Selects developmentally appropriate materials					
E-EC2.11	Provides an interesting and secure environment both indoors and outdoors					
E-EC2.12	Accommodates individual children's needs when planning the learning environment					
E-EC2.13	Uses adult-child relationships and interactions as a resource for creating a positive learning environment					
E-EC2.14	Designs age appropriate schedules, routines and transitions					
E-EC2.15	Provides for extended, uninterrupted time for play					
E-EC2.16	Uses technology in a developmentally appropriate manner to support children's learning					
E-EC2.17	Builds on children's interests when planning activities					
E-EC2.18	Plans curriculum activities that provide a balance of: *quiet and active experiences *child-initiated and teacher facilitated					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 2 – Self Assessment

	Review Date					Notes
	activities *Indoor and outdoor activities *Individual, small group and large group experiences					
E-EC2.19	Supports children's cultural heritage					
E-EC2.20	Uses the outdoors and community as an extended classroom					
E-EC2.21	Uses a variety of teaching methods appropriate to children's age and development to support learning, including: *open-ended questioning *group discussion *problem-solving *cooperative learning *inquiry experiences *teachable moments					
E-EC2.22	Arranges the physical environment to create a welcoming place for children					
E-EC2.23	Arranges the environment to allow for typical early childhood experiences: *dramatic play *sand and water play *sensory activities *physical activities *art activities *music activities *block play					
PROMOTING SOCIAL EMOTIONAL DEVELOPMENT (SE)						
Interactions and Environment						
E-SE2.1	Helps children use effective problem solving and appropriate conflict resolution strategies					
E-SE2.2	Provides opportunities for cooperative play and interaction					
E-SE2.3	Helps children deal with stress and change					
E-SE2.4	Encourages children to show empathy and respect for others					
E-SE2.5	Helps each child be accepted by the group and learn appropriate techniques for "getting along"					
E-SE2.6	Establishes an environment that fosters trust, respect, cooperation and appropriate behavior					
Group Management						
E-SE2.7	Uses group management techniques in establishing an environment that promotes positive behavior: * creates appropriate schedules, routines and transitions * provides developmentally appropriate activities * creates appropriate room arrangements * provides sufficient and appropriate materials					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 2 – Self Assessment

	Review Date					Notes
E-SE2.8	Involves children in setting rules and expectations when appropriate					
E-SE2.9	Establishes a positive environment focused on exploration and interaction					
Guidance Strategies						
E-SE2.10	Identifies developmentally appropriate behavior and reasonable expectations for children's behavior					
E-SE2.11	Modifies situations to prevent problems					
E-SE2.12	Uses positive guidance strategies: *“I” messages *Redirection *Choices *Natural and logical consequences *Conflict resolution & problem solving *Limit-setting					
E-SE2.13	Encourages children to develop self-control and use anger management					
E-SE2.14	Uses encouragement to motivate children					
E-SE2.15	Communicates with parents regarding developmentally appropriate behavior and expectations for children					
E-SE2.16	Works with families to develop strategies with children when there are behavioral concerns					
OBSERVATION AND ASSESSMENT (OA)						
Observation						
E-OA2.1	Completes regular, written child observations					
E-OA2.2	Observes children's development and learning in relation to Delaware's Early Learning Foundations and Delaware's Infant and Toddler Early Learning Foundations					
E-OA2.3	Uses observation information to adapt interactions with individual children					
E-OA2.4	Makes changes to the environment based on observations					
E-OA2.5	Includes information gathered from child observations in curriculum planning					
E-OA2.6	Makes plans for supporting individual children's development and learning based on information gathered from observations					
E-OA2.7	Uses information from observations to support children's development of social emotional skills					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 2 – Self Assessment

	Review Date					Notes
E-OA2.8	Informs families about observations of children's development and learning					
Assessment						
E-OA2.9	Collects samples of children's work					
E-OA2.10	Conducts assessment of each child's development and learning, gathering information in a variety of ways					
E-OA2.11	Includes families in assessment process, gathering information and reporting results					
E-OA2.12	Contributes, as appropriate, to assessment for identification of special needs					
HEALTH, SAFETY AND NUTRITION (HS) Safe & Healthy Environments						
E-HS2.1	Plans and prepares a safe, healthy environment for all children					
E-HS2.2	Selects materials and equipment so as to ensure safety					
E-HS2.3	Establishes safety rules and precautions for children					
E-HS2.4	Monitors the serving of nutritious meals and snacks					
E-HS2.5	Provides opportunities for daily physical activity					
E-HS2.6	Applies knowledge of child development in promoting children's health, safety and nutrition					
Health, Safety and Nutrition Education						
E-HS2.7	Teaches children about safety					
E-HS2.8	Implements self-help activities that encourage independence					
E-HS2.9	Teaches children about hygiene and good health					
E-HS2.10	Teaches children about good nutrition					
E-HS2.11	Teaches children about physical fitness					

continued next page

**Delaware Core Knowledge and Competencies for Early Childhood Professionals
Professional Level 2 – Self Assessment**

	Review Date					Notes
WORKING WITH FAMILIES (FM)						
Communicating with Families						
E-FM2.1	Responds to family member's questions and concerns					
E-FM2.2	Shares information with families about the curriculum					
E-FM2.3	Implements effective conflict resolution techniques					
E-FM2.4	Talks with families about their child's progress					
Supporting Families						
E-FM2.5	Recognizes and responds to stressors that families face					
E-FM2.6	Supports the parenting role by providing relevant information about child development and learning					
E-FM2.7	Provides information about community resources					
E-FM2.8	Supports families in the early intervention process					
E-FM2.9	Supports families and children in transitions					
Involving Families						
E-FM2.10	Fosters family participation in the program					
PROFESSIONALISM (PR)						
Professional Growth and Development						
E-PR2.1	Participates in professional activities and/or organizations to enhance professional growth					
Personal and Professional Behavior						
E-PR2.2	Engages in reflection about teaching and children					
E-PR2.3	Promotes quality programs and services for children and families					
E-PR2.4	Articulates personal philosophy of early care and education					
E-PR2.5	Models professional behavior					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 3 – Self Assessment

	Review Date					Notes
CHILD DEVELOPMENT AND LEARNING (CD) Application of Child Development						
E-CD3.1	Keeps up-to-date with current research and best practice about child development and learning					
E-CD3.2	Designs curriculum based on knowledge of child development and learning					
E-CD3.3	Supports staff in applying knowledge of child development and learning in daily practice					
ENVIRONMENT AND CURRICULUM (EC) Developmentally Appropriate Curriculum Planning						
E-EC3.1	Designs curriculum that supports children's progress in each of the developmental domains					
E-EC3.2	Designs curriculum that supports children's emerging abilities in each of the content areas					
E-EC3.3	Uses The Delaware Early Learning Foundations in designing curriculum					
E-EC3.4	Provides regular support to staff for curriculum planning and implementation					
E-EC3.5	Supports staff in adapting curriculum and activities for individual children, including those with special needs					
E-EC3.6	Works with staff and families to generate learning goals for children					
Creating Developmentally Appropriate Learning Environments						
E-EC3.7	Supports staff in designing the learning environment to support developmentally appropriate curriculum					
E-EC3.8	Guides staff in adapting the learning environment to support the needs of individual children, including those with special needs					
E-EC3.9	Encourages staff to use play and social interaction as context for children's learning					
PROMOTING SOCIAL EMOTIONAL DEVELOPMENT (SE) Interactions and Environment						
E-SE3.1	Keeps current about research and best practice in relation to children's social-emotional development and positive guidance strategies					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 3 – Self Assessment

	Review Date					Notes
E-SE3.2	Designs curriculum to support children's social emotional development					
E-SE3.3	Guides staff in using interactions that support children's social emotional development					
Group Management						
E-SE3.4	Guides staff in using appropriate group management techniques					
Guidance Strategies						
E-SE3.5	Supports staff in using positive guidance strategies with all children					
E-SE3.6	Supports staff in using observation and assessment results to plan and implement individual guidance strategies					
E-SE3.7	Plans for the inclusion of children with behavior issues					
OBSERVATION AND ASSESSMENT (OA)						
Observation						
E-OA3.1	Supports staff in implementing child observation procedures					
E-OA3.2	Guides staff in using the results of child observation for curriculum, including individualizing curriculum					
Assessment						
E-OA3.3	Guides staff in implementing program's plan for child assessment					
E-OA3.4	Supports staff in communicating with families regarding children's developmental progress and learning					
E-OA3.5	Supports the assessment of children with special needs					
HEALTH, SAFETY AND NUTRITION (HS)						
Safe & Healthy Environments						
E-HS3.1	Supports staff in creating a safe and healthy environment					
E-HS3.2	Develops plans for meeting the health, safety, and nutrition needs of all children					
Health, Safety and Nutrition Education						
E-HS3.3	Designs curriculum to include learning activities in health, safety, nutrition and physical fitness					
E-HS3.4	Supports staff in implementing curriculum that includes health, safety, nutrition and physical fitness activities					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 3 – Self Assessment

	Review Date					Notes
WORKING WITH FAMILIES (FM)						
Communicating with Families						
E-FM3.1	Supports staff in using appropriate, positive communication strategies with families					
Supporting Families						
E-FM3.2	Supports staff in responding to families' needs					
Involving Families						
E-FM3.3	Supports staff in planning family involvement opportunities					
PROFESSIONALISM (PR)						
Professional Growth and Development						
E-PR3.1	Incorporates advanced training into personal professional development plan					
E-PR3.2	Keeps up-to-date about current research and best practice in the early care and education field					
E-PR3.3	Keeps up-to-date about current issues, advocacy and legislative efforts in the field, including those in Delaware					
E-PR3.4	Supports staff in developing plans for their personal growth and professional development					
Personal and Professional Behavior						
E-PR3.5	Demonstrates ethical, professional behavior, serving as a role model for staff					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 4 – Self Assessment

	Review Date					Notes
CHILD DEVELOPMENT AND LEARNING (CD)						
Application of Child Development						
E-CD4.1	Ensures that the program's philosophy and mission express a commitment to supporting children's development and learning					
E-CD4.2	Evaluates curriculum for attention to all developmental domains					
E-CD4.3	Assesses program's responsiveness to the developmental needs of individual children, including those with special needs					
E-CD4.4	Designs staff development plan to ensure all staff are trained in child development and learning					
ENVIRONMENT AND CURRICULUM (EC)						
Developmentally Appropriate Curriculum Planning						
E-EC4.1	Ensures that current research and best practice are used to develop and implement curriculum					
E-EC4.2	Designs staff development plan to ensure that staff are trained to plan and implement developmentally appropriate curriculum					
E-EC4.3	Designs strategies for evaluating curriculum					
Creating Developmentally Appropriate Learning Environments						
E-EC4.4	Designs procedures for regular evaluation and continuous improvement of the learning environment					
E-EC4.5	Creates program schedules and structures groupings of children to best support children's development and learning					
E-EC4.6	Ensures that the learning environment is responsive to cultural diversity					
PROMOTING SOCIAL EMOTIONAL DEVELOPMENT (SE)						
Interactions and Environment						
E-SE4.1	Designs staff development plan to ensure that staff are trained in positive social emotional development					
Group Management						
E-SE4.2	Establishes program policies and procedures that promote the use of appropriate group management strategies					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 4 – Self Assessment

	Review Date					Notes
Guidance Strategies						
E-SE4.3	Develops program policies and procedures to promote the use of positive guidance strategies					
E-SE4.4	Works with families and staff to address children's challenging behaviors					
OBSERVATION AND ASSESSMENT (OA)						
Observation						
E-OA4.1	Develops program policies and procedures for child observation					
E-OA4.2	Designs staff development plan to ensure that staff are trained in observation					
Assessment						
E-OA4.3	Develops and evaluates program plan for assessment of children's developmental progress and learning					
E-OA4.4	Identifies strategies for working with families for effective child assessment					
E-OA4.5	Designs staff development plan to ensure that staff are trained in assessment					
E-OA4.6	Ensures program incorporates all available assessment data for individual children, including those with special needs					
HEALTH, SAFETY AND NUTRITION (HS)						
Safe & Healthy Environments						
E-HS4.1	Establishes program practices to ensure a safe and healthy environment					
E-HS4.2	Monitors the program's compliance with health and safety standards					
E-HS4.3	Informs families about program policies and practices regarding health, safety, and nutrition					
E-HS4.4	Ensures program offers quality nutrition when serving meals and snacks					
Health, Safety and Nutrition Education						
E-HS4.5	Designs staff development plan to ensure staff are trained in developmentally appropriate curriculum for health, safety, nutrition and physical fitness					
E-HS4.6	Communicates with families about children's food preferences and special needs					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 4 – Self Assessment

	Review Date					Notes
WORKING WITH FAMILIES (FM)						
Communicating with Families						
E-FM4.1	Establishes program policies and procedures for communicating with families					
Supporting Families						
E-FM4.2	Establishes a program climate that is responsive to the diversity of families being served					
E-FM4.3	Develops a plan for family education about young children's development and learning					
E-FM4.4	Establishes policies and procedures for responding to family crises					
Involving Families						
E-FM4.5	Plans opportunities for families to be involved in program decision-making and evaluation					
PROFESSIONALISM (PR)						
Professional Growth and Development						
E-PR4.1	Participates in advocacy activities that promote quality early care and education					
E-PR4.2	Develops the program's professional development plan to support individual staff professional development and program improvement					
Personal and Professional Behavior						
E-PR4.3	Bases decision-making on knowledge of current research and best practice					
E-PR4.4	Maintains an environment that encourages the professional behavior of staff					
E-PR4.5	Practices effective team-building					
E-PR4.6	Uses a participatory management style that values the knowledge and experience of staff					
E-PR4.7	Leads staff through a process of program evaluation and continuous quality improvement					
MANAGEMENT & ADMINISTRATION (MA)						
Program Development & Evaluation						
E-MA4.1	Develops statement of program's philosophy and mission					
E-MA4.2	Applies state and federal regulations when making program decisions and setting policies					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 4 – Self Assessment

	Review Date					Notes
E-MA4.3	Establishes and monitors the implementation of policies and procedures that ensure compliance with all laws and regulations regarding health, safety, and nutrition					
E-MA4.4	Applies current research and best practice to program planning					
E-MA4.5	Coordinates with community agencies and professionals, when necessary					
E-MA4.6	Provides resources to support a positive learning environment and the delivery of developmentally appropriate curriculum					
E-MA4.7	Designs and implements a professional development plan for the program, that incorporates individual plans in order to support the personal and professional growth of staff					
E-MA4.8	Establishes a process and procedures for the development and implementation of a developmentally appropriate curriculum that addresses all developmental domains (physical, cognitive, language, social-emotional, and creative expression) and content areas (emergent literacy, mathematics, science, social studies, art, music and movement)					
E-MA4.9	Applies current research and best practice to the development, implementation and evaluation of policies and procedures for child assessment					
E-MA4.10	Develops and evaluates program policies and procedures for behavior management					
E-MA4.11	Applies current research and best practice to the development, implementation and evaluation of policies and practices for establishing positive family-staff relationships					
E-MA4.12	Develops and implements a plan for regular program evaluation that incorporates recognized professional standards					
E-MA4.13	Develops and implements a process for quality improvement planning based on program evaluation					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 4 – Self Assessment

	Review Date					Notes
Personnel Management						
E-MA4.14	Demonstrates an understanding of laws and regulations applicable to personnel management					
E-MA4.15	Develops and regularly reviews personnel policies, including policies in a staff handbook					
E-MA4.16	Develops and maintains a system for personnel record-keeping that includes information about experience and qualifications					
E-MA4.17	Develops job descriptions for all staff positions					
E-MA4.18	Recruits and selects qualified staff					
E-MA4.19	Conducts orientation for new employees					
E-MA4.20	Develops and implements procedures for staff supervision and performance evaluation					
E-MA4.21	Establishes procedures for staff communication, including planning for staff meetings					
E-MA4.22	Sets clear policies and practices to create a positive, supportive work environment					
E-MA4.23	Implements a system for staff development that includes individual professional development planning based on self-assessment and performance evaluation					
E-MA4.24	Develops strategies to support staff retention					
E-MA4.25	Coordinates and reviews staff benefit programs					
Fiscal Management						
E-MA4.26	Participates in long-range financial planning					
E-MA4.27	Develops an annual budget to support program goals					
E-MA4.28	Implements a system for monitoring revenues and expenses					
E-MA4.29	Manages cash accounts and cash flow					
E-MA4.30	Develops, reviews and periodically updates fiscal policies and procedures					
E-MA4.31	Prepares financial reports and documents					
E-MA4.32	Works with accountant or financial service					

Key 1 – never 2 – sometimes 3 – usually 4 – always

**Delaware Core Knowledge and Competencies for Early Childhood Professionals
Professional Level 4 – Self Assessment**

	Review Date					Notes
E-MA4.33	Maintains financial records					
E-MA4.34	Works effectively with state and federal funding programs					
E-MA4.35	Establishes and monitors a system for payables and receivables					
E-MA4.36	Establishes a staff compensation schedule based on roles, qualifications, experience and performance					
E-MA4.37	Establishes a fee structure for families					
E-MA4.38	Designs an efficient and cost effective purchasing system					
Operations and Administration						
E-MA4.39	Assumes responsibility for compliance with all laws and regulations applicable to early childhood and school-age programs					
E-MA4.40	Develops, reviews and updates a policies and procedures manual					
E-MA4.41	Develops an emergency management plan					
E-MA4.42	Establishes and implements a system for maintenance of program facility					
E-MA4.43	Uses effective risk management strategies, including the implementation of a facility security system and maintenance of appropriate insurance policies					
E-MA4.44	Maintains an adequate inventory of materials and equipment to operate an effective program					
E-MA4.45	Develops staffing patterns and schedules to operate an effective program					
E-MA4.46	Uses technology to enhance the program's business systems and communications					
E-MA4.47	Works effectively within the business structure of the program ie., non-profit, corporation, multi-agency					
E-MA4.48	Develops strategies for communication, education and involvement of boards, advisory groups and agency management					

Key 1 – never 2 – sometimes 3 – usually 4 – always

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Delaware Core Knowledge and Competencies for Early Childhood Professionals Professional Level 4 – Self Assessment

	Review Date					Notes
E-MA4.49	Establishes and maintains effective relationships with community-based support services, professional and business organizations and neighborhood and community partners					
E-MA4.50	Develops parent contracts					
E-MA4.51	Establishes and maintains a system of child record-keeping, including children’s health records					
E-MA4.52	Develops and maintains effective marketing strategies					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware



*Department of
Education*

**Delaware Department of Education
401 Federal Street, Suite 2
Dover, DE 19901
(302) 735-4210
www.doe.k12.de.us/programs/delfirst**

Produced with funding from the Child Care Development Block Grant

DELAWARE FIRST

Training for Early Care and Education (TECE) 1 and 2

Delaware recognizes the critical importance of the well-trained adult in supporting the development and learning of young children in early care and education programs. The state offers a two-part, 132-hour training for early childhood professionals called Training for Early Care and Education (TECE). TECE 1 content provides fundamental knowledge for those individuals who are working with young children. TECE 2 content is designed to offer strategies for supporting and guiding young children's development and learning. TECE is graded and includes readings, assignments, observations, quizzes, and a portfolio requirement. TECE 1 and 2 support the training requirements for the Child Development Associate (CDA) credential and the Department of Labor Early Childhood Apprenticeship Certificate. The training is an integral component of Delaware's licensing regulations and Delaware Stars, the state's quality rating system.

Training for Early Care and Education (TECE) 1 (course includes a 3 hour introduction & 3 hour conclusion session)

Professionalism (6 hours)

The training defines what it means to be a professional. It provides information about Delaware: the state's vision – *Early Success*, the standards for young children's development and learning – Early Learning Foundations and Infant and Toddler Early Learning Foundations, and the standards for adults – Delaware Core Knowledge and Competencies for Early Care and Education. The training introduces participants to the attributes of effective early childhood professionals and helps them think about opportunities and strategies for their professional growth and development.

Health Issues in Child Care (3 hours)

Training participants are introduced to the critical importance of creating a healthy environment for young children. They learn how to perform daily health appraisals and manage mild illness. The training offers information about common communicable diseases, HIV/AIDS, and chronic health conditions. Participants also learn how to communicate with families about health issues.

Safety Issues in Child Care (3 hours)

The training introduces participants to the safety concerns associated with early care and education programs. They learn how to evaluate the environment for potential safety hazards and how to manage emergencies, accidents, and injuries. Participants also learn about the signs of child abuse and neglect. The training provides information about strategies for the supervision of young children.

Nutrition Issues in Child Care (3 hours)

Training participants learn about the connection between nutrition and children's development. The training provides information about the food pyramid and strategies for promoting good eating habits. Participants learn how to teach children and families about nutrition. They also learn about safe food handling.

Child Development (15 hours)

The training provides an overview of human development. Participants are introduced to the theories and concepts associated with children's development and the social context for children's development. They learn about children's physical, cognitive, language, social, and emotional development – being provided with an overview of each area of development and information about typical patterns of development. They also learn about each stage of development and how the early childhood professional can support learning and development at those stages – infants, toddlers, preschoolers, and school-age children. The training helps participants recognize concerns about children's development. They are also provided with strategies for talking with families about children's development.

Early Childhood Curriculum (12 hours)

The training offers a definition of child-centered, early childhood curriculum. It introduces participants to the concept of developmentally appropriate practice and the importance of play in the early childhood curriculum. Participants learn about the unique aspects of curriculum for infants and toddlers. They are introduced to appropriate curriculum for young children in traditional academic areas – literacy, mathematics, science, social studies, and the arts. The training enables participants to design and organize a supportive learning environment, including the outdoor environment – choosing toys, developing schedules and routines, and planning interest areas. And, participants learn about teaching strategies that support the learning and development of young children, including observation techniques.

Understanding Children’s Behavior (12 hours)

The training helps participants understand why young children behave the way they do. It reviews typical patterns of emotional and social development, and discusses typical challenging behaviors. The training introduces participants to the positive guidance approach, providing them with specific strategies for using the approach. Participants learn how to create a supportive environment that nurtures children’s self-esteem, social competence, and prosocial behavior. The training also offers information about structuring the environment to prevent behavior problems.

Working with Families (6 hours)

The training explores the roles of the family and the professional in supporting children’s development and learning. Participants learn how to develop positive, respectful relationships with families. They also explore ways to partner with families when the relationship is difficult. The training also provides information about a variety of strategies for communicating with families.

Training for Early Care and Education (TECE) 2
(course includes a 3 hour introduction & 3 hour conclusion session)

Focus on Quality (3 hours)

The training discusses the current focus on improving the quality of early childhood education, defining quality and the indicators of quality programming. The training offers a discussion about Delaware’s standards – Early Learning Foundations, Infant and Toddler Early Learning Foundations, Delaware Stars, and Delaware’s Core Knowledge and Competencies. The training introduces participants to NAEYC and NAFCC accreditation. Participants are also introduced to the nationally-recognized assessment tools – the Environment Rating Scales. The training presents an overview of the quality improvement process.

Developing Relationships with Children (3 hours)

This training helps participants understand the critical importance of positive adult-child relationships and interactions to children’s development and learning and the quality of early childhood programs – theory and research and characteristics of such relationships. The training asks participants to practice using observation to support relationship building. In addition, the training offers strategies for ways that adults can become more involved with children.

Supporting Children’s Social Emotional Development (6 hours)

The training defines social and emotional development and discusses seven critical skills that develop while children are young. The training discusses factors that support the development of social emotional skills. Participants learn about the Teaching Pyramid which is a model for supporting social competence and preventing challenging behavior in young children. They learn how to follow the five steps in the Process of Positive Behavior Support – establishing a team and identifying goals, gathering information, developing a hypothesis, creating a behavior plan and monitoring outcomes.

Supporting Children’s Learning (6 hours)

The training helps participants understand how young children learn, presenting information about children’s construction of knowledge, brain research, and multiple intelligences. Participants learn about teaching methods that are appropriate when working with young children and, particularly, how to support the learning of infants and toddlers. Participants are presented with strategies for supporting emergent learning in the traditional academic areas. They also learn how to help families understand how young children learn.

Play: Context for Children’s Learning (6 hours)

The training defines play and introduces participants to the theories and research about play. It presents information about how play supports the development of young children and how play changes as children grow. Participants learn how to plan for an environment that supports children’s play, particularly how to plan for dramatic play, block areas, and sand and water play. They learn how to educate families about the importance of play. The training also offers an opportunity for participants to discuss issues related to children’s play, such as guns and super heroes.

The Learning Environment (6 hours)

The training offers information about the key components and functions of an effective learning environment. Participants learn how environments support childhood, encourage exploration, support all aspects of children’s development, nurture relationship-building, and support the inclusion of children with disabilities. Participants also learn about how to use the outdoor environment to enrich learning. The training reviews the use of the Environment Rating Scales to assess the learning environment.

Language and Literacy (6 hours)

This training introduces participants to the rationale for the current focus on language and literacy. Participants learn about the foundational skills of oral language, phonological and phonemic awareness, print awareness and alphabet knowledge, and comprehension. They are introduced to the essentials of early literacy instruction – such things as rich teacher talk, reading aloud to children, using phonological awareness and alphabet activities, etc. They also learn about best teacher practices for supporting language and literacy development, such as developing reading centers and book areas and creating a print rich environment. Participants are also introduced to the needs of English language learners.

Including Children with Special Needs (6 hours)

Participants are provided with background information about inclusion – definitions, terminology, rationale for inclusion, laws, and research about the benefits of inclusion. The training provides information about children with special needs – what it means to have a disability, different types of disabilities, and the causes of disabilities. Participants learn about the family-centered approach and how to work with families of children with special needs. And, the training offers participants strategies for making inclusion work – how to make adaptations to the environment, encourage social interaction, support play, and support language development.

Observation and Assessment of Young Children (6 hours)

The training defines assessment as it relates to young children and introduces participants to the concept of formal and informal assessment. Participants learn about the critical importance of observation as part of the assessment process for young children. The training provides step-by-step directions for setting up a system for using children’s portfolios for assessment purposes. Participants learn how to gather information, becoming familiar with narrative and anecdotal records, checklists and rating scales, and children’s work samples. Participants also learn how to use assessment information – for planning purposes and for adapting interactions with children. The training provides strategies for gathering information from families and communicating with them about children’s assessment results.

Curriculum: A Conceptual Framework (3 hours)

The training defines curriculum and discusses the purpose of the early childhood curriculum. It offers information about effective curricula – children’s goals, learning environment, sense of community, content, teaching practices, observation and assessment, and a cycle that links planning, guiding learning, observing, and assessing. Participants are introduced to tools for implementing curricula.

Curriculum: Curriculum Planning (6 hours)

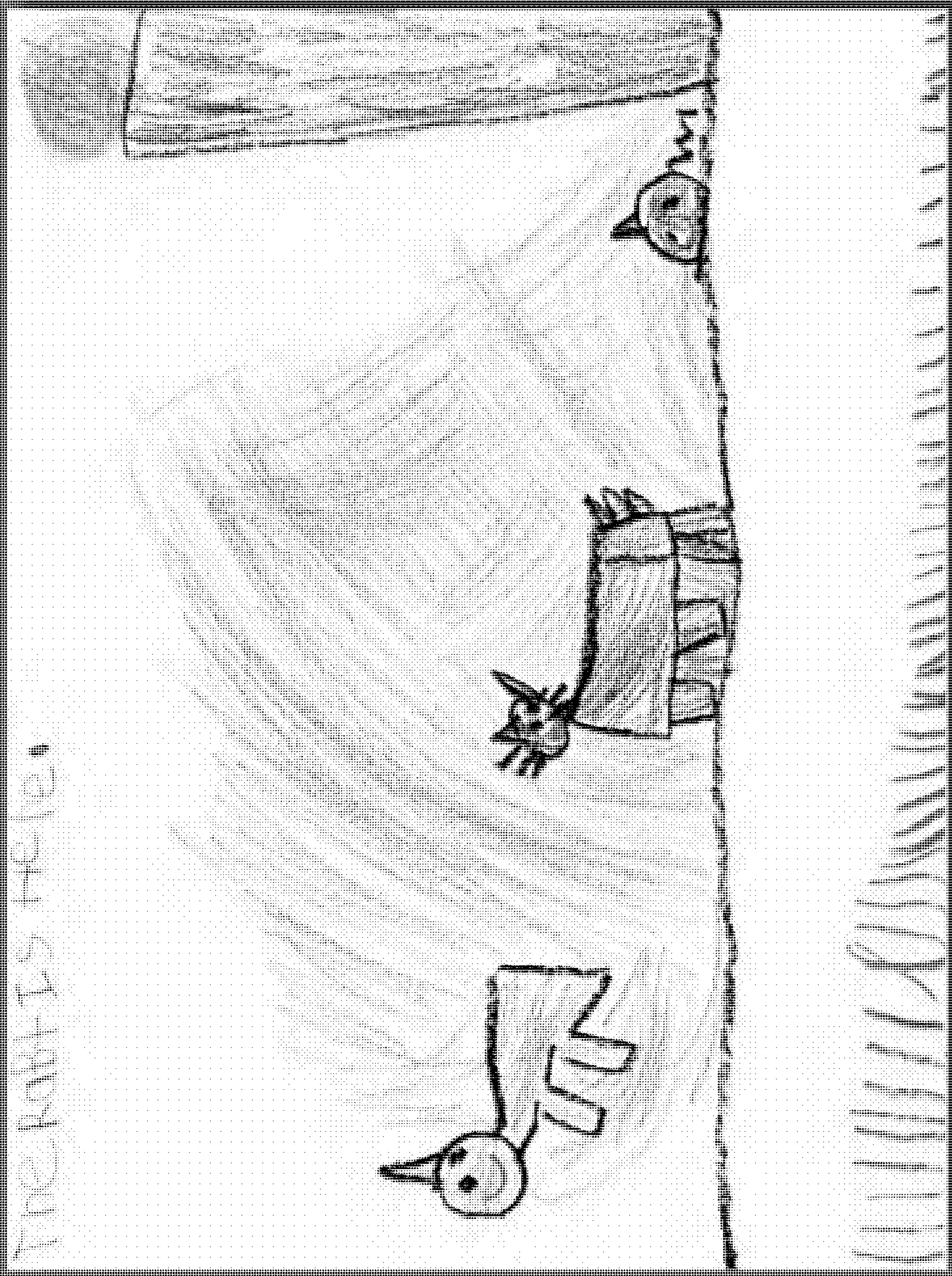
The training reviews important curriculum concepts, children’s learning, the professional’s role, the learning environment, and appropriate content. The training provides participants with a process and forms for curriculum planning. Participants work together to practice using the process and forms.

Partnering with Families of Young Children (3 hours)

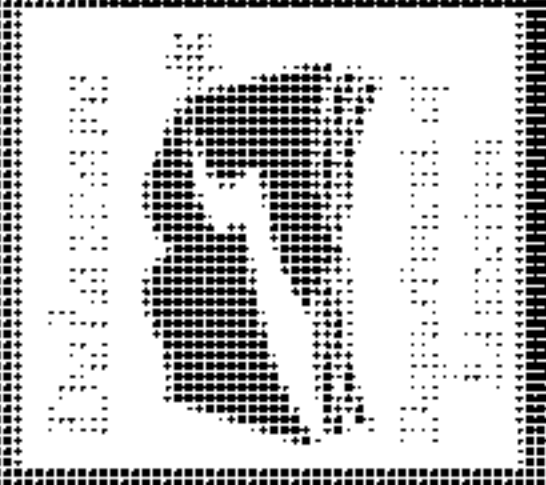
This training focuses on providing participants with strategies for communicating with families, supporting families, and involving families. Participants learn about parent conferences, home visits and inviting feedback from families. They learn how to respond to the stressors and challenges families face and how to support the parenting role. The training also provides strategies for involving families in the program.

Getting Ready

A Calendar of Day-to-Day Family Activity Ideas



A perpetual calendar of activities for parents to help their young children be prepared for kindergarten



Distributed by:

Delaware Department of Education

Early Development and Learning Resources Group

The activities in this calendar are linked to the Delaware Early Learning Foundations: Preschool. The activities are intended for preschool children three through five. They have been developed to be completed with adult participation. Adults should carefully consider the activities that would be most useful for the children's developmental levels and interests.

Special Acknowledgements:

National Association for the Education of Young Children; Public Broadcasting System; Parents Connect; Childfun, Inc.; Preschool Express, Jean Warren; Mommyandme.com; Literacynetwork.verizon.org; Reading Rockets; Parent, Teacher Community Class, Spring 2008, Delaware Technical & Community College, Owens Campus, Lauren Rose – Instructor; Reading & Writing in Early Childhood, IFST 306, Spring 2008, University of Delaware, Anabelle O'Malley – Instructor; Reading is Fundamental; Ooey Gooney, Inc.; Parents as Teachers; National Center for Family Literacy; Children's Book Council; Nemours Health & Prevention Services; Mother Goose Programs; Read Aloud Delaware, Ginny Ferrara-Dellose; Sandra Mullett, Minnie Affree, Debbie Amsden and Jim Lesko.

Thank you to the kindergarten students who contributed to the art work in the calendar from the following schools: Forwood, Jenny Smith, North Georgetown, Carrcroft, Lord Baltimore, and Woodbridge. Thank you also to the following kindergarten teachers for their help with the art work: Tara Sutton, Joanne Gichner, Joan Deisher, Kristen Blair, Helen Capodanno, Susan Sorrells, Cathy Drew, Tracey Ostroff, and Susie Whitcroft.

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A special thank you to the Delaware Institute for Excellence in Early Childhood for the final preparation and production of the calendar.

The calendar can be found on the internet at: http://www.doe.k12.de.us/infosites/students_family/earlychildhood or www.dieec.udel.edu

If an authored verse has been used without attribution and permission, the omission is unintentional; please contact the Delaware Department of Education, Early Development and Learning Resources Group at 302.735.4295.

Learning Links

The internet can be a rich source of information for parents. Below is a listing of internet sites that may be of interest. There are sites that offer information about activities to do and see in Delaware. Many sites provide information about how to better understand children and how they grow. Also included are sites that offer activities that parents can do with their children that are fun and support learning.

Places to Go, Things to See and Do!

- <http://www.destatemuseums.org>
- <http://www.publiclibraries.com/delaware.htm>
- <http://candoplayground.org>
- <http://www.dechildrenstheatre.org>
- <http://www.destateparks.com/bcsp/bcsp.asp>
- <http://www.delawaretheatre.com>
- <http://www.destateparks.com/wilmsp/wilmsp.htm>

Resources and Information

- www.ymcade.org
- www.babycenter.com
- www.trelease-on-reading.com
- www.pnc.growupgreat.com
- www.readingrockets.org
- www.fun.familyeducation.com
- www.parentsasteachers.org
- www.mommyandme.com
- www.familyeducation.com
- www.zerotothree.org
- www.famlit.org
- www.literacynetwork.verizon.org
- www.parents.com

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Activities for Fun & Learning

- www.readingrainbow.com
- www.fun.familyeducation.com
- www.rif.org/parents/resources/monthly.msp
- www.sesameworkshop.org
- www.childfun.com
- www.readingrockets.org
- www.pbskids.org
- www.theideabox.com
- www.everydaylearning.net
- www.starfall.com
- www.parentsconnect.com
- www.preschooexpress.com
- www2.scholastic.com

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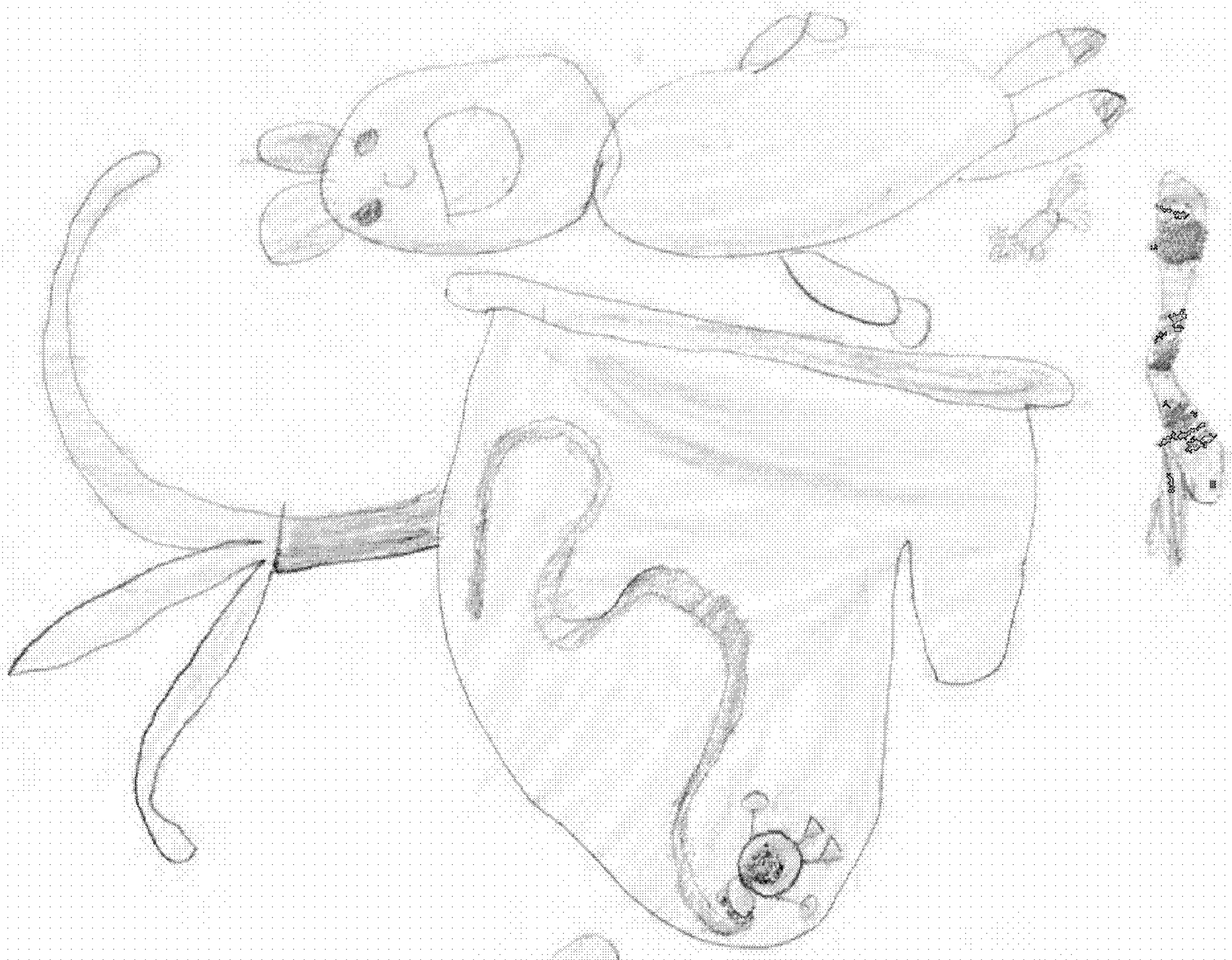
Resources on Child Development

- www.extension.org/pages/Just_In_Time_Parenting_eNewsletters
- dhss.delaware.gov/dhss/dms/epqc/birth3/files/growingtogethercalendar.pdf



Snowflakes

Merry little snowflakes do their very best
(Hold hands above head and wiggle fingers and slowly lower hands)
To make a soft white blanket so buds and flowers may rest.
(Put both hands together and move to side of face like sleeping)
But when the bright spring sunshine sun says it has come to stay,
(Move arms from side to over head making a circle for the sun)
Those merry little snowflakes quickly run away.
(Run in place)



Artwork by Delaware Kindergarten Student
Based on "The Mitten" by Jan Brett



January

Learning Link

Reading is Fundamental

Reading is Fundamental (RIF) www.rif.org

RIF's "Leading to Reading" site provides booklists, online stories and songs, resources, and interactive activities to turn children into life-long readers.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Read "The Mitten" by Jan Brett	Have child trace hands to make mittens. Have child cut mitten with safety scissors.	Measure & weigh your child each month. Keep a chart & post.		Put a food pyramid poster in the kitchen. Discuss healthy food choices. www.mypyramid.gov/kids	From magazines, cut out pictures of things to eat. Separate healthy from non-healthy foods.	Read "Sadie & the Snowman" by Allen Morgan. Make popcorn snowman—see recipe below.
Help your child build a model of their bedroom using small building blocks.	Using paper and pencil draw a design of the bedroom & compare the model.	Ask your child to think of other places in the house or neighborhood the two of you could map out.	Take a walk when it snows. Listen, see, smell and feel the snow.		Provide pencils, crayons or paints & ask your child to make a picture of themselves.	On kitchen calendar, draw pictures or use stickers to note the weather each day.
Limit the time your child watches TV to one hour - then go outside and play together!		Let your child help sort household things like laundry. Sort by color, size & even family member!	Take your child to the library. Sign up for a library card & check out a book.		Have your child paint glue on a piece of paper. Let them sprinkle some rice, sand or glitter over the glue to create a textured picture.	Place pairs of magnetic letters on the refrigerator or cookie sheet. Mix up letters and have your child find the matching partners.
Cut up vinyl placemats from the dollar store and make puzzles.		As you read a book, show with your finger how we read words left to right.	Musical freeze. Dance or move while playing a favorite song. When you stop the music everyone freezes in that position.	Read a story from the <i>Once Upon a Time</i> list.		Pour salt or sand onto a cookie sheet or shoebox lid. Have your child write their name using his finger.

Kids' Kitchen

Read the story, *Sadie & the Snowman* by Allen Morgan. Then make the following recipe. Yum!

Popcorn Snowman

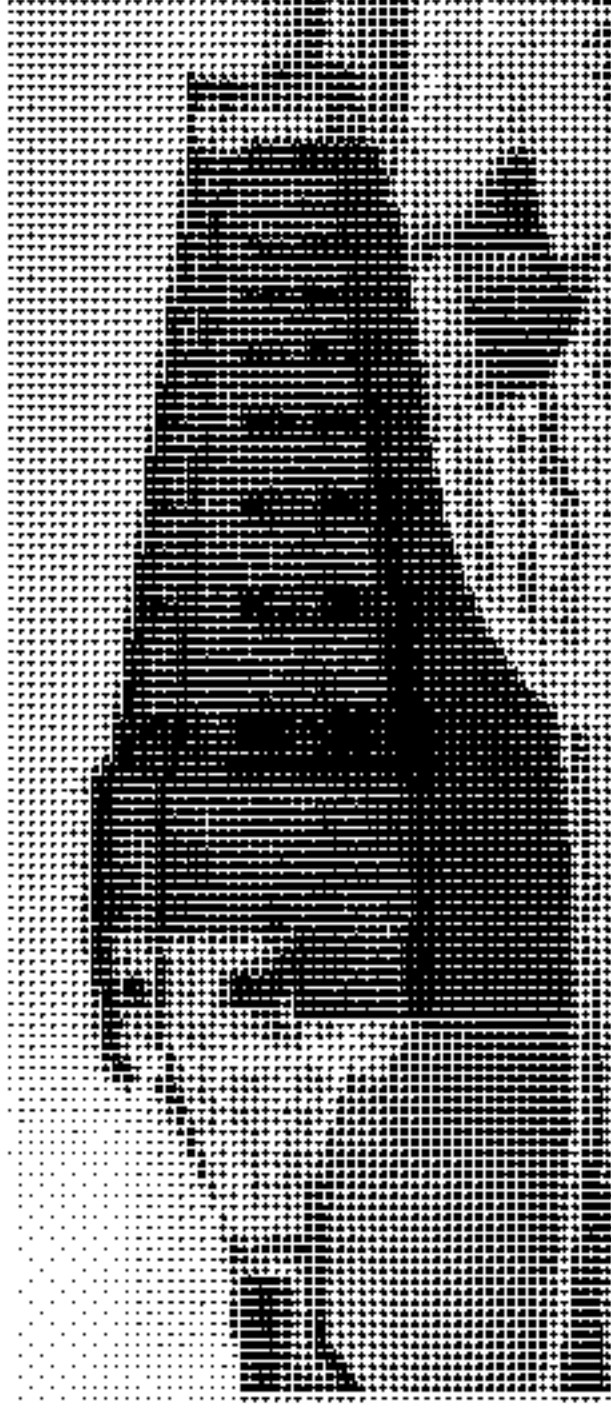
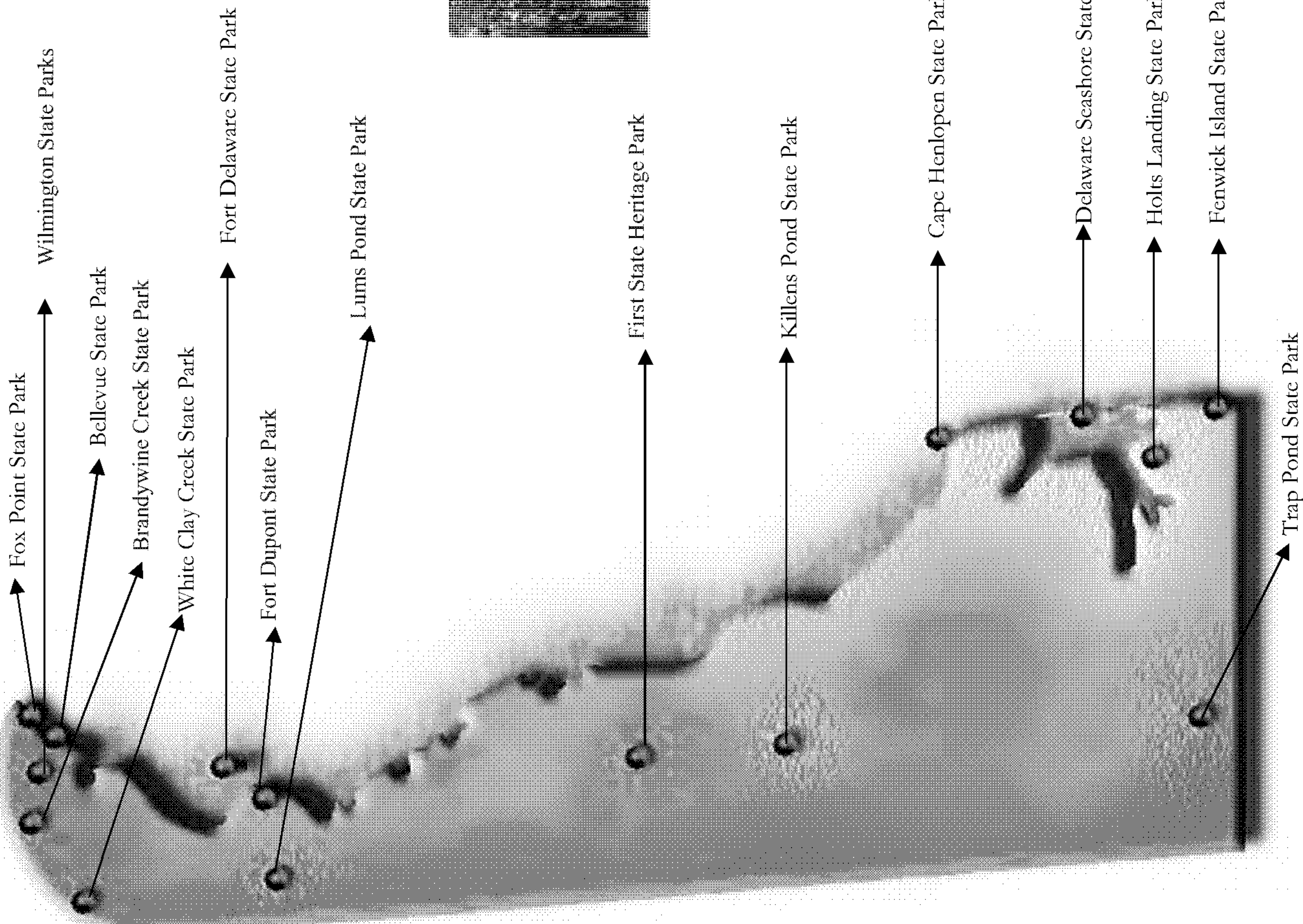
- 3 Tablespoons of margarine or butter
- 1 (10 oz.) package of regular marshmallows or 4 Cups of mini marshmallows
- 6 Cups of popped Popcorn
- 1. Melt margarine or butter in a large saucepan over low heat. Add marshmallows and stir until completely melted. Remove from heat.
- 2. Add popcorn and stir until well coated.
- 3. Form 1 large ball, one medium-sized ball, and one small ball and make a snowman. Decorate with raisins, carrots, nuts, gumdrops, or favorite fruit or candy.

Reading Tips

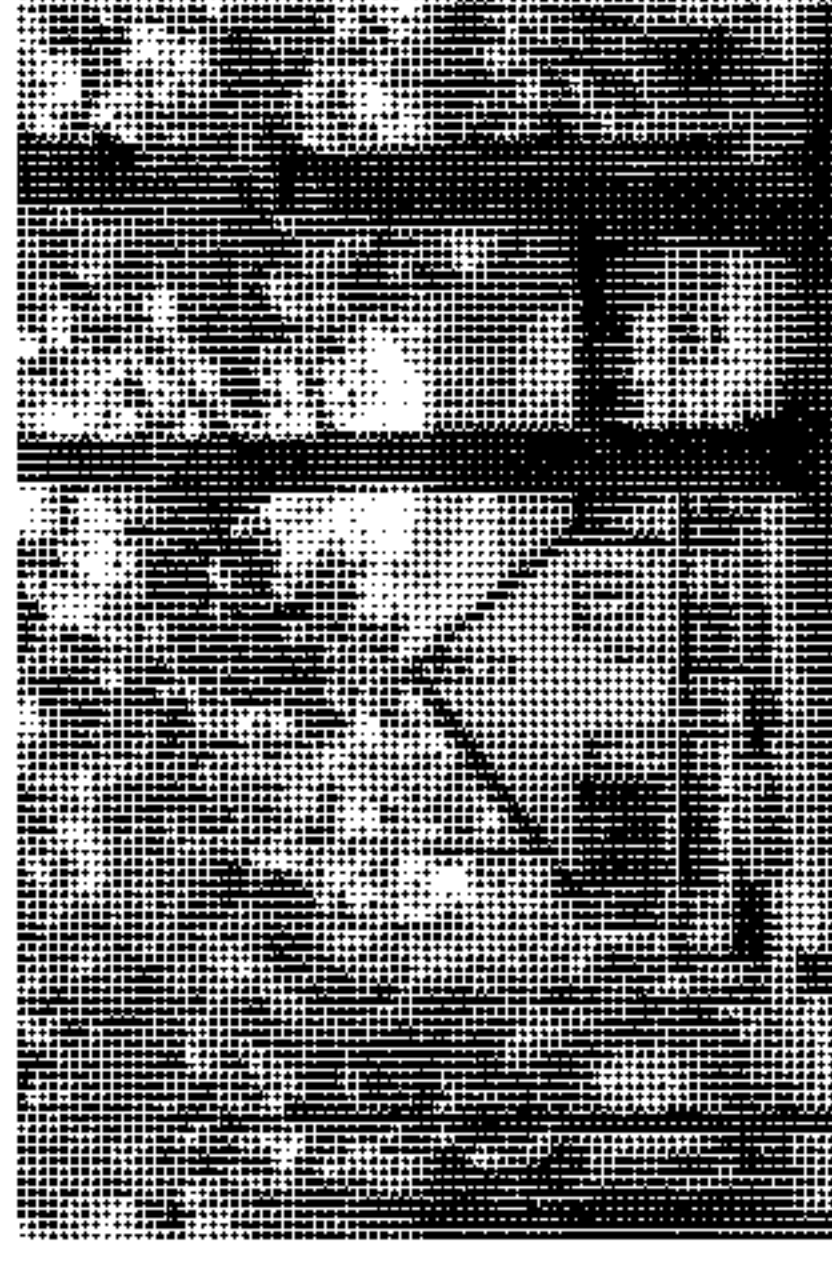
A child's own library can build their love for books. Here are some tips from Reading is Fundamental (RIF) to help children set up their own libraries:

- Find a special place for books. Use a box, basket, plastic stacking cubes or other sturdy containers if your child's room doesn't have a bookshelf or bookcase.
- Let your children choose the books they want to add to their collection. A book-buying trip to a thrift store or bookstore is a fun Saturday activity.

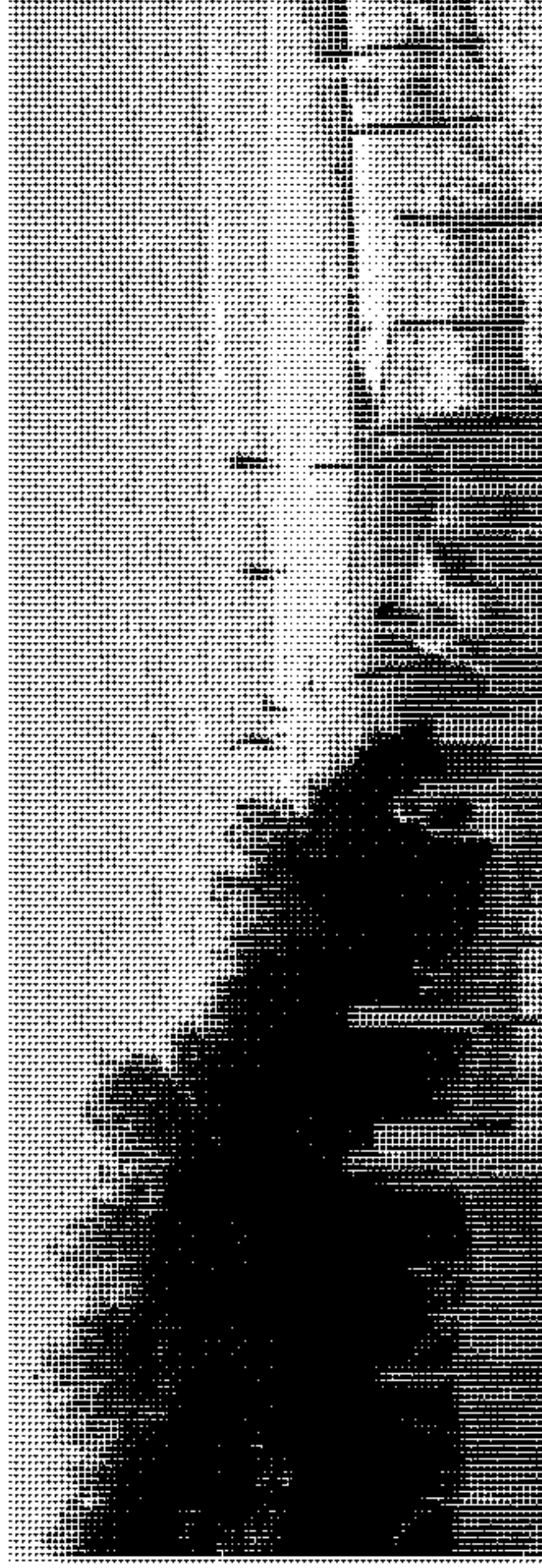
Delaware State Parks



Enjoy the natural diversity of Delaware's 15 state parks. From hiking, camping, swimming, and fishing, to nature programs and touring historic sites, there is truly something for everyone at Delaware State Parks!



Fees are in effect from March through November. Season passes are available. For more information, call (302) 739-9220 or visit their website at: www.destateparks.com



R o a d T r i p s

Delaware Nature Centers

- Abbott's Mill Nature Center (302-422-0847/Milford, Delaware)
- Ashland Nature Center (302-239-2334/Hockessin, Delaware)
- Baldypress Nature Center – Trap Pond State Park (302-875-5163/Laurel, Delaware)
- Brandywine Creek Nature Center (302-655-5740/Wilmington, Delaware)
- Dupont Nature Center (302-422-1329/Milford, Delaware)
- Seaside Nature Center – Cape Henlopen State Park (302-645-6852/Lewes, Delaware)



Libraries

Oh, the places you will go! Dr. Seuss

New Castle County Libraries		Kent County Libraries		Sussex County Libraries		
Appoquinimink Public Library 651 N. Broad Street Middletown, DE 19709 302-378-5588	Kirkwood Hwy Public Library 6000 Kirkwood Hwy Wilmington, DE 19808 302-995-7663	Harrington Public Library 110 East Center Street Harrington, DE 19952 302-398-4647	Greenwood Public Library 100 Mill Street Greenwood, DE 19950 302-349-5309	Bear Public Library 101 Governor's Place Bear, DE 19701 302-838-3303	Kent County Library 497 South Red Haven Lane Dover, DE 19901 302-698-6440	Laurel Public Library 101 East 4 th Street Laurel, DE 19956 302-875-3184
Bear Public Library 101 Governor's Place Bear, DE 19701 302-838-3303	La Biblioteca Del Pueblo Library 403 N. Van Buren St. Wilmington, DE 19805 302-571-7422	Kent County Library 497 South Red Haven Lane Dover, DE 19901 302-698-6440	Laurel Public Library 101 East 4 th Street Laurel, DE 19956 302-875-3184	Brandywine Hundred Branch 1300 Foulk Road Wilmington, 19803 302-477-3150	Milford Public Library 11 SE Front Street Milford, DE 19966 302-422-8996	Lewes Public Library 111 Adams Avenue Lewes, DE 19958 302-645-2733
Claymont Public Library 3303 Green Street Claymont, DE 19703 302-798-4164	New Castle Public Library 424 Delaware Street New Castle, DE 19720 302-328-1995	Milford Public Library 11 SE Front Street Milford, DE 19966 302-422-8996	Lewes Public Library 111 Adams Avenue Lewes, DE 19958 302-645-2733	Claymont Public Library 3303 Green Street Claymont, DE 19703 302-798-4164	Smyrna Public Library 107 South Main St. Smyrna, DE 19977 302-653-4579	Millsboro Public Library 217 W. State Street Millsboro, DE 19966 302-934-8743
Corbit Calloway Memorial Library 115 High Street Odessa, DE 19930 302-378-8838	Newark Free Library 750 Library Avenue Newark, DE 19711 302-731-7550	Smyrna Public Library 107 South Main St. Smyrna, DE 19977 302-653-4579	Millsboro Public Library 217 W. State Street Millsboro, DE 19966 302-934-8743	Corbit Calloway Memorial Library 115 High Street Odessa, DE 19930 302-378-8838	Sussex County Libraries 	Milton Public Library 121 Union Street Milton, DE 19968 302-684-8856
Delaware City Public Library 250 Fifth Street Delaware City, 19706 302-834-4148	North Wilmington Library 3400 N. Market St. Wilmington, DE 19802 302-761-4290	Bridgetown Public Library 600 South Cannon Street Bridgetown, DE 19933 302-337-7401	Rehoboth Beach Public Library 226 Rehoboth Avenue Rehoboth Beach, 19971 302-227-8044	Delaware City Public Library 250 Fifth Street Delaware City, 19706 302-834-4148	Delmar Public Library 101 N. Bi-State Blvd. Delmar, DE 19940 302-846-9894	Seaford District Library 600 N. Market Street Extension Seaford, DE 19973 302-629-2524
Elsmere Public Library 30 Spruce Avenue Wilmington, 19805 302-892-2210	Wilmington Public Library 10 th & Market Streets Wilmington, DE 19801 302-571-7400	Delmar Public Library 101 N. Bi-State Blvd. Delmar, DE 19940 302-846-9894	Seaford District Library 600 N. Market Street Extension Seaford, DE 19973 302-629-2524	Elsmere Public Library 30 Spruce Avenue Wilmington, 19805 302-892-2210	Frankford Public Library 8 Main Street Frankford, DE 19945 302-732-9351	Selbyville Public Library 11 Main and McCabe St. Selbyville, DE 19975 302-436-8195
Hockessin Public Library 1023 Valley Road Hockessin, DE 19707 302-239-5160	Woodlawn Library 2020 W. Ninth Street Wilmington, DE 19805 302-571-7425	Frankford Public Library 8 Main Street Frankford, DE 19945 302-732-9351	Selbyville Public Library 11 Main and McCabe St. Selbyville, DE 19975 302-436-8195	Hockessin Public Library 1023 Valley Road Hockessin, DE 19707 302-239-5160	Georgetown Public Library 123 West Pine Street Georgetown, 19947 302-856-7958	South Coastal Library 43 Kent Avenue Bethany Beach, DE 19930 302-539-5231
Garfield Park Lending Library 26 Karlyn Drive New Castle, DE 19720 302-571-7312	Dover Public Library 45 South State Street Dover, DE 19901 302-736-7030	Georgetown Public Library 123 West Pine Street Georgetown, 19947 302-856-7958	South Coastal Library 43 Kent Avenue Bethany Beach, DE 19930 302-539-5231	Garfield Park Lending Library 26 Karlyn Drive New Castle, DE 19720 302-571-7312		

Registering your Child for Kindergarten

Plan to register your child for the school year your child would be five by August 31.

Find the school district serving your community. You can do this by going to the DOE website: www.doe.k12.de.us. Go to “Information Suites” and click on “Schools/Districts.” Then click on “School Locator” and enter address. Your district and school options will come up on the screen.

Ask:

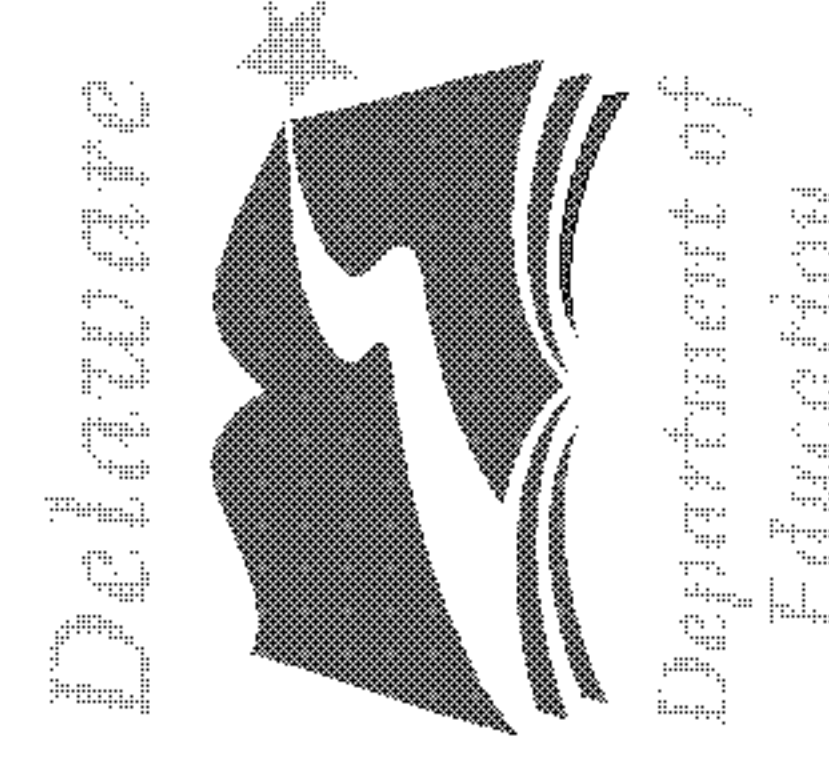
- Where to register your child.
- When to register for kindergarten. Most districts register children in the spring.
- What information is needed to register your child for kindergarten. Most school districts ask you to bring:
 - Proof of residency: electric bill or signed and dated lease agreement with parents’ names on the bill or lease or State of Delaware “Verification of Residence” form
 - Birth Certificate of the child sent to you by the state where the child was born
 - Record of immunizations documented by a healthcare provider
 - Physical which has been done within the last two years
 - Tuberculosis: Results of Mantoux TB Skin Test completed within the past 12 months or risk assessment as recommended by Delaware Division of Public Health
 - Documentation of date of lead screening
 - If needed, documents which state who has custody of a child

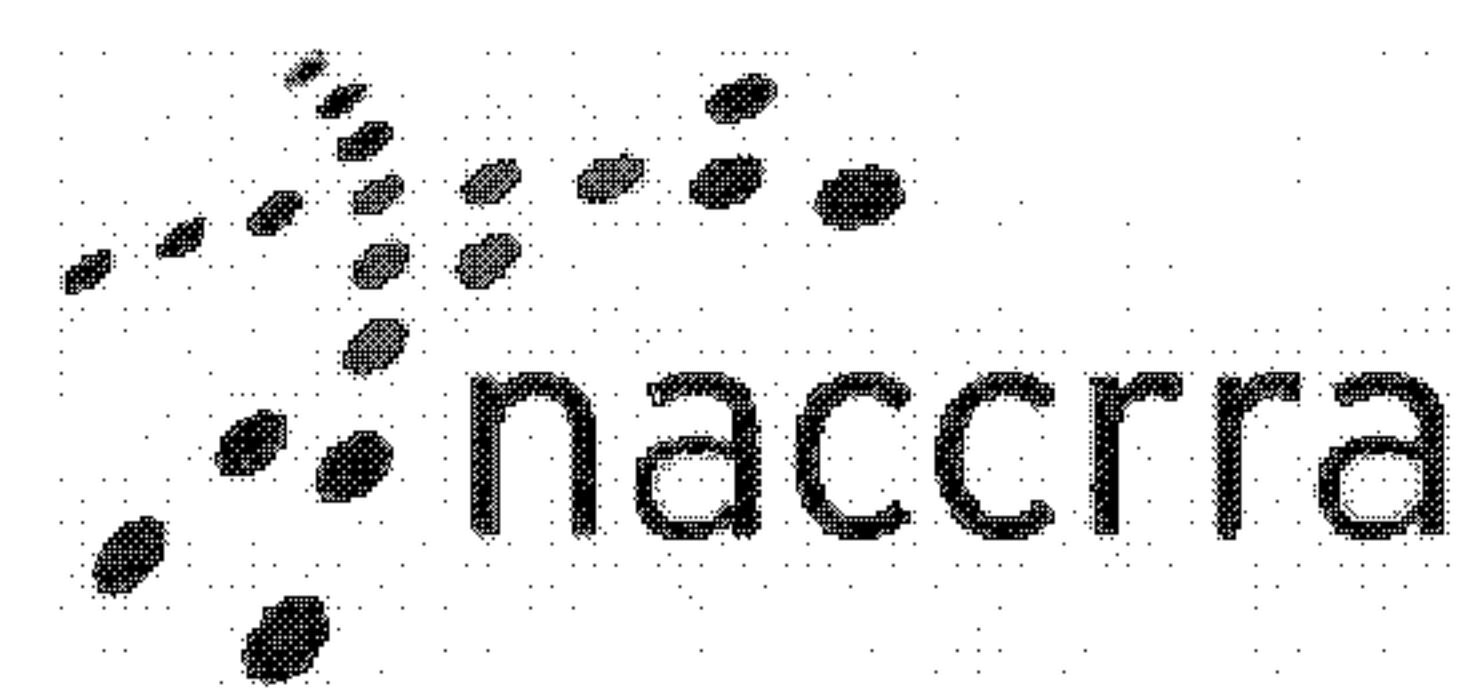
It is best to check with your local school district for the specific documentation that will be needed

Delaware Department of Education

John G. Townsend Building
401 Federal Street
Dover, DE 19901

Website: www.doe.k12.de.us





Leaving Children to Chance: 2010 Update

NACCRRA's Ranking of State Standards and Oversight of Small Family Child Care Homes

Child care is a way of life for millions of American families.

- Each week, over 11 million children under age 5 are in some type of child care setting
- Approximately 1.7 million are in family child care arrangements
- On average, children of working mothers spend about 36 hours each week in child care

This is NACCRRA's fourth year of ranking state child care standards and oversight affecting young children. **Our conclusion is states are leaving children to chance.**

NACCRRA assessed state policies for small family child care homes, where up to six children are cared for in the home of the provider for compensation. The maximum number of points a state could receive is 140. Of the states that scored points, the average score was 63, which equates to 45 percent – a failing grade in any classroom.

Top states: *Delaware, Oklahoma, Washington, Massachusetts, the Department of Defense (DoD), Alabama, Maryland, the District of Columbia, Colorado and Florida* ranked among the top 10 highest scoring states for standards and oversight. **This does not mean that they scored high, but rather, that they scored highest among all states. For example, Florida was 10th with a score of 76, but that equates to 54 percent, a failing grade in any classroom.**

Bottom states: Eight states (*Georgia, Kansas, Michigan, Montana, Pennsylvania, South Carolina, Texas and West Virginia*) received a zero because they do not inspect or visit family child care homes prior to the state granting a license. Nine states (*Idaho, Indiana, Iowa, Louisiana, Mississippi, New Jersey, Ohio, South Dakota and Virginia*) received a zero because they either do not license small family child care homes or they allow more than six children (including the provider's children) to be cared for in a home without requiring licensing.¹

MAJOR HIGHLIGHTS

- **Weak State Inspection Standards:** About half the states do not conduct an inspection at least once a year. Montana requires visits only once every 5 years and Michigan once every 10 years.
- **Incomplete Background Checks:** Only 27 states use fingerprints to conduct checks. A background check based on name only is of limited value. Only 17 states require a check of the sex offender registry. Fifteen states do not require a check of the child abuse registry.
- **Weak Minimum Education Requirements:** Twenty-six states have no minimum education requirement for family child care home providers. Only 17 states specify a minimum of a Graduate Equivalency Degree (GED) or a high school diploma.
- **Weak Training Requirements:** Seventeen states do not require any initial training for small family child care home providers.
- **Weak Early Learning Standards:** Only 14 states require providers to read to children. Fewer than half (20) of the states restrict the use of media such as television and videos.
- **Weak Basic Health and Safety Standards:** Only nine states met each of the 10 requirements under both health and safety. Despite tragedies where infants die from unsafe sleeping positions, only 30 states require safe sleeping practices.

¹ To derive the threshold for licensing, NACCRRA added one child if the state does not include the providers' own children in establishing its licensing threshold. NACCRRA added one child for each family exempted before licensing begins.

Leaving Children to Chance: 2010 Update

NACCRRRA's Ranking of State Standards and Oversight of Small Family Child Care Homes

NACCRRRA RECOMMENDATION HIGHLIGHTS

Recommendations for State Policy	Efforts that cost little money but that would have a large impact on the quality of care
	<ol style="list-style-type: none"> 1. Identify basic health and safety practices that child care providers should know so that children are safe and providers are better prepared to respond to the children. 2. Develop basic policies for family child care providers to follow in communicating and interacting with parents. 3. Post the results of inspection reports and inspection report violations on the internet so that the information is publicly accessible and parents can make informed choices. 4. Develop emergency preparedness plans for natural disasters or periods of emergency. 5. Require the state licensing department to share timely information about family child care home provider status with CCR&Rs and others who help families find child care.
	Efforts that require more personal responsibility for those who choose to care for unrelated children
	<ol style="list-style-type: none"> 1. Require comprehensive background checks for paid providers caring for unrelated children (i.e., use fingerprints to check the state criminal history database and the federal FBI database as well as checking the sex offender and child abuse registries). 2. Require providers to complete 40 hours of initial training in specific topics. Require 24 hours of annual training.
	Efforts to promote accountability with taxpayer funds
	<ol style="list-style-type: none"> 1. Require all paid family child care providers caring for one or more unrelated children on a regular basis to be licensed and inspected, both before a license is granted and once or more a year. 2. Provide the appropriate number of licensing personnel to ensure family child care regulations are appropriately enforced. 3. Expedite background check processing and promote information sharing among separate state systems.
Recommendations for Federal Policy	Efforts that cost little money but that would have a large impact on the quality of care
	<ol style="list-style-type: none"> 1. Authorize the Child Care Bureau to impose financial penalties against states that fail to develop state plans and regulations consistent with the intent of the CCDBG law. 2. Require states to explain any category of license-exempt care that includes children in significant numbers. 3. Prohibit self-certification of compliance with health and safety standards. 4. Separate relative care from unregulated friends and neighbor care in all federal child care regulations.
	Efforts to promote accountability with taxpayer funds
	<ol style="list-style-type: none"> 1. Require all providers receiving CCDBG or TANF subsidies to be inspected to ensure compliance with basic health and safety standards. 2. Increase CCDBG funding and require states to set aside at least 12 percent of CCDBG funding for quality related activities (including activities such as inspections). 3. Support research on the regulations that promote quality family child care.

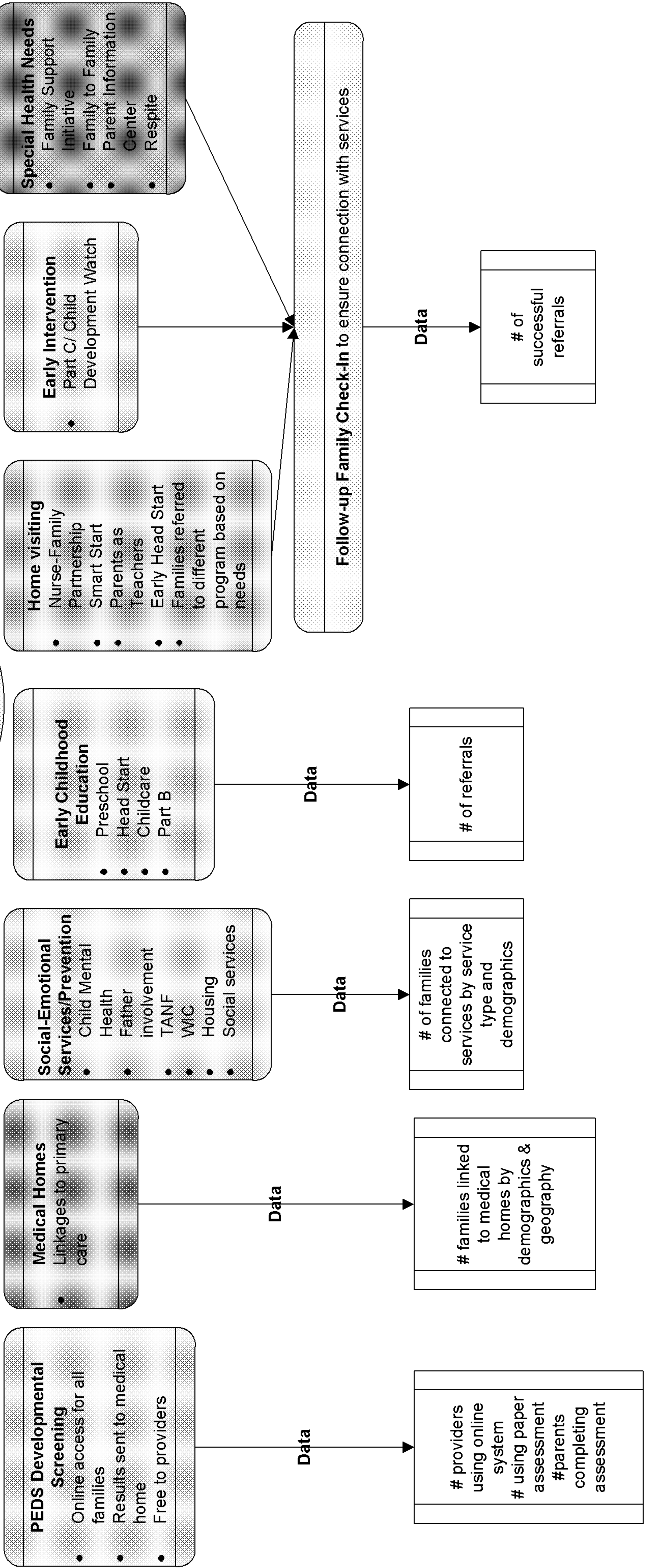
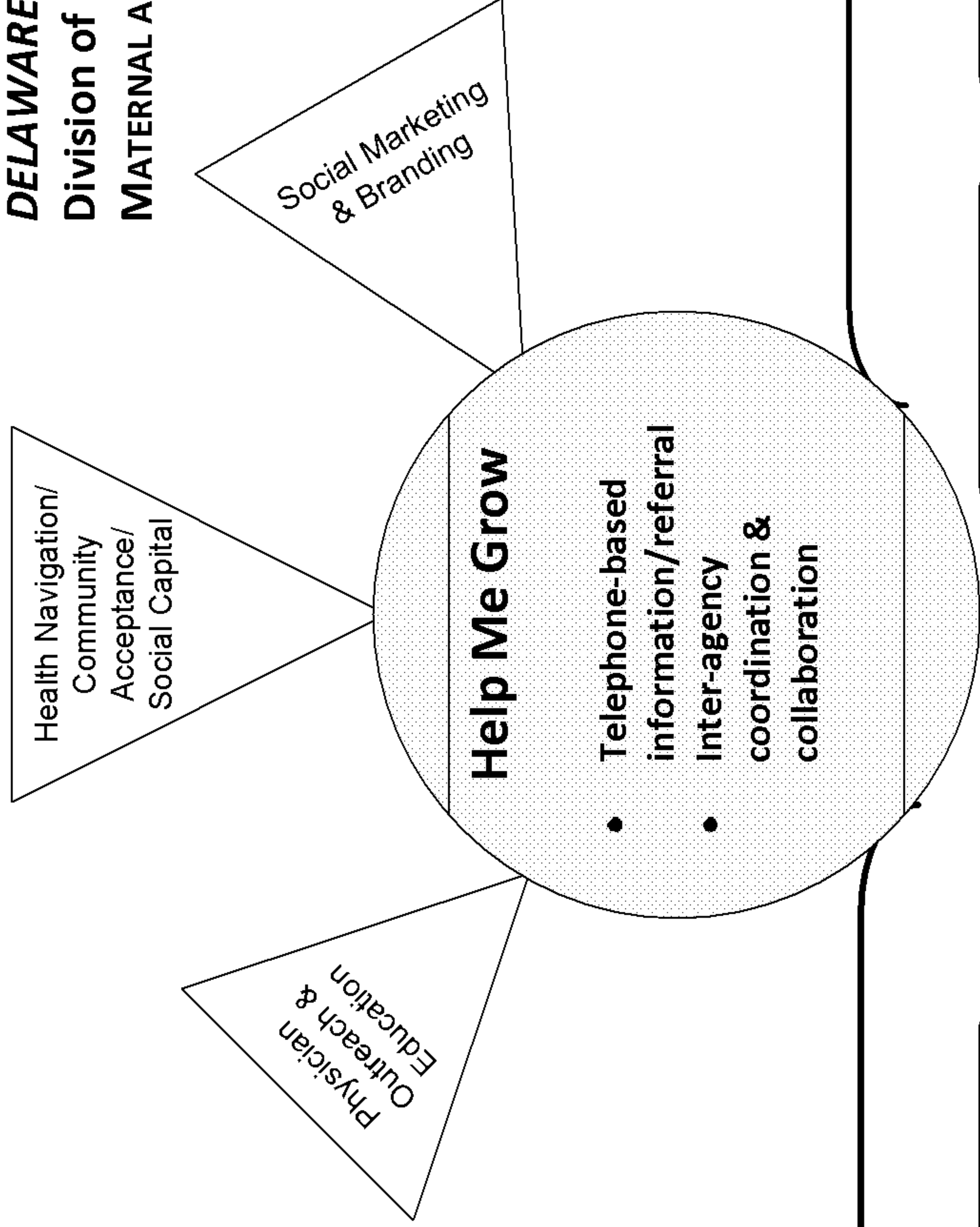
For more information, contact Grace Reef, Chief, Policy & Evaluation at 703-341-4116 or greef@naccrra.org or Pam Davidson, Director of Government Affairs at 703-341-4156 or pamela.davidson@naccrra.org. For additional information about data and regulations in individual states, http://www.naccrra.org/randd/state_by_state_facts.php.

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
MATERNAL AND CHILD HEALTH BUREAU

Delaware Help Me Grow Conceptual Model

6/14/11

Help Me Grow is a framework that supports an integrated early childhood system where children birth to 8 and their families are supported to achieve optimal wellness.



I Am Moving, I Am Learning: A Proactive Approach for Addressing Childhood Obesity in Head Start Children

(b)(6)

**Region III
Administration for Children
and Families**

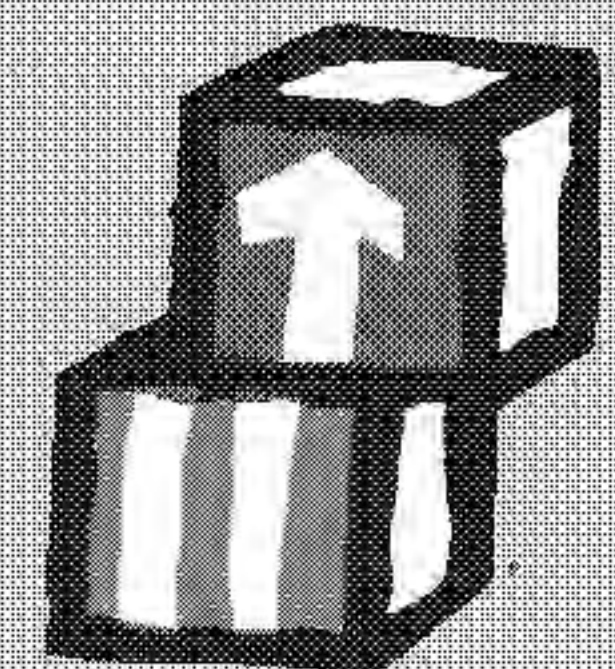
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**Summary Report:
The First Two Years**

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I Am Moving, I Am Learning

December 2006

Dear Colleagues:

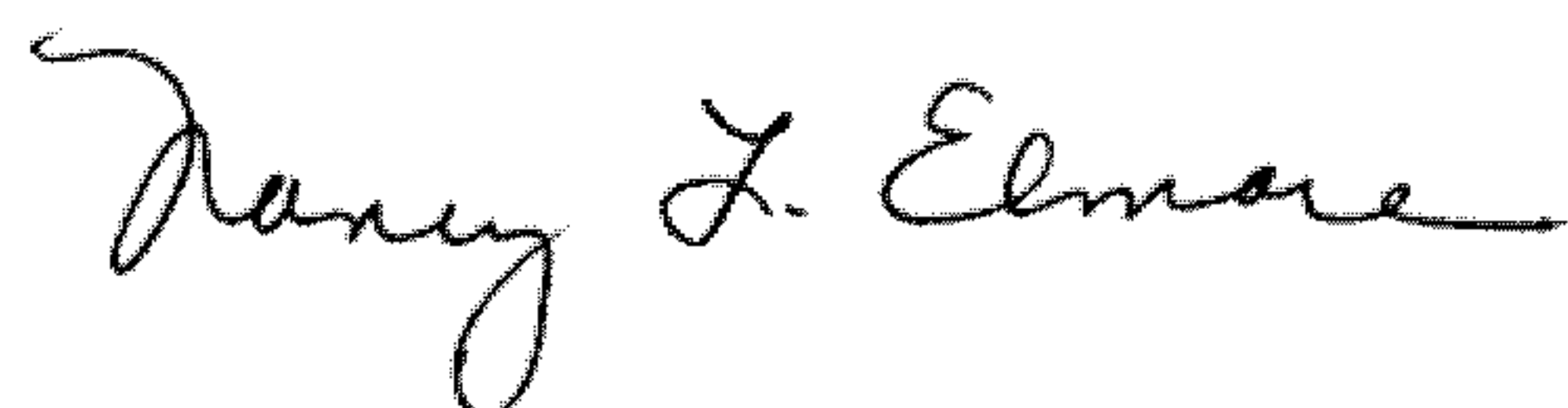
A year ago we shared the news of *I Am Moving, I Am Learning*, a promising pilot project underway in Region III to prevent and reverse childhood obesity and promote lifelong fitness for Head Start children through increased physical activity and healthy nutrition choices. At that time, we reported on the beneficial impact of *I Am Moving, I Am Learning* on 17 programs in Virginia and West Virginia.

Since then, based on the positive outcomes that were reported to us, we have expanded *I Am Moving, I Am Learning* to 101 Head Start grantees and delegates in Region III. Expansion efforts will continue in FY 2007 through the creation and nurturing of regional, state and local partnerships for moving forward strategically to address the growing epidemic of childhood obesity.

Young children are not physically fit just because they are young. Head Start programs can make a major contribution to promoting good health and strong bodies for children by *intentionally* integrating appropriate physical activity and wise nutrition choices into their daily routines. A deliberate and “active start” in Head Start can improve children’s physical, mental and social development – all of which are critical to school readiness. Through greater intentionality, we can increase children’s protective factors against chronic disease and obesity across their entire lifespan, and build a foundation for long term health and well-being.

This month, Region III is pleased to unveil a video presentation of *I Am Moving, I Am Learning*, highlighting its goals, objectives, and implementation strategies. I look forward to sharing the video with you and to exploring strategies for expanding this work within the Head Start community and beyond.

Sincerely,



Nancy L. Elmore
Regional Program Manager
Office of Head Start, Region III

I Am Moving, I Am Learning - Project Overview

The Region III Office of the Administration for Children & Families initiated a pilot project in FY 2005 designed to prevent and reverse the negative consequences of obesity in Head Start children. The original pilot project focused on seventeen Head Start programs in Virginia and West Virginia, where the rate of obesity in elementary school children nearly doubled the national average. The project was expanded in FY 2006 in response to a groundswell of enthusiasm from Head Start programs eager to embrace this approach to children's wellness. This report summarizes the goals, objectives, and accomplishments of *I Am Moving, I Am Learning* over the course of the past two and a half years.

I Am Moving, I Am Learning introduces multidisciplinary teams from local Head Start programs to the science of obesity prevention, and arms them with state-of-the-art resources and best practices for addressing the growing child obesity epidemic in an intentional and purposeful manner. Participating Head Start staff attend a two and a half day intensive training program, with follow-up support provided by the Region III Head Start Technical Assistance System.

I Am Moving, I Am Learning reinforces for grantees the importance of the mind-body connection and the relationship between physical fitness and early learning. The project provides grantees with strategies and resources for infusing quality physical movement and healthy nutrition choices within their familiar curriculum approaches and daily classroom routines. The research-based project is designed to support implementation of the Head Start Performance Standards and Child Outcomes Framework by enhancing existing classroom practices.

The overarching goals of *I Am Moving, I Am Learning* are to:

- Increase the quantity of time spent in moderate to vigorous physical activity (MVPA) during the daily routine to meet national guidelines for physical activity;
- Improve the quality of structured movement experiences intentionally facilitated by teachers and adults;
- Improve healthy nutrition choices for children every day.

Strategies and activities for meeting the goals were developed by Amy Requa, Pediatric Nurse Practitioner and Region III TA System Health Specialist, and Dr. Linda Carson, Director of the West Virginia Motor Development Center, West Virginia University. A key feature of *I Am Moving, I Am Learning* is the flexibility it affords programs to tailor and individualize strategies and activities to meet local program needs.

I Am Moving, I Am Learning is worthy of replication. It provides a developmentally appropriate, focused framework for action to combat childhood obesity. It is an effective and practical response to an alarming health issue.

The Problem: A Childhood Obesity Epidemic in America

According to the Centers for Disease Control and Prevention, childhood obesity has risen dramatically in the United States in the past decade, particularly among young children from low-income and minority groups. Lack of physical activity and poor nutrition are significant contributors to childhood obesity.

Overweight preschool children are now suffering the precursors of chronic diseases and negative health consequences formerly seen only in adults. These include:

- Depression/Social Isolation
- Type II Diabetes
- Cardiovascular Diseases
- High Blood Pressure
- High Cholesterol
- Orthopedic Problems/Destruction of weight-bearing joints

If this trend continues, children of this generation are not likely to live as long as their parents. Research shows that by influencing children early in their lives to adopt active and fit lifestyles and make healthy nutrition choices, childhood obesity can be prevented and even reversed.

Reversing the Trend: A Pilot for Prevention in Region III

In August 2004, with the encouragement and support of the Office of Head Start, Region III launched a special initiative, *I Am Moving, I Am Learning* to intentionally address childhood obesity in two states with significant need – Virginia and West Virginia. Statistics show 58% of Virginia's adults and 64% of West Virginia's adults are overweight or at-risk for overweight, compared to 56% nationally. In West Virginia, 28% of low-income children between 2 and 5 years of age are overweight or at-risk of becoming overweight (CDC PedNSS, 2003). Approximately 28% of Virginia's children and 26% of West Virginia's children are overweight in the fourth and fifth grades, nearly twice the national average.

Targeted programs from these two states were invited to attend an intensive, interactive, two and a half day training event in December 2004. The training demonstrated to grantees how purposeful movement and physical activity influences children early in their development to adopt physically active lifestyles to reduce the risk of heart disease and obesity. In addition to influencing child and family health and fitness, the training promoted multigenerational practice and advocacy for increased physically active lifestyles for all involved: children, parents, staff and community.

I Am Moving, I Am Learning recognizes the importance of the mind-body connection, reinforcing the fact that being physically fit fosters healthy early childhood development which translates into successful learning. Because *I Am Moving, I Am Learning* features strategies and resources for integrating and incorporating movement and healthy nutrition choices seamlessly within grantees' curricula, it complements the overall goals and philosophy of Head Start and is grounded in daily classroom routines.

I Am Moving, I Am Learning fits naturally within and supports implementation of the Head Start Performance Standards [1304.21(a)(5)(i); 1304.21(a)(6); 1304.21(b)(3)(i); 1304.23(c)(1-7); 1304.23(d)] and the *Head Start Child Outcomes Framework* (Domain #8: Physical Health and Development). It enhances what teachers already do in Head Start by providing more guidance to focus on children's gross motor development within their familiar curriculum approaches. *I Am Moving, I Am Learning* offers tools to grantees to complement the assessment of Domain #8 through observation of children's progress in movement skills within their ongoing monitoring systems.

In FY 2005/2006, *I Am Moving, I Am Learning* was gradually expanded to reach 101 Head Start grantees and delegates from Pennsylvania, Maryland, Delaware, the District of Columbia, as well as Virginia and West Virginia.

Research Based

I Am Moving, I Am Learning was designed as a research-to-practice initiative incorporating best practice guidelines and policies including but not limited to:

- *Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years* (National Association for Sport and Physical Education, NASPE, 2002)
- *Bright Futures in Practice; Nutrition and Physical Activity* (National Center for Education in Maternal and Child Health, 2001)
- American Academy of Pediatrics Policy Statements & Task Force on Obesity Strategies
- Institute of Medicine Report (2004): "Preventing Childhood Obesity: Health in the Balance"
- Centers for Disease Control and Prevention's BMI-for-Age/Gender Screening Guidelines

Amy Requa, MSN, CRNP, Pediatric Nurse Practitioner and Region III TA System Health Content Specialist, created the pilot project design and led the initiative. The Region was also fortunate to have access to the expertise and support of Dr. Linda Carson, Ed.D., Ware Distinguished Professor and Director of the West Virginia Motor Development Center, West Virginia University. Dr. Carson partnered with ACF Region III and ICF/Caliber, the Region III Technical Assistance contractor, in launching and conceptualizing the initiative, training grantee teams, and providing guidance throughout the two and a half year period. As the Medical Advisor to OHS, Rachel Tellez, M.D., MS, FAAP, also provided valuable support on program content and helped to facilitate a formal evaluation of the project after the pilot phase was completed. The project was championed and carried out under the leadership of Nancy Elmore, Regional Program Manager, Region III Office of Head Start, Administration for Children and Families. In FY 2006, this project team received the Assistant Secretary's "Partnering for HHS Excellence" award in acknowledgement of their accomplishments.

Goals and Objectives

Goal One: Increase the quantity of time spent in moderate to vigorous physical activity (MVPA) during the daily routine to meet national guidelines for physical activity.

- A. Educate staff and parents about the importance of moderate to vigorous physical activity (MVPA) as an effective obesity prevention strategy for young children.
- B. Enhance and augment the existing curriculum approach with a renewed focus on gross motor skills and physical activity in the *Head Start Child Outcomes Framework - Domain #8*.
- C. Educate staff and parents that preschool fitness happens as a by-product of children's movement instruction and play, or what they do during structured movement and unstructured play.
- D. Encourage children to move with more intensity in short bursts or increments of time during both indoor and outdoor routines.
- E. Observe and evaluate individual children for progress in their ability to engage in moderate to vigorous physical activity (MVPA).
- F. Observe and monitor the increase in MVPA within the daily routines of Head Start.

MEASURABLE OUTCOMES: Children accumulate at least 60 minutes of daily, structured physical activity, as well as 60 minutes of daily, unstructured physical activity; children are not sedentary or sitting still for more than 60 minutes at a time; children show individual progress in their ability to move with more intensity for longer periods of time.

Goal Two: Improve the quality of structured movement experiences intentionally facilitated by teachers and adults.

- A. Educate staff and parents about movement vocabulary and the impact of structured movement experiences on early childhood brain development.
- B. Educate staff and parents to structure opportunities for children to engage in quality movement experiences on a daily basis.
- C. Intentionally facilitate structured physical activities that are thoughtfully pre-planned within the Head Start daily routines.
- D. Promote structured movement experiences to build on each child's progress with movement skills throughout the day.
- E. Provide frequent practice for children to develop competence in movement skills while at Head Start and at home.
- F. Observe and evaluate individual children for progress with their gross motor skills.
- G. Observe and monitor the classroom and teacher interactions to evaluate the quality of movement experiences within daily routines.
- H. Monitor curriculum implementation plans for daily structured movement experiences.

MEASURABLE OUTCOMES: Increased staff and parental knowledge of gross motor skills and development in young children; increased frequency of structured movement activities at home and in the classroom; teacher curriculum plans integrate structured movement activities more frequently; children show progress in their own abilities and proficiency in a variety of gross motor skills under the *Head Start Child Outcomes Framework - Domain #8*; children show increased awareness and understanding of body position and movement vocabulary.

Goal Three: Improve healthy nutrition choices for children every day.

- A. Educate staff and parents that nutrition improves when they make healthy choices for children.
- B. Educate staff and parents to model healthy choices for children.
- C. Offer a variety of healthy foods to children in a structured family-style meal setting during daily routines and at home.
- D. Educate children to recognize healthy foods.
- E. Use fun and engaging activities in the classroom and at home to encourage preschool children to develop personal preferences for healthy foods.
- F. Provide positive recognition and support when children make healthy choices.
- G. Observe and evaluate individual children for progress in their ability to try healthy foods and beverages.
- H. Observe and monitor teacher interactions and discussion with children about healthy food during family-style meals.
- I. Screen children at least once annually for underweight, overweight and at-risk for overweight using the Body Mass Index (BMI) for age and gender charts provided by the Centers for Disease Control and Prevention.
- J. Refer children who are underweight, overweight or at-risk for overweight according to Body Mass Index for age and gender.

MEASURABLE OUTCOMES: Children are able to identify healthy foods; children show progress in using vocabulary words for nutritious foods such as a variety of fruits and vegetables; children show progress recognizing colors and shapes of nutritious foods; children choose healthy foods to eat more frequently; children screened as overweight or at risk for overweight using the CDC's Body Mass Index for age and gender charts are referred to their health care provider for further evaluation and testing.

Pilot Project Implementation

LAUNCH MEETING

In August 2004, the Regional Office identified 10 Head Start and Early Head Start grantees from Virginia and 7 from West Virginia to participate in *I Am Moving, I Am Learning*. The seventeen grantees were invited to a launch meeting in Philadelphia to hear the state of the science in obesity prevention and receive best practices guidelines and quality resources. A resource binder was given to all attendees containing research briefs, position statements, sample lesson plans, online resources, books, publications and CDs. The cost of pedometers for all attendees was subsidized by "Walk4Life".

The *I Am Moving, I Am Learning* launch meeting introduced attendees to best practices and developmentally appropriate physical activity guidelines for infants, toddlers and

preschoolers. Key elements for infusing quality movement, physical activities and nutrition concepts within the *Head Start Child Outcomes Framework* were addressed. Head Start management teams focused on developing targeted strategies and action steps to achieve successful outcomes in their local programs.

DEVELOPING PARAMETERS AND TOOLS

Following the launch meeting, conference calls were convened with the participating grantees to refine goals and parameters for the initiative and develop classroom observation tools. This participatory approach generated extraordinary grantee ownership and buy-in. Consensus was reached on the definition of structured physical activity as: “an activity that is thoughtfully planned and intentionally facilitated by an adult.”

PRE-INTERVENTION ASSESSMENT

Pilot grantees conducted their own pre-intervention observation and assessment to document activity levels (MVPA) and teacher interactions during movement and nutrition experiences. They assessed their existing music resources and revisited the use of these resources by analyzing the quality of movement and intensity of children’s physical activity. This process assisted pilot grantees to hone their observation skills and analyze their own classroom routines and family-style meals with a fresh perspective.

CLASSROOM OBSERVATIONS

Also, pilot grantees developed an observation tool and monitored their classrooms to determine the amount of time spent in structured moderate to vigorous physical activity (MVPA) that was intentionally facilitated by teachers. They monitored teacher participation in MVPA and nutrition conversation with children during meals. Grantees were asked to use this tool to observe interactions in at least 2 classrooms.

TRAINING FOR THE TRAINERS

In December 2004, Region III convened a “training for trainers” event in Charleston, West Virginia. Grantees were encouraged to send their management teams to further develop their capacity to implement *I Am Moving, I Am Learning* in their local programs. Trainers met in plenary sessions, breakout groups, a series of workshops, and local team strategy meetings to review the movement vocabulary framework, discuss nutrition topics and exchange ideas about effective use of music and movement in their curricula. Teams reviewed their classroom monitoring practices for observing teacher interactions with children around nutrition experiences and methods for tracking the frequency, duration, and nature of MVPA taking place during classroom routines.

SELECTED GRANTEE ACTIVITIES: AN INDIVIDUALIZED APPROACH

By spring of 2005, eighty-eight classrooms were participating in *I Am Moving, I Am Learning*. Throughout the implementation of *I Am Moving, I Am Learning*, grantees were receptive to tailoring their interventions to the needs and resources of their own communities, just as they do with the Head Start Performance Standards. Grantees eagerly explored ways to determine the training needs of their staff and the technical assistance they required, what curriculum planning they might conduct, methods for infusing best practices into their daily routines, and effective ways to measure and evaluate outcomes.

Participating programs voluntarily submitted summaries of strategies they had implemented. These strategies reflected their creativity in customizing this initiative to impact children, families, staff and communities. These included:

Strategies Targeted to Children:

- Structuring MVPA for children with rhythm stick dancing, hoop maze, dancing scarves, balance board, and scooter weaving.
- Tracking height and weight changes in children identified as overweight, or at risk for overweight, as defined by their Body Mass Index for age and gender.
- Reinforcing healthy choices using colors, sequencing, grouping and classifying, literacy, language development, as well as MVPA awareness.
- Awarding certificates of participation and photos of each child engaged in MVPA to their parents.

Strategies Targeted to Parents and Families:

- Encouraging male involvement in MVPA in conjunction with Fatherhood Initiative efforts.
- Scheduling parent volunteers to assist with MVPA in classrooms and contribute to discussions about nutrition and healthy food choices during meals.
- Partnering with a university for its physical therapy students to complete parent body composition assessments and transport parents to a local indoor track for fitness activities.
- Partnering with the State Cooperative Extension agent to provide monthly food tasting experiences and educational activities focused on healthy food choices and cooking opportunities.
- Distributing pedometers and other health-oriented incentives to parents.

Strategies Targeted to Staff:

- Beginning monthly program staff meetings with an integrated 10-minute MVPA led by a different staff member team each month.
- Establishing a partnership with the local recreation department to train teachers in a physical fitness curriculum and conduct twice weekly fitness sessions.
- Holding a “Walk 4 Fitness” Challenge – a program-wide tracking of steps throughout the year for staff and parents using pedometers.

Strategies Targeted To Communities:

- Integrating *I Am Moving, I Am Learning* into a Positive Youth Initiative to involve high school youth trained to lead children and parents in MVPA during family events.
- Creating a walking trail with fitness stations for children, parents, staff, and community members.
- Working with the Head Start Health Advisory Committee to urge county school boards to adopt policies regarding cafeteria meals, and food and drinks in snack machines, to promote healthy choices.

Grantee enthusiasm has been high throughout the initiative. For example, grantees have created their own *I Am Moving, I Am Learning* logos, T-shirts, materials, props and other incentives. Pilot grantees have shared successful strategies with their peers at Head Start Association Conferences and other venues. This has created excitement around *I Am Moving, I Am Learning* and resulted in cross-pollination of its key concepts to other

grantees. During the pilot period, Dr. Linda Carson developed two theme songs for *I Am Moving, I Am Learning* – one focused on movement and the other on nutrition.

Project Outcomes

Participating programs and the TA staff working with them have reported a variety of positive outcomes for children, staff, families and communities over this two and a half year period.

CHILD OUTCOMES:

- Accumulated MVPA in minutes has doubled and tripled in selected classrooms.
- Children who were previously sedentary are now active.
- Individual children experienced moderate improvements on the BMI-for-age and gender growth curves.
- Teachers found that children who needed the most redirection prior to *I Am Moving, I Am Learning* required less as music and movement increased in the daily routines.
- Gross motor centers were established in classrooms, with activities changing weekly.
- Use of music to facilitate movement increased and children and teachers were observed to be happier and have more energy.
- MVPA was observed in block/floor play during one hour of work time whereas all activities during that period had been sedentary prior to *I Am Moving, I Am Learning*.

PARENT AND FAMILY OUTCOMES:

- There has been extraordinary parent participation in *I Am Moving, I Am Learning* events.
- Programs have linked their Fatherhood Initiatives and *I Am Moving, I Am Learning*, getting Dads involved in facilitating movement with children.
- Parents have been increasingly receptive to physical fitness and nutrition topics being highlighted at parent meetings throughout the year.
- Nutrition, activity and wellness themes are the subject of daily conversations with parents.
- Goals to promote healthy choices are included in Family Partnership Agreements, and families are encouraged to participate in physical activities together and try nutritious recipes.
- Parents do not bring cupcakes or candy to the classroom anymore. They substitute healthy treats for birthdays.
- One grantee reported nutrition awareness had been a theme during one month of the school year in the past but currently nutrition is a part of everyday awareness for everyone.

STAFF OUTCOMES:

- Structured outdoor play is now included in lesson plans on a daily basis.
- MVPA is frequently used as a transition activity, and movement activities occur before sitting activities.

- Family Service staff are establishing health partnerships with families.
- Increased physical activities and healthy nutrition have been infused into all programming.
- Program policies and procedures have been revised to promote healthy choices, practices and messages across service areas.
- Teacher interactions improved from simply demonstrating movements to intentionally facilitating MVPA and engaging in MVPA themselves.
- Teachers and staff reported personal weight loss and attributed it to increased MVPA conducted with the children.
- Training conducted by their own training teams made all staff, including teachers, cooks, and drivers, more aware of the importance of increased activity and healthy food choices in their lives.
- Many grantees reported positive outcomes in teacher's nutrition conversations with children about the importance of fruits and vegetables and making healthy food choices during family meals in the classrooms.
- Programs are videotaping and taking pictures of staff and parents implementing *I Am Moving, I Am Learning* activities with children, and sharing these experiences to motivate other staff.

COMMUNITY OUTCOMES:

- Policy Councils, School Boards, Parent Committees, Health Advisory Committees and staff were involved in planning and implementation throughout the year.
- *I Am Moving, I Am Learning* paved the way for introducing changes to healthier food choices and encouraging more physical activity for staff and students throughout county school systems.
- School Districts supported ongoing training of teachers and physical education staff using the *I Am Moving, I Am Learning* approach.
- School Districts changed policies and procedures for meal preparation, such as the elimination of fried foods from all menus.
- Pre-k partners in multiple counties were trained by Head Start using the *I Am Moving, I Am Learning* approach.
- Local community partners funded strategies for increased MVPA.
- Wellness groups were formed among community partners.

Project Expansion

As word of *I Am Moving, I Am Learning* spread from program to program and among State Head Start Associations within Region III, overwhelming interest in obesity prevention was generated across the region, and requests for additional training opportunities poured in. As a result, the region sponsored four additional training events in the spring and summer of FY 2006. A fifth training event was sponsored by Baltimore City for its 15 delegate agencies during the summer of 2006.

To date, 650 Head Start staff representing 101 grantee and delegate agencies in Region III received the full two and a half day training. Trainees returned to their programs to train their co-workers, sharing the strategies and approaches they learned and facilitating planning across service areas. Through this method the training has reached over 3,000 Head Start staff in the region. Several other programs have been exposed to a condensed version of *I Am Moving, I Am Learning* through workshops at State Association Conferences, the Region III 2006 Child Care Conference, and the Region III Fatherhood Initiative Teleconference in June 2006.

In January 2007, *I Am Moving, I Am Learning* will be rolled out to Head Start grantees in Region IX (San Francisco). This represents the first major delivery outside of Region III. Additional training events have occurred or are in the planning stages as a result of the intentional formation of federal, state and local partnerships for moving forward strategically to address the growing epidemic of childhood obesity.

- The West Virginia Collaboration Office supported statewide training in March 2006 for all Head Start programs and their partners, and the West Virginia Public Broadcasting Service developed a 10 minute television spot which showcased *I Am Moving, I Am Learning* as an effective approach to children's wellness.
- The Pennsylvania "Keystone Color Me Healthy" multi-agency nutrition initiative is partnering with *I Am Moving, I Am Learning* to provide a consolidated approach to training of trainers. In addition, Region III has been invited to join the core group of the Philadelphia Obesity Consortium.
- The Virginia Department of Health will convene 12 training events using the *I Am Moving, I Am Learning* model for all WIC and Cooperative Extension employees as well as Head Start staff during the spring and summer of 2007. These events will be conducted as part of Virginia's CHAMPION program (Commonwealth's Healthy Approach & Mobilization Plan for Inactivity, Obesity, and Nutrition).
- In an October 2006 press release, Virginia Governor Tim Kaine identified *I Am Moving, I Am Learning* as an example of an effective strategy for addressing childhood obesity.
- Planning is underway with the Delaware Head Start Collaboration Office, Region III ACF, and Nemours Health & Prevention Services - one of the nation's largest children's health systems - for statewide training targeting 50 early childhood programs, including Head Start, ECAP (the state funded pre-k program), and center based as well as family child care providers. The training, anticipated in the summer of 2007, will combine the best of Nemours' "5-2-1, Almost None" prescription for child wellness with the strategies and resources of *I Am Moving, I Am Learning*.

In addition to the Region III activities described above, information on *I Am Moving, I Am Learning* has been shared at national and regional conferences across the country, including but not limited to the following:

- Birth to Three Institute, May 2006
- National Obesity Action Forum, June 2006
- California Head Start Health Institute, June 2006

- ACF State Child Care Administrator's Conference, August 2006
- HHS National Prevention Summit, October 2006
- American Public Health Association Annual Conference, November 2006
- National Association for the Education of Young Children Annual Conference, November 2006

Finally, Region III developed a video presentation on *I Am Moving, I Am Learning* in December 2006 which summarizes the project's goals, objectives, and implementation strategies. The video highlights children, families and staff engaging in *I Am Moving I Am Learning* activities. We hope this will be a useful resource for sharing the *I Am Moving, I Am Learning* story throughout the Head Start community and beyond.

Evaluation

In FY 2006, the ACF Office of Planning, Research, and Evaluation contracted with Mathematica Policy Research, Inc. to design and conduct a two year implementation evaluation of *I Am Moving, I Am Learning*. The purpose of the evaluation is to monitor implementation, assess program outcomes and measurement options, and assist in the dissemination of research products to Head Start practitioners, the research community, and policy makers.

Opportunities for Replication

I Am Moving, I Am Learning offers several key benefits that make it worthy of replication:

- Provides a logical, focused framework for action.
- Provides a practical response to a health issue that has implications for local, regional, and national planning and policymaking.
- Offers a consistent, sustainable health-and nutrition-based methodology for meeting established Head Start Performance Standards.
- Compiles a record of initiative milestones to inform programming and funding decisions for expanded project activities in subsequent years.

Moreover, *I Am Moving, I Am Learning* is easily integrated with other community initiatives designed to address childhood obesity and family wellness. *I Am Moving, I Am Learning* is not an "either/or" solution to the problem of childhood obesity; it is a strategic approach that is complementary to and supportive of the work other agencies and organizations are doing in this area.

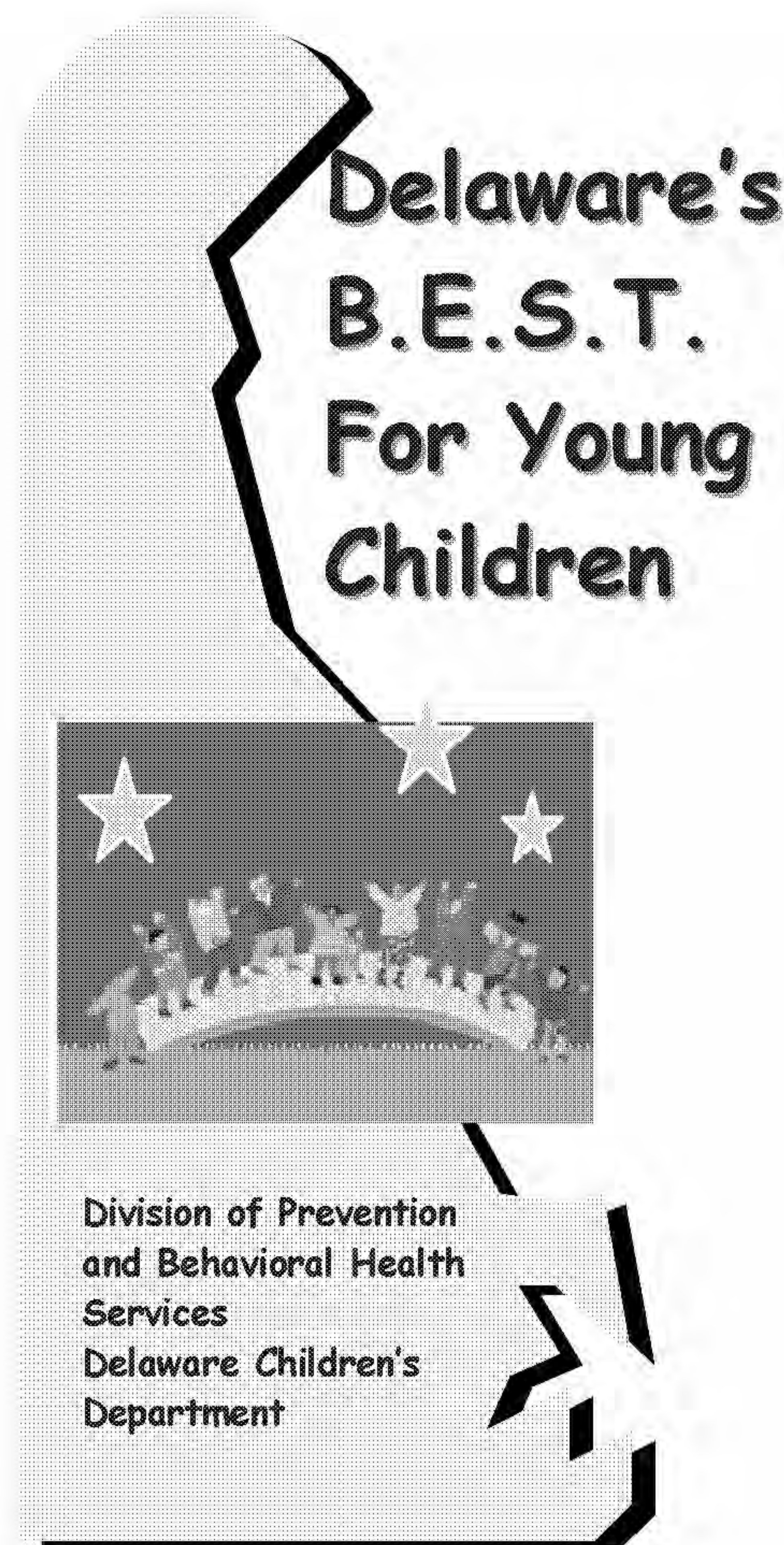
For additional discussion and information, contact Amy Requa at (215) 592-1684 Ext. 225 or Nancy Elmore at (215) 861-4048.

What is Early Childhood Mental Health Consultation?

Mental health consultation in early childhood settings is a problem-solving and capacity building intervention implemented within a collaborative relationship between a mental health professional consultant and one or more caregivers, typically an early care and education provider and/or parent or foster parent.

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Early childhood mental health consultation aims to build the capacity and improve the ability of staff, families, programs, and systems to promote positive relationships and social emotional skills as well as to prevent, identify, treat and reduce the impact of mental health problems among children from age 2 through age 5 and their families. *(adapted from Cohen & Kaufmann, 2000).*



Funding for ECMHC through DCMHS is provided by the Child Care Development Fund through the Division of Social Services, Delaware Department of Health and Social Services and DCMHS's SAMHSA Grant—Delaware's B.E.S.T. for Young Children and Their Families.

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Early Childhood Mental Health Consultation Partnership

>> Division of Prevention and Behavioral Health Services
Delaware Children's Department

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Delaware's *B.E.S.T. for Young Children and Their Families**
(Bringing Evidence-based System of Care and Treatment)

Tel: 302-781-3211

Why Early Childhood Mental Health Consultation (ECMHC)?

In recent years, there has been growing concern among many in the early care and education (ECE) community that increasing numbers of very young children are manifesting behavior problems.

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According to the Center for Mental Health in Schools (2005), the prevalence of clinically significant emotional and

behavioral disabilities among young children ranges from 4 to 10%, with significantly higher estimates for children living in families with low income levels. In very young children these behaviors can be severe enough to warrant their removal from their pre-school programs (Gilliam, 2005), setting into motion a cascade of negative experiences.

Early childhood mental health consultation (ECMHC) is an effective strategy for addressing these challenging behaviors and supporting young children's social/emotional development in early care and education settings (Gilliam & Shahar, 2006).

Early Childhood Mental Health Consultation Application

Program Name:

Program Director Name and Signature:

Program Location/Address:

Program Phone Number:

Total Number of Children in Care: _____

Estimated percentage of children with Purchase of Care-tuition assistance: _____

Estimated number of children for whom child-specific ECMHC is requested: _____

FAX to: 302-453-4112 OR save and send as email attachment to:

Nancy.widdoes@state.de.us

What is the ECMHC Partnership?

The Division of Child Mental Health Services offers Early Childhood Mental Health Consultation across Delaware as a **free service** and a **partnership** with early childhood education programs, with a focus on children 2-5 years of age and on programs with a significant proportion of children whose care is assisted through the State of Delaware's Purchase of Care program.

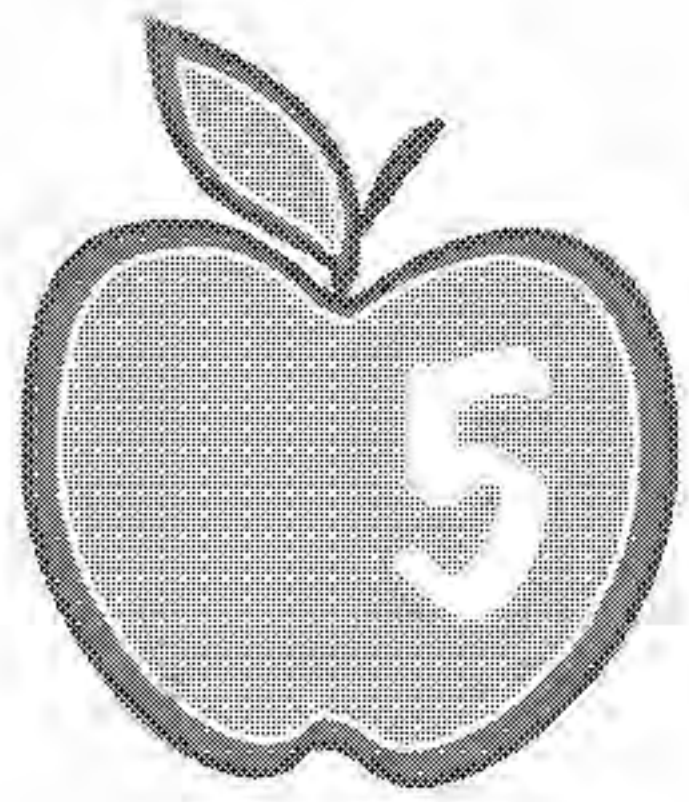
All of DCMHS' consultants are licensed mental health professionals with experience in working in early child care settings and with children and their families.

The commitment and collaboration of the center director and staff, along with a child's parents or caregivers is essential to a successful partnership.

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Five-Two-One-Almost None

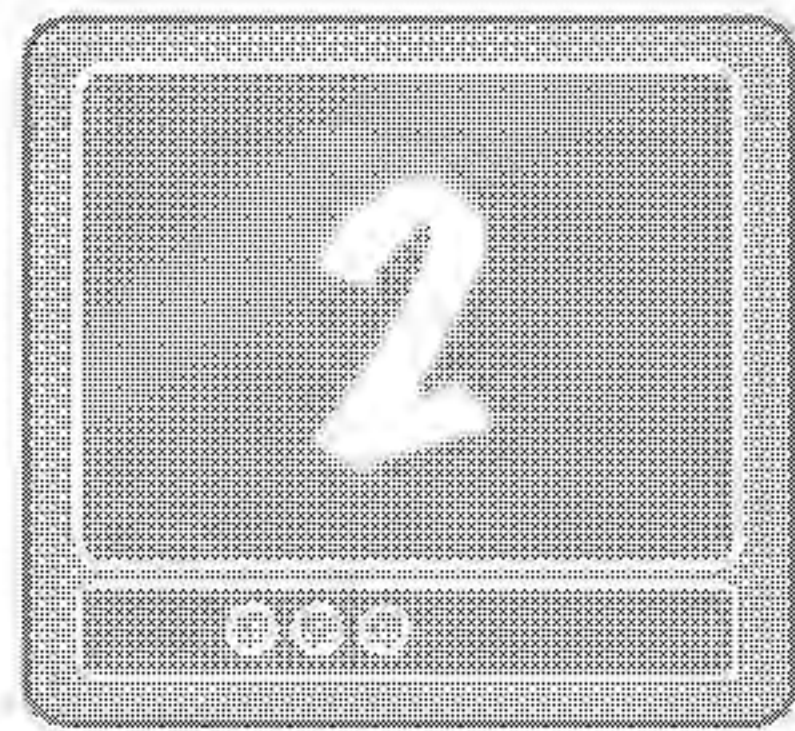
Nemours Health and Prevention Services is committed to helping people understand the causes and implications of being at an unhealthy weight. *5-2-1-Almost None* is our way to promote a healthier lifestyle for children and families. It's as simple as following these suggestions and tips for healthier eating and physical activity:



FRUITS AND VEGETABLES

Five stands for five or more servings of fruits and vegetables per day. Fruits and vegetables are packed with disease-fighting nutrients and give you energy, naturally.

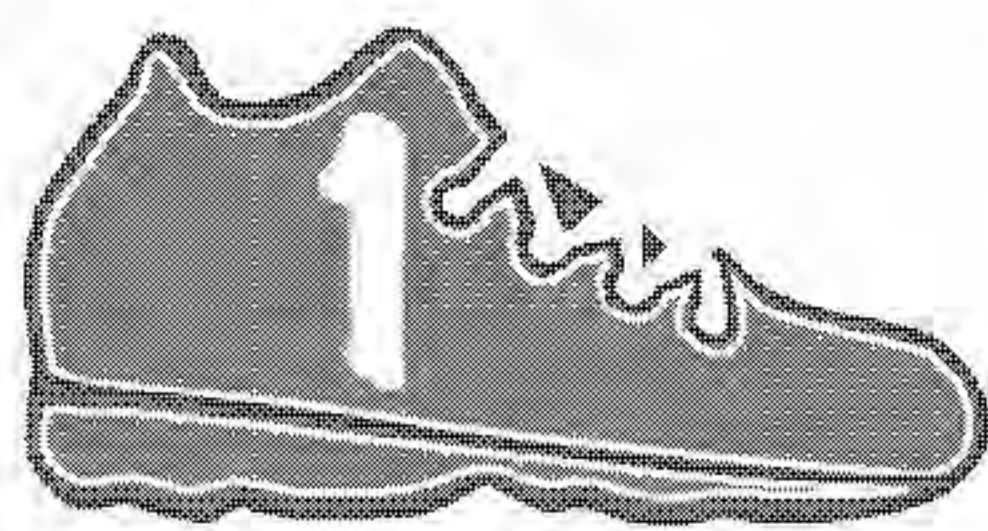
- Serve at least one fruit or vegetable at every meal and snack. Try all the different colors.
- Dip veggies in low fat dressing. Tuck them in whole wheat pitas. Toss some on your pizza.
- Try and try again. It may take children several tastings (10 or more) before they begin to enjoy certain foods.



HOURS OF SCREEN TIME

Two stands for no more than two hours per day in front of a screen (TV, video games, and recreational computer time). A number of studies show a correlation between watching television and obesity.

- Be a role model — limit your own screen time. Play, take a walk, or cook with your kids instead.
- Keep the TV in a central location and out of your child's bedroom
- Turn off the TV during dinner and take time to talk about your day



HOUR OF PHYSICAL ACTIVITY

One means at least one hour of physical activity per day. Physical activity, especially when it gets the heart pumping faster, is vital to maintaining a healthy weight and overall good health. Kids who are raised in active families tend to stay active as adults.

- Plan one physical activity for the family each weekend. Let each child take turns choosing the activity.
- There are lots of ways to be active — walking, dancing, gardening, and raking leaves can all get your heart pumping.
- 10 minutes here, 10 minutes there — and before you know it, you've been moving your body for an hour.



SUGAR DRINKS

Almost none refers to almost no sugary beverages—no more than two servings per week of soft drinks, sports drinks, and fruit drinks that are not 100% fruit juice. Over the last few decades, soda consumption has doubled for girls, tripled for boys.

- Choose water. Add a lemon or lime wedge or a splash of juice for flavor.
- Drink water, milk, and juice yourself. Your children learn by watching you.
- Avoid bringing sodas and sports drinks home. If it's there, the kids will drink it.

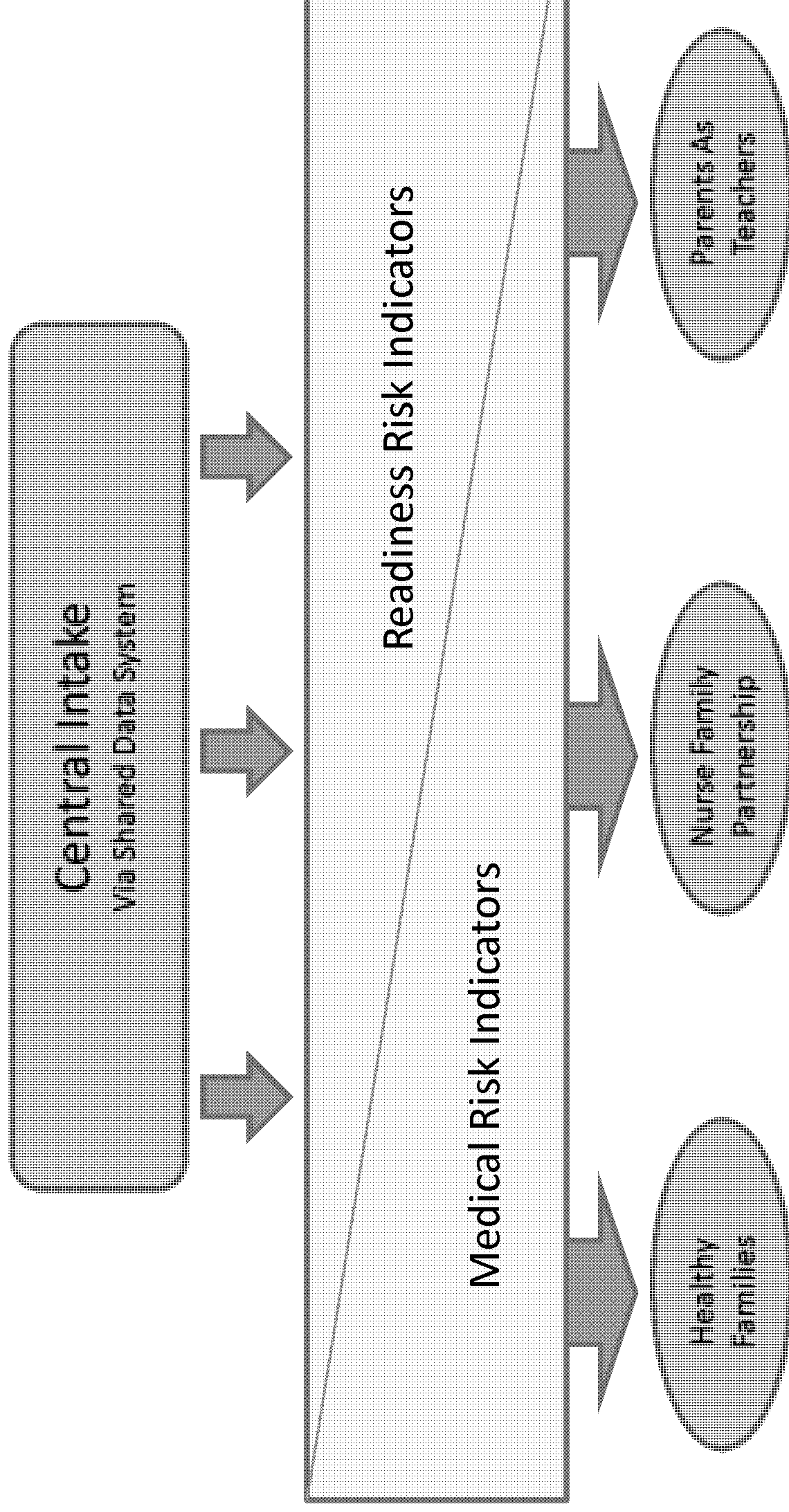
About NHPS

Nemours Health and Prevention Services (NHPS), a non-profit organization based in Newark, Delaware, works with families and community partners to help children grow up healthy. Our goal is to drive long-term changes in policies and practices that promote child health and to leverage community strengths and resources to have the greatest impact on the most children. One of our initial areas of emphasis is childhood obesity prevention through promotion of healthy lifestyles, the centerpiece of which is the *5-2-1-Almost None* campaign.

NHPS is the newest division of Nemours, one of the nation's largest pediatric health systems, operating the Alfred I. duPont Hospital for Children and outpatient facilities throughout the Delaware Valley and northern and central Florida. NHPS expands Nemours' reach beyond clinical care to consider the health of the whole child within his or her family and community.

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Delaware's Home Visiting System Model



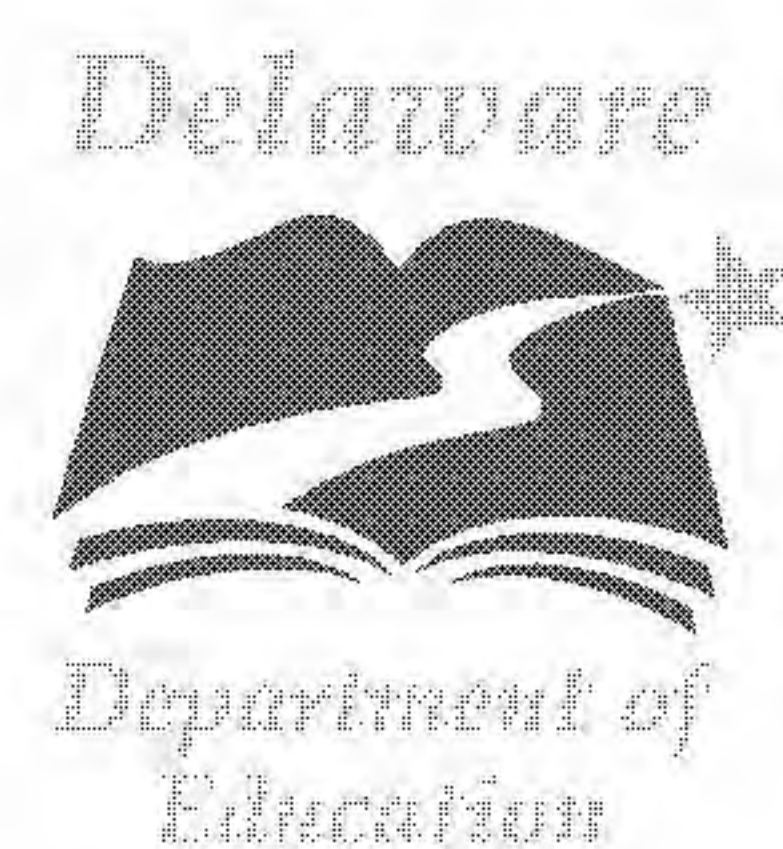
Shared Outcomes:

- 1) Improvement in Maternal and Child Health
- 2) Childhood Injury Prevention and Reduced Emergency Room Visits
- 3) School Readiness and Achievement
- 4) Crime or Domestic Violence Reduction
- 5) Family Economic Self-Sufficiency
- 6) Coordination with Community Resources and Supports

DELAWARE COMPETENCIES *for* SCHOOL-AGE PROFESSIONALS

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Produced in Partnership by:
Delaware Department of Education
& The Delaware AfterSchool Alliance



INTRODUCTION

Purpose: To establish a set of core knowledge and competencies for professionals working in the after-school field in Delaware. Knowledge and competencies establish standards for the after-school field.

These knowledge and competencies were developed in keeping with the following assumptions:

Competent, well-trained professionals are the key to providing quality after-school programs

Competencies can be used to establish standards for employment and job performance

There are a set of personal characteristics and attributes that support effective job performance in after-school programs

Competencies should be considered emergent; developing over time with experience

Competencies are cumulative and create a continuum of professional development

Knowledge and competencies may be used:

To design appropriate training and education

For personal assessment of professional growth and planning for professional development

As a tool for career counseling

To plan for staff development

To develop job descriptions

To assess job performance

As a piece of the process for issuing credentials, certificates, or licenses

Each content area is organized to include:

A general statement that establishes the significance of the content area to after-school professionals

Required knowledge related to the content area.

Competencies for any given level incorporate all the competencies of previous levels.

Required competencies related to each content area and outlined by level of job responsibility:

- o Level 1: Assists in the implementation of curriculum; School-Age Interns (interns cannot be left alone with youth)
- o Level 2: Implements curriculum for a group of youth; School-Age Site Assistant (Assistants can be left alone and in charge of a group of youth)
- o Level 3: Designs and develops curriculum; School-Age Site Coordinator (Coordinators may be in charge of multiple programs)
- o Level 4: Manages and leads the program; School-Age Administrator

ATTRIBUTES AND CHARACTERISTICS OF EFFECTIVE SCHOOL-AGE PROFESSIONALS

- ❖ Exhibits stable and responsible work habits
- ❖ Accepts challenges and learns from mistakes
- ❖ Flexible and readily adapts to change
- ❖ Takes time for regular reflection and self-examination
- ❖ Works cooperatively with co-workers in a team effort
- ❖ Demonstrates unconditional caring, warmth and respect for each youth's uniqueness
- ❖ Serves as a model for youth through their own conduct
- ❖ Exhibits the ability to be delighted and curious about youth
- ❖ Displays imagination and creativity
- ❖ Employs humor and patience
- ❖ Communicates effectively with each youth, both verbally and non-verbally
- ❖ Communicates effectively with adults
- ❖ Shows respect for the diversity of families, youth, schools and co-workers
- ❖ Exhibits ability to empathize with others
- ❖ Enjoys learning and sharing knowledge with others

DELAWARE CORE KNOWLEDGE AND COMPETENCIES FOR SCHOOL-AGE PROFESSIONALS

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The Delaware Department of Education in collaboration with the Delaware After School Alliance has developed these competencies as standards for the knowledge and skills expected of those professionals responsible for youth in after-school programs.

YOUTH DEVELOPMENT

CONTENT AREA STATEMENT: An understanding of how youth develop and learn is at the very core of the school-age professional's knowledge base. All further training and education builds on this foundation. Each professional is expected to draw on this knowledge to create environments, develop relationships and interact with youth in ways that support their development and learning.

KNOWLEDGE: School-age professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Major theories of development

- Typical stages of development for youth ages 5-18 years, development in each of the domains, and the interrelatedness of those domains; physical, cognitive, language, social, and emotional

- Individual variability in development

- Influences on youth development in the context of family, peers and community

- Communication and partnerships with families, schools and the community to support youth development

- Role of adult-youth relationships and interactions in supporting youth development

- Practices and procedures for assessing youth development

- Implications of youth development for planning environments, curriculum, and activities

- Strategies for supporting individual youth development, including youth with special needs

YOUTH DEVELOPMENT (YD)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Application of Youth Development			
<ul style="list-style-type: none"> .1 Demonstrates an understanding of how youth grow and develop through experiences .2 Demonstrates an understanding that individual differences affect youth's growth and development .3 Responds to needs of individual youth, including special needs .4 Interacts with youth to support their development and learning .5 Recognizes and respects cultural diversity 	<ul style="list-style-type: none"> .1 Demonstrates knowledge of specific stages of youth development .2 Recognizes differences in development as they impact the needs of youth and their participation in the program .3 Identifies ways in which youth learn and adapt to a variety of experiences .4 Identifies risk factors, delays or disabilities that may indicate a need for special services or program adaptation .5 Uses informal observation of youth in their program .6 Employs developmentally appropriate assessment tools .7 Applies knowledge to establish expectations of individual youth 	<ul style="list-style-type: none"> .1 Recognizes current research and best practices related to youth and family development .2 Designs curriculum based on developmentally appropriate practice .3 Creates environments and experiences that value and respect cultural and linguistic diversity .4 Utilizes appropriate resources to make adaptations and supports an inclusive philosophy .5 Articulates program goals and activities that support them 	<ul style="list-style-type: none"> .1 Develops and evaluates approaches to youth outcomes and assessments .2 Articulates, analyzes and evaluates youth development research .3 Articulates program philosophy based on understanding of and focus on youth development .4 Applies research and best practices across curricular areas

CURRICULUM & LEARNING ENVIRONMENT

CONTENT AREA STATEMENT: Youth develop and learn best when engaged in a variety of developmentally appropriate activities that facilitate fun, encourage decision making and promote learning. It is the responsibility of school-age professionals to design the environment, plan the curriculum and use appropriate teaching strategies in order to support each individual's learning.

KNOWLEDGE: School-age professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Concepts and principles of developmentally appropriate practice for youth
- Curriculum planning that supports youth in acquiring life skills, effective communication, problem-solving skills and personal growth
- Curriculum planning that supports development in each of the domains; cognitive, language and communication, physical, social-emotional and creative
- Curriculum planning to facilitate learning in the content areas; literacy, math, science, social studies, art, music, recreation, health and wellness
- Curriculum planning for youth of different ages and learning styles
- Planning for schedules, routines and transitions to support learning and positive behavior
- Planning a flexible curriculum to build on youth interests and activities that support youth decision making
- Curriculum adaptation for youth with special needs
- Planning the physical environment and selection of materials to promote youth learning and development
- Providing learning opportunities that are reflective of youth, family, school and community

CURRICULUM & LEARNING ENVIRONMENT (CL)

NOTE: Curriculum activities that promote social emotional development are listed with Promoting Social Emotional Development rather than here

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Developmentally Appropriate Curriculum Planning			
<ul style="list-style-type: none"> .1 Interacts with and participates appropriately with youth at all times .2 Asks age and developmentally appropriate questions and actively listens to responses .3 Provides support for youth to complete school work .4 Talks with youth to stimulate conversation .5 Provides multiple opportunities for youth to make choices in activities and learning experiences .6 Guides youth in the development of activities and learning experiences 	<ul style="list-style-type: none"> .1 Maintains and monitors a flexible, variety of activities and experiences .2 Provides developmentally appropriate activities and experiences that promote: <ul style="list-style-type: none"> physical development cognitive development language development creative expression .3 Implements age and developmentally appropriate activities and experiences and adapts as needed .4 Provides activities and experiences that support emerging math, technology and scientific thinking .5 Provides activities and experiences that support understanding of social studies concepts .6 Provides hands on experiences that are fun and promote learning through exploration and experimentation .7 Engages youth in decision making, planning and leadership opportunities .8 Uses a variety of teaching methods to support learning: open-ended questions, problem solving, inquiry, group discussion, cooperative learning and teachable moments .9 Modifies curriculum based on the interests and choices of youth 	<ul style="list-style-type: none"> .1 Designs and adapts curriculum for all youth .2 Designs integrated curriculum that supports youth's emerging abilities in each of the content areas .3 Designs integrated curriculum that supports learning development in each of the developmental domains .4 Designs curriculum that motivates, challenges and actively engages youth .5 Uses the Delaware K-12 standards to inform curriculum .6 Provides technical assistance for staff to support curriculum implementation .7 Conducts ongoing assessment of curriculum planning with staff .8 Informs families about curriculum, activities and program goals .9 Keeps current on curriculum trends and revises curriculum 	<ul style="list-style-type: none"> .1 Establishes and communicates a philosophy of curriculum .2 Conducts ongoing program assessment of curriculum and evaluation of program .3 Ensures that staff are trained to plan and implement appropriate for youth .4 Creates policies and procedures to support curriculum .5 Communicates major theories, research and trends

CURRICULUM & LEARNING ENVIRONMENT (CL)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Creating Developmentally Appropriate Learning Environments			
<p>.7 Follows daily schedule</p> <p>.8 Supports and encourages participation in a variety of activities</p> <p>.9 Arranges effective and appropriate activity areas; including drama, art, science, reading, wellness, recreation and technology</p> <p>.10 Arranges the environment to encourage exploration and learning</p> <p>.11 Uses materials that expose youth to a variety of ethnic backgrounds</p>	<p>.10 Implements a balanced daily schedule</p> <p>.11 Arranges the physical learning environment to encourage experimentation, exploration, and learning</p> <p>.12 Uses appropriate materials and technologies</p> <p>.13 Accommodates individual youth needs when planning the environment</p> <p>.14 Promotes space that accommodates both active and quiet activities; youth and adult directed activities; and individual and group activities</p> <p>.15 Uses adult-youth relationships and interactions as a resource for creating a positive learning environment</p> <p>.16 Arranges the physical environment to create a welcoming place for youth</p> <p>.17 Uses technology in a developmentally appropriate manner to support learning</p> <p>.18 Maintains adequate supply of appropriate materials for daily activities</p>	<p>.10 Plans environment for youth with special needs and different learning styles</p> <p>.11 Supports staff in adapting curriculum and environment to support the learning of all youth including those with special needs</p> <p>.12 Selects developmentally appropriate materials that reflect the diversity of youth, families and the community</p>	<p>.6 Maintains and manages resources for appropriate curriculum delivery</p> <p>.7 Provides training and technical assistance to staff, adapting as needed</p> <p>.8 Identify community resources to support curriculum</p>

PROMOTING SOCIAL & EMOTIONAL WELLNESS

CONTENT AREA STATEMENT: Quality school-age programs promote positive guidance and interaction between adults and youth; support social competence; and emotional wellness of youth.

KNOWLEDGE: School-age professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Youth social and emotional development and maturation
- Influences on youth behavior—rate and pattern of development in all domains, temperament, special needs, family and culture
- Strategies for promoting positive behavior
- Strategies for social competence and pro-social behavior
- Adult-youth interactions and guidance
- Expectations and boundaries reflective of appropriate behavior
- Group management strategies
- Observation and assessment of individual and group behavior
- Communicating and partnering with families to support wellness, self-regulation and manage stress

PROMOTING SOCIAL & EMOTIONAL WELLNESS (SE)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Interactions with Youth			
<ul style="list-style-type: none"> .1 Develops a warm, positive, nurturing relationship with individuals .2 Responds appropriately to emotional needs .3 Encourages empathy and mutual respect .4 Models positive behavior .5 Maintains an environment where youth feel safe, understood, respected and secure .6 Appreciates and respects diversity .7 Models recognitions and expression of feelings .8 Acknowledges accomplishments of individuals and group .9 Seeks to know each youth as an individual 	<ul style="list-style-type: none"> .1 Helps youth to use effective problem solving and appropriate conflict resolution strategies .2 Provides opportunities for individual cooperative play and group interaction .3 Helps youth deal with stress and change .4 Helps youth develop a sense of belonging .5 Establishes an environment that fosters trust, respect, cooperation and appropriate behavior .6 Help youth appropriately communicate and get along with others 	<ul style="list-style-type: none"> .1 Designs curriculum that focuses on social-emotional development which respects diverse values, cultures and individuals .2 Keeps current on theory and research: behavior, social-emotional development and guidance .3 Adapts social activities for youth with special needs .4 Plans social activities within all curricular areas 	<ul style="list-style-type: none"> .1 Develops a plan and evaluates ways to help families foster positive social-emotional development .2 Keeps current on best practices and research, articulates, applies, analyzes and evaluates as needed

PROMOTING SOCIAL & EMOTIONAL WELLNESS (SE)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Group Management			
<p>.10 Keeps youth under direct supervision at all times</p> <p>.11 Helps youth handle daily routines, transitions and unexpected changes</p> <p>.12 Welcomes and engages youth in daily conversation</p>	<p>.7 Uses group management techniques in establishing an environment that promotes positive behavior</p> <p>.8 Involves youth in setting rules and expectations when appropriate</p> <p>.9 Establishes a positive environment focused on exploration and interaction</p> <p>.10 Encourages youth to develop self control and sets limits</p>	<p>.5 Provides training and technical assistance to staff regarding appropriate guidance strategies and group management techniques</p>	<p>.3 Maintains an adequate supply of materials and equipment to support a positive learning environment</p> <p>.4 Evaluates the quality and effectiveness of curriculum, activities and opportunities that support social-emotional development</p>

PROMOTING SOCIAL & EMOTIONAL WELLNESS (SE)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Guidance Strategies			
<p>.13 Supports the implementation of guidance strategies used in the program</p> <p>.14 Addresses specific problem situations or behaviors without labeling youth</p> <p>.15 Guides youth in decision making</p> <p>.16 Models positive guidance strategies: "I" messages Redirection Appropriate choices Natural and logical consequences Conflict resolution & problem solving Limit-setting</p> <p>.17 Encourages and empowers youth to make appropriate choices, in support of a positive environment</p> <p>.18 Recognizes signs of stress in youth</p>	<p>.11 Identifies developmentally appropriate behavior and reasonable expectations for children's behavior</p> <p>.12 Modifies situations to prevent problems</p> <p>.13 Uses positive guidance strategies: "I" messages Redirection Appropriate choices Natural and logical consequences Conflict resolution & problem solving Limit-setting</p> <p>.14 Encourages youth to develop self-control and use anger management</p> <p>.15 Uses encouragement to motivate youth</p> <p>.16 Communicates with families regarding daily behavior and expectations for youth</p>	<p>.6 Uses observation and assessment to plan and develop individual guidance strategies</p> <p>.7 Plans for the successful inclusion of youth with behavior issues</p> <p>.8 Provides leadership to staff regarding appropriate guidance strategies and group management techniques</p> <p>.9 Works with families to develop positive strategies with youth when there are behavioral concerns</p>	<p>.5 Sets program expectations for using positive guidance approach for youth</p> <p>.6 Develops and evaluates program policies for guidance or behavior</p> <p>.7 Works with families to address challenging behaviors</p> <p>.8 Collaborates with other agencies to research and communicate information on social development of youth</p> <p>.9 Develops, plans and evaluates ways to help families foster positive social-emotional development</p>

OBSERVATION & ASSESSMENT

CONTENT AREA STATEMENT: Observation and informal assessment are critical components of an effective program that supports youth development and learning. Effective observation helps professionals to plan and adapt the environment and curriculum to meet group and individual needs.

KNOWLEDGE: School-age professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

Objective observation of youth

Systems for collecting and documenting informal observations of youth within a program

Methods for gathering program information and assessment

Uses for information gathered from observation and assessment:

- o Planning and adapting the learning environment and curriculum
- o Planning for supporting individual youth development and learning
- o Informing the professional's interactions with youth
- o Communicating with youth, families, schools and community

Criteria for sound assessment practices – reliability and validity, freedom from bias and developmental appropriateness

Process for special needs assessment and development of an IEP

Methods of gathering data and anecdotal information on youth

OBSERVATION & ASSESSMENT (OA)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Informal Observation of Youth			
<ul style="list-style-type: none"> .1 Practices objective informal observation and reflects on those observations .2 Uses observation as a way to “get to know” youth – their interests and developmental levels .3 Uses observation as a strategy for preventing problems .4 Assists in collection of information about youth development 	<ul style="list-style-type: none"> .1 Recognizes indicators of positive youth development .2 Completes periodic, written observations of each youth .3 Understands behavior of youth in the context of normal growth and development, using age-appropriate expectations as the basis for observation .4 Uses observation information to adapt interactions with individual youth .5 Makes changes to the environment based on observations .6 Shares information with staff gathered from observations in curriculum planning .7 Makes plans for supporting individual youth development and learning based on information gathered from observations .8 Uses information from observations to support youth development of social-emotional skills .9 Follows appropriate procedures for observing youth 	<ul style="list-style-type: none"> .1 Provides observation training for staff (or arranges for training) .2 Helps staff plan for effective ways to make observation a regular part of the program’s schedule and routines .3 Interprets observation information to develop services, opportunities and supports for youth .4 Informs families about observations of children’s development and learning 	<ul style="list-style-type: none"> .1 Sets expectation for program’s observation practices .2 Communicates observations with staff, youth and families in a clear, supportive manner, maintaining confidentiality .3 Incorporates observation information into program activities

OBSERVATION & ASSESSMENT (OA)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Informal Assessment of Youth			
.5 Contributes, as appropriate, to informal assessment .6 Acknowledges youth develop at their own pace	.10 Conducts informal assessment of each youth's development and learning, gathering information in a variety of ways .11 Includes families in assessment process, gathering information .12 Contributes, as appropriate, to assessment for identification of special needs .13 Utilizes appropriate ways to get to know the strengths, needs, interests, families and life situation of each youth as an individual	.5 Supports staff in implementing program's plan for youth assessment .6 Acts as the contact for professionals providing special services to youth .7 Selects appropriate assessment methods for planning and adapting the learning environment and curriculum .8 Engages youth, staff and families in the ongoing youth assessment process .9 Provides written feedback about youth participation and progress	.4 Develops and evaluates program's policies and procedures for youth assessment .5 Plans relevant assessments to determine youth interests .6 Collaborates with professionals and families to implement IEPs .7 Recommends that youth seek further evaluation when necessary .8 Works cooperatively with assessment, school, family and health care teams for youth with special needs
Program Assessment			
.7 Participates in program evaluation .8 Encourages families to participate in program evaluation	.14 Implements family and youth surveys to evaluate program content	.10 Designs program evaluation tools .11 Performs program evaluation (self-assessment) using state and/or program approved tools	.9 Develops policies and procedures to evaluate programs .10 Revises program content to meet program standards

PROMOTING A HEALTHY & SAFE ENVIRONMENT

CONTENT AREA STATEMENT: School-age professionals are expected to ensure the health and safety of each youth in their care and provide for nutritionally balanced meals and snacks. In addition, they promote youth learning and practice related to health, safety and nutrition.

KNOWLEDGE: School-age professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Issues and concerns related to the health, safety and nutrition
- Regulations and laws pertaining to health, safety and nutrition of youth in a group setting
- Planning and implementing safe environments
- Practices that promote health and wellness
- Practices that meet nutritional needs
- Planning curricular experiences for youth related to personal health, safety and nutrition
- Identification and utilization of community resources

PROMOTING A HEALTHY & SAFE ENVIRONMENT (HS)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Safe Physical Environment			
<ul style="list-style-type: none"> .1 Follows all laws and regulations pertaining to health, food services, and safety .2 Follows mandated reporting requirements regarding child abuse and neglect .3 Documents accidents and incidents as necessary .4 Performs CPR and First Aid when necessary .5 Supervises and interacts with youth to ensure their safety and health .6 Effectively carries out established emergency procedures, including disaster plans .7 Uses safety equipment appropriately .8 Practices infection control, including appropriate handwashing .9 Practices Universal Precautions .10 Performs daily health checks: observing for any signs of abuse, neglect or illness .11 Recognizes and responds to signs of injury, acute or chronic illness .12 Helps youth adopt good health and safety practices .13 Implements health, safety and nutrition plans for youth .14 Intervenes to correct unsafe situations: indoors, outdoors and off-site 	<ul style="list-style-type: none"> .1 Plans and prepares a safe, healthy environment for all youth .2 Applies knowledge of youth development in promoting health, safety and nutrition .3 Shares information with families about community resources for health, safety, nutrition and health care 	<ul style="list-style-type: none"> .1 Designs and assesses the health and safety of the environment for the program .2 Informs families about program policies and practices regarding health, safety and nutrition .3 Develops plans for meeting the health, safety and nutrition needs of all youth 	<ul style="list-style-type: none"> .1 Maintains youth's health assessments and records .2 Establishes policies and procedures that ensure compliance with all laws and regulations regarding health, safety, nutrition and emergency planning .3 Communicates regularly with staff regarding policies; procedures; and current health, safety and nutrition practices .4 Maintains the supply of materials and equipment necessary to operate the program in a healthy, safe manner .5 Monitors the effectiveness of health, safety and nutrition practices .6 Works with community agencies and professionals to safeguard youth .7 Plans and evaluates the aspects of health and safety for off-site activities

PROMOTING A HEALTHY & SAFE ENVIRONMENT (HS)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Health Education, Physical Activity and Wellness			
<p>.15 Encourages youth to participate in a variety of physical activities</p> <p>.16 Invites youth in planning and selecting physical/recreational activities</p> <p>.17 Models participation in physical activities</p> <p>.18 Recognizes environmental factors that may place youth at risk</p> <p>.19 Shares concerns about youth behavior and environmental risk factors with program staff</p> <p>.20 Follows mandated reporting requirements regarding youth abuse and neglect</p>	<p>.4 Selects materials and equipment to ensure safety</p> <p>.5 Establishes safety rules and precautions for youth</p> <p>.6 Teaches youth about: personal safety safety in the environment hygiene disease prevention infection control and universal precautions avoidance of risky behaviors</p> <p>.7 Teaches best practices in health education, safety, wellness, and physical activity</p>	<p>.4 Plans curriculum for health education, wellness, safety, recreation and physical activity</p>	<p>.8 Ensures Professional Development plans for staff include opportunities for health, safety and nutrition education</p> <p>.9 Assesses and evaluates the curriculum and activities for health, wellness and safety education</p> <p>.10 Evaluates recreation and physical activity plans and practices</p>
Nutrition & Food Safety			
<p>.21 Monitors food allergies and dietary restrictions</p> <p>.22 Practices safe food handling procedures</p> <p>.23 Maintains sanitary environment</p> <p>.24 Interacts with youth during meal and snack times, promoting appropriate social behavior</p> <p>.25 Monitors safety during meals and snacks</p> <p>.26 Helps youth to adopt good nutrition habits</p> <p>.27 Models best practices for nutrition</p>	<p>.8 Teaches youth about best practices in nutrition plans</p> <p>.9 Monitors and documents the serving of nutritious meals and snacks</p> <p>.10 Conducts activities that promote healthy nutritional choices</p> <p>.11 Accommodates youth with food allergies and dietary restrictions</p>	<p>.5 Plans nutrition activities and experiences as part of the curriculum</p> <p>.6 Supervises planning of meals and snacks reflecting best practices in nutrition, reflective of the diversity of the program and community</p>	<p>.11 Communicates with families, staff and youth about food preferences and special needs</p> <p>.12 Assesses and evaluates the nutritional practices and nutrition aspects of the curriculum</p> <p>.13 Ensures adequate resources for delivery of appropriate nutrition and choices for youth</p>

PARTNERSHIPS WITH FAMILIES & COMMUNITIES

CONTENT AREA STATEMENT: Families and communities play a critical role in youth development and learning. School-age professionals need to be able to communicate with families, to form supportive partnerships, and to engage families in the program. School-age professionals need to be able to form strong partnerships with schools and the community to support youth and enrich programs.

Knowledge: School-age professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

- The role of families in youth development and learning
- Understand and respect for the diversity of family structure, culture, and lifestyle
- Effective techniques and strategies for communicating with families
- Strategies for engaging families in school-age programs
- Knowledge of community resources for families and youth
- Effective collaboration with schools to support and enhance youth development

PARTNERSHIPS WITH FAMILIES & COMMUNITIES (FC)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Partnerships with Families			
<ul style="list-style-type: none"> .1 Follows rules for confidentiality .2 Communicates with families in a manner that respects diversity .3 Communicates positively with families regarding youth's daily activities .4 Responds to families questions and concerns in a timely, respectful manner and refers to appropriate staff if necessary .5 Works effectively with culturally, linguistically and socio-economically diverse families .6 Demonstrates respect for the family role as primary educator .7 Demonstrates respect for the diversity of family structure, function, and lifestyle and youth-rearing practices 	<ul style="list-style-type: none"> .1 Shares information with families about the curriculum .2 Implements effective conflict resolution techniques .3 Communicates positively with families about youth's progress .4 Recognizes and responds to stressors that families face .5 Supports the parenting role by providing relevant information about youth development and learning .6 Fosters family participation in the program 	<ul style="list-style-type: none"> .1 Provides a process for sharing information about youth's participation in the program .2 Informs families about program philosophy and policies .3 Supports families in making transitions and dealing with stress/crisis .4 Plans for ways families can play an active role in their youth's care and education .5 Develops conflict resolution techniques with families and staff .6 Facilitates opportunities for social networking and family support 	<ul style="list-style-type: none"> .1 Evaluates practices and procedures for communicating with families .2 Evaluates policies and procedures in response to families in stress/crisis .3 Plans ways to communicate information on youth development and progress .4 Reviews effectiveness of family involvement activities, recommending changes as needed .5 Structures opportunities for family members to participate in program evaluation and decision making
Partnerships with Communities			
<ul style="list-style-type: none"> .8 Acknowledges and accepts diversity in the community .9 Recognizes the community as a resource for services, activities and volunteers .10 Works cooperatively with volunteers and community partners 	<ul style="list-style-type: none"> .7 Provides information about community resources and responds to family needs .8 Ensures community diversity and culture are reflected in all aspects of the program 	<ul style="list-style-type: none"> .7 Builds effective working relationships with families, partners and volunteers .8 Understands the larger community context in which youth and families live 	<ul style="list-style-type: none"> .6 Develops relationships with community partners .7 Implements a volunteer program .8 Represents youth development field in collaborative community endeavors .9 Networks with youth development professionals

PROFESSIONALISM

CONTENT AREA STATEMENT: Every profession has a body of knowledge that defines the profession and requirements which guide professional growth and development. In addition, there are standards for professional and ethical behavior. Everyone working in the field needs to understand what it means to be a school-age professional and has an obligation to make a commitment to ongoing personal and professional growth.

KNOWLEDGE: School-age professionals will acquire training and education allowing them to demonstrate knowledge in the following areas:

Standards for personal/professional behavior that lead to quality care and education for youth

Practices that support ongoing personal and professional growth and development for self and others

Ethical professional behavior as outlined in the *National AfterSchool Association (NAA) Code of Ethics*

PROFESSIONALISM (PR)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Professional Growth and Development			
<ul style="list-style-type: none"> .1 Begins to reflect on own professional practice and adapts as needed .2 Uses constructive feedback to improve performance .3 Completes annual training hours to gain knowledge in the field .4 Participates in setting goals and carries out professional development plan 	<ul style="list-style-type: none"> .1 Participates in professional activities and/or organizations to enhance professional growth .2 Seeks knowledge to improve professional practice .3 Uses available professional resources 	<ul style="list-style-type: none"> .1 Keeps up-to-date about Delaware issues in school-age programs .2 Keeps up-to-date about current issues, advocacy and legislative efforts in the after school field .3 Keeps up to date on current research and trends in the school-age and youth development fields 	<ul style="list-style-type: none"> .1 Actively supports professional growth and development of staff .2 Designs staff development opportunities appropriate for adults .3 Engages in promoting and advocating for quality youth development and after school programs

PROFESSIONALISM (PR)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Assists in the implementation of curriculum	Implements curriculum for a group of youth	Designs and develops curriculum	Manages and leads program
Personal and Professional Behavior			
<ul style="list-style-type: none"> .5 Establishes and maintains appropriate professional boundaries .6 Demonstrates good work habits .7 Follows all program policies and procedures .8 Maintains confidentiality .9 Adheres to licensing regulations .10 Performs effectively as a member of a team .11 Interacts with youth, families and co-workers in a positive and respectful manner .12 Practices effective communication skills .13 Uses problem-solving skills .14 Follows <i>NAA Code of Ethics</i> .15 Demonstrates appropriate personal hygiene and professional appearance .16 Seeks support when needed .17 Models professional behavior 	<ul style="list-style-type: none"> .4 Promotes quality programs and services for youth and families .5 Articulates personal philosophy of after school programs .6 Demonstrates appropriate supervision of others 	<ul style="list-style-type: none"> .4 Uses professional program standards in program planning .5 Uses professional resources to improve practice .6 Incorporates current issues and research into curriculum design 	<ul style="list-style-type: none"> .4 Bases decision-making on knowledge of current research, data, trends and approaches .5 Advocates for youth and families .6 Maintains an environment that encourages the professional behavior of staff .7 Facilitates effective team-building strategies .8 Ensures that the program policies and procedures adhere to <i>NAA Code of Ethics</i> .9 Develops a plan for program evaluation and improvement that incorporates recognized professional standards .10 Demonstrates a management style that fosters and enhances quality .11 Keeps staff informed of current trends and issues in after school programs and youth development in Delaware and nationally .12 Develop supportive relationships with schools and community services to support staff and programs

Management & Administration

CONTENT AREA STATEMENT: Effective management of after-school programs is critical to the development and delivery of quality programming for youth and their families. Administrators must be able to manage the program's finances, operations and personnel. Effective managers plan for program development and evaluation.

KNOWLEDGE: Administrators will acquire training and education allowing them to demonstrate knowledge in the following areas:

- Fiscal policies and procedures
- Budget development and management
- Funding sources for after-school programs
- Staff compensation and benefits
- State and federal laws and regulations that relate to after-school programs
- Working with boards and advisory groups
- Monitoring health and safety practices
- Facility maintenance (building and grounds)
- Risk management, including effective security procedures
- System for maintaining supplies, materials and equipment to support a positive learning environment
- System for youth and staff record-keeping
- Marketing strategies
- Personnel policies
- Recruitment, selection and retention of qualified staff
- Job descriptions for all staff positions
- Supervision and evaluation of staff
- Staff development, including individual professional development planning
- Creating a positive, supportive work environment
- Developmentally appropriate curriculum models
- Developmentally appropriate youth assessment tools and practices
- Program evaluation methods that include the use of nationally-recognized program assessment tools
- Quality improvement planning

Management & Administration

Program Development & Evaluation

- .1 Develops statement of program's philosophy and mission
- .2 Applies state and federal regulations when making program decisions and setting policies
- .3 Establishes and monitors the implementation of policies and procedures that ensure compliance with all laws and regulations regarding health, safety, and nutrition.
- .4 Applies current research and best practice to program planning
- .5 Coordinates with community agencies and professionals when necessary
- .6 Provides resources to support a positive learning environment and the delivery of developmentally appropriate curriculum activities
- .7 Designs and implements a professional development plan for the program, that incorporates individual plans in order to support the personal and professional growth of staff
- .8 Establishes a process and procedures for the development and implementation of a developmentally appropriate curriculum that addresses youth interests, supports out-of-school learning, and reinforces learning from the school setting
- .9 Applies current research and best practice to the development, implementation and evaluation of policies and procedures for youth assessment
- .10 Develops and evaluates program policies and procedures for behavior management
- .11 Applies current research and best practice to the development, implementation and evaluation of policies and practices for establishing positive family-staff relationships
- .12 Develops and implements a plan for regular program evaluation that incorporates recognized professional standards
- .13 Develops and implements a process for quality improvement planning based on program evaluation

Personnel Management

- .14 Demonstrates an understanding of laws and regulations applicable to personnel management
- .15 Develops and regularly reviews personnel policies, including policies in a staff handbook
- .16 Develops and maintains a system for personnel record-keeping that includes information about experience and qualifications
- .17 Develops job descriptions for all staff positions
- .18 Recruits and selects qualified staff
- .19 Conducts orientation for new employees
- .20 Develops and implements procedures for staff supervision and performance evaluation
- .21 Establishes procedures for staff communication, including planning for staff meetings
- .22 Sets clear policies and practices to create a positive, supportive work environment
- .23 Implements a system for staff development that includes individual professional development planning based on self-assessment and performance evaluation
- .24 Develops strategies to support staff retention
- .25 Coordinates and reviews staff benefit programs

Fiscal Management

- .26 Participates in long-range financial planning
- .27 Develops an annual budget to support program goals
- .28 Implements a system for monitoring revenues and expenses
- .29 Manages cash accounts and cash flow
- .30 Develops, reviews and periodically updates fiscal policies and procedures
- .31 Prepares financial reports and documents
- .32 Works with accountant or financial service
- .33 Maintains financial records
- .34 Works effectively with state and federal funding programs
- .35 Establishes and monitors a system for payables and receivables
- .36 Establishes a staff compensation schedule based on roles, qualifications, experience and performance
- .37 Establishes a fee structure for families
- .38 Designs an efficient and cost effective purchasing system

Operations and Administration

- .39 Assumes responsibility for compliance with all laws and regulations applicable to school-age programs
- .40 Develops, reviews and updates a policies and procedures manual
- .41 Develops an emergency management plan
- .42 Establishes and implements a system for maintenance of program facility
- .43 Uses effective risk management strategies, including the implementation of a facility security system and maintenance of appropriate insurance policies
- .44 Maintains an adequate inventory of materials and equipment to operate an effective program
- .45 Develops staffing patterns and schedules to operate an effective program
- .46 Uses technology to enhance the program's business systems and communications
- .47 Works effectively within the business structure of the program ie., non-profit, corporation, multi-agency
- .48 Develops strategies for communication, education and involvement of boards, advisory groups and agency management
- .49 Establishes and maintains effective relationships with community-based support services, professional and business organizations and neighborhood and community partners
- .50 Develops parent contracts
- .51 Establishes and maintains a system of youth record-keeping, including youth's health records
- .52 Develops and maintains effective marketing strategies

USING COMPETENCIES and the SELF ASSESSMENT CHECKLISTS

Competencies for School-Age professionals may be used several ways by an individual:

- For career planning
- For identifying skills and skill needs
- For professional development planning

Competencies may also be used by an employer or supervisor:

- To develop job descriptions
- To assess an employee's skill strengths and needs
- To plan on-the-job training and mentoring
- To plan professional development activities

The following pages are competency self-assessment checklists. There is a checklist for each professional level outlined in the competencies. To use the checklists as a self-assessment tool, select the checklist for the professional position level you are employed in, or wish to be employed in, and review the skills expected for that level. Using the key at the bottom of each page, select the number response that best indicates your present demonstration of skill for that competency.

An example for Professional Level 2; Partnership with Families S-FC2.5

	Review Date	Date	Date	Date	Date	Notes
S-FC2.5	Supports the parenting role by providing relevant information about youth development and learning	7/09 (2)				<i>Research new youth development resources each Friday and provide to families</i>

In this example, if your response is 2 (sometimes) or 1 (never) it may be that you have not had enough training on youth development and learning or about resources available to share with families. Or perhaps you are not comfortable in providing information or making suggestions directly to families. Training or professional development could help you develop this skill or increase your demonstration and performance and any need for training might be noted in the far right column of the checklist.

Using the competencies to do your own self-assessment and then having a co-worker or supervisor make their assessment of your skill demonstration level will give you feedback on skill areas that may need some improvement through practice or training.

(copies may be reproduced from the blank forms)

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 1 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
YOUTH DEVELOPMENT (YD) Application of Youth Development						
S-YD1.1	Demonstrates an understanding of how youth grow and develop through experiences					
S-YD1.2	Demonstrates an understanding that individual differences affect youth's growth and development					
S-YD1.3	Responds to needs of individual youth, including special needs					
S-YD1.4	Interacts with youth to support their development and learning					
S-YD1.5	Recognizes and respects cultural diversity					
CURRICULUM & LEARNING ENVIRONMENT (CL) Developmentally Appropriate Curriculum Planning						
S-CL1.1	Interacts with and participates appropriately with youth at all times					
S-CL1.2	Asks age and developmentally appropriate questions and actively listens to responses					
S-CL1.3	Provides support for youth to complete school work					
S-CL1.4	Talks with youth to stimulate conversation					
S-CL1.5	Provides multiple opportunities for youth to make choices in activities and learning experiences					
S-CL1.6	Guides youth in the development of activities and learning experiences					
Creating Developmentally Appropriate						
S-CL1.7	Follows daily schedule					
S-CL1.8	Supports and encourages participation in a variety of activities					
S-CL1.9	Arranges effective and appropriate activity areas; including drama, art, science, reading, wellness, recreation and technology					
S-CL1.10	Arranges the environment to encourage exploration and learning					
S-CL1.11	Uses materials that expose youth to a variety of ethnic backgrounds					
PROMOTING SOCIAL & EMOTIONAL WELLNESS (SE) Interactions with Youth						
S-SE.1	Develops a warm, positive, nurturing relationship with individuals					
S-SE.2	Responds appropriately to emotional needs					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 1 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-SE.3	Encourages empathy and mutual respect					
S-SE.4	Models positive behavior					
S-SE.5	Maintains an environment where youth feel safe, understood, respected and secure					
S-SE.6	Appreciates and respects diversity					
S-SE.7	Models recognitions and expression of feelings					
S-SE.8	Acknowledges accomplishments of individuals and group					
S-SE.9	Seeks to know each youth as an individual					
Group Management						
S-SE.10	Keeps youth under direct supervision at all times					
S-SE.11	Helps youth handle daily routines, transitions and unexpected changes					
S-SE.12	Welcomes and engages youth in daily conversation					
Guidance Strategies						
S-SE.13	Supports the implementation of guidance strategies used in the program					
S-SE.14	Addresses specific problem situations or behaviors without labeling youth					
S-SE.15	Guides youth in decision making					
S-SE.16	Models positive guidance strategies: <ul style="list-style-type: none"> • “I” messages • Redirection • Appropriate choices • Natural and logical consequences • Conflict resolution & problem solving • Limit-setting 					
S-SE.17	Encourages and empowers youth to make appropriate choices, in support of a positive environment					
S-SE.18	Recognizes signs of stress in youth					
OBSERVATION & ASSESSMENT (OA)						
Informal Observation of Youth						
S-OA.1	Practices objective informal observation and reflects on those observations					
S-OA.2	Uses observation as a way to “get to know” youth – their interests and developmental levels					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 1 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-OA.3	Uses observation as a strategy for preventing problems					
S-OA.4	Assists in collection of information about youth development					
Informal Assessment of Youth						
S-OA.5	Contributes, as appropriate, to informal assessment					
S-OA.6	Acknowledges youth develop at their own pace					
Program Assessment						
S-OB.7	Participates in program evaluation					
S-OB.8	Encourages families to participate in program evaluation					
PROMOTING A HEALTHY & SAFE ENVIRONMENT (HS)						
Safe Physical Environment						
S-HS.1	Follows all laws and regulations pertaining to health, food services, and safety					
S-HS.2	Follows mandated reporting requirements regarding child abuse and neglect					
S-HS.3	Documents accidents and incidents as necessary					
S-HS.4	Performs CPR and First Aid when necessary					
S-HS.5	Supervises and interacts with youth to ensure their safety and health					
S-HS.6	Effectively carries out established emergency procedures, including disaster plans					
S-HS.7	Uses safety equipment appropriately					
S-HS.8	Practices infection control, including appropriate handwashing					
S-HS.9	Practices Universal Precautions					
S-HS.10	Performs daily health checks: observing for any signs of abuse, neglect or illness					
S-HS.11	Recognizes and responds to signs of injury, acute or chronic illness					
S-HS.12	Helps youth adopt good health and safety practices					
S-HS.13	Implements health, safety and nutrition plans for youth					
S-HS.14	Intervenes to correct unsafe situations: indoors, outdoors and off-site					
Health Education						
S-HS.15	Encourages youth to participate in a variety of physical activities					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 1 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-HS.16	Invites youth in planning and selecting physical/recreational activities					
S-HS.17	Models participation in physical activities					
S-HS.18	Recognizes environmental factors that may place youth at risk					
S-HS.19	Shares concerns about youth behavior and environmental risk factors with program staff					
S-HS.20	Follows mandated reporting requirements regarding youth abuse and neglect					
Nutrition & Food Safety						
S-HS.21	Monitors food allergies and dietary restrictions					
S-HS.22	Practices safe food handling procedures					
S-HS.23	Maintains sanitary environment					
S-HS.24	Interacts with youth during meal and snack times, promoting appropriate social behavior					
S-HS.25	Monitors safety during meals and snacks					
S-HS.26	Helps youth to adopt good nutrition habits					
S-HS.27	Models best practices for nutrition					
PARTNERSHIPS WITH FAMILIES & COMMUNITIES (FC)						
Partnerships with Families						
S-FC1.1	Follows rules for confidentiality					
S-FC1.2	Communicates with families in a manner that respects diversity					
S-FC1.3	Communicates positively with families regarding youth's daily activities					
S-FC1.4	Responds to families questions and concerns in a timely, respectful manner and refers to appropriate staff if necessary					
S-FC1.5	Works effectively with culturally, linguistically and socio-economically diverse families					
S-FC1.6	Demonstrates respect for the family role as primary educator					
S-FC1.7	Demonstrates respect for the diversity of family structure, function, and lifestyle and youth-rearing practices					

Key 1 – never 2 – sometimes 3 – usually 4 – always

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 1 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
Partnerships with Communities						
S-FC1.8	Acknowledges and accepts diversity in the community					
S-FC1.9	Recognizes the community as a resource for services, activities and volunteers					
S-FC1.10	Works cooperatively with volunteers and community partners					
PROFESSIONALISM (PR)						
Professional Growth and Development						
S-PR1.1	Begins to reflect on own professional practice and adapts as needed					
S-PR1.2	Uses constructive feedback to improve performance					
S-PR1.3	Completes annual training hours to gain knowledge in the field					
S-PR1.4	Participates in setting goals and carries out professional development plan					
Personal and Professional Behavior						
S-PR1.5	Establishes and maintains appropriate professional boundaries					
S-PR1.6	Demonstrates good work habits					
S-PR1.7	Follows all program policies and procedures					
S-PR1.8	Maintains confidentiality					
S-PR1.9	Adheres to licensing regulations					
S-PR1.10	Performs effectively as a member of a team					
S-PR1.11	Interacts with youth, families and co-workers in a positive and respectful manner					
S-PR1.12	Practices effective communication skills					
S-PR1.13	Uses problem-solving skills					
S-PR1.14	Follows <i>NAA Code of Ethics</i>					
S-PR1.15	Demonstrates appropriate personal hygiene and professional appearance					
S-PR1.16	Seeks support when needed					
S-PR1.17	Models professional behavior					

Key 1 – never 2 – sometimes 3 – usually 4 – always

(D)(1) - 1a: Delaware Competencies for School-Age Professionals

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 1 – Self Assessment

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 2 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
YOUTH DEVELOPMENT (YD) Application of Youth Development						
S-YD2.1	Demonstrates knowledge of specific stages of youth development					
S-YD2.2	Recognizes differences in development as they impact the needs of youth and their participation in the program					
S-YD2.3	Identifies ways in which youth learn and adapt to a variety of experiences					
S-YD2.4	Identifies risk factors, delays or disabilities that may indicate a need for special services or program adaptation					
S-YD2.5	Uses informal observation of youth in their program					
S-YD2.6	Employs developmentally appropriate assessment tools					
S-YD2.7	Applies knowledge to establish expectations of individual youth					
CURRICULUM & LEARNING ENVIRONMENT (CL) Developmentally Appropriate Curriculum Planning						
S-CL2.1	Maintains and monitors a flexible, variety of activities and experiences					
S-CL2.2	Provides developmentally appropriate activities and experiences that promote: <ul style="list-style-type: none"> • physical development • cognitive development • language development • creative expression 					
S-CL2.3	Implements age and developmentally appropriate activities and experiences and adapts as needed					
S-CL2.4	Provides activities and experiences that support emerging math, technology and scientific thinking					
S-CL2.5	Provides activities and experiences that support understanding of social studies concepts					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 2 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-CL2.6	Provides hands on experiences that are fun and promote learning through exploration and experimentation					
S-CL2.7	Engages youth in decision making, planning and leadership opportunities					
S-CL2.8	Uses a variety of teaching methods to support learning: open-ended questions, problem solving, inquiry, group discussion, cooperative learning and teachable moments					
S-CL2.9	Modifies curriculum based on the interests and choices of youth					
Creating Developmentally Appropriate Learning Environments						
S-CL2.10	Implements a balanced daily schedule					
S-CL2.11	Arranges the physical learning environment to encourage experimentation, exploration, and learning					
S-CL2.12	Uses appropriate materials and technologies					
S-CL2.13	Accommodates individual youth needs when planning the environment					
S-CL2.14	Promotes space that accommodates both active and quiet activities; youth and adult directed activities; and individual and group activities					
S-CL2.15	Uses adult-youth relationships and interactions as a resource for creating a positive learning environment					
S-CL2.16	Arranges the physical environment to create a welcoming place for youth					
S-CL2.17	Uses technology in a developmentally appropriate manner to support learning					
S-CL2.18	Maintains adequate supply of appropriate materials for daily activities					
PROMOTING SOCIAL & EMOTIONAL WELLNESS (SE) Interactions with Youth						

Key 1 – never 2 – sometimes 3 – usually 4 – always 33
 Delaware Staff Competencies: School-Age Appendix 2 4/09

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 2 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-SE2.1	Helps youth to use effective problem solving and appropriate conflict resolution strategies					
S-SE2.2	Provides opportunities for individual cooperative play and group interaction					
S-SE2.3	Helps youth deal with stress and change					
S-SE2.4	Helps youth develop a sense of belonging					
S-SE2.5	Establishes an environment that fosters trust, respect, cooperation and appropriate behavior					
S-SE2.6	Help youth appropriately communicate and get along with others					
Group Management						
S-SE2.7	Uses group management techniques in establishing an environment that promotes positive behavior					
S-SE2.8	Involves youth in setting rules and expectations when appropriate					
S-SE2.9	Establishes a positive environment focused on exploration and interaction					
S-SE2.10	Encourages youth to develop self control and sets limits					
Guidance Strategies						
S-SE2.11	Identifies developmentally appropriate behavior and reasonable expectations for children's behavior					
S-SE2.12	Modifies situations to prevent problems					
S-SE2.13	Uses positive guidance strategies: <ul style="list-style-type: none"> • "I" messages • Redirection • Appropriate choices • Natural and logical consequences • Conflict resolution & problem solving • Limit-setting 					
S-SE2.14	Encourages youth to develop self-control and use anger management					

Key 1 – never 2 – sometimes 3 – usually 4 – always 34
Delaware Staff Competencies: School-Age Appendix 2 4/09

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 2 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-SE2.15	Uses encouragement to motivate youth					
S-SE2.16	Communicates with families regarding daily behavior and expectations for youth					
OBSERVATION & ASSESSMENT (OA) Informal Observation of Youth						
S-OA2.1	Recognizes indicators of positive youth development					
S-OA2.2	Completes periodic, written observations of each youth					
S-OA2.3	Understands behavior of youth in the context of normal growth and development, using age-appropriate expectations as the basis for observation					
S-OA2.4	Uses observation information to adapt interactions with individual youth					
S-OA2.5	Makes changes to the environment based on observations					
S-OA2.6	Shares information with staff gathered from observations in curriculum planning					
S-OA2.7	Makes plans for supporting individual youth development and learning based on information gathered from observations					
S-OA2.8	Uses information from observations to support youth development of social-emotional skills					
S-OA2.9	Follows appropriate procedures for observing youth					
Informal Assessment of Youth						
S-OA2.10	Conducts informal assessment of each youth's development and learning, gathering information in a variety of ways					
S-OA2.11	Includes families in assessment process, gathering information					
S-OA2.12	Contributes, as appropriate, to assessment for identification of special needs					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 2 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-OA2.13	Utilizes appropriate ways to get to know the strengths, needs, interests, families and life situation of each youth as an individual					
Program Assessment						
S-OA2.14	Implements family and youth surveys to evaluate program content					
PROMOTING A HEALTHY & SAFE ENVIRONMENT (HS) Safe Physical Environment						
S-HS2.1	Plans and prepares a safe, healthy environment for all youth					
S-HS2.2	Applies knowledge of youth development in promoting health, safety and nutrition					
S-HS2.3	Shares information with families about community resources for health, safety, nutrition and health care					
Health Education, Physical Activity and Wellness						
S-HS2.4	Selects materials and equipment to ensure safety					
S-HS2.5	Establishes safety rules and precautions for youth					
S-HS2.6	Teaches youth about: <ul style="list-style-type: none"> • personal safety • safety in the environment • hygiene • disease prevention • infection control and universal precautions • avoidance of risky behaviors 					
S-HS2.7	Teaches best practices in health education, safety, wellness, and physical activity					
Nutrition & Food Safety						
S-HS2.8	Teaches youth about best practices in nutrition plans					
S-HS2.9	Monitors and documents the serving of nutritious meals and snacks					
S-HS2.10	Conducts activities that promote healthy nutritional choices					
S-HS2.11	Accommodates youth with food allergies and dietary restrictions					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 2 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
PARTNERSHIPS WITH FAMILIES & COMMUNITIES (FC)						
Partnerships with Families						
S-FC2.1	Shares information with families about the curriculum					
S-FC2.2	Implements effective conflict resolution techniques					
S-FC2.3	Communicates positively with families about youth's progress					
S-FC2.4	Recognizes and responds to stressors that families face					
S-FC2.5	Supports the parenting role by providing relevant information about youth development and learning					
S-FC2.6	Fosters family participation in the program					
Partnerships with Communities						
S-FC2.7	Provides information about community resources and responds to family needs					
S-FC2.8	Ensures community diversity and culture are reflected in all aspects of the program					
PROFESSIONALISM (PR)						
Professional Growth and Development						
S-PR2.1	Participates in professional activities and/or organizations to enhance professional growth					
S-PR2.2	Seeks knowledge to improve professional practice					
S-PR2.3	Uses available professional resources					
Personal and Professional Behavior						
S-PR2.4	Promotes quality programs and services for youth and families					
S-PR2.5	Articulates personal philosophy of after school programs					
S-PR2.6	Demonstrates appropriate supervision of others					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 3 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
YOUTH DEVELOPMENT (YD)						
Application of Youth Development						
S-YD3.1	Recognizes current research and best practices related to youth and family development					
S-YD3.2	Designs curriculum based on developmentally appropriate practice					
S-YD3.3	Creates environments and experiences that value and respect cultural and linguistic diversity					
S-YD3.4	Utilizes appropriate resources to make adaptations and supports an inclusive philosophy					
S-YD3.5	Articulates program goals and activities that support them					
CURRICULUM & LEARNING ENVIRONMENT (CL)						
Developmentally Appropriate Curriculum Planning						
S-CL3.1	Designs and adapts curriculum for all youth					
S-CL3.2	Designs integrated curriculum that supports youth's emerging abilities in each of the content areas					
S-CL3.3	Designs integrated curriculum that supports learning development in each of the developmental domains					
S-CL3.4	Designs curriculum that motivates, challenges and actively engages youth					
S-CL3.5	Uses the Delaware K-12 standards to inform curriculum					
S-CL3.6	Provides technical assistance for staff to support curriculum implementation					
S-CL3.7	Conducts ongoing assessment of curriculum planning with staff					
S-CL3.8	Informs families about curriculum, activities and program goals					
S-CL3.9	Keeps current on curriculum trends and revises curriculum					
Creating Developmentally Appropriate Learning Environments						
S-CL3.10	Plans environment for youth with special needs and different learning styles					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 3 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-CL3.11	Supports staff in adapting curriculum and environment to support the learning of all youth including those with special needs					
S-CL3.12	Selects developmentally appropriate materials that reflect the diversity of youth, families and the community					
PROMOTING SOCIAL & EMOTIONAL WELLNESS (SE) Interactions with Youth						
S-SE3.1	Designs curriculum that focuses on social-emotional development which respects diverse values, cultures and individuals					
S-SE3.2	Keeps current on theory and research: behavior, social-emotional development and guidance					
S-SE3.3	Adapts social activities for youth with special needs					
S-SE3.4	Plans social activities within all curricular areas					
Group Management						
S-SE3.5	Provides training and technical assistance to staff regarding appropriate guidance strategies and group management techniques					
Guidance Strategies						
S-SE3.6	Uses observation and assessment to plan and develop individual guidance strategies					
S-SE3.7	Plans for the successful inclusion of youth with behavior issues					
S-SE3.8	Provides leadership to staff regarding appropriate guidance strategies and group management techniques					
S-SE3.9	Works with families to develop positive strategies with youth when there are behavioral concerns					
OBSERVATION & ASSESSMENT (OA) Informal Observation of Youth						
S-OA3.1	Provides observation training for staff (or arranges for training)					
S-OA3.2	Helps staff plan for effective ways to make observation a regular part of the program's schedule and routines					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 3 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-OA3.3	Interprets observation information to develop services, opportunities and supports for youth					
S-OA3.4	Informs families about observations of children's development and learning					
Informal Assessment of Youth						
S-OA3.5	Supports staff in implementing program's plan for youth assessment					
S-OA3.6	Acts as the contact for professionals providing special services to youth					
S-OA3.7	Selects appropriate assessment methods for planning and adapting the learning environment and curriculum					
S-OA3.8	Engages youth, staff and families in the ongoing youth assessment process					
S-OA3.9	Provides written feedback about youth participation and progress					
Program Assessment						
S-OA3.10	Designs program evaluation tools					
S-OA3.11	Performs program evaluation (self-assessment) using state and/or program approved tools					
PROMOTING A HEALTHY & SAFE ENVIRONMENT (HS) Safe Physical Environment						
S-HS3.1	Designs and assesses the health and safety of the environment for the program					
S-HS3.2	Informs families about program policies and practices regarding health, safety and nutrition					
S-HS3.3	Develops plans for meeting the health, safety and nutrition needs of all youth					
Health Education, Physical Activity and Wellness						
S-HS3.4	Plans curriculum for health education, wellness, safety, recreation and physical activity					
Nutrition & Food Safety						
S-HS3.5	Plans nutrition activities and experiences as part of the curriculum					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 3 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-HS3.6	Supervises planning of meals and snacks reflecting best practices in nutrition, reflective of the diversity of the program and community					
PARTNERSHIPS WITH FAMILIES & COMMUNITIES (FC)						
Partnerships with Families						
S-FC3.1	Provides a process for sharing information about youth's participation in the program					
S-FC3.2	Informs families about program philosophy and policies					
S-FC3.3	Supports families in making transitions and dealing with stress/crisis					
S-FC3.4	Plans for ways families can play an active role in their youth's care and education					
S-FC3.5	Develops conflict resolution techniques with families and staff					
S-FC3.6	Facilitates opportunities for social networking and family support					
Partnerships with Communities						
S-FC3.7	Builds effective working relationships with families, partners and volunteers					
S-FC3.8	Understands the larger community context in which youth and families live					
PROFESSIONALISM (PR)						
Professional Growth and Development						
S-PR3.1	Keeps up-to-date about Delaware issues in school-age programs					
S-PR3.2	Keeps up-to-date about current issues, advocacy and legislative efforts in the after school field					
S-PR3.3	Keeps up to date on current research and trends in the school-age and youth development fields					
Personal and Professional Behavior						
S-PR3.4	Uses professional program standards in program planning					
S-PR3.5	Uses professional resources to improve practice					
S-PR3.6	Incorporates current issues and research into curriculum design					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 4 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
YOUTH DEVELOPMENT (YD) Application of Youth Development						
S-YD4.1	Develops and evaluates approaches to youth outcomes and assessments					
S-YD4.2	Articulates, analyzes and evaluates youth development research					
S-YD4.3	Articulates program philosophy based on understanding of and focus on youth development					
S-YD4.4	Applies research and best practices across curricular areas					
CURRICULUM & LEARNING ENVIRONMENT (CL) Developmentally Appropriate Curriculum Planning						
S-CL4.1	Establishes and communicates a philosophy of curriculum					
S-CL4.2	Conducts ongoing program assessment of curriculum and evaluation of program					
S-CL4.3	Ensures that staff are trained to plan and implement appropriate for youth					
S-CL4.4	Creates policies and procedures to support curriculum					
S-CL4.5	Communicates major theories, research and trends					
Creating Developmentally Appropriate Learning Environments						
S-CL4.6	Maintains and manages resources for appropriate curriculum delivery					
S-CL4.7	Provides training and technical assistance to staff, adapting as needed					
S-CL4.8	Identify community resources to support curriculum					
PROMOTING SOCIAL & EMOTIONAL WELLNESS (SE) Interactions with Youth						
S-SE4.1	Develops a plan and evaluates ways to help families foster positive social-emotional development					
S-SE4.2	Keeps current on best practices and research, articulates, applies, analyzes and evaluates as needed					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 4 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
Group Management						
S-SE4.3	Maintains an adequate supply of materials and equipment to support a positive learning environment					
S-SE4.4	Evaluates the quality and effectiveness of curriculum, activities and opportunities that support social-emotional development					
Guidance Strategies						
S-SE4.5	Sets program expectations for using positive guidance approach for youth					
S-SE4.6	Develops and evaluates program policies for guidance or behavior					
S-SE4.7	Works with families to address challenging behaviors					
S-SE4.8	Collaborates with other agencies to research and communicate information on social development of youth					
S-SE4.9	Develops, plans and evaluates ways to help families foster positive social-emotional development					
OBSERVATION & ASSESSMENT (OA)						
Informal Observation of Youth						
S-OA4.1	Sets expectation for program's observation practices					
S-OA4.2	Communicates observations with staff, youth and families in a clear, supportive manner, maintaining confidentiality					
S-OA4.3	Incorporates observation information into program activities					
Informal Assessment of Youth						
S-OA4.4	Develops and evaluates program's policies and procedures for youth assessment					
S-OA4.5	Plans relevant assessments to determine youth interests					
S-OA4.6	Collaborates with professionals and families to implement IEPs					
S-OA4.7	Recommends that youth seek further evaluation when necessary					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 4 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-OA4.8	Works cooperatively with assessment, school, family and health care teams for youth with special needs					
Program Assessment						
S-OA4.9	Develops policies and procedures to evaluate programs					
S-OA4.10	Revises program content to meet program standards					
PROMOTING A HEALTHY & SAFE ENVIRONMENT (HS) Safe Physical Environment						
S-HS4.1	Maintains youth's health assessments and records					
S-HS4.2	Establishes policies and procedures that ensure compliance with all laws and regulations regarding health, safety, nutrition and emergency planning					
S-HS4.3	Communicates regularly with staff regarding policies; procedures; and current health, safety and nutrition practices					
S-HS4.4	Maintains the supply of materials and equipment necessary to operate the program in a healthy, safe manner					
S-HS4.5	Monitors the effectiveness of health, safety and nutrition practices					
S-HS4.6	Works with community agencies and professionals to safeguard youth					
S-HS4.7	Plans and evaluates the aspects of health and safety for off-site activities					
Health Education, Physical Activity and Wellness						
S-HS4.8	Ensures Professional Development plans for staff include opportunities for health, safety and nutrition education					
S-HS4.9	Assesses and evaluates the curriculum and activities for health, wellness and safety education					
S-HS4.10	Evaluates recreation and physical activity plans and practices					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 4 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
Nutrition & Food Safety						
S-HS4.11	Communicates with families, staff and youth about food preferences and special needs					
S-HS4.12	Assesses and evaluates the nutritional practices and nutrition aspects of the curriculum					
S-HS4.13	Ensures adequate resources for delivery of appropriate nutrition and choices for youth					
PARTNERSHIPS WITH FAMILIES & COMMUNITIES (FC)						
Partnerships with Families						
S-FC4.1	Evaluates practices and procedures for communicating with families					
S-FC4.2	Evaluates policies and procedures in response to families in stress/crisis					
S-FC4.3	Plans ways to communicate information on youth development and progress					
S-FC4.4	Reviews effectiveness of family involvement activities, recommending changes as needed					
S-FC4.5	Structures opportunities for family members to participate in program evaluation and decision making					
Partnerships with Communities						
S-FC4.6	Develops relationships with community partners					
S-FC4.7	Implements a volunteer program					
S-FC4.8	Represents youth development field in collaborative community endeavors					
S-FC4.9	Networks with youth development professionals					
PROFESSIONALISM (PR)						
Professional Growth and Development						
S-PR4.1	Actively supports professional growth and development of staff					
S-PR4.2	Designs staff development opportunities appropriate for adults					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 4 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-PR4.3	Engages in promoting and advocating for quality youth development and after school programs					
Personal and Professional Behavior						
S-PR4.4	Bases decision-making on knowledge of current research, data, trends and approaches					
S-PR4.5	Advocates for youth and families					
S-PR4.6	Maintains an environment that encourages the professional behavior of staff					
S-PR4.7	Facilitates effective team-building strategies					
S-PR4.8	Ensures that the program policies and procedures adhere to <i>NAA Code of Ethics</i>					
S-PR4.9	Develops a plan for program evaluation and improvement that incorporates recognized professional standards					
S-PR4.10	Demonstrates a management style that fosters and enhances quality					
S-PR4.11	Keeps staff informed of current trends and issues in after school programs and youth development in Delaware and nationally					
S-PR4.12	Develop supportive relationships with schools and community services to support staff and programs					
Management & Administration (MA) Program Development & Evaluation						
S-MA4.1	Develops statement of program's philosophy and mission					
S-MA4.2	Applies state and federal regulations when making program decisions and setting policies					
S-MA4.3	Establishes and monitors the implementation of policies and procedures that ensure compliance with all laws and regulations regarding health, safety, and nutrition					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 4 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-MA4.4	Applies current research and best practice to program planning					
S-MA4.5	Coordinates with community agencies and professionals when necessary					
S-MA4.6	Provides resources to support a positive learning environment and the delivery of developmentally appropriate curriculum activities					
S-MA4.7	Designs and implements a professional development plan for the program, that incorporates individual plans in order to support the personal and professional growth of staff					
S-MA4.8	Establishes a process and procedures for the development and implementation of a developmentally appropriate curriculum that addresses youth interests, supports out-of-school learning, and reinforces learning from the school setting					
S-MA4.9	Applies current research and best practice to the development, implementation and evaluation of policies and procedures for youth assessment					
S-MA4.10	Develops and evaluates program policies and procedures for behavior management					
S-MA4.11	Applies current research and best practice to the development, implementation and evaluation of policies and practices for establishing positive family-staff relationships					
S-MA4.12	Develops and implements a plan for regular program evaluation that incorporates recognized professional standards					
S-MA4.13	Develops and implements a process for quality improvement planning based on program evaluation					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 4 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
Personnel Management						
S-MA4.14	Demonstrates an understanding of laws and regulations applicable to personnel management					
S-MA4.15	Develops and regularly reviews personnel policies, including policies in a staff handbook					
S-MA4.16	Develops and maintains a system for personnel record-keeping that includes information about experience and qualifications					
S-MA4.17	Develops job descriptions for all staff positions					
S-MA4.18	Recruits and selects qualified staff					
S-MA4.19	Conducts orientation for new employees					
S-MA4.20	Develops and implements procedures for staff supervision and performance evaluation					
S-MA4.21	Establishes procedures for staff communication, including planning for staff meetings					
S-MA4.22	Sets clear policies and practices to create a positive, supportive work environment					
S-MA4.23	Implements a system for staff development that includes individual professional development planning based on self-assessment and performance evaluation					
S-MA4.24	Develops strategies to support staff retention					
S-MA4.25	Coordinates and reviews staff benefit programs					
Fiscal Management						
S-MA4.26	Participates in long-range financial planning					
S-MA4.27	Develops an annual budget to support program goals					
S-MA4.28	Implements a system for monitoring revenues and expenses					
S-MA4.29	Manages cash accounts and cash flow					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 4 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-MA4.30	Develops, reviews and periodically updates fiscal policies and procedures					
S-MA4.31	Prepares financial reports and documents					
S-MA4.32	Works with accountant or financial service					
S-MA4.33	Maintains financial records					
S-MA4.34	Works effectively with state and federal funding programs					
S-MA4.35	Establishes and monitors a system for payables and receivables					
S-MA4.36	Establishes a staff compensation schedule based on roles, qualifications, experience and performance					
S-MA4.37	Establishes a fee structure for families					
S-MA4.38	Designs an efficient and cost effective purchasing system					
Operations and Administration						
S-MA4.39	Assumes responsibility for compliance with all laws and regulations applicable to school-age programs					
S-MA4.40	Develops, reviews and updates a policies and procedures manual					
S-MA4.41	Develops an emergency management plan					
S-MA4.42	Establishes and implements a system for maintenance of program facility					
S-MA4.43	Uses effective risk management strategies, including the implementation of a facility security system and maintenance of appropriate insurance policies					
S-MA4.44	Maintains an adequate inventory of materials and equipment to operate an effective program					
S-MA4.45	Develops staffing patterns and schedules to operate an effective program					
S-MA4.46	Uses technology to enhance the program's business systems and communications					

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 4 – Self Assessment

	Review Date	Date	Date	Date	Date	Notes
S-MA4.47	Works effectively within the business structure of the program ie., non-profit, corporation, multi-agency					
S-MA4.48	Develops strategies for communication, education and involvement of boards, advisory groups and agency management					
S-MA4.49	Establishes and maintains effective relationships with community-based support services, professional and business organizations and neighborhood and community partners					
S-MA4.50	Develops parent contracts					
S-MA4.51	Establishes and maintains a system of youth record-keeping, including youth's health records					
S-MA4.52	Develops and maintains effective marketing strategies					

(D)(1) - 1a: Delaware Competencies for School-Age Professionals

Delaware Core Knowledge and Competencies for School-Age Professionals
Professional Level 4 – Self Assessment

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Delaware Early Childhood Career Lattice

A listing of educational requirements and corresponding career opportunities for employment in the early childhood field

Educational Steps	Early Childhood Positions
Step 1 <ul style="list-style-type: none"> ❖ Completed <i>Introduction</i> course: 12 hours Family Child Care; 15-18 hours Early Care and Education or School Age Centers ❖ Delaware First (DPEC) or DelaCare qualified 	Family Child Care Level 1 Licensee* (old rules); Large Family Child Care Assistant; Early Childhood Intern; School -Age Intern; School-Age Site Assistant
Step 2: <ul style="list-style-type: none"> ❖ High School Diploma or GED certificate ❖ Delaware First (DPEC) or DelaCare qualified 	Family Child Care Level I Licensee *(new Rules)
Step 3: <ul style="list-style-type: none"> ❖ Successful completion of Training for Early Care & Education (TECE) I; or 3 ECE credits; or 60 clock hours** ❖ Delaware First (DPEC) or DelaCare qualified 	Early Childhood Assistant Teacher; School-Age Site Assistant; Level II Family Child Care Licensee**
Step 4: <ul style="list-style-type: none"> ❖ Successful completion of Training for Early Care and Education (TECE) I & 2; or 9 ECE credits or Valid CDA ❖ Delaware First (DPEC) or DelaCare qualified 	Early Childhood Teacher; Large Family Child Care Licensee; Head Start Assistant Teacher; <i>CDA Advisor; Family Child Care Accreditation Validator</i>
Step 4.5 <ul style="list-style-type: none"> ❖ Early Childhood Credential (Inclusion, School-Age, Preschool, Infant Toddler) ❖ Early Childhood Journeyman (completed two year EC Apprenticeship) 	Early Head Start Teacher
Step 5: <ul style="list-style-type: none"> ❖ 15 ECE credits; or 12 SA related credits ❖ Delaware First (DPEC) or DelaCare qualified ❖ Montessori Associate Credential (infant toddler or early childhood) 	Curriculum Coordinator (without degree); School-Age Site Coordinator; Montessori Assistant Teacher
Step 5.5 <ul style="list-style-type: none"> ❖ Early Childhood Credential (Inclusion, School-Age, Preschool, Infant Toddler) ❖ Early Childhood Administration Credential 	
Step 6: <ul style="list-style-type: none"> ❖ 30 college credits, must include 15 ECE or 12 SA 	
Step 6.5 <ul style="list-style-type: none"> ❖ Early Childhood Credential (Inclusion, School-Age, Preschool, Infant Toddler) ❖ Early Childhood Administration Credential 	
Step 7: <ul style="list-style-type: none"> ❖ AA/AS, must include 15 ECE or 12 SA ❖ Delaware First (DPEC) qualified 	Head Start Teacher; Early Head Start Home Visitor; Early Childhood Administrator; Early Childhood Curriculum Coordinator; School-Age Administrator
<ul style="list-style-type: none"> ❖ <i>Additional training or education may be required for these positions related to ECE or SA field; may not need 15 credits in ECE or SA</i> 	<i>Basic Instructor; Parent Educator; Family Service Worker; Home Visitor; Therapy Assistant; Para-Educator; POC Monitor; CACFP Monitor</i>
Step 7.5 <ul style="list-style-type: none"> ❖ Early Childhood Credential(Inclusion, School-Age, Preschool, Infant Toddler) ❖ Early Childhood Administration Credential 	
Step 8: <ul style="list-style-type: none"> ❖ BA/BS, must include 15 ECE or 12 SA ❖ Montessori Credential (infant toddler, early childhood, or administration) 	Montessori Lead Teacher (IT, SA or EC); Head Start Program/Center Coordinator; Early Head Start Family Advocate; Montessori Administrator
<ul style="list-style-type: none"> ❖ <i>Additional training or education may be required for these positions related to ECE or SA field; may not need 15 credits in ECE or SA</i> 	<i>Intermediate or Master Instructor; Mentor; Coach; Technical Assistant; Assessor; Preschool Special Education Teacher; Early Childhood Special Educator; Public School Teacher; Resource and Referral Specialist; Licensing Specialist; Community College Instructor; Child Life Specialist; Career Advisor; NAEYC Accreditation Validator; Child</i>

	<i>Development Specialist; Child Care Health Consultant; Early Intervention Service Coordinator</i>
Step 8.5 ❖ Early Childhood Credential(Inclusion, School-Age, Preschool, Infant Toddler) ❖ Early Childhood Administration Credential	
Step 9: ❖ MA/MS, must include 15 ECE or 12 SA ----- ❖ <i>Additional training or education may be required for these positions related to ECE or SA field; may not need 15 credits in ECE or SA</i>	Early Head Start Director ----- <i>Occupational Therapist; Physical Therapist; Speech Language Pathologist; Advanced Practical Nurse; Higher Education Faculty; School Administrator; Special Education Coordinator; Public Policy Administrator; Researcher; Counselor; Children's Librarian</i>
Step 10: ❖ PhD/EdD, must include 15 ECE or 12 SA ----- ❖ <i>Additional training or education may be required for these positions related to ECE or SA field; may not need 15 credits in ECE or SA</i>	<i>Higher Education Faculty; School District Superintendent; Psychologist</i>

****Note: Continued employment in a licensed early care and education or school-age center or a family/large family child care will depend on completing required annual training hours; a valid CPR and first aid; and a professional development plan.*

Developed by Delaware Department of Education in collaboration with the Delaware Institute for Excellence in Early Childhood and approved by the Professional Development Committee of the Delaware Early Childhood Council, November 2011.

Delaware's Workforce Knowledge and Competency Framework

	Professional Development (Core Knowledge)	Early Childhood Competencies	Early Intervention Competencies	Instructor Competencies	Technical Assistant Competencies
Evidence-Based	Curriculum developed based on current research, reflecting best practice, e.g.: Special Quest	Developed reflecting best practice, using New Mexico, Montana, Kansas/Missouri and Pennsylvania competencies as models	Developed reflecting current research from US DOE Math and Literacy Panel Standards. Utilizes competencies from the Council for Exceptional Children and NAEYC	Reflects current research on PD delivery and development of curriculum	Reflects current research on mentoring, consultation, coaching strategies for individualized PD
Incorporates Knowledge and Application of State's ELFs	All curricula in the Quality Assured system is aligned with the State ELFs and Early Childhood Competencies.	All curriculum for children's instruction and activities should incorporate the Delaware ELFs Environment & Curriculum: Level 2: 23 Competencies 2.1-2.23 Level 3: 2 Competencies 3.2, 3.3 Observation & Assessment: 2.2	Knowledge and Application of State's ELFs: Applications of Assessment Findings: AAF 3; AAF 5 Language and Early Literacy: 8 Competencies LEL 4 - LEL 11	Knowledge and Application of State's ELFs: Instructional Design Level 2-3: IDDE .2, .3	NA
Child Development Health, and Culturally/Linguistically Appropriate Standards for Working with Families	Content is reviewed by faculty committee for accuracy in presenting licensing regulations for health & safety rules and culturally/linguistically appropriateness in	Child Development: 1.2, 1.3, 1.4, 2.1, 2.2, 2.4, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, 4.4 Health and Safety: 2.6 Working with Families: 4.3	Child Development: Overall Guiding Principles: OGP 1 Applications of Assessment Findings: AAF 4	NA	NA

	<p>working with families</p>	<p>Health: Health & Safety: Level 1: 22 Competencies 1.1 – 1.22 Level 2: 11 Competencies 2.1-2.11 Level 3: 4 Competencies 3.1-3.4 Level 4: 6 Competencies 4.1-4.6</p> <p>Culturally / Linguistically Appropriate Standards Working with Families: Working with Families: 1.2, 1.5, 4.2 Child Development & Learning: 2.3, 2.5 Environment and Curriculum: 2.8, 2.19, 4.6</p>	<p>Health: Applications of Assessment Findings: AAF 6</p> <p>Culturally /Linguistically Appropriate Standards Working with Families: Overall Guiding Principles: OGP 7 Communication of Assessment Findings: CAF 1.4, CAF 5, CAF 6 Assessment Strategies: As 13, AS 14 Language and Early Literacy: LEL 22, LEL 23</p>	<p>NA</p> <p>Culturally /Linguistically Appropriate Standards Working with Families: Instructional Design Level 2-3: IDDE .7</p>	<p>NA</p>
<p>Includes Knowledge of Early Math and Literacy Development and Instructional Practices to Support Literacy & Math Development in Young Children</p>	<p>Early Math: Numbers and Counting; Shapes and Patterns; Show Me Your Math: Rulers & Graphs</p> <p>Literacy: Supporting Families to Develop Children's Language & Literacy Skills; Sounds of Language & Alphabet Knowledge;</p>	<p>Early Math: Environment & Curriculum: 2.2, 2.7, 3.2, 3.3, 3.6</p> <p>Literacy Development: Environment & Curriculum: 2.3, 2.6, 3.1, 3.2, 3.3, 3.6</p>	<p>Early Math: NA</p> <p>Literacy Development: Language and Early Literacy: 41 Competencies in LEL 1 - LEL 23</p>	<p>NA</p>	<p>NA</p>

	Print Book Awareness: Beginning to Read; Literacy Assessment and Curriculum; Literacy & English Language Learners; Communication, Language & Literacy Development				
Incorporates Effective Use of Data to Guide Instruction & Program Improvement	<p>Delaware Institute for Excellence in Early Childhood (DIEEC) Professional Registry collects data on professional development topics completed and requested.</p> <p>Individual Professional Development Plans and Facility Professional Development Plans reflect workforce plan & completion data.</p> <p>Annual DIEEC professional development needs assessment</p>	<p>Effective Use of Data: Observation & Assessment: Level 2: 12 Competencies 2.1-2.12 Level 3: 5 Competencies 3.1-3.5 Level 4: 6 Competencies 4.1-4.6</p> <p>Management & Administration: .12, .13</p>	<p>Effective Use of Data: Overall Guiding Principles: OGP2, OGP7, OGP8</p> <p>Applications of Assessment Findings: AAF1, AAF3, AAF6</p>	<p>Effective Use of Data: Presentation & Facilitation: Level 2-3: PF 6, PF 10</p> <p>Content Knowledge: Level 2-3: CK 4</p> <p>Instructional Design: Level 2-3: IDDE .13</p>	<p>Effective Use of Data: Goal Setting and Evaluation: GS 4, GS 7</p> <p>Technical Assistants in Delaware Stars utilize ERS assessment data and quality improvement plans to determine program improvement strategies</p>
Includes Effective Behavior Management Strategies that Promote Positive Social Emotional Development	<p>Professional Development includes: Positive Behaviors; Relationships and Environments;</p>	<p>Promoting Social Emotional Development: <i>All curriculum for children’s instruction and activities should</i></p>	NA	NA	NA

<p>and Reduce Challenging Behaviors</p>	<p>Positive Behavior: Teaching Strategies; Flip It: Flipping the Challenging Behavior</p>	<p><i>incorporate the Delaware ELFs Promoting Social Emotional Development:</i> Level 1: 4 Competencies 1.1, 1.2, 1.3, 1.7, 1.10 Level 2: 16 Competencies 2.1-2.16 Level 3: 7 Competencies 3.1 – 3.7 Level 4: 4 Competencies 4.1-4.4</p>	<p>Unknown</p>	<p>Competencies were developed in conjunction with faculty from the University of Delaware, College of Education and Human Development & Family Studies</p>	<p>Competencies were developed in conjunction with faculty from the University of Delaware, College of Education and Human Development & Family Studies</p>
<p>Incorporates Feedback from Experts at the State’s Postsecondary Institutions and other Early Learning & Development Experts and Early Childhood Educators</p>	<p>Faculty at the University of Delaware, College of Education & Human Development, Department of Human Development & Family Studies reviews and scores each curriculum submitted according to a rubric</p>	<p>The Higher Education Subcommittee of the Early Childhood Council established the Core Knowledge areas and designed the Competencies in 2002 Competencies incorporated into all PD conducted by the DIEEC at the University of Delaware The ELFs were revised in 2010, with state experts and faculty from IHE’s as part of the review and revision teams for each domain National Experts: Jana Martella and Dr. Catherine Scott-Little led the ELF review process</p>	<p>Unknown</p>	<p>Competencies were developed in conjunction with faculty from the University of Delaware, College of Education and Human Development & Family Studies</p>	<p>Competencies were developed in conjunction with faculty from the University of Delaware, College of Education and Human Development & Family Studies</p>

Early Success

Delaware's Early Childhood Plan

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Early Success

Delaware's Early Childhood Plan

Ready Families

+ Ready Early Care
& Education

+ Ready Communities

+ Ready Schools

= Ready Children

Developed by:

The Delaware Early Care and Education Council
&
Early Childhood Comprehensive System Steering Committee

With Assistance From
Delaware Early Childhood Stakeholders

2006

Early Success:

Delaware's Early Childhood Plan

(D)(1)-3: Delaware Early Childhood Success Plan

Delaware recognizes that what children experience from birth to age five has a direct impact on their future success in school and life. We are committed to ensuring that all young children enter school prepared to succeed.

Early Success: Delaware's Early Childhood Plan outlines what we need to accomplish to meet this objective. It defines the components of a comprehensive early childhood system to support Delaware's youngest children and their families. When fully implemented and funded, Early Success will provide the necessary programs and resources so that all of Delaware's children can become successful adults, contributing members of our community, and participants in a global economy.

The early childhood system is a collaboration of families, programs and services that support children from birth to five year of age as they grow, develop, and learn. Early Success focuses on the whole child and his or her family.

Many factors contribute to preparing children to be ready for school and life.

- **Ready children:** children who are physically and emotionally healthy and eager to learn
- **Ready families:** families with the knowledge and resources they need to successfully support their children's learning and well-being
- **Ready early care and education programs:** high quality programs that safeguard and ensure the growth, development, health, and learning of children; staffed with teachers who are well prepared, well compensated, and well supported
- **Ready communities:** communities that embrace their role in supporting young children and their families
- **Ready schools:** school that value and build upon the early learning experiences of children

“You have about 1,000 days to build a baby's brain...to create a reader, a communicator, a learner, and a thinker.”

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Building a System to Support Early Childhood

- A good beginning, much more to accomplish

There has been substantial improvement in the community's understanding and support for early childhood. The Governor and the Legislature have provided substantial support to both full day kindergarten and to improving subsidized child care reimbursements. Early Childhood Assistance Programs, the state's comprehensive early childhood program, has continued to be funded through difficult financial times. In 2005, the Legislature increased its focus on early learning by creating the Kids Caucus, a bi-partisan group of legislators focused solely on young children and their growth, development and learning.

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Programs and agencies that function to support children's early learning are located in various state agencies, private and non-profit organizations including all of the early care and education programs. The Governor understands the need to ensure that the early learning system is coordinated and collaborative. In October 2001, the Governor established the Delaware Early Care and Education Council. The Council is responsible for providing oversight of the development of Early Success. The membership of the Council comes from the early care and education community, businesses and private citizens. That same year the interagency Office of Early Care and Education was created and continues to be jointly funded by the Departments of Education, Health and Social Services, and Services for Children, Youth and Their Families.

While substantial progress has been made, continued commitment to building an early childhood system is necessary. Building the system is summarized by a following math equation.

$$\text{Ready Families} + \text{Ready Early Care \& Education} + \text{Ready Communities} + \text{Ready Schools} = \text{Ready Children}$$

This is the plan for building Early Success, Delaware's early childhood system. Each part of the equation represents a goal within the system. Each goal includes objectives to be accomplished. The objectives include completed initiatives, those under way and others requiring development. Following the goals and objectives section are the indicators that will measure the progress toward building Delaware's early childhood system. This document is a strategic plan for developing a model of excellence for early childhood. The goals of the plan are interrelated; success will not be achieved unless all goals are achieved. This plan is dynamic and will be enhanced and revised as research and progress dictates.

Guiding Principles

Early Success is the plan for achieving readiness for all children. Ensuring the readiness of all children will require:

1. Public policy development
2. Development of research-based programs and interventions
3. Expansion or redesign of existing programs
4. Collaboration and coordination between state and local agencies
5. The creation of long-term public and private partnerships
6. Measurement of effectiveness
7. A commitment to ensuring that the early learning system is developmentally appropriate, family centered, and accessible to all children and families regardless of income, ethnicity, religion, or disability.

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(D)(1)-3: Delaware Early Childhood Success Plan

The 5 Goals of Early Success

I. Ready Children

Physically and Emotionally Healthy Children Eager to Learn

By the year 2015, all of Delaware's young children will have available the supports they require to ensure that they are physically, socially and emotionally healthy. Early learning opportunities will be available to every child at home and in programs that are developmentally appropriate and individualized. It is important to ensure that every child's development is progressing. Child assessment for early identification of developmental challenges or disabling conditions is essential. Early intervention is critical for remediation of developmental delays and readiness for school.

Objective I.1.

Every child will have a medical home familiar with his or her unique developmental path, offering comprehensive physical and child development services including special health care needs and assessment, intervention, and referral for developmental, behavioral, social and emotional problems.

Strategies to achieve objective:

- Increase the number of Delaware physicians who adopt the American Academy of Pediatrics medical home model for all children birth to age five. [To be developed]
- Implement a comprehensive and consistent screening tool for detection of developmental and mental health concerns by pediatricians and family practice physicians. [Established/ requires expansion]
- Ensure that primary care practices consistently monitor children's height and weight to identify children who are overweight or a risk of becoming overweight and provide appropriate guidance and intervention. [In planning]

Objective I.2. Every child will have access to affordable health insurance. Lack of health insurance is associated with a lack of access to high quality care. Children who lack health insurance are more likely to have poorer health outcomes at birth, have fewer well-child visits and more likely to delay seeking medical care. Children without health insurance often have poor attendance and lower school achievement.

Strategies to achieve objective:

- Increase outreach efforts to ensure that every child eligible for public coverage programs such as Medicaid and SCHIP will be enrolled. [Established/ requires expansion]
- Align EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) guidelines with the American Academy of Pediatrics recommendations for periodic screening and surveillance. [To be developed]
- Adopt a state policy that all insurance programs include age-appropriate physical screenings as a part of their routine health package for all children under age six. [To be developed]

I. Ready Children

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Objective I.3.

Every child will have access to oral health services. To ensure dental health children should have an initial examination by their first birthday, routine care thereafter including implementation of preventive dental health habits that meet unique needs.

Strategies to achieve objective:

- Increase the number of pediatric dental providers in Kent and Sussex counties. [Established/ requires expansion]
- Increase the number of dental providers accepting Medicaid reimbursement especially in Kent and Sussex counties. [To be developed]
- Expand Delaware's SCHIP (State Children's Health Insurance Program) to include dental services. [To be developed]
- Explore the cost effectiveness of providing dental screening, cleaning and sealant programs in all early care and education settings. [To be developed]
- Educate families, especially prenatal women, about good oral hygiene and the impact of oral health on the health outcome of children. [To be developed]

Objective I.4.

Every child will have access to social, emotional, and mental health services as needed. In a 2005 study Delaware ranked 4th in the nation in the expulsion of preschoolers due to behavioral challenges. Kindergarten teachers agree that children need to be able to work well with others, be able to communicate their wants and needs, and to be enthusiastic and curious about approaching new activities. Teachers also place significant importance on skills such as the ability to follow instructions, not being disruptive in class and being sensitive to the feelings of others.

Strategies to achieve objective:

- Early care and education programs will have access to professional development opportunities related to improvement of staff competence to prevent or ameliorate behavioral challenges in young children with the support and involvement of their families. [Established/ requires expansion]
 - ▶ *Partners in Excellence (PIE) is a comprehensive program that includes evidence-based training modules and ongoing technical assistance to promote young children's healthy social and emotional development and provide strategies for dealing with challenging behaviors. PIE or similar research based initiatives will be fully implemented in all early care and education programs. [Established/ requires expansion]*
 - ▶ *A comprehensive infant and toddler intervention similar to PIE is currently in development. Following piloting and evaluation, the infant and toddler intervention will be implemented by early care and education programs. [In planning]*
 - ▶ *The capacity of the mental health system to serve children birth to five years must be increased. Professional development is needed to enhance the skills and knowledge of mental health professionals to better serve young children and their families. [In planning]*
- Increase availability of out patient social and emotional service for young children and their families.
 - ▶ *Increase the number of trained mental health clinicians with expertise in the treatment of young children. [To be developed]*
 - ▶ *Streamline the process for mental health referrals. [To be developed]*
 - ▶ *Promote intervention strategies to be conducted in the child's natural environment. [To be developed]*
- Provide early care and education programs access to mental health consultation or coaching related to social and emotional wellness for young children. [Established/ requires expansion]
- Expand the use of comprehensive screening by all early care and education providers and mental health professionals. [Established/ requires expansion]
- Define roles, responsibilities and linkages for each community health component. [To be developed]
- Encourage insurers (commercial, Medicaid, and SCHIP plans) to provide better reimbursement for early mental health interventions. [To be developed]

I. Ready Children

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Objective I.5.

Each child will be provided the opportunity to learn as outlined in the Delaware Early Learning Foundations. These opportunities will be developmentally appropriate and individualized for each child.

Strategies to achieve objective:

- Families will have access to materials and support that will assist them to implement Early Learning Foundations with their children. [To be developed]
- Early care and education programs will ensure that the Early Learning Foundations are embedded in their curriculum for children. [In planning]
- All early care and education early childhood professionals will be trained in the Early Learning Foundations. [Established/ requires expansion]

Objective I.6.

Every child will have access to monitoring of his or her development to support learning.

Strategies to achieve objective:

- The Delaware Building BLOCKS (Better Lasting Outcomes for Children – Keys to Success) is an accountability system for educational programs to monitor children's progress through their early learning experiences. The progress monitoring system is fully aligned with Delaware's Early Learning Foundations. The accountability system is required as part of Delaware's IDEA Part B and Part C programs for children with disabilities. Delaware is committed to ensuring that the final result will be a progress monitoring system for all children birth to five years. [Established/requires expansion]
- The proposed child care center regulations call for periodic assessments of children to inform curriculum and to be shared with families. [In planning]

II. Ready Families

Families with the Knowledge and Resources They Need to Successfully Support their Children's Learning and Well-Being

By the year 2015, families of young children in Delaware will have the support and education needed to support their children's healthy growth, development, learning and readiness for school. Families are significant partners in creating a culturally competent comprehensive and integrated early learning system. Families are the primary influence on their children. All other components of the early learning system must support the families of young children to be successful.

Objective II.1.

Every family will have access to a comprehensive array of parenting and child development information that will enhance their parental capacity and increase the positive relationships between children and parents. It is important that information regarding available resources for families be accessible and well-timed. This information will be available in the variety of formats and mediums to meet differing family needs.

Strategies to achieve objective:

- An age paced newsletter, such as the Cooperative Extension's Great Beginnings, will be available to all families, in both an electronic and hard copy format in both English and Spanish. [Established/ requires expansion]
- Developmental and resource materials, the Growing Together Portfolio, are made available to all families at the time of their child's birth. [Established]
- Ensure families have access to practical information about the importance of healthy eating and physical activity. [In planning]
- Establish a Delaware specific comprehensive website with parenting and child development information and resources for families with young children. [To be developed]
- Parent education courses will be available in varying formats, intensities and languages. [Established/ requires expansion]
- Expand the capacity of formal and informal resources for parent education and family support services in local communities. [Established/ requires expansion and improvement]

Including:

- ▶ *Prenatal parent education opportunities*
- ▶ *Informal family to family support networks*
- ▶ *Parent education classes in a variety of formats, locations, and languages*
- ▶ *A compendium of parenting and child learning materials made available to increase families' access to needed resources*

Objective II.2.

Every family will have access to home visiting services upon the arrival of their first child. [Established/ requires expansion]

Objective II.3.

Every family will have ready access to the Delaware Early Learning Foundations for School Success and the Framework for Infants and Toddlers. Parents will have access to materials related to the Foundations that support their role as their child's primary teacher. [To be developed]

Objective II.4.

Every family needing more extensive family support will have access to targeted services specific to their needs. Coordinated services and resources will be available for families with identified needs or risk factors, such as teen parents, parents of children with special health care needs, families in poverty, or families at risk of abusing or neglecting their children. [Established/ requires expansion]

II. Ready Families

Objective II.5.

Family support and parent education will be provided by competent staff utilizing evidence based programs that include on-going evaluation. [To be developed]

Objective II.6.

The current Family Support Coordinating Council will formalize and expand its function to include identifying and supporting programs using evidence based practice and evaluation. The Family Support Coordinating Council and the Early Care and Education Council will establish a collaborative relationship sharing and coordinating their work. Means to support the Family Support Coordinating Council will be identified. [In planning]

Objective II.7.

Families will be engaged in the development of the early learning system. Understanding that the relationship between a child and their parents/family members is the first and most important early learning experience, it is important to include families in all system building activities. The Family Support Coordinating Council will coordinate and provide technical assistance to support the engagement of families and leadership development opportunities for families. [Established/ requires expansion]

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Objective II.8.

Families that are consumers of the early care and education system will be engaged as partners in their children's early care and education program.

Strategies to achieve objective:

- Early care and education programs will create multiple activities to involve families.
[Established/ requires expansion]
- Families from diverse cultures will be involved. Where possible, families will be able to communicate in their preferred language.
[Established/ requires expansion and improvement]
- Early care and education programs will have written plans for and activities to engage families.
[In planning]
- Engage families in the governance of every early care and education programs. [To be developed]
- Create an environment where family involvement is valued and regular communication between providers and families is encouraged and supported. [Established/ requires expansion and improvement]

III. Ready Early Care and Education Programs

Quality Programs, Professional Development and Program Licensure

By the year 2015, all of Delaware's families will have access to early care and education programs that will offer families a safe learning environment that will ensure positive outcomes for children. Early care and education programs will be staffed by professionals educated and skilled in supporting the growth, development and learning of young children. Programs will be regulated to ensure basic safeguards for children, both physical and developmental.

The original Early Success focused solely on early care and education. Therefore the programs relating to early care and are more fully developed and reflect work begun in 2000.

Quality Environments

All of Delaware's early care and education programs will employ a wide range of proven approaches for achieving quality – approaches that allow staff flexibility in using resources creatively and cost-effectively. Programs must utilize high quality curriculum that includes assessment to guide the interaction with children and inform families about their child's growth, development and learning. Programs need access to mentoring and technical assistance to support their quality improvements. The Delaware Baseline Quality Study provides specific data on the strengths and weaknesses of the existing system.

Objective III.1.

A system of tiered quality for child care centers, family and large family child care homes, and school age programs will be implemented. A tiered system provides consumer information as well as incentives and support for programs to improve their quality and enhance their staff's professional development.

Strategies to achieve objective:

- Delaware Stars for Early Success has been developed and is now ready for implementation. Delaware Stars includes a plan for quality rewards. The initiative is working to make tiered subsidy reimbursement a piece of the system. Strategic supports will be required to assist programs in reaching the higher levels of quality that would allow them to receive financial rewards. [Developed/ requires implementation]]

Objective III.2.

Early care and education programs will have access to technology for program management, professional development, and to support early learning curriculum improvements.

Strategies to achieve objective:

- The Division of Social Services created the Purchase of Care Portal to allow licensed providers to electronically report attendance. The portal simplifies payment process for licensed providers and provides information sharing opportunities. [Established]
- On-line registration for professional development is fully operational through the Family & Workplace Connection. [Established]
- The Child Care Director's certificate program is available on-line from Delaware Technical and Community College. [Established]
- The data collection and analysis for the Partners in Excellence programs is web-based. [Established]
- The professional development registry and credentialing will be web-based and easily accessible to early childhood professionals. [To be developed]

62% of mothers with children under 6 are in the work force.

III. Ready Early Care and Education Programs

Objective III.3.

All early care and education programs will support and involve children's families by connecting families to services in the community including family support, health and nutrition services; being sensitive to cultural practices in child rearing; and keeping families informed of their children's progress and activities.

Strategies to achieve objective:

- Nemours Health and Prevention Services is embarking on efforts to build capacity and change early care and education environments to improve health promotion, including emotional and behavioral health, nutrition and fitness. Early care and education programs will be the conduit for connecting families to this program. [Established/ requires expansion]
- The Delaware Children's Department's FACET (Families and Centers Empowered Together) program works through early care and education programs to strengthen families. [Established/requires expansion]
- The Delaware Parent As Teachers program partners with early care and education programs to offer services to families based on evidence of the existence of identified risk factors through both home and programs visits. [Established/requires expansion]
- Delaware's Head Start, Early Head Start, and Early Childhood Assistance Programs offer comprehensive services to children and families that live at or below the Federal Poverty Level (FPL). [Established]

Objective III.4.

All early care and education programs will facilitate children's transitions to new settings as children mature and family situations change. These transitions may occur daily, when a family relocates, or when a child moves to the next learning setting such as kindergarten. Programs also need to be creative to reduce the number of transitions a child makes over the course of a day. Early care and education programs must develop relationships with their local schools to support positive transitions.

Strategies to achieve objective:

- Head Start and Early Childhood Assistance Programs are moving towards offering full day programs to reduce the transitions for children and meet the needs of working families. The Head Start Collaboration Project is developing technical assistance to support this effort. [In planning]

Professional Development

Delaware will have established a cross-sector system of professional development that: (1) is based on a core body of knowledge and core competencies that facilitate children learning and are linked to the Early Learning Foundations; (2) requires all adults to hold licenses; (3) provides ongoing, cumulative, and credit-bearing in-service opportunities; and (4) assures that the content of all training and preparation efforts is designed to meet the needs of diverse children and families as well as the diverse needs of the members of this growing field. Research has repeatedly confirmed that the single most important action to take in improving overall quality is to improve the education and specialized training of the workforce.

The current early care and education workforce is diverse in its levels of skill and knowledge. While a number of the professionals in the field are skilled and have education specific to early learning, a disturbing portion of the workforce has literacy challenges and little to no education specific to early learning and development. Beyond a child's family, this workforce has the greatest impact on a child during the years their brains are rapidly developing. The capacity of the existing workforce must increase and the field must attract competent professionals.

Early care and education is a low wage profession. Providing support to the workforce to improve is necessary. Scholarship programs for both college and high school level training are needed. Maintaining a stable workforce is important for employers and children. Children learn through the relationships they have with adults. It is damaging to children to lose their teacher. Low wages increase staff turnover and create challenges in developing a qualified workforce.

Early care and education needs a professional credentialing system that acknowledges steps in professional development. Credentials or individual professional licensure must recognize a level of achievement and require ongoing professional development. Professionals who develop areas of expertise need to be formally recognized. It is the responsibility of the professional credential system to ensure that all pre-service and on-going professional development reflects the current research and best practice.

III. Ready Early Care and Education Programs

Objective III.5.

Offer a range of scholarship opportunities to allow early care and education professionals to participate in higher education.

Strategies to achieve objective:

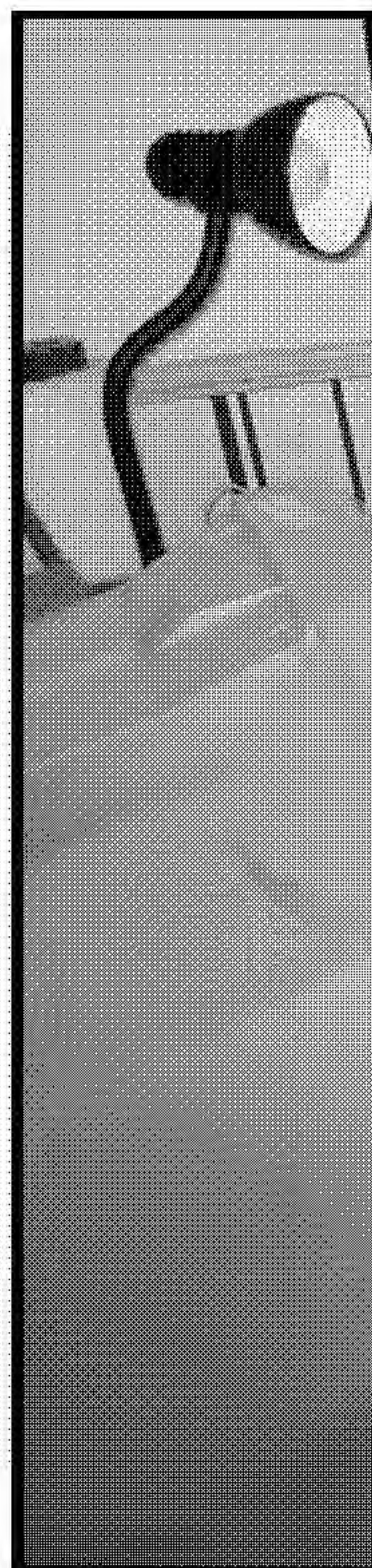
- T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® must be fully funded to assist early child professionals in meeting licensing requirements and quality initiatives. T.E.A.C.H. is a scholarship program specifically designed for early care and education. It supports the participant in achieving a Child Development Associate credential, Associate's degree or Bachelor's degree. It provides tuition, travel, release time and compensation to the scholar, and supports the employer by requiring the scholar to make a commitment to remain in the field. Many early care and education providers return to college part-time while working full time. Consequently, many traditional scholarship programs are not accessible to early childhood professionals. [Established/ requires expansion]
- Continue to provide the Department of Labor's Early Childhood Apprenticeship Program. Ensure that the program continues to use the mentor model and the Delaware First Competencies. Apprenticeship is a proven method for increasing the education and skill level in a profession. Apprenticeship also increases the compensation of the participant and improves stability of the workforce for employers. [Established/ requires expansion]
- Encourage high school students in the early childhood career tracks to participate in the Delaware SEED (Student Excellence Equals Degree) scholarship program. [Established]

Objective III.6.

Create a system of credentials for recognition of specialized knowledge and experience required for specific early learning roles. Credentials shall include recognition for directors, infant and toddler teachers, early literacy and school age teachers.

Strategies to achieve objective:

- A Director's Certificate has been developed by Delaware Technical and Community College. [Established]
- An Infant and Toddler Certificate and School Age Certificate are currently under development. [In planning]



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III. Ready Early Care and Education Programs

Objective III.7.

Expand the existing early care and education career training to high school students as an on-going means of developing a prepared workforce. This coursework should be incorporated into the professional development system.

Strategies to achieve objective:

- Many school districts are offering an early care and education career path through their Family and Consumer Science teachers. The opportunity exists for these students to receive Tech Prep credits in Delaware colleges. All high schools offering career paths need to establish articulation agreements with colleges. [Established/ requires expansion]

Objective III.8.

Develop leadership in early care and education in Delaware through mentoring and leadership training programs.

Strategies to achieve objective:

- A leadership academy must be established to support the development of a cadre of professionals who can assume leadership roles and advocate for early care and education. [In planning]

Objective III.9.

Implement multiple delivery methods that allow the working adult to take advantage of professional development opportunities. Address the barrier to professional development stemming from low literacy level and English language learners in the field.

Strategies to achieve objective:

- Delaware First, Delaware's career development system, must develop a means to support child care staff with limited English language skills and staff with low literacy levels so they can develop the core competencies for teachers. [In planning]
- Increase the number of professional development opportunities that can be accessed through distance learning. [Established/ requires expansion]

Objective III.10.

Implement and maintain a network of resources and professional development.

Strategies to achieve objective:

- Curriculum resources need to be available for teachers. Delaware First in conjunction with Family & Workplace Connection ensures availability of resources. [Established]
- Career advisement needs to be available to staff of early care and education programs through the resource centers. [Established/ requires expansion]
- Professional development and program improvement quarterly newsletters are provided to all programs. [Established]

Objective III.11.

Explore means to enhance compensation, benefits and employment conditions for staff of early care and education programs to encourage those who obtain an early childhood education degree to seek employment in Delaware.

Strategies to achieve objective:

- T.E.A.C.H. and Apprenticeship include a compensation mechanism in their programs. [Established/ requires expansion]
- A wages and benefit support program, like W.A.G.E.S.®, needs to be adopted to improve recruitment and retention of qualified professions to the field. [To be developed]
- Access to affordable health insurance is needed for early care and education workforce. [To be developed]

III. Ready Early Care and Education Programs

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Program Licensure

All early care and education programs offering services to the public will be required to be licensed and program licensing will continue to be streamlined and equitably enforced. The importance of the licensure of child care programs has been recognized in Delaware since 1915. Protecting its citizens especially those most vulnerable is one of the primary responsibilities of government. Licensure provides basic safeguards for children who are in the care of someone other than their family. Children require protection from physical and developmental harm. Child care licensure should provide those protections. The Delaware Baseline Quality Study indicates that the current program licensure requirements do not provide that basic protection from harm.

Objective III.12.

Expand state program licensing statutes to cover all early care and education programs. Create, as part of the development of public will, a campaign to inform parents, providers and the public of the prevalence of legally unlicensed programs and the possible risks they present to children, and the benefits of licensing. [To be developed]

Objective III.13.

Review and revise licensing requirements every five years to ensure that they reflect the current needs of children and families, current practice and new research. [In planning]

~ In the Delaware Baseline Quality Study of child care, 30% of licensed programs were rated good or excellent.

27% of programs were rated poor and found to be developmentally harmful to children.

All other programs were judged “mediocre”.

III. Ready Early Care and Education Programs

Objective III.14.

Continue to streamline and coordinate facility licensing. The issuance of a license reflects the coordination of multiply regulatory agencies, zoning, building, fire, plumbing, transportation, Child and Adult Care Food Program and environmental health. The continuous refinement and coordination of these various agencies will improve program licensure. [Established/ requires expansion]

Objective III.15.

Ensure that Delaware’s program licensing system reflects state-of-the-art monitoring and enforcement approaches in early care and education. [To be developed]

Strategies to achieve objective:

- Implement Parent’s Right to Know law – make it easier to review files and complaints, include on-line capability [To be developed]
- Integrate the Office of Child Care Licensing system with Delaware Stars [To be developed]
- Coordinate Delaware Stars with licensing rules as they are revised [To be developed]

Objective III.16.

Develop the capacity of licensing staff and give them the appropriate resources to enforce facility licensing. Caseload standards must reflect the recommendations of the field; 75 programs per licensing specialist. Increase the specialized training of the licensing staff and their participation in the professional certification system as it becomes available. [To be developed]

Objective III.17.

Ensure that families have easy access to the licensing records of early care and education programs to ensure they are able to make informed choices. Both on-line and in-person options need to be available. [To be developed]

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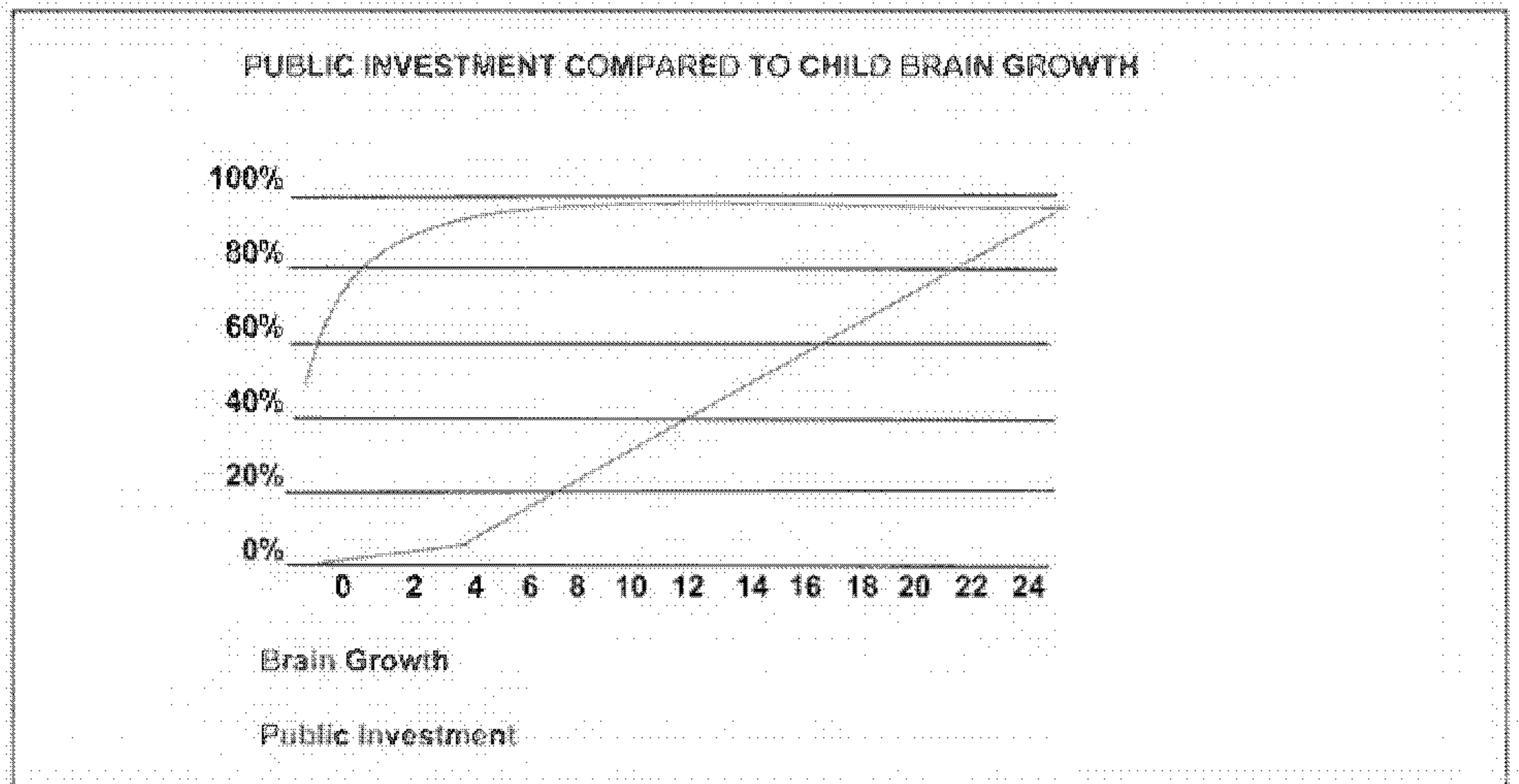
“85 percent of who you are – your intellect, your personality, your social skills – is developed by the age of five. Let’s invest where it makes a difference.”

Massachusetts Early Education for All

IV. Ready Communities

Public Will, Governance and Finance

By the year 2015, Delaware citizenry will understand the importance of the children's growth, development and learning during the first five years and be willing to support and invest in creating an early childhood system. The early childhood system will be a durable, normalized component of the state budget, corporate investments, and community giving. Public will, governance and finance together create a community that is willing and prepared to support the early learning system. Communities will work together to design and build localized solutions to support their young children and families.



"Investments in the earliest years of life represent more than simply another children's or human services issue. These investments represent human capital and economic development."

Child & Family Policy Center and Voices for American's Children: Early Learning Left Out

Public Will

The development of public will is critical to enhancing government's and business's capacity to invest in any social endeavor. The development of public will in early learning is defined as convincing the public that investments in the field are beneficial to society as a whole. A wealth of scientific data exists that underscores the importance of brain development in the early years, and substantial data attests to cost savings accrued from high quality early childhood services.

Objective IV.1.

Identify and develop clear, specific, concise and consistent messages to be used in advertising campaigns. Public awareness campaigns need to be targeted based on the audience. Establish a sub-committee to the Delaware Early Care and Education Council to develop guidance materials and clear, targeted messages. [To be developed]

Strategies to achieve objective:

- The Delaware Baseline Quality Study results should be incorporated into the public will effort. [Established/ requires expansion]
- The Council will partner from other organizations, such as the United Way of Delaware. [established/requires expansion]
- Clarify for the targeted messages what action is expected. The targeted populations should include the medical and business communities, state and local governments. [To be developed]

Objective IV.2.

Create a pro-active campaign to increase the family-friendliness of workplaces. More workplaces will be family friendly and support families in their important role of being a parent. [To be developed]

IV. Ready Communities

Governance

Developing an early childhood system is a complex, multi-year endeavor that requires on-going oversight to ensure adequate progress. The Governor gave that responsibility to the Delaware Early Care and Education Council with support from the Office for Early Care and Education. The Council reports to the Interagency Resources Management Committee (IRMC). The IRMC is composed of the Secretaries of Education, Health and Social Services and Services for Children, Youth and Their Families, the Budget Director, and the Controller General. The coordination and collaboration of these state agencies is necessary to establish an early childhood system.

Unlike public education, most early childhood services will be provided by non-governmental providers and agencies. Those non-governmental entities must be involved in the development of the system. The Council must ensure that its membership is broad enough to allow it to speak on behalf on the early childhood system. Families must be included as full participants and serve in leadership roles in the development of the early childhood system. With the increased interest in early learning, the Council and Office of Early Care and Education need to be available to advise other groups, such as the Kids Caucus, the Business Roundtable, P-20 Council, and the State Board of Education, on the progress made on building the system.

Objective IV.3.

Expand the membership of the Council to include all stakeholders with an interest in early childhood including families, criminal justice, health, mental health, family support, and public education including specific organization, such as the Wilmington Metropolitan Urban League, Family & Workplace Connection, and Nemours Health and Prevention Services. [In planning]

Objective IV.4.

Create and implement a protocol for the Council to be knowledgeable of all programs, projects and initiatives related to early childhood system building. The Office of Early Care and Education should maintain that information for the purpose of sharing information, communication, and creating linkages across the system. A web-based mechanism should be explored. [To be developed]

Objective IV.5.

Increase the communication between the Council and IRMC by establishing quartering meetings between the IRMC designees and the Council with an annual meeting with the Secretaries of Education, Health and Social Services, and Children, Youth and Their Families. [In planning]

Objective IV.6.

Increase the communication between the Council, the Governor's Office, and the Legislature by establishing regular meetings between the Chair of Council and the Governor and the Kid's Caucus. [To be developed]

Objective IV.7.

Solidify relationships between the organizations with shared goals; specifically the Council, the Family Support Coordinating Council and the local early learning councils, such as the Wilmington Early Care and Education Council and the Sussex Early Learning Council. Kent County and New Castle County should be encouraged to form similar organizations. [Established/ requires expansion]

Objective IV.8.

Codify the Council. The Council was created by Executive Order by Governor Minner. Prior to the end of Governor Minner's term the council will be formally created by the Legislature. [In planning]

Objective IV.9.

Formalize the structure and role of the Family Support Coordinating Council. [To be developed]

Objective IV.10.

Ensure that there is coordination and collaboration among the state agencies towards the goals and objectives of Early Success. [Established/ requires expansion]

IV. Ready Communities

Financing

The early learning system must be accessible to all young children and their families and must be funded at a level so all families desiring participation will have access at a rate commensurate with their ability to pay. All families must be able to participate in high quality early learning experiences. Unlike public education, it is not the goal of the early childhood system to make all services paid for by state, local and federal funds. The development of innovative funding options is required to meet this goal.

The benefits of early learning are broad. Early learning should be viewed as economic development by supporting working families and creating a high quality work force. In the short term early learning supports school success for all children but most importantly for those considered at-risk for academic failure. Based on these benefits the burden of funding early learning must be shared by government, businesses and foundations, and by the families that are consumers.

Building an early childhood system is complex; the complexity is increased by the multiple funding streams. Infrastructure development must also be part of the system development. Funding must be specifically earmarked for developing and maintaining infrastructure.

Objective IV.11.

Establish the Early Care and Education Stabilization Fund. The Fund will be a blend of public and private dollars used to support the Delaware Stars Tiered Quality program, T.E.A.C.H., capital improvements at early care and education programs and to pilot system building initiatives. The Fund will be modeled on Delaware's Arts Stabilization Fund. [To be developed]

Objective IV.12.

Create a funding tracking data base to ensure that there is clear and accurate information regarding the state, county, federal, private, and foundation dollars spent to support early learning in Delaware. The data base should be maintained by the Office of Early Care and Education. [To be developed]

Objective IV.13.

Secure stable funding mechanisms. Most of Delaware's quality improvement initiatives in the areas of ready children and ready early care and education programs are funded by federal dollars that have been flat funded for more than seven years. Many states have found state funds to supplement the federal ones in the form of lottery proceeds, cigarette tax, or tobacco funds. Delaware needs to allocate funding specifically for early learning. [To be developed]

Objective IV.14

Establish funding mechanisms to support the preparation, retention of a high quality early care and education workforce. An essential issue for the early care and education workforce is access to health insurance. [To be developed]

*~ 14,694 children qualify for
Purchase of Care, Delaware's child
care assistance program.*

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V. Ready Schools

Successful Transitions and Collaborations

By the Year 2015, the schools and the early learning community will forge meaningful, productive relationships that support children and their families.

The Early Learning Foundations are aligned with the K-12 kindergarten expectations. The social and emotional development program in early childhood, Partners in Excellence, has been aligned with the K-12 Positive Behavioral Supports (PBS) program. Schools and early care and education programs share responsibility for ensuring that the Early Learning Foundations are used as a guide for promoting high quality early learning experiences for children. The Early Learning Foundations should not be used as a checklist to measure children's readiness for school. Children will continue to arrive at school at different developmental stages. Teachers need to work with all children and their families to support learning across the curriculum.

Children will leave the early learning system when they go to kindergarten. Just as the K-12 system works to prepare children for college and the workforce, the early learning system needs to prepare children for their school years. Connecting the systems and successfully transitioning children and their families between the two systems is very important to the success of both early learning and K-12. True partnerships need to be forged between the two education systems. Delaware's Mid-Atlantic Early Childhood Network works to connect the early care and education community with public schools.

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Objective V.1.

Provide opportunities for shared professional development experiences for school and early childhood professionals beginning with those communities that already have relationships between parents, early care and education providers and schools. [To be developed]

Objective V.2.

Ensure that schools and early childhood programs support successful transitions of children and their families. [To be developed]

Objective V.3.

Provide training on developing meaningful partnerships to schools and early care and education programs.

Strategies to achieve objective:

- Provide training on the matrix/framework developed by the Delaware committee of the Mid-Atlantic Early Childhood Network. The matrix/framework offers specific guidance on building effective partnerships. [In planning]
- Invite Supporting Partnerships to Assure Ready Kids (SPARK) to provide training and technical support to enable Delaware to develop a Ready Schools model. [To be developed]

Objective V.4.

Utilize school resources and services to support community outreach efforts in the areas of health, mental health and family engagement opportunities. [To be developed]

Objective V.5.

Develop a means of formal recognition of those schools and early care and education programs that have created partnerships. [To be developed]

Indicators of Success

The building of a comprehensive early learning system is complex. Indicators of progress are essential to be able to measure the State's improvement. These indicators will track our progress as the system evolves. A plan for system evaluation will be further refined as the system is built. Core indicators will change as the early learning system develops.

The Delaware Early Care and Education Council will compile indicator data annually with the help of various state and community agencies. The indicator data will be reported in the Council's annual report. The report will be shared with the Governor, the Interagency Resource Management Committee, the Legislature, the Kids Caucus, and other involved organizations and individuals.

The indicators are linked to the five goals of Early Success.

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~ A 6 year old living in poverty begins school with a vocabulary of just 5,000 words. Their more affluent peers begin school with a 20,000 word vocabulary.

Ready Children

Physically and Emotionally Healthy Children Eager to Learn

Young children develop physically, emotional, cognitively, and socially. Successful development in all of these areas is necessary for school readiness and lifelong success. Families need support to ensure their children grow up healthy, both physically and emotionally, and are eager to learn.

Core indicators:

- % of children under five receiving comprehensive screenings including development, vision, dental, hearing, height and weight, mental health, and lead screenings at age appropriate intervals
- % of children under the age of two who are fully immunized
- % of families reporting that they have a medical home
- % of eligible children receiving EPSDT services at age appropriate intervals
- % of insured children from birth to five
- % of medical and dental home providers serving children younger than five
- % of early care and education programs incorporating social and emotional competencies in their curriculum
- % of mental health professionals with the expertise to serve young children and their families
- Delaware's rank in the expulsion rate of preschoolers
- % of Medicaid reimbursements for early mental health and dental services
- % of pregnant women receiving prenatal care during the first trimester
- % of children born premature

Data Sources – Kids Count in Delaware, Delaware Children's Health Chartbook, Division of Public Health data,

Ready Families

Families are the prime educators of their children. It is their responsibility to assist their children to become healthy and productive citizens. In order to be successful at parenting, families need access to information, services and community resources in varying levels to support them in this important task.

Core indicators:

- % of early learning committees including family representation
- # of early care and education programs with family engagement strategies as measured by Delaware Stars for Early Success
- % of children under five abused or neglected
- % of families that ensure their children eat well and get regular physical activity
- # of families accessing the early learning website
- % of first time families receiving a home visit
- % of progress on the Family Outcome indicators in Delaware's Part C program, Head Start and Early Childhood Assistance Programs (ECAP)
- % of families with young children completing parent education programs

Data Sources – Kids Count in Delaware, Department of Education, Department of Services for Children, Youth and Their Families, Division of Public Health, NHPS Household Survey

Ready Early Care and Education

Children Enrolled in Early Care and Education Programs

Children who attend high quality, comprehensive early learning programs are better prepared for school – academically, socially and emotionally. Economically disadvantaged infants, toddlers, and preschoolers who participate in high quality programs have better school achievement, social skills and behavior than children who do not participate in a preschool experience or who are enrolled in a low quality program. The Delaware Baseline Quality Study found that the early care and education programs participated in the child care subsidy were significantly poorer quality than the programs that did not.

Core indicators:

- % of children in the child care subsidy program receiving services in a 2, 3, 4, or 5 star child care program as rated by the Delaware Star program

Early Childhood Education Teacher Credential

One of the most crucial predictors of high quality early care and education settings is the education level and specialized early childhood training of the children’s teacher.

Core indicators:

- % of early care and education teachers and directors with a bachelor’s degree and specialized training in early childhood
- % of early care and education teachers and directors with an associates degree in early childhood education
- % of directors and teachers who have completed specialized certificate programs

High Quality Early Care and Education Programs

The quality of the program a child attends has a direct impact on his or her later school success. Child care licensing regulations do not ensure quality programs for children (Delaware Baseline Quality Study 2005). Defining and recognizing higher quality is an important step in increasing program quality. The Delaware Stars program defines and publicly recognizes program quality. The five-star system begins with licensing and progresses through to accreditation. Increasing the number of programs with 4 or 5 stars will increase the overall quality of the early care and education system. National accreditation standards set by the early childhood professional organizations are also benchmarks of quality.

Core indicator:

- % of programs at each of the five Delaware Star levels
- % of child care centers, family child care homes, and school age care programs that are nationally accredited

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Ready Early Care and Education

Access to Child Care Subsidy

Families with young children depend on child care. Families living at or near FPL need the support of child care subsidies to allow them to participate in the workforce or education programs.

Core indicator:

- % of children under 6 years receiving child care subsidy vs. those that are eligible

Family Involvement in Early Care and Education Programs

The involvement of a child's family in his or her education is a predictor of school success. Early care and education programs and families need to work together to support the learning and development of young children. Supporting families in continuing their children's learning at home is essential. Programs that incorporate family input and involvement on a regular basis are more likely to improve child and family outcomes.

Core indicator:

- % of early care and education programs with multiple strategies to involve and support families as measured by that criteria in Delaware Stars

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~ “95% of public investment in education occurs after the critical years” from birth to age five, which is the time of greatest brain development.

Ready Communities

The success of every community is dependent upon the success of the next generation. Today's children are tomorrow's employees, leaders and taxpayers. The growth of the community is dependent on ensuring the successful growth, development and learning of its children. Therefore it is the responsibility of the community to be responsive to the needs of its youngest citizens.

Core indicators:

- % of state budget dedicated to the early childhood system
- # of tax incentives to support families with young children, both directly to the family and to employers that establish family support programs

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Ready Schools

Children will leave the early learning system when they go to kindergarten. Research is clear that the quality of children's early learning experience directly impacts their school and life success. To ensure student success schools must partner with families and early care and education programs.

Core indicators:

- % of schools and early care and education providers that have formed partnerships
- # of school districts and early care and education programs sharing professional development experiences
- % of higher education programs incorporating the Early Learning Foundations in their teacher preparation programs

CASCADING EFFECT OF ENHANCED EARLY CHILDHOOD EDUCATION & DEVELOPMENT: A LIFE COURSE PERSPECTIVE

- ✓ *Ready for Kindergarten =*
- ✓ *Successful start in school =*
 - ✓ *Fewer behavioral problems =*
 - ✓ *More rewarding interpersonal relationships =*
 - ✓ *More successful learning =*
 - ✓ *Less tobacco and drug use =*
 - ✓ *Less delinquency and truancy =*
 - ✓ *Less juvenile justice encounters =*
 - ✓ *Higher high school graduation rates =*
 - ✓ *Higher rate of entrance to & completion of college =*
 - ✓ *Higher inventory and flexibility of job skills =*
 - ✓ *Better jobs =*
 - ✓ *More durable family life =*
 - ✓ *Higher income =*
 - ✓ *More upward social mobility =*
- ✓ *Greater engagement in civic life =*

BETTER HEALTH & WELL-BEING

Definitions

The development of an early childhood system requires diverse groups to develop a shared vision and plan. Common understanding of terms is necessary to develop a plan. Over the course of the work on this plan the following definition of terms was agreed upon.

Child care – programs licensed to provide care and education for children birth through school age, generally a full day program, including relative care approved by the Division of Social Services

Early care and education – the entire array of care and education programs available to children from birth to school entry including all of the types of care and education programs

Early Childhood Assistance Program (ECAP) - comprehensive care and education programs for four year old children funded by the State

Early Head Start – comprehensive care and education programs for pregnant women, infants, and toddlers funded by the federal government

Early learning – the learning experiences of a child from birth to school entry

Family child care – programs licensed to provide care and education to a small group of children in the licensee’s home

Family support – an array of services provided to families to enhance and enrich their parental skills and knowledge

Family Support Coordinating Council – a multi-disciplinary, collaborative, public-private council that includes professionals and parents who are committed to assuring that quality family education, support and early care and education programs are available statewide. The group provides leadership in advocating for system change that assures that services are not only available but that they are “family friendly” and culturally competent.

Head Start – comprehensive care and education programs for three and four year old children funded by the federal government

Home visiting – programs providing parent support and child development information to families with young children

Medical Home – A pediatric or family practice clinician who works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met. Through this partnership, the pediatric clinician can help the family/patient access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child/youth and family.

Purchases of Care Program – a state program to assist families living at or below 200% of the Federal Poverty Limit with their child care needs

Preschool program – programs licensed to provide care and education for three to five year old children, generally a part day program

Relative care – a child care option for families who receive child care subsidy to allow children to receive child care from their relatives

School readiness – the process for ensuring that a child is physically, socially, emotionally and cognitively prepared for the structure and expectations of the formal academic environment of the K-12 system

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Why revise the original Early Success?

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The first Early Success vision limited its view to impacting children by enhancing the quality of their early care and education program. This is an important component of any early learning system because approximately 70% of Delaware's young children participate in the state's early care and education system. Since the creation of the original vision the field has come to better understand:

- The impact of children's social and emotional development
- The importance of supporting families in their parenting role
- The importance of medical homes for children
- The importance of early learning experiences on later school success
- The importance of promotion healthy eating and physical activity

This plan has reviewed and commented on by:

- Delaware Early Care and Education Council
- Early Childhood Comprehensive Systems Steering Committee
- Building Capacity in Natural Environments Sub-Committee
- Delaware Head Start Association
- Mid-Atlantic Early Childhood Network
- Nemours Health and Prevention Services
- United Way of Delaware
- Family Support Coordinating Council
- Department of Education
- Delaware Tech Early Childhood Advisory Committee
- Kent County Child Care Centers Directors
- Health Systems Research, Inc.

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For information about Early Success: Delaware's Early Childhood Plan contact"

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Executive Summary
May 2006

Delaware Pilot Full-day Kindergarten Evaluation:

Part 1: A Comparison of Ten Full-day, Five Part-day, and Four Charter Kindergarten Programs during School Year 2005-2006

The Joint Finance Committee (JFC) of the Delaware General Assembly appropriated funds to establish ten pilot full-day kindergartens in school districts in 2004. In June 2005, the legislature appropriated funding for four of the original school districts and all charters offering full-day kindergarten, to provide full-day kindergarten for the 2005-2006 school year with the five remaining school districts also continuing to receive pilot full-day kindergarten funding. The JFC requested that an evaluation be conducted to assess the outcomes of full-day and part-day kindergarten models again in 2005-2006. This comparison analysis examines a set of full-day and part-day kindergarten classrooms. Four full-day charter school kindergartens and five part-day kindergartens agreed to participate in the comparative evaluation. Because the full-day charter school kindergartens are all located in Wilmington and have a demographic profile which is different than other kindergarten programs, these programs have been analyzed separately. Program characteristics of the full-day, part-day, and charter school kindergartens are found in the Table A below.

Table A. Program characteristics for three kindergarten models

Characteristic:				Special Education Eligibility	Free or Reduced Meal Eligibility	Teachers per Class
Kindergarten Model:		Class Size	Teaching Hours			
Charter (N=4)	Avg.	22.25	7.04 hrs.	1 (4.4%)	14 (62.6%)	1
	Range	17-27	6.67-7.25	0-1	10-24 students	1
Full-Day (N=10)	Avg.	21.3	6.57 hrs.	6.0 (29.8%)	8.9 (39.5%)	1.3
	Range	14-25	5.75-7.25	1-12 students	0-17 students	1-2
Part-Day (N=5)	Avg.	20.4	2.8 hrs.	1.8 (8.8%)	5.8 (27.8%)	1
	Range	14-28	2.25-3.25	0-5 students	0-10 students	1

Data for this evaluation was collected on the following variables: students' reading abilities, students' math abilities, students' writing abilities, students' acquisition of kindergarten performance indicators of the Delaware educational standards; amount of time of classroom instruction; and teachers' perceptions of students' readiness for kindergarten when they started kindergarten.

A summary of the findings of this evaluation follow. It is important to note that the school district full-day kindergartens and the charter school kindergartens served significantly more students who were at-risk for academic failure than did the school district part-day kindergartens. Therefore, this comparison is between students with many risk factors attending school district or charter school full-day kindergartens and students with far fewer risk factors attending school district part-day kindergartens. Subsequently, this difference may impact the results reported in the evaluation.

Findings

Readiness for Kindergarten

Teachers were asked to rate their students regarding their intellectual and social readiness for kindergarten. The table below provides a comparison of the proportion of children considered intellectually and socially ready for kindergarten. This is an indication of the proportion of students who started kindergarten with deficits of some type.

Table B: Kindergarten readiness of students attending three kindergarten models

Kindergarten Model:		Full-Day (N=199)	Charter Full-Day (N=50)	Part-Day (N=93)
Readiness:				
<u>Intellectually Ready for Kindergarten</u>	n %	129 students 63.3%	35 students 70.0%	66 students 71.0%
<u>Socially Ready for Kindergarten</u>	n %	138 students 69.3%	42 students 84.0%	67 students 72.0%

Kindergarten Student Outcomes

- Over the course of one academic year, students in school district full-day kindergartens and in charter school kindergartens made more progress in the development of writing skills as measured by the *Test of Early Written Language-2 (TEWL-2)* than students in part-day kindergartens. Between a fall administration of the *TEWL-2* and a spring administration of the instrument, the kindergarten students in the charter schools gained 11.3 months of writing skills, students in school district full-day kindergartens gained 9.9 months of writing skills, and the students in school district part-day kindergartens gained 8.8 months of writing skills.
- The preliminary analysis of the reading scores at the end of the school year indicate that students in school district part-day kindergartens who receive free or reduced lunch tended to have the lowest of performance scores on a measure of discrete phonemic awareness skills.
- Regarding math skills, the assessments indicate that students' end of school year skills are similar regardless of the kindergarten program in which they participated.
- Regarding science, humanities, and social studies; the assessments indicate that students' end of school year skills are similar regardless of the kindergarten program in which they participated.
- By analyzing report card data on seven (7) kindergarten literacy and math indicators from five (5) school districts which had both full-day and part-day kindergarten classrooms in this

evaluation, it was found that the school district full-day kindergarten classes had a greater percentage of at-risk students than part-day kindergarten classes (54.1% vs. 36.5%), and an equal or greater percentage of the students in the school district full-day kindergarten classrooms achieved the benchmark performance indicators compared to the percentage of students in the school district part-day kindergarten classrooms.

Classroom Instruction

The table below provides a comparison of the amount of time spent and the proportion of time used in the three kindergarten models. Teachers provided weekly schedules of their classroom activities. From this information, this table provides comparisons for three major activities that occurred during the school week. The “basic” activities include preparing for the school day, meeting basic needs of children, preparing for lunch, and departure from school.

Table C. Average number of minutes per week spent in literacy, basic activities, and mathematics in three kindergarten models.

Kindergarten Model:		Full-day Kindergarten (N=10)	Charter Full-day Kindergarten (N=4)	Part-day Kindergarten (N=5)
Use of Time:				
Literacy	Average %	747.2 minutes 37.91%	596.5 minutes 28.68%	395.0 minutes 48.05%
Basics	Average %	335.2 minutes 17.01%	662.5 minutes 31.86%	78.0 minutes 9.49%
Math	Average %	273.6 minutes 13.88%	274.3 minutes 13.19%	142.3 minutes 17.31%

Part 2: A Comparison between First Grade Students who attended Full-day Kindergarten and Part-day Kindergarten

In June of 2004, the Joint Finance Committee of the Delaware General Assembly appropriated funds which funded pilot full-day kindergartens in nine school districts and one charter school. An evaluation of the outcomes of these students at the end of the 2004-2005 school year was conducted and the outcomes of the full-day kindergarten students were compared with the outcomes of students in eight randomly selected part-day kindergarten programs. The students from the ten pilot full-day kindergartens were monitored during the 2005-2006 school year in order to assess their outcomes as first graders. The students who had received full-day kindergarten services during 2004-2005 were matched with students who were demographically similar and had attended a part-day kindergarten in a Delaware school district during the 2004-2005 school year.

Table D. Characteristics of first graders in this evaluation who had attended three kindergarten models.

Kindergarten Model:		Special Education Eligibility	Free or Reduced Lunch Eligibility
Full-Day (N=174)	n	31	79
	%	17.8%	45.7%
Part-Day (N=175)	n	16	61
	%	9.1%	34.9%

Data for this evaluation was collected on the following variables: students' reading abilities, students' math abilities, students' writing abilities, students' acquisition of first grade performance indicators of the Delaware educational standards; and teachers' perceptions of students' readiness for first grade when they started first grade.

Findings

First Grade Student Outcomes This data on the first graders was collected in February of 2006, which is considered to be the middle of the school year for students.

- On measures of discrete phonemic awareness skills (such as decoding nonsense words) those first graders who attended school district full-day kindergartens had better skills than students who attended school district part-day kindergartens. For those students who were eligible for free or reduced lunch in first grade, those who attended school district full-day kindergartens achieved higher scores than their counterparts who had attended school district part-day kindergartens.
- In the area of math skills, first graders who attended school district full-day kindergarten and students who attended school district part-day kindergarten performed at similar skill levels on the mathematics assessment. Because of the risk factors associated with many of the students who attended full-day kindergartens, it would have been expected that those who attended school district full-day kindergarten would not have performed as well.

- Concerning their writing skills, of the 161 first graders who attended school district full-day kindergarten, 142 (88%) were rated as having average or above writing skills for first graders; of the 150 first graders who attended school district part-day kindergarten, 136 (85.1%) were rated as having average or above writing skills for first graders.
- When assessing their academic knowledge, as assessed by the *Woodcock Johnson III*, those first grade students who attended school district part-day kindergartens performed better than first grade students who attended full-day kindergartens.
- Of the 28 first grade literacy and mathematics indicators assessed on report cards, more of the first graders who attended school district full-day kindergartens were rated as proficient on 15 of the indicators in comparison to the first graders who attended school district part-day kindergartens; a similar proportion of first graders who attended school district full-day kindergarten and part-day kindergarten were rated as proficient on nine of the indicators; on two of the indicators, a greater proportion of first graders who attended school district part-day kindergartens were rated as proficient than those who attended school district full-day kindergartens.

Limitations

As with any program evaluation, there are limitations to these findings. The most significant limitation to this evaluation is the lack of randomization of the school district full-day kindergartens, the charter schools, and comparison part-day kindergartens. There are also important contextual and community variables that were not assessed for this evaluation, such as the child care experiences and other out-of-home activities in which children and families participate. In order to have a more complete understanding of the impact of full-day kindergarten, more data and analysis should occur related to students' outcomes and contextual variables. Many of the school district full-day kindergartens had more students who had risk factors. Because of this, it is difficult to accurately assess the differential impact of full-day kindergarten, indeed more benefits may have been detected for full-day kindergarten with a more similar sample of students.

Conclusions

First and foremost, at this point in time, full-day and part-day kindergarten models are serving different populations of students. As can be seen in both the 2004-2005 kindergarten evaluation (Amsden et al., 2005) and in this current evaluation, full-day kindergarten serves four times more students with disabilities and three times more students eligible for free or reduced school meals. While the stated long-term goal may be to make full-day kindergarten available to all students, presently, the model serves a disproportionate number of students with poverty and disability risk factors. Any discussion of the outcomes and benefits of a full-day kindergarten model need to take these factors into account.

Charter school full-day kindergarten is distinctly different than other full-day kindergarten because of the large number of children at-risk due to poverty. More than 60% of the students attending full-day charter school kindergarten in Wilmington are eligible for free or reduced school meals. This is twice the rate of part-day kindergarten and 50% greater than the rate of school district full-day kindergarten.

The findings of this evaluation indicate that at the end of the kindergarten, both part-day and full-day kindergarten students are achieving academically at similar levels, despite full-day kindergarten students having more risk factors than students attending part-day kindergarten.

As documented by the 2005 kindergarten evaluation (Amsden et al., 2005) and confirmed by this evaluation, a significant amount of time is spent on literacy activities for students participating in both full-day kindergarten and part-day kindergarten. The absolute amount of time spent learning literacy skills is almost twice as much in school district full-day kindergarten (12.5 hours per week) as in part-day kindergarten (6.6 hours per week). With this strong emphasis on literacy instruction, students who have begun their school experiences at-risk for academic success, are achieving at similar rates as those students without poverty and disability risk factors.

This trend appears to continue into first grade. Students who attended full-day kindergartens in 2004-2005 were found to be achieving at approximately the same levels as students who attended part-day kindergartens, despite having increased numbers of risk factors. This was also true for mathematics skills, writing skills, and general academic skills. The full-day kindergarten focus appears to be supportive of students with poverty and disability risk factors achieving similar outcomes in first grade as students attending part-day kindergarten who have fewer of those risk factors.

When asked about preparedness for kindergarten or for first grade, teachers indicated that few children are “ready” for school. At the kindergarten level, when teachers are asked about children’s proficiency in such areas as listening or following directions, the teachers indicated that fewer than 20% of children were proficient in those areas. A year later, after children had participated in kindergarten, first grade teachers reported that more than 50% of students were not proficient in specific skills expected of entering first graders, despite whether they attended full-day or part-day kindergarten.

When first grade performance indicators for Delaware educational standards were used to compare the academic outcomes of students attending full-day kindergarten with students attending part-day kindergarten, for 15 of the 28 performance indicators, students attending full-day kindergarten had more positive outcomes and for eleven of the performance indicators there was no difference between students attending full-day and part-day kindergartens. Eight of the 15 performance indicators where students attending full-day kindergarten had more positive outcomes were performance indicators related to literacy skills.

With the similar academic outcomes for students using standardized, norm-referenced assessment measures despite the model of kindergarten they attended, this difference in

outcomes on performance indicators of the Delaware educational standards may reflect the increased amount of time teachers had during kindergarten to provide instruction in the area of literacy.

There are a number of issues related to program offerings and program quality that were raised during this evaluation. Aside from the massive difference in literacy instructional time between full-day and part-day kindergarten, the availability of intervention services for students is also great. Students attending full-day kindergarten have twice as many opportunities to participate in reading interventions in addition to the already significantly greater intensity of reading instruction they receive. Students in full-day kindergarten are also far more likely to have speech-language interventions, counselor interventions, and English language learner interventions available to them than do students attending part-day kindergarten. The availability of these supports are especially important to students with risk factors such as poverty or disabilities.

Because of the comparably less intense instruction students in all three kindergarten models received in mathematics, student outcomes in mathematics are uniformly low. When compared to the kindergarten mathematics standards, the students in all three kindergarten models do not appear to be gaining the expected skills. This is reflected in the time spent on math instruction as reported by the kindergarten teachers. It is unclear from the data collected for this evaluation, however the trend may also be true for science outcomes as well.

The low estimates by first grade teachers about the preparedness of students entering their classrooms, despite the model of kindergarten which students attended is important to consider. While there was a slight trend that first grade teachers assessed students who attended part-day kindergarten as more proficient in expected social, school, and perceptual-motor skills, less than 50% of the students from both groups had the expected skills according to the first grade teachers. This means that students leaving kindergarten, despite attending full-day or part-day kindergarten, are not leaving with the skills expected for rising first graders. This may call for an examination of the focus of the curriculum and the instructional strategies being implemented in all kindergarten models.

Because the risk factors of poverty and learning disabilities experienced by many of the children in the full-day kindergartens, it would have been expected that they would not have achieved the same academic outcomes as kindergarteners without these risk factors. It is an accomplishment for those children in full-day kindergarten to be performing at a similar academic level as children who attended part-day kindergarten without those risk factors.

Finally, poverty and other risk factors exert a powerful influence on children's school adjustment and achievement. Many interventions seek to contravene these influences in order to support children's success in school. Based on the data collected for this evaluation, it appears that part-day kindergarten programming is least effective in ameliorating the negative impacts of poverty and risk. Full-day kindergarten, however, appears to have great benefits for students with the risk factors of poverty and disability.

Children Who Entered Public School Kindergarten in Delaware in the Fall of 2009

April 2010

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Introduction

The Delaware Department of Education contracted with the University of Delaware to conduct a survey of the parents of children entering Delaware public and charter school kindergartens in the fall of 2009, collect the Child Find assessment information on the entering students, and to request that kindergarten teachers complete a *Kindergarten Readiness Checklist* on the children whose parents provided permission for the checklist to be done. This analysis examines the information collected from parents, the Child Find developmental assessment, and the *Kindergarten Readiness Checklist*.

There are many perceptions of what children's experience is before coming to kindergarten in Delaware. How are families interfacing with community-based programs focused on supporting the development of young children? How are families supporting the learning opportunities of their children within their homes? How do kindergarten teachers perceive the skills of children as they come to kindergarten?

This descriptive evaluation includes three major components including:

- a description of the experience of students who entered Delaware's kindergarten in the fall of 2009; including a:
 - a description of the where children spent their time before entering kindergarten
 - a description of the types of activities adults and children do together
 - a description of the early childhood experiences this cohort of children has had
- a description of the skills children had as they entered kindergarten as reported through the Child Find assessment administered by school districts prior to children entering kindergarten.
- a description of teachers' perceptions of children's readiness for kindergarten as measured by a *Kindergarten Readiness Checklist* completed by students' kindergarten teacher.

The children involved in this analysis attended kindergarten in the 15 school districts which offer kindergarten and nine charter schools. A total of 1817 families returned usable surveys providing information about the experiences of their children before entering kindergarten. Of these families, 1745 (96.0%) gave permission for the evaluation project to request their child's Child Find assessment scores and 1753 (96.5%) gave permission for the

kindergarten teacher to complete a *Kindergarten Readiness Checklist* recalling the child's capabilities as they entered kindergarten in the fall of 2009.

Evaluation Methods

Included in this section is information about the measures used to collect data on children enrolling in kindergarten and their families. In addition, methods of collecting, handling, and analyzing the data are described as well as a final description of the sample used in this analysis.

Data Measures

The measures used to create this description of the experience of a sample of children entering Delaware public schools in 2009 were a *Family Survey*, the Child Find assessment results for students and a *Kindergarten Readiness Checklist* completed by the student's kindergarten teacher.

A description of the specific measures and methodology used for this evaluation follows.

Family Survey

The *Family Survey* was developed in collaboration with representatives from the Delaware Department of Education. The goals of the survey were to learn 1) what sorts of common household activities families do with their children that lead to school readiness (for example story telling, setting the table for meals), 2) who cared for the child (parent, family member, child care provider) care prior to entering school, and if so where (in home or out of home), 3) community early care and education programs the family accessed during children's first five years of life, and 4) families' experience in accessing health care resources for their children.

The questions about the activities families do with their children, questions about community resources used by families, and questions about where children have been when families were not caring for their children were from a similar survey done in Missouri in 1998, the *School Entry Assessment Project*. The questions related to accessing health care were from a survey of families whose children were identified for special services early in their school career (Paris et al., 2005).

Data collection began in the spring of 2009. A variety of strategies were used to reach families.

- * Evaluation staff attended school based kindergarten registration events, and year-end activities at Head Start programs
- * In districts where there was a research office, the Director of Research developed a process for distributing the surveys to families registering for kindergarten.
- * Districts with kindergarten registration onsite at schools, agreed to ask families to complete the survey as they completed the kindergarten registration forms.
- * Districts which offered early childhood programs distributed the surveys to their families by sending them home with the preschool children.
- * Charter schools sent the *Family Survey* and informed consent to families of the children they selected, along with the school registration materials

- * During the summer of 2009, the Department of Education provided a list of all students who were registered for kindergarten so that a mailing could be made to those who had not yet completed a survey and lived in districts which had agreed to participate
- * After the school year started, one of the two remaining school districts agreed to participate and surveys were mailed to families in that district.

The *Family Survey* and Informed Consent Form were also available in Spanish and School employee or evaluation staff, gave families the option of completing the materials in Spanish or English. The English versions of the materials were mailed to families with an insert that offered a Spanish version upon request.

In addition to the survey, families were asked to complete an informed consent giving permission for the evaluation project to request the results of their child's Child Find assessment scores and to ask the kindergarten teacher to complete a *Kindergarten Readiness Checklist*. Families used a postage paid envelope to return the survey and Informed Consent to the Department of Human Development and Family Studies at the University of Delaware. Of the 9,537 students enrolled in Delaware public kindergarten classes, 1824 families (19.1%) completed a survey. Of those surveys, 1817 (99.6%) completed the informed consent form and were subsequently analyzed.

Child Find Assessment

School districts and charter schools, by state law, have a strategy in place to identify, locate, and evaluate children's skills in order to identify children that may not be developing with expected ranges and may need further evaluation to determine their potential need for special education. As families completed the Informed Consent for the *Family Survey*, they also were asked to consent for the child's Child Find assessment scores to be provided for this evaluation.

The Child Find assessment is addressed in the federal legislation describing the responsibilities of school districts in identifying, locating, and evaluating children who are in need of special education services. Each school district and charter school are able to adopt a screening process for identifying children. See Appendix D for the tools used in Delaware public and charter schools. Of the 1745 students for whom there was permission to collect the Child Find assessment, 815 (46.7%) assessments were collected[⊕].

Kindergarten Readiness Checklist

This checklist was adapted from the *Successful Transitions and Relationships (STAR)* project conducted by Dr. Richard Fabes at the University of Arizona. The *Readiness Checklist* was completed by teachers in the spring of the school year reflecting on the students' readiness at the beginning of the school year. The checklist assesses teachers' perception of students' readiness in the following domains:

- Social Development
- School – Specific Instrumental Development
- Reading and Writing

[⊕] Reasons for missing Child Find data: Assessment not collected on some children, child not found in the system, or because the school or district did not forward the assessment data.

- Language and Reasoning
- Counting
- Perceptual-Motor Development
- Student's Profile

Of the 1817 families completing the *Family Survey*, 1753 (96.5%) gave permission to ask the child's kindergarten teacher to complete a *Kindergarten Readiness Checklist*. Of the teachers asked, 248 kindergarten teachers completed *Kindergarten Readiness Checklists* for 995 students, representing 54.8% of the students in this sample[⊗].

Data Collectors

This evaluation necessitated two types of data collectors: *Family Survey* collectors and those who retrieved Child Find data from schools. Staff were trained to introduce the *Family Survey* to parents as they registered their children for kindergarten or at events, such as end-of-the-year picnics for early childhood programs. Staff also visited schools to retrieve the Child Find assessment scores for those students whose families had given permission for the scores to be shared with the project.

Data Handling and Analysis

All data collected: *Family Survey*, Child Find assessment scores, and *Kindergarten Readiness Checklists* were immediately coded and entered into software designed to analyze social science data. All raw data were then stored in locked cabinets while all electronic data were kept on a secure server in files with password protection accessible only to personnel working on the program evaluation. For student information, identifying information was removed and a student identification number assigned in order to protect the identity of the students.

Demographics

Tables 1 and 2 provide information about the children and families who responded to the *Family Survey*. Table 1 provides information about the ethnicity of the families who responded to the survey and the ethnicity of the Delaware's kindergarten population. Table 2 provides information about the gender of the children of families who responded to the survey and the gender of children enrolled in kindergarten statewide. The proportion of the various groups in the sample is very similar to the proportion of the groups in the population of children attending kindergarten in Delaware's public schools and charter schools.

[⊗] Kindergarten Readiness Checklists were not collected on all the children for whom we had permission to collect the data because in some cases the teachers did not complete the checklists on the children, in other cases, the child for whom we had permission to collect the data was not found in the system.

Table 1. Ethnicity of Students

Ethnicity of Students:		Kindergarten Students in Sample	Kindergarten Students Statewide*
Caucasian	n (%)	995 (54.8%)	4,616 (48.4%)
African American	n (%)	322 (17.7%)	3,090 (32.4%)
Hispanic/Latino	n (%)	243 (13.4%)	1,452 (15.2%)
Multi-Ethnic	n (%)	153 (8.4%)	
Asian-American	n (%)	52 (2.9%)	339 (3.6%)
Unanswered	n (%)	33 (1.8%)	
Other	n (%)	15 (.8%)	
Native American Indian	n (%)	4 (.2%)	40 (0.4%)
Total	N (%)	1,817 (100.0%)	9,537 (100.0%)

Table 2. Gender of students Demographic Profile

Gender of Students:		Kindergarten Students in Sample	Kindergarten Students Statewide*
Male	n (%)	905 (49.8%)	4,866 (51.0%)
Female	n (%)	882 (48.5%)	4,671 (49.0%)
Missing	n (%)	30 (1.7%)	
Total	N (%)	1,817 (100.0%)	9,537 (100.0%)

Results

Family Survey

Early Childhood Experiences

One of the key questions of this evaluation was to learn what proportion of Delaware children are involved with community early care and education programs prior to enrollment in kindergarten. Families were asked to indicate if their child entering kindergarten had participated in any of six community-based early childhood programs serving children 5 years old or less.

There are a wide variety of programs available to families of young children. Of the many different types available, information on six specific types of community-based programs was collected: Parents as Teachers, Early Head Start, Head Start/ECAP, Part day preschool, center-based child care, and family childcare. A detailed description of the programs is provided below.

Parents as Teachers

Parents as Teachers provides parent education to families with first-born children. Beginning at birth through thirty-six months, parents receive monthly visits from a trained parent educator who provides families with information about child development and strategies to further promote and facilitate their children's development. Of the families who responded to the survey (1817), 20.1% (n=365) reported participating in the first year of their child's life; 19.0% (n=345) reported participating when their child was between 12 and 23 months old; and 17.3% (n=315) reported participating when their child was between 24 and 36 months old. Children enrolled in Parents as Teachers may have been enrolled in out of home child care as well.

Early Head Start

Early Head Start is a program serving pregnant women, infants, toddlers, and their families living at or below the federal poverty line. Early Head Start provides both home-based and center based services. Early Head Start is a comprehensive program that offers child development and family support services in order to assist families in providing the best for themselves and their very young children. Early Head Start promotes children's success and families' self-sufficiency, through collaboration and partnerships with other community agencies. Children enrolled in Early Head Start may have also been enrolled in other out of home child care programs.

Head Start and Early Childhood Assistance Program (ECAP)

Head Start and ECAP are programs serving children and families living at or below the federal poverty line. Head Start and ECAP may be part-day or full-day early care and education programs serving children living in poverty. Both programs follow federal Head Start regulations, including the establishment of center committees, policy councils and governing boards, and work to improve children's development and families' abilities to care for and support their children. The federal Head Start and state ECAP programs are monitored every three years by either the Administration for Children Youth and Families, or the State Department of Education and the programs must be licensed by the Office of Child Care Licensing, Delaware Department of Services for Children, Youth and Their Families.

Part-day Preschool

Part-day preschool programs typically serve children between the ages of three years and five years for four hours per day or less. These programs include but are not limited to privately owned preschools and other early care and education programs operated by community organizations, church organizations, and public and private schools. The Office of Child Care Licensing, Delaware Department of Services must license these programs for Children, Youth and Their Families.

Childcare centers

Childcare centers offer care for more than 12 children for more than four hours per day. These programs often serve children between the ages of six weeks and 12 years of age, although some programs do not serve infants and toddlers. Childcare centers are required to be licensed by the Office of Child Care Licensing, Delaware Department of Services for Children, Youth and Their Families.

Family child care programs

Family child care homes, or described in the *Family Survey* as “child care in a private home” are programs offering child care services to 12 or fewer children for more than four hours per day; these programs often serve children between the ages of six weeks and 12 years of age. Family childcare programs can be licensed to serve six children between the ages of six weeks and five years of age plus three school-age children. Large family child care programs can serve between seven and 12 children between the ages of six weeks and five years of age plus three school-age children by using two family child care teachers. Family child care programs are licensed by the Office of Child Care Licensing, Delaware Department of Services for Children, Youth and Their Families.

In completing the information on program use, families were asked to indicate how old the child was when s/he did participate in the program. Also, families could have selected more than one program option at any age.

Patterns of out of home early care and education use

As can be seen in Table 3, 376 (N=1817, 20.7%) of the children in this sample were enrolled in a family childcare program during their first year of life. Another 247 (13.6%) were enrolled in a childcare center during their first year of life.

During the second year of life, 401 (22.0%) of the children in this sample were enrolled in family childcare and 374 (20.6%) of the children were enrolled in a childcare center. In the third year of life, between 25 and 36 months, 469 (25.8%) of the children in this sample were enrolled in a childcare center, 358 (19.7%) were enrolled in a family childcare; and 284 (15.6%) were enrolled in a part-day preschool. By the time the children in this sample were three, more than 60.0% of the children were enrolled in an early care and education program.

In the fourth year of life, 557 (30.7%) of the children in this sample were enrolled in a part-day preschool, 509 (28.0%) were enrolled in a child care center, 299 (16.4%) were enrolled in a family child care program, and 195 (10.7%) were enrolled in a Head Start or ECAP program. In

the year before entering kindergarten, the child's fifth year of life, 690 (38.0%) of the children in this sample were enrolled in a part-day preschool program; 459 (25.3%) were enrolled in a child care center; 272 (15.0%) were enrolled in a Head Start or ECAP program; and 250 (13.7%) were enrolled in a family child care program.

Some families indicated that their child was enrolled in "other" programs. These were enrichment or recreational programs at community agencies or religious institutions.

Table 3. Programs where Children Have Spent Time before Entering Kindergarten

Community Programs Child Has Attended		Age of Child					
		Did not use	0-1 year old	1-2 years old	2-3 years old	3-4 years old	4-5 years old
Early Head Start	n (%)	1169 (64.3%)	26 (1.4%)	32 (1.8%)	54 (3.0%)	Not available	Not available
Head Start or ECAP	n (%)	1026 (56.5%)	Not available	Not available	Not available	195 (10.7%)	272 (15.0%)
Part-day Preschool	n (%)	555 (30.5%)	25 (1.4%)	83 (4.6%)	284 (15.6%)	557 (30.7%)	690 (38.0%)
Child care Center	n (%)	690 (38.0%)	247 (13.6%)	374 (20.6%)	469 (25.8%)	509 (28.0%)	459 (25.3%)
Child care in private home (family child care)	n (%)	710 (38.9%)	378 (20.7%)	402 (22.0%)	360 (19.7%)	299 (16.4%)	250 (13.7%)
Other	n (%)	178 (9.8%)	75 (4.1%)	77 (4.2%)	93 (5.1%)	118 (6.5%)	181 (9.9%)

In analyzing the data, 107 (5.9%) families reported that they were not enrolled in any early care and education program between the time the child was born and age five. For those 1710 children who were enrolled in a program at some point before entering kindergarten, 1652 (96.6%) families reported using one of the early care and education programs available to them at some point during the child's **first three years**. Likewise, 1529 (89.4%) families reported enrolling their child in an early care and education program between the ages of three and five. Of the families that reported using programming (1710) 1471 (86% or 80.9% of the entire sample) were enrolled in an early care and education programs throughout all five years from infancy to kindergarten.

Table 4. Children's Participation in Early Care and Education Programs

Age of Children		Children Enrolled in a Program	Children Not Enrolled in a Program
Between Birth to 3 years old	n	1652	165
	%	(90.9%)	(9.1%)
	N	1817	1817
Between 3 to 5 years old	n	1529	288
	%	(84.1%)	(15.9%)
	N	1817	1817
Between Birth to 5 years old	n	1471	107
	%	(80.9%)	(5.9%)
	N	1817	1817

Description of the Children's Families

This section will describe the education level of the mothers and fathers, the number of adults in the household who have been actively involved in raising/parenting the children, and the number of housing transitions children have experienced. The factors of education level of parents have been shown to positively influence children's achievement (Haveman & Wolfe, 1995; Behrman & Rosenzweig, 2002). The "number of adults who have been actively involved in raising/parenting the child" and the "number of housing transitions" are indicators of stability in the child's life. These factors are discussed below.

Parents' Educational level

Families were asked on the *Family Survey* to report the highest level of education attained by both the child's mother and father. For reporting, categories have been created to simplify the presentation. As can be seen from Table 5, 437 (25.2%) of the mothers (N=1817) reported to have achieved a high school education; 360 (20.8%) of the mothers were reported to have graduated from college, 354 (20.5%) were reported to have two years or less of college, and 345 (19.9%) were reported to have more than a 4-year college degree. The education level of the mothers ranged from less than 6th grade to more than 16 years of education with the average being 13.6 years of education.

As can be seen from Table 5, a third of the fathers (N=1817, n=548) reported having achieved a high school education; 285 (17.6%) reported having more than a 4-year college degree; 281 (17.3%) reported having a 4-year college degree; and 269 (16.6%) were reported to have achieved two years of college. The education level of the fathers ranged from less than 5th grade to more than 17 years of education with an average being 13.43 years of education.

Table 5. Highest Education Level of the Parents of the Children entering Kindergarten

Highest Level of Education of Parent		Mothers	Fathers
11th grade or less	n (%)	235 (13.6%)	238 (14.7%)
High School Grad (12 yrs)	n (%)	437 (25.2%)	548 (33.8%)
2 Years or less of College (14 yrs)	n (%)	354 (20.5%)	269 (16.6%)
College Grad (16 yrs)	n (%)	360 (20.8%)	281 (17.3%)
More than College (more than 16 yrs)	n (%)	345 (19.9%)	285 (17.6%)
Missing	n (%)	86 (4.7%)	196 (10.8%)
Total	N (%)	1817 (100.0%)	1817 (100.0%)

Number of Moves Experienced by Children

Families were asked to answer the question, “How many times have you moved since your child was born?” About one in three children have lived in the same home, while another third of the sample has moved once in the children’s first five years of life. Another third of the sample has moved two or more times in five years. Of the children who were not in an infant or toddler program (N=168), only about 1 in four children have lived in the same home and 42.3% (n=71) who have moved two or more times in five years.

Table 6. Number of Moves since the Child was Born

Number of Moves		All Children	Children not in Infant/Toddler Programs	Children not in Programs between 3 and 5 years old	Children who were with Parents 0-5 years old
None	N (%)	630 (34.6%)	28 (16.9%)	67 (23.2%)	27 (25.2%)
1	N (%)	546 (30.4%)	53 (32.1%)	78 (27.1%)	37 (34.6%)
2	N (%)	287 (15.8%)	29 (17.6%)	47 (16.3%)	17 (15.9%)
3	N (%)	177 (9.7%)	31 (18.8%)	37 (12.8%)	16 (15.0%)
4	N (%)	57 (3.1%)	2 (1.2%)	8 (2.7%)	1 (0.9%)
5 or more moves	N (%)	51 (2.8%)	8 (4.8)	7 (2.4)	6 (5.6)
Total	N (%)	1817 (100.0%)	165 (100.0%)	288 (100.0%)	107 (100.0%)

Transitions in Early Childhood Programs

Just as moving households causes adjustments, so does changing early care and education programs. To assess the number of these transitions, families were asked to report the number of early care and education programs their children had attended since they were born. Out of the total sample, 1585 parents answered the question about the number of different programs their child had attended. The average number of different early care and education programs attended by these children was 1.4. The number of different programs attended by children is presented in Table 9. The number of programs attended by those in the sample ranged from attending one program (559 30.7% of those responding) to attending 15 programs in the first five years of life. There were 244 (13.4%) children who had been enrolled in 3 or more programs before they were five years old.

Table 7. Number of Early Care and Education Programs Children Attended between Birth and Age 5.

Number of Early Care and Education Programs		All Children
1	n (%)	559 (30.7%)
2	n (%)	396 (21.8%)
3	n (%)	163 (9.5%)
4	n (%)	57 (3.1%)
5	n (%)	18 (1.0%)
6 – 15 programs	n (%)	6 (0.3%)
Missing		618 (34.0%)
Total	N (%)	1817 (100.0%)

Family Activities

The *Family Survey* asked about the frequency of engaging in ten common household activities that also build school success by supporting language and literacy development, physical development, developing independence, and developing creativity. While some of the activities asked about are more “school like”, such as reading together; others, such as setting the table for meals, build school readiness skills nonetheless. Families were asked to indicate how frequently each activity occurred with their children: “rarely or never,” “once a month,” “once a week,” or “every day or almost daily.” Table 8 reports the responses given by families completing the *Family Survey*.

Most families are engaging their children in conversation (95.3%) and exercise (93.7%) every day. More than 94% of the families were looking at books and magazines and sing songs with their children at least weekly. Of the children in this sample, 76.0% (n=1381) have someone read to them every day and 71.7% (n=1302) have someone tell stories to them every day. The responses of families indicate that over 90% are playing games and puzzles and doing chores together at least weekly. Fewer families appear to frequently help their children to do arts and crafts projects, with 85.4% (n=1552) of families reporting that they are doing them once a week or more.

Table 8. Frequency of Ten Activities in Families

Activity		Rarely or never	Once a Month	Once a week	Every day or Almost Daily
Someone in the home has conversations with my child	n (%)	7 (.4%)	3 (.2%)	39 (2.1%)	1732 (95.3%)
My child gets exercise by walking, running, dancing and active play	n (%)	10 (.6%)	6 (.3%)	65 (3.6%)	1703 (93.7%)
My child looks at books and magazines at home	n (%)	27 (1.5%)	31 (1.7%)	211 (11.6%)	1516 (83.4%)
My child sings songs	n (%)	41 (2.3%)	30 (1.7%)	196 (11.6%)	1515 (83.4%)
Someone in the home reads to my child	n (%)	34 (1.9%)	37 (2.0%)	328 (18.1%)	1381 (76.0%)
Someone in the home tells stories to my child	n (%)	35 (2.5%)	41 (1.7%)	403 (22.2%)	1302 (71.7%)
My child plays games and puzzles	n (%)	34 (1.9%)	40 (2.2%)	463 (25.5%)	1239 (68.2%)
My child and someone in the home do chores together, such as cooking, cleaning, setting the table or caring for pets	n (%)	71 (3.9%)	51 (2.8%)	436 (24.0%)	1227 (67.5%)
My child builds using blocks and toys	n (%)	86 (4.7%)	84 (4.6%)	417 (22.9%)	1185 (65.2%)
Someone in the home helps my child with arts and crafts	n (%)	97 (5.3%)	135 (7.4%)	732 (40.3%)	820 (45.1%)

Access to Health Care

Access to health care can impact a child's development. Based on the responses from families answering the questions on the *Family Survey* related to health care (N=1817), 96.9% (n=1760) were able to have their child seen by a health care provider for a well-baby check by the age of two, and 95.7% (n=1739) were able to have their child immunized by the time the child was two. These activities provide an opportunity for health care providers to interface with children and their families, so if there is a concern about a child's development, there is a chance for the concern to be addressed. Of the families who responded to these questions, about 90% of the families (n=1628) reported that they did have access to health insurance, leaving about 10% indicating that the children did not have access to health care.

Table 9. Supports for Children to have Health Care

Health Care Indicators		All Children
Did your child have a check-up with a doctor by 2 years of age?	n	1760
	%	96.9%
	N	1817
Did your child receive the required immunization for 2-year olds by the time he/she was 2 years old?	n	1739
	%	95.7%
	N	1817
Is your child covered by health insurance or Medicaid?	n	1628
	%	89.6%
	N	1817

In addition to these questions about children's access to health care, families were also asked to rate their ability to get medical care for their child when it was needed. Of the 1752 families who answered this question, 90.6% (n=1646) indicated that they were usually able to get medical care, 4.7% (n=86) indicated that they were sometimes able to get medical care, and 1.1% (n=20) indicated that they were never able to get medical care needed.

Child Find Assessment

The Child Find assessment is addressed in the federal legislation describing the responsibilities of school districts in identifying, locating, and evaluating children who are in need of special education services. Each school district and charter school are able to adopt a screening protocol for identifying children. See Appendix D for the tools used by Delaware public and charter schools.

As can be seen in Appendix D, Delaware schools use several different assessment tools in their Child Find assessment process. It is difficult to compare the findings across the various tools without a means of standardizing the scores. Therefore, in order to have data that could be analyzed collectively, only the assessments from protocols that provide a percentile scores were used. The two measures that fit this criterion from the tools used were the *Developmental Indicators for the Assessment of Learning (DIAL-3)*, 516 motor assessments, and 515, language

assessments, and the *American Guidance Services Early Screening Profiles*, 120 language assessments and 105 motor assessments. This resulted in a sample of 623 Motor assessments where the scores could be combined and 635 Language assessment scores. Most school districts assess their future kindergarten class in the spring prior to the September that they start kindergarten.

Table 10. Child Find Scores

	Motor Score	Language Score
N	623	636
Mean percentile score	65.84%	62.24%
Median percentile score	75%	70%
Below the 16th percentile	98 (15.8%)	101 (15.9%)
Above the 84th percentile	109 (17.6%)	111 (17.5%)
Range of scores	1%-99%	1%-99%

These scores indicate that, at least for the subsample assessed by these two measures, the majority of the children entering kindergarten are scoring at or above the median on these developmental measures. When compared to national norms, 17.6% and 17.5% were scoring above the 84th percentile on motor and language respectively. Likewise, 15.8% and 15.9% scored below the 16th percentile on motor skills and language respectively. However, only 42 (6.6%) children scored below the 16th percentile on both measures. While we do not have the data from the school districts on rates of referral for any of the children in this sample, scores below the 16th percentile on both measures would be possible reason for a referral for further evaluation.

Readiness for Kindergarten

The *Kindergarten Readiness Checklist* was used to assess teachers' perceptions of children's academic proficiency upon entering kindergarten. The Kindergarten Readiness Checklist has forty-five questions. For the first thirty-eight questions, the teacher is asked to rate the child based on their expectations of the skills that a child should have when he/she starts kindergarten in the month of September. The thirty-eight questions fall into six areas: social emotional (6 items); school adjustment (8 items); reading and writing (9 items); language and reasoning (6 items), counting (4 items), perceptual motor (5 items). The teachers were asked to rate the children's abilities in each skill as being "Proficient" = 4, "Intermediate" = 3, "In the Early Stage" = 2, and "Not Yet" = 1. Following these questions are seven items with yes/no responses. The ratings on the thirty-eight questions in terms of the percentage of children who were rated proficient, the overall mean on each subscale and the responses to the yes/no questions are given in Table 11.

Table 11 Kindergarten Readiness Scores

Subscale	Item	Number of Children rated Proficient (%)
Social Emotional m=3.12 (sd.79)	Uses appropriate strategies to initiate interactions with peers and uses alternate strategies when initial attempts fail	334 (33.7%)
	Responds appropriately to other's expressed emotions and intentions	383 (38.6%)
	Overall emotional tone is positive when interacting with peers and adults	444 (44.8%)
	Displays age-appropriate impulse control and regulation during challenging situations	379 (38.2%)
	Peer relationships are generally positive and satisfying	438 (44.2%)
	Effectively uses adults as sources of support, comfort, and assistance	445 (44.9%)
School Adjustment m=3.20 (sd.75)	Focuses attention during large group teacher-directed activities	371 (37.4%)
	Can work independently	422 (42.5%)
	Demonstrates willingness to try new things	475 (47.7%)
	Generally completes tasks in allotted time	421 (42.4%)
	Understands and generally follows playground and classroom rules	509 (51.2%)
	Enjoys being in school	613 (61.7%)
	Can work effectively in a group	437 (44.1%)
	Actively participates in class activities	486 (48.9%)
Reading and Writing m =2.90 (sd.92)	Chooses books and stories during free choice activities	342 (34.4%)
	Recognizes most upper and lower case letters and knows most of their sounds	456 (46.0%)
	Uses some initial letter-sound associations to predict meaning	360 (36.4%)
	Uses context clues to predict meaning	316 (31.9%)
	Recognizes some common words	354 (35.6%)
	Draws and paints pictures	442 (44.5%)
	Writes name	520 (52.4%)
	Writes using upper and lower case letters with few or no reversals	354 (35.7%)
Language and Reasoning m=2.94 (sd.87)	Writes numerals with few or no reversals	326 (32.8%)
	Actively uses all senses to examine and explore familiar or unfamiliar objects	350 (35.3%)
	Shows interest in and understanding of the concept of comparing (e.g. more or less, full or empty, taller or shorter, etc.)	312 (31.5%)
	Uses elaborate language to describe objects and events	277 (28.0%)
	Uses language to initiate and maintain interactions with adults and peers	390 (39.4%)
	Uses language to gather information and solve problems (asks questions)	353 (35.5%)
Counting 3.05 (sd .926)	Understands and uses such concepts as many, more, less, etc.	381 (38.4%)
	Uses appropriate labels (one, two, etc) when counting objects	483 (48.8%)
	Uses counting reliably to quantify perceptual (<5) numbers	515 (51.9%)
	Uses counting reliably to quantify elementary (5 to 12) numbers	429 (43.2%)
Motor development m=3.33 sd=(.69)	Uses counting to quantify larger number (20+) objects	298 (30.0%)
	Demonstrates a positive disposition toward movement activities, enjoys, and feels confident during physical activities	531 (53.5%)
	Demonstrates age-appropriate static and dynamic balance (can stand on one foot, traverse a low walking board or balance beam, etc.)	489 (49.7%)
	Demonstrates age-appropriate locomotors patterns (walking, running, hopping, jumping, climbing, creeping)	584 (58.9%)
	Demonstrates age-appropriate fine motor movement differentiation (manages small manipulative toys, cuts efficiently, etc)	493 (49.7%)

	Demonstrates age-appropriate eye-hand coordination (drawing strokes are fluid and confident, closes figures when drawing and printing)		466 (47.0%)
		True	False
	Has problems speaking clearly and effectively	187(18.9%)	805 (81.1%)
	Is intellectually gifted and talented	181 (18.6%)	792 (81.4%)
	Is eager to learn new things	886 (89.3%)	106 (10.7%)
	Is often pulled out from the group because of behavioral problems	125 (12.7%)	860 (87.3%)
	May have a learning disability	120 (12.2%)	866 (87.8%)
	Is creative	708 (71.7%)	280 (28.3%)

A third to half of the children were proficient in the wide range of skills this measure assessed. In addition the average rating for most of the subscales was between intermediate and proficient. In the two cases where the average was not between the intermediate and proficient range, the average scores were very close to intermediate with reading and writing averaging a 2.90, and language and reasoning averaging a 2.94.

Likewise, the majority of the children, (89.3%) were judged eager to learn and creative (71.7%).

The final item on the *Kindergarten Readiness Checklist* asked teachers to rate the child's overall academic skills as: "far below average," "below average," "average," "above average," or "far above average". So while a child's skills may be intermediate or even just emerging, this may be average. Of the students rated by their kindergarten teacher (n=985), 17.5% (n=172) were rated as being "below average" or "far below average," 45.4% (n=447) were rated as "average," and 37.2% (n=366) were rated as "above average" or "far above average."

Comparing the Kindergarten Readiness Checklist with Child Find Ratings

There was a small subgroup of children (n=400) for whom we have both the kindergarten readiness checklist and the child find assessments scores given on one of the two instruments we can use for this analysis the DIAL-3 or the AGS. Table 12 has the results of the comparison between the teachers' overall rating of academic skills as a part of the kindergarten readiness checklist and the children's percentile rankings on the screening instruments. Comparing these two measures gives us an indicator of how developmental abilities are related to school based expectations. In general the trends in the teacher's assessment of overall academic skills was related with the screening findings, with those children the teachers' ranked as having higher academic skills also having higher percentile scores on the screening tools. Further, the teachers' ratings of overall academic skills were more aligned with the scores children achieved in the language screening than in the motor screening. However, it is interesting to note that generally the school readiness expectations of the teachers was beyond the skills that develop through the normal maturational process. For instance while the mean language percentile for those rated as far below average was the 21st percentile, the mean of the group rated as average was the 60th percentile, well beyond the mid point of the screening tool. In other words, it appears that average level developmental skills and normative developmental readiness may not be sufficient to prepare a child with school readiness skills. The expectations for school readiness are beyond the skills that children master as a result of developmental readiness. Table 12 has the average

percentile rankings of the children within each of the academic skills categories of the teachers.

Table 12. Child Find percentile rankings by Teacher Academic Skills ratings

Teacher Rating (Overall, how would you rate this child's academic skills)	Average Percentile Ranking Motor	Average Percentile Ranking Language
Far Below Average n=14	57 th	21 st
Below Average n = 65	56 th	37 th
Average n = 190	65 th	60 th
Above Average n=115	76 th	76 th
Far above average n= 26	81 st	86 th

Discussion and Conclusions

In this evaluation, families were asked to complete a survey about experiences of their children prior to entering kindergarten for the 2009 – 2010 school year. Such an analysis describes not only the children, it also describes their families. Based on permission from families, Child Find assessment scores were gathered from school districts for students, and kindergarten teachers were asked to complete a *Kindergarten Readiness Checklist* describing students as they entered kindergarten. The sample who completed the *Family Survey* appears to be ethnically similar to the students enrolled in Delaware's kindergarten classes. The sample represents all of the school districts (15), which have kindergarten programs in the state as well those attending nine charter schools with kindergartens.

Children's Early Experiences

The majority of families in this sample had participated in some form of early care and education programming. Approximately 81% of families indicated that their child was enrolled in an early care and education program from the time they were an infant until they transitioned to kindergarten. In contrast to this, approximately 6% of families reported that their children were not enrolled in an early care and education experience prior to attending kindergarten. Further, enrollment patterns indicate that as children get older, and approach kindergarten entry they are more likely to be enrolled in an out of home early care and education program. However, there was a small group of families that participated in community based program(s) during their child's first three years, and did not do so during the child's third to fifth year.

The families who completed the *Family Survey* reported that approximately 60% of the mothers have pursued education beyond high school and approximately 50% of the fathers have pursued education beyond high school. The survey indicated that over half of the children have been raised by two adults (59.3%). Approximately a third of the families had not moved during the first five years of a child's life and another third had moved once during the first five years. About 15% of the families who completed the survey indicated that they had moved three or

more times in the child's first five years of life. In this sample, 15% is 285 children. In the state's kindergarten cohort (9537), if this proportion were to be extrapolated, that would be 1430 children moving three or more times in the child's first five years. The frequency of moves may create both adjustment challenges for children and challenges for programs partnering with families. Knowing that families may be facing these transitions can allow programs to plan accordingly.

Another "stability" factor in the lives of children is the number of early care and education programs that they attend. The average number of programs attended by children was 1.3 programs. Approximately a third of the children were reported to have been in one program between birth and age five. Another 20% of the children were reported to have been in two programs during the five years, and approximately 15% of the children in this cohort attended three or more programs in the five years. Ensuring that transitions between programs are handled with care and support will enhance children's well-being.

It appears that most families are engaged in a variety of activities with their young children that can support the child's school readiness. Children get exercise through walking, running, and other active play and they are spending time each week, if not every day, looking at books and magazines, singing songs, playing with puzzles and games, and building with blocks and toys. Most families report engaging in having daily conversations with their children, and 75% of families indicated that they read to their child once a day for language and literacy development, with another 18% indicating that they read to their child once a week.

In reviewing the data collected from families related to their experience with having access to health care, more than 95% of families had their child have a check-up with a doctor by the age of two and the children had their immunizations by the time they were two. Of the families who provided the information, 89.6% had access to health insurance or Medicaid. During the time of this data collection, families would have had access to the state's Child Health Insurance Program for uninsured children. When asked to rate their ability to get medical care for their child when it was needed, 90.6% of families indicated that they were usually able to get the medical care they needed. Only 1.1% indicated that they were not able to get the medical care that they needed.

Child Find Screening Process

While school districts and charter schools have a Child Find process in place, there are different methods used to screen the entering kindergarten class. Four school districts use the American Guidance Service *Early Screening Profiles (AGS)*, and 10 districts or charter schools use the *Developmental Indicators for the Assessment of Learning – 3 (DIAL-3)*. One charter school is using the *Behavior Assessment for Children (BASC)*, one district is using the *Dibels* for a screening tool, and one district and one charter school are using a teacher-developed screening checklist as part of the Child Find screening process. In several cases the screening assessment data is then compared with data derived from the *Dibels*.

Kindergarten Readiness Checklist completed by Kindergarten Teachers

The *Kindergarten Readiness Checklist* is a way of assessing teachers' recalled perceptions of children's readiness for kindergarten. Children's social emotional adjustment, school adjustment, and motor development were, on average, all scored above a 3 (intermediate development), with motor development scored the highest. Children's skills in reading and writing and language and reasoning were a bit less fully developed, but on average were scored as approaching the intermediate skill level. When asked to provide an over-all rating for children, 83% were perceived by their teachers as having average or above average academic skills. Finally, a comparison between the child find data and the kindergarten readiness checklist reveals that kindergarten readiness skills are more advanced than those assessed to determine normative development.

Recommendations

This *Family Survey* of families whose children entered kindergarten in the fall of 2009 provides insight about the experiences of these families, their children, and how to reach them. The *Kindergarten Readiness Checklist* provides a portrait of children's varying levels of strengths in terms of preparation for the challenge of kindergarten. As a result of the analysis of the data provided by these two protocols and the *Child Find* assessments, the following would be recommended:

- Because such a high proportion of families interface with the health care community, looking at clinics and pediatrician's offices as sites to also maximize school readiness efforts should be considered. For instance, The Delaware Academy of Pediatrics is engaged in efforts to implement a process whereby all children receive a developmental screening at a "well baby check" with their pediatrician or family physician. Linking the developmental screening with information to families about ways to support their children's development seems very promising.
- Delaware has already invested resources into creating materials for families such as the *Growing Together Portfolio*, a developmental calendar given to families as they leave the hospital with their baby, the *Great Beginnings* monthly, age-paced newsletter from birth through age five distributed by Delaware Cooperative Extension, and the soon-to-be-available monthly activity calendar from the Delaware Department of Education. Parents as Teachers home visitors and "play and stay" programs also are a resource for families, particularly those who are not involved with an early care and education program. School districts, health care providers and child care programs could look to these programs and materials for ways to reach out and partner with parents.
- School districts should be encouraged to partner with the early care and education programs in their communities. The discrepancies between the Child Find ratings and the school readiness ratings are interesting in terms of considering what is needed to prepare children for school success. Based the comparison of the scores on the two measures, the school performance for a child entering kindergarten is beyond the skills that can be expected to be developed by virtue of the normal age-related maturational process. The solution to this discrepancy lies in two very different

- directions, either kindergarten readiness expectations could be adjusted to be more in line with what can be reasonably expected based on maturation, or the early care and education system can begin to offer more school readiness oriented programming. In either case, as school districts form linkages with early care and education programs in their communities they can ensure that there is alignment between the early care and education programming and the skills that children will be expected to master once they arrive in kindergarten. Ensuring alignment between the kindergarten standards and the early learning standards, offering kindergarten transition activities and family support and outreach are all activities that districts and early care and education programs could work on as partners.
- The needs identified in the *Kindergarten Readiness Survey* indicate that professional development for the early care and education professionals in offering academically enriching programming might support an increase in children’s success in meeting the kindergarten teachers’ readiness expectations. Because so many children attend them, early care and education programs could be an effective means to reach parents of young children, in order to support families in their efforts to prepare children for school success.
 - Parents need to be provided with information about the characteristics and elements of high quality early care and education programming so that they are able to choose programs for their children that will support their children’s success.

Many of these recommendations are consistent with objectives outlined in *Early Success: Delaware’s Early Childhood Plan*. This survey provides some data to begin to be more strategic about addressing the challenges, interfacing with families, and targeting resources and programs to the early care and education community.

Attachment A

Delaware Kindergarten Readiness Pilot Study

Scope of Work, Timeline, and Deliverables

June 2011 – September 2013

The work scope for the Delaware Kindergarten Readiness Pilot Study includes five main types of activities:

Conduct a survey of current kindergarten teachers

- Contact current kindergarten teachers in Delaware (as of May 2011) and request that they complete a short electronic survey
- Ask about topics including teachers' expectations for K students at beginning of year, their assessment practices and understandings, teacher background information (type of credential, years teaching, etc.)
- Compare results from this survey with results from previous survey of Delaware kindergarten teachers in 2000; this will be facilitated by incorporating questions from the 2000 survey into the new 2011 survey
- DELIVERABLE – Survey Report- November 2011

Carry out site selection and sampling activities

- Identify representative districts and charter schools interested in linking early childhood programs with kindergarten
- Ensure that selected kindergarten teachers in these districts will be available for group training and support in using a standardized observational assessment tool
- Gather observational assessment data for 5 children per classroom; in larger districts, the study will be limited to a single school
- Include total sample of up to 200 children in 2011-12 school year and up to 400 children in 2012-13 school year
- Include schools in all 3 counties of Delaware, and urban, suburban, rural settings
- Prioritize districts/schools with English Language Learners for inclusion in the study, to the extent possible

Collect and analyze observational assessment data from samples of current kindergarten students

- Use the Teaching Strategies GOLD as the observational assessment tool
- Kindergarten teachers will enter data into an online system after receiving training
- UD researchers will work to ensure that a project staff member is trained to Teaching Strategies standards in providing support and coaching for teachers implementing the GOLD; this support/coaching will be provided on an ongoing basis
- Delaware DOE will provide payment to Teaching Strategies for GOLD trainings and materials

- DELIVERABLE: Analysis of 2011-2012 GOLD Data and draft report – July 1, 2012
- DELIVERABLE: GOLD data collection process complete and data ready for analysis – December 2012
- DELIVERABLE: Preliminary analysis of fall 2012 data – June 30, 2013
- DELIVERABLE: Final report – August 15, 2013

Incorporate supplementary, secondary data

- Work on making linkages to student identification numbers in DOE student database
- Gather data on child health status and immunization from existing state databases
- Query state databases for other supplementary data such as poverty status, demographics
- Examine GOLD data from ECAP and Head Start from the 2010-11 school year, with goal of identifying best ways to link these data to observational assessment data, and to explore what can be done with data

Gather additional information related to kindergarten enrollment procedures/families

- Collect kindergarten enrollment forms from schools across Delaware (or applications from charter schools and information about their enrollment process)
- Identify common elements across current Delaware kindergarten enrollment forms
- Make recommendations about elements that might be included in a standardized kindergarten intake form

Timeline

<i>Event/Deliverable</i>	<i>Anticipated Timeframe</i>
Conduct survey of kindergarten teachers	June 2011
Gather kindergarten enrollment forms	June 2011
Site selection, planning, sampling for 2011-12 data collection	June – September 2011
Make linkages to outside databases and explore types of data available and quality of that data	Beginning June 2011, and ongoing from that point
Review and analysis of data from survey of kindergarten teachers	June – August 2011
Review kindergarten enrollment forms	July – August 2011
Teacher training session for GOLD	August or September 2011
Gather additional kindergarten enrollment forms, if needed	September 2011
Report on teacher survey results	October 2011
GOLD data collection in kindergarten classrooms; ongoing technical support from UD research staff	October – November 2011
DELIVERABLE: Kindergarten Survey Report	November, 2011
Review GOLD data quality and implementation; suggestions for any changes to procedure for follow-up	December 2011 – March 2012
Refresher training or TA for teachers, as needed	March – April 2012
Follow-up child data collection; ongoing technical support from UD research staff	April – May 2012
Site selection, planning, sampling for 2012-13 data collection	May – September 2012
Recommendations about possible elements in a standardized kindergarten intake form	June 2012
DELIVERABLE: Analysis of 2011-12 GOLD data and draft report	July 1, 2012
Teacher training session for GOLD	August or September 2012
GOLD data collection in kindergarten classrooms; ongoing	October – November 2012

technical support from UD research staff	
DELIVERABLE: GOLD collection process complete and data ready for analysis	December, 2012
Review GOLD data quality and implementation; suggestions for any changes to procedure for follow-up	December 2012 – March 2013
Refresher training or TA for teachers, as needed	March – April 2013
Follow-up child data collection; ongoing technical support from UD research staff	April – May 2013
DELIVERABLE: Preliminary analysis of fall 2012 data	June 30, 2013
Analysis of 2012-13 GOLD data	June – July 2013
DELIVERABLE: Final report	August 15, 2013

Payment schedule:

First payment of \$23,824 to be provided at the implementation of this contract. Subsequent payments of \$23,824 following submission of deliverables as outlined in the work scope/timeline targeted for: November 2011, July 2012, December 2012, June 30, 2013 and a final payment of \$23,825 with the submission of an approved final report.

Kindergarten Readiness Study Teacher Survey Results

Response Rate:

Of the 389 teachers who were asked to complete the survey, 185 completed the survey. Therefore, the response rate was 46.7.

Results:

Kindergarten teachers should assess children early in the school year to determine children’s skills and abilities.	1. Please rate each of the following statements to indicate your perception of kindergarten classrooms, curriculum, and the instruction that takes place in them.					Total Response Rate
	Strongly Agree 1	Agree 2	Unsure 3	Disagree 4	Strongly Disagree 5	
	81.1%	15.7%	0.00%	2.2%	1.1%	185

It is important for kindergarten teachers to have assessment information early in the school year on children’s...	2. Please rate each of the following statements to indicate your perception of kindergarten classrooms, curriculum, and the instruction that takes place in them.					Total Response Rate
	Strongly Agree 1	Agree 2	Unsure 3	Disagree 4	Strongly Disagree 5	
Language Skills	76.8%	20.0%	1.6%	1.6%	0.0%	185
Social Skills	58.3%	32.2%	4.4%	4.9%	0.0%	180
Problem Solving Skills	40.2%	42.5%	7.8%	9.5%	0.0%	179
Academic Skills (e.g., knowledge of numbers, letters)	78.3%	20.1%	0.5%	1.1%	0.0%	184
Physical Skills	33.5%	48.0%	9.5%	8.9%	0.0%	179

Self-help Skills (e.g., can put on own coat)	47.5%	37.6%	7.2%	7.7%	0.0%	181
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3. On a scale of 1-5, please rate your level of comfort in collecting and using child assessment data.						
	Very Comfortable 1	2	Somewhat Comfortable 3	4	Not at All Comfortable 5	Total Response Rate
Observe children's behavior to assess skills	69.7%	20.1%	8.7%	0.5%	0.5%	184
Complete curriculum-based checklists to document children's learning	72.1%	20.2%	6.6%	0.5%	0.5%	183
Conduct individual learning activities intended to elicit key behaviors or skills	65.4%	28.0%	3.3%	2.2%	1.1%	182
Conduct an individualized standardized, norm-referenced assessment	48.1%	29.0%	13.1%	6.0%	3.8%	183
Conduct small group activities intended to elicit key behaviors or skills	68.1%	26.4%	3.8%	1.1%	0.5%	182
Create lesson plans using child	66.5%	25.8%	6.6%	1.1%	0.0%	182

assessment data							
Track children’s progress on targeted objectives over time	69.2%	25.3%	4.9%	0.5%	0.0%	182	
Create portfolios to document children’s progress	58.2%	23.1%	14.3%	2.7%	1.6%	182	

4. On a scale of 1-5, please indicate the level of professional development you would need in order to accomplish these tasks.							
	No Professional Development Needed 1	2	Some Professional Development Needed 3	4	Intensive Technical Assistance Needed 5	Total Response Rate	
Observe children’s behavior to assess skills	50.8%	22.4%	22.4%	2.7%	1.6%	183	
Complete curriculum-based checklists to document children’s learning	51.9%	27.3%	16.4%	3.8%	0.5%	183	
Conduct individual learning activities intended to elicit key behaviors or skills	41.5%	26.8%	24.0%	5.5%	2.2%	183	
Conduct an individualized	32.0%	28.1%	29.3%	6.6%	3.3%	181	

standardized, norm-referenced assessment									
Conduct small group activities intended to elicit key behaviors or skills	41.0%	29.0%	23.5%	4.9%	1.6%	183			
Create lesson plans using child assessment data	42.6%	34.4%	15.3%	4.9%	2.7%	183			
Track children’s progress on targeted objectives over time	49.2%	27.9%	16.4%	4.4%	2.2%	183			
Create portfolios to document children’s progress	44.0%	23.6%	19.2%	9.3%	3.8%	182			

5. Below are a number of skills that many 5-year-olds possess or develop. Select the five most important skills for a child to possess when they enter your kindergarten class at the beginning of the school year. Place a “1” beside the most important skill, a “2” beside the next most important skill up to “5”.						
	1	2	3	4	5	Total
Names days of the week	0	0	0	0	0	0
Communicates names and preferences	26	19	19	14	13	91
Prints first name	11	9	11	15	14	60
Stays with group outside classroom	6	12	16	7	6	47

(E)(1)-4: Kindergarten Readiness Teach Survey

Waits and takes turns	1	6		5	6	4	22
Shares	0	0		5	4	4	13
Cares for own bathroom needs	65	29		18	7	18	137
Says what sounds letters make	1	2		2	2	3	10
Modifies behavior when provided with verbal directions	3	23		21	27	21	95
Responds positively to recognition	1	0		2	1	1	5
Exhibits self-control	28	29		23	20	12	112
Names letters of alphabet	10	11		10	12	10	53
Seeks out adult if hurt or cannot handle social situations	1	4		3	5	11	24
Is aware of/attends to appearance	0	0		0	0	0	0
Identifies numbers 1-10	0	4		5	4	7	20
Attends to peer or adult who is talking to a group	10	8		21	14	14	67
Interacts cooperatively with others	12	14		15	25	18	84
Counts to 20	0	3		2	1	2	8

Copies simple printed material	0	1	0	2	1	4
Respects others and their property	6	6	4	15	19	50
Reads three-letter sight words	0	0	0	0	1	1
Other potential kindergarten readiness skills (please specify):	2	2	0	0	2	6
Has a strong foundation in phonemic awareness: rhyming, phoneme seg, blending, manip, clapping words, syllable counting, etc...						
Social mixed w/ academic. 2 different expectations.						
Ties shoes or wears velcro						
put on own coat/recess attire						
listens and follows 1-2 step directions						
Can state name clearly for nurse						
Has well developed fine motor skills in order to handle the high demand and level of expectation in kindergarten						

6. Rate the importance of each of the following behaviors and skills for children entering kindergarten for the first time.								
	Very Important	1	2	3	4	5	Not Important	Total Response Rate
Names days of the week	1.6%		3.3%	15.4%	31.9%	47.8%	182	
Communicates names and preferences	62.3%	15.8%	20.2%	41.5%	10.4%	3.8%	183	183
Prints first name	23.5%	20.8%	20.2%	15.3%	1.6%	0.0%	183	183
Stays with group outside classroom	62.8%	20.2%	30.6%	25.7%	2.2%	0.0%	183	183
Waits and takes turns	41.5%	33.7%	26.1%	2.2%	0.0%	0.0%	184	184
Shares	38.0%							

(E)(1)-4: Kindergarten Readiness Teach Survey

Cares for own bathroom needs	88.0%	6.5%	3.8%	1.6%	0.0%	184
Says what sounds letters make	6.6%	10.9%	36.1%	25.1%	21.3%	183
Modifies behavior when provided with verbal directions	65.6%	23.5%	9.3%	1.6%	0.0%	183
Responds positively to recognition	30.2%	33.0%	33.0%	3.3%	0.5%	182
Exhibits self-control	72.7%	20.8%	6.6%	0.0%	0.0%	183
Names letters of alphabet	20.2%	18.0%	35.0%	14.2%	12.6%	183
Seeks out adult if hurt or cannot handle social situations	48.4%	29.3%	21.2%	1.1%	0.0%	184
Is aware of/attends to appearance	7.2%	20.4%	43.1%	21.0%	8.3%	181
Identifies numbers 1-10	13.6%	15.8%	37.5%	20.1%	13.0%	184
Attends to peer or adult who is talking to a group	59.2%	25.5%	14.1%	0.5%	0.5%	184
Interacts cooperatively with others	59.6%	32.2%	8.2%	0.0%	0.0%	183
Counts to 20	6.6%	17.5%	33.3%	24.0%	18.6%	183
Copies simple printed material	4.9%	12.6%	30.2%	30.8%	21.4%	182
Respects others	58.5%	25.7%	13.7%	1.6%	0.5%	183

and their property						
Reads three-letter sight words	2.2%	7.1%	12.6%	30.6%	47.5%	183
Other potential kindergarten readiness skills (please specify):	47.8%	17.4%	13.0%	4.3%	17.4%	20
Knows how to print letters						
identifies 10-15 capital and lowercase letters						
child can button, zipper, snap coat independently						
Can hold and cut with scissors						
SORTS OBJECTS						
stays on task						
knows first and last name						
phonemic awareness						
social/emotional skills						
following direction						
able to speak in 6-8 word phrases/sentences						
knows colors						
Speaks in sentences						
follow 2 and 3 step directions						
rhymes						
dresses self (coat and recess attire)						
knows colors						
Other potential kindergarten readiness skills (please specify):	43.8%	12.5%	12.5%	6.3%	25.0%	13
Recognize name in print						
child can recognize name/ say clearly for nurse, cafeteria, etc.						
IDENTIFIES COLORS						
listens						
know address and phone numbers						
well developed fine motor skills						
language development						
able to focus						
Is able to distinguish between letters and numbers						
exhibits a sense of independence & can follow routine procedures (unpacking, schedules, etc.)						
understands basic school language vocabulary						

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7. How comfortable are you with accepting children identified as gifted and talented for early admissions for kindergarten?				
Very Comfortable	Somewhat Comfortable	Somewhat Comfortable	Not At All Comfortable	Total Response Rate
1	2	3	4	5
22.8%	20.7%	34.2%	13.0%	9.2%
				176

8. In your experience, when gifted and talented children have been admitted early to kindergarten, have they been successful?			
Yes	Somewhat	No	Does Not Apply
21.2%	39.1%	8.2%	31.5%
			184

9. Please write in the space below how you define “readiness” for kindergarten.	
Total Response Rate	130
knowing their first and last name, writing their first name, knowledge of colors and shapes, a few letters and numbers. Bathroom needs, staying with the group, they need to learn how to learn.	
Social maturity and self-help skills need to develop so that the child can interact socially with her peers. A child ready for kindergarten should be able to speak, listen, share, and adjust behavior according to verbal and non-verbal corrections.	
being potty trained, knowing their name, how to recognize and write their name, how to print some letters, recognizing letters, knowing numbers to 10, Knowing how to attend for extended periods of time, being able to stay seated for extended periods of time, sitting quietly, walking in a line quietly, etc.	
potty trained, socially, and emotionally prepared	
Student has skills to keep up with curriculum (write/read letters) as well as social skills and respect to work cooperatively in the classroom.	
The child is willing and ready to participate in the kindergarten classroom.	
number skills, letter identification by sight and sound.	
identify some letters and numbers. They should also be able to identify 4 basic shapes and count to 10. Bathroom independence is a must. It would be wonderful if students entered kindergarten knowing all of their letters and numbers to 20.	
the ability to exhibit self-control and cooperate within the group; the ability to engage in developmentally appropriate play; the ability to	

communicate verbally with peers and adults to express oneself; the ability to manage all self-care (bathrooming, dressing, etc) independently developed social skills and impulse control. behavior and self control are the most important factors.
social and adaptive skills are important as well as some phonetic awareness, alphabet knowledge and number sense.
Is able to separate from family during the day without excessive anxiety. Displays a willingness to learn, is attentive during group discussions, and is respectful to peers.
Ready to learn the curriculum being presented, ready to interact with the experiences around them.
A child who is ready for kindergarten is able to sit with a group for a minimal amount of time (no more than 20 minutes in the beginning of the year) and attend to the speaker. They are able to follow a one step direction and can independently use the bathroom. They should also be able to recognize their own first name when spoken or written.
basics of writing their name, letter, numbers 1 to 10, shapes and colors.
experiences in gluing, using scissors, stating their name clearly for the nurse, office, cafeteria as needed, independently knowing how to button, snap and zipper coats/ book bags and their self-help skills. Students are prepared for a full day academic program, ready to sit for a period of time listening. Students come with listening skills and following directions. Students come with ready to work cooperatively in a group and exhibit self-control.
But if they are not developmentally ready to learn what I am teaching it makes my job that much harder. If a child doesn't understand when it's time to listen to a teacher, or if they cannot control their bodies for five minutes at a time, then nothing I say is going to make a difference to their acquisition of academic knowledge. They need to be able to stay awake for the six and a half hour day. They need to know when they need to use the bathroom. They need to know how to follow directions in order to stay safe.
Children can attend to tasks for a short amount of time, show some self-control and awareness of the rights of others, can care for materials and show interest in learning.
Kindergarten readiness includes emotional, physical, and academic skills. Students should be emotionally able to handle separation from parents. They should be physically able to interact with other children. Academically, they should be able to express themselves verbally, be good listeners, enjoy having a story read to them, and understand that letters make printed words, which can be used to communicate information.
Activities of daily living skills, including bathrooming, tying shoes, zippering coats are in place. Able to listen to and follow two-step directions. Able to speak in complete sentences with speech that is intelligible. Ready and prepared for school day, including sufficient sleep, appropriate dress, and adequate nutrition. Respect for adults and willingness to follow adult directions. Counting with 1:1 correspondence to 10. Prior knowledge of alphabet, letter recognition, and numeral recognition to 10. Experience with sharing and taking turns.
They can handle the regular demands of the day to day activities during a regular Kindergarten day.
how to stand in a line, sit on the rug in large group, respect people and materials around them, and also be able to communicate their needs. print their first name, and recognize the letters in their name. They should also be able to recognize their last name.
ability to separate from parent, ability to follow simple directions, socially able to function in a group setting, know own name and writes name, communicates with adults and peers; verbal, knows colors and some shapes, familiar with listening to stories, somewhat familiar with letters and numbers

Children are beginning to acquire simple academic skills, are self sufficient in the restroom, and know how to behave around other children.
Readiness for kindergarten to me means that the child is excited and prepared for the school setting. Writing your name, having experience with nursery rhymes and listening to stories are beneficial as well.
Students must be socially and emotionally ready for kindergarten.
I think children need to not only be academically ready for Kindergarten but socially ready for Kindergarten. social skills and the ability to handle classroom activities and environments . The children children who are 'older' (meaning earlier birthdays) can come in academically behind but since they are more able to handle situation because of maturity they usually can catch up and be on target by the end of the year.
A student who is able to care for themselves, listen to directions and interact with peers (sharing/listeing). Academic readiness would include a basic knowledge of letters and numbers.
willing to learn, cooperative play, listen to teacher, etc
comfortable with letters of the alphabet and numbers to 10, can identify own name, shares, positive interactions with others, respects others
I define readiness by maturity and social/emotional development. Academic skills are also important. However, if the child enters school ready and able to learn in the sense of social/emotional development (cooperates, listens, shares, is motivated, is enthusiastic, etc.) then the child is readily able to learn the academic information in kindergarten.
ability to listen to instructions and then follow them, appropriately self-sufficient (able to put on their coat and go to the bathroom by theirself), ability to recite the alphabet and count to 10, hold a pencil and cut with scissors, as well as, age appropriate social skills that allow the child to work with other students and separate from their parents.
There needs to be an emotional/behavioral piece in conjunction with an academic piece as far as screening readiness for kindergarten.
Readiness for kindergarten looks like a child who has some self-control and self care skills, is able to communicate verbally his/her needs and can follow simple safety rules such as stay with the group during recess/hallway walking, etc.
willingness to listen and a desire to learn new things. Students need to be able to make eye contact and respond when spoken to. exhibit self control and good listening skills.
Readiness can be defined as able to separate from parent or caregiver, understands the reason for going to school and is able to be successful in a group situation. Kindergarteners should be able to understand simple directions.
social skills and maturity level necessary to learn academics. Basically, I feel that all children who qualify for kindergarten due to their age should be able to attend. Programs should differentiate their instruction to meet children where they are academically. I do think that some students are "more" ready than others.
social and emotional skills that will give them the ability to attend to classroom activities throughout the day. It also suggests that the child has been exposed to those emergent skills in an early childhood setting with the content areas: reading, writing, math, science and social studies. I would also expect that the child would have the proper self-help skills such as shoe tying, buttoning etc. These children would operate with a certain degree of independence.
Readiness= Understanding the concepts of, independence, following simple directions, complying with adults, and functioning as a part of a group.
appropriate social skills to be successful in a group setting. attention span to sit and listen to the teacher. respect looks like in a classroom.

listening and following rules.
The capacity to listen and follow directions, to have a reasonable age appropriate attention span to be able to listen to stories. Have some phonemic awareness and self help skills.
The child is able to separate from parents. Able to communicate with others. can follow simple directions. Knows their name and what it looks like. Basic academic skills will help but are not necessary.
The children come to school ready to learn the skills we need to teach. Children should be able to follow directions, listen to the teacher, not talk back, be able to keep their hands to themselves.....(have the social skills needed so when they come to school, the teacher can teach them kindergarten skills)
The children come into the school having a basic knowledge of how to interact with other children. They should have some background knowledge of the spoken word and the concept of print(how to communicate with others, knowing that there are letters and umbers that have names). The children should have developed some of the necessary self-help skills.
The students that we receive at the beginning of the year are at many different levels of the "readiness" spectrum. This all depends on their educational background, family life, socio-economic status, and health. As a kindergarten teacher, I need to hae an optimistic perspective on what I hope the children would be able to do at the beginning of the year and what they can actually accomplish at that time.
"social" basics instilled upon them such as: following one step or two step directions given by an adult, attending when an adult is speaking, safety guidelines, etc. The "academic" basics such as knowledge of letter names and numerals, and the ability to write one's first name would also be wonderful, but I personally feel that possessing or at least being exposed to the other "social" basics mak all of the "academic" things easier to learn during the school year. Personally I have found that that students who have attended Head Start programs are more prepared socially and academically for the kindergarten school year.
children need more social/behavior skills upon entering kindergarten. emotionally, socially, and behaviorally ready.
Readiness for Kindergarten is being able to follow simple oral directions, responding to adult directions, potty trained, able to communicate effectively with peers and others (but may need teacher assistance at beginning), familiar with books.
Able to take care of personal needs. Can communicate wants. Able to follow a two step direction.
Readiness is when the child enters Kindergarten with the knowledge and ability to perform tasks that will help them enhance their learning in Kindergarten. These skills are seen as those that the child should already possess so that we (Kindergarten Teachers) can get these students ready for first grade. the readiness skills of today are the Kindergarten skills of yestertear.
exposure to sound and print awareness through read alouds as well as a robust vocabulary pool that has been developed by meaningful conversations and read alouds. He should also have had socialization throug pre-school, play dates, or some other opportunity for play.
knows their name and can responsd to questions. This child also can use the bathroom independently, knows how to share and understands that there are rules/expectaions that they need to adhere to.
basic, civil human interaction skills are a baseline, non-negotiable...if that's secure, all else follows: growth, engagement, learning
A child who is mature enough to learn, grow and succeedin what is required to complete kindergarten.
Children need to be ready to focus in a group situation. They need to be capable to comprehend and carry out directions of two or more steps. They need to be able to communicate needs and wants to both peers and adults.

<p>The student comes to school knowing their letters, sounds, can use the bathroom, can count and identify #'s 1-5, can tie shoes, can write their name, and can copy printed material.</p>
<p>Readiness for kindergarten involves identifying ones own name. Able to use the bathroom on their own and express concerns to an adult when needed. Able to have self control and cooperate with teacher and others. Able to follow directions</p>
<p>Exposure to materials (books, colors, shapes, letters) and social situations before coming to Kindergarten. Having some self help skills and knowledge of following directions and listening. These skills do not have to be mastered, but readiness to me mean having prior experiences with items we start with in Kindergarten</p>
<p>Children who are emotionally, physically, and cognitively healthy and who are eager to learn and explore new concepts and experiences. exposed to a social setting to practice social interaction with peers and adults other than their parents. prepared for the school structure.</p>
<p>I feel that a child is ready for Kindergarten if he/she knows how to follow directions, be a good listener and role model, be respectful, and gets along well with others. If they are able to focus, then the learning should come easier.</p>
<p>use the bathroom, take turns, respect the teachers and their fellow classmates. how to cooperate in a structured environment and contribute responsibly in the classroom community. , begin theyear understanding that school is important, needs to be taken seriously, and are prepared to show responsibility for their actions.</p>
<p>Readiness for kindergarten means a child can sit still and attend to an adult for at least 10-15 minutes. It means that a child can follow simple directions, can recognize his/her name, write his/her name, and play positively with his/her peers. Readines means that a child can separate from a parent without tears and can express his/her needs and wants. Unfortunately, now it also means that a child can spend an entire day in school and does not need a nap!</p>
<p>Knows the numerals 0–10, counts to 10, counts sets to 6, identifies the letters in their first name, and knows how to handle a book.</p>
<p>Readiness means being prepared to learn that skill based on academics, age and maturity.</p>
<p>skills to attend to the teacher, socially interact with other children and being fully bathroom trained. A student who knows letters, sounds, numbers, counting, shapes, etc. will be better abl to understand and follow along with the curriculum.</p>
<p>Having some knowledge on the skills we focus on in kindergarten.</p>
<p>Readiness for kindergarten is knowing basic skills. I think that all children should write their first name and use the bathroom.</p>
<p>Children who seem to be the most prepared for kindergarten are the ones with a general knowledge of academics (letters, numbers, writing name) but just as much need structure, following directions, and expressing themselves with peers and adults.</p>
<p>A child knowing his or her alphabets/sounds, can count to 20, write their own name and coloring skills.</p>
<p>Being capable of learning new material and getting along with peers.</p>
<p>A student is ready for kindergarten when they are able to write their name, identify all or most uppercase and lowercase letters, shapes, colors, and numbers 0-10. Students should also be able to follow directions and respect adults and their peers.</p>
<p>Can bathroom, have good manners, follow directions.</p>
<p>When a child is ready for Kindergarten, He/she will be able to greet people with verbal recognition. They should also be able to sit at their assigned seat at table and on the rug. They should be able to follow simple 2 to 3 step directions given by theteacher. They should also listen to the teacher when they are making a bad choice. be able to appropriately engage with their peers.</p>

self control in an environment where there are other children. Ready to listen and follow 1 step direction at the minimum.
take of own body needs, listen to another authority figure, speak and participate, follow basic rules, and show respect for others. recognize and write their first name, have some fine motor skills (cutting, drawing lines and curves, recognize at least 3/4 of the alphabet and many letter sounds and numbers to 10, and recognize colors and basic shapes.
basic developmental skills/characteristics needed to be able to attain further skills learned. communicate and have an understanding of their environment and "self" before they can move on touse these skills to learn sounds, letters, numbers, concepts, etc. how to grip a writing tool, etc. basic developmental skills
an eagerness to learn. Students should also be able to follow simple directions and willing to stay with the group.
The ability to listen to the teacher and follow simple one step directions when given. Care for bathroom needs with out assistance.
Socially able to handle situations; letter recognition, letter sound id, number recognition, able to use the bathroom independently; shape and color recogniton
The child is able to separate from the parent. The child is able to listen, follow simple directions, listen to a story, answer a simple question, share, keep their hands to themselves, follow rules, share and accept authority. The child should be able towrite their first name, know many, if not all the letters in their first name, name colors, count to 10. social and emotional areas
children who have the social-emotional skills to be away from their families, the ability to interct and communicate with others, cooperate with peers and teachers, follow directions and rules
how to behave in the classroom as well outside. Have some basic skills in recognizing letters, numbers, colors, etc. Making sure to know how to at least write their first name. Also, having motor skills such as holding pencil and glue. Learning to follow the rules and respect.
able to communicate using their words to other children and adults. Mature and ready and able to sit at group and ready for the "kindergarten schedule" with transitions, full day, eating lunch in the cafeteria and riding a scool bus with older kids.
The ability to actively and thoughtfully participate in the social and academic kindergarten program.
attend to thier bathroom needs self-sufficiently. The child can sit and attend on the rug. The child is cooperative and respectful of authority figures in the school setting. The child must be able t listen and follow simple directions (i.e walk to the door, stay in line, etc..) The child must be able to communicate their needs (tell their full name, ask to use the b-room, LISTEN successfully).
Kindergarten "readiness" is the being able to sit in a chair properly, sit in a group properly, self-help skills/dressing skills are established, and able to follow directions.
If the child is attentive to directions and can follow them. If a child understands what books are and what they are used for. If a child can follow a routine. If a child can respond appropriately to a question.
A child should be able to listen and follow school rules, attend to bathroom needs, write their first name, know their colors, and count to 10.
Mature enough to separate from a parent and accept the teacher as an authority figure.
Students will come in and be able to sit on the carpet and be attentive to the teacher without disruption. Students will learn basic routines, such as working in centers, walking quietly down the hallway, and getting along with others. The more the student knows academically before he or she comes to kindergarten, the better he or she will do.
social skills needed to function in the classroom.

Prints first name and knows some letters, some numbers, and is able to work cooperatively in a group.
Academically the student should be able to identify most if not all his/her letters, as well as know 1-10 in numbers. Socially/Emotionally
The child is capable of listening to and following directions/rules that are given in class. They should also know how to hold a pencil and to use scissors. They can write at least SOME letters of their name and know letters and numbers.
independence and responsibility for self care tasks (managing their belongings, food etiquette, remain seated, etc.). They are also able to follow a sequence of two or three-step directions and socialize with peers and adults in a pleasant and respectful manner.
social, emotional, physical, and academic areas. Children who enter with prior experiences gained from "preschool" exhibit more capability for beginning learning .
able to attend to one's own personal needs. Knowing how to take turns and share the teacher's attention. Write his/her name and identify some of the letters of the alphabet. Recite their full name, address and telephone number.
Ability to focus on something for short periods of time. Ability to respect others and respond to directions. Hopefully, the ability to handle personal care issues (toileting, blowing nose, washing hands).
Readiness for kindergarten would be if they know writing name, recognize letters, shapes and colors.
Many years ago it was just being five years old as we taught the letters, numbers, sounds, address, telephone number, socialization, and manners. Now if they come and don't. Know letters, sounds, number to ten, and some vocabulary they are already behind and at risk. We are expecting too much from these young children many of the skills are not even developmentally appropriate.
readiness is ready to attend daily, ready to make new friends, ready to show respect, ready to share and ready to listen.
Kindergarten readiness consists of having the basic skills needed and can be built upon in order to be successful in kindergarten.
readiness means the child is ready to enter a classroom and be able to participate in a group setting in a way that allows them and others to learn. They should be ready to follow directions, participate in group activities, and have an interest in learning. They need to have basic social skills for a school setting.
Readiness is the ability to take care of one's own basic needs such as toileting skills, buttoning, name recognition, sharing, playing in a group, and staying on task for a short period of time.
Children entering with some basic skills such as prior preschool experience. Social, emotional, physical and academic skills.
self-help skills as well as strong social skills.
A child who can print their first and last name, follows simple directions, shares and cooperates with others, knows numbers 1-10 (1-20 would be great), knows the letters of the alphabet (at least the letters in their name), able to care for themselves in the bathroom (a sense of independence is very important).
A child that is ready for kindergarten is able to separate from their parent. They are ready to sit and listen for part of the day. They are able to get along with others.
academic skills and social skills.
Able to function in a kindergarten environment.
If children can identify colors, shapes, some numbers, some letters, rhymes, maturity, recognize their name and write their name.
A child is prepared socially, emotionally, and academically with preschool or some type of structured learning environment prior to coming to

Kindergarten.
Readiness means that a child is able to separate easily from his/her caregiver. They are ready to learn. I am not as concerned that he/she possess academic skills as I am the social skills needed to be successful in school.
Developmentally appropriate language and social skills
A child who is able to perform certain tasks independently (bathroom, coat on, etc.), is able to relay information to others in an appropriate way and be understood. identify some letters, numbers, colors, etc. Lastly a child who has some self control/is able to take directions from an adult so that that are able to learn and not take away the positive learning experience from others.
complete tasks that are expected for children entering kindergarten. These include identifying most of the letter names and sounds, recognizing most numbers from 0-20, shapes and colors, writing his/her first name, and having average fine motor skills.
Alert, curious children who show excitement as they enter a classroom. Kindergarten students show readiness when they are eagers to share what they know as well as a desire to learn. Students show a readiness if they are able to write their name and showsome knowledge about alphabet letters. They can identify rhyme and hear different letter sounds. They are able to listen and follow some directions.
Interested in learning to read and participating in K activities.
some academic readiness yet it is much more important for them to be ready to learn, such as ready to sit and attend, ready to communicate needs, ready to care for their personal hygiene, ready to make friends etc. use the bathroom properly.
Children that can identify and write their names, who can take care of hygiene needs, who can follow simple directions, have some social skills, some knowledge of letters and numbers
In order to be ready early: Students need to be socially ready- mature and cooperates with others. Students should know letters, some sounds, most numbers 0-10, early counting skills, 1-1 correspondence, good motor skills and be able to write their name orrectly.
how to act in a classroom setting. Knowledge of writing your name, knowing the idea of the calendar, counting, alphabet, and social skills.
ability to listen, take turns, and share. Also, it is important for the students to have bathroom skills. Academic activities can be taught if the students listen and feel comfortabe participating.
separate from their parents easily, take care of personal needs in the bathroom and can blow their nose, using a tissue correctly. can zip and are tying or learning to tie (these are skills that should be taght at home). sit and listen for a short period of time; to a story or lesson. express their needs/wants to the teacher.cooperate with others (adults and children) and show respect. follow 1 or 2 step directions. possess basic academic skills, .e. colors, rote count to 10, recognize name in print, have some ability as to the correct use of pencils, crayons and coloring
Readiness is being able to listen to the teacher and sit in their area . They should be familiar with the alphabet and their basic numbers. They should be able to know their name and at least know the first letter of their name.
ability to maintain self control, successful entry into a group situation, and knowledge of basic colors and shapes, some of the following: alphabet letters, letter sounds; ability to identify numerals to ten andcounting to 20.
Readiness is defined by how well the child is able to verbally express themselves, an awareness of rules and consequences, and the ability to follow age-appropriate directions.
Children who can: sit and listen for short periods of time, print their first name, recognize most lowercase and uppercase letters of the alphabet, follow simple directions, get along with others

Readiness means having self-help skills, being able to attend and exhibit self-control, having the age-appropriate expressive and receptive language skills, and being able to get along with peers. Being able to hold a pencil or crayon is also important.

Able to attend to large group instruction for 15 minutes or longer. Exhibits self-control. Able to refocus on task if distracted. Cooperates with staff and peers. Recognizes upper/lower case letters. Recognizes numbers 1-10. Recognizes/writes firstname. Recognizes 11 colors (red, blue, yellow, green, orange, purple, black, brown, white, pink, gray) Recognizes/names circle, square, rectangle, triangle. AND --- can attend to bathroom details on his/her own.

10. Please take a moment to answer some questions about your background and training. My highest level of education is: (Please check one)				Total Response Rate				
B.A./B.S. degree	B.A./B.S. plus 15 credits	B.A./B.S. plus 30 credits	Master's degree (please specify major):	Ph.D./Ed.D. (please specify major):				
23.4%	7.1%	4.9%	64.1%	.5%				
					Education/Elementary Education (30.7%)			
					Instruction (19.3%)			
					Literacy/Reading (14.9)			
					Special Education (11.4%)			
					Early Childhood Education (8.8%)			
					Counseling (3.5%)			
					Applied Technology (3.5%)			
					Other (7.9%)			

11. What ages of children without disabilities have you taught? (Choose all that apply)									
	Infants/Toddlers	Preschoolers (3-5 year olds)	Kindergarteners	Primary Age (1-2 graders)	Elementary age (3-6 graders)	Middle School age (7-8 graders)	High School age (9-12 graders)	I have not worked with children without disabilities	Total Response Rate
	13.7%	37.2%	96.7%	41.5%	27.3%	3.3%	0.0%	0%	177
Number of Years (Valid Percent)	Less than 1 year (0.0%)	Less than 1 year (0.0%)	Less than 1 year (0.0%)	Less than 1 year (0.0%)	Less than 1 year (0.0%)	Less than 1 year (0.0%)	Less than 1 year (0.0%)		
	1 (20.0%)	1 (16.7%)	1 (4.8%)	1 (25.0%)	1 (42.9%)	1 (33.3%)			
	2 (45.0%)	2 (27.1%)	2 (11.6%)	2 (15.0%)	2 (17.1%)	4 (66.7%)			
	3 (5.0%)	3 (10.4%)	3 (14.4%)	3 (11.7%)	3 (17.1%)				
	4 (10.0%)	4 (12.5%)	4 (8.2%)	4 (10.0%)	4 (5.7%)				
	5 (5.0%)	5 (8.3%)	5 (6.8%)	5 (6.7%)	5 (5.7%)				
	6 (10.0%)	6 (2.1%)	6 (4.8%)	6 (1.7%)	7 (2.9%)				
	11 (5.0%)	7 (4.2%)	7 (4.8%)	7 (10.0%)	9 (2.9%)				
		8 (6.3%)	8 (8.9%)	8 (1.7%)	13 (2.9%)				
		10 (2.1%)	9 (3.4%)	9 (3.3%)	20 (2.9%)				
		12 (2.1%)	10 (4.1%)	10 (3.3%)					
		14 (2.1%)	11 (4.1%)	11 (3.3%)					
		16 (2.1%)	12 (2.7%)	14 (5.0%)					
		17 (2.1%)	13 (0.7%)	15 (1.7%)					
			14 (0.7%)						
			15 (1.4%)						
			16 (1.4%)						
			17 (1.4%)						
			18 (1.4%)						
			20 (2.1%)						
			21 (0.7%)						
			22 (1.4%)						
			24 (1.4%)						

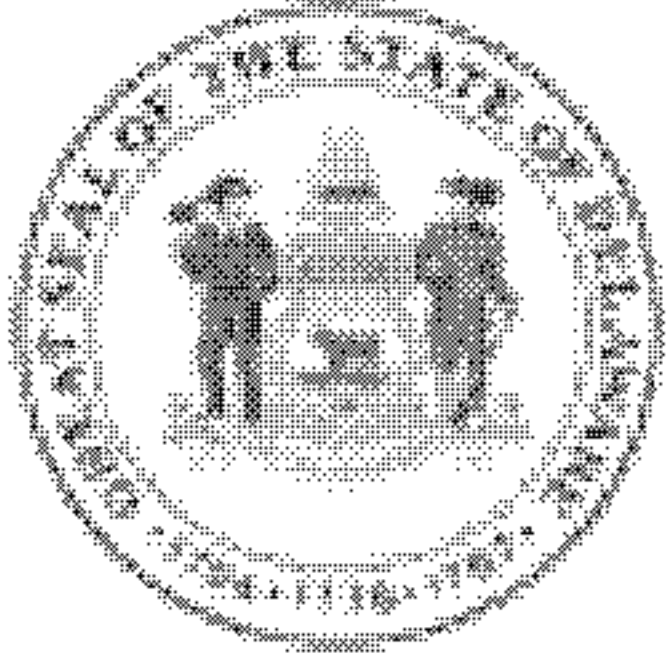
		20 [1]	11 (3.0%)				
			12 (1.0%)				
			15 (2.0%)				
			17 (1.0%)				
			18 (3.0%)				
			20 (2.0%)				
			24 (1.0%)				
			25 (2.0%)				
			26 (1.0%)				
			28 (1.0%)				
			31 (1.0%)				

13. What type of Delaware Teacher Certification Do You Hold?				
Standard License (specify area[s]):	Limited Standard License (specify area[s])	Professional	Public School Kindergarten	Total Response Rate
88.3%	0%	7.8%	3.9%	180
Elementary Education (34.9%)	[no responses provided]			
Elementary Education and Early Childhood Education (19.8%)				
Early Childhood Education (10.3%)				
Elementary Education and Special Education (10.3%)				
Early Childhood Education, .				

Elementary Education and Special Education (7.1%)	
Early Childhood Education and Special Education (5.6%)	
Special Education (1.6%)	
Other (10.3%)	

14. What type of setting do you currently teach in? (Choose the one that fits)						
Public School Kindergarten	Charter School Kindergarten	Special Education Public School Kindergarten	Inclusive Public School Kindergarten	Private Kindergarten	Other (please specify):	Total Response Rate
83.7%	3.3%	1.6%	7.1%	0.0%	4.3%	184
					2nd	
					Preschool	
					no longer teaching, am an educational diagnostician as of 1/11	
					pre-k inclusive setting	
					Public School Inclusion	
					Kindergarten/First Grade Looping	

15. How long have you taught kindergarten?	In months	In years
Mean	120.1	10.0
Minimum	0.0	0.0
Maximum	465.0	38.75
SD	106.1	8.8
Total Response Rate	179	179



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[§ 341](#) [§ 342](#) [§ 343](#) [§ 344](#) [§ 345](#) [§ 346](#) [§ 347](#)

TITLE 31

Welfare

In General

CHAPTER 3. CHILD WELFARE

Subchapter III. The Delaware Child Care Act

§ 341. Short title.

This act may be referred to and cited as "The Delaware Child Care Act."

73 Del. Laws, c. 165, § 1.

§ 342. Definitions.

For the purpose of this act:

(1) "Child care" means and includes:

a. Any person, association, agency or organization which:

1. Has in custody or control 1 child or more under the age of 18 years, unattended by parent or guardian, for the purpose of providing such child or children with care, education, protection, supervision or guidance;

2. Is compensated for their services;

3. Advertises or holds himself, herself or itself out as conducting such child care;

b. The provision of, or arranging for, the placement of children in foster care homes, adoptive homes or supervised independent living arrangements; and

c. Family child care homes, large family child care homes, day care centers, child placing agencies, residential child care facilities and day treatment programs as currently defined by regulation. Day-care centers operating part- or full-day are subject to licensure. Homes in which children have been placed by any child placing agency properly licensed to place children in this State shall not be regarded as "child care."

(2) "Office of Child Care Licensing" means the Office of Child Care Licensing within the Department of Services for Children, Youth and Their Families.

Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 341; 70 Del. Laws, c. 186, § 1; 73 Del. Laws, c. 165, § 1; 73 Del. Laws, c. 279, § 1.

§ 343. Powers of the Office of Child Care Licensing with respect to child care.

(a) Any person or association conducting child care and all institutions, agencies and associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors, including organizations providing care of children whether dependent or otherwise, in lieu of the care and supervision ordinarily provided by parents in their own homes for periods of less than 24 hours a day, must accord the Office of Child Care Licensing or its authorized agents right of entrance, privilege of inspection and access to its accounts and reports.

(b) A person or association conducting child care and all institutions, agencies, associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors shall make reports at such time as is required by the Office of Child Care Licensing as to conditions of such child care, the manner and way in which children are taken care of, former addresses and such other information as will show the social status of the child, how and to whom dismissed, the extent and source of its income, the cost of maintenance and such other reasonable information as will enable the Office of Child Care Licensing to promote the general welfare of the children and to work out a general program for their care and protection.

(c) The Office of Child Care Licensing may prescribe, by regulation or otherwise, any reasonable standards for the conduct of such child care facilities, institutions, agencies, associations or organizations and may license such of these as conform to such standards. All regulations, enforcement actions, decisions, investigations and the like previously promulgated or taken by the Office of Child Care Licensing shall continue unabated and shall remain in full force and effect notwithstanding passage of this subchapter.

Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 44 Del. Laws, c. 78; 31 Del. C. 1953, § 342; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1.;

§ 344. Child care licenses; investigations; requirements.

(a) No person may conduct child care, nor may any institution, agency, association or organization conduct child care, unless first having obtained a license from the Office of Child Care Licensing. Such license shall expire 1 year from the date it is issued unless renewed.

(b) In the case of a person conducting child care, no license shall be issued to such person until the Office of Child Care Licensing has made a thorough investigation and has determined in accordance with reasonable standards:

(1) The good character and intention of the applicant or applicants;

(2) That the individual home or facility meets the physical, social, moral, mental and educational needs of the average child;

(3) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and

(4) That the required criminal background checks are completed and approved.

(c) In the case of an institution, agency, association or organization, no license shall be issued until the Office of Child Care Licensing has made a thorough investigation and has made a favorable determination of:

(1) The good character and intention of the applicant or applicants;

(2) The present and prospective need of the service rendered;

(3) The employment of capable, trained and experienced workers;

(4) Sufficient financial backing to ensure effective work;

(5) The probability of the service being continued for a reasonable period of time;

(6) Whether the methods used and disposition made of the children served will be to their best interests and that of society;

(7) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and

(8) That the required criminal background checks are completed and approved.

(d) This section shall not apply to any institution, agency, association or organization under state ownership and control, nor shall it apply to any maternity ward of a general hospital.

Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 343; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1.

§ 345. Penalties for violations.

Anyone who violates a provision of this subchapter shall be fined not more than \$100 or imprisoned not more than 3 months, or both.

Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 344; 73 Del. Laws, c. 165, § 1.

§ 346. Provider Advisory Board; appointments; composition; terms; vacancies.

(a) There is hereby established within the Office of Child Care Licensing, a Provider Advisory Board.

(b) The Board shall consist of 7 members, who are residents of this State, and are appointed by the Governor. The following shall be members of the Board:

(1) One family provider of child care from each of New Castle County, Kent County, and Sussex County;

(2) One director/owner of an early care and education or school-age center from each of New Castle County, Kent County, and Sussex County; and

(3) One family provider of child care or director/owner of an early care and education or school-age center from the City of Wilmington.

Furthermore, at least 1 of the members of the Board appointed pursuant to this subsection (b) shall also be from a Boys and Girls Club within this State.

(c) The term of a Board member appointed by the Governor shall be 3 years and shall terminate upon the Governor's appointment of a new member to the Board. A Board member shall continue to serve until his or her successor is duly appointed but a holdover under this provision does not affect the expiration date of a succeeding term.

(d) In case of a vacancy on the Board before the expiration of a Board member's term, a successor shall be appointed by the Governor within 30 days of the vacancy for the remainder of the unexpired term.

(e) The Board shall elect 1 of its members as Chair to serve for a 1-year term and who shall be eligible for reelection.

(f) The Board shall meet at the call of the Chair but no fewer than 4 times a year.

78 Del. Laws, c. 146, § 1; 70 Del. Laws, c. 186 § 1.

§ 347. Provider Advisory Board; powers and duties.

The Board shall have the authority to serve in an advisory capacity to the Office of Child Care Licensing with regard to adopting, promulgating and amending such rules and regulations as are required to carry out this chapter with respect to early care and education and school-age centers.

78 Del. Laws, c. 146, § 1.;

Final – January 2007

DELACARE

RULES FOR EARLY CARE AND EDUCATION AND SCHOOL-AGE CENTERS

OFFICE OF CHILD CARE LICENSING

DIVISION OF FAMILY SERVICES

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

STATE OF DELAWARE

Final – January 2007

Final – January 2007

Final – January 2007

Final – January 2007

NOTICE OF RESCISSION AND PROMULGATION

The Office of Child Care Licensing, Division of Family Services, Department of Services for Children, Youth and Their Families adopts and promulgates the following rules for early care and education and school-age centers as authorized in the Delaware Code, Title 31, Chapter 3, Subchapter III, Subsections 341-345, also known as “The Delaware Child Care Act”. The terms “Early Care and Education and School-Age” Centers are now used in the field instead of “day care” centers. The Code refers to these types of licensed facilities as day care centers. All previous rules, regulations and standards pertaining to such facilities are null and void except to the extent all rules, regulations, standards, enforcement actions, decisions, investigations and the like previously promulgated or taken by the Office of Child Care Licensing shall continue unabated and shall remain in full force and effect notwithstanding promulgations of these regulations or rules. These rules shall take effect on January 1, 2007.

Cari DeSantis, Secretary
Department of Services for Children,
Youth and Their Families

Date

Carlyse Giddins, Director
Division of Family Services

Date

Final – January 2007

Final – January 2007

FOREWORD

Early Care and Education and School-Age Care, generally known as “day care” or “child care”, are the terms now used to refer to the range of services available for children who are away from their own homes for a part of the day.

Generally parents/guardians seek substitute care for reasons of employment, although a variety of situations prompt the need for care outside of their own homes. The primary characteristic of these types of care arrangements is the delegation by the parent(s)/guardian(s) of the responsibility for the care, education, protection, supervision or guidance of the child to the early care and education or school-age care provider.

The need for protecting children receiving care outside their own homes was recognized by the Delaware General Assembly as early as 1915. Delaware currently requires early care and education and school-age centers to be licensed as authorized in the Delaware Code, Title 31, Chapter 3, Subchapter III, Subsections 341- 345, also known since July, 2001 as “The Delaware Child Care Act”. The licensing law defines the types of facilities that are to be regulated by the State, and gives the authority to “prescribe, by regulation or otherwise, any reasonable standards” and “license such of these (facilities)” to the Office of Child Care Licensing. The purpose of the law is to protect the health, safety and well-being of the children who receive care in early care and education and school-age centers. Licensing of these facilities is a preventive function which has as its purpose setting rules which must be met in order for a facility to be able to operate.

In developing the current revision of Early Care and Education and School-Age Center Rules, the Office of Child Care Licensing sought the advice and assistance of knowledgeable persons representative of the field of early care and education and school-age care and those whose interests are affected by the rules. These new rules, now under the title of "**Delacare: Rules for Early Care and Education and School-Age Centers**", were primarily drawn from other Delaware facility rules concerning the care of children, the licensing rules of other states, current research in child development, early care and education and health and safety issues related to children in care, statistical and demographic reports, and national professional accreditation standards.

The rules are divided into three (3) distinct parts. The first part contains rules that must be met by all early care and education and school-age centers in order to be licensed. The remaining parts contain additional rules for facilities providing specialized services - night care and care in school-age centers. Through this design, the Office of Child Care Licensing has attempted to define specific rules rather than broad standards so that compliance can be measured more accurately and consistently.

The Office of Child Care Licensing sincerely appreciates the contribution and efforts of all the individuals involved in the development of **Delacare: Rules for Early Care and Education and School-Age Centers** and asks for their continued support in working together to provide better services to children in care.

Final- January 2007

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INTRODUCTION

LEGAL BASE

1. The legal base for these licensing rules is in the Delaware Code, Title 31, Welfare, Part I, In General, Chapter 3, Child Welfare, Subchapter III, The Delaware Child Care Act, Subsections 341-345 and Title 29, State Government, Part VIII, Departments of Government, Chapter 90, Department Of Services For Children, Youth And Their Families, Subsection 9003 (7).

PURPOSE

2. The overall purpose of these rules is the protection and promotion of the health, safety, well-being, and positive development of children who receive services in early care and education and school-age centers. These rules reflect the baseline or minimum standards that shall be expected in Delaware's licensed early care and education and school-age centers. All licensed centers shall have the option to exceed the rules or standards set by the Office of Child Care Licensing.

PART I. GENERAL PROVISIONS

DEFINITION OF REGULATED SERVICE

3. Early Care and Education and School-Age Centers provide care, education, protection, supervision or guidance for thirteen (13) or more children, including children who are related to the operator. Service is provided on a regular basis for periods of less than twenty-four (24) hours per day, unattended by parent or guardian, and for compensation. This definition shall include but is not limited to full and part time - day care, child care, early care, early care and education, early childhood education, preschool, nursery school, extended care, extended day care, extended child care, independently operated kindergartens, before and/or after school care, school-age center, school-age care, out of school care, school's out care, school vacation/holiday care and summer child care.
4. Early care and education and school-age Centers located at public or private schools that are operated by an agency or individual other than the public or private school entity shall be required to be licensed under these rules.
5. The following facilities that operate for less than twenty-four (24) hours per day shall be exempt from licensure under these rules:
 - A. Camps permitted or exempted by the Division of Public Health;
 - B. Summer schools or classes for religious instruction conducted by religious institutions during summer months for periods not to exceed four (4) weeks;
 - C. Programs established in connection with a religious institution, a business, or recreation center, in which children are provided care for brief periods of time, while parents/guardians are on the premises, are readily accessible at all times on an on-call basis and are able to resume control of the child immediately;
 - D. Programs that offer activities for children over the age of six (6) who attend at their own discretion on an "open door" basis, where there is no compensation, and where there is no agreement, written or implied, between the program and the parent(s)/guardian(s) for the program to assume responsibility for the care of the child;
 - E. Programs that offer care on an ad hoc, sporadic and isolated basis in order to meet an emergency

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or special need, or

- F. Any public or private school that provides regular and thorough instruction through at least the sixth (6th) grade in the subjects prescribed for the schools of the State, in a manner suitable to children of the same age and stage of advancement, and that reports to the State Board of Education pursuant to Delaware Code, Title 14, Chapter 27, Subchapter I, Subsection 2704. This exclusion shall include all programs operated by such schools and shall also include preschool education programs for handicapped persons as defined by Delaware Code, Title 14, Chapter 31, Subchapter I, Subsection 3101 (4).
6. The rules are divided into three (3) parts:
Part I - General Provisions;
Part II - Night Care; and
Part III - School-Age Center
7. To be licensed as an Early Care and Education and School-Age Center, the General Provisions of Part I shall be met. In addition, Centers shall also meet the following rules before providing Night Care or operating a School-Age Center:
- A. To provide Night Care, an Early Care and Education Center shall also meet Part II rules;
B. To operate a School-Age Center, a Center shall also meet Part III rules.

DEFINITION OF TERMS

8. "Administrative appeal hearing" means the process that entitles an applicant or licensee the opportunity to appeal the Division's decision to deny or revoke a license.
9. "Adult" means a person who has reached his or her eighteenth (18th) birthday.
10. "Applicant" means an individual, agency, corporation or partnership applying for a license that is obtained from the Office of Child Care Licensing.
11. "Center" means the licensed early care and education and/or school-age center.
12. "Certified Child Care Health Consultant" means an independent contractor who has completed the National Training Institute for Child Care Health Consultant Training and is trained to assist early care and education and school-age centers with health and safety issues.
13. "Child" means a person who has not reached the age of eighteen (18) years.
14. "Child Abuse" means any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in Delaware Code, Title 11, Chapter 4, Subsection 468, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment as defined in Delaware Code, Title 16, Chapter 9, Subchapter I, Subsection 902.
15. "Child Neglect" means the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well being as defined in Delaware Code, Title 16, Chapter 9, Subchapter I, Subsection 902.
16. "Child Sex Abuse" means any sexual offense or child exploitation as defined in Delaware Code, Title 11,

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Chapter 85, Subchapter IV, Subsection 8550.

17. "Child with Disabilities" means a child who has been diagnosed by a qualified professional as having a physical, intellectual, emotional, developmental or chronic medical condition(s) or impairment(s) which would require modification(s) in the regular program of activities for that child at a Center or as defined by applicable Federal and State Laws.
18. "Clock Hour(s)" means the actual number of hours or time a participant spends attending the instructional portion of a training designed to develop or enhance early care and education or school-age care competencies.
19. "Comprehensive Professional Development System" means an organized entity within an appropriate Department within the State of Delaware that promotes and coordinates systems and activities to advance the development of the early care and education and school-age care workforce. "*Delaware First*" has been the name under which a comprehensive professional development system was established for early care and education and school-age care professionals in Delaware.
20. "Complaint" means an accusation that a Center is not in compliance with the licensing rule(s) or the licensing law(s). Complaints may be written or oral and may be anonymous.
21. "Corrective Action Plan" means the citing of the relevant rule(s) of non-compliance, a statement of the nature of the non-compliance, the action required to return to compliance and the date by which that compliance shall be attained.
22. "*Delaware First*" means the professional development system for early care and education and school-age care professionals in Delaware.
23. "Department" means the Department of Services for Children, Youth and Their Families.
24. "Denial" means the process of refusing to grant a license after receipt of an original or renewal application. This constitutes refusal of official permission to operate.
25. "Direct Child Care" means the providing of care, education, protection, supervision or guidance of children.
26. "Direct Observation" (of children or staff members) means that staff are physically present in the same room or area with children or other staff members, are visually monitoring the interactions of children and/or staff, and are alert to any problems that may occur.
27. "Direct Voice Contact" means a licensee is required to speak directly with a Licensing Specialist from the Office of Child Care Licensing through a phone call or face-to-face contact. When direct voice contact is required, leaving a voice mail message is not acceptable.
28. "Division" means the Division of Family Services within the Department.
29. "Early Care and Education" means the care, education, protection, supervision or guidance of children beginning at birth.

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30. “Early Childhood Administrator” means a staff member with direct responsibility for the Center’s total program of services provided to children and their families, and including, when applicable, the administrative aspects. The Early Childhood Administrator approves curriculum, and when also serving as the Early Childhood Curriculum Coordinator, develops and evaluates curriculum, and implements and/or monitors implementation of curriculum and daily activities for children at the Center. The Early Childhood Administrator supervises the Early Childhood Curriculum Coordinator, and when necessary, Early Childhood Teachers and meets the qualifications specified in Rules #153 and when applicable, 154, 155, 156, 158 and 159.
31. “Early Childhood Assistant Teacher” means a staff member who works under the supervision of at least an Early Childhood Teacher and performs direct child care functions and related duties and assists in the implementation of curriculum. The Early Childhood Assistant Teacher meets the qualifications specified in Rules #161 and when applicable, 162.
32. “Early Childhood Caregiver” means a staff member who was formerly a Caregiver at a particular Center licensed before the effective date of these rules or transfers only to a Center licensed before the effective date of these rules that is directly affiliated with the original Center and has qualified for this position at that same Center, and who works under the supervision of at least an Early Childhood Teacher and performs direct child care functions and related duties and assists in the implementation of curriculum. The Early Childhood Caregiver meets the qualifications specified in Rule #163.
33. “Early Childhood Curriculum Coordinator” means a staff member who works under the supervision of the Early Childhood Administrator and is immediately responsible for the direct care, supervision, guidance and education of children at a Center. The Early Childhood Curriculum Coordinator develops and evaluates curriculum, and implements and/or monitors implementation of curriculum and daily activities for children at the Center. The Early Childhood Curriculum Coordinator may supervise Early Childhood Teachers, Early Childhood Assistant Teachers, Early Childhood Caregivers, Early Childhood Interns, Volunteers and Substitutes and meets the qualifications specified in Rules #157 and when applicable, 158 and 159.
34. “Early Childhood Intern” means a staff member who works under the supervision of an Early Childhood Teacher and the direct observation of at least an Early Childhood Assistant Teacher or Early Childhood Caregiver and performs direct child care functions and related duties and meets the qualifications specified in Rule #164 and when applicable, 165.
35. “Early Childhood Teacher” means a staff member who works under the supervision of an Early Childhood Administrator or Early Childhood Curriculum Coordinator and is immediately responsible for the direct care, supervision, guidance and education of children at a Center. The Early Childhood Teacher implements the curriculum and daily activities for a group(s) of children. The Early Childhood Teacher may supervise Early Childhood Assistant Teachers, Early Childhood Caregivers, Early Childhood Interns, Volunteers and Substitutes and meet the qualifications specified in Rule #160.
36. “Family” means biological or adoptive father or mother, but may be interpreted broadly to include any person, whether related to the child by blood or not, who resides with the child, takes part in the child’s family life and also may have responsibility for, or legal custody of the child.
37. "Field Trip" means an excursion trip or program activity off the Center property.
38. "Governing Body" means the person or group of persons with ultimate responsibility for and authority over the operation of a Center, as for example, an owner(s) or Board of Directors.

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39. “Group Size” means the maximum number of children assigned to a specific staff member or group of staff members, occupying an individual classroom or well-defined physical space within a large room.
40. “Health Care Provider” means a professional who practices medicine with or without supervision and is sanctioned by an established licensing body. The most common types of health care providers include physicians, advance practice nurses (nurse practitioners), and physician assistants.
41. “Individualized Educational Program” (IEP) means a written statement of a child’s educational program which identifies the services for a child with disabilities or special needs so that he or she may grow and learn during the school year. To develop an IEP, the local education agency officials and others involved in the child’s educational program meet to discuss education related goals.
42. “Individualized Family Service Plan” (IFSP) means a document written at least once each year by the parent(s)/guardian(s) and personnel serving infants/toddlers with disabilities or special needs.
43. “Infant” means a child who is less than one (1) year old.
44. “Informal Hearing” means a meeting between the Division and the licensee when a temporary suspension order has been issued.
45. “Institutional Abuse” means when a person responsible for a child’s care in an out-of-home setting jeopardizes the well being of a child that results or may result in physical or emotional injury.
46. “License” means the Office of Child Care Licensing’s granting of authority through a written certification to a licensee at the Center’s location to operate under applicable State Law(s).
47. “Licensee” means the entity legally responsible for a licensed Center.
48. “Licensing Specialist” means the individual in the employment of the Department of Services for Children, Youth and their Families, Division of Family Services, Office of Child Care Licensing and is responsible for performing regulatory and enforcement activities in the licensure of early care and education and school-age centers.
49. “Meal” means breakfast, lunch or dinner.
50. “Night Care” means care for any child between the hours of 8:00 P.M. and 6:00 A.M. when the period includes any portion of the child's normal sleeping hours.
51. “Office of Child Care Licensing” means the organization within the Department authorized under Delaware Code, Title 31, Chapter 3, Subchapter III, to promulgate and enforce rules, regulations and standards for the conduct of child care, including the licensing thereof, and the development and implementation of policies and procedures.
52. “Owner” means the person(s), firm, partnership, association, organization, corporation or governmental entity with legal and/or fiscal responsibility for and authority over the operation of the Center.
53. “Parent(s)/guardian(s)” means a birth or adoptive parent, legal guardian or any other person having responsibility for, or legal custody of, a child.
54. “Preschool-Age Child” means a child three (3) through five (5) years of age who is not yet attending a public

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- or private kindergarten program. If a child is older than five (5) years of age and is not yet attending a public or private kindergarten program that child shall be considered in the preschool-age group until attending kindergarten or first grade which ever comes first.
55. “Professional Development” means the continuous pursuit of essential knowledge and skills to develop or enhance generally accepted competencies in the early care and education and school-age care field.
56. “Regularly or on a regular basis” means early care and education and school-age care services which are available and provided at a Center on more than one (1) day in any one (1) week.
57. “Revocation” means the process of rescinding a license during the effective dates of a license. This constitutes revocation of official permission to operate.
58. “Secretary” means the Secretary of the Department of Services for Children, Youth and Their Families.
59. “Section 504 Plan” means a document describing accommodations provided to a child to ensure full participation at the Center.
60. “School-Age Administrator” means a staff member of a School-Age Center with direct or supervisory responsibility for the School-Age Center’s total program of services provided to children and their families, and including, when applicable, the administrative aspects. The School-Age Administrator approves curriculum and also, when not assigning such duties to a School-Age Site Coordinator, develops and evaluates curriculum, and implements and/or monitors implementation of curriculum and daily activities for children at the School-Age Center. The School-Age Administrator supervises School-Age Site Coordinators and when necessary, School-Age Site Assistants and School-Age Interns, and meets the qualification specified in Rules #439.
61. “School-Age Care” means care, education, protection, supervision or guidance for school-age children in any of the following circumstances: before and/or after school; during school holidays; and/or summer months.
62. “School-Age Center” means a Center that exclusively provides care for school-age children.
63. “School-Age Child” means a child five (5) years of age or older or who is attending kindergarten or higher grade. A child shall be considered school-age for staff /child ratio purposes beginning the first day attending kindergarten or first grade which ever comes first.
64. “School-Age Intern” means a staff member of a School-Age Center who works under the supervision of at least a School-Age Site Coordinator, or School-Age Site Assistant who is designated as responsible for the School-Age Center, and under the direct observation of at least a School-Age Site Assistant and performs direct child care functions and related duties and meets the qualifications specified in Rules #443 and, when applicable, 444.
65. “School-Age Site Assistant” means a staff member of a School-Age Center who works under the supervision of at least a School-Age Site Coordinator and performs direct child care functions and related duties and assists in the implementation of curriculum. The School-Age Site Assistant who is designated as responsible for the School-Age Center may supervise School-Age Interns, Volunteers and Substitutes and meets the qualifications specified in Rule #442.

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66. “School-Age Site Coordinator” means a staff member of a School-Age Center who works under the supervision of the School-Age Administrator and is immediately responsible for the day-to-day operations of the School-Age Center, direct care, supervision, guidance and education of the children. The School-Age Site Coordinator implements curriculum and daily activities for children at the School-Age Center. Also, when assigned such duties, the School-Age Site Coordinator develops and evaluates curriculum, and monitors implementation of curriculum. The School-Age Site Coordinator may supervise School-Age Site Assistants, School-Age Interns, Volunteers and Substitutes and meets the qualifications specified in Rules #440 and, when applicable, 441.
67. "Snack" means supplemental food served between meals.
68. “Staff or Staff Member” means any full or part time employee of a Center including substitutes or volunteers.
69. “Substitute” means a paid staff member who is temporarily filling in for a position during the absence of a permanent staff member and works under the supervision of at least an Early Childhood Teacher, School-Age Site Coordinator, or School-Age Site Assistant who is designated as responsible for the School-Age Center, and when necessary, under the direct observation of at least an Early Childhood Assistant Teacher, Early Childhood Caregiver, or School-Age Site Assistant.
70. “Supervision” (of children) means the appropriate number of staff members are physically present in the area or room where children are being cared for and are providing watchful oversight and timely attention to the children’s actions and needs.
71. “Supervision” (of staff) means performing monitoring and evaluation functions of assigned staff which includes the observation of interactions of assigned staff with children and families, staff’s adherence to the *Delacare: Rules for Early Care and Education and School-Age Centers*, and the Center’s policies and procedures. When performing monitoring functions, supervisory staff shall be physically present in the same room or area as assigned staff and directly observe staff to monitor on-going interaction with children.
72. “Suspension Order” means a notice issued by the Office of Child Care Licensing that the license to operate a Center has been suspended.
73. "Toddler" means a child who is one (1) to three (3) years of age.
74. “Training” means successful participation in an organized professional development activity that is approved or accepted by the Office of Child Care Licensing as designed to develop or enhance the early care and education or school-age care competencies.
75. “Variance” means the nontransferable written authorization issued by the Division to use alternative means which meet the intent of the specific licensing rule(s) and is based on the need(s) or circumstance(s) of the Center.
76. “Volunteer” means any person who provides an unpaid service or support to a Center. Volunteers shall be under the supervision of at least an Early Childhood Teacher, School-Age Site Coordinator, or School-Age Site Assistant who is designated as responsible for the School-Age Center and, when necessary, under the direct observation of at least an Early Childhood Assistant Teacher, Early Childhood Caregiver, or School-Age Site Assistant.

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77. “Working Day(s)” means any weekday Monday through Friday but not including the weekend (Saturday and Sunday) and a State of Delaware legal holiday that falls on a weekday.

LICENSING PROCESS AND PROCEDURES

License Required To Operate

78. An agency, corporation, partnership or individual shall not operate or maintain a Center unless issued a license to do so by the Office of Child Care Licensing.

Authority To Inspect

79. An applicant or licensee shall allow access to the premises by any authorized representative of the Office of Child Care Licensing, of another State agency, or any local building, fire or health agency for the purposes of determining compliance with applicable provisions of these rules. On-site inspections may be conducted without prior notice.
80. An applicant or licensee shall permit any authorized representative of the Office of Child Care Licensing access to information, files and records relevant to determining compliance with applicable provisions of these rules and to interview any staff member, or child.

Issuance of License

81. To qualify for a license, an applicant or licensee shall demonstrate to the satisfaction of the Office of Child Care Licensing that the Center is in full or substantial compliance with applicable provisions of these rules.
82. A license shall be issued only to the Center for which application is made and for the address of the Center's actual site.

Posting of License

83. A licensee shall post its current license to operate a Center in a place conspicuous to the public.

License for Each Center Site Location

84. A separate application shall be made for each Center site location.
85. A Center that operates in two (2) or more buildings at the same site location shall have the option of applying for a single license for all buildings at the site location, or for a separate license for each building at the site location.
86. An agency or individual who operates an early care and education and/or school-age Center at a public or private school but is not employed by the school shall be required to apply for a license for each Center site location.
87. A license shall not be transferable, assignable or subject to sale.

Nullification of License

88. When a Center is sold, leased or discontinued or the operation has moved to a new location or the license

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has been revoked, the current license shall immediately become null and void.

Complaint Procedure

89. An investigation by the Office of Child Care Licensing shall be made if a complaint is received regarding these rules, *Delacare: Rules for Early Care and Education and School-Age Centers*. The Office of Child Care Licensing shall notify the licensee that a complaint is being investigated. The results of the Office of Child Care Licensing's investigation shall be reported in writing to the Center investigated. If the complaint is substantiated or if any other violations are found as a result of the investigation, the licensee shall be required to abate the violations and come into full or substantial compliance with State Law and the rules and regulations promulgated by the Office of Child Care Licensing.
- A. Complaints relating specifically to laws, rules, or regulations of other governmental entities shall be referred to the appropriate entity for investigation. At the time of the referral the Office of Child Care Licensing shall request a report on the investigation findings.
90. An investigation by the Department of Services for Children, Youth and their Families, Division of Family Services, Office of Children's Services, Institutional Abuse Investigation Unit shall be made if a complaint is received regarding the abuse or neglect of a child at the Center by a staff member.

TYPES OF LICENSES

Annual License

91. An annual license is issued when the Office of Child Care Licensing determines that a licensee is in full or substantial compliance with applicable provisions of these rules.
92. An annual license is effective for one (1) year from the date of issuance, unless it is:
- A. Modified to a provisional license;
- B. Revoked;
- C. Surrendered prior to the expiration date; or
- D. Suspended.

Provisional License

93. A provisional license may be issued when the Office of Child Care Licensing determines that:
- A. There is no serious risk to the health, safety and well-being of the children; and
- B. A licensee has submitted to the Office of Child Care Licensing and the Office of Child Care Licensing has approved a written corrective action plan.
94. A provisional license may be replaced with an annual license when the Office of Child Care Licensing determines that a licensee has corrected all violations in advance of the expiration date of the provisional license and has come into full or substantial compliance with applicable provisions of these rules.
95. A request to replace a provisional license and to issue an annual license shall be made in writing by the licensee. If the request is approved, an annual license shall be issued.

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PROCEDURES FOR INITIAL LICENSURE

96. An applicant shall apply for a license on a form provided and in a manner prescribed by the Office of Child Care Licensing.
97. Upon receipt of a completed application, an Office of Child Care Licensing representative shall:
 - A. Review the application, confer with the applicant, and inspect the premises to determine whether the applicant has fully or substantially complied with applicable provisions of these rules;
 - B. Make a recommendation to the Office of Child Care Licensing regarding the issuance of a license. If a license is granted, it shall be an initial provisional license issued for six (6) months. An annual license shall be issued when the licensee fully or substantially meets the applicable provisions of these rules; or
 - C. If an initial license to operate is denied, notify the applicant in writing of the reason(s) for denial and set forth the applicant's rights to an appeal from the decision.
98. The expiration date of the first annual license and each subsequent renewal of an annual license shall be at one (1) year intervals from the initial date of issuance of the annual license.

PROCEDURES FOR LICENSE RENEWAL

99. A licensee shall submit a written request to the Office of Child Care Licensing to seek a license renewal application form at least ninety (90) calendar days before the expiration date of the Center's license.
100. A licensee shall submit a completed application for a license renewal to the Office of Child Care Licensing at least sixty (60) calendar days before expiration of Center's current license.
101. When a licensee makes timely and sufficient application for renewal of an annual license, the existing license shall not expire until the Office of Child Care Licensing makes a decision on the renewal application.
102. A provisional license may be renewed when the Office of Child Care Licensing determines that a licensee has demonstrated good faith efforts to achieve compliance but requires additional time to achieve full or substantial compliance with applicable provisions of these rules.

TERMS OF A LICENSE

103. The license shall contain and display the following:
 - A. Status of the license: annual, provisional or extension;
 - B. Effective date of the license;
 - C. Expiration date of the license;
 - D. The maximum number of children who may be served at one (1) time; and
 - E. The applicable type of regulated service for which authorization to operate has been granted.
104. A licensee shall operate a Center within the terms of its license.

CHANGES AFFECTING LICENSE

105. The Office of Child Care Licensing shall determine whether to modify a current license or to require the licensee to submit an application for a new license when any of the following changes occur:
 - A. A planned reduction, addition or substantial change in the indoor or outdoor spaces of the Center.

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- B. A change in the name of the Center;
- C. A change in the applicable type of regulated service authorized as defined in these rules; or
- D. A change in Center capacity.

ORDER TO SUSPEND A LICENSE

106. If the health, safety or well-being of children in care is in serious or imminent danger, the Office of Child Care Licensing may immediately suspend the license upon issuance of a written suspension order. The order shall state the reason(s) for the suspension. Within ten (10) working days of the issuance of the suspension order, the Division Director, or designee shall hold an informal hearing with the licensee or the licensee's representative.

DENIAL AND REVOCATION

107. The Division may deny or revoke a license for good cause, including but not limited to the following:
- A. Failure to comply with applicable provisions of State Law(s) or of these rules;
 - B. Violation of the terms or conditions of its license;
 - C. Fraud or misrepresentation in obtaining a license or in the subsequent operation of the facility;
 - D. Refusal to furnish the Department with files, reports or records as required by the law;
 - E. Refusal to permit an authorized representative of the Department to gain admission to the Center during operating hours;
 - F. Engaging in any activity, policy, practice or staff member conduct that adversely affects or is deemed by the Division to be detrimental to the education, health, safety or well-being of children; or
 - G. Conduct that otherwise demonstrates unfitness by the owner, administrator or any staff member to operate a Center.

APPEAL

108. If the Division denies or revokes a license to operate, the Division shall notify the licensee in writing at least ten (10) working days prior to taking such action, and specify the licensee's entitlement to appeal the decision and request an administrative appeal hearing. The Division shall notify the licensee in writing of the findings of its investigation and of the reasons for denial or revocation before taking such action.
109. If a written or verbal request for a hearing is received by the Division within the ten (10) working days of the date the notice of denial or revocation was mailed, the Division shall ensure that an administrative appeal hearing is held within thirty (30) working days from the date the request for an administrative appeal hearing is received, unless for good cause, the Hearing Officer grants postponement.
110. The administrative appeal hearing shall be conducted by a Hearing Officer who has had no previous involvement in the matter prompting the administrative appeal hearing.
111. If a licensee requests an administrative appeal hearing in a timely manner, its existing license shall remain in effect until an official written decision has been rendered subsequent to the administrative appeal hearing; except that the Office of Child Care Licensing shall have the authority to suspend the license immediately whenever the health, safety or well-being of children in care is in serious or imminent danger.
112. If a licensee does not make a timely request for an administrative appeal hearing to appeal the decision in accordance with Rule #109 or does not request an administrative appeal hearing, the action to deny or revoke a license shall take effect thirty (30) working days after the issuance of the notice. However, if the

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health, safety or well-being of children in care is in serious or imminent danger, denial or revocation shall be effective immediately upon the issuance of a written notice by the Division.

RULE VARIANCE

113. Upon the written request of an applicant or licensee, the Division may grant a variance from any of these rules if the applicant or licensee has documented to the satisfaction of the Division that the intent of the specific rule shall be satisfactorily achieved in a manner other than that prescribed by the rule.
114. The Division shall render its decision on the request in writing, including the conditions for which the variance is granted, and shall send a signed copy of the decision to the applicant or licensee. A copy of the decision shall be maintained on file by the Division and the licensee.
115. The variance may be time-limited or may remain in effect for as long as the licensee continues to maintain the health, care, safety, protection, supervision, and needed services of children.
116. The Division shall monitor the licensee's compliance with the variance. If the licensee fails to comply with the variance, the Division shall initiate necessary enforcement action.

ADMINISTRATION AND ORGANIZATION

NOTIFICATION TO THE OFFICE OF CHILD CARE LICENSING

117. A licensee shall notify the Office of Child Care Licensing in writing at least ninety (90) consecutive calendar days before any of the following changes occur:
 - A. A change of ownership or sponsorship;
 - B. A change of location;
 - C. A change in the name of the facility or program;
 - D. A change in the applicable type of regulated service being provided;
 - E. A change in licensed capacity; or
 - F. The anticipated closing of the facility or program.
118. A licensee shall notify the Office of Child Care Licensing within five (5) working days of the resignation or termination of the Early Childhood or School-Age Administrator.
119. A licensee shall notify the Office of Child Care Licensing within one (1) working day by direct voice contact during the Office of Child Care Licensing's working hours if any of the following occur:
 - A. Any fire; flood; or any other serious damage due to any natural or man-made disaster(s) that impact the ability to operate safely;
 - B. Injury of a child while in the care of a Center requiring inpatient or outpatient treatment. The direct voice contact shall be followed by a written report on a form provided by the Office of Child Care Licensing;
 - C. Suspected abuse or neglect of a child while at the Center including immediately calling the 24-hour Child Abuse/Neglect Hotline (currently listed as 1-800-292-9582) to report the abuse or neglect; or
 - D. Any known conviction(s) of a staff member including those which prohibit continued employment at the Center, see Rules #138-140.

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120. A licensee shall immediately notify the Office of Child Care Licensing by direct voice contact during the Office of Child Care Licensing's working hours of the death of a child while in care. If a death occurs after such working hours, the licensee shall immediately call the 24-Hour Child Abuse/Neglect hotline (currently listed as 1-800-292-9582).

GOVERNING BODY

121. A licensee shall have an identifiable owner and/or functioning governing body with responsibility for and authority over the operation of the Center. The owner or governing body shall designate a person to function as the Early Childhood or School-Age Administrator of the Center.
- A. A licensee of a privately-owned Center shall have documents identifying the name(s) and address(es) of owner(s).
 - B. A corporation, partnership or association shall have documents, when applicable, identifying all members of the governing body; their addresses; their terms of membership; officers of the governing body; and terms of office of all officers.
 - C. A licensee shall have a procedure for informing all parents/guardians of children attending the Center of the identities of governing body members.
122. The owner or governing body of a Center shall ensure that the licensee complies with all applicable local, State and Federal Laws and regulations.
123. A licensee shall have an organized system of business and management and sufficient staff, space and equipment to fulfill the following functions:
- A. Administrative functions;
 - B. Fiscal functions;
 - C. Clerical functions;
 - D. Cleaning and maintenance functions;
 - E. Food services functions;
 - F. Direct child care functions; and
 - G. Supervisory functions.

INSURANCE COVERAGE

124. A licensee shall secure and maintain on file written documentation of motor vehicle, fire and comprehensive general liability insurance, as required by State Law(s).

RECORDS

125. A licensee shall maintain files and records applicable to licensing.
126. A licensee shall keep daily attendance records for children identifying the hours of children's attendance each day.
- A. A licensee shall establish a system for taking attendance when the children arrive and depart the Center and periodically throughout each day to ensure the whereabouts of children in attendance at any given time.
127. A licensee shall keep a written record of the daily schedule of all staff members, including their position titles, and their exact hours worked throughout the hours of operation at the Center.

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128. A licensee shall have an on-site file for each child including:
- A. The child's name, home address and home telephone number;
 - B. Emergency telephone numbers for the parent(s)/guardian(s) and other designated person while the child is in care;
 - C. Name and telephone number of the child's health care provider;
 - D. Identifying information for all persons authorized to pick the child up from the Center;
 - E. Date of admission;
 - F. The hours a child is scheduled to attend the Center;
 - G. A statement of any special problems, medical, developmental, or educational needs of the child including allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations;
 - H. If provided by the parent(s)/guardian(s), for a child who has been identified as a having disability or special need, copies of IEP, IFSP and Section 504 plan, and records of the child's progress in meeting developmental and educational goals, including copies of assessments and referrals to special services;
 - I. Written authorization from the parent(s)/guardian(s) for emergency medical care;
 - J. Transportation permission, if appropriate;
 - K. Health information as required by Rule #316;
 - L. Injury and illness records including copies of reports submitted to the Office of Child Care Licensing as required by Rules #119B & 120 and copies of reports required by Rule #337;
 - M. Administration of medication records of a child;
 - N. If provided by the parent(s)/guardian(s), court orders on custody and visitation arrangements; and
 - O. The original copy of *The Parents Right to Know Act* form signed by the parent(s)/guardian(s).
129. A licensee shall have a procedure to ensure that all information supplied by parents/guardians is continuously updated and available to staff member(s) responsible for a particular child on a need-to-know basis.

Personnel Files

130. A licensee shall have a personnel file for each staff member. The personnel file shall include:
- A. Name, date of birth, home address and telephone number;
 - B. Date of employment or volunteer start date;
 - C. Initial application form;
 - D. Reference letters;
 - E. Release of employment history form, Service Letters obtained and/or pertinent documentation;
 - F. Documents attesting to professional development plans and qualifications;
 - G. Written records of required medical examinations and tuberculosis testing;
 - H. A statement signed by the staff member stating the staff member's status relative to conviction, current indictment or involvement in any criminal activity involving violence against a person, child abuse or neglect; possession, sale or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or serious violations of accepted standards of honesty or ethical behavior; or any case of child abuse or neglect substantiated by the Division of Family Services or the respective responsible entity in any other state or country;

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- I. Verification of fingerprinting form;
- J. Release form and verification of adult abuse registry check;
- K. If transporting children, a copy of a current driver's license;
- L. Copy of job description;
- M. Orientation form that includes written documentation that the information as required per Rule #176 was initially and periodically reviewed;
- N. Record of attendance at training regarding annual training hours and/or meeting qualifications; and
- O. Date of termination.

HUMAN RESOURCES

PERSONNEL POLICIES

General

131. A licensee shall have written personnel policies and practices and make them available to all staff and prospective staff.
- A. These policies shall include, as appropriate, procedures for hiring, discipline, dismissal, suspension and lay-off of staff in accordance with applicable laws.
 - B. A statement signed by the staff member on the orientation form shall confirm that the particular staff member has reviewed the relevant personnel policies and practices and has had the opportunity to ask questions and receive clarification.
132. A licensee shall have written job descriptions for every job position at the Center.

General Qualifications

133. A licensee shall have on file for each staff member at least two (2) letters of reference from two (2) adults who are familiar with the staff member but who are not related to the staff member. These references shall verify that the staff member is of good character and reputation, respects and understands children, and is sensitive to meeting their needs.
134. A licensee shall ensure that each staff member has an understanding of and respect for children and their needs and for a child's family and culture. For those staff members assigned direct child care duties, this includes, but is not limited to meeting children's physical needs such as feeding and diapering, supervising children's activities, supporting children's physical, intellectual, social and emotional growth, dealing with emergencies in a calm manner, and carrying out methods of positive behavior management as stipulated in these rules and within the responsibilities of their particular position.
135. A licensee shall require a staff member to sign a release of employment history form and obtain Service Letters from the staff member's current or most recent previous employer. In addition, if the staff member was employed in a health care facility and/or child care facility within the past five (5) years, the licensee shall also obtain a service letter from such employer(s).
- A. Volunteers who will be alone with children shall be required to provide service letters regardless of time spent at the Center providing unpaid services; or
 - B. Volunteers who are not alone with children and are providing unpaid services of less than five (5) days or forty (40) hours a year shall not be required to provide service letters.

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136. A licensee shall require staff members to be fingerprinted for child care by the Delaware State Police as soon as they are hired or schedule an appointment to be fingerprinted no later than the fifth working day. Staff members shall be required to provide the fingerprint verification form to the licensee as proof of being fingerprinted.
- A. Volunteers who will be alone with children shall be required to have background checks regardless of time spent at the Center providing unpaid services; or
 - B. Volunteers who are not alone with children and are providing unpaid services of less than five (5) days or forty (40) hours a year shall not be required to have background checks.
137. A licensee shall request the results of an adult abuse registry check through the Department of Health and Social Services for applicable staff members as soon as they are hired or no later than the fifth working day.
138. A licensee shall not employ or retain any person as a staff member with:
- A. Any conviction, current indictment or substantial evidence of involvement in any criminal activity involving; violence against a person; child abuse or neglect; possession, sale or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or serious violations of accepted standards of honesty or ethical behavior;
 - i. The licensee may, at its own discretion, make exceptions to the above rule when it is documented that the health and safety of children would not be endangered except as prohibited by the Child Protection Registry Law as defined in Delaware Code, Title 16, Chapter 9, Subchapter II, Subsection 923.
139. The licensee shall not employ or retain in any capacity any person whose child or children are removed from his/her custody because of abuse or neglect.
140. A licensee shall not employ or retain in any capacity any person convicted of any offense defined as child sex abuse in Delaware Code, Title 11, Chapter 85, Subchapter IV, Subsection 8550.
141. A licensee shall inform staff members that alcohol or other drug use that adversely affects essential job functions is unacceptable and of the prohibition of unlawful use, possession, manufacture, distribution of controlled substances or alcoholic beverages in the workplace.

HEALTH REQUIREMENTS

142. A licensee shall have for every staff member:
- A. Written report from a health care provider of a health appraisal attesting to the health of the staff member, including the ability to perform essential job functions as described in Rule #134, completed within one (1) year prior to the date of employment and on file with the Center within the first month of employment;
 - B. Written evidence on file with the Center within the first month of employment of freedom from communicable tuberculosis verified within one (1) year prior to the date of initial employment at the

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- Center, with further testing required every fifth year of employment; and
- C. Written evidence of follow-up of any known health problem of the staff member affecting or potentially affecting his/her ability to care for children.

CHILD ABUSE AND NEGLECT

143. A licensee shall provide each staff member of the Center written information governing the reporting provision of the Delaware child abuse and neglect law(s) and regulations, Center policies and procedures for reporting and documenting suspected abuse and neglect, and maintain on file written documentation of their receipt of this information.
144. A licensee shall not discourage, inhibit, penalize or otherwise impede any staff member from reporting any suspected or alleged incident of child abuse or neglect.
145. A licensee shall develop, adopt, follow and maintain on file written policies and procedures for handling any incident of suspected child abuse or neglect which occurs while a child is in the Center's care. The policies and procedures shall contain provisions specifying that:
- A. The licensee shall immediately report the suspected abuse or neglect as required by Law;
 - B. The licensee immediately shall take remedial action to protect children from harm;
 - C. The licensee shall take long-term corrective action to eliminate the factors or circumstances that may have caused or may have otherwise resulted in a continuing risk of abuse or neglect to children if the abuse or neglect occurred at the Center by a staff member;
 - D. Any staff member alleged to have perpetrated an incident of child abuse or neglect shall not have direct contact with any child, or be reassigned to other duties that do not involve contact with children until the investigation of the incident has been completed; and
 - E. The licensee shall take disciplinary action, up to and including termination as required by Rules #138-140 and by Law, against any staff member who committed an act of child abuse or neglect.

OWNER OF A CENTER

146. The Owner of a Center shall be considered staff and actively involved if present at the Center during regular hours of operation for seven (7) or more hours per week and is required to follow all rules concerning a staff member of the Center.
147. The Owner of a Center shall only count toward staff/child ratios if fully qualified as at least an Early Childhood Assistant Teacher, Early Childhood Caregiver or School-Age Site Assistant if left alone with children or as at least an Early Childhood Intern or School-Age Intern if not left alone with children.
148. Inactive Owners of a Center or those working less than seven (7) hours per week shall not be considered staff nor assume any direct child care duties and assign day-to-day operational responsibilities to an Early Childhood or School-Age Administrator.

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STAFF QUALIFICATIONS

149. For a Center licensed before the effective date of these rules, the licensee shall ensure that a staff member who is already in a particular position or a new hire at that Center:
- A. Has four (4) calendar years from the effective date or no later than January 1, 2011 to meet the qualifications of an Early Childhood Administrator, Early Childhood Curriculum Coordinator or Early Childhood Teacher.
 - B. Has two (2) calendar years from the effective date or no later than January 1, 2009 to meet the qualifications of an Early Childhood Assistant Teacher, Early Childhood Caregiver, or Early Childhood Intern.
 - C. Is eligible for the time-limited periods to qualify for a particular position provided that person remains at that Center or transfers only to a Center licensed before the effective date of these rules and is directly affiliated with the original Center. A Center directly affiliated with the original Center shall mean that the staff member is still employed by the same parent organization/company and at least retains all years of service when transferred.
 - D. Has a written profession development plan kept in that staff member's personnel file that documents the particular position desired, the goals to achieve that position, the progress made toward the position at least on a yearly basis, and the target date for goal completion when working toward qualifying for a particular position during the time-limited period.
150. A licensee shall ensure that each staff member at a Center submits written documentation to the Office of Child Care Licensing that shows how a staff member is fully qualified for a particular position. The documentation shall consist of copies of training certificates, transcripts, diploma(s), or staff training records. Upon approval from the Office of Child Care Licensing, the licensee shall ensure that the letter of approval for each qualified staff member is filed in that staff member's personnel file.
151. A licensee shall ensure that a staff member qualifying for a particular position in a Center may, when applicable, use college/university credits based on specific topic areas/titles, substitutions for college/university credits, or other training that is demonstrated to be equivalent to a particular qualification in these rules all as approved or accepted by the Office of Child Care Licensing.
152. A licensee shall ensure that a person appointed to a position at a Center that becomes newly licensed subsequent to the effective date shall meet the qualifications of these rules for that position.

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Early Childhood Administrator

153. A licensee shall ensure that the Early Childhood Administrator of the Center is at least twenty-one (21) years of age and meets one (1) of the following qualifications:
- A. At least an Associate Degree from an accredited college or university in or in a field related to child development, early childhood education, psychology, social work, special education, elementary education, nursing, human services or business administration including at least fifteen (15) college/university credits in course content covering at least three (3) of the following topic areas – child development, developmental curriculum planning, positive behavior management, health & safety, nutrition, family/community, and professionalism; and twenty-four (24) months of experience working with children preschool age or younger in a group setting;
 - B. At least a Bachelor degree from an accredited college or university including at least fifteen (15) college/university credits in course content covering at least three (3) of the following topic areas - child development, developmental curriculum planning, positive behavior management, health & safety, nutrition, family/community, and professionalism; and twenty-four (24) months of experience working with children preschool age or younger in a group setting or;
154. An Early Childhood Administrator, who before the effective date of these rules was known as the Program Director at a particular Center and qualified for that position with a Bachelor or Associate degree and twelve (12) college/university credits in child development or early childhood education, shall be able to apply those particular college/university credits to the credit requirement of Rule #153 provided that person remains at that original Center or transfers only to a Center licensed before the effective date of these rules and is directly affiliated with the original Center.
155. A licensee shall ensure that the Early Childhood Administrator who manages the Center's administrative duties such as human resources/personnel and fiscal has at least three (3) college/university credits or forty-five (45) clock hours of training in administration which may be included in the total number of college/university credits required for the position unless such duties are not the responsibility of the Early Childhood Administrator.
- A. A written plan approved by the Office of Child Care Licensing shall be required if such duties are not the responsibility of the Early Childhood Administrator. The written plan shall identify the person/entity performing these duties, and the qualifying factors regarding the person/entity. Any changes involving the person/entity performing these duties shall require a new plan approved by the Office of Child Care Licensing.

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156. An Early Childhood Administrator, who before the effective date of these rules was known as the Program Director at a particular Center shall be able to serve as the Early Childhood Administrator provided that person remains at that original Center or transfers only to a Center licensed before the effective date of these rules, directly affiliated with the original Center, and meets all of the following qualifications:
- A. Has three (3) college/university credits, or forty-five (45) clock hours of training in administration related to operating a Center unless such duties are not the responsibility of the Early Childhood Administrator as state in Rule #155;
 - B. Meets at least one (1) of the qualifications of an Early Childhood Teacher as stated in Rule #160;
 - i. For Rule #160D, the nine (9) college/university credits may be in early childhood education or child development; and
 - C. Has an Early Childhood Curriculum Coordinator on staff that meets the qualifications of that position with at least an Associate degree as stated in Rule #157B.

Early Childhood Curriculum Coordinator

157. A licensee shall ensure that an Early Childhood Curriculum Coordinator is at least twenty (20) years of age and meets one (1) of the following qualifications:
- A. At least a high school degree or its equivalent and successful completion of fifteen (15) college/university credits in child development or early childhood education of which six (6) college/university credits shall be in early childhood curriculum development and planning and thirty-six (36) months of experience working with children preschool age or younger in group setting;
 - B. At least an Associate degree from an accredited college or university in or in a field related to child development, psychology, social work, special education, nursing or human services, including at least fifteen (15) college/university credits of child development, or early childhood education and twenty-four (24) months of experience working with children preschool age or younger in a group setting;
 - C. At least an Associate degree from an accredited college or university in early childhood education and twelve (12) months of experience working with children preschool age or younger in a group setting; or
 - D. At least a Bachelor degree from an accredited college or university including at least fifteen (15) college/university credits of child development or early childhood education and twelve (12) months of experience working with children preschool age or younger in a group setting.

Early Childhood Administrator or Early Childhood Curriculum Coordinator – Specialized Training

158. A licensee shall ensure that either the Early Childhood Administrator or Early Childhood Curriculum Coordinator has successfully completed three (3) college/university credits, which may be included in the total number of college/university credits required for the position, or forty-five (45) clock hours of training in infant and/ or toddler development and curriculum if the Center serves infants and/or toddlers.
159. A licensee shall ensure that either the Early Childhood Administrator or Early Childhood Curriculum

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Coordinator has successfully completed fifteen (15) clock hours of training in school-age care if the Center serves school-age children. The clock hours may be translated from the college/university credits and included in the total number of college/university credits required for the position.

Early Childhood Teacher

160. A licensee shall ensure that an Early Childhood Teacher is at least eighteen (18) years of age and meets one (1) of the following qualifications:
- A. At least a high school degree or its equivalent and successful completion of both “Training for Early Care and Education 1 & 2” and twelve (12) months of experience working with children preschool age or younger in a group setting;
 - B. At least a high school degree or its equivalent and a valid Child Development Associate Credential that is current and has not expired and twelve (12) months of experience working with children preschool age or younger in a group setting;
 - C. At least a high school degree or its equivalent and successful completion of the Delaware Department of Labor’s Early Childhood Apprenticeship Program and twelve (12) months of experience working with children preschool age or younger in a group setting;
 - D. At least a high school degree or its equivalent and successful completion of nine (9) college/university credits - three (3) in early childhood education, three (3) in child development and three (3) in positive behavior management and twelve (12) months of experience working with children preschool age or younger in a group setting;
 - i. Forty-five (45) clock hours in positive behavior management may substitute for the three (3) college/university credits.
 - E. At least a high school degree with successful completion of a vocational/technical high school three (3) year program in early childhood education approved by Delaware’s Department of Education and twelve (12) months of experience working with children preschool age or younger in a group setting;
 - F. At least a high school degree or its equivalent and successful completion of the course work toward a Montessori Infant and Toddler Full/Associate Credential or a Montessori Early Childhood Full/Associate Credential from a MACTE approved training program and twelve (12) months of experience working with children preschool age or younger in a group setting;
 - G. At least a high school degree or its equivalent and successful completion of a one (1) year early childhood diploma program from a two (2) year college and twelve (12) months of experience working with children preschool age or younger in a group setting;
 - H. At least an Associate degree from an accredited college or university with six (6) college/university credits in child development, or early childhood education and three (3) months of supervised student teaching or twelve (12) months of experience working with children preschool age or younger in a group setting; or
 - I. At least a Bachelor degree from an accredited college or university including at least six (6) college/university credits of child development or early childhood education and three (3) months of supervised student teaching or twelve (12) months of experience working with children preschool age or younger in a group setting.

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Early Childhood Assistant Teacher

161. A licensee shall ensure that an Early Childhood Assistant Teacher is at least eighteen (18) years of age and meets one (1) of the following qualifications:
- A. At least a high school degree or its equivalent and successful completion of “Training for Early Care and Education 1” and six (6) months of experience working with children preschool age or younger in a group setting;
 - B. At least a high school degree with successful completion of the traditional high school’s career pathway program in early childhood as recognized by the Office of Child Care Licensing and six (6) months of experience working with children preschool age or younger in a group setting; or
 - C. At least a high school degree or its equivalent and successful completion of six (6) college/university credits - three (3) in early childhood education and three (3) in child development and six (6) months of experience working with children preschool age or younger in a group setting.
162. A staff member who, before the effective date of these rules, was in the position formerly known as a Caregiver at a particular Center shall have one (1) of the following opportunities to qualify for the position of Early Childhood Assistant Teacher. These opportunities shall be time-limited to two (2) calendar years from the effective date of these rules as stated in Rule #149B.
- A. Demonstrate through the development of a portfolio that prior training and experience is equivalent to the information taught in “Training for Early Care and Education 1”. Successful completion of this option shall be receiving a grade of seventy-five percent (75%) or better and is recognized as equivalent to completing “Training for Early Care and Education 1” and is applicable toward advancing to higher positions in any Center.
 - B. Pass a test recognized by the Office of Child Care Licensing as equivalent to the information taught in “Training for Early Care and Education 1”. Successful completion of this option shall be receiving a grade of seventy-five percent (75%) or better and is recognized as equivalent to completing “Training for Early Care and Education 1” and is applicable toward advancing to higher positions in any Center.

Early Childhood Caregiver

163. A licensee shall ensure that an Early Childhood Caregiver is at least eighteen (18) years of age, and before the effective date of these rules, was in the position formerly known as a Caregiver at a particular Center. Successful completion of the training required for this position is time-limited to two (2) calendar years from the effective date of these rules as stated in Rule #149B. The position of Early Childhood Caregiver is acceptable provided that person remains at that original Center or transfers only to a Center licensed before the effective date of these rules and is directly affiliated with the original Center. The Early Childhood Caregiver shall meet the following qualification:
- A. Demonstrates successful completion of a total of sixty (60) clock hours of training based on the early care and education core topic areas and divided into each of the following: Child Development (fifteen (15) clock hours), Developmental Curriculum Planning (twelve (12) clock hours), Positive

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Behavior Management (twelve (12) clock hours), Health (three (3) clock hours), Safety (three (3) clock hours), Nutrition (three (3) clock hours), Family/Community (six (6) clock hours), and Professionalism (six (6) clock hours). Such clock hours taken prior to the effective date of these rules or during the time-limited period shall count toward this position.

Early Childhood Intern

164. A licensee shall ensure that an Early Childhood Intern is at least sixteen (16) years of age and meets one (1) of the following qualifications:
- A. At least successful completion of either *Delaware First's* "Introduction to Child Care" or "Child Development" completed within twelve (12) months of employment;
 - B. At least successful completion of three (3) college/university credits in either child development or early childhood education.
 - i. Fifteen (15) year olds may be hired only if they are attending a vocational/technical high school three (3) year program in early childhood education or a traditional high school's career pathway program in early childhood. Documentation proving enrollment in such programs shall be on file at the Center.
165. A licensee shall ensure that an Early Childhood Intern under the age of eighteen (18) does not provide direct child care to children who are close in age. Such an Early Childhood Intern shall be at least four (4) years older than any child in his or her direct care.

Staffing

166. A licensee shall ensure that the Center has at least one (1) staff member who meets the qualifications for the position of Early Childhood Administrator.
167. A licensee shall ensure that the Center has at least one (1) staff member who meets the qualifications for the position of Early Childhood Curriculum Coordinator.
168. An Early Childhood Administrator shall also be able to serve as the Early Childhood Curriculum Coordinator if the following circumstances have been met:
- A. The Early Childhood Administrator meets the qualifications with at least an Associate degree as stated in Rule #153A; and
 - B. The Center has a capacity of sixty (60) or fewer children; or
 - C. The licensee shall ensure through a written plan approved by the Office of Child Care Licensing that the Center's administrative duties such as human resources/personnel and fiscal are not the responsibility of the Early Childhood Administrator. The written plan shall identify the person/entity performing these duties, and the qualifying factors regarding the person/entity. Changes involving the person/entity performing these duties shall require a new plan approved by the Office of Child Care Licensing.
169. A licensee shall ensure that a staff member who meets the qualifications for the position of an Early Childhood Administrator or Early Childhood Curriculum Coordinator is at the Center at least seventy-five percent (75%) of the hours of operation.

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- A. If an Early Childhood Administrator is responsible for two (2) or more Centers, each with capacities of sixty (60) or fewer children, a staff member who meets the qualifications for the position of an Early Childhood Administrator or Early Childhood Curriculum Coordinator shall be at each Center at least fifty percent (50%) of the hours of operation.

170. A licensee shall follow a one (1) to four (4) ratio of Early Childhood Teachers to Early Childhood Assistant Teachers, Early Childhood Caregivers and Early Childhood Interns as indicated in the table below:

Early Childhood Teacher(s)	Total # of Early Childhood Assistants, Caregivers & Interns
1	1 to 4
2	5 to 8
3	9 to 12
4	13 to 16
5	17 to 20
6	21 to 24
7	25 to 28
8	29 to 32
9	33 to 36
10	37 to 40

(and continue as needed)

- A. The ratio of Early Childhood Teachers to Early Childhood Assistant Teachers, Early Childhood Caregivers, and Early Childhood Interns shall be based on the number of staff as needed to comply with staff/child ratios as stated in Rule #185. A licensee may choose to use more staff than required without needing to increase the number of Early Childhood Teachers. Part-time staff members working in the positions of Early Childhood Assistant Teachers, Early Childhood Caregivers, and Early Childhood Interns may be grouped as one (1) Full Time Equivalent (FTE) when their combined part-time work schedules add up to the equivalent of a full time staff person at the Center.

Direct Child Care Duties

171. A licensee shall ensure that staff charged with caring for children are not given other duties which would interfere with providing care to children.

Substitute and Volunteer Staff

172. A licensee shall have substitute staff that are at least sixteen (16) years of age, including documentation of their qualifications to fill a particular position during the absences of permanent staff. A substitute that is temporarily filling in for a position in which he or she is not fully qualified shall be allowed to count toward child/staff ratios if supervised by at least an Early Childhood Teacher, School-Age Site Coordinator, or School-Age Site Assistant who is designated as responsible for the School-Age Center and under the direct observation of at least an Early Childhood Assistant Teacher, Early Childhood Caregiver or School-Age Site Assistant at all times.

- A. When it is known beforehand that a position will be temporarily available for two (2) or more months continuously, the person or persons substituting in that position shall be fully qualified for the position throughout the whole time period.

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173. A licensee shall ensure that volunteers are at least sixteen (16) years of age and counted for the purposes of staff/child ratios only when it is documented that they are fully qualified for the particular position in which they are volunteering and present at the Center for seven (7) or more hours a week.
174. A licensee shall ensure that volunteers present less than seven (7) hours a week not counted toward staff/child ratios and be under the supervision of at least an Early Childhood Teacher, School-Age Site Coordinator, or School-Age Site Assistant who is designated as responsible for the School-Age Center and under the direct observation of at least an Early Childhood Assistant Teacher, Early Childhood Caregiver, or School-Age Site Assistant at all times and not be alone with the children at any time.
175. A licensee shall ensure that a substitute or volunteer may be fifteen (15) years old only if they are attending a vocational/technical high school three (3) year program in early childhood education or a traditional high school's career pathway program in early childhood. Documentation proving enrollment and attendance in such programs shall be on file at the Center.

ORIENTATION

176. A licensee shall document that all staff members have been given an orientation training session with the opportunity to ask questions and receive clarification at the beginning of employment at the Center and periodic updates as information is revised on the following:
 - A. Emergency and evacuation procedures;
 - B. Center policies on positive behavior management, routine and emergency health care including health exclusions, child accident and injury procedures, administration of medication, child care, goals and program for children, recordkeeping, family involvement, safety and sanitation procedures, nutrition and food safety, transporting children, if applicable, and release of children;
 - C. Center personnel and administrative policies;
 - D. Child abuse and neglect law and reporting requirements and Center's procedures to report abuse and neglect;
 - E. Recognition of the symptoms of childhood illnesses, including reportable communicable diseases, child abuse, sexual abuse and neglect;
 - F. Information on any other Federal or State Laws or regulations applicable to children and families in care including non-discrimination; and
 - G. Applicable licensing rules and the location of a copy of the complete rules shall be made available at the Center for staff review whenever requested.

ANNUAL TRAINING

177. A licensee shall document that all staff, including an actively involved Owner and the Early Childhood or School-Age Administrator, participate in annual training. Staff members providing direct child care and working twenty-five or more hours per week shall participate in eighteen (18) clock hours of training annually, and those working less than twenty-five (25) hours per week shall participate in nine (9) clock hours of training annually. Staff members not providing direct child care shall participate in three (3) clock

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hours of training annually. Only owners, substitutes, or volunteers that work or volunteer less than seven (7) hours per week shall be exempt from the annual training requirements.

- A. For staff members providing direct child care, all training shall be within topics or core areas associated with improving quality in the early care and education and school-age care. Topics shall include the following core areas: Child Development; Developmental Curriculum Planning; Positive Behavior Management; Health & Safety; Nutrition; Family/Community; Professionalism; and Administration.
- B. For staff members not providing direct child care such as those assigned only to clerical, janitorial and food service duties, training shall be in topics specific to the job functions of their particular position.
- C. Training in CPR, First Aid and Administration of Medication shall not count toward a staff member's annual training requirement even when required for a particular position.

178. A licensee shall ensure that staff members complete annual training during the time period beginning at the start date and ending at the expiration date of the Center's license.

ANNUAL PROFESSIONAL DEVELOPMENT PLAN

179. A licensee shall ensure that each year all staff members complete individual Professional Development Plans which includes input from the staff member and is approved by the Early Childhood or School-Age Administrator. The Professional Development Plans shall at least include written documentation of the following:

- A. Current qualifications;
- B. Annual goal(s) for the individual staff member's professional development;
- C. Progress made toward the goal(s);
- D. All training completed by the staff member during that particular year including copies of training certificates and/or proof of successful completion of the training; and
- E. How listed training is related to goals.

180. A licensee shall ensure that the individual Professional Development Plans are available for review by the Office of Child Care Licensing as a part of the Center's annual licensure renewal process.

FIRST AID AND CPR TRAINING

181. A licensee shall document that staff in all positions except Early Childhood and School-Age Interns have proof of completing a First Aid course every three (3) years and receive current certification in cardiopulmonary resuscitation (CPR).

- A. Staff who are assigned to care for children eight (8) years of age and younger shall have proof of completing a First Aid course applicable to infants and/or children and receive current certification in CPR for infants and/or children.
- B. Staff who are assigned to care for children nine (9) years of age and older shall have proof of completing a First Aid course applicable to children and adults and receive current certification in CPR for adults.

182. A licensee shall ensure that staff members complete First Aid and CPR training within six (6) months from the date of hire.

183. A licensee shall ensure that staff of a Center licensed before the effective date of these rules shall have six

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(6) months from the effective date of these rules to complete First Aid and CPR training.

184. A licensee shall ensure that at least one (1) staff member with First Aid and CPR training applicable to the ages of all children at the Center is present during all hours of operation when children are in attendance including the beginning and end of the day and during off-site activities such as outings or field trips.

NUMBER OF STAFF

185. A licensee shall follow the following minimum staff/child ratios and maximum group sizes for each age group listed during normal daily activities at the Center as indicated in the table below:

	Age of Child	Minimum Staff/Child Ratio	Maximum Group Size
Infant	Under 1 Year	1:4	8
Young Toddler	1 to 2 Years	1:6	12
Older Toddler	2 to 3 Years	1:8	16
Young Preschool Child	3 to 4 Years	1:10	20
Older Preschool Child	4 to 5 Years or older (Or not yet in K* or first grade which ever comes first)	1:12	24
School-Age Child	5 Years or older (Or at least in K* or first grade which ever comes first)	1:15	30

* K - Kindergarten

- A. A Center licensed before the effective date of these rules shall have four (4) calendar years from the effective date or no later than January 1, 2011 to achieve compliance with staff/child ratios and maximum group sizes requirements.

186. A licensee shall ensure that a Center develops a plan to accomplish maximum group size requirements. The plan shall be approved by the Office of Child Care Licensing and address the maximum number of children assigned to a specific staff member or group of staff members, occupying an individual classroom or well-defined physical space within a large room. The approved plan shall be implemented to achieve maximum group size requirements at the Center.
187. A licensee shall maintain the full staff/child ratio for infants at all times.
188. A licensee shall ensure that for mixed age groups, the staff/child ratio and group size requirements are that for the age of the youngest child present.
189. A licensee shall ensure that the curriculum goals and program of daily activities for each group of children is implemented by an assigned staff member in the position of Early Childhood Teacher, School-Age Site Coordinator, Early Childhood Assistant Teacher, School-Age Site Assistant, or Early Childhood Caregiver with approval and monitoring by the either the Early Childhood Administrator, School-Age Administrator,

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Early Childhood Curriculum Coordinator, or School-Age Site Coordinator when assigned such duty.

190. A licensee shall assign staff to each group of children to meet staff/child ratios.
- A. Only staff members who are qualified, physically present, and working with children shall be counted for the purposes of staff/child ratios.
191. A licensee shall ensure that for children one (1) year and older, during nap times when children are sleeping, at least one-half (1/2) of the normal staff complement as required by Rule #185 are physically present with each group of children and directly observing the children.
192. A licensee shall provide supervision of children at all times.
193. A licensee shall have at least two (2) staff present when seven (7) or more children one (1) year and older are present.
- A. The licensee shall have emergency procedures providing immediate access to emergency service and additional staff when only one (1) staff member is present with children at the Center.
- B. When only one (1) staff member is present with children, that staff member shall have no other responsibilities than direct child care during that time.
194. A licensee shall ensure that during times when children are normally arriving at the beginning of the day and leaving at the end of the day, the segregation of age groups for children one (1) year and older will not be required but that there is an organized approach to the supervision of and accountability for children and staff/child ratios are still maintained.

STAFF COMMUNICATION

195. A licensee shall have an organized system of documented communication among staff to ensure that any staff member assuming responsibility for a child or children as, for example, during shift changes, is informed of any significant information, problem, need or special circumstance involving the child or children.

PHYSICAL ENVIRONMENT AND SAFETY

GENERAL

196. A licensee shall ensure that every building, or part thereof that is used as a Center, is constructed, used, furnished, maintained and equipped in compliance with all applicable requirements established by Federal, State, local and municipal regulatory bodies.
- A. The licensee shall have written certification of compliance from the appropriate regulatory bodies governing zoning, building construction and safety, sanitation and fire safety.

USABLE SPACE

197. A licensee shall maintain all areas of the facility in a clean, safe condition free from hazards to the health and safety of children.
198. A licensee shall ensure that all structures, fences, equipment and grounds are maintained so as to be free from any hazard to health and safety.

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199. A licensee shall ensure that grounds drain either naturally or through installed drainage systems so that there is no standing drainage water on the premises.
200. A licensee shall ensure that garbage and rubbish are stored securely in non-combustible, covered containers in separate areas inaccessible to children and is removed on a regular basis but not less than once every week.
- A. Outdoor containers, other than dumpsters, shall be cleaned after each collection.
 - B. Indoor trash containers shall be emptied daily and kept clean.
201. A licensee shall ensure that trash collection receptacles are stored in designated areas away from the children's play areas.
202. A licensee shall ensure that all areas accessible to the Center determined to be unsafe including steep grades, cliffs, open pits, swimming pools, high voltage boosters, propane gas tanks, streets or roads, driveways, railroad tracks, or parking lots, are fenced off or have natural barriers to protect children.

OUTDOOR AREA

203. A licensee shall maintain or have access to an outdoor play area with at least seventy-five (75) square feet for each child for the maximum number of children who will use the playground at one (1) time.
- A. The outdoor play area shall be large enough to accommodate at least one-fourth (1/4) of the licensed capacity of the facility at any one (1) time.
204. A licensee of a Center licensed before the effective date of these rules shall maintain or have access to an outdoor play area with at least fifty (50) square feet for each child for the maximum number of children who will use the playground at one (1) time.
- A. The outdoor play area shall be large enough to accommodate at least one-fourth (1/4) of the licensed capacity of the facility at any one (1) time.
 - B. If the capacity of a Center licensed before the effective date of these rules changes for any reason, the licensee shall be required to ensure that the outdoor play area is in compliance with Rule #203.
205. A licensee shall ensure that the outdoor play area is situated adjacent to or within close proximity to the Center and available to the children
- A. The play area shall be accessible by a safe route.
206. A licensee shall ensure that outdoor play areas are fenced.
- A. Fencing shall be sturdy, safe and reinforced at intervals so as to give support, constructed to discourage climbing and not prevent observation of children by staff.
 - B. Fencing shall be a minimum of four (4) feet in height with openings no larger than three and one-half (3½) inches.
 - C. Gates shall be equipped with self-closing and positive self-latching closure mechanisms. The latch

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- or securing device shall be high enough or of a type such that small children cannot open it.
- D. Fenced areas shall have at least two (2) exits, with at least one (1) being remote from the building.
207. For a Center licensed before the effective date of these rules, the existing fencing shall be acceptable as long as it is safe, free from hazards and in good repair. When the fencing is replaced, the new fencing shall fully comply with Rule #206.
208. For a Center licensed before the effective date of these rules that has no existing fencing, that Center shall have two (2) years from the effective date or no later than January 1, 2009 to install fencing fully in compliance with Rule #206.
209. A licensee shall ensure that the protective surface of the outdoor play area beneath and in the fall zones of climbing equipment, slides, swings and similar equipment is of approved resilient material which absorbs falls.
- A. The fall zones shall be between six (6) to twelve (12) inches deep as determined by the height of the highest climbing surface of the equipment and consist of wood chips, mulch, engineered wood fibers, sand, pea gravel, safety-tested shredded or unitary rubber or rubber like materials, or rubber mats;
- i. The use of shredded tires shall be permitted if the licensee obtains a guarantee from the supplier that the materials are free from steel wires or other contaminants,
- ii. All materials used for protective surfaces shall be of a size that prevents choking; and
- B. The materials used in the fall zone shall follow the instructions as listed in the most recent publication of the United States Consumer Product Safety Commission's (CPSC) *Handbook for Public Playground Safety* regarding critical heights of tested materials (see CPSC website at <http://www.cpsc.gov/cpscpub/pubs/325.pdf> - Table 1 - Critical Heights (in feet) of Tested Materials (currently on page five (5) of the CPSC document) ; or
- C. The materials used in the fall zone shall follow the specific instructions as documented from the supplier to determine the appropriate depth or thickness.
- D. Protective surfaces of the fall zone shall extend at least six (6) feet in all directions from the equipment. For swings, the protective surfacing shall extend, in back and front, twice the height of the suspending bar .
210. A licensee shall ensure that all surfaces of the outdoor play area are made up of materials that do not present a safety or choking hazard. Only pea gravel shall be acceptable as cover for the outdoor play area if using a gravel or stone-like surfacing.
211. For a Center licensed before the effective date of these rules, that Center shall have two (2) years or no later than January 1, 2009 to replace small gravel or small stones with pea gravel or with another surface as approved by the Office of Child Care Licensing.
212. A licensee shall ensure that the outdoor play area has equipment for vigorous play and large muscle activity with attention to the needs of the diversity of children served and their abilities to participate and is free of hazards.
- A. Staff shall inspect the outdoor play area before children begin to play to ensure there are no hazards present and play equipment is safe for use.

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213. A licensee shall ensure that outdoor play equipment is securely anchored unless portable by design, in good repair and placed with regard for safe use.
- A. Outdoor sandboxes or play areas containing sand shall be maintained in a safe and sanitary manner.
 - B. Separate outdoor sandboxes shall be covered when not in use.
214. A licensee shall ensure that the outdoor play area has a shaded rest area for children.
215. When a licensee can demonstrate that the outdoor space rule cannot be met, the licensee shall provide, in addition to the indoor play space required by Rule #221, a minimum of 700 square feet of open, accessible indoor play space for large muscle activity.
- A. The indoor space shall be at the site of the Center.
 - B. The licensee shall have a written plan which specifies how large muscle activity will be provided.
 - C. The licensee shall have a written plan to ensure some opportunities for safe outdoor activities in accordance with Rules #267, 379 & 382.
 - D. When using public areas, staff shall inspect the area before children begin to play to ensure there are no hazards present and play equipment is safe for use.
216. For a Center licensed before the effective date of these rules, the indoor space as indicated in Rule #215A may be at a nearby facility that was previously used and approved by the Office of Child Care Licensing unless the capacity of the Center increases or the physical plant of the Center changes allowing room for an indoor play space.
217. A licensee shall ensure that a roof top or elevated play space above the first floor is protected by a non-climbable, secure and hazard-free barrier that is at least seven (7) feet in height.

RIDING TOYS

218. A licensee shall ensure that bicycles, tricycles, scooters, and other riding toys are the size appropriate for a child, in good condition and free of sharp edges or protrusions that may injure a child.
219. A licensee shall ensure that all children wear approved safety helmets while riding bicycles with wheels of twenty (20) or more inches in diameter.
- A. Children shall not share helmets unless helmets are made with a nonporous interior lining and easily cleanable straps. All interior and exterior surfaces of the helmet shall be wiped clean between users.
 - B. Helmets shall be removed before allowing children to use playground equipment.

ACCESS TO SPACE BY CHILDREN

220. A licensee shall ensure that interior space designated for the use of children is available to children when the Center is in operation and is arranged to allow each child adequate space for free movement and active play.

INDOOR AREA

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221. A licensee shall ensure that a Center has at least thirty-five (35) square feet for each child. Measurements shall be from wall to wall on the inside.
- A. Toilet rooms, kitchen areas, isolation areas, offices, storage spaces, hallways, furnace rooms and other areas not used by children for sleep or play on a routine basis shall not be counted in computing required square footage.
222. A multi-purpose room shall be allowed to count toward the indoor square footage of a Center when the room is routinely available for usage every day the Center is open.
223. A licensee shall ensure that the floors of all rooms in a Center have a surface which is safe and cleanable.

SLEEPING ACCOMMODATIONS

224. A licensee shall ensure that each child, except school-age children who do not sleep at the Center, has clean, age-appropriate individual rest equipment such as a crib, playpen, cot, bed or mat and bedding.
- A. A child's rest equipment shall be labeled with the child's name and used only by the child while attending the program.
- B. Mattresses and sleeping equipment shall be covered with non-absorbent, cleanable coverings.
- C. Cots, beds, mats and mattresses, and crib mattresses shall be cleaned and sanitized at least weekly and when soiled or wet.
- D. Rest equipment and bedding shall be cleaned and sanitized prior to being assigned to another child.
- E. Each child under eighteen (18) months of age and not walking shall sleep in a crib or playpen. A child who is between twelve (12) and eighteen (18) months of age and is walking may sleep on a cot, bed, or mat and bedding with written permission from the child's parent(s)/guardian(s).
225. A licensee shall ensure that sleeping mats are stored so that there is no contact with the sleeping surface of another mat or disinfected after each use.
226. A licensee shall ensure that cribs are not stacked while in use.
- A. Cribs and playpens shall have slats so placed as to allow gaps of no larger than two and three-eighths (2-3/8) inches.
- B. Cribs and playpens shall have top rails at least twenty (20) inches above the mattress with the mattress set at its lowest position and side rail locked in its highest position.
- C. Any latches on cribs or playpens shall be safe and secured.
- D. Crib mattresses shall be firm and tight-fitting.
- E. Soft surfaces such as soft mattresses, pillows, sofas and waterbeds shall be prohibited as infant sleeping surfaces.
- F. All pillows, bumper pads, quilts, comforters, sheepskin, stuffed toys, and any other soft products shall be removed from cribs while an infant is in the crib.
- G. Toys or objects hung over an infant in a crib shall be held securely and be of a size and weight that would not injure an infant if the toy or object accidentally falls or if the infant pulls on the object.
227. A licensee shall ensure that seasonably appropriate top and bottom coverings, such as sheets and blankets, are provided for each child.
- A. Sheets and blankets or other bedding shall be cleaned at least weekly and when soiled or wet.
228. A licensee shall ensure that rest equipment is placed at least one and one-half (1 ½) feet apart while in use with children sleeping in alternating body positions aligning their head to the feet of the child next to them.

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229. A licensee shall ensure that rest equipment is maintained in a safe condition.

AREA FOR CHILDREN WHO BECOME ILL

230. A licensee shall ensure that a Center has a separate area where children who are exhibiting illnesses/symptoms requiring exclusion from the Center are cared for until they can be removed from the Center or are diagnosed as posing no risk to themselves or others.
- A. The separate area shall be furnished with rest equipment provided with clean bedding.
 - B. This area shall not be located in the kitchen or toilet areas.
 - C. All items used by an ill child, including rest equipment, bedding, utensils and toys shall be cleaned and disinfected prior to being used by another child.
 - D. While in this area, staff shall ensure that the child is supervised and the child's individual needs for rest, comfort, food, drink and activity are met until the child can be picked up by a parent/guardian or suitably cared for elsewhere.

TOILET FACILITIES

231. A licensee shall ensure that a Center has enclosed toilet rooms inside the building on the same floor as inside play area(s).
- A. Toilet rooms shall have no locks within the children's reach.
232. A licensee shall ensure that a Center serving children over twenty-four (24) months of age has at least the number of child-sized and standard toilets and sinks in the following ratios:
- A. One (1) to ten (10) child-sized toilets for children over twenty-four (24) months through preschool age;
 - B. One (1) to fifteen (15) standard toilets for school-age children and staff;
 - C. At least one (1) sink shall be in the toilet room; and
 - D. Staff shall be counted in determining the number of toilets and sinks if the Center does not provide separate toilet facilities for staff.
233. For a Center licensed before the effective date of these rules, the existing number of toilets and sinks shall be acceptable as long as the conditions of the original Environmental Health plan approval continue to be met.
- A. If the capacity or physical plant of a Center licensed before the effective date of these rules changes for any reason, the licensee shall be required to ensure that the toilets and sinks are in compliance with Rule #232.
234. A licensee shall ensure that a Center serving only children under twenty-four (24) months of age has at least one (1) toilet and sink when fewer than twenty (20) children are served and at least two (2) toilets and sinks

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when more than twenty (20) children are served.

235. A licensee shall ensure that potty chairs are not substituted for toilets and, if used, are placed in the toilet room.
- A. Potty chairs, when used, shall be cleaned and sanitized after each use in accordance with Rules #240 and 241.
236. A licensee shall ensure that each toilet room in a Center has at least one (1) operable window or mechanical ventilation.
237. A licensee shall provide soap, toilet paper and single service towels or hand drying device in the toilet room(s) and make them accessible to the children.
238. A licensee shall ensure that all surfaces in a toilet room are smooth, cleanable and non-absorbent.
239. A licensee shall ensure that toilet room(s) in a Center are maintained in a sanitary condition and cleaned daily or more frequently if needed.

SANITATION

240. A licensee shall ensure that areas and equipment specified in Rules #241 and 242 are washed with soap and water and disinfected as required.
- A. The disinfectant solution shall either be a self-made solution consisting of one-fourth (1/4) cup of household bleach to each gallon of water (one (1) tablespoon per quart), which is prepared daily, labeled, placed in a bottle that is sealed with a cap and stored out of the reach of children or a commercially prepared disinfectant which indicates it kills bacteria, viruses and parasites and used in accordance with label instructions.
241. A licensee shall ensure that staff wash and disinfect the following equipment items or surfaces after each use:
- A. Potty chairs which have first been emptied into a toilet;
- B. Sinks and faucets used for handwashing after the sink is used for rinsing a potty chair;
- C. Diapering surfaces, as required in Rule #248;
- D. Food preparation and eating surfaces such as counters, tables, and high chair trays;
- E. Toys mouthed by children;
- F. Mops used for cleaning;
- G. Bibs; and
- H. Thermometers.
242. A licensee shall ensure that staff wash and disinfect the following equipment items or surfaces at least daily:
- A. Toilet and toilet seats;
- B. Sinks and faucets;
- C. Diaper pails and lids;
- D. Drinking fountains;
- E. Water table and water play equipment;
- F. Play tables;
- G. Mats that are not stored separately as specified in Rule #225; and
- H. Smooth surfaced non-porous floors.

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HANDWASHING

243. A licensee shall ensure that staff and children wash their hands regardless of glove usage with soap and running water and use single service towels for drying hands:
- A. Before and after eating or handling food;
 - B. Before and after giving medications;
 - C. Before and after caring for a child who may be sick;
 - D. Before and after using a water-play table with other children;
 - E. After toileting or diapering;
 - F. After coming into contact with blood, fecal matter, urine, vomit, nasal secretions or other body secretions;
 - G. After handling animals or their equipment or after coming into contact with an animal's body secretions;
 - H. After playing in a sandbox;
 - I. After outdoor play;
 - J. After cleaning; and
 - K. After taking out the garbage.

STANDARD PRECAUTIONS

244. A licensee shall employ standard precautions for protection from disease and infection. Spills of body fluids (i.e. urine, feces, blood, saliva, nasal discharge, eye discharge, and injury or tissue discharges) shall be cleaned up immediately, as follows:
- A. For spills of vomit, urine, and feces on any surface including the floors, walls, bathrooms, tabletops, toys, and diaper-changing tables shall be cleaned with soap and water and disinfected;
 - B. For spills of blood or blood-containing body fluids and injury and tissue discharges, the area shall be cleaned with soap and water and disinfected. Non-porous gloves shall be used in these situations;
 - C. Staff involved in cleaning contaminated surfaces shall avoid exposure of open skin sores or mucous membranes to blood or blood-containing body fluids and injury or tissue discharges by using non-porous gloves to protect hands when cleaning contaminated surfaces;
 - D. Blood-contaminated material and diapers shall be disposed of in a sealed plastic bag with a secure tie; and
 - E. Mops shall be cleaned, rinsed, disinfected, wrung dry and hung to dry.

DIAPERING

245. A licensee shall ensure that the diapers and other clothing of children are changed when wet or soiled.
- A. The licensee shall have an established procedure for checking diapers at least hourly including

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visually inspecting children's diapers at least every two (2) hours.

- B. The licensee shall ensure that a supply of clean diapers and extra clothing are available for each child either by providing them directly or requiring the parent(s)/guardian(s) to provide.
 - C. Soiled clothing shall be placed in a sealed plastic container or bag and labeled with the child's name and returned to the child's parent(s)/guardians at the end of the day.
246. A licensee shall ensure that a Center has a diaper changing area with a clean, washable and non-absorbent surface.
- A. There shall be a separate hand-washing sink within five (5) feet of the changing area.
 - B. The diaper changing area shall not be located in the kitchen area.
 - C. Disposable covers for the diaper changing area shall be used for each diaper change.
247. A licensee shall ensure that used disposable diapers are placed in a foot-activated container that is used exclusively for diapers and lined with a leak-proof or impervious liner.
- A. Such diapers shall be removed from the Center daily or more frequently if needed to prevent accumulation of odors, and placed in a closed container that is outside the building and used for trash collection.
 - B. The container shall be sanitized daily.
 - C. The container shall be within arms reach of the diaper changing area and inaccessible to children.
 - D. Diaper containers that require a hand to push the used diaper through a narrow opening or have exterior surfaces that must be touched with a hand or the used diaper itself shall be prohibited.
248. A licensee shall have an established procedure for changing diapers to include at least the following steps:
- A. The licensee shall ensure that staff members use a diaper changing area in accordance with Rule #246;
 - B. The licensee shall ensure that staff members wash and dry each child during each diaper change with an individual disposable sanitary wipe or single service washcloth;
 - C. The diaper changing area shall be cleaned and sanitized with a disinfectant solution after each use in accordance with Rules #240 and 241;
 - D. The licensee shall ensure that disposable diapers and disposable covers are disposed of in accordance with Rule #247;
 - E. The licensee shall ensure that soiled non-disposable diapers are not emptied or rinsed and placed in a sealed plastic container labeled with the child's name and returned to the child's parent(s)/guardians at the end of the day;
 - F. A licensee shall ensure that staff members changing children's diapers wash their hands and the hands of the child with soap and water immediately after each diaper change; and
 - G. This procedure shall be posted in the diaper changing area.

FOOD SAFETY

249. A licensee shall contact the Division of Public Health prior to opening to determine whether the Center requires a Food Establishment permit.
- A. A licensee of a Center licensed before the effective date of these rules shall have thirty (30) days

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from the effective date to contact the Division of Public Health to determine whether the Center requires a Food Establishment permit.

- B. A licensee shall provide the Office of Child Care Licensing documentation from the Division of Public Health that states the date the Center contacted the Division of Public Health and shows the designation of Food Establishment permit required or no Food Establishment permit required,
250. A licensee of a Center that conducts a food operation which does not require a Food Establishment permit shall not change that type of food operation to one which requires a Food Establishment permit, except as approved by the Division of Public Health.
251. A licensee shall ensure that a kitchen or food preparation area is provided with the necessary operable equipment to prepare, store, serve and clean-up all meals and snacks for children and staff.
- A. The Center shall have a hand-washing sink in the food preparation area, separate from the sink used for food preparation and dishwashing.
252. A licensee shall ensure that floors, walls and counter surfaces in which any food comes in contact with are easily cleanable and impervious to water to the level of splash.
253. A licensee shall ensure that a Center has refrigeration to keep perishable food cold (forty (40) degrees F. or colder).
- A. There shall be a working thermometer in all refrigerators.
 - B. A Center where children eat lunches prepared at home shall provide adequate refrigerated storage for such lunches.
254. A licensee of a Center shall ensure that all single service dinnerware or utensils provided for meals or snacks are discarded immediately after use.
255. A licensee shall ensure that all food in a Center is clean, wholesome, free from spoilage and adulteration, correctly labeled and safe for human consumption.
256. A licensee shall ensure that storage areas for food in a Center are cleanable and free of food particles, dust and dirt.
- A. All food items shall be stored in closed or sealed containers which are labeled.
 - B. All food items shall be stored off the floor.
 - C. Food items shall be stored separately from cleaning materials.
257. A licensee shall ensure that the kitchen or food preparation area is constructed and supervised to prevent access by children unless staff is conducting a specific educational activity within the kitchen or food preparation area. Staff shall organize and supervise such educational activities to ensure the safety of all children participating.

STORAGE OF PERSONAL BELONGINGS

258. A licensee shall provide children with individual storage space for personal belongings so that clothing or bedding used by a child does not come into contact with that used by other children.

DOORS, WINDOWS AND CLIMATE CONTROL

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259. A licensee shall provide insect screening for all exterior doors and operable windows when such doors and windows are used for ventilation, provided that all requirements for fire safety have been met. This screening shall be in good repair.
260. A licensee shall ensure that unless mechanical ventilation is provided, a Center has window area equal, at a minimum, to four and one-half percent (4 ½%) of the floor area of the Center. Half (1/2) of such window area shall be operable.
261. A licensee shall ensure that all floor or window fans in a Center are inaccessible to children and bear the safety certification mark of a recognized testing laboratory such as UL (Underwriters Laboratories) or ETL (Electrotechnical Laboratory).
262. A licensee shall ensure that all closets and bathrooms are provided with doors that can be readily opened from both sides.
263. A licensee shall ensure that all heating and cooling equipment is safely shielded to prevent the injury of children.
- A. All heating and cooling equipment shall be properly installed, cleaned and maintained to operate safely.
- B. Portable space heaters shall be prohibited.
264. A licensee shall take precautions to ensure that heating elements including hot water pipes and radiators are insulated and installed in a manner that ensures the safety of children.
265. A licensee shall ensure that room temperatures in rooms used by the children are maintained at a minimum temperature of sixty-five (65) degrees F. and a maximum of eighty-five (85) degrees F. at floor level unless there is conflict with Federal and State energy Laws.
- A. A Center shall be required to temporarily close if the minimum or maximum room temperatures cannot be maintained.
266. For a Center licensed after the effective date of these rules, a licensee shall ensure that air conditioning is used in rooms used by children to keep rooms comfortable as per Rule #265 during hot weather.

OUTDOOR CLIMATE

267. A licensee shall be aware of extreme weather conditions such as air quality or wind chill factor that could affect the well being or health of children and limit outside playing time when such extreme weather conditions exist.

LIGHTING

268. A licensee shall ensure that a Center has sufficient natural and artificial lighting to allow for the supervision of the children and provide illumination of at least thirty (30) foot candles at floor level in areas where children's activities occur.
269. A licensee shall ensure that parking areas, pedestrian walkways, or other exterior portions of the premises subject to use by occupants after dark are illuminated.

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WATER AND SEWAGE

270. A licensee shall ensure that the temperature level of the water from all water taps accessible to children in care in a Center not exceed 120 degrees F.
271. A licensee shall ensure that the water supply and the sewage disposal in a Center are approved by the Division of Public Health and the Department of Natural Resources and Environmental Control, respectively.
- A. All sinks shall be designed to supply hot and cold water, under pressure, at all times to meet the needs of children in care.
 - B. All plumbing shall comply with the State or local plumbing code.
272. A licensee shall ensure that drinking water is always available to children and supplied to them upon their request.

HAZARDOUS FINISHES AND SURFACES

273. A licensee shall ensure that the Center not utilize any rough surface or finish where such surface or finish may present a hazard to children in care.
274. A licensee shall ensure that the Center not have any building components, equipment, furnishing, or decorations surfaced with or containing hazardous materials such as asbestos, deteriorated lead-based paint, or lead-based paint present on accessible, friction or impact surfaces.
275. A licensee shall maintain evidence that the Center has been tested for and found to be free of lead-based paint hazards when conditions warrant such testing and/or testing is required.

EMERGENCY PLANNING

276. A licensee shall have a written emergency plan describing procedures for both natural and man-made disasters for such situations as a fire, flood, earthquake, extreme weather conditions, power failure or utility disruptions, chemical or toxic spills, bomb threat, or terrorist attack.
- A. The emergency plan shall include procedures for training staff about disaster preparedness, staff's specific responsibilities during a disaster, accounting for all children and staff, relocation process (if appropriate), and contacting appropriate emergency response agencies and parents/guardians.
277. A licensee shall have a written evacuation plan of the Center posted in each room the children use.
- A. Monthly evacuation drills shall be practiced from all exit locations at varied times of the day and during varied activities including nap time. Each drill shall be documented and include information on the date and time of day of the drill, the number of children and staff members who participated, and the total amount of time necessary to evacuate the Center.
278. A licensee shall develop a written plan for procedures in the event that children and staff must remain at the Center for an extended period due to a natural or man-made disaster.

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- A. This plan shall include a list of emergency supplies for the care of children and procedures for feeding children and staff during the extended stay at the Center.

FIREARMS

- 279. A licensee shall ensure that firearms and/or ammunition not be within the Center's premises at any time.

PETS

- 280. A licensee shall ensure that any pets kept by or located in the Center are documented by a licensed veterinarian as not being carriers of illness that would be a hazard to children, are free from disease and vaccinated as prescribed by law or as recommended by a licensed veterinarian.
 - A. Animals in the Center shall be housed in protected containers and away from food preparation, storage and serving areas and toilet facilities.
 - B. Animals shall be handled by children only under close staff supervision.
 - C. Animals shall be cared for in a safe and sanitary manner.
 - D. Animals such as ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds (birds of the parrot family), or any other animals that are known to be carriers of illnesses shall not be kept at the Center.

FIRST AID KITS

- 281. A licensee shall have, in locations readily accessible to staff, but not to children, first aid kits containing, but not limited to the following:
 - A. Disposable nonporous gloves;
 - B. Scissors;
 - C. Tweezers
 - D. A non-glass thermometer to measure a child's temperature;
 - E. Bandage tape;
 - F. Sterile gauze pads;
 - G. Flexible roller gauze;
 - H. Triangular bandages;
 - I. Safety pins;
 - J. Eye dressing;
 - K. Pen/pencil and note pad;
 - L. Instant cold pack;
 - M. Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide;
 - N. CPR Barrier device;
 - O. Small plastic or metal splints; and
 - P. Non-medicated adhesive strip bandages, plastic bags for cloths, gauze, and other materials used in handling blood.
- 282. A licensee shall ensure that a first aid kit is taken along with children when on field trips and other group visits outside the Center that contains all items listed in Rule #281 and also include:
 - A. Water;

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- B. Liquid soap;
- C. Any emergency medications needed for a child with special needs; and
- D. List of emergency phone numbers, parents'/guardians' home and work phone numbers, and the Poison Control Center phone number.

TELEPHONES

283. A licensee shall ensure that a Center has a working, listed telephone.
284. A licensee shall post the following emergency telephone numbers by a telephone accessible to all staff:
- A. 911: Providing access to ambulance or emergency medical services, police and fire departments;
 - B. Poison Control Center; and
 - C. Child Abuse Reporting Number.
285. A licensee shall keep the following telephone numbers for all children in attendance in a place accessible to the telephone and to all staff:
- A. Telephone numbers where parents/guardians can be reached; and
 - B. Telephone numbers of the health care provider designated by parents/guardians.
286. A licensee shall ensure that an operating phone is available to make emergency calls while on field trips or any excursion, including walks, outside of the Center.

GENERAL SAFETY PRACTICES

287. A licensee shall ensure that all containers of poisonous, toxic, or hazardous materials kept in a Center are prominently and distinctly marked or labeled for easy identification as to contents and used only in such manner and under such conditions as will not contaminate food or constitute a hazard to the children in care or to staff.
- A. The storage of flammable liquids and gases shall not be permitted in the Center except as allowed by the Office of the Fire Marshal.
 - B. All poisonous or toxic materials except materials required for routine cleaning and maintenance shall be locked in secure storage spaces and accessible only to authorized staff.
 - C. Materials required for routine cleaning and maintenance shall be stored and used in a safe manner.
288. A licensee shall ensure that porches and elevated walkways or surfaces in a Center, of more than two (2) feet in height have hazard-free barriers to prevent falls.
289. A licensee shall ensure that every exit, exit access and exit discharge in a Center are continuously maintained free of obstruction.
290. A licensee shall ensure that glass door panels and windows within thirty-six (36) inches of the floor have safety guards such as rails or mesh or be of safety-grade glass or polymer and equipped with a vision strip.
291. A licensee shall utilize approved products and procedures to ensure that the Center is protected from insect infestation and the products and procedures do not present a hazard to children.

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292. A licensee shall ensure that all buildings used by a Center are rodent free.
293. A licensee shall ensure that children in care of a Center not swim in areas posted as being unsafe. An individual with current water safety instructor training or senior lifesaving training from the American Red Cross or its equivalent shall be on duty when the children in care are swimming.
- A. In-grounds pools shall comply with the Division of Public Health requirements concerning swimming and wading pools.
 - B. Portable wading pools shall be prohibited.
 - C. Permanent or built-in swimming and wading pools that are left filled when not in use shall be inaccessible to children when not being used by the children.
294. A licensee shall ensure that stairways, inside and outside, over four (4) steps, have handrails at a maximum height of thirty-eight (38) inches.
295. A licensee shall ensure that approved safety gates at stairways are provided if infants and toddlers are in care.
- A. Gates shall have latching devices that adults, but not children, can open easily in an emergency.
 - B. Pressure or accordion gates shall not be used.
296. A licensee shall ensure that a Center has child-proof receptacle covers for all electrical outlets not in use and accessible to children or has electrical outlets that are of the child-resistant ground-fault circuit-interrupter (GCFI) type.

TRANSPORTATION

297. A licensee of a Center which provides transportation for children shall ensure that the vehicle and operator of a vehicle used to transport children are in compliance with all applicable Federal, State and local laws.
- A. The driver shall not transport more persons, including children and adults, than the capacity of the vehicle.
 - B. A vehicle with a rated capacity, as defined by the manufacturer, to carry more than ten (10) passengers in addition to the driver and was newly purchased or newly leased after July 1, 1998 shall meet State and Federal specifications and safety standards applicable to school buses.
298. A licensee shall ensure that each child is secured in an individual safety restraint system appropriate to the age, weight and height of the child at all times while the vehicle, other than a school bus, is in motion. All safety restraints shall be federally approved and so labeled according to the current applicable Federal Motor Vehicle Safety Standard. Child safety restraints shall be installed and used in accordance with the manufacturer's and vehicle's instruction and maintained in a safe working condition and free of any recall.
- A. A child preschool age or younger shall only be transported on a school bus that is properly equipped for child safety restraints unless written permission is received from the parent(s)/guardian(s) of that child allowing the child to be transported on a school bus unrestrained. The Center shall explain to parent(s)/guardian(s) in the Center's written transportation policy that while child safety restraints on school buses for children preschool age or younger are not currently required by State Law, the National Highway Traffic Administration recommends that children in this age group always be transported in school buses properly equipped for child safety restraints.
299. A licensee shall develop a written transportation policy that includes:

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- A. How and where the children shall be transported;
 - B. Safe driver criteria such as needing a valid driver's license and having a safe driving record; and
 - C. Physical conditions that would impair the ability to drive wherein a driver shall not operate a vehicle.
300. A licensee shall inform parents/guardians of the Center's transportation policy and obtain written permission from parents/guardians for any transportation provided by the Center. This permission shall specify any special need or problem of a child which might require special attention during transportation. The operator or attendant of the vehicle shall be given a copy of this information with directions on handling any special need or problem. This permission shall also identify who is operating each vehicle.
301. A licensee shall ensure that any operator of a vehicle transporting children for a Center is at least twenty-one (21) years of age.
- A. The operator shall have a valid driver's license that authorizes the driver to operate the vehicle being driven.
302. A licensee shall ensure that an operable phone and first aid kit are in all vehicles transporting children.
303. A licensee shall ensure that all doors on vehicles are locked whenever the vehicle is in motion.
304. A licensee shall ensure that children are never left unattended in a vehicle used by the Center to transport children.
305. A licensee shall not transport children in the open back of a truck.
306. A licensee shall ensure that children are loaded and unloaded at the curbside of the vehicle or in a protected parking area or driveway.
307. A licensee shall ensure that a vehicle used to transport children has an operable heater capable of maintaining a temperature of at least fifty (50) degrees F. in the vehicle.
308. A licensee shall ensure that a vehicle is air-conditioned when the vehicle's interior temperature exceeds eighty-five (85) degrees F. and providing fresh air through open windows cannot reduce the temperature.
309. A licensee shall ensure that each vehicle used to transport children is equipped with an operable dry chemical fire extinguisher approved by the Underwriter's Laboratory.

FIELD TRIPS

310. A licensee shall provide staff or adult supervision of children during trips off the Center's premises to ensure safety.
- A. Parents/guardians volunteering to accompany the children shall be allowed to count toward the staff/child ratios for field trip or routine program outing purposes only if not accompanied by other children of any age who are not enrolled at the Center.
 - B. Volunteering parents/guardians shall be supervised by a staff member who is at least an Early Childhood Assistant Teacher, Early Childhood Caregiver or School-Age Site Assistant at all times and not be alone with the children at any time including the transportation of children.
311. A licensee shall ensure that during routine program outings that do not require the use of vehicles and are in

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close proximity to the Center, a licensee maintains staff/child ratios in accordance with Rule #185 with a minimum of two (2) staff members present at all times.

312. A licensee shall ensure that during field trips that require the use of vehicles, the staff/child ratios are according to the table below:

Age of Youngest Child in Group	Maximum Number of Children to be Supervised By At Least One (1) Early Childhood Assistant Teacher, Early Childhood Caregiver or School-Age Site Assistant
Less than 2 years	2
2 years through 4 years	4
5 years and older	8

- A. Staff shall have a list of the children present and check the roll frequently to ensure all children are accounted for at all times.
 - B. Staff shall have access to medical consent forms and emergency contact information for all children.
 - C. Staff shall have a traveling first aid kit available in accordance with Rule #282.
 - D. Children shall have tags or other means of providing the Center's telephone number.
 - E. Staff shall have a plan for transportation of children in the event of an emergency.
 - F. Staff shall document that a roll check was conducted both before departing from the field trip site and again when returning to the Center.
313. A licensee shall ensure that staff and/or volunteering parents/guardians comply with **Transportation Rules #297-309** when transporting children on field trips.

HEALTH CARE

HEALTH CONSULTATION

314. A licensee shall have specific arrangements with a health care provider who will agree to provide consultation on both routine and emergency health care for children.
- A. The above rule shall be excepted when the licensee employs a Registered Nurse licensed in Delaware to provide health services or arrangements have been made with a certified child care health consultant who is also a Registered Nurse licensed in Delaware.

HEALTH CARE PLAN

315. A licensee shall have a written plan for the routine and emergency health care of children including procedures to be followed in case of illness and plans for accessing emergency services. Each staff

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member shall receive a copy of this plan and be trained in its implementation during staff orientation. Parents/guardians shall be given a copy of this plan at the time of enrollment. The plan shall be approved by the health care provider or certified child care health consultant who is also a Registered Nurse licensed in Delaware and include:

- A. Procedures to be followed in case of illness or emergency, including method of transportation and notification of parents/guardians;
- B. Procedures to be followed in case of illness or emergency, when parents/guardians cannot be reached;
- C. The Center's policy regarding the administration of medication; and
- D. A plan for the management of communicable disease including the following:
 - i. The list of symptoms of illness for which a child will be excluded from the Center or separated from the group if symptoms occur after the child has been admitted for the day as specified in Rule #320;
 - ii. The list of reportable communicable diseases for which a child will not be admitted to the Center without a written statement from a health care provider as specified in Rule #322; and
 - iii. Assurance that the parent(s)/guardian(s) whose child may have been exposed to a reportable communicable disease shall receive written notice of the outbreak of such disease at the Center.

HEALTH APPRAISAL

316. A licensee shall ensure that within one (1) month following admission, the licensee has on file an age-appropriate health appraisal conducted within the last twelve (12) months prior to admission for each child in attendance unless required by Law to be admitted without a health appraisal such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal Laws and regulations. Health appraisals shall be certified by a health care provider and updated yearly or in accordance with the recommended schedule for routine health supervision of the American Academy of Pediatrics. The health appraisal shall include:

- A. A health history;
- B. A physical examination;
- C. Growth and development;
- D. Recommendations regarding required medication, restrictions or modifications of the child's activities, diet or care;
- E. Medical information pertinent to treatment in case of emergency;
- F. Documentation of any recommended or required screening or testing such as for blood-lead or tuberculosis; and
- G. Documentation of the immunization status, with a listing of day, month and year of administration for each immunization required by the Division of Public Health as specified in the **Appendix, Recommended Childhood and Adolescent Immunization Schedule**. For current information the licensee shall contact the Division of Public Health or refer to the CDC website - <http://www.cdc.gov/nip/recs/child-schedule.htm>.
 - i. The licensee shall not permit a child to be admitted to the Center who is not age-appropriately vaccinated according to the most recent directive from the Division of Public Health unless a written plan has been established (see below) or as required by Law to be admitted without immunization(s) such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal Laws and regulations.

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- ii. If a child has not received immunizations as required for the child's age, the licensee shall require a written plan for updating the immunizations within a reasonable time frame to be submitted to the Early Childhood or School-Age Administrator within fourteen (14) days of the child's admission or as required by Law such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal Laws and regulations.
- iii. If the additional required immunizations are not completed within the time frame specified in the written plan, the child shall be excluded from the Center until the immunizations have been obtained and written documentation of such has been submitted to the Early Childhood or School-Age Administrator.

317. A licensee shall ensure that for school-age children, a copy of the health appraisal required by the child's school is also on file at the Center.
318. A licensee shall ensure that a child whose parent(s)/guardian(s) objects to immunizations on a religious basis or whose health care provider certifies that such immunization may be detrimental to the child's health will be exempt from the immunization requirement provided that the parent(s)/guardian(s) submits to the Early Childhood or School-Age Administrator a notarized statement explaining the exemption is in compliance with State Law.

HEALTH OBSERVATION ON ARRIVAL

319. A licensee shall ensure that each child is observed on arrival by a staff member trained in recognizing common signs of communicable disease, physical injury or other evidences of ill health.

HEALTH EXCLUSION

320. A licensee shall not permit a child who has symptoms of illness specified below to be admitted to the Center or remain at the Center unless written documentation from a health care provider, or verbal with written follow-up, states the child has been diagnosed and poses no serious health risk to the child or to other children. The symptoms of illness for possible exclusion shall include, but not be limited to any of the following:
- A. Temperature: infants four (4) months old and younger, equivalent to 100 degrees or greater even if there has not been a change in behavior;
 - B. Temperature: children older than four (4) months, equivalent to 101 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness - until medical evaluation indicates inclusion in the facility. Oral temperature shall not be taken on children younger than four (4) years (or younger than three (3) years if a digital thermometer is used). Rectal temperature shall be taken only by a licensed health care professional;
 - C. Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, inexplicable irritability, persistent crying, difficult breathing, wheezing, or other unusual signs) - until medical evaluation allows inclusion;
 - D. Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper - until diarrhea stops;
 - E. Blood in stools not explainable by dietary change, medication, or hard stools;
 - F. Vomiting illness (two (2) or more episodes of vomiting in the previous twenty-four (24) hours) until vomiting resolves or until a health care provider determines the cause of the vomiting is not contagious and the child is not in danger of dehydration;
 - G. Persistent abdominal pain (continues more than two (2) hours) or intermittent pain associated with fever or other signs or symptoms;

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- H. Mouth sores with drooling, unless a health care provider determines that condition is noninfectious;
 - I. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
 - J. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after twenty-four (24) hours after antibiotic treatment has been initiated;
 - K. Scabies, until twenty-four (24) hours after treatment has been initiated;
 - L. Pediculosis (head lice), until twenty-four (24) hours after treatment has been initiated;
 - M. Tuberculosis, until a health care provider states that the child is on appropriate therapy and can attend care;
 - N. Impetigo, until twenty-four (24) hours after treatment has been initiated;
 - O. Strep throat or other streptococcal infection, until twenty-four (24) hours after initial antibiotic treatment and cessation of fever;
 - P. Varicella-Zoster (Chicken pox), until all sores have dried and crusted (usually six (6) days);
 - Q. Shingles, only if sores cannot be covered by clothing or a dressing; if not exclude until sores have crusted and are dry;
 - R. Pertussis, until five (5) days of antibiotic treatment;
 - S. Mumps, until nine (9) days after onset of parotid gland swelling;
 - T. Hepatitis A virus, until one (1) week after onset of illness, jaundice or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff;
 - U. Measles, until five (5) days after onset of rash;
 - V. Rubella, until six (6) days after onset of rash;
 - W. Herpetic gingivostomatitis (cold sores), if the child is too young to have control of oral secretions; or
 - X. Unspecified illness if it limits the child's comfortable participation in activities or if it results in a need for greater care than can be provided without comprising the health and safety of other children.
321. A licensee shall ensure that the child may return to the Center when the symptoms are no longer present or a health care provider indicates the child poses no serious health risk to the child or to other children.
322. A licensee shall not permit a child with a reportable communicable disease, as specified by the Division of Public Health to be admitted to or remain at the Center, unless:
- A. Written documentation from the child's health care provider states the child has been evaluated and presents no risk to the child or to others;
 - B. The licensee has reported the illness to the Division of Public Health and has been advised the child presents no health risk to others; or
 - C. If there is conflict in the opinions of the health care provider and the Division of Public Health regarding the exclusion of a child, the licensee shall follow the instructions of the Division of Public Health.
323. A licensee shall report any reportable communicable disease to the Division of Public Health in accordance with Division of Public Health procedures. For current information on reportable communicable diseases, the licensee shall contact the Division of Public Health or refer to the website - <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>.
324. A licensee shall ensure that when a child has been diagnosed as having a reportable vaccine-preventable communicable disease, all children who have not been immunized against the disease are excluded from the Center in accordance with Division of Public Health procedures.
325. A licensee shall ensure that if a child who has already been admitted to a Center manifests any of the illnesses or symptoms specified in Rules #320 and 322 above, the licensee will remove the child from the

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group of well children to a separate area as specified in Rule #230 until:

- A. The child can be picked up by the parent(s)/guardian(s) or suitably cared for elsewhere; or
 - B. A health care provider indicates verbally or in writing that the illness/symptoms pose(s) no serious health risk to the child or to other children.
326. A licensee shall ensure that while a child is cared for in the separate room/area, the child is supervised and the child's individual needs for rest, comfort, food, drink and activity are met.

ADMINISTRATION OF MEDICATION

327. A licensee shall ensure that only trained staff members authorized in accordance with State Law, or health care providers, nurses or other qualified medical health personnel administer medication to children in a Center.
328. A licensee shall ensure that medication is not administered to a child by a trained staff member unless the licensee has received written permission from the child's parent(s)/guardian(s) for each medication to be administered.
329. A licensee shall ensure that the parent(s)/guardian(s) of a child provide the following information for each medication given:
- A. The name of the child;
 - B. The child's date of birth;
 - C. Medication allergies;
 - D. Doctor's name and phone number;
 - E. Pharmacy and phone number;
 - F. Name of medication;
 - G. Dosage (amount given);
 - H. Time (when given);
 - I. Route of administration (oral; eye, nose or throat drops; topical; or vaginal or rectal suppositories);
 - J. Expiration date;
 - K. Start date;
 - L. End date;
 - M. Reason for medication; and
 - N. Any special directions.
330. A licensee shall ensure that all prescription medication is in its original container, properly labeled, has not expired, and is authorized by the child's health care provider.
- A. Medication shall only be given to the child whose name appears on the prescription.
331. A licensee shall ensure that all non-prescription medication is in its original container, properly labeled with directions for its administration, has not expired, and is labeled with the child's name.
- A. Any deviations from the label instructions shall be in writing from the child's health care provider.
332. A licensee shall not allow the administration of prescription or non-prescription medication that has expired and will immediately contact the parent/guardian of a child whose medication has expired to inform that

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parent/guardian of the situation.

333. A licensee shall ensure that all medication in the Center is stored so as to be secure and inaccessible to children.
- A. Medication requiring refrigeration shall be kept in closed containers separate from food.
334. A licensee shall ensure that unused medication is returned to the parent(s)/guardian(s) when no longer needed by the child.
335. A licensee shall keep a record of the administration of medication to children including medication dosage, time administered, by whom administered, and any adverse effects observed.
336. A licensee shall ensure that when a child is receiving medication, the trained staff members note in the records of that child and advise the parent(s)/guardian(s) of the occurrence of any health problems, such as diarrhea, vomiting, continuous hunger, refusal to eat, nosebleeds, skin rash or high temperature.

CHILD ACCIDENT AND INJURY

337. A licensee shall ensure that when an accident or injury occurs to a child during the hours of care, that the Center's staff take the emergency action to protect the child from further harm and notify the child's parent(s)/guardian(s).
- A. The licensee shall maintain an injury report for each incident in the child's file or a central log for the Center and report to the Office of Child Care Licensing an accident or injury which results in death or inpatient or outpatient treatment as required in Rules #119B & 120. An injury report or central log entry shall include name of child, date, description of injury, how it occurred and first aid or medical care required.
- B. Whenever an injury report or a central log entry is necessary, the licensee shall notify the child's parent(s)/guardian(s) to report each incident. The licensee shall maintain a record of when the parent(s)/guardian(s) was notified or of attempts to notify the parent(s)/guardian(s).

ADULT HEALTH

338. A licensee shall ensure that a staff member does not provide personal care to or have direct contact with children during normal working activities when that staff member is known to have a communicable or other reportable disease which is readily contagious to others, whether the person has symptoms or is a carrier of such disease.
- A. A staff member shall not be involved in food preparation or serving, if so indicated by the symptoms or illness. The Division of Public Health shall be notified of the reportable communicable disease and consulted to determine the most appropriate action, including exclusion.

FOOD AND NUTRITION

General

339. A licensee shall have a written policy concerning food service including:
- A. A description of all food services provided;

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- B. Times of snacks and meals;
 - C. Procedures related to food allergies, religious dietary requirements and other special needs;
 - D. If applicable, nutritional information and guidelines concerning the content of meals to be provided by parents/guardians;
 - E. If applicable, procedures to prevent spoilage of food brought from home;
 - F. If applicable, a procedure to be followed by Center staff if food brought from home fails to meet nutritional requirements as specified by Rules # 356-358; and
 - G. This policy shall be provided to all parents/guardians at enrollment.
340. A licensee shall ensure that staff responsible for food service has knowledge of nutrition, sanitary food preparation, storage and clean-up and adhere to the Center's policy on food service.
- A. Staff responsibilities for food service activities shall not reduce staff/child ratios nor be allowed to interfere in other ways with the Center's program or supervision of children while performing food service activities.
341. A licensee shall ensure that the Center has an annual review of a two (2) week menu sample by the Office of Child Care Licensing. Consultation and technical assistance shall be used as needed to correct any problem(s) identified by this annual review and/or during licensing or complaint investigations.
342. A licensee shall ensure that menus are planned in advance, are dated and are posted in a prominent place. Menus noting actual food served shall be retained by the Center for thirty (30) days. Any changes made in actual food served on a particular date shall be documented on the menu on or before that date.
- A. A supply of food and water shall be kept in stock for emergency situations that require an extended stay at the Center or cause a power outage. Non-perishable foods, bottled water and any equipment necessary to serve or prepare foods without the use of electricity shall be included in the supply.
343. A licensee shall ensure that meals and snacks are provided by a Center except when one (1) of the following circumstances occur:
- A. A written statement has been signed by a parent/guardian and kept on file indicating that the parent/guardian has chosen to provide food for the child;
 - B. The licensee makes it known to all parents/guardians at the time of application for enrollment that meals are to be provided by parents/guardians and informs parents/guardians of the importance of sending meals that meet the nutritional requirements as specified in Rules #356–358 and the **Appendix, CACFP Meal Pattern Requirements for Infants and CACFP Meal Pattern Requirement for Children.**
 - C. The Center has a field trip or a specific activity requiring special meal arrangements.
344. A licensee shall ensure that nutritious and appropriately-timed meals and snacks meeting nutritional requirements are served in accordance with the following schedule which indicates number of hours child is present at the Center:
- A. 2 hours - 4 hours 1 snack;
 - B. 4 hours - 6 hours 1 meal and 1 snack;
 - C. 7 hours - 11 hours 2 meals and 1 snack/or 2 snacks and 1 meal based on time

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- of child's arrival; or
- D. 12 hours or more 3 meals and 2 snacks.
345. A licensee shall ensure that meals and snacks are provided in accordance to the current USDA/Child and Adult Care Food Program (CACFP) meal pattern requirements which are adjusted accordingly by the age of the infant and child as specified in **Appendix, CACFP Meal Pattern Requirements for Infants and CACFP Meal Pattern Requirement for Children.**
- A. The licensee shall have supplemental foods from all basic food groups to serve children if meals provided by parents/guardians fail to meet nutritional requirements as specified in Rules # 356-358.
346. A licensee shall provide food based on the basic food groups as follows:
- A. Milk: fluid pasteurized cow's milk;
- i. Children one (1) year to two (2) years shall have whole pasteurized cow's milk when not on formula or breast milk;
- B. Proteins: meat, fish, poultry, eggs, yogurt, cheese, peanut butter, dried beans, peas, and nuts;
- C. Fruits and vegetables: include a variety of fresh vegetables and fruits; and
- D. Grains: Whole grain and enriched products such as breads, cereals, pastas, crackers and rice.
347. A licensee shall ensure that when fruit juice is served, 100%-unsweetened juice is used, and not a fruit drink.
348. A licensee shall ensure that children are encouraged but not forced to eat.
349. A licensee shall provide for the introduction of a variety of food textures, finger foods, and a cup in the training of self-feeding and nutrition education.
350. A licensee shall ensure that powdered milk is not used as a substitute for fluid milk for drinking purposes but may be used in cooking.
351. A licensee shall ensure that special, therapeutic diets are served by Center staff only upon written instructions by a health care provider.
352. A licensee shall ensure that if the parent(s)/guardian(s) requests any modification of basic meal patterns (see **Appendix, CACFP Meal Pattern Requirements for Infants and CACFP Meal Pattern Requirement for Children**) due to a child's medical need(s) such as food allergies or food intolerance, the parent(s)/guardian(s) provide the Center with written documentation from the child's health care provider permitting the modification.
353. A licensee shall ensure that if the parent(s)/guardian(s) requests any modification of basic meal patterns (see **Appendix, CACFP Meal Pattern Requirements for Infants and CACFP Meal Pattern Requirement for Children**) due to a family's food preferences or religious beliefs, the parent(s)/guardian(s) provide the Center with written documentation specifying which foods are unacceptable and the food substitutions allowed within the same food group.

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354. A licensee shall ensure that every effort will be made to accommodate the needs of the child who is being breast-fed, including allowing the mother to breastfeed her child at a designated place at the Center.
355. A licensee shall ensure that each individual child has his or her own utensils – fork, spoon, knife, dish, cup or bottle as appropriate to the age of the child to eat with or be feed with. Such equipment shall not be shared with another child during feeding.

Toddlers And Older Children

356. A licensee shall ensure that a breakfast served has at least one (1) item each from the milk (A), fruits and vegetables (C) and grain (D) food groups as described in Rule #346.
357. A licensee shall ensure that a lunch or dinner served has one (1) item from each of the milk (A), protein (B) and grain (D) food groups and two (2) items from the fruit and vegetable (C) food groups as described in Rule #346.
358. A licensee shall ensure that a snack served has at least one (1) item from two (2) of the food groups as described in Rule #346.
- A. A licensee shall, at a minimum, provide a snack(s) meeting nutritional requirements, even if parents/guardians provide meals.
- B. If milk or fruit juice is not included with a snack, water shall also be served with that snack.
359. A licensee shall ensure that the use of a bottle is discouraged for children after one (1) year of age, and instead, teach and encourage the use of a cup.

Infants

360. A licensee shall provide meals for infants according to the following guidelines except as noted following the procedures of Rules #352 and 353:
- A. A written statement specifying food including specific formula or breast milk, and a feeding schedule shall be obtained from the parent(s)/guardian(s) for each infant at least on a monthly basis or as needed;
- i. Mixing formula with cereal, fruit juice or any other foods in a bottle shall be considered a modification of a basic meal pattern and require written documentation from an infant's health care provider permitting the modification;
- B. Foods shall be served on demand or during a span of time consistent with the infant's eating habits;
- C. Introduction to all new foods shall be made only with the parent(s)/guardian(s)' permission. New foods shall be introduced one at a time on a gradual basis with the intent of ensuring health and nutritional well being;
- D. For infants four (4) to seven (7) months of age, semi-solid foods may be introduced as requested by

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- parent(s)/guardian(s) and shall be required once an infant is eight (8) months of age;
- E. Foods for infants shall be of a texture and consistency that promotes safe and optimal consumption;
 - F. Baby food for each infant shall be served from a dish unless the entire contents of the jar will be served;
 - G. Bottles and nipples maintained by Center staff shall be washed and sanitized before use;
 - H. Formula provided by parents/guardians or by the Center shall come in a factory-sealed container;
 - I. Each infant's bottle shall be individually labeled with the infant's name and refrigerated immediately after preparation by Center staff or upon arrival if prepared by a parent/guardian;
 - J. Unused bottles shall also be dated as to when prepared if not returned to the parent(s)/guardian(s) at the end of each day;
 - K. Cow's milk shall not be served to infants;
 - L. Breast milk shall be fed only to that mother's own infant;
 - M. Frozen breast milk shall be thawed under running cold water or in the refrigerator;
 - N. Bottles of formula or breast milk and infant foods shall not be warmed or thawed in a microwave oven;
 - O. Bottles and infant foods shall be warmed under running warm tap water or by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
 - P. Unused portions of formula or breast milk shall be discarded after each feeding that exceeds a period of one (1) hour from beginning of feeding;
 - Q. Refrigerated, unused, prepared formula shall be discarded after forty-eight (48) hours;
 - R. Expressed breast milk shall be discarded if it is in an unsanitary bottle or has been un-refrigerated for more than one (1) hour;
 - S. Refrigerated, unused, expressed breast milk that was never frozen shall be discarded after forty-eight (48) hours, or by three (3) months if frozen and stored in a deep freezer at zero (0) degrees F;
 - T. Unused, frozen breast milk that has been thawed in the refrigerator shall be used within twenty-four (24) hours;
 - U. An infant too young to use a feeding chair or other age-appropriate seating apparatus shall be held when fed;
 - V. The same staff person shall feed a specific infant for most of that infant's feedings;
 - W. An infant shall be held for bottle-feeding;
 - X. A staff person shall not bottle feed more than one (1) infant at a time;
 - Y. At no time shall an infant be placed in his or her crib with a bottle for feeding or a bottle be propped for feeding an infant;
 - Z. Juices shall not be offered to infants until they are able to drink from a cup in order to develop behaviors that may prevent baby bottle tooth decay;
 - AA. Center staff shall encourage the use of a cup when an infant is developmentally capable of drinking from or holding a cup; and
 - BB. A daily written record of each infant's nutritional intake shall be maintained and provided to the parent(s)/guardian(s) upon request. Any feeding problems experienced by an infant shall be discussed with his/her parent(s)/guardian(s) before the infant's daily departure from the Center.

EARLY CARE AND EDUCATION

POSITIVE BEHAVIOR MANAGEMENT

- 361. A licensee shall have a written statement in plain language regarding the positive behavior management of children. The statement on positive behavior management shall be posted in a prominent place in the Center and routinely provided to parents/guardians and staff.
- 362. A licensee shall ensure that all staff use positive developmentally appropriate methods of behavior

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management of children which encourage self-control, self-direction, positive self-esteem, social responsibility and cooperation.

- A. Prevention of behavioral problems shall be emphasized. Prevention strategies shall include providing appropriate, educationally valuable materials and activities in an organized, stimulating environment, and setting realistic expectations for young children when planning the program.
 - B. Staff shall praise and encourage children for positive behavior and redirect or guide inappropriate behavior into more positive actions, rather than relying on punishment.
 - C. Responses to a child's behavior shall be appropriate to the child's level of development and understanding.
 - D. "Time-out", if used, shall be employed as a supplement to, not a substitute for, other developmentally appropriate, positive methods of behavior management. "Time-out" shall be limited to brief periods – no more than one (1) minute for each year of a child's age. Before using "time-out", the staff member shall discuss the reason for the "time-out" in language appropriate to the child's level of development and understanding.
 - i. The first step for "time-out" shall be to remove the child from the group but keep the child within eyesight of the group that continues to participate in the activity. If this step is ineffective, the child may be removed from the room so that he/she is unable to participate, observe or hear the activity. A child removed from the group or room shall remain under visual supervision at all times. Children shall never be left unattended behind closed doors.
 - ii. "Time-out" shall be in an area that comfortably accommodates the child. "Time-out" shall be seen as a positive opportunity for the child to regroup and focus on appropriate behavior. Before rejoining the group or returning to the room, staff shall talk to the child about alternatives to the inappropriate behavior in a way that shows faith in the child's ability to make more positive decisions in the future.
 - G. Corporal punishment inflicted in any way on a child's body including shaking, hair pulling, biting, pinching, slapping or spanking shall be prohibited.
 - H. Children shall not be yelled at, humiliated, frightened or verbally, physically or sexually abused by staff.
 - I. Disparaging comments about a child's appearance, ability, ethnicity, family and other personal characteristics shall be prohibited.
 - J. Children shall not be deprived of food or toilet use as a consequence of inappropriate behavior.
 - K. Children shall not be tied, taped, chained, caged or placed in mechanical restraints as a consequence of inappropriate behavior.
 - L. No punitive action shall be taken with children for not going to sleep, toileting accidents, failure to eat all or part of food or failure to complete a prescribed activity.
 - M. The Center shall consult with professionals and with the parent(s)/guardian(s) to design effective positive behavioral interventions and to adapt behavior management practices for a child who has a special need(s), including a behavioral and/or emotional disability.
363. A licensee shall ensure that staff members model positive behavior management techniques and respectful communication interactions when relating to other staff members and parent(s)/guardian(s) while at the Center.

ENROLLMENT

364. A licensee shall ensure that the daily population at the Center is in accordance with any capacity restrictions on the Center's license.

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365. A licensee shall provide any parent(s)/guardian(s) who is inquiring about or planning to enroll a child into the Center with information detailing his or her right to inspect the active record and complaint files of the Center. As a part of the enrollment or application process, the licensee shall require the parent(s)/guardian(s) to read and sign *The Parents Right to Know Act* form and keep the signed document on file at the Center.
- A. A copy of the signed document shall be given to the parent(s)/guardian(s).
 - B. In the event that the parent(s)/guardian(s) do not enroll the child, the signed document shall be kept on file as proof of presenting the information.
366. A licensee shall ensure that a child not attends the Center without first obtaining the following information from the parent(s)/guardian(s):
- A. Child's first and last name;
 - B. Child's birth date;
 - C. Child's home address;
 - D. Child's home phone number;
 - E. Parent(s)/guardian(s)' name(s);
 - F. Parent(s)/guardian(s)' place(s) and hours of employment;
 - G. Parent(s)/guardian(s)' work phone number(s);
 - H. Name(s) of person(s) other than parent(s)/guardian(s) to be notified in an emergency situation when parent(s)/guardian(s) can not be contacted;
 - I. Name(s) of other person(s) other than parent(s)/guardian(s) to whom child may be released;
 - J. Permission for child's emergency medical care;
 - K. Child's medications, if applicable
 - L. Child's medical or food allergies; and
 - M. Name and phone number of the child's health care provider.
367. A licensee shall ensure that enrollment procedures involve a meeting with the parent(s)/guardian(s) and the child to:
- A. Determine if the Center's program can effectively meet the child's developmental and educational needs, and what accommodations or other planning may be needed to do so; and
 - B. Provide an opportunity for the parent(s)/guardian(s) and child to observe the Center and program.

TRANSITIONS

368. A licensee shall ensure that staff work with the parent(s)/guardian(s) to create and utilize a positive transition plan when admitting a new child into the Center using such procedures as the exchange of pertinent information concerning the child, phased-in entry to the program and the assignment of a primary staff member especially for an infant or toddler.
369. A licensee shall ensure that staff create and utilize a positive transition plan when a child is moved from a particular group or room due to a child's age change or reassignment of staff members using such procedures as the exchange of pertinent information concerning the child, and phased-in entry to a new room, group, and/or with a newly assigned staff member(s).

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PARENTS/GUARDIANS COMMUNICATION

370. A licensee shall have an organized system of communicating with parent(s)/guardian(s) in a respectful manner that incorporates the use of a written policy regarding parent(s)/guardian(s) communication including strategies to ensure parent(s)/guardian(s) involvement in the Center as follows:
- A. Assurances that parent(s)/guardian(s)' visits and monitoring of the program are welcomed;
 - B. Assurances of nondiscrimination and respect for each child's family and culture;
 - C. Assurances that parent(s)/guardian(s) are of primary importance in children's development;
 - D. Procedures for learning about parent(s)/guardian(s) preferences and goals and any concerns or special circumstances that may influence the child's development and learning;
 - E. Procedures for ensuring that parent(s)/guardian(s) are kept regularly informed concerning the program and their children's developmental and educational progress;
 - F. Information about procedures used by the Center to assess children's accomplishments and needs and, when there are concerns, to refer parent(s)/guardian(s) for additional help in the community;
 - G. Multiple opportunities for involvement of all parent(s)/guardian(s) that includes an awareness of the diversity of families enrolled especially concerning cultural and language differences and the ability for parent(s)/guardian(s) to participate communicating in their native language whenever possible;
 - H. Specific strategies to encourage the involvement of parent(s)/guardian(s) that have the tendency not to be involved with the Center;
 - I. A procedure for informing parent(s)/guardian(s) of the identities of the governing body members;
 - J. Procedures for a minimum of one (1) conference annually between Center staff and parent(s)/guardian(s);
 - K. A procedure encouraging parent(s)/guardian(s) to review current licensing rules made available at the Center;
 - L. A procedure for making and handling complaints from parent(s)/guardian(s) regarding the Center;
 - M. A statement of the Center's developmental and educational goals for all children;
 - N. A typical daily schedule of the Center's programs and activities;
 - O. A written explanation of the Center's policy on positive behavior management;
 - P. A copy of the Center's policy on nutrition and food service;
 - Q. A written explanation of the Center's policy on safety and sanitation;
 - R. A written explanation of the Center's policy on transporting children, if applicable;
 - S. Procedures related to release of children;
 - T. A copy of the Center's routine and emergency health care plan including health exclusions and administration of medication;

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- U. Procedures to regularly report any accidents or critical incidents involving the child and any other important information relating to the child;
- V. A written explanation of the mandatory reporting of child abuse and neglect; and
- W. Written notice of an outbreak of a communicable disease.

371. A licensee shall ensure that this policy is provided to parent(s)/guardian(s) at enrollment.
372. A licensee shall ensure that parent(s)/guardian(s) have access to the Center to observe their children at any time without prior approval of the Center.
373. A licensee shall not disclose or permit the use of any information pertaining to an individual child or family gained through the Center's records, files, videotaping, tape recording, photographing, assessments or any type of documentation unless a parent/guardian has granted written permission to do so, except in the course of performance of official duties and to employees or representatives of the Office of Child Care Licensing, Division of Family Services or other entities with statutory responsibilities for issues relating to the health, safety and protection of children.

PROGRAM GOALS AND PLANNING

374. A licensee shall develop written goals for children's development and education. Goals shall include areas of physical, social, emotional, language/literacy, and cognitive development and be appropriate to the ages and developmental levels of the children in attendance at the Center. The goals shall reflect what the Center hopes to accomplish through its program of activities.
375. A licensee shall have a written plan of developmentally appropriate activities designed to help all children reach the goals described in Rule #374. The activity plan shall be current and accessible to parents/guardians and staff. The activity plan shall include at least one (1) daily activity for each goal specified in Rule #374. Activities that allow children to choose to participate with the whole group, part of the group, or independently shall be identified. The plan shall reflect that the children have the choice to participate in at least four (4) activities each day. The time allotted for such activities shall constitute at least one-third (1/3) of the time the child is in attendance for a particular day.
- A. Activities shall be varied, developmentally appropriate, may be related to themes, culturally meaningful and educationally valuable and promote the development of language, literacy, reasoning and problem-solving skills, understanding of numbers and other mathematical and scientific concepts, large and small muscles skills, social skills, understanding and self-regulation of emotions, self-esteem and positive self-image, as appropriate to the ages and developmental levels of children in care. Adaptations of activities shall be made for children with disabilities to enable them to reach goals described in IEPs, IFSPs, and Section 504 plans.
 - B. Activity plans shall also be based on best practices and accepted research in the field of early care and education and in alignment with principles of foundations of learning and development as set forth by the Delaware and/or United States Department of Education.
 - C. *Delaware Early Learning Foundations for School Success* regarding preschoolers is on the Delaware Department of Education website at:
http://www.doe.k12.de.us/early_childhood/Standards/preschool.htm
 - D. *Delaware Infant and Toddler Early Learning Foundations: A Curriculum Framework* regarding infants and toddlers is on the Delaware Department of Education website at:
http://www.doe.k12.de.us/early_childhood/Standards/InfantToddlerFoundationStandards.pdf
376. A licensee shall ensure that activities and materials reflect children's cultures, and communities, including both familiar and new materials, pictures, and experiences. Staff shall consult with parents/guardians about care practices specific to their children's culture and community, and provide as much consistency as

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possible in their direct child care practices especially concerning infants and toddlers.

377. A licensee shall ensure that adaptations and accommodations be made in activities, adult-child interactions, teaching strategies, and materials or equipment when needed to support the positive development of all children including those with disabilities.
378. A licensee shall ensure that the program in a Center provides physical care routines appropriate to each child's developmental needs.
- A. A licensee shall provide opportunities for rest/sleep for each child in attendance according to the child's individual physical needs.
 - B. An alternative quiet activity shall be provided for those children who have rested or slept for thirty (30) minutes and do not appear to need or want additional rest or sleep.
 - C. The rest area(s) shall be lighted enough to allow for visual supervision at all times.
379. A licensee shall develop and follow a schedule for each group of children posted for easy reference by parents/guardians and staff. The schedule shall show blocks of time usually assigned to types of activities and include periods for both active play and quiet play or rest. Blocks of time shall show activities that are scheduled for indoor and outdoor areas. The schedule shall reflect daily opportunities for both free-choice and staff-directed activities.
380. A licensee shall ensure that for toddlers and older, indoor physical space is organized into activity areas. An activity area shall be an identifiable space that is accessible to children and where related equipment and materials are kept in an orderly fashion. Activity areas shall include the following and involve activities available on a daily basis:
- A. Language and literacy area (including books and writing materials);
 - B. Dramatic play area;
 - C. Construction/block area (unit blocks and accessories);
 - D. Creative arts area (drawing materials, clay or play dough); and
 - E. Manipulative/mathematics/problem solving area (including puzzles, small construction toys, objects to sort).
381. A licensee shall ensure that for toddlers and older, other activity areas include the following and involve activities available at least once a week:
- A. Cooking or food exploration;
 - B. Science and nature investigation;
 - C. Music and rhythm; and
 - D. Multi-sensory play tables using materials such as water, sand, rice or beans.
382. A licensee shall ensure that each child, according to his or her ability, is provided the opportunity for a minimum of twenty (20) minutes of moderate to vigorous physical activity indoors and/or outdoors, for every three (3) hours the child is in attendance between the hours of 7:00 am to 7:00 pm.
383. A licensee shall ensure that television, digital video display (DVD), and video cassette viewing shall be as follows:
- A. Prohibited for children younger than two (2) years of age;
 - B. Not permitted without the written approval of each child's parent/guardian;

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- C. Limited to programs which are age-appropriate and educational; and
- D. Not to exceed one (1) hour daily per child or group of children.
 - i. Viewing time periods may be extended for specific special events or occasions such as a current event, holiday or birthday celebration. Written documentation shall justify the reason(s) for extending the time period.

384. A licensee shall ensure that the use of the computer shall be as follows:

- A. Prohibited for children younger than two (2) years of age;
- B. Not permitted without the written approval of each child's parent/guardian;
- C. Limited to programs, games and websites which are age-appropriate and educational;
- D. Provides protections from exposure to inappropriate websites such as those that are sexually explicit, violent, or use inappropriate language;
- E. Supervised by a staff member; and
- F. Not to exceed one (1) hour daily per child or group of children.
 - i. Usage time periods may be extended for special projects such as homework, researching topics, or special events or interests of a child or group of children. Written documentation shall justify the reason(s) for extending the usage period.

DOCUMENTING CHILDREN'S PROGRESS

385. A licensee shall have an organized system for documenting the progress of individual children preschool-age and younger in relation to appropriate developmental and educational goals. This documentation shall be done annually and used to identify possible concerns, and activities and experiences that may benefit the child.
386. A licensee shall ensure that information gathered to document a child's progress is kept in the child's file and shared with the parent(s)/guardian(s) at a conference. With the parent(s)/guardian(s)' permission, information may also be shared with other professionals when referring the child for special services.

INFANT AND TODDLER CARE

387. A licensee shall care for infants and toddlers in rooms and outdoor play areas separate from older children unless twelve (12) or fewer children in total are present.
388. A licensee shall ensure that a staff member who at least is an Early Childhood Assistant Teacher or Early Childhood Caregiver is always in the room with the infants and toddlers.
389. A licensee shall ensure that infants are placed on their backs when putting them down to sleep.

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- A. If an exception to this rule is necessary due to a child's physical or medical condition, the licensee shall have documentation from the child's health care provider stipulating the appropriate sleeping position for that child.
390. A licensee shall provide low chairs and tables or infant seats with trays for table play and mealtime for children no longer being held for feeding. High chairs or feeding tables with attached seats, if used, shall have a wide base and a T-shaped safety strap(s).
391. A licensee shall provide a rocking chair or other comfortable adult-size seating for at least one-half (1/2) of the staff members on duty in the infant area.

PROGRAM FOR INFANTS

392. A licensee shall ensure that with the approval of the Early Childhood Administrator or Early Childhood Curriculum Coordinator, individual plans are developed for each infant in care. The plan shall include age and individually appropriate goals and describe specific activities and experiences to be provided by staff in support of these goals. Staff shall record these and note developmental milestones, accomplishments, and concerns. Plans shall be reviewed at least three (3) times over a one (1) year period. This information shall be shared with the infant's parent(s)/guardian(s).
393. A licensee shall ensure that staff keep daily records of an infant's feeding, sleeping, and other routine activities and share these with the infant's parent(s)/guardian(s) at the end of each day.
394. A licensee shall ensure that staff interacts with infants providing the following opportunities throughout the day:
- A. Offering frequent face to face interaction with infants when they are awake;
 - B. Being held and carried;
 - C. Limiting time spent, while awake, in any confining equipment such as a crib, infant seat, swing, high chair or play pen to less than one-half (1/2) hour immediately after which opportunities for freedom of movement in a sanitary area protected from foot traffic are provided;
 - D. Talking with infants during play, feeding and routine care;
 - E. Reading to and looking at books with infants while holding or sitting close to them;
 - F. Providing varied materials, sights, sounds and other experiences for infants to explore with their senses;
 - G. Responding to infants' actions, sounds and beginning language;
 - H. Giving names to objects and experiences in the infants' environment;
 - I. Providing space and equipment to support infants' developing physical skills such as rolling over, sitting, scooting, crawling and standing; and
 - J. Providing materials and encouragement for infants' beginning pretend play alone, with other children and with staff.

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PROGRAM FOR TODDLERS

395. A licensee shall ensure that with the approval of the Early Childhood Administrator or Early Childhood Curriculum Coordinator, individual plans are developed for each toddler in care. The plan shall include age and individually appropriate goals and describe specific activities and experiences to be provided by staff in support of these goals. Staff shall record these and note developmental milestones, accomplishments, and concerns. Plans shall be reviewed at least three (3) times over a one (1) year period. This information shall be shared with the toddler's parent(s)/guardian(s).
396. A licensee shall ensure that staff interact with toddlers at their eye level, and whenever appropriate, sitting on the floor with the toddlers, providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions with the toddlers;
 - B. Having conversations with toddlers during play, feeding, and routine care;
 - C. Reading to and looking at books with toddlers individually and in small groups;
 - D. Encouraging children to play with one another with adult help;
 - E. Providing materials and encouragement for pretend play alone and with other children and adults;
 - F. Providing varied materials, sights, sounds, and other experiences for toddlers to explore with all their senses;
 - G. Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, and develop fine and large motor skills;
 - H. Responding to toddlers' words and actions with interest and encouragement;
 - I. Giving names to objects and experiences in the toddlers' environment; and
 - J. Supporting toddlers' development of independence and mastery of feeding, dressing, and other skills.

PROGRAM FOR PRESCHOOL-AGE CHILDREN

397. A licensee shall ensure that staff interact with preschool-age children at their eye level, and whenever appropriate, sitting on the floor with the children, providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions with children;
 - B. Having conversations with children during play, meals and routine care;
 - C. Reading to and looking at books with children individually and in groups;
 - D. Using rhymes, songs, and other ways to help children connect sounds and letters and develop other

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- literacy skills;
- E. Helping children develop mathematical and scientific concepts through play, projects, and investigations of the Center's environment;
- F. Supporting the development of social competence through play and cooperative work with other children;
- G. Providing materials and encouragement for more extended and complex pretend play alone and with other children and staff;
- H. Providing varied materials, sights, sounds, and other experiences for children to investigate and talk about;
- I. Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, write, and refine fine and large motor skills;
- J. Responding to children's words and actions with interest and encouragement;
- K. Giving names to objects and experiences in the children's environment; and
- L. Supporting children's development of independence and mastery of skills.

CARE OF SCHOOL-AGE CHILDREN

- 398. A licensee shall ensure that when ten (10) or more school-age children are in attendance, the school-age children are cared for in an area physically separated from younger children.
- 399. A licensee shall ensure that the outdoor play area for school-age children is physically separated or used at separate times from that provided for children younger than school-age.

PROGRAM FOR SCHOOL-AGE CHILDREN

- 400. A licensee shall ensure that staff interacts with school-age children providing opportunities, materials, and equipment as described in Rule #457 of Part III, School-Age Center rules.

EQUIPMENT

- 401. A licensee shall provide developmentally appropriate equipment and materials for a variety of indoor and outdoor activities. Materials and equipment shall promote a variety of experiences that support children's social, emotional, language/literacy, intellectual, and physical development.
- 402. A licensee shall ensure that materials and equipment be available in a quantity to allow all children to benefit from their use and to allow a range of choices with, at least, duplicates of the most popular materials.
- 403. A licensee shall ensure that for infants and toddlers under eighteen (18) months, the following supplies and/or equipment in each of the following categories are provided in quantities as described in Rule #402:
 - A. Sensory supplies and equipment: crib mobiles, teething toys, busy boxes, baby mirrors, rattles, melody chimes, squeeze toys; or other comparable supplies or equipment;
 - B. Language/dramatic play supplies and equipment: picture books, toy telephones, tapes or CD's, hand puppets, washable stuffed animals and dolls, photographs, or other comparable supplies or equipment;
 - C. Manipulative supplies and equipment: squeeze and grip toys, boxes, sorting and stacking toys, three (3) or four (4) piece wooden inlay puzzles, puzzle blocks, simple threading toys, mobile pull toys, balls, or other comparable supplies or equipment;
 - D. Building supplies and equipment: soft lightweight blocks, toy cars, trains and/or boats, figures of animals and people, stacking rings and/or cups, nesting toys, or other comparable supplies or equipment;

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- E. Large muscle supplies and equipment: low climbers, slides, riding/rocking toys, foam or soft plastic balls, gym mats, play tunnels, or other comparable supplies and equipment; and
 - F. Music supplies and equipment: rhythm instruments, tape or CD player and CDs and tapes; toys with musical tones, musical mobiles and/or busy boxes, drums, xylophones and/or pianos, or other comparable supplies or equipment.
404. A licensee shall ensure that for children over eighteen (18) months, the following supplies and/or equipment in each of the following categories are provided in quantities as described in Rule #402:
- A. Language/literacy supplies and equipment: books, flannel board, upper and lower case letters, pictures for discussion, materials for recognition, identification, and/or classification, poetry, puppets, audio-visual materials, show and tell items, or other comparable supplies or equipment;
 - B. Science and math supplies and equipment: plants and gardening equipment, aquarium with fish and/or other appropriate live animals, water table with supplies, sand table and supplies, cooking supplies, weather chart and/or thermometer, counting equipment, balance scale, or other comparable supplies or equipment;
 - C. Manipulative supplies and equipment: puzzles, pegs and pegboards, lacing boards, building toys, stencils, dominoes, pounding bench, lotto games, or other comparable supplies and equipment;
 - D. Large muscle equipment: rocking boat, wheel toys, climbers, slides, balance beam, barrels and/or large cartons, parachute, balls and beanbags, outdoor play equipment, gym mats, or other comparable supplies and equipment;
 - E. Building activities: unit blocks (minimum of four (4) sizes), transportation toys, farm animals and/or play people, work bench and tools, building toys, building logs, or other comparable supplies and equipment;
 - F. Art supplies and equipment: crayons, tempera paint, large brushes and newsprint, finger paint and finger paint paper, construction paper in assorted colors, paste or glue, blunt scissors, collage materials, non-toxic felt tip markers, easels, clay or play dough, or other comparable supplies and equipment;
 - G. Music supplies and equipment: tape/CD player, tapes or CDs, piano and/or organ, guitar, rhythm sticks, drums, cymbals and bells, tape recorder, or other comparable supplies and equipment; and
 - H. Dramatic play supplies and equipment: toy dishes, ironing board, telephones, occupational props and/or uniforms, dress-up clothes, housekeeping area (stove, sink, refrigerator), cradle or doll bed, doll carriage and dolls, puppets, play grocery store, post office or hospital, or other comparable supplies and equipment.
405. A licensee shall ensure that toys, play equipment and other equipment used by the children are of sturdy and safe construction and free from hazards such as causing entrapment, and having rough edges, sharp corners, pinch and crush points, splinters, exposed bolts, small loose pieces and are free from recall.
- A. For information on the recall of children's toys and equipment, please refer to the U.S. Consumer Product Safety Commission website at www.cpsc.gov.

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- 406. A licensee shall ensure that furniture is durable and child-sized or adapted to children's use. Tables shall be at waist height of the intended child-user and the child's feet are able to reach a firm surface while the child is seated.
- 407. A licensee shall ensure that equipment and materials are selected or adapted to allow all children, including those with disabilities and other special needs, to benefit from the program.
- 408. A licensee shall ensure that equipment and supplies are relevant to the cultural background and community of all children and foster awareness of other cultures and communities.
- 409. A licensee shall prohibit toys that explode or fire projectiles.
- 410. A licensee shall ensure that infants and toddlers do not have access to plastic bags, styrofoam objects or toys, and objects with a diameter of less than one (1) inch.

SMOKING PROHIBITED

- 411. A licensee shall inform staff members that smoking is prohibited at all times anywhere inside the Center, in the outdoor play area, while transporting children, and in the presence of children during field trips or routine program outings sponsored by the Center.

RELEASE OF CHILDREN

- 412. A licensee shall have and use written policy and procedures for the release of children including:
 - A. Procedures ensuring documentation of the release of the child from the responsibility of Center staff to an authorized person;
 - B. Procedures for emergency release of children as individually requested by parents/guardians;
 - C. Procedures regarding the release of the child to any person not known to Center staff;
 - D. Procedures to be followed when a person not authorized to receive a child, or a person who appears to be intoxicated or otherwise incapable of bringing the child home safely, requests release of a child;
 - E. Procedures for handling situations in which a non-custodial parent attempts to claim the child without the consent of the custodial parent/guardian; and
 - F. This release policy shall be provided to all parents/guardians of the children in attendance, staff members and volunteers.
- 413. A licensee shall ensure that a child is released only to a parent/guardian or a person authorized by the parent/guardian to receive the child.
- 414. A licensee shall have a procedure to verify the identity of any person receiving a child prior to releasing the child when that person is not known to Center staff and keep written documentation of such verification for at least twenty-four (24) hours.
- 415. A licensee shall ensure that when a parent/guardian calls the Center requesting emergency release of a child, the staff member verifies the identity of the parent/guardian prior to releasing the child.

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PART II
NIGHT CARE

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GENERAL RULES

416. Night Care may be provided by a Center licensed to provide only Night Care or as a component of a licensed Center.
417. A Center licensed to provide only Night Care shall be exempt from the following rules in **Part I, GENERAL PROVISIONS**:
- A. Rules #191 & 193 (Number of Staff); and
 - B. Rules #203 - 217 (Outdoor Area).

PHYSICAL ENVIRONMENT AND SAFETY

SECURITY

418. A licensee shall show evidence of a security program to ensure that access to children is limited to authorized persons.
419. A licensee shall ensure that the exterior of the building is illuminated in accordance with Rule #269.

SLEEPING ARRANGEMENTS

420. A licensee shall ensure that sleeping arrangements are structured so that children who are awake are cared for in a separate area from sleeping children and that sleeping children are not disturbed.
421. A licensee shall ensure that children over the age of seven (7) years do not share a dressing area with persons of the opposite sex.
422. A licensee shall ensure that each child is provided with sleeping equipment as specified in Rules #224-229.
- A. For children sleeping four (4) or more hours at the Center during the evening, or are sleeping overnight, the licensee shall provide, as appropriate to their age, a crib or individual bed with a mattress that is covered with sheets and a seasonably-appropriate blanket.
 - B. The licensee shall also provide a pillow with a pillowcase for a child in a bed.
423. A licensee shall ensure that each child has individual, clean, and comfortable sleeping garments.

BATHING FACILITIES

424. A licensee shall follow the parent(s)/guardian(s)' preference regarding bathing the child as discussed with the parent(s)/guardian(s) and noted in the child's record.
- A. If bathtubs and showers are used, they shall be equipped to prevent slipping.
 - B. Infants shall be bathed in age-appropriate bathing facilities.
 - C. Portable bathing facilities shall be acceptable for bathing children before bedtime.
 - D. Under no circumstances shall a child be bathed in a sink utilized for cleaning dishes and/or utensils.
 - E. Each child shall be bathed in a bathtub, shower or portable bathing equipment that has been cleaned and sanitized before each use.

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- F. Children shall be bathed individually and not be placed together in a bathtub or shower.
- G. Water temperature shall be checked to prevent burns or scalding, or for water that is too cold.
- H. Individual towels and washcloths shall be provided for each child.

425. A licensee shall ensure that no child is left unsupervised while in a bathtub or shower.

- A. A child capable of bathing alone shall be allowed to bathe in private with written permission from parent(s)/guardian(s). A staff member shall respect that child's privacy but be immediately available to ensure the child's safety and to offer assistance when requested by the child.

426. A licensee shall ensure that there is a nightlight in the bathroom, hallway and sleeping areas as dictated by the individual needs of the children.

GROOMING AIDS

427. A licensee shall ensure that combs, toothbrushes, brushes and other such personal items are marked with the owner's name and stored separately and used only by that child.

HUMAN RESOURCES

AWAKE STAFF

428. A licensee shall ensure that staff members are awake at all times and monitor sleeping children.

NUMBER OF STAFF

429. A licensee shall ensure that when children one (1) year and older are sleeping at least one-half (1/2) of the required staff complement are physically present with the children and directly observing the children.

430. A licensee shall ensure that at least two (2) staff are present and with the children at all times when four (4) or more children one (1) year and older are present.

- A. When only one (1) staff member is present with the children, the licensee shall have emergency procedures providing immediate access to emergency service and additional staff available at the Center within one (1) minute of being contacted.
- B. When only one (1) staff member is present with the children, the staff member shall have no other responsibilities than direct child care during that time.

CHILD CARE

ACTIVITIES

431. A licensee shall ensure that a program of activities is provided to children before bedtime.

432. A licensee shall ensure that each child is given individual attention at bedtime and upon awakening.

- A. The licensee shall discuss with the parent(s)/guardian(s) any special preferences or habits of the child regarding bedtime and awakening and share this information with the staff member in charge of the child.

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PART III
SCHOOL-AGE CENTER

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GENERAL RULES

433. School-Age Care may be provided by a School-Age Center that exclusively offers care, education, protection, supervision or guidance for school-age children before and/or after school; during school holidays; and/or summer months.
434. A School-Age Center shall be exempt from the following rules in **Part I, GENERAL PROVISIONS**:
- A. Rules # 232 – 235 (Number of Toilets);
 - B. Rule #296 (General Safety Practices – Outlet Covers);
 - C. Rules #354, 359 & 360 (Infant and Toddler Food and Nutrition);
 - D. Rules #385 & 386 (Documenting Children’s Progress);
 - E. Rules #387 - 391 (Infant And Toddler Care);
 - F. Rules #392 - 394 (Program For Infants);
 - G. Rules #395 & 396 (Program For Toddlers);
 - H. Rule #397 (Program for Preschool-Age Children); and
 - I. Rule #410 (Equipment).

HUMAN RESOURCES

STAFF QUALIFICATIONS

435. For a School-Age Center licensed before the effective date of these rules, the licensee shall ensure that a staff member who is already in a particular position or a new hire at that Center:
- A. Has four (4) calendar years from the effective date or no later than January 1, 2011 to meet the qualifications of a School-Age Administrator or School-Age Site Coordinator
 - B. Has two (2) calendar years from the effective date or no later than January 1, 2009 to meet the qualifications of a School-Age Site Assistant or School-Age Intern.
 - C. Is eligible for the time-limited periods to qualify for a particular position provided that person remains at that School-Age Center or transfers only to a School-Age Center licensed before the effective date of these rules and is directly affiliated with the original School-Age Center. A School-Age Center directly affiliated with the original School-Age Center shall mean that the staff member is still employed by the same parent organization/company and at least retains all years of service when transferred.
 - D. Has a written professional development plan kept in that staff member’s personnel file that documents the particular position desired, the goals to achieve that position, the progress made toward the position at least on a yearly basis , and the target date for goal completion when working toward qualifying for a particular position during the time-limited period.
436. A licensee shall ensure that each School-Age Center staff member submits written documentation to the Office of Child Care Licensing that shows how a staff member is fully qualified for a particular position. The documentation shall consist of copies of training certificates, transcripts, diploma(s), or staff training records. Upon approval from the Office of Child Care Licensing, the licensee shall ensure that the letter of approval for each qualified staff member is filed in that staff member’s personnel file.

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437. A licensee shall ensure that a staff member qualifying for a particular position in a School-Age Center may, when applicable, use college/university credits based on specific topic areas/titles, substitutions for college/university credits, or other training that is demonstrated to be equivalent to a particular qualification in these rules all as approved or accepted by the Office of Child Care Licensing.
438. A licensee shall ensure that a person appointed to a position at a School-Age Center that becomes newly licensed subsequent to the effective date shall meet the qualifications of these rules for that position.

School-Age Administrator

439. A licensee shall ensure that a School-Age Administrator meets the same qualifications as an Early Childhood Administrator in relation to Rules #153, 154, 155 and 159 with the following additional options:
- A. In relation to experience, working with school-age children in a group setting;
 - B. In relation to Bachelor or Associate degrees, college/university credits related to the needs of the school-age children served; and
 - C. In relation to Associate degree, in a field related to recreation, elementary education, school-age care or school-age care administration.

School-Age Site Coordinator

440. A licensee shall ensure that the School-Age Site Coordinator is at least twenty (20) years of age and meets the following qualifications:
- A. At least successful completion of twelve (12) college/university credits related to the needs of the school-age children served and three (3) years experience working with children school age or younger in a group setting, or
 - B. At least successful completion of sixty (60) college/university credits including twelve (12) college/university credits related to the needs of the school-age children served and two (2) years of experience working with children school-age or younger in a group setting.
441. A licensee shall ensure that the School-Age Site Coordinator has successfully completed at least three (3) college/university credits or forty-five (45) clock hours of training in curriculum development for elementary education or school-age care which may be included in the total number of college/university credits required for this position, if assigned the responsibility of the development, evaluation or monitoring of the School-Age Center's curriculum.

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School-Age Site Assistant

442. A licensee shall ensure that the School-Age Site Assistant is at least eighteen (18) years of age and meets one (1) of the following qualifications:
- A. At least successful completion of three (3) college/university credits or sixty (60) clock hours of training related to the needs of the school-age children served and 400 hours experience working with children school age or younger in a group setting;
 - i. 400 hours experience shall be equivalent to one (1) year of part time employment providing care to children during a school year (September to June) or full time employment providing care to children during the majority of one (1) summer season (June through August); or
 - B. At least successful completion of *Delaware First's* "Introduction to Child Care" or "Child Development" completed within twelve (12) months of employment and 800 hours of experience working with children school age or younger in a group setting;
 - i. 800 hours experience shall be equivalent to two (2) years of part time employment providing care to children during two (2) school years (September to June) or full time employment providing care to children during the majority of two (2) summer seasons (June through August).

School-Age Intern

443. A licensee shall ensure that the School-Age Intern is at least sixteen (16) years of age and meets one (1) the following qualifications:
- A. At least successful completion of *Delaware First's* "Introduction to Child Care" or "Child Development" completed within twelve (12) months of employment.
444. A licensee shall ensure that a School-Age Intern under the age of eighteen (18) does not provide direct child care to children who are close in age. Such a School-Age Intern shall be at least four (4) years older than any child in his or her direct care.

Staffing

445. A licensee shall ensure that a School-Age Center has at least one (1) staff member who meets the qualifications for the position of School-Age Administrator.
446. A licensee shall ensure that when a School-Age Administrator is responsible for more than one (1) Center, the School-Age Administrator is required to make, at a minimum, a continuous thirty (30) minute visit per week at each School-Age Center.
447. A licensee shall ensure that a School-Age Center has at least one (1) staff member who meets the qualifications for the position of School-Age Site Coordinator when the School-Age Administrator is responsible for more than one (1) School-Age Center.
448. A licensee shall ensure that a staff member with the qualifications of a School-Age Administrator or School-Age Site Coordinator is present at least fifty (50) percent of the hours of operation.

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449. A licensee shall ensure that a School-Age Site Coordinator is responsible for no more than two (2) School-Age Centers.
450. A licensee shall ensure that a School-Age Center has at least one (1) staff member who at least meets the qualifications for the position of School-Age Site Assistant.
451. A licensee shall ensure that when a School-Age Administrator or School-Age Site Coordinator is not present at the School-Age Center, an assigned staff member that at least meets the qualifications of School-Age Site Assistant as stated in Rule #442A is present.
- A. This staff member shall be specifically designated as responsible for the School-Age Center in the absence of the School-Age Administrator or School-Age Site Coordinator and have documented training in the day-to-day operations of the Center with an emphasis in the supervision of children and staff.

PHYSICAL ENVIRONMENT AND SAFETY

OUTDOOR PLAY AREA

452. A licensee shall have plans approved by the Office of Child Care Licensing for a safe outdoor play area.
- A. A licensee shall provide either safe open outdoor space for running and games or supervised excursions to public and private playgrounds.
453. A licensee operating a School-Age Center at a public or private school shall be able to use that school's playground as the outdoor play area upon approval by the Office of Child Care Licensing.

TOILET FACILITIES

454. A licensee shall ensure that the School-Age Center has one (1) toilet and sink for every twenty-five (25) school-age children, based on licensed capacity.
- A. Urinals shall be counted as one-half (1/2) of a toilet for the purposes of this calculation provided that the population served includes a significant number of males and that a minimum of two (2) flush toilets are available and accessible to both males and females.
- B. Children shall be given privacy in toilet use unless assistance is required.

TRANSPORTATION

455. A licensee shall document arrangements with parents/guardians and their children's schools regarding any transportation provided by the licensee to and from the School-Age Center.

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HEALTH CARE

FOOD AND NUTRITION

456. A licensee shall ensure that a nutritious snack comprising one (1) item from two (2) of the four (4) food groups as described in Rule #346 is served to each child in after school care.
- A. If breakfast is not served at the School-Age Center, a nutritious snack shall be served to each child who is in before school care for more than two (2) hours.
 - B. If milk or fruit juice is not included with a snack, water shall also be served with that snack.

CHILD CARE

ACTIVITIES

457. A licensee shall ensure that a program of indoor and outdoor activities and supplies and equipment is provided based on the ages and developmental levels of school-age children served.
- A. Children shall be given daily opportunities for active physical play such as active games, sports, dancing, running, jumping, climbing or exploring the environment.
 - B. Children shall have daily outdoor activities after school. If weather conditions do not permit outdoor play, children shall be given opportunities for active physical play indoors.
 - C. Children shall have daily opportunities for socialization, conversation, relaxation, and quiet activities such as board or card games, reading, homework and studying.
 - D. Children shall have monthly opportunities to participate in projects that require an extended time period to complete in such topics as science, math, social studies, language arts, cooking, drama, creative arts or, music.
 - E. As described in Rule #404, supplies and equipment shall be adapted to suit the different ages and interests of the school-age children and include books for all reading abilities.
 - F. The quantity of materials and equipment available to school-age children shall be sufficient to allow children the opportunity to freely choose activities or materials. There shall be a system of sharing items such as computers that are in high demand but cannot be supplied to all children.
 - G. Children shall have the opportunity to take responsibility consistent with their ages for choosing, planning, carrying out and evaluating their own activities.
 - H. Children shall be given opportunities to experience a diversity of activities that reflect the various communities, languages and cultures of the children in attendance.

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APPENDIX

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Appendix: The Delaware Child Care Act – Delaware’s Child Care Licensing Law

**TITLE 31
Welfare
PART I
In General
CHAPTER 3. CHILD WELFARE
Subchapter III. The Delaware Child Care Act**

§ 341. Short title.

This act may be referred to and cited as "The Delaware Child Care Act." (73 Del. Laws, c. 165, § 1.)

§ 342. Definitions.

For the purpose of this act:

(1) "Child care" means and includes:

- a. Any person, association, agency or organization which:
 1. Has in custody or control 1 child or more under the age of 18 years, unattended by parent or guardian, for the purpose of providing such child or children with care, education, protection, supervision or guidance;
 2. Is compensated for their services;
 3. Advertises or holds himself, herself or itself out as conducting such child care;
- b. The provision of, or arranging for, the placement of children in foster care homes, adoptive homes or supervised independent living arrangements; and
- c. Family child care homes, large family child care homes, day care centers, child placing agencies, residential child care facilities and day treatment programs as currently defined by regulation. Day-care centers operating part- or full-day are subject to licensure. Homes in which children have been placed by any child placing agency properly licensed to place children in this State shall not be regarded as "child care."

(2) "Office of Child Care Licensing" means the Office of Child Care Licensing within the Department of Services for Children, Youth and Their Families. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 341; 70 Del. Laws, c. 186, § 1; 73 Del. Laws, c. 165, § 1; 73 Del. Laws, c. 279, § 1.)

§ 343. Powers of the Office of Child Care Licensing with respect to child care.

- (a) Any person or association conducting child care and all institutions, agencies and associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors, including organizations providing care of children whether dependent or otherwise, in lieu of the care and supervision ordinarily provided by parents in their own homes for periods of less than 24 hours a day, must accord the Office of Child Care Licensing or its authorized agents right of entrance, privilege of inspection and access to its accounts and reports.
- (b) A person or association conducting child care and all institutions, agencies, associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors shall make reports at such time as is required by the Office of Child Care Licensing as to conditions of such child care, the manner and way in which children are taken care of, former addresses and such other information as will show the social status of the child, how and to whom dismissed, the extent and source of its income, the cost of maintenance and such other reasonable information as will enable the Office of Child Care Licensing to promote the general welfare of the children and to work out a general program for their care and protection.
- (c) The Office of Child Care Licensing may prescribe, by regulation or otherwise, any reasonable standards for the conduct of such child care facilities, institutions, agencies, associations or organizations and may license such of these as conform to such standards. All regulations, enforcement actions, decisions, investigations and the like

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previously promulgated or taken by the Office of Child Care Licensing shall continue unabated and shall remain in full force and effect notwithstanding passage of this subchapter. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 44 Del. Laws, c. 78; 31 Del. C. 1953, § 342; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1.)

§ 344. Child care licenses; investigations; requirements.

- (a) No person may conduct child care, nor may any institution, agency, association or organization conduct child care, unless first having obtained a license from the Office of Child Care Licensing. Such license shall expire 1 year from the date it is issued unless renewed.
- (b) In the case of a person conducting child care, no license shall be issued to such person until the Office of Child Care Licensing has made a thorough investigation and has determined in accordance with reasonable standards:
 - (1) The good character and intention of the applicant or applicants;
 - (2) That the individual home or facility meets the physical, social, moral, mental and educational needs of the average child;
 - (3) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and
 - (4) That the required criminal background checks are completed and approved.
- (c) In the case of an institution, agency, association or organization, no license shall be issued until the Office of Child Care Licensing has made a thorough investigation and has made a favorable determination of:
 - (1) The good character and intention of the applicant or applicants;
 - (2) The present and prospective need of the service rendered;
 - (3) The employment of capable, trained and experienced workers;
 - (4) Sufficient financial backing to ensure effective work;
 - (5) The probability of the service being continued for a reasonable period of time;
 - (6) Whether the methods used and disposition made of the children served will be to their best interests and that of society;
 - (7) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and
 - (8) That the required criminal background checks are completed and approved.
- (d) This section shall not apply to any institution, agency, association or organization under state ownership and control, nor shall it apply to any maternity ward of a general hospital. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 343; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1.)

§ 345. Penalties for violations.

Anyone who violates a provision of this subchapter shall be fined not more than \$100 or imprisoned not more than 3 months, or both. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 344; 73 Del. Laws, c. 165, § 1.)

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Appendix: Child Abuse Reporting Law

TITLE 16
Health and Safety
PART II
Regulatory Provisions Concerning Public Health
CHAPTER 9. ABUSE OF CHILDREN
Subchapter I. Reports and Investigations of Abuse and Neglect:
Child Protection Accountability Commission

§ 901. Purpose.

It is the intent of the General Assembly that the primary purpose of the child welfare policy of this State shall be to ensure the best interest and safety of the child, including preserving the family unit whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide for comprehensive protective services for abused and neglected children by mandating that reports of such abuse or neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services.

It shall further be the purpose of this chapter to provide for the protection of all children in facilities or organizations required to be licensed under Delaware law whose primary concern is that of child welfare and care by requiring the Attorney General to notify any such facility in cases where an employee of such a facility or any other person associated with such facility has been charged with or convicted of an offense involving child sexual abuse. (16 Del. C. 1953, § 1001; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 68 Del. Laws, c. 440, § 1; 71 Del. Laws, c. 199, § 2.)

§ 902. Definitions [Effective until July 9, 2006. For the version of this section effective July 9, 2006, see the following section, also numbered 902.]

As used in this chapter, the following terms mean:

- (1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 of Title 11, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.
- (2) "Baby" shall mean a child not more than 14 days old, except that for hospitals and their employees and volunteers, "baby" shall mean a child reasonably believed to be not more than 14 days old.
- (3) "Child" shall mean any person who has not reached his or her 18th birthday.
- (4) "Child Protection Registry" or "Registry" means a collection of information as described in subchapter II of this chapter about persons who have been substantiated for abuse or neglect as provided in Subchapter II of this chapter or who were substantiated between August 1, 1994, and February 1, 2003.
- (5) "Child welfare proceeding" means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption or other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by the Family Court.
- (6) "Conviction" or "convicted" means entry of a plea of guilty or nolo contendere, regardless of whether the plea was subsequently discharged or dismissed under the first offenders domestic violence diversion program pursuant to § 1024 of Title 10, or under the first offenders controlled substances diversion program pursuant to § 4764 of this title, or of a Robinson plea, or of a probation before judgment discharge without judgment of conviction notwithstanding the provisions of § 4218(f) of Title 11, or a finding of guilt after trial, or a finding of not guilty after trial as a result of the defense of mental disease or defect pursuant to Title 11, or adjudication of delinquency for conduct which if committed by an adult, would constitute a crime; or "conviction" or "convicted" under similar proceedings of another state, territory or jurisdiction.

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- (7) "Director" shall mean the Director of the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (8) "Division" shall mean the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (9) "Family assessment and services" shall mean a case management approach by the Division of Family Services that provides for a prompt assessment of a child and the child's family and the circumstances of the reported incident (including the known history of the child and/or the alleged perpetrator) when there has been a report to the Division that the child was a victim of abuse or neglect, or at risk of maltreatment by a person responsible for that child's care, custody or control. Family assessment and services shall be used in conjunction with the investigation approach defined in subdivision (7) of this section but may not supplant it in circumstances which require an investigation. The family assessment response shall focus on the integrity and preservation of the family and shall assess the status of the child and the family in terms of the risk of abuse and neglect and, if necessary, plan and provide for the provision of community-based services to reduce the risk and to otherwise support the family.
- (10) "Good faith" shall be presumed in the absence of evidence of malice or willful misconduct.
- (11) "Internal information system" shall mean a system of maintaining information related to all reports of abuse, neglect, investigations, family assessments, services and other relevant information.
- (12) "Investigation" shall mean the collection of evidence in response to a report of abuse, neglect, or risk of maltreatment by a person responsible for that child's care, custody or control in order to determine if a child has been abused, neglected, or is at risk of maltreatment. The Division shall develop protocols for its investigations that focus on ensuring the well-being and safety of the child. The Division may conduct an investigation in response to any report of abuse, neglect, or risk of maltreatment but shall conduct an investigation as enumerated under § 906 (b)(3) of this title.
- (13) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: Education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well-being.
- (14) "Report" shall mean the communication of an allegation of child abuse or neglect to the Division pursuant to § 903 or § 905 of this title;
- (15) "Special Investigator" shall mean a Division employee, appointed by the Secretary, who performs abuse and neglect investigations and possesses additional qualifications and authority as defined by § 9016 of Title 29.
- (16) "Substantiation" means a finding by a preponderance of the evidence that abuse or neglect has occurred.
- (17) "Those responsible for the care, custody, and control of the child" shall include, but not be limited to, the parents or guardian of the child, other members of the child's household, adults within the household who have responsibility for the child's well-being, persons who have temporary responsibility for the child's well being, or a custodian as that term is defined by § 901(6) of Title 10. (60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 213, § 1; 71 Del. Laws, c. 199, § 3; 72 Del. Laws, c. 179, § 3; 72 Del. Laws, c. 469, § 4; 73 Del. Laws, c. 187, § 2; 73 Del. Laws, c. 412, §§ 2-5.)

§ 902. Definitions [Effective July 9, 2006. For the version of this section effective until July 9, 2006, see the preceding section, also numbered 902.]

As used in this chapter, the following terms mean:

- (1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 of Title 11, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.
- (2) "Child" shall mean any person who has not reached his or her 18th birthday.

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- (3) "Child Protection Registry" or "Registry" means a collection of information as described in subchapter II of this chapter about persons who have been substantiated for abuse or neglect as provided in Subchapter II of this chapter or who were substantiated between August 1, 1994, and February 1, 2003.
- (4) "Child welfare proceeding" means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption or other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by the Family Court.
- (5) "Conviction" or "convicted" means entry of a plea of guilty or nolo contendere, regardless of whether the plea was subsequently discharged or dismissed under the first offenders domestic violence diversion program pursuant to § 1024 of Title 10, or under the first offenders controlled substances diversion program pursuant to § 4764 of this title, or of a Robinson plea, or of a probation before judgment discharge without judgment of conviction notwithstanding the provisions of § 4218(f) of Title 11, or a finding of guilt after trial, or a finding of not guilty after trial as a result of the defense of mental disease or defect pursuant to Title 11, or adjudication of delinquency for conduct which if committed by an adult, would constitute a crime; or "conviction" or "convicted" under similar proceedings of another state, territory or jurisdiction.
- (6) "Director" shall mean the Director of the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (7) "Division" shall mean the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (8) "Family assessment and services" shall mean a case management approach by the Division of Family Services that provides for a prompt assessment of a child and the child's family and the circumstances of the reported incident (including the known history of the child and/or the alleged perpetrator) when there has been a report to the Division that the child was a victim of abuse or neglect, or at risk of maltreatment by a person responsible for that child's care, custody or control. Family assessment and services shall be used in conjunction with the investigation approach defined in subdivision (7) of this section but may not supplant it in circumstances which require an investigation. The family assessment response shall focus on the integrity and preservation of the family and shall assess the status of the child and the family in terms of the risk of abuse and neglect and, if necessary, plan and provide for the provision of community-based services to reduce the risk and to otherwise support the family.
- (9) "Good faith" shall be presumed in the absence of evidence of malice or willful misconduct.
- (10) "Internal information system" shall mean a system of maintaining information related to all reports of abuse, neglect, investigations, family assessments, services and other relevant information.
- (11) "Investigation" shall mean the collection of evidence in response to a report of abuse, neglect, or risk of maltreatment by a person responsible for that child's care, custody or control in order to determine if a child has been abused, neglected, or is at risk of maltreatment. The Division shall develop protocols for its investigations that focus on ensuring the well-being and safety of the child. The Division may conduct an investigation in response to any report of abuse, neglect, or risk of maltreatment but shall conduct an investigation as enumerated under § 906 (b)(3) of this title.
- (12) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: Education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well-being.
- (13) "Report" shall mean the communication of an allegation of child abuse or neglect to the Division pursuant to § 903 or § 905 of this title;
- (14) "Special Investigator" shall mean a Division employee, appointed by the Secretary, who performs abuse and neglect investigations and possesses additional qualifications and authority as defined by § 9016 of Title 29.
- (15) "Substantiation" means a finding by a preponderance of the evidence that abuse or neglect has occurred.

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- (16) "Those responsible for the care, custody, and control of the child" shall include, but not be limited to, the parents or guardian of the child, other members of the child's household, adults within the household who have responsibility for the child's well-being, persons who have temporary responsibility for the child's well being, or a custodian as that term is defined by § 901(6) of Title 10. (60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 213, § 1; 71 Del. Laws, c. 199, § 3; 72 Del. Laws, c. 179, § 3; 72 Del. Laws, c. 469, § 4; 73 Del. Laws, c. 187, § 2; 73 Del. Laws, c. 412, §§ 2-5.)

§ 902A. Registration; procedure; notice.

Repealed by 73 Del. Laws, c. 412, § 6, effective February 1, 2003.

§ 903. Reports required.

Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition. (16 Del. C. 1953, § 1002; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 72 Del. Laws, c. 179, § 4.)

§ 904. Nature and content of report; to whom made.

Any report required to be made under this chapter shall be made to the Division of Child Protective Services of the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division of Child Protective Services, or in accordance with the rules and regulations adopted by the Division. (16 Del. C. 1953, § 1003; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 108, §§ 4, 11.)

§ 905. Telephone reports, Child Protection Registry and information system.

- (a) The Division shall establish and maintain a 24-hour statewide toll-free telephone report line operating at all times and capable of receiving reports of alleged abuse and neglect pursuant to § 904 of this title or from the public at large.
- (b) The Division shall maintain a Child Protection Registry and an internal information system as defined by § 902 of this title. Reports unsubstantiated may be kept in the internal information system by the Division at its discretion.
- (c) Although reports may be made anonymously, the Division shall in all cases, after obtaining relevant information regarding alleged abuse or neglect, request the name and address of any person making a report.
- (d) Upon receipt of a report, the Division shall immediately communicate such report to its appropriate Division staff, after a check has been made with the internal information system to determine whether previous reports have been made regarding actual or suspected abuse or neglect of the subject child, or any reports regarding any siblings, family members or the alleged perpetrator, and such information as may be contained from such previous reports. Such relevant information as may be contained in the internal information system shall also be forwarded to the appropriate Division staff. (16 Del. C. 1953, § 1004; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 108, § 4; 68 Del. Laws, c. 440, § 2; 70 Del. Laws, c. 186, § 1; 71 Del. Laws, c. 199, § 4; 73 Del. Laws, c. 412, §§ 26, 27.)

§ 906. State response to reports of abuse or neglect.

- (a) The child protection system shall seek to promote the safety of children and the integrity and preservation of their families by conducting investigations and/or family assessments in response to reports of child abuse or neglect. The system shall endeavor to coordinate community resources and provide assistance or services to children and families identified to be at risk, and to prevent and remedy child abuse and neglect.
- (b) In implementing the child protection system, the Division shall:

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- (1) Receive and maintain reports pursuant to the provisions of §§ 903 and 905 of this title;
- (2) Forward reports to the appropriate Division staff, who shall determine, through the use of protocols developed by the Division, whether an investigation or the family assessment and services approach should be used to respond to the allegation. The protocols for making this determination shall be developed by the Division and shall give priority to ensuring the well-being and safety of the child;
- (3) The Division may investigate any report, but shall conduct an investigation involving all reports, which if true, would constitute violations against a child by a person responsible for the care, custody and control of the child of any of the following provisions of § 603, 604, 611, 612, 613, 621, 625, 626, 631, 632, 633, 634, 635, 636, 645, 763, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 782, 783, 783A, 791, 1100, 1101, 1102, 1107, 1108, 1109, 1110, 1111, or 1259 of Title 11, or an attempt to commit any such crimes. The Division staff shall also contact the appropriate law enforcement agency upon receipt of any report under this section and shall provide such agency with a detailed description of the report received. The appropriate law enforcement agency shall assist the Division in the investigation or provide the Division, within a reasonable time, an explanation detailing the reasons why it is unable to assist. Notwithstanding any provision of the Delaware Code to the contrary, to the extent the law enforcement agency with jurisdiction over the case is unable to assist, the Division may request that the Delaware State Police exercise jurisdiction over the case and upon such request the Delaware State police may exercise such jurisdiction;
- (4) The assisting law enforcement agency shall promptly conduct its own criminal investigation, and keep the Division regularly apprised of the status and findings of its investigation. Law enforcement agencies and the Division shall develop protocols to ensure compliance with this subsection."
- (5) The Division shall have authority to secure a medical examination of a child, without the consent of those responsible for the care, custody and control of the child, if the child has been reported to be a victim of abuse or neglect; provided, that such case is classified as an investigation pursuant to § 906(b)(3) of this title and the Director or the Director's designee gives prior authorization for such examination upon finding that such examination is necessary to protect the health and safety of the child;
- (6) The investigation shall include, but need not be limited to, the nature, extent and cause of the abuse or neglect, collection of evidence, the identity of the alleged perpetrator, the names and condition of other children and adults in the home, the home environment, the relationship of the subject child to the parents or other persons responsible for the child's care, any indication of incidents of physical violence against any other household or family member, background checks on all adults in the home, and the gathering of other pertinent information;
- (7) In the family assessment and services approach, assess service needs of the family from information gathered from the family and other sources. The Division shall identify and provide services for families where it is determined that the child is at risk of abuse or neglect. The Division shall document its attempt to provide voluntary services and the reasons these services are important to reduce the risk of future abuse or neglect. If the family refuses to accept or avoids the proffered services, the Division may refer the case for investigation or terminate services;
- (8) Commence an immediate investigation if at any time during the family assessment and services approach the Division determines that an investigation as delineated in subsection (3) of this section is required or is otherwise appropriate. The Division staff who have conducted the assessment may remain involved in the provision of services to the child and family;
- (9) Conduct a family assessment and services approach on reports initially referred for an investigation, if it is determined that a complete investigation is not required. The reason for the termination of the investigative process shall be documented;
- (10) Assist the child and family in obtaining services, if at any time during the investigation it is determined that the child or any member of the family needs services;
- (11) Identify local services and assist with access to those services for children and families where there is risk of abuse or neglect;

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- (12) Update the internal information system at regular intervals during the course of the investigation. At the conclusion of the investigation or family assessment, the internal information system shall be updated to include a case finding;
 - (13) When a written report is made by a person required to report under § 903 of this title, the Division shall contact the person who made such report within 48 hours of the receipt of the report in order to ensure that full information has been received and to obtain any additional information or medical records, or both, which may be pertinent;
 - (14) Upon completion of an investigation or family assessment and services approach, if the Division suspects that the report was made maliciously or for the purpose of harassment, the Division shall refer the report and any evidence of malice or harassment to the appropriate law enforcement agency;
 - (15) Multidisciplinary services shall be used whenever possible in conducting the investigation or family assessment and services approach, including the services of law enforcement agencies, the medical community, and other agencies, both public and private. The Division and the Attorney General's Office shall cooperate with law enforcement agencies and the Family Court to develop training programs to increase the ability of Division personnel, court personnel, and law enforcement officers to investigate suspected cases of abuse and neglect;
 - (16) A person required to report under § 903 of this title to the Division shall be informed by the Division of the person's right to obtain information concerning the disposition of the report. Such person shall receive, from the local office, if requested, information on the general disposition of the report at the conclusion of the investigation;
 - (17) In any judicial proceeding involving the custody of child, the fact that a report has been made pursuant to § 903 or § 905 of this title shall not be admissible unless offered by the Division as a party or as a friend of the Court or if the Division is a party. However, nothing herein shall prohibit the introduction of evidence from independent sources to support the allegations that may have caused a report to have been made; and
 - (18) To protect the privacy of the family and the child named in a report, the Division shall establish guidelines concerning the disclosure of information concerning the abuse and neglect involving a child. The Division may require persons to make written requests for access to records maintained by the Division. The Division shall only release information to persons who have a legitimate public safety need for such information or a need based on the health and safety of a child subject to abuse, neglect or the risk of maltreatment, and such information shall be used only for the purpose for which the information is released.
- (c) In the event that a criminal prosecution for child sexual abuse or exploitation is initiated by the Department of Justice against a person employed by or associated with a facility or organization required to be licensed or whose staff personnel are required to be licensed under Delaware law whose primary concern is that of child welfare and care, the Attorney General shall notify such employer within 48 hours:
- (1) Upon the return of an indictment charging such person with having committed at least 1 felony offense involving an allegation of child sexual abuse; or
 - (2) Upon an adjudication of guilt of such person for any misdemeanor or violation, when such offense involved sexual abuse, in any degree, of a child under age 18.
- Any violations of this subsection shall be dealt with administratively by the Attorney General and the penalty provisions of § 914 of this title shall not apply hereto.
- (d) In the event that a criminal prosecution for abuse or neglect is initiated by the Department of Justice pursuant to a report under this chapter and incarceration of the person who is the subject of the report is ordered by the Court, the Attorney General's office shall keep the Division informed of actions taken by the courts which result in the release of any such individual; provided that the Attorney General's office is represented at such a hearing. (71 Del. Laws, c. 199, § 5; 71 Del. Laws, c. 424, § 8; 72 Del. Laws, c. 173, § 5; 73 Del. Laws, c. 412, § 28.)

§ 907. Temporary emergency protective custody.

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- (a) A police officer or a physician who reasonably suspects that a child is in imminent danger of suffering serious physical harm or a threat to life as a result of abuse or neglect and who reasonably suspects the harm or threat to life may occur before the Family Court can issue a temporary protective custody order may take or retain temporary emergency protective custody of the child without the consent of the child's parents, guardian or others legally responsible for the child's care.
- (b) Any person taking a child into temporary emergency protective custody under this section shall immediately notify the Division, in the county in which the child is located, of the person's actions and make a reasonable attempt to advise the parents, guardians, or others legally responsible for the child's care. Such person shall also file, as soon as practicable but no later than 12 hours thereafter, a written statement with the Division which sets forth the identity of the child and the facts and circumstances which gave such person reasonable cause to believe that there was imminent danger of serious physical harm or threat to the life of the child. Upon notification that a child has been taken into temporary emergency protective custody, the Division shall immediately respond in accordance with § 906 of this title to secure the safety of the child which may include ex parte custody relief from the Family Court if appropriate.
- (c) Temporary emergency protective custody for purposes of this section shall not exceed 4 hours and shall cease upon the Division's response pursuant to subsection (b).
- (d) For the purposes of this section, temporary emergency protective custody shall mean temporary placement within a hospital, medical facility or such other suitable placement; provided, however, that an abused or neglected child may not be detained in temporary custody in a secure detention facility.
- (e) A Division investigator conducting an investigation pursuant to § 906 of this title shall have the same authority as that granted to a police officer or physician in paragraph (a) of this section, subject to all the same conditions as those listed in paragraphs (a) through (d) of this section, provided that the child in question is located at a school, day care facility or child care facility at the time that the authority is initially exercised. In no other case shall an employee of the Division exercise custody under this section. (71 Del. Laws, c. 199, § 5; 70 Del. Laws, c. 186, § 1; 72 Del. Laws, c. 173, § 7.)

§ 907A. Safe Arms for Babies [Expiration effective July 9, 2006. See notes.]

- (a) The General Assembly finds and declares that the abandonment of a baby is an irresponsible act by parent(s) and places the baby at risk of injury or death from exposure, actions by other individuals, and harm from animals. However, the General Assembly does recognize that delivering a live baby to a safe place is far preferable to a baby killed or abandoned by the parent(s). The General Assembly further finds and declares that the purpose of this section is not to circumvent the responsible action of parent(s) who adhere to the current process of placing the baby for adoption, but to prevent the unnecessary risk of harm to or death of that baby by desperate parent(s) who would otherwise abandon or cause the death of that baby. The General Assembly further finds and declares that medical information about the baby and the baby's parent(s) is critical for the adoptive parents and that every effort should be made, without risking the safe placement of the baby, to obtain that medical information and provide counseling information to those parent(s). The General Assembly further finds and declares that if this section does not result in the safe placement of such babies or is abused by parent(s) attempting to circumvent the current process of adoption, it should be repealed.
- (b) A person may voluntarily surrender a baby directly to an employee or volunteer of the emergency department of a Delaware hospital inside of the emergency department, provided that said baby is surrendered alive, unharmed and in a safe place therein.
- (c) A Delaware hospital shall be authorized to take temporary emergency protective custody of the baby who is surrendered pursuant to this section. The person who surrenders the baby shall not be required to provide any information pertaining to his or her identity, nor shall the hospital inquire as to same. If the identity of the person is known to the hospital, the hospital shall keep the identity confidential. However, the hospital shall either make reasonable efforts to directly obtain pertinent medical history information pertaining to the baby and the baby's family or attempt to provide the person with a postage paid medical history information questionnaire.
- (d) The hospital shall attempt to provide the person leaving the baby with the following:
 - (1) Information about the Safe Arms program;

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- (2) Information about adoption and counseling services, including information that confidential adoption services are available and information about the benefits of engaging in a regular, voluntary adoption process; and
 - (3) Brochures with telephone numbers for public or private agencies that provide counseling or adoption services.
- (e) The hospital shall attempt to provide the person surrendering the baby with the number of the baby's identification bracelet to aid in linking the person to the baby at a later date, if reunification is sought. Such an identification number is an identification aid only and does not permit the person possessing the identification number to take custody of the baby on demand.
 - (f) If a person possesses an identification number linking the person to a baby surrendered at a hospital under this section and parental rights have not already been terminated, possession of the identification number creates a presumption that the person has standing to participate in an action. Possession of the identification number does not create a presumption of maternity, paternity or custody.
 - (g) Any hospital taking a baby into temporary emergency protective custody pursuant to this section shall immediately notify the Division and the State Police of its actions. The Division shall obtain ex parte custody and physically appear at the hospital within 4 hours of notification under this subsection unless there are exigent circumstances. Immediately after being notified of the surrender, the State Police shall submit an inquiry to the Delaware Missing Children Information Clearinghouse.
 - (h) The Division shall notify the community that a baby has been abandoned and taken into temporary emergency protective custody by publishing notice to that effect in a newspaper of statewide circulation. The notice must be published at least 3 times over a 3-week period immediately following the surrender of the baby unless the Division has relinquished custody. The notice, at a minimum, shall contain the place, date and time where the baby was surrendered, the baby's sex, race, approximate age, identifying marks, any other information the Division deems necessary for the baby's identification, and a statement that such abandonment shall be:
 - (1) The surrendering person's irrevocable consent to the termination of all parental rights, if any, of such person on the ground of abandonment; and
 - (2) The surrendering person's irrevocable waiver of any right to notice of or opportunity to participate in any termination of parental rights proceeding involving such child, unless such surrendering person manifests an intent to exercise parental rights and responsibilities within 30 days of such abandonment.
 - (i) When the person who surrenders a baby pursuant to this section manifests a desire to remain anonymous, the Division shall neither initiate nor conduct an investigation to determine the identity of such person, and no court shall order such an investigation unless there is good cause to suspect child abuse or neglect other than the act of surrendering such baby. (73 Del. Laws, c. 187, § 3.)

§ 908. Immunity from liability, and special reimbursement to hospitals for expenses related to certain babies [Effective until July 9, 2006. For the version of this section effective July 9, 2006, see the following section, also numbered 908.]

- (a) Anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title.
- (b) A hospital, hospital employee or hospital volunteer which accepts temporary emergency protective custody of a baby pursuant to § 907A of this title is absolutely immune from civil and administrative liability for any act of commission or omission in connection with the acceptance of that temporary emergency protective custody or the provision of care for the baby when left at the hospital while said baby is in the hospital's temporary emergency protective custody except for negligence or intentional acts. If a hospital accepts temporary emergency protective custody of a baby pursuant to § 907A of this title, the State shall reimburse the hospital for eligible, medically necessary costs under the Medicaid Fee for Service Program. (16 Del. C. 1953, § 1005; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5; 72 Del. Laws, c. 179, § 5; 73 Del. Laws, c. 187, §§ 4, 5.)

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§ 908. Immunity from liability [Effective July 9, 2006. For the version of this section effective until July 9, 2006, see the preceding section, also numbered 908.]

Anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title. (16 Del. C. 1953, § 1005; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5; 72 Del. Laws, c. 179, § 5; 73 Del. Laws, c. 187, §§ 4, 5, 8.)

§ 909. Privileged communication not recognized.

No legally recognized privilege, except that between attorney and client and that between priest and penitent in a sacramental confession, shall apply to situations involving known or suspected child abuse, neglect, exploitation or abandonment and shall not constitute grounds for failure to report as required by § 903 of this title or to give or accept evidence in any judicial proceeding relating to child abuse or neglect. (16 Del. C. 1953, § 1007; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5.)

§ 910. Court orders to compel.

(a) Whenever an investigation has been opened with the Division pursuant to § 906 of this title for potential abuse or neglect of a child, the Division shall have the authority to request an order from the Family Court:

- (1) To obtain access to the child, or children, and the residence of child, or children;
- (2) To compel the appearance of a person at an office of the Division in furtherance of the investigation; or
- (3) To compel compliance with a treatment plan previously agreed to by a child's parent or guardian, if non-compliance with the plan endangers a child's safety.

The Family Court shall issue such an order upon the showing of "need" by the Division and shall enforce noncompliance with such an order pursuant to § 925(3) of Title 10. Formal notice of a request under this section shall be provided to the respondent prior to the filing of the request with the Family Court provided that orders pursuant to this section may be granted on an ex parte basis if the child, or children, at issue are at risk of imminent physical danger. The Family Court shall consider all requests pursuant to this section within 2 business days of the request being made.

(b) For purposes of this section, "need" shall mean:

- (1) That the Division has in good faith attempted on at least 2 separate prior occasions, at least 1 of which was by written communication sent by certified mail, return receipt requested, to contact the person in question without success; or
- (2) That a child is in danger of imminent physical injury due to the Division's inability to communicate with the person or see the child or the child's residence. (71 Del. Laws, c. 199, § 6; 72 Del. Laws, c. 173, § 6.)

§ 911. Training and information.

(a) The Division shall, on a continuing basis, undertake and maintain programs to inform all persons required to report abuse or neglect pursuant to § 903 of this title and the public of the nature, problem and extent of abuse and neglect, and of the remedial and therapeutic services available to children and their families and to encourage self-reporting and the voluntary acceptance of such services.

(b) The Division shall conduct ongoing training programs to advance the purpose of this section.

(c) The Division shall continuously publicize the existence of the 24-hour report-line to those required to report abuse or neglect pursuant to § 903 of this title of their responsibilities and to the public the existence of the 24-hour statewide toll-free telephone number to receive reports of abuse or neglect. (71 Del. Laws, c. 199, § 6.)

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§ 912. The Child Protection Accountability Commission.

- (a) The Delaware Child Protection Accountability Commission is hereby established. The Commission shall consist of 19 members with the at-large members and the Chair appointed by the Governor, shall be staffed by the Office of the Child Advocate and shall be comprised of the following:
- (1) The Secretary of Services for Children, Youth and Their Families, or the Secretary's designee;
 - (2) The Director of the Division of Family Services, or the Director's designee;
 - (3) Two representatives from the Attorney's General Office, designated by the Attorney General;
 - (4) Two members of the Family Court, designated by the Chief Judge;
 - (5) One member of the House of Representatives, designated by the Speaker of the House;
 - (6) One member of the Senate, designated by the President Pro Tempore of the Senate;
 - (7) The Chair of the Child Placement Review Board, or the Chair's designee;
 - (8) The Secretary of the Department of Education, or the Secretary's designee;
 - (9) The Director of Child Mental Health Services, or the Director's designee;
 - (10) Eight at-large members with 1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 2 persons from law enforcement agencies and 4 persons from the child protection community.
- (b) The Child Advocate shall serve as the Executive Director of the Commission to effectuate its purposes pursuant to Chapter 90A of Title 29. It shall be the purpose of the Commission to monitor Delaware's child protection system to best ensure the health, safety and well-being of Delaware's abused, neglected and dependent children. To that end, the Commission shall meet on a quarterly basis and shall:
- (1) Examine and evaluate the policies, procedures and effectiveness of the child protection system and make recommendations for changes therein, focusing specifically on the respective roles in the child protection system of the Division of Family Services, the Division of Child Mental Health Services, the Office of the Attorney General, the Family Court, the medical community, and law enforcement agencies;
 - (2) Recommend changes in the policies and procedures for investigating and overseeing the welfare of abused, neglected and dependent children;
 - (3) Advocate for legislation and make legislative recommendations to the Governor and General Assembly;
 - (4) Access, develop and provide quality training to staff of the Division of Family Services, Deputy Attorneys General, Family Court, law enforcement officers, the medical community, educators, day-care providers, and others on child protection issues;
 - (5) Review and make recommendations concerning the well-being of Delaware's abused, neglected and dependent children including, but not limited to, issues relating to foster care, adoption, mental health services, victim services, education, rehabilitation, substance abuse and independent living; and
 - (6) Provide the following reports to the Governor:
 - a. An annual summary of the Commission's work and recommendations, including work of the Office of the Child Advocate, with copies thereof sent to the Governor's Advisory Council for Children, Youth and Their Families for their consideration and comment; and
 - b. A quarterly written report of the Commission's activities and findings with copies thereof distributed to the Chairpersons of the House of Representatives Committee on Health and

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Human Development and the Senate Committee on Children, Youth and Their Families. (71 Del. Laws, c. 199, § 6; 70 Del. Laws, c. 186, § 1; 73 Del. Laws, c. 116, §§ 1-3, 5[4].)

§ 913. Child under treatment by spiritual means not neglected.

No child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall for that reason alone be considered a neglected child for the purposes of this chapter. (16 Del. C. 1953, § 1006; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1.)

§ 914. Penalty for violation.

Whoever knowingly violates § 903 this title shall be fined not more than \$1,000 or shall be imprisoned not more than 15 days, or both. (16 Del. C. 1953, § 1008; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1.)

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Appendix: Recommended Childhood and Adolescent Immunization Schedule
Website - http://www.cdc.gov/nip/recs/child-schedule.htm

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2006

Table with columns for Vaccine, Age, Birth, 1 month, 2 months, 4 months, 6 months, 12 months, 15 months, 18 months, 24 months, 4-6 years, 11-12 years, 13-14 years, 15 years, 16-18 years. Rows include Hepatitis B, Diphtheria/Tetanus/Pertussis, Haemophilus influenzae type b, Inactivated Poliovirus, Measles/Mumps/Rubella, Varicella, Meningococcal, Pneumococcal, Influenza, and Hepatitis A.

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible.

any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective ACP statement for detailed recommendations.

Range of recommended ages Catch-up immunization 11-12 year old assessment

- 1. Hepatitis B vaccine (HepB). AT BIRTH: All newborns should receive monovalent HepB soon after birth and before hospital discharge. Infants born to mothers who are HBsAg-positive should receive HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. Infants born to mothers whose HBsAg status is unknown should receive HepB within 12 hours of birth. The mother should have blood drawn as soon as possible to determine her HBsAg status; if HBsAg-positive, the infant should receive HBIG as soon as possible (no later than age 1 week). For infants born to HBsAg-negative mothers, the birth dose can be delayed in rare circumstances but only if a physician's order to withhold the vaccine and a copy of the mother's original HBsAg-negative laboratory report are documented in the infant's medical record. FOLLOWING THE BIRTH DOSE: The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1-2 months. The final dose should be administered at age ≥24 weeks. It is permissible to administer 4 doses of HepB (e.g., when combination vaccines are given after the birth dose); however, if monovalent HepB is used, a dose at age 4 months is not needed. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of the HepB series, at age 9-18 months (generally at the next well-child visit after completion of the vaccine series).

- 5. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged ≥13 years should receive 2 doses administered at least 4 weeks apart.
6. Meningococcal vaccine (MCV4). Meningococcal conjugate vaccine (MCV4) should be given to all children at the 11-12 year old visit as well as to unvaccinated adolescents at high school entry (15 years of age). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative. Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups (see MMWR 2005;54 [RR-7]:1-21); use MPSV4 for children aged 2-10 years and MCV4 for older children, although MPSV4 is an acceptable alternative.
7. Pneumococcal vaccine. The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children aged 2-23 months and for certain children aged 24-59 months. The final dose in the series should be given at age ≥12 months. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high-risk groups. See MMWR 2000; 49(RR-9):1-35.
6. Influenza vaccine. Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including, but not limited to, asthma, cardiac disease, sickle cell disease, human immunodeficiency virus [HIV], diabetes, and conditions that can compromise respiratory function or handling of respiratory secretions or that can increase the risk for aspiration), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see MMWR 2005;54[RR-6]:1-55). In addition, healthy children aged 6-23 months and close contacts of healthy children aged 0-5 months are recommended to receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 6-49 years, the intranasally administered, live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See MMWR 2005;54[RR-6]:1-55. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if aged 6-35 months or 0.5 mL if aged ≥3 years). Children aged ≥6 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).
9. Hepatitis A vaccine (HepA). HepA is recommended for all children at 1 year of age (i.e., 12-23 months). The 2 doses in the series should be administered at least 6 months apart. States, counties, and communities with existing HepA vaccination programs for children 2-18 years of age are encouraged to maintain these programs. In these areas, new efforts focused on routine vaccination of 1-year-old children should enhance, not replace, ongoing programs directed at a broader population of children. HepA is also recommended for certain high risk groups (see MMWR 1999; 48[RR-12]:1-37).

The Childhood and Adolescent Immunization Schedule is approved by: Advisory Committee on Immunization Practices www.cdc.gov/nip/acip • American Academy of Pediatrics www.aap.org • American Academy of Family Physicians www.aafp.org

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Appendix: Child and Adult Care Food Program (CACFP) Meal Pattern Requirements for Infants

CACFP Meal Pattern Requirements for Infants

Age of Infant	Breakfast	Lunch/Supper	Snack
Birth through 3 Months	4-6 fl. oz. of formula ⁽¹⁾ or breastmilk ⁽²⁾⁽³⁾	4-6 fl. oz. of formula ⁽¹⁾ or breastmilk ⁽²⁾⁽³⁾	4-6 fl. oz. of formula ⁽¹⁾ or breastmilk ⁽²⁾⁽³⁾

Age of Infant	Breakfast	Lunch/Supper	Snack
4-7 Months	4-8 fl. oz. of formula ⁽¹⁾ or breastmilk ⁽²⁾⁽³⁾ 0-3 tbsp. of infant cereal ⁽¹⁾⁽⁴⁾	4-8 fl. oz. of formula ⁽¹⁾ or breastmilk ⁽²⁾⁽³⁾ 0-3 tbsp. of infant cereal ⁽¹⁾⁽⁴⁾ ; and 0-3 tbsp. of fruit or vegetable or both ⁽⁴⁾	4-6 fl. oz. of formula ⁽¹⁾ or breastmilk ⁽²⁾⁽³⁾

Age of Infant	Breakfast	Lunch/Supper	Snack
8-11 Months	6-8 fl. oz. of formula ⁽¹⁾ or breastmilk ⁽²⁾⁽³⁾ and 2-4 tbsp. of infant cereal ⁽¹⁾ and 1-4 tbsp. of fruit or vegetable or both	6-8 fl. oz. of formula ⁽¹⁾ or breastmilk ⁽²⁾⁽³⁾ and 2-4 tbsp. of infant cereal ⁽¹⁾ ; and/or 1-4 tbsp. of meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½ oz.–2 oz. cheese; or 1-4 oz. (volume) cottage cheese, and 1-4 tbsp. of fruit and/or vegetable or both	2-4 fl. oz. of formula ⁽¹⁾ or breastmilk ⁽²⁾⁽³⁾ or fruit juice ⁽⁵⁾ and 0 – ½ slice bread ⁽⁴⁾⁽⁶⁾ or 0-2 crackers ⁽⁴⁾⁽⁶⁾

Additional Infant Meal Pattern Guidance:

¹ Infant formula and dry infant cereal must be iron-fortified.² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.³ For some breast-fed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry.⁴ A serving of this component is required when the infant is developmentally ready to accept it.⁵ Fruit juice must be full-strength.⁶ A serving of this component must be made from whole-grain or enriched meal or flour.

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Appendix: Child and Adult Care Food Program (CACFP) Meal Pattern Requirement for Children

CACFP Meal Pattern Requirements for Children

Breakfast			
Select all three components for a reimbursable meal.			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12 ⁽¹⁾
1 Milk (fluid milk)	1/2 cup	1/4 cup	1 cup
1 Fruit/Juice ⁽²⁾ /Vegetable	1/4 cup	1/2 cup	1/2 cup
1 Grains/Bread ⁽³⁾ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 1/4 cup 1/2 cup 1/2 cup

Lunch/Supper			
Select all four components for a reimbursable meal.			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12 ⁽¹⁾
1 Milk (fluid milk)	1/2 cup	1/4 cup	1 cup
2 Fruits/Juice ⁽²⁾ /Vegetables	1/4 cup	1/2 cup	1/2 cup
1 Grains/Bread ⁽³⁾ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 1/4 cup 1/2 cup 1/2 cup
1 Meat/Meat Alternate meat or poultry or fish ⁽⁴⁾ or alternate protein product or cheese (no cheese food) or egg or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds ⁽⁵⁾ or yogurt ⁽⁶⁾	1 oz. 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp. 1/2 oz. 1/2 cup	1 1/2 oz. 1 1/2 oz. 1 1/2 oz. 1/4 egg 3/8 cup 3 tbsp. 1/4 oz. 1/4 cup	2 oz. 2 oz. 2 oz. 1 egg 1/2 cup 4 tbsp. 1 oz. 1 cup

Snack			
Select two of the four components for a reimbursable snack.			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12 ⁽¹⁾
1 Milk (fluid milk)	1/2 cup	1/2 cup	1 cup
1 Fruit/Juice ⁽²⁾ /Vegetable	1/2 cup	1/2 cup	1/4 cup
1 Grains/Bread ⁽³⁾ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 1/4 cup 1/2 cup 1/2 cup
1 Meat/Meat Alternate meat or poultry or fish ⁽⁴⁾ or alternate protein product or cheese (no cheese food) or egg ⁽⁶⁾ or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds or yogurt ⁽⁷⁾	1/2 oz. 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz.	1/2 oz. 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz.	1 oz. 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp. 1 oz. 4 oz.

Additional Meal Pattern Guidance:

- ¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.
- ² Fruit or vegetable juice must be full-strength. Juice cannot be served when milk is the only other snack component.
- ³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified, with 6 grams of sugar or less.
- ⁴ A serving consists of the edible portion of cooked lean meat or poultry or fish.
- ⁵ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.
- ⁶ One-half (1/2) egg meets the required minimum amount (one ounce or less) of meat alternate.
- ⁷ Yogurt may be plain or flavored, unsweetened or sweetened.

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DELACARE

Rules for Family Child Care Homes

Office of Child Care Licensing

**Division of Family Services,
Department of Services for Children, Youth and Their
Families**

NOTICE OF RESCISSION AND PROMULGATION

The Office of Child Care Licensing, Division of Family Services, Department of Services for Children, Youth and their Families adopts and promulgates the following rules for Family Child Care Homes as authorized in the Delaware Code, Title 31, Chapter 3, Subchapter III, Subsections 341-345, also known as “The Delaware Child Care Act”. All previous rules, regulations and standards pertaining to such facilities are null and void except to the extent all rules, regulations, standards, enforcement actions, decisions, investigations and the like previously promulgated or taken by the Office of Child Care Licensing shall continue unabated and shall remain in full force and effect notwithstanding promulgations of these regulations or rules. These rules shall take effect on January 1, 2009.

Henry Smith, III, Secretary
Department of Services for Children,
Youth and Their Families

Date

Carlyse Giddins, Director
Division of Family Services

Date

FOREWORD

Early Care and Education and School-Age Care generally known as “day care” or “child care”, are the terms now used to refer to the range of services available for children who are away from their own homes for part of the day. Generally parents/guardians seek substitute care for reason of employment, although a variety of situations prompt the need for care outside of their own homes. The primary characteristic of early care and education and school-age care is the delegation by the parents/guardians of the responsibility for care, education, protection, supervision or guidance of the child to the early care and education or school-age care provider.

The need for protecting children receiving care outside their own homes was recognized by the Delaware General Assembly as early as 1915. Delaware currently requires early care and education and school-age care facilities to be licensed as authorized in the Delaware Code, Title 31, Subchapter III, Subsections 341-345, also known since July 2001 as “The Delaware Child Care Act”. The licensing law defines the type of facilities that are to be regulated by the State, and gives the authority to “prescribe reasonable standards” and “license such of these (facilities)” to the Office of Child Care Licensing. The purpose of the law is to protect the health, safety and well-being of the children who receive care in early care and education and school-age facilities. Licensing of these facilities is a preventive function which has as its purpose setting rules which must be met in order for a facility to be able to operate.

Family Child Care is an early care and education and/or school-age care service offered by a person in his or her private home. During the revision process of the *Delacare: Requirements for Family Child Care Homes (1994)*, the Office of Child Care Licensing reviewed other Delaware facility rules concerning the care of children, the licensing rules of other States, current research in child development, early care and education, school-age care, health, safety, nutrition, statistical and demographic reports, and national professional accreditation standards applicable to Family Child Care. Also the advice and assistance of persons knowledgeable about the field of early care and education and school-age care, primarily of which were Family Child Care and Large Family Child Care providers, was sought through task force, focus group and survey participation. Public comment was also received on the revisions to the rules. These new rules, now titled *Delacare: Rules for Family Child Care Homes* are the final result of these efforts.

The new rules are divided into sections relating to General Provisions, Family Child Care Licensure, Provisions for Operation of a Family Child Care Home, Licensee Responsibilities, Physical Environment, Health, and Program for Children. Through this design, the Office of Child Care Licensing has attempted to define specific rules rather than broad standards so that compliance can be measured accurately and consistently.

The Office of Child Care Licensing appreciates the contributions of all the individuals in the development of *Delacare: Rules for Family Child Care Homes* and asks for their continued support in working together to provide better care and services to children in all types of early care and education and school-age care services.

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The following individuals participated in the task force to offer advice and assistance during the development of *Delacare: Rules for Family Child Care Homes and Delacare: Rules for Large Family Child Care Homes*.

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Lovye Dixon Family Child Care Provider	Cynthia Sampere Family Child Care Provider
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Margarita Gomez Large Family Child Care Provider	Barbara Sheppard Delaware Technical and Community College
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The task force was coordinated by **Patricia Quinn**, Administrator, Office of Child Care Licensing and **Lynn Jezyk**, Rule Development Manager, Office of Child Care Licensing.

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INTRODUCTION

Legal Base

1. The legal base for these Licensing Rules is in the Delaware Code, Title 31, Welfare, In General, Chapter 3, Child Welfare, Subchapter III, The Delaware Child Care Act, Subsections 341 - 345 and Title 29, State Government, Part VIII, Departments of Government, Chapter 90, Department of Services For Children, Youth And Their Families, Subsection 9003 (7).

Purpose

2. The overall purpose of these Rules is the protection and promotion of the health, safety, well-being, and positive development of children who receive licensed child care services in Family Child Care Homes.

GENERAL PROVISIONS

Definition of Regulated Service

3. Family Child Care is a licensed child care service provided for part of a twenty-four (24) hour day, offered by a person who advertises or holds himself or herself out as conducting such a service on a regular basis, unattended by parent or guardian, and receives compensation for the service. This person has in custody or control one (1) to a maximum of six (6) children preschool-age or younger who live at and/or are present at the Family Child Care Home. In addition to the children preschool-age or younger, this person may also have custody or control of one (1) to a maximum of three (3) school-age children who do not live at the Family Child Care Home but are present only for before and after school, and/or during school holidays, and/or school vacation during the summer. All of these children are provided care, education, protection, supervision or guidance in the person's private home. This does not include a child care service provided exclusively to relatives as defined by these Rules.

Definition of Terms

4. "Administrator" means the individual responsible for the supervision and administration of the Office of Child Care Licensing.
5. "Administrative Action" means the term applied to a group of enforcement actions initiated by the Office of Child Care Licensing against an Applicant or Licensee.
6. "Administrative Appeal Hearing" means the hearing provided to an Applicant or Licensee when the Applicant or Licensee has requested an appeal of the Division's decision to deny an application or revoke a Family Child Care License.
7. "Administrative Review Hearing" means the hearing provided to a Licensee when the Licensee has requested an appeal of the Office of Child Care Licensing's decision on violations of these Rules.
8. "Adult" means a person who has reached his or her eighteenth (18th) birthday.
9. "Agreement of Understanding" means a formal written document that is part of an administrative action, part of a corrective action plan, or used when a formal agreement is deemed necessary between the Licensee and the Office of Child Care Licensing which clearly explains and memorializes what actions a Licensee must take in order to maintain licensure.

10. "Applicant" means any person applying for a Family Child Care License through the Office of Child Care Licensing."
11. "Background check" means a State (Delaware) and Federal (National) report of a person's entire criminal history, a search of the Department's child abuse and neglect records, and when applicable, a search of the Department of Health and Social Services' adult abuse registry or any other checks as required by State or Federal law.
12. "Business Day(s)" means any weekday Monday through Friday. It does not include any weekend day (Saturday and Sunday) or any State of Delaware legal holiday that falls on a weekday.
13. "Change of Shift" means the two (2) hour period of time overlapping between two (2) full shifts of child care. A full shift shall be at least eight (8) hours long.
14. "Child" means any person who has not reached the age of eighteen (18) years.
15. "Child Abuse" means the abuse of a child as defined in Delaware Code, Title 16, Chapter 9.
16. "Child Care" means the providing of care, education, protection, supervision or guidance of children in a Family Child Care Home.
17. "Child Care Licensing Specialist" means an employee of the Department of Services for Children, Youth and their Families, Division of Family Services, Office of Child Care Licensing who is responsible for performing regulatory activities including investigations, enforcement actions and decisions for licensure as set forth in Delaware Code and these Rules.
18. "Child Care Licensing Supervisor" means an employee of the Department of Services for Children, Youth and their Families, Division of Family Services, Office of Child Care Licensing who is responsible for performing supervisory and regulatory activities including investigations, enforcement actions and decisions for licensure as set forth in Delaware Code and these Rules.
19. "Child Neglect" means the neglect of a child as defined in Delaware Code, Title 16, Chapter 9.
20. "Child Sex Abuse" means any act against a child that is described as a sex offense as defined in Delaware Code, Title 11, Subsection 761 (d) or in subpart D. "sexual offenses" of subchapter I. of Chapter 5 of Title 11 of the Delaware Code.
21. "Child with Disabilities" means a child who has been diagnosed by a qualified professional as having a physical, intellectual, emotional, developmental or chronic medical condition(s) or impairment(s) which would require modification(s) in the regular program of activities for that child or as defined by applicable Federal and State laws.
22. "Clock Hour(s)" means the actual number of hours or time a licensee or staff member spends attending the instructional portion of a training to develop or enhance child care competencies.
23. "Complaint" means an accusation that a Licensee is not in compliance with these Rules or any applicable laws. Complaints may be written or oral and may be anonymous.

24. "Complaint Investigation" means the process followed by the Office of Child Care Licensing to effectively investigate an accusation that a Licensee is not in compliance with these Rules or any applicable laws. The Licensee is notified of the complaint generally at the time of an unannounced visit regarding the particular complaint(s) and a written report is created stating the results of the investigation to the Licensee.
25. "Corrective Action Plan" means a plan developed with the Licensee by the Office of Child Care Licensing which specifies any non-compliance, what the Licensee shall do to become compliant, and the time frame in which the non-compliance shall be corrected.
26. "Department" means the Department of Services for Children, Youth and Their Families.
27. "Denial" means the refusal by the Office of Child Care Licensing to issue a Family Child Care License after the receipt of an original or renewal application and the completion of an investigation. This constitutes refusal of official permission for the Applicant or Licensee to provide regulated service.
28. "Direct Voice Contact" means a Licensee speaking directly with a Child Care Licensing Specialist, Child Care Licensing Supervisor, or the Administrator from the Office of Child Care Licensing through a telephone call or face-to-face contact. A voice mail message is not acceptable and does not constitute direct voice contact.
29. "Division" means the Division of Family Services within the Department.
30. "Division Director" means the Director of the Division of Family Services within the Department.
31. "Family Child Care Home" means a private home in which a Licensee resides and provides a licensed child care service.
32. "Family Child Care License" means a formal written document issued by the Office of Child Care Licensing permitting a person to operate a Family Child Care Home and verifying that he/she has demonstrated compliance with the *Delacare: Rules for Family Child Care Homes* and the applicable codes, regulations, and laws.
33. "Health Care Provider" means a professionally licensed physician, advance practice nurse, (nurse practitioner), or physician assistant, such license being issued by an established licensing body.
34. "Household member(s)" means persons living together permanently or temporarily without regard to whether they are related to each other by marriage or blood and without regard to the length of time or continuity of such residence, and it may include persons who previously lived in the household such as paramours of a member of the household.
35. "Infant" means any child who is under the age of twelve (12) months.
36. "Informal Conference" means a meeting between the Office of Child Care Licensing and the Licensee to discuss non-compliance of a serious or repeated nature which, if not corrected on time and in an acceptable manner, may result in administrative action.
37. "Institutional Child Abuse or Neglect" means child abuse or neglect which has occurred to a child in the Department's custody and/or while placed in a facility, center or home operated, contracted or licensed by the Department.

38. "Licensee" means the person who is issued the Family Child Care License, has legal responsibility for the Family Child Care Home, resides in the Family Child Care Home, provides child care, has control over the furnishings and use of space, and meets the qualifications and requirements of a Licensee as defined in these Rules.
39. "Licensure" means the issuing of a Family Child Care License by the Office of Child Care Licensing when the Applicant has demonstrated compliance with *Delacare: Rules for Family Child Care Homes* and applicable codes, regulations, and laws.
40. "Meal" means breakfast, lunch, or dinner.
41. "Night Child Care" means child care provided in the evening and/or overnight between the hours of 8:00 P.M. and 6:00 A.M.
42. "Office of Child Care Licensing" means the governmental organization within the Department authorized under Delaware Code, Title 31, Chapter 3, Subchapter III, to prescribe, by regulations or otherwise, any reasonable standards for the conduct of child care facilities, institutions, agencies, associations or organizations and may license such of these to conform to such standards.
43. "Parent(s)/guardian(s)" means a birth or adoptive parent, legal guardian or any other person having responsibility for, or legal custody of, a child.
44. "Preschool-Age Child" means a child who is between thirty-six (36) months and five (5) years of age who is not yet attending a public or private kindergarten program outside of the Family Child Care Home. If a child is older than five (5) years of age and is not yet attending a public or private kindergarten program that child shall be considered in the preschool-age group until attending kindergarten or first grade whichever comes first.
45. "Private Home" means a non-public residence such as a house, duplex, townhouse, apartment or mobile home where the Licensee resides and has control over the furnishings and use of space. An individual unit in public housing and university housing complexes may be considered a private home.
46. "Regularly or on a regular basis" means child care services which are available and provided at a Family Child Care Home on more than one (1) day in any one (1) week or for periods longer than three (3) weeks in any calendar year.
47. "Relative" means a person having any of the following relationships by blood, marriage, or adoption between the Licensee, Substitute, household member and the child in child care: parent, grandparent, great-grandparent, brother, sister, aunt, uncle, stepparent, stepbrother, and stepsister. A cousin, for the purpose of this definition, shall not be considered a relative.
48. "Revocation" means the process of rescinding a Family Child Care License during the effective dates of the Family Child Care License. If the process concludes with the decision of the Secretary of the Department to revoke the Family Child Care License, the Licensee shall cease operation of a Family Child Care Home within thirty (30) days of the decision.
49. "Rule(s)" means a baseline or minimum standard required for a particular aspect of child care provided in a Family Child Care Home as established by the Office of Child Care Licensing and known as *Delacare: Rules for Family Child Care Homes*. A Licensee of a Family Child Care Home may and is encouraged to exceed the baseline or minimum standard required by these Rules.

50. "Secretary" means the Cabinet Secretary of the Department of Services for Children, Youth and Their Families
51. "School-age care" means child care for school-age children who attend kindergarten or higher grade in a public or private school outside of the Family Child Care Home and are present at the Family Child Care Home during any of the following circumstances: before and/or after school; during school holidays; and/or summer months.
52. "School-age Child" means any child age five (5) years or older who is attending kindergarten or higher grade in a public or private school outside of the Family Child Care Home. A child shall be considered school-age beginning the first day attending kindergarten or first grade; whichever comes first.
53. "Snack" means supplemental food served between meals.
54. "Substitute" means an adult designated by the Licensee, and approved by the Office of Child Care Licensing to provide child care in the Family Child Care Home when the Licensee is not present due to emergency or specific planned, non-emergency situation(s) and who meets the qualifications and requirements of a Substitute as defined in these Rules.
55. "Supervision" means the Licensee or Substitute is physically present in the area or room where the children are being cared for and is constantly aware of where each child is, what each child is doing, how each child is managing, and is readily available to respond to each child's needs, requests and any emergency.
56. "Suspension Hearing" means an informal hearing between the Division Director or his/her designee, and the Licensee in order to determine whether the Family Child Care License remains suspended.
57. "Suspension Order" means a notice issued by the Office of Child Care Licensing to the Licensee directing that Family Child Care services be discontinued on a specified date. The Licensee shall not provide Family Child Care services during the term of a Suspension Order.
58. "Toddler" means a child between the age of twelve (12) months and under thirty-six (36) months.
59. "Training" means the successful participation in an organized professional development activity that is approved or accepted by the Office of Child Care Licensing in order to develop or enhance child care competencies of the Licensee and Substitute of the Family Child Care Home.
60. "Variance" means the nontransferable written authorization issued by the Division after the Licensee has demonstrated an alternative means by which to meet the intent of a specific Rule. A variance is a conditional approval to operate outside of these Rules and is based on the need(s) or circumstance(s) of the Licensee and Family Child Care Home and does not endanger the health, care, safety, protection and supervision of children in child care.

FAMILY CHILD CARE LICENSURE

61. A person shall not operate or provide child care services as defined in these Rules unless a Family Child Care License to do so is issued by the Office of Child Care Licensing. Anyone who operates a Family Child Care Home without a license violates Delaware Code, Title 31, Chapter 3. Subchapter III, The Delaware Child Care Act and shall be fined not more than \$100 or imprisoned not more than three (3) months, or both.

Authority to Inspect

62. The Licensee, adult household member(s), and Substitute shall permit access to the Family Child Care Home during the hours of operation by representatives of the Office of Child Care Licensing and other State or local officials with responsibilities for monitoring, approving, or authorizing the use or safety of a Family Child Care Home, or provides payment for services provided at the Family Child Care Home.
63. The Licensee, adult household member(s), and Substitute shall respond to and cooperate with requests from representatives of the Office of Child Care Licensing, and other authorized State or local officials and allow for the announced or unannounced inspection of any area or aspect of the operation of the Family Child Care Home which affects or potentially affects the children in child care including access to and request for information, files and records, and unlicensed space of the Family Child Care Home for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, or any other applicable codes, regulations, and laws including suspected child abuse and neglect.
64. The Licensee shall not impede and shall permit the interview of him or herself, household members, Substitute, any child in child care, and the parent(s)/guardian(s) of a child in child care by representatives of the Office of Child Care Licensing, and other authorized State or local officials for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, or any other applicable codes, regulations, and laws.

Application Process

65. The Applicant shall attend informational and orientation sessions as provided by the Office of Child Care Licensing to receive information on the *Delacare: Rules for Family Child Care Homes* and the licensure process.
66. The Applicant shall successfully complete the application process as described in Rules #66-76 within a time period as established by the Office of Child Care Licensing.
67. The Applicant shall apply for a Family Child Care License on a form provided by the Office of Child Care Licensing. An application shall be required for initial licensure. A renewal application received by the Office of Child Care Licensing at least thirty (30) days prior to the expiration date of a Family Child Care License shall be required when seeking to continue the operation of a Family Child Care Home.
68. The Applicant shall sign a statement which certifies that he/she:
- A. Has read and understands these Rules;
 - B. Intends to maintain compliance with these Rules and any other applicable codes, regulations, and laws;
 - C. Intends to provide child care for children throughout the majority of the licensure period(s);
 - D. Has provided information that is true to the best of his/her knowledge; and
 - E. Will not discriminate on the basis of sex, race, religion, cultural heritage, disability, marital status, or economic status.
69. The Applicant shall demonstrate to the satisfaction of the Office of Child Care Licensing that he/she and the Family Child Care Home is in compliance with applicable provisions of these Rules, and any other applicable codes, regulations, and laws to qualify for a Family Child Care License.

70. The Applicant shall submit a completed and signed application including all required materials to the Office of Child Care Licensing and when applicable, any other authorizations, inspections, or documents that state any limitations on the use of a home and/or property through deed restrictions, homeowners' association, lease or rental agreements, or as required by codes, regulations, or laws such as, but not limited to, the Division of Public Health, City or State Fire Marshal, Division of Revenue, Department of Natural Resources and Environmental Control, Land Use or Zoning.
71. The Applicant shall provide written proof of an electrical inspection of the Family Child Care Home conducted by an inspection agency that is approved by the State Fire Marshal.
72. The Applicant shall submit documentation of current certification in cardiopulmonary resuscitation (CPR) and completion of a current first aid course each applicable to the ages of the children in child care.
73. The Applicant shall provide three (3) written letters of reference from three (3) adults who are familiar with the Applicant but who are not related to the Applicant. These references shall verify that the Applicant is of good character and reputation, respects and understands children, and is sensitive to meeting their needs.
74. The Applicant shall sign a release of employment history form provided by the Office of Child Care Licensing that permits the Office of Child Care Licensing to obtain service letters as per Delaware Code, Title 19, Chapter 7, Section 708 from a current or most recent previous employer for him or herself, and any health care and/or child care facility for which the Applicant was employed within the past five (5) years of application for initial licensure.
- A. If an Applicant has no prior employment history, five (5) letters of reference as specified in Rule #73 shall be required to be provided.
75. The Applicant, all household member(s), and Substitute shall provide or authorize the release of information required to determine that the health, safety or welfare of any child in child care would not be at risk.
- A. The applicant, household member who is eighteen (18) years of age or older, and Substitute shall be fingerprinted by the Delaware State Police for Family Child Care.
- B. The Office of Child Care Licensing may, when there is cause to believe the health, safety, or welfare of a child in child care may be at risk, request consent from a parent/guardian for a background check on a household member under eighteen (18) years of age.
- C. The Office of Child Care Licensing may, when there is cause to believe the health, safety, or welfare of a child in child care may be at risk, request medical, psychological, counseling, school, probation and/or Division of Family Services records.
- D. The applicant shall sign a release for the results of an adult abuse registry check through the Department of Health and Social Services.
76. The Applicant shall provide written evidence of health appraisals attesting to his/her health, the health of any adult household member, and Substitute.
- A. The written report from a health care provider shall have been completed within one (1) year prior to the date of initial licensure and include, at a minimum:
- i. Health history;
 - ii. Physical exam;
 - iii. Vision and hearing screening;

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- iv. Freedom from communicable tuberculosis (Tb) verified within one (1) year prior to the date of initial licensure, with further testing every five (5) years;
- v. A review of immunization status (such as measles, mumps, rubella, diphtheria, tetanus, and polio);
- vi. A review of occupational health concerns;
- vii. Assessment of need for vaccines against illnesses such as but not limited to, influenza, pneumococcus, and hepatitis B, and of risk from exposure to common childhood infections, such as parvovirus, CMV, and chicken pox; and
- viii. Assessment of health related limitations or communicable diseases that may impair a person's ability to perform the child care or have direct access to children.

77. The Applicant shall provide health appraisals for children preschool-age or younger and not yet attending kindergarten, including school-age children who are not attending a public or private school and are living in the Family Child Care Home as specified in Rule #155.

Annual Family Child Care License

78. The annual Family Child Care License shall be issued when the Office of Child Care Licensing determines that the Applicant and Family Child Care Home are in compliance with applicable provisions of these Rules.
79. The Licensee shall maintain compliance with applicable provisions of these Rules and all other applicable local, State and Federal codes, regulations, and laws throughout the licensure period(s).
80. The annual Family Child Care License shall be issued only to the Licensee and for the address of the Family Child Care Home shown on the application. A Family Child Care License is not transferable, assignable or subject to sale.
81. The annual Family Child Care License shall be effective for one (1) year from the date of issuance, unless it is:
- A. Modified to a provisional Family Child Care License;
 - B. Revoked;
 - C. Surrendered prior to the expiration date;
 - D. Nullified; or
 - E. Suspended.
82. The Licensee shall post the Family Child Care License inside the Family Child Care Home in the area where child care is provided and visible to parent(s)/guardian(s).
83. The Licensee shall comply with any restrictions on the maximum number of children in child care which may be placed upon the Family Child Care Home by the Office of Child Care Licensing and/or other applicable agencies' codes, regulations and laws such as those related to fire safety and zoning.

Provisional Family Child Care License

84. A provisional Family Child Care License may be issued when a Licensee is temporarily unable to comply with all of these Rules and the Office of Child Care Licensing has determined that:
- A. There is no serious risk to the health, safety and well-being of the children;
 - B. The Licensee has agreed to fulfill and operate under conditions as stated in a

written corrective action plan as developed by the Office of Child Care Licensing and the Licensee;

- C. The Licensee demonstrates to the Office of Child Care Licensing of intent to comply with the corrective action plan; and
 - D. The Licensee demonstrates good faith efforts to achieve compliance but requires additional time to achieve compliance with applicable provisions of these Rules.
85. A provisional Family Child Care License may be replaced with an annual Family Child Care License when the Licensee makes a written request to the Office of Child Care Licensing after the corrective action plan is completed by the Licensee and approved by the Office of Child Care Licensing in advance of the expiration date of the provisional Family Child Care License.

Family Child Care License Renewal

86. The Licensee shall be required to renew a Family Child Care License annually.
- A. An annual Family Child Care License shall expire one (1) year from the date of issuance.
87. At least ninety (90) calendar days before the expiration of the current Family Child Care License, the Licensee shall make a request to the Office of Child Care Licensing by direct voice contact or in writing to obtain the Family Child Care License renewal application materials.
88. The Licensee shall submit a fully completed, signed, and notarized Family Child Care License application form and all required materials to the Office of Child Care Licensing at least thirty (30) calendar days prior to the expiration of current Family Child Care License.

Notification to the Office of Child Care Licensing

89. A Licensee shall immediately notify the Office of Child Care Licensing by direct voice contact during the Office of Child Care Licensing's business hours of the death of a child while in child care. If the death occurs after such business hours, the Licensee shall immediately call the 24-Hour Child Abuse/Neglect Hotline (currently listed as 1-800-292-9582).
90. A Licensee shall notify the Office of Child Care Licensing within one (1) business day by direct voice contact during the Office of Child Care Licensing's business hours if any of the following occur:
- A. Any fire; flood; or any other serious damage due to any natural or man-made disaster(s) that impacts the ability to operate safely;
 - B. Injury of a child while in the child care at a Family Child Care Home requiring inpatient or outpatient treatment. The direct voice contact shall be followed by a written report on a form provided by the Office of Child Care Licensing;
 - C. Suspected abuse or neglect of a child enrolled at the Family Child Care Home after immediately calling the 24-hour Child Abuse/Neglect Hotline (currently listed as 1-800-292-9582) to report the suspected abuse or neglect;
 - D. Any subsequent charges, arrests, or convictions of himself/herself, the Substitute or household member;
 - E. Any involvement with the Department due to child abuse or neglect of himself/herself, the Substitute, or household member; or
 - F. Any breakdown of equipment that could pose a threat to the health and safety of children in child care, including but not limited to, lack of operating toilets, interruption of running water, loss of telephone service, failure of smoke/fire alarm

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system, and failure of cooling or heating systems so that temperatures cannot be maintained within limits of Rule #174.

91. The Licensee shall notify the Office of Child Care Licensing within five (5) business days by direct voice contact and follow-up in writing to his/her assigned Child Care Licensing Specialist when there is a change in the:
- A. Telephone number of the Family Child Care Home;
 - B. Shift(s) of child care provided;
 - C. Composition of household;
 - D. Substitute; or
 - E. Intended use of a Substitute as specified in Rule #142.
92. The Licensee shall notify and receive approval by the Office of Child Care Licensing for any change in physical space or rooms prior to being used for child care at the Family Child Care Home.
93. The Licensee shall report to the Office of Child Care Licensing in writing or by direct voice contact at least thirty (30) days in advance of a change in address of the Family Child Care Home. A new Family Child Care License shall be required at the new address prior to providing child care services at the new address.

Nullification of Family Child Care License

94. A Family Child Care License shall immediately become null and void when the following occurs:
- A. The Licensee no longer resides at the Family Child Care Home for which the Family Child Care License was issued;
 - B. The Licensee changes the location of the Family Child Care Home;
 - C. The Licensee surrenders the Family Child Care License to the Office of Child Care Licensing;
 - D. The Family Child Care License has been denied;
 - E. The Family Child Care License has been revoked; or
 - F. The Family Child Care License has expired.

Complaint Investigation

95. The Office of Child Care Licensing shall investigate when a complaint is received regarding *Delacare: Rules for Family Child Care Homes*. The Office of Child Care Licensing shall notify the Licensee that a complaint is being investigated. The results of the Office of Child Care Licensing's investigation shall be reported in writing to the Licensee investigated. If the complaint is substantiated or if other violations are found as a result of the investigation, the Licensee shall be required to correct the violations and come into compliance with these Rules and any applicable Federal, State or local laws or regulations.
- A. Complaints relating specifically to codes, regulations, or laws of other State and local agencies may be referred to the appropriate agency for investigation. At the time of the referral, the Office of Child Care Licensing shall request a report from the other State and local agency on the investigation findings to determine compliance with *Delacare: Rules for Family Child Care Homes*.
96. The Office of Child Care Licensing shall investigate a reported unlicensed Family Child Care Home and require the individual(s) providing unlicensed Family Child Care to cease operation upon notice from the Office of Child Care Licensing.

97. The Department of Services for Children, Youth and their Families, Division of Family Services, Office of Children's Services, Institutional Abuse Investigation Unit shall investigate when a complaint is received regarding the abuse or neglect of a child at the Family Child Care Home. Law enforcement shall be notified and will conduct an investigation of any complaint that may constitute a crime.

Denial, Suspension, or Revocation of a Family Child Care License

98. The Division may deny an application, suspend, or revoke a Family Child Care License for good cause, for reasons including but not limited to the following:
- A. Failure to comply with applicable provisions of State law(s) or these Rules;
 - B. Violation of the terms or conditions of the Family Child Care License, corrective action plan, or agreement of understanding;
 - C. Use of fraud, intentional or negligent misrepresentation in obtaining a Family Child Care License or in the subsequent operation of the Family Child Care Home;
 - D. Refusal to furnish information, files, and records to representatives of the Office of Child Care Licensing and other State or local officials for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, and any other applicable codes, regulations, and laws;
 - E. Refusal to permit access to the Family Child Care Home during the hours of operation by representatives of the Office of Child Care Licensing and other State or local officials with responsibilities for monitoring, approving, or authorizing the use or safety of a Family Child Care Home, or provides payment for services provided at the Family Child Care Home;
 - F. Refusal to respond to and cooperate with requests from representatives of the Office of Child Care Licensing, and other authorized State or local officials and allow for the announced or unannounced inspection of any area or aspect of the operation of the Family Child Care Home which affects or potentially affects the children in child care including access to unlicensed space of the Family Child Care Home for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, or any other applicable codes, regulations, and laws including suspected child abuse and neglect.
 - G. Engagement in any activity, policy, practice or conduct that adversely affects or presents a serious or imminent danger, or risk thereof to the health, safety or wellbeing of children;
 - H. Conduct that otherwise demonstrates unfitness by the Licensee or Substitute to operate a Family Child Care home; or
 - I. Operation of any activity not permitted under local, State or Federal law at the Family Child Care Home.
99. If the health, safety or well-being of children in child care is in serious or imminent danger, or risk thereof, the Office of Child Care Licensing may immediately suspend the Family Child Care License upon issuance of a suspension order. The suspension order may be verbal or written. Any verbal suspension order shall be followed by a written suspension order. Upon notification from the Office of Child Care Licensing of the initial suspension order, the Licensee shall cease operation of the Family Child Care Home. The written suspension order shall state the reason(s) for the suspension. Within ten (10) business days after the issuance of the written suspension order, the Licensee may relinquish the Family Child Care License to the Office of Child Care Licensing or request a suspension hearing. Upon request of the Licensee for a suspension hearing, the Division Director or his/her designee shall schedule a suspension hearing within ten (10) business days of the request. The Division Director or his/her designee will make a determination if the suspension order will be continued.

Appeal

100. If the Division intends to deny an application, or revoke a Family Child Care License, the Division shall mail a notice of intent to deny or revoke the Family Child Care License to the Licensee. Such notice shall specify the Licensee's right to appeal the decision by requesting an administrative appeal hearing. The Licensee shall request an administrative hearing within ten (10) business days of receipt of the notice.
101. If a written request or a verbal request made by direct voice contact for an administrative appeal hearing is received by the Division within ten (10) business days of the date the notice of the intent to deny or revoke was received, the Division shall schedule an administrative appeal hearing within thirty (30) business days from the date the request for an administrative appeal hearing is received, unless for good cause, the Hearing Officer grants postponement or the parties agree to postponement.
102. The administrative appeal hearing shall be conducted by a Hearing Officer who has had no previous involvement in the matter prompting the administrative appeal hearing.
103. If a Licensee requests an administrative appeal hearing within ten (10) business days of the date the notice of intent to deny or revoke was received, the existing Family Child Care License shall remain in effect until an official written decision has been rendered subsequent to the administrative appeal hearing. The Office of Child Care Licensing shall have the authority to suspend the Family Child Care License immediately whenever the health, safety or well being of children in child care is in serious or imminent danger or risk thereof.
104. If a Licensee does not make a request for an administrative appeal hearing within ten (10) business days of the date the notice of intent to deny or revoke was received, the action in such notice seeking to deny or revoke a Family Child Care License shall become final and binding without any further right of review and take effect thirty (30) business days after the issuance of the notice. However, where stated in the Division's notice, if the health, safety or well-being of children in child care is in serious or imminent danger or risk thereof, denial or revocation shall be effective immediately upon the issuance of a written notice by the Division.

Rule Variances

105. Upon the written request of an Applicant or Licensee, the Division may grant a variance from these Rules if the Applicant or Licensee has documented to the satisfaction of the Division that the intent of the specific Rule shall be satisfactorily achieved in a manner other than that prescribed by the Rule and that the health, safety or well being of children in child care is not in serious or imminent danger or risk thereof.
106. The Division may require a Licensee to provide notice of a variance request to the parent(s)/guardian(s) with children in the Family Child Care Home to offer them the opportunity to provide input on the variance request to the Division.
107. The Division shall render its decision on the request for variance in writing, including the conditions and Rule for which the variance is granted, and shall send a signed copy of the decision to the Applicant or Licensee. A copy of the decision shall be maintained on file by the Division and the Applicant or Licensee.
108. The variance may be, at the Office of Child Care Licensing's discretion, time-limited or indefinite but shall only remain in effect for as long as the Licensee continues to satisfactorily achieve the intent of the Rule, conditions of the variance, and maintain the health, care, safety, protection, supervision, or guidance of children in child care.

109. The Division shall monitor the Licensee's compliance with the variance. If the Licensee fails to comply with the variance, the Division shall initiate necessary enforcement action and may revoke the variance.

PROVISIONS FOR OPERATION OF A FAMILY CHILD CARE HOME

General Qualifications and Requirements of Licensee, Household Members, and Substitute

110. The Licensee and Substitute shall be able to read, understand, and carry out these Rules.
111. The Licensee and Substitute shall have the ability to do the following:
- A. Understand and respect children and their families and culture;
 - B. Meet the needs of children including, but not limited to, meeting their physical needs such as feeding and diapering;
 - C. Supervise children to ensure their safety and health during all activities of child care;
 - D. Support children's physical, intellectual, social and emotional growth;
 - E. Deal with emergencies in a calm manner; and
 - F. Carry out methods of positive behavior management as stipulated in these Rules.
112. The Licensee, household members, and Substitute shall not have any conviction, current indictment, outstanding warrant, or substantial evidence of involvement in:
- A. Any activity involving violence against a person;
 - B. Child abuse or neglect;
 - C. Possession, sale or distribution of illegal drugs;
 - D. Sexual misconduct;
 - E. Gross irresponsibility or disregard for the safety of others; or
 - F. Serious violations of accepted standards of honesty or ethical behavior
 - i. The Department may, at its own discretion, make exceptions to the above Rule when it is documented that the health and safety of children would not be endangered except as prohibited by the Child Protection Registry law as defined by Delaware Code, Title 16, Chapter 9, Subchapter II, Subsection 923.
113. The Licensee shall ensure that within five (5) business days of a current household member turning eighteen (18) years of age, an individual who is eighteen (18) years of age or older becoming a new household member, or a new Substitute is designated, such individual is fingerprinted by the Delaware State Police for Family Child Care. The Licensee shall provide verification of such fingerprinting to the Office of Child Care Licensing within fourteen (14) business days of when the fingerprinting occurred.
- A. The Office of Child Care Licensing may, when there is cause to believe the health, safety, or welfare of a child in child care may be at risk, request consent from a parent/guardian for a background check on a household member under eighteen (18) years of age.
114. The Licensee shall ensure that household members eighteen (18) years of age and older and Substitute are not left alone with children in child care at the Family Child Care Home until the results of all background checks are completed, suitability is determined and such household members and Substitute are approved by the Office of Child Care Licensing.

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115. Any person who has relinquished or otherwise lost custody of his/her children shall present documentation to the Department regarding the circumstances of this relinquishment or loss of custody, for consideration in determining the suitability of licensure at the Family Child Care Home.
116. Any person who has been convicted of any offense defined as child sex abuse in Delaware Code, Title 11 shall not reside or provide child care in a Family Child Care Home.
117. The Licensee shall ensure that copies of his or her health appraisal, the health appraisal of adult household members, and Substitute are kept on file in the Family Child Care Home and updated to be consistent with household composition.
118. The Licensee, household members, and Substitute shall provide written documentation from a health care provider for the follow-up for known health problems to the Office of Child Care Licensing for the purposes of determining whether the health problem might create a significant risk to children.
119. The Licensee, household members and Substitute shall not be diagnosed or under treatment for any serious mental illness which might create a significant risk of harm to children and shall provide written documentation from a health care provider to the Office of Child Care Licensing for the purposes of determining whether a mental illness might create a significant risk to children.
120. The Licensee, Substitute, household member(s), and any person present in the Family Child Care Home shall not consume or be under the influence of alcohol, illegal drugs or substances, misuse prescription or non-prescription medications any of which adversely affects the ability to provide child care and operation of the Family Child Care Home.
121. The Licensee shall have no other employment during the hours that children are in child care.
122. The Licensee shall ensure that providing child care is the primary focus during the hours of operation of the Family Child Care Home. The Licensee shall not participate or allow participation by the Substitute in activities that distract from providing child care during that time. Examples of such distracting activities include but are not limited to:
- A. Socializing or entertaining friends, family or others;
 - B. Using, playing with, or watching television, VCR's, DVD's, computers or other electronic equipment;
 - C. Unnecessarily communicating with others on the telephone, cell phone, computer, or other communication equipment;
 - D. Doing intensive housework, household chores, home repairs, or remodeling tasks; and
 - E. Involving oneself in hobbies, craft making, or leisure pursuits.
123. The Licensee shall not provide care for individuals requiring convalescent or nursing care at the Family Child Care Home during the hours children are in child care.
124. The Licensee shall not provide foster care at the Family Child Care Home for children or adults without the prior written approval of the Department.
- A. The decision for dual service shall be made by the Administrator based upon the recommendation of the Child Care Licensing Specialist and Foster Home Coordinator of the placing agency. The recommendation shall consider the specific needs of potential child care children and foster care placements.
 - B. The written approval shall include the number and ages of children/adults to be

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- cared for in each program in accordance with requirements.
 - C. The decision for dual service shall be reviewed periodically.
 - D. Foster care children of preschool age and younger shall be counted in the capacity of the Family Child Care Home.
- 125. The Licensee or Substitute shall be responsible for the supervision of any child in the Family Child Care Home at all times.
- 126. The Licensee shall ensure that children of any age present at the Family Child Care Home are not responsible for performing child care duties at any time.

Qualification Process

- 126. A Licensee and, when applicable, Substitute, shall submit written documentation such as copies of training certificates, transcripts, and/or diplomas to the Office of Child Care Licensing which successfully demonstrates meeting the qualifications for a particular Level and any other required training as stated in these Rules.
 - A. Other training may be acceptable when demonstrated to be equivalent to meeting the qualifications in these Rules. The Licensee shall provide documentation which supports his/her assertion that other training meets the qualification. The Office of Child Care Licensing shall make the final determination if the other training is equivalent to the qualifications.

Qualifications - Level I Family Child Care Home

- 127. The Licensee shall be at least eighteen (18) years of age and have at least a high school diploma or its equivalent to qualify as a Level I Family Child Care Home.
 - A. The Licensee shall successfully complete twelve (12) clock hours of training within the first year of licensure. This training shall be approved by the Office of Child Care Licensing specifically for qualifying for a Level I Family Child Care Home and include at least three (3) clock hours in each of the following topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, and Families/Communities.
 - B. The training as stated in the above subsection shall count toward the first year's annual training requirement as per Rule #134 if successfully completed.
- 128. The Licensee who, before the effective date of these Rules, was licensed as Level I Family Child Care Home may continue to qualify based on *Delacare: Requirements for Family Child Care Homes (1994)* and provide child care as a Level I Family Child Care Home. The qualification as stated in the Rule #127 shall be required in addition to any Level II Family Child Care Home qualifications when moving from Level I Family Child Care Home to Level II Family Child Care Home.

Qualifications - Level II Family Child Care Home

- 129. A Licensee shall request approval from the Office of Child Care Licensing when wanting to move from a Level I Family Child Care Home to a Level II Family Child Care Home. The Licensee shall not operate as a Level II Family Child Care Home until receiving written approval from the Office of Child Care Licensing which states the new Level and the total number of children served.

130. The Licensee shall have the following experience to qualify as a Level II Family Child Care Home:
- A. Twenty-four (24) months of experience working with children in a group setting; or
 - B. Three (3) months of supervised student teaching with children in a group setting; or
 - C. Twenty-four (24) months providing child care as a Licensed as Level I Family Child Care Home with no substantiated complaints, or substantial noncompliance.
131. The Licensee shall be at least eighteen (18) years of age and have at least a high school diploma or its equivalent, and successfully complete of one the following to qualify as a Level II Family Child Care Home:
- A. Sixty (60) clock hours of training with a minimum of three (3) clock hours in each of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families, and Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility;
 - B. Three (3) college/university credits in courses related to any of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility; or
 - C. Qualified as at least an Early Childhood Assistant Teacher as per *Delacare: Rules for Early Care and Education and School-Age Centers (2007)*.
132. The Licensee who, before the effective date of these Rules, was licensed as a Level II Family Child Care based on *Delacare: Requirements for Family Child Care Homes (1994)* shall have two (2) years from the effective date or no later than January 1, 2011 to meet one (1) of the qualifications as required in Rule #131.
- A. Failure to meet one of the qualifications as required in Rule #133 on or before January 1, 2011 shall result in the Licensee being lowered to a Level I Family Child Care Home which includes the accompanying decrease in licensed capacity.

First Aid and CPR Training

133. The Licensee and Substitute used for planned, non-emergency situations as stated in Rules #141B, C & D and 142 shall have:
- A. Proof of current First Aid training or First Aid training taken every three (3) years if there is no expiration date;
 - B. Proof of current certification in cardiopulmonary resuscitation (CPR); and
 - C. The First Aid training and CPR certification shall be in accordance with the ages of the children enrolled in the Family Child Care Home at any given time.

Annual Training

134. The Licensee shall successfully complete at least twelve (12) clock hours of annual training as accepted or approved by the Office of Child Care Licensing.
- A. Annual training shall be within at least three (3) different core areas associated with ensuring health, safety or enhancing quality in child care in the Family Child Care Home as specified under subsection "C" (below) of this Rule.
 - B. Annual training may be within one (1) or two (2) core areas if the Licensee is applying credits earned for successfully completing a college/university course or the training is six (6) or more clock hours in length.

- C. Topics shall include the following core areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, Professionalism, and Business Practices/Administration related to operating a Family Child Care Home or child care facility.
135. The Licensee shall complete annual training during the time period beginning at the start date and ending at the expiration date of the Family Child Care License.

Use of a Substitute

Also see Rules #110 - 125 and 133

136. The Licensee shall at minimum have an arrangement with a Substitute who is at least eighteen (18) years of age and available to assist in an emergency situation which is defined as an unplanned event or condition such as a serious or sudden illness, accident, or urgent circumstance requiring the immediate attention of the Licensee.
137. The Licensee shall ensure that the name, address and telephone number of the Substitute is provided to the Office of Child Care Licensing and posted with other emergency numbers in the Family Child Care Home.
138. The Licensee shall document on the form provided by the Office of Child Care Licensing that a Substitute is oriented to these Rules and the policies and procedures of the Family Child Care Home and has had the opportunity to ask questions and receive clarification before providing child care.
139. The Licensee shall review written information as provided by the Office of Child Care Licensing on safe sleeping practice, risk reduction of Sudden Infant Death Syndrome (SIDS), and child abuse and neglect reporting with a Substitute before he/she provides child care.
140. The Licensee shall ensure the Substitute has access to each child's file in the Family Child Care Home and has been informed of any special or emergency information about each child and any issues of confidentiality regarding a child's information.
141. The Licensee shall have the choice to close the Family Child Care Home or use a Substitute who provides child care in the Family Child Care Home in the absence of the Licensee. Prior notification to and approval for the use of the Substitute from the Office of Child Care Licensing is not required in the following situations:
- A. Emergencies as defined in Rule #136;
 - B. Medical appointments;
 - C. School appointments; or
 - D. Time off for up to one (1) full week.
142. The Licensee shall have the choice to close the Family Child Care Home or use a Substitute who provides child care in the Family Child Care Home. Prior notification (see Rule #91) to and approval for the use of the Substitute from the Office of Child Care Licensing is required in the following situations:
- A. Participating in training/classes held for three (3) or more sessions, student teaching, internship or practicum related to meeting qualifications, or annual training requirements as required under these Rules;
 - B. Time off for more than one (1) full week with child care provided in the Family Child Care Home in the absence of the Licensee; or
 - C. Medical or maternity leave for more than one (1) full week with child care provided in the Family Child Care Home and the Licensee remaining in attendance at the

Family Child Care Home.

143. The Licensee shall inform the parent(s)/guardian(s) in advance whenever a Substitute will be caring for their children unless it is an emergency situation that does not allow time for notification. This notification shall include the identity of the Substitute.

General Family Child Care Capacity and Licensee to Child Ratio

144. The actual number of children allowed at the Family Child Care Home or total capacity at any given time shall be determined by the Licensee's experience, qualifications, ages of the children living in and/or present the Family Child Care Home; and the amount of usable space for child care in the Family Child Care Home.
145. Any child preschool-age or younger, living in and/or present the Family Child Care Home shall count toward the total capacity.
146. Any school-age child living in and/or present at the Family Child Care Home who is not attending a public or private school outside of the Family Child Care Home shall count toward the total capacity and will be required to take the place or slot of a child preschoolage or younger.
147. Any school-age child living in and present at the Family Child Care Home shall not count toward the total capacity of children if attending a public or private school outside of the Family Child Care Home.
148. Any school-age child not living in and/or present at the Family Child Care Home shall count toward the total capacity and may attend only for before and/or after school, and/or during school holidays, and/or school vacation in the summer.
149. A Level I Family Child Care Home shall be licensed to provide child care as follows:
- A. Total of five (5) children preschool-age or younger; and no additional school-age children that do not live in the Family Child Care Home;
 - i. No more than two (2) of the five (5) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
 - ii. No more than three (3) of the five (5) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or
 - B. Total of four (4) children preschool-age or younger; and two (2) additional school-age children that do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;
 - i. No more than two (2) of the four (4) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
 - ii. No more than three (3) of the four (4) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or
 - C. Total of six (6) school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger.
 - D. Other combinations of age-groupings of children shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level, see examples in the Appendix, *Level I Family Child Care Home*

Ratios.

150. A Level II Family Child Care Home shall be licensed to provide child care as follows:
- A. Total of six (6) children preschool-age or younger; and three (3) additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;
 - i. No more than two (2) of the six (6) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
 - ii. No more than three (3) of the six (6) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or
 - B. Total of six (6) children preschool-age or younger; and two (2) additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;
 - i. No more than two (2) of the six (6) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
 - ii. No more than four (4) of the six (6) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or
 - C. Total of five (5) children preschool-age or younger; and no additional school-age children who do not live in the Family Child Care Home;
 - i. No more than three (3) of the five (5) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
 - ii. No more than four (4) of the five (5) children preschool-age or younger as mentioned above are under the age of twenty-four (24) months; or
 - D. Total of four (4) children under the age of twenty-four (24) months; and two (2) additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;
 - i. No more than three (3) of the four (4) children preschool-age or younger as mentioned above are under the age of twelve (12) months; or
 - E. Total of nine (9) school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger.
 - F. Other combinations of age-groupings of children shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level, see examples in the Appendix, *Level II Family Child Care Home Ratios*.

Change of Shift Ratio

151. A Licensee may provide child care for up to two (2) additional children for up to a two (2) hour period of time overlapping between two (2) full shifts.
- A. Change of shift child care shall only be provided if prior approval is received from the Office of Child Care Licensing.

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- B. The Licensee shall make a request in writing to the Office of Child Care Licensing and provide information on the ages of the children and exact time involved.
- C. Before/after school child care shall not be provided when caring for additional children during a change of shift.
- D. The number of children younger than twenty-four (24) months of age shall not be exceeded as specified in Rules #149 and 150 when caring for additional children during a change of shift.

Night Child Care Ratio

152. The Licensee shall provide child care for no more than four (4) children of any age when licensed as a Level I Family Child Care Home or no more than six (6) children of any age when licensed as a Level II Family Child Care Home when providing night child care in the evening and/or overnight. This includes children preschool-age or younger living in the Family Child Care Home who may sleep in his or her own bedroom.
- A. The Licensee or Substitute shall remain awake at all times children are in child care.

Maximum Consecutive Hours of Child Care

153. The Licensee shall provide no more than seventeen (17) hours of child care within a twenty-four (24) hour period with at least seven (7) consecutive hours of rest. No other employment shall be permitted during the hours of rest.
- A. A Family Child Care Home licensed before the effective date of these Rules that offered child care for more than seventeen (17) hours shall have one (1) year from the new effective date or until January 1, 2010 to limit child care to no more than seventeen (17) hours within a twenty-four (24) hour period with at least a seven (7) hour period of rest.

LICENSEE RESPONSIBILITIES

Enrollment

154. The Licensee shall provide any parent/guardian prior to enrolling a child in the Family Child Care Home with information as furnished by the Office of Child Care Licensing detailing his or her right to inspect the active record and complaint files, procedures for making complaints, and how to find the Rules concerning a Family Child Care Home as described in *The Parents Right to Know Act*. The Licensee shall have written verification that each parent/guardian has received this information by keeping the signed document in the child's file.

Child Health Appraisal

155. The Licensee shall ensure that upon enrollment or no longer than one (1) month following enrollment, an age-appropriate health appraisal is on file for each child unless required to enroll without immunization(s) such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal laws. The health appraisal shall have been conducted within the last twelve (12) months prior to admission and signed by a health care provider. Health appraisals shall be updated yearly for children preschool-aged or younger and not yet in kindergarten, including school-age children who are not attending a public or private school and are living in the Family Child Care Home, or in accordance with the recommended schedule for routine health supervision of the American Academy of Pediatrics. The health appraisal shall include:

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- A. A health history;
 - B. A physical and behavioral examination;
 - C. Growth and development;
 - D. Recommendations regarding required medication, restrictions or modifications of the child's activities, diet or child care;
 - E. Medical information pertinent to treatment in case of emergency;
 - F. Documentation of any recommended or required screening or testing such as for blood-lead or tuberculosis;
 - G. Documentation of the immunization status, with a listing of day, month and year of administration for each immunization required by the Division of Public Health as specified in **Appendix, Recommended Immunization Schedules**. For current information, the Licensee shall contact the Division of Public Health or refer to the CDC website - <http://www.cdc.gov/nip/recs/child-schedule.htm>
 - i. The Licensee shall not permit a child to be admitted who is not age-appropriately vaccinated according to the most recent directive from the Division of Public Health unless a written plan has been established (see below) or as required by law to be admitted without immunization(s) such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal laws and regulations.
 - ii. If a child has not received immunizations as required for his age, the Licensee shall require a written plan for updating the immunizations within a reasonable time frame to be submitted to the Licensee within fourteen (14) days of the child's admission or as required by law such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal laws and regulations.
 - iii. If the additional required immunizations are not completed within the time frame specified in the written plan, the child shall be excluded from the Family Child Care Home until the immunizations have been obtained and written documentation is signed by the health care provider and has been submitted to the Licensee.
156. The Licensee shall ensure that for school-age children, a copy of the most recent health appraisal as required by the child's school is also on file at the Family Child Care Home.
157. The Licensee shall ensure that a child whose parent(s)/guardian(s) objects to immunizations on a religious basis submits a notarized statement to the Licensee explaining that the exemption is in compliance with State law, or in the case where the health care provider provides written documentation that such immunizations may be detrimental to the child's health, the child will be exempt from the immunization requirement.

Parent(s)/Guardian(s) Communication

158. The Licensee shall have an organized system of respectful communication with parent(s)/guardian(s) that includes verbally discussing the following information during the enrollment process and on-going as needed:
- A. Explaining that parent(s)/guardian(s)' visits and monitoring of the Family Child Care Home are welcomed;
 - B. Explaining required nondiscriminatory practices and respect for each child's family and culture;
 - C. Consulting with parent(s)/guardian(s) about child care practices specific to their children's culture and community, and about providing as much consistency as possible in their child care practices especially concerning infants and toddlers;
 - D. Sharing an understanding that parent(s)/guardian(s) are of primary importance in

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- children's development;
 - E. Identifying the on-going needs of the child including learning about parent(s)/guardian(s) preferences and goals and any concerns or special circumstances that may influence the child's development, behavior and learning;
 - F. Establishing a procedure for sharing each infant's feeding, sleeping, and other routine activities with the infant's parent(s)/guardian(s) at the end of each day;
 - G. Explaining safety procedures such as indoor and outdoor safety, fire safety, pets, first aid, smoking prohibited, and emergency planning;
 - H. Explaining sanitation procedures such as disinfecting, standard precautions, and diapering and toileting; and
 - I. Explaining typical routine child care practices such as program for children including activities and equipment and sleeping-napping accommodations including procedures for night child care, if provided.
159. The Licensee shall have an organized system of respectful communication with parent(s)/guardian(s) that incorporates the use of a written policy including information provided during the enrollment process and updated as needed on the following information:
- A. A typical daily schedule;
 - B. Positive behavior management techniques;
 - C. Health including emergency health care, health exclusions, and prevention of outbreak of communicable diseases;
 - D. Food and nutrition;
 - E. Procedures for release of children;
 - F. Reporting of accidents, injuries or critical incidents;
 - G. Mandatory reporting of child abuse and neglect;
 - H. Administration of medication procedures;
 - I. The use of safe sleep procedures for infants;
 - J. The presence of any animals or household pets regardless of the location within the Family Child Care Home; and
 - I. If provided, transportation of children.
160. The Licensee shall ensure that parent(s)/guardian(s) have free access to areas of the Family Child Care Home used for child care during the hours child care services are being provided while their children are in child care.

Child File

161. The Licensee shall maintain an individual file for each child enrolled. The information in the file shall be obtained upon enrollment and updated at least annually or upon known changes to the information. The file shall contain the following information:
- A. The child's full name, address, telephone number, and birth date;
 - B. Home and work addresses and telephone numbers of parent(s)/guardian(s);
 - C. Date of enrollment and hours/days child is scheduled to attend the Family Child Care Home;
 - D. Name, address and telephone number of emergency contact person other than parent(s)/guardian(s);
 - E. Name of person(s) authorized by parent(s)/guardian(s) to whom the child may be released;
 - F. The name and telephone number of the child's health care provider, health appraisal reports, health insurance and policy number for the child, and if applicable, notarized statement regarding objection to immunization(s) or documentation from a health care provider regarding detrimental nature of immunization(s);

- G. If applicable, a written statement signed by the parent(s)/guardian(s) describing any special problems, medical, developmental, or educational needs of the child including allergies, existing illnesses, or injuries, previous serious illness or injuries and any prescription and non-prescription medication including those for both continuous, long-term and emergency situations;
 - H. If applicable, written consents signed by parent(s)/guardian(s) for special dietary needs, emergency medical treatment, release of child, swimming activities, administration of medication and permission for transporting the child on a routine or off-premises basis;
 - I. If applicable, relevant copies of court orders on custody and visitation arrangements provided by the parent(s)/guardian(s);
 - J. Documentation of any notices required by the Federal, State, local governments or the Office of Child Care Licensing such as information specified in *The Parents Right to Know Act* signed by the parent(s)/guardian(s); and
 - K. Reports of accidents, injuries or illnesses involving the child.
162. The Licensee shall keep emergency information about the child accessible at all times and ensure that such information will accompany the child any time the child is taken off the premises of the Family Child Care Home. This information shall include copies of the same information in the child's file except for the following:
- A. Date of enrollment and hours/days child is scheduled to attend the Family Child Care Home;
 - B. Documentation of any notices required by the Federal, State, local governments or the Office of Child Care Licensing - see Rule #161J; and
 - C. Reports of accidents, injuries or illnesses involving the child.
163. The Licensee shall not disclose or permit the use of any information pertaining to an individual child or family unless the parent(s)/guardian(s) of the child has granted written permission to do so, or except in the course of official duties by representative(s) of the Office of Child Care Licensing, Division of Family Services, or other entities with statutory responsibility for issues relating to the health, safety and protection of children.

Daily Attendance of Children

164. The Licensee shall ensure that daily attendance records are kept for children which identify the hours of the children's attendance each day.
165. The Licensee shall ensure that a system is established for taking attendance when the children arrive and depart the Family Child Care Home.

Release of Children

166. The Licensee or Substitute shall release children only to persons authorized by the parent(s)/guardian(s).
167. The Licensee shall have a written policy for the release of children that includes using the following procedures:
- A. A process for documenting the release of a child from the responsibility of the Licensee or Substitute to an authorized person;
 - B. A process for the emergency release of a child as requested by parent(s)/guardian(s);
 - C. A process for handling situations in which a non-custodial parent attempts to claim the child without the consent of the custodial parent/guardian; and
 - D. A process to be followed when a person not authorized to receive a child, or a

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person who appears to be intoxicated or otherwise incapable of bringing the child home safely, requests release of a child.

168. The Licensee shall have a procedure to verify the identity of an authorized person who is not previously known to the Licensee or Substitute prior to releasing the child and keep written documentation of such verification in the child's file.
169. The Licensee shall ensure that when a parent/guardian calls the Family Child Care Home requesting emergency release of a child, the identity of the parent/guardian is verified prior to the release of the child to the authorized person.

PHYSICAL ENVIRONMENT

General and Fire Safety

170. The Licensee shall ensure that the physical facilities of the Family Child Care Home and grounds present no hazard to the health and safety of the children.
171. The Licensee shall ensure that the Family Child Care Home and its furnishings are kept in a clean and safe condition. All walls, floors, ceilings and other surfaces shall be clean and in good repair.
172. The Licensee shall ensure that the Family Child Care Home is kept free from rodent and insect infestation.
173. The Licensee shall ensure that screens in good repair are used on all windows, doors or other openings to the outside used for ventilation.
174. The Licensee shall ensure that any room in the Family Child Care Home used by the children is maintained at a minimum temperature of sixty-five (65) degrees Fahrenheit (F.) and a maximum of eighty-five (85) degrees F. unless there is a conflict with Federal and State energy laws. The minimum and maximum temperatures shall be taken at floor level.
- A. The Licensee shall be required to temporarily close the Family Child Care Home if the minimum or maximum room temperatures cannot be maintained during all of the hours of operation.
175. The Licensee shall be aware of extreme weather conditions such as storms producing excessive wind, rain (flooding), hail, sleet, and snow; poor air quality; heat and humidity including heat advisories; or cold temperatures including wind chill factors that could affect the well being or health of children. Children shall not be allowed to play outside during extreme weather conditions.
176. The Licensee shall ensure that all floor or window fans in the Family Child Care Home are inaccessible to children and bear the safety certification mark of a nationally recognized, independent, third party testing laboratory such as Underwriter Laboratories (UL).
177. The Licensee shall ensure that all heating and cooling equipment is safely shielded to prevent injury to children.
- A. Any heating equipment prohibited under State Fire Code or Federal, State or local governmental agencies such as the following items: un-vented fuel fired heating equipment, including, but not limited to portable, open-flame, and kerosene space heaters shall not be used.
- B. Hot water pipes, steam radiators, electric space heaters, and wood-burning stoves shall be equipped with protective guards, or insulated, or inaccessible to protect

- children against burns.
 - C. Electric space heaters shall be listed by a nationally recognized, independent third party testing laboratory such as Underwriter Laboratories (UL) and inaccessible to children, and stable.
 - D. Fireplaces shall be securely screened or equipped with protective guards while in use.
- 178. The Licensee shall ensure that protective covers are installed on all electrical receptacles in all areas accessible to the children.
- 179. The Licensee shall ensure that the Family Child Care Home has an in-service cell or land-line telephone.
- 180. The Licensee shall ensure that telephone numbers of the hospital, ambulance, police department, fire department and poison control center available for assistance in the area serving the location of the Family Child Care Home or as requested for use by parent(s)/guardian(s) of the child enrolled are posted on or near each telephone.
- 181. The Licensee shall ensure that an operable flashlight is accessible at all times.
- 182. The Licensee shall ensure that clear glass doors or low windows at or within twenty-four (24) inches of floor-level in rooms used by children in child care at the Family Child Care Home are clearly marked with a vision strip such as a decal(s), sticker(s), rail(s), or mesh located at between one (1) and five (5) feet above floor level to reduce the risk of colliding with the glass.
- 183. The Licensee shall ensure that stairways over four steps, inside and outside, have railings when used by children at the Family Child Care Home. Safety gates approved by the American Society for Testing and Materials (ASTM) at stairways shall be used at all times when infants and toddlers are in child care.
 - A. If the physical characteristics of the Family Child Care Home do not permit the installation of a safety gate(s) in accordance with the manufacturer's instructions, then the Licensee shall have and adhere to a plan which will safely prevent the access of infants and toddlers to stairways.
- 184. The Licensee shall ensure that stairways, hallways, windows, and doors from rooms and from the Family Child Care Home are unobstructed - not blocked by furnishings or other materials that inhibit movement and are in working condition throughout the hours of operation.
- 185. The Licensee shall ensure that all areas in a Family Child Care Home that are more than two (2) feet above the floor or grade below, such as porches, elevated walkways and elevated play areas are provided with guards (barriers) to prevent falls over the open side. The height of the guards shall not be less than forty-two (42) inches high and measured vertically to the top of the guard.
- 186. The Licensee shall ensure that children are cared for on the ground level space in the Family Child Care Home including when night child care is provided.
 - A. One (1) level above or below ground level (for example, a split-level home) of the Family Child Care Home may be used if the vertical travel to that level is five (5) feet or less.
 - B. Child care shall not be provided on the second floor of the Family Child Care Home or on a level that requires climbing up a full flight of stairs or with a vertical travel of more than five (5) feet.

187. The Licensee shall ensure that every room used for child care has at least two exits or means of escape, at least one of which shall be a door or stairway providing unblocked travel to the outside of the Family Child Care Home at street or ground level. A second exit or means of escape may be a window which is easily opened, not more than forty-four (44) inches above the floor, and has an opening twenty (20) inches wide and twenty-four (24) inches high and opens to a total area of at least 5.7 square feet.
188. The Licensee may use the basement level space for children in child care only if there is at least one (1) door that exits directly to the outside at ground level with the vertical travel or stairway to the ground level not more than eight (8) feet and at least one of the following is in the basement of the Family Child Care Home:
- A. One (1) window which is easily opened, is no more than forty-four (44) inches above the floor and has an opening twenty (20) inches wide and twenty-four (24) inches high and opens to a total of at least 5.7 square feet; or
 - B. Another door exits directly to the outside at ground level.
189. The Licensee shall ensure that each door used as an exit is not less than thirty-two (32) inches wide.
190. The Licensee shall ensure that every door lock in the rooms used by children in child care at the Family Child Care Home is designed to permit the opening of the locked door from the outside and the opening device is available to the Licensee or Substitute.
191. The Licensee shall ensure that every closet door latch in the rooms used by children in child care at the Family Child Care Home is designed so that children can open the door from inside the closet.
192. The Licensee may use a bathroom for the children in child care that is not on the ground level if that is the only bathroom in the house.
193. The Licensee shall ensure that no room or space shall be used for child care which is accessible only by ladder, folding stairs, or through a trap door.
194. For a Family Child Care Home licensed on or before the effective date of these Rules, the Licensee shall at least have a battery operated working smoke alarm which is listed by a nationally recognized testing laboratory and properly installed on the ceiling or six (6) to twelve (12) inches below the ceiling of each level of the Family Child Care Home, or follow the fire safety codes and any on-going procedures as required by the State Fire Marshal or other Fire Marshal having jurisdiction over the area in which the Family Child Care Home is located.
- A. All enclosed sleeping areas, such as bedrooms, shall at least have properly installed and working battery operated smoke alarms.
 - B. Battery operated smoke alarms shall be tested monthly. The monthly tests shall be documented in a log.
 - C. The batteries shall be replaced at least yearly.
195. For a Family Child Care Home licensed on or after the effective date of these Rules, moving from a Level I Family Child Care Home to a Level II Family Child Care Home, or relocating to a new address, the Licensee shall follow the fire safety codes and any ongoing procedures as required by the State Fire Marshal or other Fire Marshal having jurisdiction over the area in which the Family Child Care Home is located.
- A. Approval by the State Fire Marshal or other Fire Marshal having jurisdiction over

the area in which the Family Child Care Home is located shall be provided to the Office of Child Care Licensing prior to offering child care services.

196. The Licensee shall ensure that operable carbon monoxide warning equipment listed by a nationally recognized testing laboratory is at least on the ground level near any sleeping area used by the children in child care at the Family Child Care Home. The equipment shall be installed in accordance with its listing and the manufacturer's instructions.
- A. Carbon monoxide warning equipment shall be tested monthly. The monthly tests shall be documented in a log.
 - B. The batteries shall be replaced at least yearly.
197. The Licensee shall not be required to have carbon monoxide warning equipment when the Family Child Care Home has:
- A. No garage or the garage is separate structure from the Family Child Care Home; and
 - B. No fuel-fired equipment using fuels such as gas, oil, wood, and kerosene, and all equipment is electric such as the heater, hot water heater, oven, range, dryer, and fireplaces.
198. The Licensee shall ensure that an electrical inspection of the Family Child Care Home shall be conducted every three (3) years by an inspection agency as accepted by the Office of Child Care Licensing.
199. The Licensee shall ensure that at a minimum, a charged portable dry chemical fire extinguisher rated 1A 10 BC, is available in the kitchen, stored out of the manufacturer's container from which it was purchased, and is easily accessible. The extinguisher shall be used and maintained in accordance with the manufacturer's instructions.
200. The Licensee shall ensure that all flammable and hazardous materials, including matches and lighters, medicines, drugs, alcohol, cleaning materials, detergents, aerosol cans, plastic bags, firearms, ammunition, and other similar materials and objects are stored safely in areas inaccessible to children.
- A. Firearms and ammunition, if present in the Family Child Care Home, shall be kept in a locked container or locked closet. Ammunition shall be kept separate from firearms.
201. The Licensee shall ensure that the Family Child Care Home's plumbing shall be kept in good working condition.
202. The Licensee shall ensure that the Family Child Care Home shall have at least one (1) flushing toilet and one (1) sink with hot and cold running water in the same indoor bathroom available for use by children in child care.
203. The Licensee shall ensure that garbage is kept in containers in an area inaccessible to children or securely covered.
- A. Garbage and rubbish shall be removed daily from rooms used by children in child care.
 - B. Garbage and rubbish shall be removed from the Family Child Care Home premises on a regular basis but not less than once a week.

Kitchen

Also see Food Service and Nutrition Rules #263 - 291

- 204. The Licensee shall ensure that the kitchen and all food preparation, storage and serving areas and utensils in the Family Child Care Home are kept clean and sanitary.
- 205. The Licensee shall ensure the kitchen in the Family Child Care Home has at least one (1) sink with hot and cold running water in the kitchen/food preparation area.
- 206. The Licensee shall ensure the Family Child Care Home has a refrigerator to keep perishable foods cold at forty (40) degrees F. or colder with a working thermometer in the refrigerator.
- 207. The Licensee shall ensure that a freezer is maintained so that food stored in the freezer stays frozen at zero (0) degrees F or colder) with a working thermometer in the freezer.
- 208. The Licensee shall ensure all dishes and utensils shall be air dried unless sanitized and dried in a dishwasher.
- 209. The Licensee shall ensure that all dishes, cups and glasses used by the children in child care are free from chips, cracks or other defects.
- 210. The Licensee shall ensure that each individual child has his or her own clean utensils - fork, spoon, knife, dish, cup or bottle as appropriate to the age of the child to eat with or be fed with. Such utensils or equipment shall not be shared with another child during feeding.

Indoor Space

- 211. For the Family Child Care Home licensed before the effective date of these Rules, the Licensee shall ensure that the Family Child Care Home provides each child with adequate space for free movement and active play.
 - A. If the total capacity of the Family Child Care Home is increased, or the indoor space used by children at the Family Child Care Home is increased, the Licensee shall be required to ensure a minimum of twenty-five (25) square feet of indoor space for each child in child care,
- 212. For the Family Child Care Home licensed on or after the effective date of these Rules, the Licensee shall ensure that the Family Child Care Home has a minimum of twenty-five (25) square feet of indoor space for each child in child care that allows for free movement and active play. Measurements shall be from wall to wall on the inside. Furniture that restricts children's free movement and active play shall be considered a deductible factor when determining square footage.
 - A. Toilet rooms, storage spaces, hallways, furnace rooms and other areas not used by children for sleep or play on a routine basis shall not be counted in computing required square footage.

Outdoor Play Area

- 213. The Licensee shall provide opportunities for vigorous play and large muscle activity with attention to the diverse needs of the children served and their abilities to participate either on the premises of the Family Child Care Home or within safe walking distance of the Family Child Care Home.

214. The Licensee shall ensure that any outdoor play area is inspected before children begin to play to make sure there are no hazards such as, but not limited to, animal feces, toxic plants, outdoor equipment, lawn mower, cooking grill, or debris, and that any play equipment is safe for use.
- A. Tool sheds, garages, and other outdoor facilities shall not be accessible to children in child care and securely latched or locked to prevent children from entering.
 - B. Children shall be in constant view while outdoors and not allowed to go in unobservable areas such as behind shrubbery.
215. The Licensee shall ensure that the outdoor play area of the Family Child Care Home is fenced when hazards are in close proximity to that area. Such hazards include, but are not limited to, high traffic roads, water in streams, rivers, ponds, lakes, pools, railroads, steep embankments or drop-offs, and high voltage wires or poles/towers.
- A. Fencing shall be sturdy, safe and reinforced at intervals so as to give support, constructed to discourage climbing and to allow observation of children.
 - B. Fencing shall be a minimum of four (4) feet in height with openings no larger than three and one-half (3 ½) inches.
 - C. Gates shall be equipped with self-closing and positive self-latching closure mechanisms. The latch or securing device shall be high enough or such that small children cannot open it.
 - D. Fenced areas shall have at least two (2) exits, with at least one (1) being remote from the building.
216. For a Family Child Care Home licensed before the effective date of these Rules, the existing fencing of the Family Child Care Home shall be acceptable as long as it is safe, free from hazards and in good repair. When the fencing is replaced, the Licensee shall ensure the new fencing fully complies with Rule #215.
217. The Licensee shall ensure that all outdoor play equipment is sturdy, safe, clean and free from rough edges, sharp corners, pinch and crush points, splinters and exposed bolts.
218. The Licensee shall ensure that large outdoor play equipment is anchored firmly and not located on concrete or asphalt surfaces.
219. The Licensee shall ensure that all surfaces of the outdoor play area are made up of materials that do not present a safety or choking hazard, are free of unsafe contaminants such as steel wires and any unhealthy residue from deterioration of the materials used.
220. The Licensee shall ensure that if using gravel or stone-like surfacing, only pea gravel shall be acceptable as cover for the outdoor play area.
221. For a Family Child Care Home licensed before the effective date of these Rules, the existing gravel or stone-like surfacing shall be acceptable. The Licensee shall ensure that when replacing gravel or stone-like surfacing, only pea gravel shall be acceptable as per Rule #22
222. The Licensee shall ensure that outdoor sandboxes or play areas containing sand shall be maintained in a safe and sanitary manner. Separate outdoor sandboxes shall be covered when not in use.

Riding Toys

223. A Licensee shall ensure that bicycles, tricycles, scooters, and other riding toys are the size appropriate for a child, in good condition and free of sharp edges or protrusions that may injure a child.
224. A Licensee shall prohibit the use of motorized riding toys by children at the Family Child Care Home during the hours of operation.
225. The Licensee shall ensure that all children wear approved safety helmets while riding outside on bicycles and tricycles that have foot pedals.
- A. Children shall not share helmets unless helmets are made with a nonporous interior lining and easily cleanable straps. All interior and exterior surfaces of the helmet shall be wiped clean between users.
 - B. Helmets shall be removed before allowing children to use playground equipment unless a helmet has been medically prescribed by a health care provider for the safety of a particular child.

Swimming

226. The Licensee shall ensure that all children shall be under direct observation and supervision at all times while children are wading or swimming. During any swimming activity involving infants and/or toddlers, the children shall be within arm's length of the Licensee.
- A. Permanent or built-in type swimming pools and wading pools that are left filled when not in use shall be inaccessible to children when not being used by the children.
 - B. The water in swimming pools used by children in child care shall be treated, cleaned and maintained in accordance with health practices and regulations as determined by the Division of Public Health.
 - C. The pool structure and associated equipment shall be maintained in a safe manner and be free of hazards.
 - D. Small portable wading pools shall be thoroughly cleaned and disinfected after each use.

Pets

227. The Licensee shall ensure that any animals or household pets at the Family Child Care Home are vaccinated as prescribed by law.
- A. Animals shall be cared for in a safe and sanitary manner.
 - B. Animals shall only be handled by children under close supervision of the Licensee, Substitute, or adult household member responsible for that pet.
 - C. Animals such as ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds (birds of the parrot family), or any other animals that are known to be carriers of illnesses or are sick with a disease(s) that can be spread to humans shall not be kept in rooms used by children in the Family Child Care Home.
 - D. Litter boxes or any container or materials used for collecting or containing animal feces or urine shall not be kept in rooms used by children in the Family Child Care Home.
 - E. Parent(s)/guardian(s) shall be informed of the presence of any animals or household pets regardless of the location within the Family Child Care Home.

Smoking Prohibited

228. The Licensee shall ensure that smoking is prohibited during the hours of operation of the Family Child Care Home when children attending the Family Child Care Home are present anywhere inside the Family Child Care Home, in the outdoor play area, while transporting children, and in the presence of children when off premises of the Family Child Care Home.

Emergency Planning

229. The Licensee shall have a written emergency plan describing procedures for both natural and man-made disasters for such situations as a fire, flood, earthquake, extreme weather conditions, power failure or utility disruptions, chemical or toxic spills, bomb threat or terrorist attack.
- A. The emergency plan shall include procedures for training household member(s) and the Substitute, when applicable, about specific responsibilities during a disaster, accounting for all children, relocation process (if appropriate) and contacting appropriate emergency response agencies and parent(s)/guardian(s).
230. The Licensee shall have a posted written plan or diagram showing how the Family Child Care Home will be evacuated during an emergency.
- A. Monthly evacuation drills shall be practiced from all exit locations at varied times during the hours of operation of the Family Child Care Home and during varied activities including nap time. Each drill shall be documented and include information on the date and time of day of the drill, who participated, the number of children who participated, and the total amount of time necessary to evacuate the Family Child Care Home.
231. The Licensee shall develop a written plan for procedures to shelter-in-place (staying indoors) at the Family Child Care Home for up to seventy-two (72) hours/three (3) days due to a natural or man-made disaster.
- A. This plan shall include a list of emergency supplies for the child care of children and others present including procedures for feeding children and others present during the extended stay at the Family Child Care Home.

HEALTH**Child Health**

232. The Licensee shall ensure that each child is observed upon arrival and checked for common signs of communicable diseases, physical injury or other evidence of ill health.
233. The Licensee shall have a written plan for the routine and emergency health care of children including procedures to be followed in case of illness and plans for accessing emergency services. The Substitute shall receive a copy of this plan and be trained in its implementation. Parent(s)/guardian(s) shall be given a copy of this plan at the time of enrollment. The plan shall include:
- A. Procedures to be followed in case of illness or emergency, including methods of transportation and notification of parent(s)/guardian(s);
- B. Procedures to be followed in case of illness or emergency, when parent(s)/guardian(s) cannot be reached;
- C. Policies regarding administration of medication; and
- D. Plans for the management of communicable disease including the following:

- i. The list of symptoms of illness for which a child will be excluded from the Family Child Care Home or sent to his or her own home if symptoms occur after the child has been admitted for the day as specified in Rule #234;
 - ii. The list of reportable communicable diseases for which a child will not be admitted to the Family Child Care Home without a written statement from a health care provider as specified in Rule #236; and
 - iii. A written notice to the parent(s)/guardian(s) whenever an outbreak or exposure to a reportable communicable disease is known to have occurred.
234. The Licensee shall not permit a child who has symptoms of illness specified below to be admitted or remain in the Family Child Care Home unless written documentation from a health care provider, or verbal approval with written follow-up, states the child has been diagnosed and the illness poses no serious health risk to the child or to other children. The symptoms of illness for exclusion shall include, but not be limited to the following:
- A. Temperature: infants four (4) months old and younger, equivalent to 100 degrees or greater even if there has not been a change in behavior;
 - B. Temperature: children older than four (4) months, equivalent to 101 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness until medical evaluation indicates inclusion in the Family Child Care Home;
 - i. Temperatures may be taken by way of axillary (armpit) using a glass or digital thermometer, using a temperature scanner, or if the child is four (4) years of age or older, orally (by mouth) using a glass or digital thermometer. Rectal or aural (ear) temperatures shall be taken only by a health care provider.
 - C. Symptoms and signs of possible severe illness such as lethargy (unusual tiredness, not responsive), uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs)- until medical evaluation allows inclusion;
 - D. Uncontrolled diarrhea, that is, increased number of stools (bowel movements), increased stool water, and/or decreased form that is not contained by the diaper- until diarrhea stops;
 - E. Blood in stools not explainable by dietary changes, medication, or hard stools;
 - F. Vomiting illness (two (2) or more episodes of vomiting in the previous twenty-four (24) hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration;
 - G. Persistent abdominal pain (continues more than two (2) hours) or intermittent pain associated with fever or other signs or symptoms;
 - H. Mouth sores with drooling, unless a health care provider determines the condition is noninfectious;
 - I. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
 - J. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until twenty-four (24) hours after treatment has been initiated;
 - K. Scabies, Head Lice or other infestation, until twenty-four (24) hours after treatment has been initiated;
 - L. Tuberculosis, until a health care provider states that the child is on appropriate therapy and can attend child care;
 - M. Impetigo, until twenty-four (24) hours after treatment has been initiated;
 - N. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;

- O. Varicella-Zoster (chicken pox), until all sores have dried and crusted (usually six (6) days);
 - P. Shingles, only if sores cannot be covered by clothing or a dressing; if not exclude until sores have crusted and are dry;
 - Q. Pertussis, until five (5) days of antibiotic treatment;
 - R. Mumps, until nine (9) days after onset of parotid gland swelling;
 - S. Hepatitis A virus, until one (1) week after onset of illness, jaundice or as directed by the health care provider when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff;
 - T. Measles, until five (5) days after onset of rash;
 - U. Rubella, until six (6) days after onset of rash;
 - V. Herpetic gingivostomatitis (cold sores), if the child is too young to have control of oral secretions; or
 - W. Unspecified illness if it limits the child's comfortable participation in activities or if it results in a need for greater child care than can be provided without compromising the health and safety of other children.
235. The Licensee may allow a child to return to the Family Child Care Home when the symptoms are no longer present or a health care provider indicates the child does not pose a serious health risk to the child or to other children.
236. The Licensee shall not permit a child with a reportable communicable disease, as specified by the Division of Public Health to be admitted to or remain at the Family Child Care Home unless:
- A. Written documentation from the child's health care provider states the child has been evaluated and presents no risk to the children or to others; or
 - B. The Licensee has reported the illness to the Division of Public Health and been advised that the child presents no health risk to others.
 - i. If there is a conflict in opinions of the health care provider and the Division of Public Health regarding the exclusion of a child, the Licensee shall follow the instructions of the Division of Public Health.
237. The Licensee shall report any reportable communicable disease to the Division of Public Health in accordance with Division of Public Health procedures. For current information on reportable communicable disease, the Licensee shall contact the Division of Public Health or refer to their website - <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>
238. The Licensee shall ensure that when a child has been diagnosed as having a reportable vaccine-preventable communicable disease, all children who have not been immunized against the disease are excluded from the Family Child Care Home in accordance with Division of Public Health procedures.
239. The Licensee shall ensure that if a child who has already been admitted to the Family Child Care Home manifests any of the illnesses or symptoms specified in Rules #234 and 236, the Licensee shall ensure that the child's individual needs for rest, comfort, food, drink and appropriate activity are met until the child can be picked up by the parent/guardian.

Standard Precautions

240. The Licensee shall ensure the use of standard precautions for protection from disease and infection. Spills of body fluids (i.e., urine, feces, blood, saliva, nasal discharge, eye discharge, and injury or tissue discharges) shall be cleaned up immediately, as follows:
- A. For spills of vomit, urine, and feces on any surface including the floors, walls, bathrooms, table tops, toys, kitchen counter-tops, diaper-changing tables, toilet training chairs, the area shall be cleaned with liquid soap and water and disinfected.
 - B. For spills of blood or blood-containing body fluids and injury and tissue discharges, the area shall be cleaned with liquid soap and water and disinfected. Non-porous gloves shall be used in these situations.
 - C. For cleaning contaminated surfaces, avoid exposure of open skin sores or mucous membranes to blood or blood-containing body fluids and injury or tissue discharges by using non-porous gloves to protect hands when cleaning contaminated surfaces.
 - D. Blood-contaminated material and diapers shall be disposed of in a plastic bag with a secure tie.
 - E. Mops shall be cleaned, rinsed, disinfected, wrung dry and hung to dry.

First Aid

241. The Licensee shall ensure that a first aid kit is readily accessible, but not to children, in the Family Child Care Home. The first aid kit shall at least contain the following:
- A. Disposable nonporous gloves;
 - B. Scissors;
 - C. Tweezers;
 - D. A non-glass thermometer to measure a child's temperature;
 - E. Bandage tape;
 - F. Sterile gauze pads;
 - G. Flexible roller gauze;
 - H. Triangular bandages;
 - I. Safety pins;
 - J. Pen/pencil and note pad;
 - K. Instant cold pack;
 - L. Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide;
 - M. Non-medicated adhesive strip bandages; and
 - N. Plastic bags for cloths, gauze, and other materials used in handling blood.
242. The Licensee shall ensure that a first aid kit is taken along when children are being transported off premises of the Family Child Care Home and contains the following materials in addition to those cited in Rule #241:
- A. Water;
 - B. Liquid soap;
 - C. Any regular and emergency medications needed for a child; and
 - D. List of emergency phone numbers, and parent(s)/guardian(s) phone numbers, and the Poison Control Center phone number.

Child Accident and Injury

243. The Licensee shall ensure that when an accident or injury occurs to a child during the hours of child care, emergency action is taken to protect the child from further harm and the child's parent(s)/guardian(s) are notified.
- A. The Licensee shall maintain an injury report for each incident in the child's file and report to the Office of Child Care Licensing an accident or injury which results in death or inpatient or outpatient treatment as required in Rules #89 & 90B. An injury report shall include name of child, date, description of injury, how it occurred, first aid or medical care required, and parent(s)/guardian(s)' signature.
 - B. Whenever an injury report is necessary, the Licensee shall notify the child's parent(s)/guardian(s) of each incident. The Licensee shall maintain a record of when the parent(s)/guardian(s) were notified or of attempts to notify the parent(s)/guardian(s).

Administration of Medication

244. The Licensee shall only administer medication if trained and authorized in accordance with State law to administer medication to children.
245. The Licensee shall ensure that medication is not administered to a child unless the Licensee has received written permission from the child's parent(s)/guardian(s) for each medication to be administered.
246. The Licensee shall ensure that the parent(s)/guardian(s) of a child provide the following information for each medication given and a record (medication log) is kept that includes:
- A. The name of the child;
 - B. The child's date of birth;
 - C. Parent(s)/guardian(s) name(s), signature and date signed;
 - D. Child's known medication allergies;
 - E. Health care provider's name and phone number;
 - F. Pharmacy and phone number;
 - G. Name of medication;
 - H. Name of person administering medication with initials when having administered medication;
 - I. Dosage (amount given);
 - J. Frequency of dosage (how often given)
 - K. Schedule (time dosage is to be administered);
 - L. Route of administration (oral; eye, nose or throat drops; topical);
 - M. Expiration date of medication;
 - N. Start date of administering medication;
 - O. End date when stopping administration of medication;
 - P. Reason for medication;
 - Q. Any special directions; and
 - R. Written notes are recorded for that child and the parent(s)/guardian(s) are advised of the occurrence (specific timing) of any health problems, such as diarrhea, vomiting, continuous hunger, refusal to eat, nosebleeds, skin rash or high temperature.
247. The Licensee shall ensure that all prescription medication is in its original container, properly labeled, has not expired, and is authorized by the child's health care provider.
- A. Medication shall only be given to the child whose name appears on the prescription.

248. The Licensee shall ensure that all non-prescription medication is in its original container, properly labeled with directions for its administration, has not expired, and is labeled with the child's name.
- A. Any deviations from the label instructions shall be in writing from the child's health care provider.
249. The Licensee shall not allow the administration of prescription or non-prescription medication that has expired and will immediately contact the parent(s)/guardian(s) of a child whose medication has expired to inform that parent(s)/guardian(s) of the situation and return the expired medication to the parent(s)/guardian(s).
250. The Licensee shall ensure that all medication in the Family Child Care Home is stored so as to be secure and inaccessible to children.
- A. Medication requiring refrigeration shall be kept in closed containers separate from food.
251. The Licensee shall ensure that unused medication is returned to the parent(s)/guardian(s) when no longer needed by the child.

Diapering and Toileting

252. The Licensee shall ensure that diapers, training pants and other clothing of children are changed when wet or soiled.
- A. The Licensee shall have an established procedure for checking diapers and training pants.
- B. The Licensee shall ensure that a supply of clean diapers, training pants and extra clothing are available for each child either by providing them directly or requiring the parent(s)/guardian(s) to provide.
- C. The Licensee shall place soiled clothing in a sealed plastic container or bag and labeled with the child's name and returned to the child's parent(s)/guardian(s) at the end of the day.
253. The Licensee shall ensure the diaper-changing and toilet-training areas are:
- A. Separate from the kitchen, food preparation and food serving areas; and
- B. Have non-absorbent, non-porous, wipeable and washable surfaces, even after use of protective paper covering.
254. The Licensee shall locate toilet training chairs (potties) in an area that ensures children's privacy but allows for their supervision.
255. The Licensee shall have an established procedure for changing diapers or training pants to include at least the following steps that require:
- A. Changing diapers or training pants only in the diaper changing or toilet training area;
- B. Cleaning each child with an individual disposable sanitary wipe or single service washcloth;
- C. Disposing of a diaper or training pants in accordance with Rule #256;
- D. Washing the hands of the child and the person who changed the diaper or toilet training pants (regardless of glove usage) with soap and water immediately after each diaper change; and

- E. Cleaning and disinfecting the diaper changing or toilet training area with a disinfectant solution after each use.
256. The Licensee shall ensure that:
- A. Non-disposable soiled diapers and training pants are not rinsed and placed into a separate leak-proof plastic container or bag, labeled with the child's name, before transporting to a laundry or returning to the child's parent;
 - B. Soiled disposable diapers are placed into a cleanable, foot-activated, and covered container that is used exclusively for diapers and lined with a leak-proof or impervious liner;
 - C. Diaper containers that require a hand to push the used diaper through a narrow opening or have exterior surfaces that must be touched with a hand or the used diaper itself shall be prohibited;
 - D. The diaper container shall be disinfected daily; and
 - E. All soiled diapers are removed from the Family Child Care Home daily or more often unless the Licensee uses a commercial diaper service.

Sanitation

257. The Licensee shall ensure that a disinfectant solution is used and is either a self-made solution consisting of one-fourth (1/4) cup of household bleach to each gallon of water, which shall be prepared daily, labeled, placed in a bottle that is sealed with a cap and stored out of the reach of children, or a commercially prepared disinfectant which indicates it kills bacteria, viruses and parasites and is used in accordance with label instructions.
258. The Licensee shall ensure that the following equipment, items and surfaces are washed and disinfected after each use:
- A. Toilet training (potty) chairs which have first been emptied into a toilet;
 - B. Sinks and faucets used for handwashing after the sink is used for rinsing a toilet training chair;
 - C. Diaper-changing surfaces;
 - D. Food preparation and eating surfaces such as counters, tables and high chair trays;
 - E. Toys mouthed by children;
 - F. Mops used for cleaning;
 - G. Bibs; and
 - F. Thermometers.
259. The Licensee shall ensure the following equipment, items, and surfaces are washed and disinfected at least daily:
- A. Toilets and toilet seats;
 - B. Sinks and faucets;
 - C. Diaper pails and lids;
 - D. Water tables and water play equipment;
 - E. Play tables;
 - F. Mats that are not stored separately; and
 - G. Smooth surfaced non-porous floors.

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260. The Licensee shall take measures to reduce the spread of germs and disease among children in the Family Child Care Home by:
- A. Using only washable toys with diapered child(ren); and
 - B. Washing pacifiers and other items placed in the mouth if dropped to the floor or ground.
261. The Licensee shall ensure that soap, single service towels, and toilet paper shall be available at all times.
262. The Licensee shall ensure that during the hours in which child care is provided any person in direct contact with children at the Family Child Care Home and all children in child care shall wash their hands regardless of glove usage with soap and running water and use single service towels for drying hands at least at the following times:
- A. Before and after eating or handling any food or participating in a food activity;
 - B. Before and after giving medications;
 - C. Before and after caring for a child who may be sick;
 - D. Before and after using a water-play table with other children;
 - E. After toileting or diapering each child;
 - F. After coming into contact with blood, fecal matter, urine, vomit, nasal secretions or other body secretions;
 - G. After handling animals or their equipment or after coming into contact with an animal's body secretions;
 - H. After playing in a sandbox;
 - I. After outdoor play;
 - J. After cleaning; and
 - K. After taking out the garbage.

Food Service and Nutrition

Also see Kitchen Rules #204-210

263. The Licensee shall have a written policy concerning food service provided to parent(s)/guardian(s) that includes the following:
- A. A description of all food services provided;
 - B. Times of snacks and meals;
 - C. Procedures related to food allergies, religious dietary requirements and other special needs;
 - D. If applicable, nutritional information and guidelines concerning content of meals, snacks, or foods for special occasions when provided by parent(s)/guardian(s);
 - E. If applicable, procedures to prevent spoilage of food provided by parent(s)/guardian(s);
 - F. If applicable, a procedure to be followed by the Licensee if food provided by the parent(s)/guardian(s) for the child fails to meet nutritional requirements as specified in Rules # 278-280.
264. The Licensee shall ensure that menus are planned in advance, dated and posted in the kitchen for review by parent(s)/guardian(s). Menus noting actual food served shall be retained for thirty (30) days. Any changes made in actual food served on a particular date shall be documented on the menu on or before that date.
265. The Licensee shall ensure that a supply of food and water shall be kept in stock for emergency situations that require an extended stay such as sheltering-in-place as per Rule #231 at the Family Child Care Home or in case of a power outage. Non-perishable foods, bottled water and any equipment necessary to serve or prepare foods without the use of

electricity shall be included in the supply.

266. The Licensee shall ensure that meals and snacks meeting nutritional requirements as specified in the **Appendix, United States Department of Agriculture (USDA)/Child and Adult Care Food Program (CACFP) Meal Pattern Requirements and Policies for Infants and Children** and are provided at the appropriate time in accordance with the following schedule which indicates the number of hours the child is present at the Family Child Care Home:
- | | | |
|----|--------------------|---|
| A. | 2 hours - 4 hours | 1 snack; |
| B. | 4 hours - 6 hours | 1 meal and 1 snack; |
| C. | 7 hours - 11 hours | 2 meals and 1 snack, or 2 snacks and 1 meal based on time of child's arrival; |
| D. | 12 hours or more | 3 meals and 2 snacks. |
267. The Licensee shall ensure that meals and snacks meeting nutritional requirements as specified in the **Appendix, USDA/CACFP Meal Pattern Requirements and Policies for Infants and Children** are provided and adjusted in accordance to the age of the infant and child.
- A. The Licensee shall have supplemental foods from all basic food groups to serve children if meals or snacks provided by parent(s)/guardian(s) fail to meet nutritional requirements as specified in Rules #278-280.
268. The Licensee shall provide age-appropriate food based on the basic food groups as follows:
- A. Milk: fluid pasteurized cow's milk as age-appropriate;
- B. Proteins: meat, fish, poultry, eggs, yogurt, cheese, peanut butter, dried beans, peas, and nuts;
- C. Fruits and vegetables: include a variety of fresh vegetables and fruits; and
- D. Grains: whole grains and enriched products such as breads, cereals, pastas, crackers and rice.
269. The Licensee shall ensure that all food served to children in the Family Child Care Home is clean, wholesome, flavorful, attractive in appearance, at the appropriate temperature, preserved for nutritional value, free from spoilage and adulteration, correctly labeled, safe for human consumption, and not subject to recall.
270. The Licensee shall ensure that when fruit juice is served, 100% - unsweetened juice is used, and not a fruit drink or fruit cocktail.
271. The Licensee shall ensure that children are encouraged but not forced to eat.
272. The Licensee shall introduce, as appropriate to the age of the child, a variety of food textures, finger foods, and a cup in the training of self-feeding and nutrition education.
273. The Licensee shall ensure that powdered milk is not used as a substitute for fluid milk for drinking purposes but may be used in cooking.
274. The Licensee shall ensure that special, therapeutic diets are served only upon written instruction for a child from the child's health care provider.
275. The Licensee shall ensure that if the parent(s)/guardian(s) of a child requests any modification of basic meal patterns (see **Appendix, USDA/CACFP Meal Pattern Requirements and Policies for Infants and Children**) due to a child's medical need(s)

- such as food allergies or food intolerance, the parent(s)/guardian(s) provide the Licensee with written documentation from the child's health care provider permitting the modification.
276. The Licensee shall ensure that if the parent(s)/guardian(s) of a child requests any modification of basic meal patterns (see **Appendix, USDA/CACFP Meal Pattern Requirements and Policies for Infants and Children**) due to a family's food preferences or religious beliefs, the parent(s)/guardian(s) provide the Licensee with written documentation specifying which foods are unacceptable and the food substitution allowed within the same food group.
277. The Licensee shall ensure that every effort will be made to accommodate the needs of the child who is being breast-fed, including allowing the mother to breastfeed her child at a designated place at the Family Child Care Home.

Toddlers and Older Children

278. The Licensee shall ensure that a breakfast served has at least one (1) item each from the milk (A), fruits and vegetables (C) and grain (D) food groups as described in Rule #268.
279. The Licensee shall ensure that a lunch or dinner served has one (1) item from each of the milk (A), protein (B) and grain (D) food groups and two (2) items from the fruit and vegetable (C) food groups as described in Rule #268.
280. The Licensee shall ensure that a snack served has at least one (1) item from two (2) of the food groups as described in Rule #268.
- A. The Licensee shall, at a minimum, provide a snack(s) meeting nutritional requirements, even if parent(s)/guardian(s) provide meals.
- B. If milk or fruit/vegetable juice is not included with a snack, water shall also be served with that snack.
281. The Licensee shall ensure that the use of a bottle is discouraged for children after one (1) year of age, and instead, the use of a cup is taught and encouraged.

Infants

282. The Licensee shall provide meals and/or snacks for infants according to the following Rules except as noted following the procedures of Rules #275-276.
283. The Licensee shall ensure that a written statement specifying food including specific formula or breast milk, and a feeding schedule shall be obtained from the parent(s)/guardian(s) for each infant as needed.
284. The Licensee shall ensure that a daily written record of each infant's nutritional intake is maintained and provided to the parent(s)/guardian(s) upon request. Any feeding problems experienced by an infant shall be discussed with his/her parent(s)/guardian(s) before the infant's daily departure from the Family Child Care Home.
285. The Licensee shall ensure that an infant is:
- A. Fed on demand or during a span of time consistent with the infant's eating habits;
- B. Held for all bottle-feeding;
- C. Not placed in his or her crib with a bottle for feeding;
- D. Not fed from a propped bottle; and
- E. Not feed semi-solid foods from a bottle.

286. The Licensee shall ensure that when preparing and/or providing bottles of formula:
- A. Bottles and nipples maintained by the Licensee shall be washed and sanitized before use;
 - B. Unprepared formula brought to the Family Child Care Home by parent(s)/guardian(s) or provided by the Licensee shall come from an unopened, factory-sealed container;
 - C. Each infant's bottle of formula shall be individually labeled with the infant's name and refrigerated immediately upon arrival if prepared by parent(s)/guardian(s) or after preparation by the Licensee;
 - D. Bottles of formula shall be warmed under running warm tap water or by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
 - E. Bottles of formula shall not be warmed or thawed in a microwave oven;
 - F. Mixing formula with cereal, fruit juice or any other foods in a bottle shall be considered a modification of a basic meal pattern and require written documentation from an infant's health care provider permitting the modification;
 - G. Unused portions of formula in a bottle fed to an infant shall be discarded after each feeding that exceeds a period of one (1) hour from beginning of feeding; and
 - H. Unused bottles of formula shall be dated as to when prepared if not returned to the parent(s)/guardian(s) at the end of each day; and
 - I. Refrigerated, unused, prepared formula shall be discarded after forty-eight (48) hours.
287. The Licensee shall ensure the following when expressed breast milk from a mother is brought into the Family Child Care Home for her own infant:
- A. Breast milk shall be fed only to that mother's own infant;
 - B. Frozen breast milk shall be thawed under running cold water or in the refrigerator;
 - C. Bottles of breast milk shall not be warmed or thawed in a microwave oven;
 - D. Bottles of breast milk shall be warmed under running warm tap water or by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
 - E. Unused portions of breast milk shall be discarded after each feeding that exceeds a period of one (1) hour from beginning of feeding;
 - F. Expressed breast milk shall be discarded if it is in an unsanitary bottle or has been un-refrigerated for more than one (1) hour;
 - G. Refrigerated, unused, expressed breast milk that was never frozen shall be discarded after forty-eight (48) hours, or by three (3) months if frozen and stored in a deep freezer at zero (0) degrees F; and
 - H. Unused, frozen breast milk that has been thawed in the refrigerator shall be used within twenty-four (24) hours.
288. The Licensee shall ensure that cow's milk is not served to infants.
289. The Licensee shall ensure that when feeding food to infants:
- A. An infant too young or medically unable to use a feeding chair or other age-appropriate seating apparatus shall be held when fed food;
 - B. The introduction to all new foods shall be made only with the parent(s)/guardian(s)' permission.
 - C. New foods shall be introduced one at a time on a gradual basis with the intent of ensuring health and nutritional well being;
 - D. Semi-solid foods may be introduced to infants four (4) to seven (7) months of age as requested by parent(s)/guardian(s) and shall be required once an infant is eight (8) months of age;

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- E. Infant foods shall be warmed by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
 - F. Infant foods shall not be warmed or thawed in a microwave oven;
 - G. Foods for infants shall be of a texture and consistency that promotes safe and optimal consumption; and
 - H. Baby food for each infant shall be served from a dish unless the entire contents of the jar will be served.
290. The Licensee shall encourage the use of a cup when an infant is developmentally capable of drinking from or holding a cup.
291. The Licensee shall ensure that infants are not offered juices until they are able to drink from a cup in order to develop behaviors that may prevent baby bottle tooth decay.

PROGRAM FOR CHILDREN

Activities and Interactions

292. The Licensee shall provide developmentally appropriate activities designed to promote children's development and school-readiness.
293. The Licensee shall ensure that activities and materials reflect children's cultures, and communities, including both familiar and new materials, pictures, and experiences.
294. The Licensee shall ensure that adaptations and accommodations be made in activities and materials as needed to support the positive development of all children including those with disabilities.
295. The Licensee shall develop and follow a daily routine or schedule that is posted for easy reference by parent(s)/guardian(s).
296. The Licensee shall ensure that the daily routine or schedule includes opportunities for all of the following:
- A. Indoor and outdoor time periods;
 - B. Active and quiet activities;
 - C. Individual and group activities that can be done independently and/or with assistance;
 - D. Free choice activities;
 - E. Rest or sleep; and
 - F. Meals and snacks.
297. The Licensee shall ensure that each child, according to his or her ability, is provided the opportunity for a minimum of twenty (20) minutes of moderate to vigorous physical activity indoors and outdoors, for every three (3) hours the child is in attendance between the hours of 7:00AM to 7:00PM.
298. The Licensee shall ensure that children have periods of outside play each day weather conditions permitting (see Rule #175).
299. The Licensee shall ensure that in the case of prolonged periods of inclement or extreme (hot or cold) weather conditions, alternative indoor space for active physical play is provided for the children.

300. The Licensee or Substitute shall give each child individual attention and physical comfort.
301. The Licensee shall interact with **infants** providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions when they are awake;
 - B. Being held and carried;
 - C. Limiting time spent, while awake, in any confining equipment such as a crib, infant seat, swing, high chair or play pen to less than one-half (1/2) hour immediately after which opportunities for freedom of movement are given in a sanitary area protected from foot traffic;
 - D. Talking with infants during play, feeding and routine child care;
 - E. Reading to and looking at books with infants while holding or sitting close to them;
 - F. Providing varied materials, sights, sounds and other experiences for infants to explore with their senses;
 - G. Responding to infants' actions, sounds and beginning language;
 - H. Giving names to objects and experiences in the infants' environment;
 - I. Providing space and equipment to support infants' developing physical skills such as rolling over, sitting, scooting, crawling and standing; and
 - J. Providing materials and encouragement for infants' beginning pretend play alone, with other children and adults.
302. The Licensee shall interact with **toddlers** at their eye level, and whenever appropriate, sitting on the floor with toddlers, providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions with the toddlers;
 - B. Having conversations with toddlers during play, feeding, and routine child care;
 - C. Reading to and looking at books with toddlers individually and in small groups;
 - D. Encouraging children to play with one another with adult help;
 - E. Providing materials and encouragement for pretend play alone and with other children and adults;
 - F. Providing varied materials, sights, sounds, and other experiences for toddlers to explore with all their senses;
 - G. Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, and develop fine and large motor skills;
 - H. Responding to toddlers' words and actions with interest and encouragement;
 - I. Giving names to objects and experiences in the toddlers' environment; and
 - J. Supporting toddlers' development of independence and mastery of feeding, dressing, and other skills.
303. The Licensee shall interact with **preschool-age** and older children at their eye level, and whenever appropriate, sitting on the floor with the children, providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions with children;
 - B. Having conversations with children during play, meals and routine child care;
 - C. Reading to and looking at books with children individually and in groups;
 - D. Using rhymes, songs, and other ways to help children connect sounds and letters and develop other literacy skills;
 - E. Helping children develop mathematical and scientific concepts through play, projects, and investigations of the Family Child Care Home's environment;
 - F. Supporting the development of social competence through play and cooperative work with other children;
 - G. Providing materials and encouragement for more extended and complex pretend play alone and with other children and staff;
 - H. Providing varied materials, sights, sounds, and other experiences for children to

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- investigate and talk about;
 - I. Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, write, and refine fine and large motor skills;
 - J. Responding to children's words and actions with interest and encouragement;
 - K. Giving names to objects and experiences in the children's environment; and
 - L. Supporting children's development of independence and mastery of skills.
304. The Licensee shall interact with **school-age children** and also provide the following daily opportunities when school-age children are in attendance during out of school time:
- A. Active physical play time and/or outdoor activities. If weather conditions do not permit outdoor play, children shall be given opportunities for active physical play indoors.
 - B. The time for socialization, conversation, relaxation, and quiet activities such as board or card games, reading, homework and studying.
 - C. Responsibility consistent with their ages for choosing, planning, carrying out and evaluating their own activities.
305. The Licensee shall ensure that television, digital video display (DVD) and video cassette viewing is:
- A. Not permitted without the written approval of each child's parent(s)/guardian(s);
 - B. Limited to programs which are age-appropriate, fun, and educational; and
 - C. Limited to one (1) hour daily per child or group of children.
 - i. Viewing time periods may be extended for specific special events or occasions such as a current event, holiday or birthday celebration. Written documentation shall justify the reason(s) for extending the time period.
306. The Licensee shall ensure that the use of the computer shall be as follows:
- A. Prohibited for children under twenty-four (24) months of age;
 - B. Not permitted without the written approval of each child's parent(s)/guardian(s);
 - C. Limited to programs, games and websites which are age-appropriate and educational;
 - D. Protected from exposure to inappropriate websites such as those that are sexually explicit, violent, or use inappropriate language;
 - E. Supervised by an adult; and
 - F. Limited to one (1) hour daily per child or group of children.
 - i. Usage time periods may be extended for special projects such as homework, researching topics, or special events or interests of a child or group of children. Written documentation shall justify the reason(s) for extending the usage period.

Equipment

307. The Licensee shall provide developmentally appropriate equipment and materials for a variety of indoor and outdoor activities. Materials and equipment shall promote a variety of experiences that support all children's social, emotional, language/literacy, intellectual, and physical development.
308. The Licensee shall ensure that materials and equipment are available in a quantity to allow all children to benefit from their use and to allow a range of choices with, at least, duplicates of the most popular materials.

309. The Licensee shall ensure that toys, play equipment and other equipment used by the children are of sturdy and safe construction and free from hazards such as causing entrapment, and having rough edges, sharp corners, pinch and crush points, splinters, exposed bolts, small loose pieces and are free from recall.
- A. For information on the recall of children's toys and equipment, please refer to the U.S. Consumer Product Safety Commission website at www.cpsc.gov
310. The Licensee shall provide infant seats with trays for table play and mealtime for children no longer being held for feeding.
311. The Licensee shall ensure that high chairs or feeding tables with attached seats, if used, have a wide base and a T-shaped safety strap(s).
312. The Licensee shall prohibit the use of walkers unless medically prescribed by a health care provider for the safety and mobility of a particular child.
313. The Licensee shall prohibit toys that explode or fire projectiles.
314. The Licensee shall ensure that infants and toddlers do not have access to plastic bags, styrofoam objects or toys, and objects with a diameter of less than one (1) inch.

Positive Behavior Management

315. The Licensee shall have a written statement in plain language regarding the positive behavior management of children. The statement on positive behavior management shall be provided to parent(s)/guardian(s) and Substitutes.
316. The Licensee shall ensure the use of positive developmentally age-appropriate methods of behavior management of children which encourage self-control, self-direction, positive self-esteem, social responsibility and cooperation.
- A. Prevention of behavioral problems shall be emphasized. Prevention strategies shall include providing appropriate, educationally valuable materials and activities in an organized, stimulating environment, and setting realistic expectations for young children when planning the routine or schedule.
- B. The Licensee shall praise and encourage children for positive behavior and redirect or guide inappropriate behavior into more positive actions, rather than relying on punishment.
- C. Responses to a child's behavior shall be appropriate to the child's level of development and understanding.
- D. "Time-outs" if used, shall be employed as a supplement to, not a substitute for, other developmentally appropriate, positive methods of behavior management. "Time-out" shall be limited to brief periods - no more than one (1) minute for each year of a child's age. Before using "time-out", the Licensee shall ensure the reasons for "time-out" are explained to the child in language appropriate to the child's level of development and understanding.
- i. The first step for "time-out" shall be to remove the child from the group but keep the child within eyesight of the group that continues to participate in the activity. If this step is ineffective, the child may be removed from the room so that he/she is unable to participate, observe or hear the activity. A child removed from the group or room shall remain under visual supervision at all times. Children shall never be left unattended behind closed doors.
- ii. "Time-out" shall be in an area approved for child care that comfortably

accommodates the child. "Time-out" shall be seen as a positive opportunity for the child to regroup and focus on appropriate behavior. Before rejoining the group or returning to the room, the Licensee shall talk to the child about alternatives to the inappropriate behavior in a way that shows faith in the child's ability to make more positive decisions in the future.

- E. Corporal punishments inflicted in any way on a child's body including shaking, hair pulling, biting, pinching, slapping, or spanking shall be prohibited.
 - F. Children shall not be yelled at, humiliated, frightened, or verbally, physically or sexually abused or placed in an uncomfortable physical position.
 - G. Disparaging comments about a child's appearance, ability, ethnicity, family and other personal characteristics shall be prohibited.
 - H. Children shall not be deprived of food or toilet use as a consequence of inappropriate behavior.
 - I. Children shall not be tied, taped, chained, caged or placed in mechanical restraints as a consequence of inappropriate behavior.
 - J. Negative or punitive action shall not be taken with children for not going to sleep, toileting accidents, failure to eat all or part of food or failure to complete a prescribed activity.
317. The Licensee shall ensure that she/he and any Substitute models and demonstrates positive behavior management techniques and respectful communication interactions while children are in child care at the Family Child Care Home when relating to any child, parent(s)/guardian(s), other adults, and representatives from the Office of Child Care Licensing and other inspecting agencies.

Napping/Sleeping Accommodations

318. The Licensee shall have documentation from a child's health care provider when an exception to any Rule regarding napping/sleeping is necessary due to a child's physical or medical condition. The documentation shall stipulate the reason for the exception and what other accommodations shall be made.
319. The Licensee shall ensure that each child has clean, age-appropriate, individual napping/sleeping equipment such as a crib, port-a-crib, playpen, cot, mat, sleeping bag, or bed.
- A. Children shall not nap together or share the same napping/sleeping equipment.
 - B. A child's napping/sleeping equipment shall be labeled with the child's name and used only by that child while attending the Family Child Care Home during a particular shift - see Rule #325B for use by different child during another shift.
320. The Licensee shall ensure that each child under eighteen (18) months of age and not walking shall nap/sleep in a crib, port-a-crib, or playpen.
321. The Licensee shall ensure that a child who is between twelve (12) and eighteen (18) months of age and is walking, may nap/sleep on a cot, mat, or bed with protective rails with written permission from the child's parent(s)/guardian(s).
322. The Licensee shall ensure that a child who is eighteen (18) months of age and older shall nap/sleep on a cot, mat, sleeping bag, or bed, or may continue to nap/sleep in a crib, port-a-crib, or playpen as long as the child fits comfortably in this type of sleeping equipment.

323. The Licensee shall ensure that a child who is twelve (12) months of age or older (see Rules #327-330 for infants) is provided with seasonably appropriate bedding (coverings, sheets, and blankets) for his/her napping/sleeping equipment as follows:
- A. The top of a mattress, cot, or pad of any napping/sleeping equipment shall be covered with non-absorbent, cleanable covering along with a sheet on top of that covering.
 - B. Additional sheet(s) and/or blanket(s) shall be provided, when necessary to keep a child warm while napping/sleeping.
 - C. A sleeping bag shall be placed on a covered pad (see above subsection "A") and not directly on the floor.
324. The Licensee shall ensure that napping/sleeping equipment shall be placed at least at least eighteen (18) inches apart.
325. The Licensee shall ensure that napping/sleeping equipment and bedding (covering, sheets, and blankets) are maintained in a clean and sanitary condition as follows:
- A. Cleaned when soiled or wet, or disinfected at least weekly; and
 - B. Cleaned and disinfected prior to being assigned to another child.
326. The Licensee shall ensure that napping/sleeping equipment is stored so that the napping/sleeping side of one piece of equipment is not in direct contact with the napping/sleeping side of another piece of equipment or such side is disinfected before being used again.

Safe Sleep Practices for Infants (Children under Twelve (12) Months of Age)

327. The Licensee shall use safe sleep practices for infants (children under twelve (12) months of age) as recommended by the American Academy of Pediatrics - see current website information at <http://www.aap.org/healthtopics/Sleep.cfm> - as follows:
- A. Soft surfaces such as soft mattresses, pillows, sofas and waterbeds shall be prohibited as sleeping surfaces.
 - B. Stacking cribs shall be prohibited.
 - C. Cribs, port-a-cribs, and playpens shall have slats so placed as to allow gaps of no larger than two and three-eighths (2-3/8) inches.
 - D. Cribs, port-a-cribs, and playpens shall have top rails at least twenty (20) inches above the mattresses with the mattress set at its lowest position and side rails locked in its highest position.
 - E. Any latches on cribs, port-a-cribs, or playpens shall be safe, secured and present no hazard.
 - F. The crib, port-a-crib, and playpen's mattress or pads shall be firm and tight-fitting, covered with non-absorbent, cleanable covering directly on top of the mattress or pad along with a tight-fitting sheet on top of that covering.
 - G. Toys or objects hung over a crib, port-a-crib, or playpen shall be held securely and be of a size and weight that would not injure a child if the toy or object accidentally falls or if the child pulls on the object.
 - H. All items shall be removed from the crib, port-a-crib, or playpen when an infant is in the crib or playpen. These items include, but are not limited to, heavy blankets, comforters, quilts, pillows, sheep skin, stuffed animals, dolls or any toys.
328. The Licensee shall ensure that an infant is placed on his/her back when putting the infant down to nap/sleep.

329. The Licensee shall use the following options when keeping an infant warm while in a crib, port-a-crib, or playpen:
- A. Use a blanket sleeper that is worn by the infant while napping/sleeping. Such blanket sleepers may be worn separately or on top of other clothing as long as the blanket sleeper fits comfortably (is not too big or small), and the infant does not get overheated; and/or
 - B. Use a thin blanket placed at the foot of the crib, tucked around the mattress or pad, reaching only as far as the infant's chest, and making sure the infant's head remains uncovered during nap/sleep.
330. The Licensee shall ensure that a written record is kept documenting the infant was visually monitored at least every thirty (30) minutes when placed in the crib, port-a-crib, or playpen to nap/sleep to observe the infant for normal breathing.

Night Child Care

331. The Licensee providing night child care shall remain on the same level of the Family Child Care Home with the children in child care (see Rule #186).
332. The Licensee providing night child care shall follow Rules #318-330 and ensure that each child in child care between the hours of 8:00 P. M. and 6:00 A. M., and sleeping at the Family Child Care Home for four (4) or more hours, has the following sleeping equipment;
- A. A child under eighteen (18) months of age and not walking shall sleep in a crib.
 - B. A child who is between twelve (12) and eighteen (18) months of age and is walking may sleep on a bed with protective rails with written permission from the child's parent(s)/guardian(s).
 - C. A child eighteen (18) months of age and older shall sleep on a bed or may continue to sleep in a crib as long as the child fits comfortably in the crib.
333. The Licensee shall ensure each bed is equipped with a mattress that is not directly on the floor.
- A. The top of the mattress shall be covered with non-absorbent, cleanable mattress pad that covers the whole mattress.
 - B. A fitted or folded sheet covering the whole mattress is placed on top of the mattress pad.
 - C. Another sheet that covers the whole mattress is provided to cover the child.
 - D. A pillow covered with a pillow case that covers the whole pillow is provided.
 - E. A blanket/comforter/quilt is provided when necessary to keep a child warm while sleeping.
334. The Licensee providing night child care shall ensure that quiet activities are provided to children for not less than thirty (30) minutes before bedtime.
335. The Licensee providing night child care shall ensure that each child is given individual attention at bedtime and upon awakening.
336. The Licensee providing night child care shall follow the parent(s)/guardian(s) preference regarding any special preferences or habits of a child regarding bedtime and awakening and note the information provided in the child's file.
337. The Licensee providing night child care shall ensure that each child has his or her own combs, toothbrushes, brushes and other such personal items are marked with the child's name, used only by that child, and stored separately.

338. The Licensee providing night child care shall follow the parent(s)/guardian(s) preference regarding bathing the child and note the information provided in the child's file.
- A. If bathtubs and showers are used, they shall be equipped to prevent slipping.
 - B. Infants shall be bathed in age-appropriate bathing facilities.
 - C. Under no circumstances shall a child be bathed in a sink.
 - D. Each child shall be bathed in a bathtub, shower or portable bathing equipment that has been disinfected before each use.
 - E. Children shall be bathed individually and not be placed together in a bathtub or shower.
 - F. Water temperature shall be checked before placing a child into a portable bathing facility, bathtub or shower; or monitored constantly while being rinsed under running water in a portable bathing facility or bath tub to prevent burns or scalding, or for water that is too hot or too cold.
 - G. Individual towels and washcloths shall be provided for each child.
339. The Licensee providing night child care shall ensure that no child is left unsupervised while in a bathtub or shower.
- A. A child capable of bathing alone shall be allowed to bathe in private with written permission from parent(s)/guardian(s). The Licensee shall respect that child's privacy but immediately be available to ensure the child's safety to offer assistance when requested by the child.
340. The Licensee providing night child care shall ensure that children over the age of four (4) do not share a dressing area with persons of the opposite sex.
341. The Licensee providing night child care shall ensure that each child has clean garments made for sleeping comfortably.
342. The Licensee providing night child care shall ensure that there is a working nightlight in the bathroom, hallway, and sleeping areas as dictated by the individual needs of the children.
343. The Licensee providing night care shall ensure a written record is kept documenting the monitoring schedule for each child when placed in his/her sleep equipment to sleep between the hours of 8:00 P.M. and 6:00 A.M. including the following information:
- A. Infants were monitored every thirty (30) minutes as per Rule #330;
 - B. Children twelve (12) months of age and older were monitored every sixty (60) minutes; and
 - C. Child to child physical contact was prevented.

Off Premises of Family Child Care Home

344. The Licensee shall ensure that children are not permitted off the Family Child Care Home premises without the Licensee and/or Substitute.
345. The Licensee and/or Substitute shall provide constant supervision of children whenever off the Family Child Care Home premises to ensure safety.
- A. Volunteering parent(s)/guardian(s) shall be supervised by the Licensee and/or Substitute at all times including during the transportation of children.
 - B. Volunteering parent(s)/guardian(s) shall not be left alone with children at any time other than their own child/children.

346. The Licensee shall have a safety policy for children whenever off the Family Child Care Home premises which includes the following:
- A. A procedure for accounting of children at all times including a documented roll check of taking attendance when departing from the Family Child Care Home, arriving and departing from the destination, and arriving back at the Family Child Care Home;
 - B. A copy of and easy access to medical consent forms and emergency contact information for all children;
 - C. A proper storage container (such as for keeping a medication cool) for any medication that needs to be taken off premises for a child;
 - D. A traveling first aid kit available in accordance with Rule #242;
 - E. A plan for transportation of a child or all children in the event of an emergency; and
 - F. Tags for children or other means of providing only the Family Child Care Home's telephone number;
 - i. For security purposes, a child's name or any type of information that directly identifies the child shall not be placed on the child.
347. The Licensee shall ensure that volunteering parent(s)/guardian(s) comply with the following **Transportation** Rules #348-360 when transporting children other than their own children when on excursions with the Licensee and/or Substitute off the Family Child Care Home premises.

Transportation in a Vehicle

348. The Licensee shall ensure that the vehicle and operator of a vehicle used to transport children are in compliance with all applicable Federal, State and local laws.
349. The Licensee shall ensure that the operator of a vehicle not transport more persons, including children and adults, than the capacity of the vehicle per the manufacturer's specifications.
350. The Licensee shall inspect the vehicle for safety before allowing children in child care to be transported in the vehicle.
351. The Licensee shall ensure that each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus is in motion. All safety restraints shall be federally approved and so labeled according to the current applicable Federal Motor Vehicle Safety Standard. Child safety restraints shall be installed and used in accordance with the manufacturer's specifications and vehicle's instruction manual and shall be maintained in a safe working condition and free of any recall.
- A. A child preschool age or younger shall only be transported on a school bus that is properly equipped for child safety restraints unless written permission is received from the parent(s)/guardian(s) of that child allowing the child to be transported on a school bus unrestrained. The Licensee shall explain to parent(s)/guardian(s) in writing that while child safety restraints on school buses for children preschool age or younger are not currently required by State law, the National Highway Traffic Administration recommends that children in this age group always be transported in school buses properly equipped for child safety restraints.

352. The Licensee shall inform and obtain written permission from parent(s)/guardian(s) each time transportation provided. This permission shall:
- A. Identify who is operating each vehicle:
 - B. Specify any special need or problem of a child which might require special attention during transportation; and
 - C. Require the operator of the vehicle to carry of the information with directions on handling any special need or problem.
353. The Licensee shall ensure that the operator of the vehicle shall have a valid driver's license that authorizes the driver to operate the type of vehicle being driven.
354. The Licensee shall ensure that the following are in or available for each vehicle when transporting children:
- A. An operable dry chemical fire extinguisher listed by the Underwriter's Laboratory in each vehicle;
 - B. A working phone such as a cell phone in each vehicle;
 - C. A traveling first aid kit as per Rule #242; and
 - D. Emergency contact information for each child in the vehicle.
355. The Licensee shall ensure that all doors on vehicles are locked whenever the vehicle is in motion.
356. The Licensee shall ensure that children are never left unattended in the vehicle and the vehicle is inspected when finished transporting so that no child is left behind in the vehicle.
357. The Licensee shall not transport children in the open back of a truck.
358. The Licensee shall ensure that children are loaded and unloaded at the curbside of the vehicle or in a protected parking area or driveway.
359. The Licensee shall ensure that a vehicle used to transport children has an operable heater capable of maintaining a temperature of at least fifty (50) degrees F. in the vehicle.
360. The Licensee shall ensure that a vehicle used to transport children either has an air conditioner capable of reducing the temperature or windows able to be opened to provide fresh air when the vehicle's interior temperature exceeds eighty-five (85) degree F.

Appendix

Appendix A: The Delaware Child Care Act - Delaware's Child Care Licensing Law

Welfare
PART I
In General
CHAPTER 3. CHILD WELFARE
Subchapter III. The Delaware Child Care Act

§ 341. Short title.

This act may be referred to and cited as "The Delaware Child Care Act." (73 Del. Laws, c. 165, § 1.)

§ 342. Definitions.

For the purpose of this act:

(1) "Child care" means and includes:

a. Any person, association, agency or organization which:

1. Has in custody or control 1 child or more under the age of 18 years, unattended by parent or guardian, for the purpose of providing such child or children with care, education, protection, supervision or guidance;
2. Is compensated for their services;
3. Advertises or holds himself, herself or itself out as conducting such child care;

b. The provision of, or arranging for, the placement of children in foster care homes, adoptive homes or supervised independent living arrangements; and

c. Family child care homes, large family child care homes, day care centers, child placing agencies, residential child care facilities and day treatment programs as currently defined by regulation. Day-care centers operating part- or full-day are subject to licensure. Homes in which children have been placed by any child placing agency properly licensed to place children in this State shall not be regarded as "child care."

(2) "Office of Child Care Licensing" means the Office of Child Care Licensing within the Department of Services for Children, Youth and Their Families. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 341; 70 Del. Laws, c. 186, § 1; 73 Del. Laws, c. 165, § 1; 73 Del. Laws, c. 279, § 1.)

§ 343. Powers of the Office of Child Care Licensing with respect to child care.

(a) Any person or association conducting child care and all institutions, agencies and associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors, including organizations providing care of children whether dependent or otherwise, in lieu of the care and supervision ordinarily provided by parents in their own homes for periods of less than 24 hours a day, must accord the Office of Child Care Licensing or its authorized agents right of entrance, privilege of inspection and access to its accounts and reports.

(b) A person or association conducting child care and all institutions, agencies, associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors shall make reports at such time as is required by the Office of Child Care Licensing as to conditions of such child care, the manner and way in which children are taken care of, former addresses and such other information as will show the social status of the child, how and to whom dismissed, the extent and source of its income, the cost of maintenance and such other reasonable information as will enable the Office of Child Care Licensing to promote the general welfare of the children and to work out a general program for their care and protection.

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- (c) The Office of Child Care Licensing may prescribe, by regulation or otherwise, any reasonable standards for the conduct of such child care facilities, institutions, agencies, associations or organizations and may license such of these as conform to such standards. All regulations, enforcement actions, decisions, investigations and the like previously promulgated or taken by the Office of Child Care Licensing shall continue unabated and shall remain in full force and effect notwithstanding passage of this subchapter. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 44 Del. Laws, c. 78; 31 Del. C. 1953, § 342; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1.)

§ 344. Child care licenses; investigations; requirements.

- (a) No person may conduct child care, nor may any institution, agency, association or organization conduct child care, unless first having obtained a license from the Office of Child Care Licensing. Such license shall expire 1 year from the date it is issued unless renewed.
- (b) In the case of a person conducting child care, no license shall be issued to such person until the Office of Child Care Licensing has made a thorough investigation and has determined in accordance with reasonable standards:
- (1) The good character and intention of the applicant or applicants;
 - (2) That the individual home or facility meets the physical, social, moral, mental and educational needs of the average child;
 - (3) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and
 - (4) That the required criminal background checks are completed and approved.
- (c) In the case of an institution, agency, association or organization, no license shall be issued until the Office of Child Care Licensing has made a thorough investigation and has made a favorable determination of:
- (1) The good character and intention of the applicant or applicants;
 - (2) The present and prospective need of the service rendered;
 - (3) The employment of capable, trained and experienced workers;
 - (4) Sufficient financial backing to ensure effective work;
 - (5) The probability of the service being continued for a reasonable period of time;
 - (6) Whether the methods used and disposition made of the children served will be to their best interests and that of society;
 - (7) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and
 - (8) That the required criminal background checks are completed and approved.
- (d) This section shall not apply to any institution, agency, association or organization under state ownership and control, nor shall it apply to any maternity ward of a general hospital. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 343; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1.)

§ 345. Penalties for violations.

Anyone who violates a provision of this subchapter shall be fined not more than \$100 or imprisoned not more than 3 months, or both. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 344; 73 Del. Laws, c. 165, § 1.)

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Appendix B: Child Abuse Reporting Law

TITLE 16
Health and Safety
 PART II
Regulatory Provisions Concerning Public Health
CHAPTER 9. ABUSE OF CHILDREN
 Subchapter I. Reports and Investigations of Abuse and Neglect:
 Child Protection Accountability Commission

§ 901. Purpose.

It is the intent of the General Assembly that the primary purpose of the child welfare policy of this State shall be to ensure the best interest and safety of the child, including preserving the family unit whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide for comprehensive protective services for abused and neglected children by mandating that reports of such abuse or neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services.

It shall further be the purpose of this chapter to provide for the protection of all children in facilities or organizations required to be licensed under Delaware law whose primary concern is that of child welfare and care by requiring the Attorney General to notify any such facility in cases where an employee of such a facility or any other person associated with such facility has been charged with or convicted of an offense involving child sexual abuse. (16 Del. C. 1953, § 1001; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 68 Del. Laws, c. 440, § 1; 71 Del. Laws, c. 199, § 2.)

§ 902. Definitions [Effective until July 9, 2006. For the version of this section effective July 9, 2006, see the following section, also numbered 902.]

As used in this chapter, the following terms mean:

- (1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 of Title 11, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.
- (2) "Baby" shall mean a child not more than 14 days old, except that for hospitals and their employees and volunteers, "baby" shall mean a child reasonably believed to be not more than 14 days old.
- (3) "Child" shall mean any person who has not reached his or her 18th birthday.
- (4) "Child Protection Registry" or "Registry" means a collection of information as described in subchapter II of this chapter about persons who have been substantiated for abuse or neglect as provided in Subchapter II of this chapter or who were substantiated between August 1, 1994, and February 1, 2003.
- (5) "Child welfare proceeding" means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption or other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by the Family Court.
- (6) "Conviction" or "convicted" means entry of a plea of guilty or nolo contendere, regardless of whether the plea was subsequently discharged or dismissed under the first offenders domestic violence diversion program pursuant to § 1024 of Title 10, or under the first offenders controlled substances diversion program pursuant to § 4764 of this title, or of a Robinson plea, or of a probation before judgment discharge without judgment of conviction notwithstanding the provisions of § 4218(f) of Title 11, or a finding of guilt after trial, or a finding of not guilty after trial as a result of the defense of mental disease or defect pursuant to Title 11, or adjudication of delinquency for conduct which if committed by an adult, would constitute a crime; or "conviction" or "convicted" under similar proceedings of another state, territory or jurisdiction.

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- (7) "Director" shall mean the Director of the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (8) "Division" shall mean the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (9) "Family assessment and services" shall mean a case management approach by the Division of Family Services that provides for a prompt assessment of a child and the child's family and the circumstances of the reported incident (including the known history of the child and/or the alleged perpetrator) when there has been a report to the Division that the child was a victim of abuse or neglect, or at risk of maltreatment by a person responsible for that child's care, custody or control. Family assessment and services shall be used in conjunction with the investigation approach defined in subdivision (7) of this section but may not supplant it in circumstances which require an investigation. The family assessment response shall focus on the integrity and preservation of the family and shall assess the status of the child and the family in terms of the risk of abuse and neglect and, if necessary, plan and provide for the provision of community-based services to reduce the risk and to otherwise support the family.
- (10) "Good faith" shall be presumed in the absence of evidence of malice or willful misconduct.
- (11) "Internal information system" shall mean a system of maintaining information related to all reports of abuse, neglect, investigations, family assessments, services and other relevant information.
- (12) "Investigation" shall mean the collection of evidence in response to a report of abuse, neglect, or risk of maltreatment by a person responsible for that child's care, custody or control in order to determine if a child has been abused, neglected, or is at risk of maltreatment. The Division shall develop protocols for its investigations that focus on ensuring the well-being and safety of the child. The Division may conduct an investigation in response to any report of abuse, neglect, or risk of maltreatment but shall conduct an investigation as enumerated under § 906 (b)(3) of this title.
- (13) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: Education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well-being.
- (14) "Report" shall mean the communication of an allegation of child abuse or neglect to the Division pursuant to § 903 or § 905 of this title;
- (15) "Special Investigator" shall mean a Division employee, appointed by the Secretary, who performs abuse and neglect investigations and possesses additional qualifications and authority as defined by § 9016 of Title 29.
- (16) "Substantiation" means a finding by a preponderance of the evidence that abuse or neglect has occurred.
- (17) "Those responsible for the care, custody, and control of the child" shall include, but not be limited to, the parents or guardian of the child, other members of the child's household, adults within the household who have responsibility for the child's well-being, persons who have temporary responsibility for the child's well being, or a custodian as that term is defined by § 901(6) of Title 10. (60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 213, § 1; 71 Del. Laws, c. 199, § 3; 72 Del. Laws, c. 179, § 3; 72 Del. Laws, c. 469, § 4; 73 Del. Laws, c. 187, § 2; 73 Del. Laws, c. 412, §§ 2-5.)

§ 902. Definitions [Effective July 9, 2006. For the version of this section effective until July 9, 2006, see the preceding section, also numbered 902.]

As used in this chapter, the following terms mean:

- (1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 of Title 11, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.

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- (2) "Child" shall mean any person who has not reached his or her 18th birthday.
- (3) "Child Protection Registry" or "Registry" means a collection of information as described in subchapter II of this chapter about persons who have been substantiated for abuse or neglect as provided in Subchapter II of this chapter or who were substantiated between August 1, 1994, and February 1, 2003.
- (4) "Child welfare proceeding" means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption or other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by the Family Court.
- (5) "Conviction" or "convicted" means entry of a plea of guilty or nolo contendere, regardless of whether the plea was subsequently discharged or dismissed under the first offenders domestic violence diversion program pursuant to § 1024 of Title 10, or under the first offenders controlled substances diversion program pursuant to § 4764 of this title, or of a Robinson plea, or of a probation before judgment discharge without judgment of conviction notwithstanding the provisions of § 4218(f) of Title 11, or a finding of guilt after trial, or a finding of not guilty after trial as a result of the defense of mental disease or defect pursuant to Title 11, or adjudication of delinquency for conduct which if committed by an adult, would constitute a crime; or "conviction" or "convicted" under similar proceedings of another state, territory or jurisdiction.
- (6) "Director" shall mean the Director of the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (7) "Division" shall mean the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (8) "Family assessment and services" shall mean a case management approach by the Division of Family Services that provides for a prompt assessment of a child and the child's family and the circumstances of the reported incident (including the known history of the child and/or the alleged perpetrator) when there has been a report to the Division that the child was a victim of abuse or neglect, or at risk of maltreatment by a person responsible for that child's care, custody or control. Family assessment and services shall be used in conjunction with the investigation approach defined in subdivision (7) of this section but may not supplant it in circumstances which require an investigation. The family assessment response shall focus on the integrity and preservation of the family and shall assess the status of the child and the family in terms of the risk of abuse and neglect and, if necessary, plan and provide for the provision of community-based services to reduce the risk and to otherwise support the family.
- (9) "Good faith" shall be presumed in the absence of evidence of malice or willful misconduct.
- (10) "Internal information system" shall mean a system of maintaining information related to all reports of abuse, neglect, investigations, family assessments, services and other relevant information.
- (11) "Investigation" shall mean the collection of evidence in response to a report of abuse, neglect, or risk of maltreatment by a person responsible for that child's care, custody or control in order to determine if a child has been abused, neglected, or is at risk of maltreatment. The Division shall develop protocols for its investigations that focus on ensuring the well-being and safety of the child. The Division may conduct an investigation in response to any report of abuse, neglect, or risk of maltreatment but shall conduct an investigation as enumerated under § 906 (b)(3) of this title.
- (12) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: Education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well-being.
- (13) "Report" shall mean the communication of an allegation of child abuse or neglect to the Division pursuant to § 903 or § 905 of this title;

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- (14) "Special Investigator" shall mean a Division employee, appointed by the Secretary, who performs abuse and neglect investigations and possesses additional qualifications and authority as defined by § 9016 of Title 29.
- (15) "Substantiation" means a finding by a preponderance of the evidence that abuse or neglect has occurred.
- (16) "Those responsible for the care, custody, and control of the child" shall include, but not be limited to, the parents or guardian of the child, other members of the child's household, adults within the household who have responsibility for the child's well-being, persons who have temporary responsibility for the child's well being, or a custodian as that term is defined by § 901(6) of Title 10. (60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 213, § 1; 71 Del. Laws, c. 199, § 3; 72 Del. Laws, c. 179, § 3; 72 Del. Laws, c. 469, § 4; 73 Del. Laws, c. 187, § 2; 73 Del. Laws, 73 Del. Laws, c. 412, §§ 2-5.)

§ 902A. Registration; procedure; notice.

Repealed by 73 Del. Laws, c. 412, § 6, effective February 1, 2003.

§ 903. Reports required.

Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition. (16 Del. C. 1953, § 1002; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 72 Del. Laws, c. 179, § 4.)

§ 904. Nature and content of report; to whom made.

Any report required to be made under this chapter shall be made to the Division of Child Protective Services of the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division of Child Protective Services, or in accordance with the rules and regulations adopted by the Division. (16 Del. C. 1953, § 1003; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 108, §§ 4, 11.)

§ 905. Telephone reports, Child Protection Registry and information system.

- (a) The Division shall establish and maintain a 24-hour statewide toll-free telephone report line operating at all times and capable of receiving reports of alleged abuse and neglect pursuant to § 904 of this title or from the public at large.
- (b) The Division shall maintain a Child Protection Registry and an internal information system as defined by § 902 of this title. Reports unsubstantiated may be kept in the internal information system by the Division at its discretion.
- (c) Although reports may be made anonymously, the Division shall in all cases, after obtaining relevant information regarding alleged abuse or neglect, request the name and address of any person making a report.
- (d) Upon receipt of a report, the Division shall immediately communicate such report to its appropriate Division staff, after a check has been made with the internal information system to determine whether previous reports have been made regarding actual or suspected abuse or neglect of the subject child, or any reports regarding any siblings, family members or the alleged perpetrator, and such information as may be contained from such previous reports. Such relevant information as may be contained in the internal information system shall also be forwarded to the appropriate Division staff. (16 Del. C. 1953, § 1004; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 108, § 4; 68 Del. Laws, c. 440, § 2; 70 Del. Laws, c. 186, § 1; 71 Del. Laws, c. 199, § 4; 73 Del. Laws, c. 412, §§ 26, 27.)

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§ 906. State response to reports of abuse or neglect.

- (a) The child protection system shall seek to promote the safety of children and the integrity and preservation of their families by conducting investigations and/or family assessments in response to reports of child abuse or neglect. The system shall endeavor to coordinate community resources and provide assistance or services to children and families identified to be at risk, and to prevent and remedy child abuse and neglect.
- (b) In implementing the child protection system, the Division shall:
- (1) Receive and maintain reports pursuant to the provisions of §§ 903 and 905 of this title;
 - (2) Forward reports to the appropriate Division staff, who shall determine, through the use of protocols developed by the Division, whether an investigation or the family assessment and services approach should be used to respond to the allegation. The protocols for making this determination shall be developed by the Division and shall give priority to ensuring the well-being and safety of the child;
 - (3) The Division may investigate any report, but shall conduct an investigation involving all reports, which if true, would constitute violations against a child by a person responsible for the care, custody and control of the child of any of the following provisions of § 603, 604, 611, 612, 613, 621, 625, 626, 631, 632, 633, 634, 635, 636, 645, 763, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 782, 783, 783A, 791, 1100, 1101, 1102, 1107, 1108, 1109, 1110, 1111, or 1259 of Title 11, or an attempt to commit any such crimes. The Division staff shall also contact the appropriate law enforcement agency upon receipt of any report under this section and shall provide such agency with a detailed description of the report received. The appropriate law enforcement agency shall assist the Division in the investigation or provide the Division, within a reasonable time, an explanation detailing the reasons why it is unable to assist. Notwithstanding any provision of the Delaware Code to the contrary, to the extent the law enforcement agency with jurisdiction over the case is unable to assist, the Division may request that the Delaware State Police exercise jurisdiction over the case and upon such request the Delaware State police may exercise such jurisdiction;
 - (4) The assisting law enforcement agency shall promptly conduct its own criminal investigation, and keep the Division regularly apprised of the status and findings of its investigation. Law enforcement agencies and the Division shall develop protocols to ensure compliance with this subsection."
 - (5) The Division shall have authority to secure a medical examination of a child, without the consent of those responsible for the care, custody and control of the child, if the child has been reported to be a victim of abuse or neglect; provided, that such case is classified as an investigation pursuant to § 906(b)(3) of this title and the Director or the Director's designee gives prior authorization for such examination upon finding that such examination is necessary to protect the health and safety of the child;
 - (6) The investigation shall include, but need not be limited to, the nature, extent and cause of the abuse or neglect, collection of evidence, the identity of the alleged perpetrator, the names and condition of other children and adults in the home, the home environment, the relationship of the subject child to the parents or other persons responsible for the child's care, any indication of incidents of physical violence against any other household or family member, background checks on all adults in the home, and the gathering of other pertinent information;
 - (7) In the family assessment and services approach, assess service needs of the family from information gathered from the family and other sources. The Division shall identify and provide services for families where it is determined that the child is at risk of abuse or neglect. The Division shall document its attempt to provide voluntary services and the reasons these services are important to reduce the risk of future abuse or neglect. If the family refuses to accept or avoids the proffered services, the Division may refer the case for investigation or terminate services;
 - (8) Commence an immediate investigation if at any time during the family assessment and services approach the Division determines that an investigation as delineated in subsection (3) of this section is required or is otherwise appropriate. The Division staff who have

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conducted the assessment may remain involved in the provision of services to the child and family;

- (9) Conduct a family assessment and services approach on reports initially referred for an investigation, if it is determined that a complete investigation is not required. The reason for the termination of the investigative process shall be documented;
 - (10) Assist the child and family in obtaining services, if at any time during the investigation it is determined that the child or any member of the family needs services;
 - (11) Identify local services and assist with access to those services for children and families where there is risk of abuse or neglect;
 - (12) Update the internal information system at regular intervals during the course of the investigation. At the conclusion of the investigation or family assessment, the internal information system shall be updated to include a case finding;
 - (13) When a written report is made by a person required to report under § 903 of this title, the Division shall contact the person who made such report within 48 hours of the receipt of the report in order to ensure that full information has been received and to obtain any additional information or medical records, or both, which may be pertinent;
 - (14) Upon completion of an investigation or family assessment and services approach, if the Division suspects that the report was made maliciously or for the purpose of harassment, the Division shall refer the report and any evidence of malice or harassment to the appropriate law enforcement agency;
 - (15) Multidisciplinary services shall be used whenever possible in conducting the investigation or family assessment and services approach, including the services of law enforcement agencies, the medical community, and other agencies, both public and private. The Division and the Attorney General's Office shall cooperate with law enforcement agencies and the Family Court to develop training programs to increase the ability of Division personnel, court personnel, and law enforcement officers to investigate suspected cases of abuse and neglect;
 - (16) A person required to report under § 903 of this title to the Division shall be informed by the Division of the person's right to obtain information concerning the disposition of the report. Such person shall receive, from the local office, if requested, information on the general disposition of the report at the conclusion of the investigation;
 - (17) In any judicial proceeding involving the custody of child, the fact that a report has been made pursuant to § 903 or § 905 of this title shall not be admissible unless offered by the Division as a party or as a friend of the Court or if the Division is a party. However, nothing herein shall prohibit the introduction of evidence from independent sources to support the allegations that may have caused a report to have been made; and
 - (18) To protect the privacy of the family and the child named in a report, the Division shall establish guidelines concerning the disclosure of information concerning the abuse and neglect involving a child. The Division may require persons to make written requests for access to records maintained by the Division. The Division shall only release information to persons who have a legitimate public safety need for such information or a need based on the health and safety of a child subject to abuse, neglect or the risk of maltreatment, and such information shall be used only for the purpose for which the information is released.
- (c) In the event that a criminal prosecution for child sexual abuse or exploitation is initiated by the Department of Justice against a person employed by or associated with a facility or organization required to be licensed or whose staff personnel are required to be licensed under Delaware law whose primary concern is that of child welfare and care, the Attorney General shall notify such employer within 48 hours:
- (1) Upon the return of an indictment charging such person with having committed at least 1 felony offense involving an allegation of child sexual abuse; or

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- (2) Upon an adjudication of guilt of such person for any misdemeanor or violation, when such offense involved sexual abuse, in any degree, of a child under age 18.

Any violations of this subsection shall be dealt with administratively by the Attorney General and the penalty provisions of § 914 of this title shall not apply hereto.

- (d) In the event that a criminal prosecution for abuse or neglect is initiated by the Department of Justice pursuant to a report under this chapter and incarceration of the person who is the subject of the report is ordered by the Court, the Attorney General's office shall keep the Division informed of actions taken by the courts which result in the release of any such individual; provided that the Attorney General's office is represented at such a hearing. (71 Del. Laws, c. 199, § 5; 71 Del. Laws, c. 424, § 8; 72 Del. Laws, c. 173, § 5; 73 Del. Laws, c. 412, § 28.)

§ 907. Temporary emergency protective custody.

- (a) A police officer or a physician who reasonably suspects that a child is in imminent danger of suffering serious physical harm or a threat to life as a result of abuse or neglect and who reasonably suspects the harm or threat to life may occur before the Family Court can issue a temporary protective custody order may take or retain temporary emergency protective custody of the child without the consent of the child's parents, guardian or others legally responsible for the child's care.
- (b) Any person taking a child into temporary emergency protective custody under this section shall immediately notify the Division, in the county in which the child is located, of the person's actions and make a reasonable attempt to advise the parents, guardians, or others legally responsible for the child's care. Such person shall also file, as soon as practicable but no later than 12 hours thereafter, a written statement with the Division which sets forth the identity of the child and the facts and circumstances which gave such person reasonable cause to believe that there was imminent danger of serious physical harm or threat to the life of the child. Upon notification that a child has been taken into temporary emergency protective custody, the Division shall immediately respond in accordance with § 906 of this title to secure the safety of the child which may include ex parte custody relief from the Family Court if appropriate.
- (c) Temporary emergency protective custody for purposes of this section shall not exceed 4 hours and shall cease upon the Division's response pursuant to subsection (b).
- (d) For the purposes of this section, temporary emergency protective custody shall mean temporary placement within a hospital, medical facility or such other suitable placement; provided, however, that an abused or neglected child may not be detained in temporary custody in a secure detention facility.
- (e) A Division investigator conducting an investigation pursuant to § 906 of this title shall have the same authority as that granted to a police officer or physician in paragraph (a) of this section, subject to all the same conditions as those listed in paragraphs (a) through (d) of this section, provided that the child in question is located at a school, day care facility or child care facility at the time that the authority is initially exercised. In no other case shall an employee of the Division exercise custody under this section. (71 Del. Laws, c. 199, § 5; 70 Del. Laws, c. 186, § 1; 72 Del. Laws, c. 173, § 7.)

§ 907A. Safe Arms for Babies [Expiration effective July 9, 2006. See notes.]

- (a) The General Assembly finds and declares that the abandonment of a baby is an irresponsible act by parent(s) and places the baby at risk of injury or death from exposure, actions by other individuals, and harm from animals. However, the General Assembly does recognize that delivering a live baby to a safe place is far preferable to a baby killed or abandoned by the parent(s). The General Assembly further finds and declares that the purpose of this section is not to circumvent the responsible action of parent(s) who adhere to the current process of placing the baby for adoption, but to prevent the unnecessary risk of harm to or death of that baby by desperate parent(s) who would otherwise abandon or cause the death of that baby. The General Assembly further finds and declares that medical information about the baby and the baby's parent(s) is critical for the adoptive parents and that every effort should be made, without risking the safe placement of the baby, to obtain that medical information and provide counseling information to those parent(s). The General Assembly further finds and declares that if this section does not result in the safe placement of such babies or is abused by parent(s) attempting to circumvent the current process of adoption, it should be repealed.

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- (b) A person may voluntarily surrender a baby directly to an employee or volunteer of the emergency department of a Delaware hospital inside of the emergency department, provided that said baby is surrendered alive, unharmed and in a safe place therein.
- (c) A Delaware hospital shall be authorized to take temporary emergency protective custody of the baby who is surrendered pursuant to this section. The person who surrenders the baby shall not be required to provide any information pertaining to his or her identity, nor shall the hospital inquire as to same. If the identity of the person is known to the hospital, the hospital shall keep the identity confidential. However, the hospital shall either make reasonable efforts to directly obtain pertinent medical history information pertaining to the baby and the baby's family or attempt to provide the person with a postage paid medical history information questionnaire.
- (d) The hospital shall attempt to provide the person leaving the baby with the following:
- (1) Information about the Safe Arms program;
 - (2) Information about adoption and counseling services, including information that confidential adoption services are available and information about the benefits of engaging in a regular, voluntary adoption process; and
 - (3) Brochures with telephone numbers for public or private agencies that provide counseling or adoption services.
- (e) The hospital shall attempt to provide the person surrendering the baby with the number of the baby's identification bracelet to aid in linking the person to the baby at a later date, if reunification is sought. Such an identification number is an identification aid only and does not permit the person possessing the identification number to take custody of the baby on demand.
- (f) If a person possesses an identification number linking the person to a baby surrendered at a hospital under this section and parental rights have not already been terminated, possession of the identification number creates a presumption that the person has standing to participate in an action. Possession of the identification number does not create a presumption of maternity, paternity or custody.
- (g) Any hospital taking a baby into temporary emergency protective custody pursuant to this section shall immediately notify the Division and the State Police of its actions. The Division shall obtain ex parte custody and physically appear at the hospital within 4 hours of notification under this subsection unless there are exigent circumstances. Immediately after being notified of the surrender, the State Police shall submit an inquiry to the Delaware Missing Children Information Clearinghouse.
- (h) The Division shall notify the community that a baby has been abandoned and taken into temporary emergency protective custody by publishing notice to that effect in a newspaper of statewide circulation. The notice must be published at least 3 times over a 3-week period immediately following the surrender of the baby unless the Division has relinquished custody. The notice, at a minimum, shall contain the place, date and time where the baby was surrendered, the baby's sex, race, approximate age, identifying marks, any other information the Division deems necessary for the baby's identification, and a statement that such abandonment shall be:
- (1) The surrendering person's irrevocable consent to the termination of all parental rights, if any, of such person on the ground of abandonment; and
 - (2) The surrendering person's irrevocable waiver of any right to notice of or opportunity to participate in any termination of parental rights proceeding involving such child, unless such surrendering person manifests an intent to exercise parental rights and responsibilities within 30 days of such abandonment.
- (i) When the person who surrenders a baby pursuant to this section manifests a desire to remain anonymous, the Division shall neither initiate nor conduct an investigation to determine the identity of such person, and no court shall order such an investigation unless there is good cause to suspect child abuse or neglect other than the act of surrendering such baby. (73 Del. Laws, c. 187, § 3.)

§ 908. Immunity from liability, and special reimbursement to hospitals for expenses related to certain babies [Effective until July 9, 2006. For the version of this section effective July 9, 2006, see the following section, also numbered 908.]

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- (a) Anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title.
- (b) A hospital, hospital employee or hospital volunteer which accepts temporary emergency protective custody of a baby pursuant to § 907A of this title is absolutely immune from civil and administrative liability for any act of commission or omission in connection with the acceptance of that temporary emergency protective custody or the provision of care for the baby when left at the hospital while said baby is in the hospital's temporary emergency protective custody except for negligence or intentional acts. If a hospital accepts temporary emergency protective custody of a baby pursuant to § 907A of this title, the State shall reimburse the hospital for eligible, medically necessary costs under the Medicaid Fee for Service Program. (16 Del. C. 1953, § 1005; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5; 72 Del. Laws, c. 179, § 5; 73 Del. Laws, c. 187, §§ 4, 5.)

§ 908. Immunity from liability [Effective July 9, 2006. For the version of this section effective until July 9, 2006, see the preceding section, also numbered 908.]

Anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title. (16 Del. C. 1953, § 1005; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5; 72 Del. Laws, c. 179, § 5; 73 Del. Laws, c. 187, §§ 4, 5, 8.)

§ 909. Privileged communication not recognized.

No legally recognized privilege, except that between attorney and client and that between priest and penitent in a sacramental confession, shall apply to situations involving known or suspected child abuse, neglect, exploitation or abandonment and shall not constitute grounds for failure to report as required by § 903 of this title or to give or accept evidence in any judicial proceeding relating to child abuse or neglect. (16 Del. C. 1953, § 1007; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5.)

§ 910. Court orders to compel.

- (a) Whenever an investigation has been opened with the Division pursuant to § 906 of this title for potential abuse or neglect of a child, the Division shall have the authority to request an order from the Family Court:
- (1) To obtain access to the child, or children, and the residence of child, or children;
 - (2) To compel the appearance of a person at an office of the Division in furtherance of the investigation; or
 - (3) To compel compliance with a treatment plan previously agreed to by a child's parent or guardian, if non-compliance with the plan endangers a child's safety.

The Family Court shall issue such an order upon the showing of "need" by the Division and shall enforce noncompliance with such an order pursuant to § 925(3) of Title 10. Formal notice of a request under this section shall be provided to the respondent prior to the filing of the request with the Family Court provided that orders pursuant to this section may be granted on an ex parte basis if the child, or children, at issue are at risk of imminent physical danger. The Family Court shall consider all requests pursuant to this section within 2 business days of the request being made.

- (b) For purposes of this section, "need" shall mean:

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- (1) That the Division has in good faith attempted on at least 2 separate prior occasions, at least 1 of which was by written communication sent by certified mail, return receipt requested, to contact the person in question without success; or
- (2) That a child is in danger of imminent physical injury due to the Division's inability to communicate with the person or see the child or the child's residence. (71 Del. Laws, c. 199, § 6; 72 Del. Laws, c. 173, § 6.)

§ 911. Training and information.

- (a) The Division shall, on a continuing basis, undertake and maintain programs to inform all persons required to report abuse or neglect pursuant to § 903 of this title and the public of the nature, problem and extent of abuse and neglect, and of the remedial and therapeutic services available to children and their families and to encourage self-reporting and the voluntary acceptance of such services.
- (b) The Division shall conduct ongoing training programs to advance the purpose of this section.
- (c) The Division shall continuously publicize the existence of the 24-hour report-line to those required to report abuse or neglect pursuant to § 903 of this title of their responsibilities and to the public the existence of the 24-hour statewide toll-free telephone number to receive reports of abuse or neglect. (71 Del. Laws, c. 199, § 6.)

§ 912. The Child Protection Accountability Commission.

- (a) The Delaware Child Protection Accountability Commission is hereby established. The Commission shall consist of 19 members with the at-large members and the Chair appointed by the Governor, shall be staffed by the Office of the Child Advocate and shall be comprised of the following:
 - (1) The Secretary of Services for Children, Youth and Their Families, or the Secretary's designee;
 - (2) The Director of the Division of Family Services, or the Director's designee;
 - (3) Two representatives from the Attorney's General Office, designated by the Attorney General;
 - (4) Two members of the Family Court, designated by the Chief Judge;
 - (5) One member of the House of Representatives, designated by the Speaker of the House;
 - (6) One member of the Senate, designated by the President Pro Tempore of the Senate;
 - (7) The Chair of the Child Placement Review Board, or the Chair's designee;
 - (8) The Secretary of the Department of Education, or the Secretary's designee;
 - (9) The Director of Child Mental Health Services, or the Director's designee;
 - (10) Eight at-large members with 1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 2 persons from law enforcement agencies and 4 persons from the child protection community.
- (b) The Child Advocate shall serve as the Executive Director of the Commission to effectuate its purposes pursuant to Chapter 90A of Title 29. It shall be the purpose of the Commission to monitor Delaware's child protection system to best ensure the health, safety and well-being of Delaware's abused, neglected and dependent children. To that end, the Commission shall meet on a quarterly basis and shall:
 - (1) Examine and evaluate the policies, procedures and effectiveness of the child protection system and make recommendations for changes therein, focusing specifically on the respective roles in the child protection system of the Division of Family Services, the Division of Child Mental

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Health Services, the Office of the Attorney General, the Family Court, the medical community, and law enforcement agencies;

- (2) Recommend changes in the policies and procedures for investigating and overseeing the welfare of abused, neglected and dependent children;
- (3) Advocate for legislation and make legislative recommendations to the Governor and General Assembly;
- (4) Access, develop and provide quality training to staff of the Division of Family Services, Deputy Attorneys General, Family Court, law enforcement officers, the medical community, educators, day-care providers, and others on child protection issues;
- (5) Review and make recommendations concerning the well-being of Delaware's abused, neglected and dependent children including, but not limited to, issues relating to foster care, adoption, mental health services, victim services, education, rehabilitation, substance abuse and independent living; and
- (6) Provide the following reports to the Governor:
 - a. An annual summary of the Commission's work and recommendations, including work of the Office of the Child Advocate, with copies thereof sent to the Governor's Advisory Council for Children, Youth and Their Families for their consideration and comment; and
 - b. A quarterly written report of the Commission's activities and findings with copies thereof distributed to the Chairpersons of the House of Representatives Committee on Health and Human Development and the Senate Committee on Children, Youth and Their Families. (71 Del. Laws, c. 199, § 6; 70 Del. Laws, c. 186, § 1; 73 Del. Laws, c. 116, §§ 1-3, 5[4].)

§ 913. Child under treatment by spiritual means not neglected.

No child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall for that reason alone be considered a neglected child for the purposes of this chapter. (16 Del. C. 1953, § 1006; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1.)

§ 914. Penalty for violation.

Whoever knowingly violates § 903 this title shall be fined not more than \$1,000 or shall be imprisoned not more than 15 days, or both. (16 Del. C. 1953, § 1008; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1.)

Appendix C: Level I Family Child Care Home Ratio Options**149A - Total of five (5) children preschool-age or younger; and no additional school-age children that do not live in the Family Child Care Home**

- i. No more than two (2) of the five (5) children preschool-age or younger as mentioned above under the age of twelve (12) months; and
- ii. No more than three (3) of the five (5) children preschool-age or younger as mentioned above under the age of twenty-four (24) months

Under 12 months	Under 24 months	Preschool	School-Age	Total
0	3	2	0	5
1	2	2	0	5
2	1	2	0	5
1	1	3	0	5
2	0	3	0	5
0	1	4	0	5
1	0	4	0	5
0	0	5	0	5

149B - Total of four (4) children preschool-age or younger; and two (2) additional school-age children that do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer

- i. No more than two (2) of the four (4) children preschool-age or younger as mentioned above under the age of twelve (12) months; and
- ii. No more than three (3) of the four (4) children preschool-age or younger as mentioned above under the age of twenty-four (24) months

Under 12 months	Under 24 months	Preschool	School-Age	Total
0	3	1	2	4+2
1	2	1	2	4+2
2	1	1	2	4+2
2	0	2	2	4+2
1	1	2	2	4+2
0	2	2	2	4+2
0	1	3	2	4+2
0	0	4	2	4+2

149C - Total of six (6) school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger.

Under 12 months	Under 24 months	Preschool	School-Age	Total
0	0	0	6	6

149D- Other combinations of age-groupings shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level.

Appendix D: Level II Family Child Care Home Ratio Options

150A - Total of six (6) children preschool-age or younger; and three (3) additional school-age who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer

- i. No more than two (2) of the six (6) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
- ii. No more than three (3) of the six (6) children preschool-age or younger as mentioned above are under twenty-four (24) months

Under 12 months	Under 24 months	Preschool	School-Age	Total
2	1	3	3	6+3
1	2	3	3	6+3
0	3	3	3	6+3
0	2	4	3	6+3
1	1	4	3	6+3
0	1	5	3	6+3
1	0	5	3	6+3
0	0	6	3	6+3

150B - Total of six (6) children preschool-age or younger; and two (2) additional school-age who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer

- i. No more than two (2) of the six (6) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
- ii. No more than four (4) of the six (6) children preschool-age or younger as mentioned above are under twenty-four (24) months

Under 12 months	Under 24 months	Preschool	School-Age	Total
0	4	2	2	6+2
1	3	2	2	6+2
2	2	2	2	6+2
0	3	3	2	6+2
1	2	3	2	6+2
2	1	3	2	6+2
1	1	4	2	6+2
0	2	4	2	6+2
0	1	5	2	6+2
0	0	6	2	6+2

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150C - Total of five (5) children preschool-age or younger; and no additional school-age children who do not live in the Family Child Care Home

- i. No more than three (3) of the five (5) children preschool-age or younger as mentioned above are under the age of twelve (12) months; and
- iii. No more than four (4) of the five (5) children preschool-age or younger as mentioned above are under twenty-four (24) months

Under 12 months	Under 24 months	Preschool	School-Age	Total
1	4	0	0	5
0	4	1	0	5
1	3	1	0	5
2	2	1	0	5
3	1	1	0	5
0	3	2	0	5
3	0	2	0	5
2	0	3	0	5
0	2	3	0	5
1	0	4	0	5

150D - Total of four (4) children under the age of twenty-four (24) months; and two (2) additional school-age who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer

- i. No more than three (3) of the four (4) children preschool-age or younger as mentioned above are under the age of twelve (12) months

Under 12 months	Under 24 months	Preschool	School-Age	Total
0	4	0	2	4+2
1	3	0	2	4+2
2	2	0	2	4+2
3	1	0	2	4+2

150E- Total of nine (9) school-age who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger

Under 12 months	Under 24 months	Preschool	School-Age	Total
0	0	0	9	9

150F- Other combinations of age-groupings shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level.

Appendix E: Recommended Immunization Schedule for Persons Aged 0-6 Years
For current information, contact the Delaware Division of Public Health or refer to the CDC website
- http://www.cdc.gov/nip/recs/child-schedule.htm

Recommended Immunization Schedule for Persons Aged 0-6 Years—UNITED STATES - 2008
For those who fall behind or start late, see the catch-up schedule

Table with columns: Vaccine, Age, Birth, 1 month, 2 months, 4 months, 6 months, 12 months, 15 months, 18 months, 19-23 months, 2-3 years, 4-6 years. Rows include Hepatitis B, Rotavirus, Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Pneumococcal, Inactivated Poliovirus, Influenza, Measles, Mumps, Rubella, Varicella, Hepatitis A, and Meningococcal.

Range of recommended ages
Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the vaccine. Providers should consult the reporting Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: http://www.cdc.gov/vaccines/imz/pubs/ACIP4a1.htm. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-422-7967.

- 1. Hepatitis B vaccine (HepB). Minimum age: birth/
At birth:
- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg) positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth.
- If mother is HBsAg negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.
After the birth dose:
- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB.
- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose.
2. Rotavirus vaccine (Rota). Minimum age: 6 weeks/
3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). Minimum age: 6 weeks/
4. Haemophilus influenzae type b conjugate vaccine (Hib). Minimum age: 6 weeks/

- 5. Pneumococcal vaccines. Minimum age: 6 weeks for pneumococcal conjugate vaccine (PCV); 2 years for pneumococcal polysaccharide vaccine (PPSV)
6. Influenza vaccines. (Minimum age: 6 months for trivalent/inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
7. Measles, mumps, and rubella vaccine (MMR). Minimum age: 12 months
8. Varicella vaccine. (Minimum age: 12 months)
9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)
10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

The Recommended Immunization Schedules for Persons Aged 0-18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/imz/ipac), the American Academy of Pediatrics (http://www.aap.org), and the American Academy of Family Physicians (http://www.aafp.org).
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Appendix F: Recommended Immunization Schedule for Persons Aged 7-18 Years
For current information, contact the Delaware Division of Public Health or refer to the CDC website
- <http://www.cdc.gov/nip/recs/child-schedule.htm>

Recommended Immunization Schedule for Persons Aged 7-18 Years—UNITED STATES • 2009
For those who fall behind or start late, see the green bars and the catch-up schedule

Vaccine ▼	Age ►	7-10 years	11-12 years	13-18 years
Diphtheria, Tetanus, Pertussis ¹	see footnote 1		Tdap	Tdap
Human Papillomavirus ¹	see footnote 2		HPV (3 doses)	HPV Series
Meningococcal ³		MCV4	MCV4	MCV4
Pneumococcal ⁴			PPV	
Influenza ⁵			Influenza (Yearly)	
Hepatitis A ⁶			HepA Series	
Hepatitis B ⁷			HepB Series	
Inactivated Poliovirus ⁸			IPV Series	
Measles, Mumps, Rubella ⁹			MMR Series	
Varicella ¹⁰			Varicella Series	

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7-18 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX[®] and 11 years for ADACEL[™])

- Administer at age 11-12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
- 13-18-year-olds who missed the 11-12 year Tdap or received Td only are encouraged to receive one dose of Tdap 5 years after the last Td/DTaP dose.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose of the HPV vaccine series to females at age 11-12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13-18 years if not previously vaccinated.

3. Meningococcal vaccine.

- Administer MCV4 at age 11-12 years and at age 13-18 years if not previously vaccinated. MPSV4 is an acceptable alternative.
- Administer MCV4 to previously unvaccinated college freshmen living in dormitories.
- MCV4 is recommended for children aged 2-10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups.
- Persons who received MPSV4 2 or more years previously and remain at increased risk for meningococcal disease should be vaccinated with MCV4.

4. Pneumococcal polysaccharide vaccine (PPV).

- Administer PPV to certain high-risk groups.

5. Influenza vaccine.

- Administer annually to all close contacts of children aged 0-59 months.
- Administer annually to persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at higher risk.

- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.
- For healthy nonpregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2-49 years, either LAN or TV may be used.

6. Hepatitis A vaccine (HepA).

- Administer the 2 doses in the series at least 6 months apart.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB[®] is licensed for children aged 11-16 years.

8. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses of MMR during any visit, with 4 or more weeks between the doses.

10. Varicella vaccine.

- Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose if administered 28 or more days following the first dose.
- Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

The Recommended Immunization Schedule for Persons Aged 0-18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip/), the American Academy of Pediatrics (<http://www.aap.org/>), and the American Academy of Family Physicians (<http://www.aafp.org/>).

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Appendix G: Catch-up Immunization Schedule

For current information, contact the Delaware Division of Public Health or refer to the CDC website - http://www.cdc.gov/nip/recs/child-schedule.htm

Catch-up Immunization Schedule UNITED STATES • 2008
for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS. Table with columns: Vaccine, Minimum Age for Dose 1, and Minimum Interval Between Doses (Dose 1 to Dose 2, Dose 2 to Dose 3, Dose 3 to Dose 4, Dose 4 to Dose 5).

CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS. Table with columns: Vaccine, Minimum Age for Dose 1, and Minimum Interval Between Doses (Dose 1 to Dose 2, Dose 2 to Dose 3, Dose 3 to Dose 4, Dose 4 to Dose 5).

- 1. Hepatitis B vaccine (HepB).
2. Rotavirus vaccine (Rota).
3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).
4. Haemophilus influenzae type b conjugate vaccine (Hib).
5. Pneumococcal conjugate vaccine (PCV).
6. Inactivated poliovirus vaccine (IPV).
7. Measles, mumps, and rubella vaccine (MMR).
8. Varicella vaccine.
9. Hepatitis A vaccine (HepA).
10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).
11. Human papillomavirus vaccine (HPV).

Information about reporting reactions after immunization is available online at http://www.cdc.gov/vaccines or by telephone via the 24-hour national toll-free information line 800-822-3861. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at: http://www.cdc.gov/vaccines or telephone, 800-CDC-INFO (800-232-4636).

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Appendix H: USDA/CACFP Infant Meal Pattern Requirements and Policies**Infant Meal Pattern
Breakfast**

Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-8 fluid ounces of formula ¹ or breastmilk ^{2,3} ; 0-3 tablespoons of infant cereal ^{1,4}	6-8 fluid ounces of formula ¹ or breastmilk ^{2,3} ; and 2-4 tablespoons of infant cereal ¹ ; and 1-4 tablespoons of fruit or vegetable or both

¹ Infant formula and dry infant cereal must be iron-fortified.

² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.

³ For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

**Infant Meal Pattern
Lunch or Supper**

Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breast milk ^{2,3}	4-8 fluid ounces of formula ¹ or breast milk ^{2,3} ; 0-3 tablespoons of infant cereal ^{1,4} ; and 0-3 tablespoons of fruit or vegetable or both ⁴	6-8 fluid ounces of formula ¹ or breast milk ^{2,3} ; 2-4 tablespoons of infant cereal ¹ ; and/or 1-4 tablespoons of meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½-2 ounces of cheese; or 1-4 ounces (volume) of cottage cheese; or 1-4 ounces (weight) of cheese food or cheese spread; and 1-4 tablespoons of fruit or vegetable or both

¹ Infant formula and dry infant cereal must be iron-fortified.

² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months.

³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

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⁴ A serving of this component is required when the infant is developmentally ready to accept it.

**Infant Meal Pattern
Snack**

Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula¹ or breast milk^{2,3}	4-6 fluid ounces of formula¹ or breast milk^{2,3}	2-4 fluid ounces of formula¹ or breast milk^{2,3}, or fruit juice⁵; and 0-1/2 bread^{4,6} or 0-2 crackers^{4,6}

¹

Infant formula and dry infant cereal must be iron-fortified.

²

Breastmilk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months.

³

For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

⁴

A serving of this component is required when the infant is developmentally ready to accept it.

⁵

Fruit juice must be full-strength.

⁶

A serving of this component must be made from whole-grain or enriched meal or flour.

Appendix I: CACFP Child Meal Pattern Requirements and Policies**Child Meal Pattern
Breakfast****Select All Three Components for a Reimbursable Meal**

Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk			
fluid milk	1/2 cup	3/4 cup	1 cup
1 fruit/vegetable			
juice, ² fruit and/or vegetable	1/4 cup	1/2 cup	1/2 cup
1 grains/bread³			
bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Fruit or vegetable juice must be full-strength.

³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

**Child Meal Pattern
Lunch or Supper**

Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk			
fluid milk	1/2 cup	3/4 cup	1 cup
2 fruits/vegetables			
juice, ² fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
1 grains/bread³			
bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
1 meat/meat alternate			
meat or poultry or fish ⁴ or	1 ounce	1 1/2 ounces	2 ounces
alternate protein product or	1 ounce	1 1/2 ounces	2 ounces

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cheese or	1/2 egg	3/4 egg	1 egg
egg or	1/4 cup	3/8 cup	1/2 cup
cooked dry beans or peas or			
peanut or other nut or seed butters or	2 Tbsp.	3 Tbsp.	4 Tbsp.
nuts and/or seeds ⁵ or	1/2 ounce	3/4 ounce	1 ounce
yogurt ⁶	4 ounces	6 ounces	8 ounces

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Fruit or vegetable juice must be full-strength.

³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

⁴ A serving consists of the edible portion of cooked lean meat or poultry or fish.

⁵ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.

⁶ Yogurt may be plain or flavored, unsweetened or sweetened.

Child Meal Pattern Snack

Select Two of the Four Components for a Reimbursable Snack

Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk			
fluid milk	1/2 cup	1/2 cup	1 cup
1 fruit/vegetable			
juice, ² fruit and/or vegetable	1/2 cup	1/2 cup	3/4 cup
1 grains/bread³			
bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
1 meat/meat alternate			
meat or poultry or fish ⁴ or	1/2 ounce	1/2 ounce	1 ounce
alternate protein product or	1/2 ounce	1/2 ounce	1 ounce
cheese or	1/2 ounce	1/2 ounce	1 ounce
egg ⁵ or	1/2 egg	1/2 egg	1/2 egg
cooked dry beans or peas or	1/8 cup	1/8 cup	1/4 cup

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peanut or other nut or seed butters or	1 Tbsp.	1 Tbsp.	2 Tbsp.
nuts and/or seeds or			
yogurt ⁶	1/2 ounce	1/2 ounce	1 ounce
	2 ounces	2 ounces	4 ounces

¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Fruit or vegetable juice must be full-strength. Juice cannot be served when milk is the only other snack component.

³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

⁴ A serving consists of the edible portion of cooked lean meat or poultry or fish.

⁵ One-half egg meets the required minimum amount (one ounce or less) of meat alternate.

⁶ Yogurt may be plain or flavored, unsweetened or sweetened.

DELACARE

Rules for Large Family Child Care Homes

Office of Child Care Licensing

**Division of Family Services,
Department of Services for Children, Youth and Their
Families**

NOTICE OF RESCISSION AND PROMULGATION

The Office of Child Care Licensing, Division of Family Services, Department of Services for Children, Youth and their Families adopts and promulgates the following rules for Large Family Child Care Homes as authorized in the Delaware Code, Title 31, Chapter 3, Subchapter III, Subsections 341-345, also known as “The Delaware Child Care Act”. All previous rules, regulations and standards pertaining to such facilities are null and void except to the extent all rules, regulations, standards, enforcement actions, decisions, investigations and the like previously promulgated or taken by the Office of Child Care Licensing shall continue unabated and shall remain in full force and effect notwithstanding promulgations of these regulations or rules. These rules shall take effect on January 1, 2009.

Henry Smith, III, Secretary
Department of Services for Children,
Youth and Their Families

Date

Carlyse Giddins, Director
Division of Family Services

Date

FOREWORD

Early Care and Education and School-Age Care generally known as “day care” or “child care”, are the terms now used to refer to the range of services available for children who are away from their own homes for part of the day. Generally parents/guardians seek substitute care for reason of employment, although a variety of situations prompt the need for care outside of their own homes. The primary characteristic of early care and education and school-age care is the delegation by the parents/guardians of the responsibility for care, education, protection, supervision or guidance of the child to the early care and education or school-age care provider.

The need for protecting children receiving care outside their own homes was recognized by the Delaware General Assembly as early as 1915. Delaware currently requires early care and education and school-age care facilities to be licensed as authorized in the Delaware Code, Title 31, Subchapter III, Subsections 341-345, also known since July 2001 as “The Delaware Child Care Act”. The licensing law defines the type of facilities that are to be regulated by the State, and gives the authority to “prescribe reasonable standards” and “license such of these (facilities)” to the Office of Child Care Licensing. The purpose of the law is to protect the health, safety and well-being of the children who receive care in early care and education and school-age facilities. Licensing of these facilities is a preventive function which has as its purpose setting rules which must be met in order for a facility to be able to operate.

Large family child care is an early care and education and/or school-age care service offered in a private home or non-residential setting for a small group of children. During the revision process of the *Delacare: Requirements for Large Family Child Care Homes*, the Office of Child Care Licensing reviewed other Delaware facility rules concerning the care of children, the licensing rules of other States, current research in child development, early care and education, school-age care, health, safety, nutrition, statistical and demographic reports, and national professional accreditation standards applicable to Large Family Child Care. Also the advice and assistance of persons knowledgeable about the field of early care and education and school-age care, primarily of which were Family Child Care and Large Family Child Care providers, was sought through task force, focus group and survey participation. Public comment was also received on the revisions to the rules. These new rules, now entitled *Delacare: Rules for Large Family Child Care Homes* are the final result of these efforts.

The rules are divided into sections relating to General Provisions, Large Family Child Care Licensure, Provisions for Operation of a Large Family Child Care Home, Licensee Responsibilities, Physical Environment, Health, and Program for Children. Through this design, the Office of Child Care Licensing has attempted to define specific rules rather than broad standards so that compliance can be measured accurately and consistently.

The Department appreciates the contributions of all the individuals in the development of *Delacare: Rules for Large Family Child Care Homes* and asks for their continued support in working together to provide better care and services to children in all types of early care and education and school-age care services.

The following individuals participated in the task force to offer advice and assistance during the development of the *Delacare: Rules for Family Child Care Homes and Delacare: Rules for Large Family Child Care Homes*.

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INTRODUCTION

Legal Base

1. The legal base for these licensing Rules is in the Delaware Code, Title 31, Welfare, In General, Chapter 3, Child Welfare, Subchapter III, The Delaware Child Care Act, Subsections 341 – 345 and Title 29, State Government, Part VIII, Departments of Government, Chapter 90, Department of Services For Children, Youth And Their Families, Subsection 9003 (7).

Purpose

2. The overall purpose of these Rules is the protection and promotion of the health, safety, well-being, and positive development of children who receive licensed child care services in Large Family Child Care Homes.

GENERAL PROVISIONS

Definition of Regulated Service

3. Large Family Child Care is a licensed child care service provided for part of a twenty-four (24) hour day, offered by any person or entity including but not limited to an owner, association, agency or organization that advertises or holds himself, herself or itself out as conducting such a service. This person or entity has in custody or control seven (7) to a maximum of twelve (12) children preschool-age or older who live at and/or are present at the Large Family Child Care Home. In addition to the children preschool-age or younger, this person or entity may also have custody or control of one (1) to a maximum of two (2) school-age children who do not live at the Large Family Child Care Home but are present only for before and after school, and/or during school holidays, and/or during the summer. All of these children are provided care, education, protection, supervision or guidance in a private home or non-residential setting. This does not include a child care service provided exclusively to relatives as defined by these Rules.

Definition of Terms

4. "Administrator" means the individual responsible for the supervision and administration of the Office of Child Care Licensing.
5. "Administrative Action" means the term applied to a group of enforcement actions initiated by the Office of Child Care Licensing against an Applicant or Licensee.
6. "Administrative Appeal Hearing" means the hearing provided to an Applicant or Licensee when the Applicant or Licensee has requested appeal of the Division's decision to deny an application or revoke a Large Family Child License.
7. "Administrative Review Hearing" means the hearing provided to a Licensee when the Licensee has requested an appeal of the Office of Child Care Licensing's decision on violations of these Rules.
8. "Adult" means a person who has reached his or her eighteenth (18th) birthday.
9. "Agreement of Understanding" means a formal written document that is part of an administrative action, part of a corrective action plan, or used when a formal agreement is deemed necessary between the Licensee and the Office of Child Care Licensing which clearly explains and memorializes what actions a Licensee must take in order to maintain licensure.

10. "Applicant" means any person or entity including but not limited to the perspective owner, association, agency, or organization, applying for a Large Family Child Care License through the Office of Child Care Licensing.
11. "Associate Caregiver" means a staff member who works under the supervision of a Caregiver and provides child care and related duties at a Large Family Child Care Home that was licensed before the effective date of these Rules. The Associate Caregiver may supervise Substitutes and meets the qualifications specified in Rule #84 of the previous *Delacare: Requirements for Large Family Child Care Homes (1994)*. The Associate Caregiver is renamed Large Family Child Care Assistant in these Rules.
12. "Background check" means a State (Delaware) and Federal (national) report of a person's entire criminal history, a search of the Department's child abuse and neglect records, and when applicable, a search of the Department of Health and Social Services' adult abuse registry or any other checks as required by State or Federal law.
13. "Business Day(s)" means any weekday Monday through Friday. It does not include the weekend day (Saturday and Sunday) or any State of Delaware legal holiday that falls on a weekday.
14. "Caregiver" means the staff member with the direct responsibility for the total program of services provided to children and their families including providing child care and related duties and, when applicable, managing the administrative aspects at a Large Family Child Care Home that was licensed before the effective date of these Rules. The Caregiver supervises Associate Caregivers and Substitutes and meets the qualifications specified in Rules #61-63 of the previous *Delacare: Requirements for Large Family Child Care Homes (1994)*. The Caregiver is renamed Large Family Child Care Provider in these Rules.
15. "Change of Shift" means the two (2) hour period of time overlapping between two (2) full shifts of child care. A full shift shall be at least eight (8) hours long.
16. "Child" means any person who has not reached the age of eighteen (18) years.
17. "Child Abuse" means the abuse of a child as defined in Delaware Code, Title 16, Chapter 9.
18. "Child Care" means the providing of care, education, protection, supervision or guidance of children in a Large Family Child Care Home.
19. "Child Care Licensing Specialist" means an employee of the Department of Services for Children, Youth and their Families, Division of Family Services, Office of Child Care Licensing who is responsible for performing regulatory activities including investigations, enforcement action and decisions for licensure as set forth in Delaware Code and these Rules.
20. "Child Care Licensing Supervisor" means an employee of the Department of Services for Children, Youth and their Families, Division of Family Services, Office of Child Care Licensing who is responsible for performing supervisory and regulatory activities including investigations, enforcement actions and decisions for licensure as set forth in Delaware Code and these Rules.
21. "Child Neglect" means the neglect of a child as defined in Delaware Code, Title 16, Chapter 9.

22. “Child Sex Abuse” means any act against a child that is described as a sex offense as defined in Delaware Code, Title 11, Subsection 761 (d) or in subpart D. “sexual offenses” of subchapter I. of Chapter 5 of Title 11 of the Delaware Code.
23. “Child with Disabilities” means a child who has been diagnosed by a qualified professional as having a physical, intellectual, emotional, developmental or chronic medical condition(s) or impairment(s) which would require modification(s) in the regular program of activities for that child or as defined by applicable Federal and State laws.
24. “Clock Hour(s)” means the actual number of hours or time a licensee or staff member spends attending the instructional portion of a training to develop or enhance child care competencies.
25. “Complaint” means an accusation that a Licensee is not in compliance with these Rules or any applicable laws. Complaints may be written or oral and may be anonymous.
26. “Complaint Investigation” means the process followed by the Office of Child Care Licensing to effectively investigate an accusation that a Licensee is not compliance with these Rules or any applicable laws. The Licensee is notified of the complaint, generally done at the time of an unannounced visit regarding the particular complaint(s) and a written report is created stating the results of the investigation to the Licensee.
27. “Corrective Action Plan” means a plan developed with the Licensee by the Office of Child Care Licensing which specifies any non-compliance, what the Licensee shall do to become compliant, and the time frame in which the non-compliance shall be corrected.
29. "Department" means the Department of Services for Children, Youth and Their Families.
30. “Denial” means the refusal by the Office of Child Care Licensing to issue a Large Family Child Care License after the receipt of an original or renewal application and the completion of an investigation. This constitutes refusal of official permission for the Applicant or Licensee to provide regulated service.
31. “Direct Observation” (of staff members) means that staff members with supervisory responsibilities are physically present in the same room or area with staff members who are required to be supervised and are visually monitoring the interactions of those staff members with children at the Large Family Child Care Home and alert to any problems that may occur.
32. “Direct Voice Contact” means a Licensee speaking directly with a Child Care Licensing Specialist, Child Care Licensing Supervisor, or the Administrator from the Office of Child Care Licensing through a telephone call or face-to-face contact. A voice mail message is not acceptable and does not constitute direct voice contact.
33. "Division" means the Division of Family Service within the Department.
34. “Division Director” means the Director of the Division of Family Services within the Department.
35. “Health Care Provider” means a professionally licensed physician, advance practice nurse (nurse practitioner) and physician assistant, such license being issued by an established licensing body.

36. "Household member(s)" means persons living together permanently or temporarily without regard to whether they are related to each other by blood or marriage and without regard to the length of time or continuity of such residence, and it may include persons who previously lived in the household such as paramours of a member of the household.
37. "Infant" means any child who is under the age of twelve (12) months.
38. "Infant/Toddler Home" means a Large Family Child Care Home in which a licensed child care service is provided for up to twelve (12) infants and/or toddlers. Child care in an Infant/Toddler Home may also be provided for preschool-age children in accordance with the *Delacare: Rules for Large Family Child Care Homes*.
39. "Informal Conference" means a meeting between the Office of Child Care Licensing and the Licensee to discuss non-compliance of a serious or repeated nature which, if not corrected on time and in an acceptable manner, may result in administrative action.
40. "Institutional Child Abuse or Neglect" means child abuse or neglect which has occurred to a child in the Department's custody and/or while placed in a facility, center or home operated, contracted or licensed by the Department.
41. "Large Family Child Care Assistant" means the staff member who works under the supervision, and when applicable, the direct observation of the Large Family Child Care Provider and provides child care and related duties at a Large Family Child Care Home. The Large Family Child Care Assistant may supervise Substitutes and meets the qualifications specified in Rules #161 and 162 or 163.
42. "Large Family Child Care Home" means a private home or non-residential setting in which a licensed child care service is provided.
43. "Large Family Child Care License" means a formal written document issued by the Office of Child Care Licensing permitting a person or entity including but not limited to the owner, association, agency, or organization to operate a Large Family Child Care Home and verifying demonstration of compliance with the *Delacare: Rules for Large Family Child Care Homes* and applicable codes, regulations and laws.
44. "Large Family Child Care Provider" means the staff member with direct responsibility for the total program of services provided to children and their families including providing child care and related duties and, when applicable, the managing the administrative aspects of a Large Family Child Care Home. The Large Family Child Care Provider supervises Large Family Child Care Assistants and Substitutes and meets the qualifications specified in Rule #158 and when applicable, Rules #159 & 160.
45. "Licensee" means any person or entity including but not limited to the owner, association, agency, or organization that is issued the Large Family Child Care License, has legal responsibility for and authority over the operation of the Large Family Child Care Home, and meets the qualifications and requirements of a Licensee as defined in these Rules.
46. "Licensure" means the issuing of a Large Family Child Care License by the Office of Child Care Licensing when the Applicant has demonstrated compliance with the *Delacare: Rules for Large Family Child Care Homes* and applicable codes, regulations, and laws.
47. "Meal" means breakfast, lunch, or dinner.
48. "Night Child Care" means child care is provided in the evening and/or overnight between the hours of 8:00 P.M. and 6:00 P.M.

49. "Office of Child Care Licensing" means the governmental organization within the Department authorized under Delaware Code, Title 31, Chapter 3, Subchapter III, to prescribe, by regulations or otherwise, any reasonable standards for the conduct of child care facilities, institutions, agencies, associations or organizations and may license such of these to conform to such standards.
50. "Owner" means any person or entity including by not limited to the association, agency or organization who is issued the Large Family Child Care License and has legal responsibility for and authority over the operation of the Large Family Child Care Home that was licensed before the effective date of these Rules under *Delacare: Requirements for Large Family Child Care Homes*. Owner is renamed Licensee in these Rules.
51. "Parent(s)/guardian(s)" means a birth or adoptive parent, legal guardian or any other person having responsibility for, or legal custody of, a child.
52. "Preschool-Age Child" means a child who is between thirty-six (36) months and five (5) years of age who is not yet attending a public or private kindergarten program outside of the Large Family Child Care Home. If a child is older than five (5) years of age and is not yet attending a public or private kindergarten program that child shall be considered in the preschool-age group until attending kindergarten or first grade which ever comes first.
53. "Private Home" means a non-public residence such as a house, duplex, townhouse, apartment or mobile home where the Licensee resides and has control over the furnishings and use of space. An individual unit in public housing and university housing complexes may be considered a private home.
54. "Regularly or on a regular basis" means child care services which are available and provided at a Large Family Child Care Home on more than one (1) day in any one (1) week or for periods longer than three (3) weeks in any calendar year.
55. "Relative" means a person having any of the following relationships by blood, marriage, or adoption between the Licensee, Substitute, household or staff member, and the child in child care: parent, grandparent, great-grandparent, brother, sister, aunt, uncle, stepparent, stepbrother, and stepsister. A cousin, for the purpose of this definition, shall not be considered a relative.
56. "Revocation" means the process of rescinding a Large Family Child Care License during the effective dates of the Large Family Child Care License. If the process concludes with the decision of the Secretary of the Department to revoke the Large Family Child Care License, the Licensee shall cease operation of a Large Family Child Care Home within thirty (30) days of the decision.
57. "Rule(s)" means a baseline or minimum standard required for a particular aspect of child care provided in a Large Family Child Care Home as established by the Office of Child Care Licensing and known as *Delacare: Rules for Large Family Child Care Homes*. A Licensee of a Large Family Child Care Home may and is encouraged to exceed the baseline or minimum standard required by these Rules.
58. "Secretary" means the Cabinet Secretary of the Department of Services for Children, Youth and Their Families.
59. "School-age care" means child care for school-age children who attend kindergarten or higher grade in a public or private school outside of the Large Family Child Care Home and are present at the Large Family Child Care Home during any of the following circumstances: before and/or after school; during school holidays; and/or summer months.

60. "School-age Child" means any child age five (5) years or older who is attending kindergarten or higher grade in a public or private school outside of the Large Family Child Care Home. A child shall be considered school-age beginning the first day attending kindergarten or first grade; whichever comes first.
61. "Snack" means supplemental food served between meals.
62. "Staff Member" means any full or part time employee(s) of a Large Family Child Care Home including the Substitute(s), and volunteer(s).
63. "Substitute" means staff member designated by the Licensee, and approved by the Office of Child Care Licensing to provide child care in the Large Family Child Care Home when the Large Family Child Care Provider or Large Family Child Care Assistant is not present due to emergency or specified planned, non-emergency situation(s) and who meets the qualifications and requirements of a Substitute as defined in these Rules. The Substitute shall be under the supervision and direct observation of the Large Family Child Care Provider or Large Family Child Care Assistant as qualified under Rules #161 & 163, at all times.
64. "Supervision" (of children) means the appropriate number of staff members are physically present in the area or room where children are being cared for and are constantly aware of where each child is, what each child is doing, how each child is managing, and are readily available to respond to each child's needs, requests and any emergency.
65. "Supervision" (of staff) means performing monitoring and evaluation functions of assigned staff which includes the observation of interactions of assigned staff with children and families, staff's adherences to the *Delacare: Rules for Large Family Child Care Homes*, and the Large Family Child Care Home's policies and procedures. When performing monitoring functions, supervisory staff shall be physically present in the same room or area as assigned staff and directly observe staff to monitor on-going interaction with children.
66. "Suspension Hearing" means an informal hearing between the Division Director or his/her designee, and the Licensee in order to determine whether the Large Family Child Care License remains suspended.
67. "Suspension Order" means a notice issued by the Office of Child Care Licensing to the Licensee directing that Large Family Child Care services be discontinued on a specified date. The Licensee shall not provide Large Family Child Care services during the term of a Suspension Order.
68. "Toddler" means a child between the age of twelve (12) months and under thirty-six (36) months.
69. "Training" means the successful participation in an organized professional development activity that is approved or accepted by the Office of Child Care Licensing in order to develop or enhance child care competencies of the Licensee and staff members of the Large Family Child Care Home.
70. "Variance" means the nontransferable written authorization issued by the Division after the Licensee has demonstrated an alternative means by which to meet the intent of a specific Rule. A variance is a conditional approval to operate outside of these Rules and is based on the need(s) or circumstance(s) of the Licensee and Large Family Child Care Home and does not endanger the health, care, safety, protection and supervision of children in child care.

71. “Volunteer” means a person or staff member who provides an unpaid service or support to a Large Family Child Care Home.

LARGE FAMILY CHILD CARE LICENSURE

72. A person or entity including but not limited to an owner, association, agency or organization shall not operate or provide child care services as defined in these Rules unless a Large Family Child Care License to do so is issued by the Office of Child Care Licensing. Anyone who violates Delaware Code, Title 31, Chapter 3, Subchapter III, The Delaware Child Care Act shall be fined not more than \$100 or imprisoned not more than three (3) months, or both.

Authority to Inspect

73. The Licensee, adult household and staff member(s), and Substitute shall permit access to the Large Family Child Care Home during the hours of operation by representatives of the Office of Child Care Licensing, and other State or local agencies with responsibilities for monitoring, approving or authorizing the use or safety of a Large Family Child Care Home, or provides payment for services provide at the Large Family Child Care Home.
74. The Licensee, adult household and staff member(s), and Substitute shall respond to and cooperate with requests from representatives of the Office of Child Care Licensing, and other authorized State or local officials and allow for the announced or unannounced inspection of any area or aspect of the operation of the Large Family Child Care Home which affects or potentially affects the children in child care including access to and request for information, files and records, and unlicensed space of the Large Family Child Care Home for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, or any other applicable codes, regulations, and laws including suspected child abuse and neglect.
75. The Licensee, shall not impede and shall permit the interview of him or herself, household and staff members, Substitute, any child in child care, and the parent(s)/guardian(s) of a child in child care by representatives of the Office of Child Care Licensing, and other authorized State or local officials for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, and any other applicable codes, regulations, or laws.

Authority to Request Other Inspections and Examinations

76. The Office of Child Care Licensing is authorized to request the appropriate State and local fire, health and building officials to conduct inspections and examinations of a Large Family Child Care Home to determine compliance with State and local ordinances, codes, regulations, and laws with reports submitted to the Office of Child Care Licensing.

Application Process

77. The Applicant shall attend an orientation session as provided by the Office of Child Care Licensing to receive information on *Delacare: Rules for Large Family Child Care* and the licensure process.
78. The Applicant shall successfully complete the application process as described in Rules #79-90 within a time period as established by the Office of Child Care Licensing.

79. The Applicant shall apply for a Large Family Child Care License on a form provided by the Office of Child Care Licensing. An application shall be required for initial licensure. A renewal application received by the Office of Child Care Licensing at least thirty (30) days prior to the expiration date of a Large Family Child Care License shall be required when seeking to continue the operation of a Large Family Child Care Home.
80. The Applicant shall sign a statement which certifies that he/she:
- A. Has read and understands these Rules;
 - B. Intends to maintain compliance with these Rules and any other applicable codes, regulations, and laws;
 - C. Intends to provide child care for children throughout the majority of the licensure period(s);
 - D. Has provided information that is true to the best of his/her knowledge; and
 - E. Will not discriminate on the basis of sex, race, religion, cultural heritage, disability, marital status, or economic status.
81. The Applicant shall demonstrate to the satisfaction of the Office of Child Care Licensing that he/she and the Large Family Child Care Home is in compliance with applicable provisions of these Rules, and any other applicable codes, regulations, and laws to qualify for a Large Family Child Care License.
82. The Applicant shall submit a completed and signed application including all required materials to the Office of Child Care Licensing and when applicable, any other authorizations, inspections, or documents that state any limitations on the use of a home and/or property through deed restrictions, homeowners' association, lease or rental agreements, or as required by codes, regulations, or laws such as, but not limited to, the Division of Public Health, City or State Fire Marshal, Division of Revenue, Department of Natural Resources and Environmental Control, Land Use or Zoning.
83. The Applicant shall provide written proof of an electrical inspection of the Large Family Child Care Home conducted by an inspection agency that is approved by the State Fire Marshal.
84. The Applicant shall show proof of property and comprehensive general liability insurance that specifically covers the Large Family Child Care Home business and maintain such insurance throughout all periods of licensure.
85. The Applicant shall submit documentation of current certification in cardiopulmonary resuscitation (CPR) and completion of a current first aid course each applicable to the ages of the children in child care if serving as a staff member.
86. The Applicant shall provide two (2) written letters of reference from two (2) adults who are familiar with the Applicant but who are not related to the Applicant. These references shall verify that the Applicant is of good character and reputation, respects and understands children, and is sensitive to meeting their needs.
87. The Applicant shall sign a release of employment history form provided by the Office of Child Care Licensing that permits the Office of Child Care Licensing to obtain service letters as per Delaware Code, Title 19, Chapter 7, Section 708 from a current or most recent previous employer for him or herself, and any health care and/or child care facility for which the Applicant was employed within the past five (5) years of application for initial licensure.
- A. If an Applicant has no prior employment history, five (5) letters of reference as specified in Rule #86 shall be required to be provided.

88. The Applicant, all household member(s), and any person that may be entitled by virtue of his/her position regarding the Large Family Child Care Home, such as but not limited to business ownership, corporate officer, or board membership to direct access to children at the Large Family Child Care Home shall provide or authorize the release of information required to determine the health, safety or welfare of any child in child care would not be at risk.
- A. The applicant, household member who is eighteen (18) years of age or older, and any person that may be entitled by virtue of his/her position regarding the Large Family Child Care Home, such as but not limited to business ownership, corporate officer, or board membership to direct access to children at the Large Family Child Care Home shall be fingerprinted by the Delaware State Police for Large Family Child Care.
 - B. The Office of Child Care Licensing may, when there is cause to believe the health, safety, or welfare of a child in child care may be at risk, request consent from a parent/guardian for a background check on a household member under eighteen (18) years of age.
 - C. The Office of Child Care Licensing may, when there is cause to believe the health, safety, or welfare of a child in child care may be at risk, request medical, psychological, counseling, school, probation and/or Division of Family Services records.
 - D. The applicant shall sign a release for the result of an adult abuse registry check through the Department of Health and Social Services.
89. The Applicant shall provide written evidence of health appraisals attesting to his/her health, and the health of any adult household members.
- A. The written report from a health care provider shall have been completed within one (1) year prior to the date of initial licensure and include, at a minimum:
 - i. Health history;
 - ii. Physical exam;
 - iii. Vision and hearing screening;
 - iv. Freedom from communicable tuberculosis (Tb) verified within one (1) year prior to the date of initial licensure, with further testing every five (5) years;
 - v. A review of immunization status (such as measles, mumps, rubella, diphtheria, tetanus, and polio);
 - vi. A review of occupational health concerns;
 - vii. Assessment of need for vaccines against illnesses such as but not limited to, influenza, pneumococcus, and hepatitis B, and of risk from exposure to common childhood infections, such as parvovirus, CMV, and chicken pox; and
 - viii. Assessment of health related limitations or communicable diseases that may impair a person's ability to perform the child care or have direct access to children.
90. The Applicant shall provide a health appraisal for children preschool-age or younger and not yet attending kindergarten, including school-age children who are not attending a public or private school and are living in the Large Family Child Care Home as specified in Rule #203.

Annual Large Family Child Care License

91. The annual Large Family Child Care License shall be issued when the Office of Child Care Licensing determines that the Applicant and Large Family Child Care Home are in compliance with applicable provisions of these Rules.

92. The Licensee shall maintain compliance with applicable provisions of these Rules and all other applicable local, State and Federal codes, regulations and laws throughout the licensure period(s).
93. The annual Large Family Child Care License shall be issued only to the Licensee, and for the address of the Large Family Child Care Home shown on the application. A Large Family Child Care License is not transferable, assignable or subject to sale.
94. The annual Large Family Child Care License shall be effective for one (1) year from the date of issuance, unless it is:
- A. Modified to a provisional Large Family Child Care License;
 - B. Revoked;
 - C. Surrendered prior to the expiration date;
 - D. Nullified; or
 - E. Suspended.
95. The Licensee shall post the Large Family Child Care License inside the Large Family Child Care Home in the area where child care is provided and visible to parent(s)/guardian(s).
96. The Licensee shall comply with any restrictions on the maximum number of children in child care which may be placed upon the Large Family Child Care Home by the Office of Child Care Licensing and/or other applicable agencies' codes, regulations and laws such as those related to fire safety and zoning.

Provisional Large Family Child Care License

97. A provisional Large Family Child Care license may be issued when a Licensee is temporarily unable to comply with all of these Rules and when the Office of Child Care Licensing determines that:
- A. There is no serious risk to the health, safety and well-being of the children;
 - B. The Licensee has agreed to fulfill and operate under conditions as stated in a written corrective action plan as developed by the Office of Child Care Licensing and the Licensee;
 - C. The Licensee demonstrates to the Office of Child Care Licensing of intent to comply with the corrective action plan; and
 - D. The Licensee demonstrates good faith efforts to achieve compliance but requires additional time to achieve compliance with applicable provisions of these Rules.
98. A provisional Large Family Child Care License may be replaced with an annual Large Family Child Care License when the Licensee makes a written request to the Office of Child Care Licensing after the corrective action plan is completed by the Licensee and approved by the Office of Child Care Licensing in advance of the of the expiration date of the provisional Large Family Child Care License.

Large Family Child Care License Renewal

99. The Licensee shall be required to renew a Large Family Child Care License annually.
- A. An annual Large Family Child Care License shall expire one (1) year from the date of issuance.

100. At least ninety (90) calendar days before the expiration of the current Large Family Child Care License, the Licensee shall make a request to the Office of Child Care Licensing by direct voice contact or in writing to obtain the Large Family Child Care License renewal application materials.
101. The Licensee shall submit a fully completed, signed and notarized Large Family Child Care License application form and all required materials to the Office of Child Care Licensing at least sixty (60) calendar days prior to the expiration of current Large Family Child Care License.

Notification to the Office of Child Care Licensing

102. A Licensee shall immediately notify the Office of Child Care Licensing by direct voice contact during the Office of Child Care Licensing's business hours of the death of a child while in child care. If the death occurs after such business hours, the Licensee shall immediately call the 24-Hour Child Abuse/Neglect Hotline (currently listed as 1-800-292-9582).
103. A Licensee shall notify the Office of Child Care Licensing within one (1) business day by direct voice contact during the Office of Child Care Licensing's business hours if any of the following occur:
- A. Any fire; flood; or any other serious damage due to any natural or man-made disaster(s) that impact the ability to operate safely;
 - B. Injury of a child while in child care at a Large Family Child Care Home requiring inpatient or outpatient treatment. The direct voice contact shall be followed by a written report on a form provided by the Office of Child Care Licensing;
 - C. Suspected abuse or neglect of a child enrolled at the Large Family Child Care Home after immediately calling the 24-hour Child Abuse/Neglect Hotline (currently listed as 1-800-292-9582) to report the suspected abuse or neglect;
 - D. Any subsequent charges, arrests, or convictions of himself/herself, the Substitute or a household and staff member;
 - E. Any involvement with the Department due to child abuse or neglect of himself/herself, the Substitute, or a household or staff member; or
 - F. Any breakdown of equipment that could pose a threat to the health and safety of children in child care, including but not limited to, lack of operating toilets, interruption of running water, loss of telephone service, failure of smoke/fire alarm system, and failure of cooling or heating systems so that temperatures cannot be maintained within limits of Rule # 223.
104. The Licensee shall notify the Office of Child Care Licensing within five (5) business days by direct voice contact and follow-up in writing to his/her assigned Child Care Licensing Specialist when there is a change in the:
- A. Telephone number of the Large Family Child Care Home;
 - B. Shift(s) of child care provided;
 - C. Composition of household;
 - D. Staff member;
 - E. Substitute; or
 - F. Intended use of a Substitute as specified in Rule #175.
105. The Licensee shall notify the Office of Child Care Licensing prior to using and receive prior approval for any change in physical space or rooms used at the Large Family Child Care Home for child care.

106. The Licensee shall report to the Office of Child Care Licensing in writing or by direct voice contact at least thirty (30) days in advance of a change in address of the Large Family Child Care Home. A new Large Family Child Care License shall be required at the new address prior to providing child care services at the new address.

Nullification of Large Family Child Care License

107. A Large Family Child Care Home License shall immediately become null and void when the following occurs:
- A. The Licensee changes the location of the Large Family Child Care Home;
 - B. The Licensee surrenders the Large Family Child Care License to the Office of Child Care Licensing;
 - C. The Large Family Child Care License has been denied
 - D. The Large Family Child Care License has been revoked; or
 - E. The Large Family Child Care License has expired.

Complaint Investigation

108. The Office of Child Care Licensing shall investigate when a complaint is received regarding *Delacare: Rules for Large Family Child Care Homes*. The Office of Child Care Licensing shall notify the Licensee that a complaint is being investigated. The results of the Office of Child Care Licensing's investigation shall be reported in writing to the Licensee investigated. If the complaint is substantiated or if other violations are found as a result of the investigation, the Licensee shall be required to correct the violations and come into compliance with these Rules and any applicable Federal, State or local laws or regulations.
- A. Complaints relating specifically to codes, regulations, or laws of other State and local agencies may be referred to the appropriate agency for investigation. At the time of the referral, the Office of Child Care Licensing shall request a report from the other State and local agencies on the investigation findings to determine compliance with *Delacare: Rules for Large Family Child Care Homes*.
109. The Office of Child Care Licensing shall investigate a reported unlicensed Large Family Child Care Home and require the individual(s) providing unlicensed Large Family Child Care to cease operation upon notice from the Office of Child Care Licensing.
110. The Department of Services for Children, Youth and their Families, Division of Family Services, Office of Children's Services, Institutional Abuse Investigation Unit shall investigate when a complaint is received regarding the abuse or neglect of a child at the Large Family Child Care Home. Law enforcement shall be notified and will conduct an investigation of any complaint that may constitute a crime.

Denial, Suspension, or Revocation of a Large Family Child Care License

111. The Division may deny an application, suspend or revoke a Large Family Child Care License for good cause, for reasons including but not limited to the following:
- A. Failure to comply with applicable provisions of State law(s) or of these Rules;
 - B. Violation of the terms or conditions of Large Family Child Care License, corrective action plan, or agreement of understanding;
 - C. Use of fraud, intentional or negligent misrepresentation in obtaining a Large Family Child Care License or in the subsequent operation of the Large Family Child Care Home;
 - D. Refusal to furnish information, files, and records to representative(s) of the Office of Child Care Licensing and other authorized State or local officials for the purposes

- of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, and any other applicable codes, regulations, and laws;
- E. Refusal to permit access to the Large Family Child Care Home during hours of operation by representatives of the Office of Child Care Licensing and other State or local officials with responsibilities for monitoring, approving, or authorizing the use or safety of a Large Family Child Care Home, or provides payment for services provided at the Large Family Child Care Home;
 - F. Refusal to respond to and cooperate with requests from representatives of the Office of Child Care Licensing, and other authorized State or local officials and allow for the announced or unannounced inspection of any area or aspect of the operation of the Large Family Child Care Home which affects or potentially affects the children in child care including access to unlicensed space of the Large Family Child Care Home for the purposes of determining compliance and/or investigating complaints of non-conformity with applicable provisions of these Rules, or any other applicable codes, regulations, and laws including suspected child abuse and neglect.
 - G. Engagement in any activity, policy, practice or conduct that adversely affects or presents a serious or imminent danger, or risk thereof to the health, safety or well-being of children;
 - H. Conduct that otherwise demonstrates unfitness by the Licensee, Substitute, a household or staff member to operate a Large Family Child Care Home; or
 - I. Operation of any activity not permitted under local, State or Federal law at the Large Family Child Care Home.
112. If the health, safety or well-being of children in child care is in serious or imminent danger, or risk thereof, the Office of Child Care Licensing may immediately suspend the Large Family Child Care License upon issuance of a suspension order. The suspension order may be verbal or written. Any verbal suspension order shall be followed by a written suspension order. Upon notification from the Office of Child Care Licensing of the initial suspension order, the Licensee shall cease operation of the Large Family Child Care Home. The written suspension order shall state the reason(s) for the suspension. Within ten (10) business days after the issuance of the written suspension order, the Licensee may relinquish the Large Family Child Care License to the Office of Child Care Licensing or request a suspension hearing at which the Licensee and/or Licensee's representative may be present. Upon request of the Licensee for a suspension hearing, the Division Director or his/her designee shall schedule a suspension hearing within ten (10) business days of the Licensee's request. The Division Director or his/her designee will make a determination if the suspension order will be continued.

Appeal

113. If the Division intends to deny an application, or revoke a Large Family Child Care License to operate, the Division shall mail a notice of intent to deny or revoke the Large Family Child Care License to the Licensee. Such notice shall specify the Licensee's right to appeal the decision by requesting an administrative appeal hearing. The Licensee shall request an administrative hearing within ten (10) business days of receipt of the notice.
114. If a written request or a verbal request made by direct voice contact, for an administrative appeal hearing is received by the Division within ten (10) business days of the date the notice of the intent to deny or revoke was received, the Division shall schedule an administrative appeal hearing within thirty (30) business days from the date the request for an administrative appeal hearing is received, unless for good cause, the Hearing Officer grants postponement or parties agree to postponement.

115. The administrative appeal hearing shall be conducted by a Hearing Officer who has had no previous involvement in the matter prompting the administrative appeal hearing.
116. If a Licensee requests an administrative appeal hearing within ten (10) business days of the date the notice of intent to deny or revoke was received, the existing Large Family Child Care License shall remain in effect until an official written decision has been rendered subsequent to the administrative appeal hearing. The Office of Child Care Licensing shall have the authority to suspend the Large Family Child Care License immediately whenever the health, safety or well being of children in child care is in serious or imminent danger or risk thereof.
117. If a Licensee does not make a request for an administrative appeal hearing within ten (10) business days of the date the notice of intent to deny or revoke was received, the action in such notice seeking to deny or revoke a Large Family Child Care License shall become final and binding without any further right of review and take effect thirty (30) business days after the issuance of the notice. However, where stated in the Division's notice, if the health, safety or well-being of children in child care is in serious or imminent danger or risk thereof, denial or revocation shall be effective immediately upon the issuance of a written notice by the Division.

Rule Variances

118. Upon the written request of an Applicant or Licensee, the Division may grant a variance from these Rules if the Applicant or Licensee has documented to the satisfaction of the Division that the intent of the specific Rule shall be satisfactorily achieved in a manner other than that prescribed by the Rule and that the health, safety or well being of children in child care is not in serious or imminent danger or risk thereof.
119. The Division may require a Licensee to provide notice of a variance request to the parent(s)/guardian(s) with children in the Large Family Child Care Home to offer them the opportunity to provide input on the variance request to the Division.
120. The Division shall render its decision on the request for variance in writing, including the conditions and Rules for which the variance is granted, and shall send a signed copy of the decision to the Applicant or Licensee. A copy of the decision shall be maintained on file by the Division and the Applicant or Licensee.
121. The variance may be, at the Office of Child Care Licensing's discretion, time-limited or indefinite but shall only remain in effect as long as the Licensee continues to satisfactorily achieve the intent of the Rule, conditions of the variance, and maintain the health, care, safety, protection, supervision, or guidance of children in child care.
122. The Division shall monitor the Licensee's compliance with the variance. If the Licensee fails to comply with the variance, the Division shall initiate necessary enforcement action and may revoke the variance.

PROVISIONS FOR OPERATION OF A LARGE FAMILY CHILD CARE HOME

General Qualifications and Requirements of Licensee, Household Members, and Person with Direct Access to Children

123. The Licensee, household members, and any person that may be entitled by virtue of his/her position such as but not limited to business ownership, corporate officer, or board membership to direct access to children at the Large Family Child Care Home shall not have any conviction, current indictment, outstanding warrant, or substantial evidence of involvement in:

- A. Any activity involving violence against a person;
 - B. Child abuse or neglect;
 - C. Possession, sale or distribution of illegal drugs;
 - D. Sexual misconduct;
 - E. Gross irresponsibility or disregard for the safety of others; or
 - F. Serious violations of accepted standards of honesty or ethical behavior.
- i. The Department may, at its own discretion, make exceptions to the above Rule when it is documented that the health and safety of children would not be endangered except as prohibited by the Child Protection Registry law as defined by Delaware Code, Title 16, Chapter 9, Subchapter II, Subsection 923.
124. The Licensee shall ensure that within five (5) business days of a current household member turning eighteen (18) years of age, an individual who is eighteen (18) years of age becoming a new household member, or any new person who may be entitled by virtue of his/her position regarding the Large Family Child Care Home such as but not limited to business ownership, corporate officer, or board membership to direct access to children at the Large Family Child Care Home, such individual is fingerprinted by the Delaware State Police for Large Family Child Care. The Licensee shall provide verification of such fingerprinting to the Office of Child Care Licensing within fourteen (14) business days of when the fingerprinting occurred.
- A. The Office of Child Care Licensing may, when there is cause to believe the health, safety, or welfare of a child in child care may be at risk, request consent from a parent/guardian for a background check on a household member under eighteen (18) years of age.
125. The Licensee shall ensure that household members eighteen (18) years of age and older, or any new person who may be entitled by virtue of his/her position regarding the Large Family Child Care Home such as but not limited to business ownership, corporate officer, or board membership to direct access to children at the Large Family Child Care Home are not left alone with children in child care at the Large Family Child Care Home until the results of all background checks are completed, suitability is determined and such household members or any new person who may be entitled by virtue of his/her position regarding the Large Family Child Care Home to direct access to children at the Large Family Child Care Home, are approved by the Office of Child Care Licensing.
126. Any person who has relinquished or otherwise lost custody of his/her children shall present documentation to the Department regarding the circumstances of this relinquishment or loss of custody, for consideration in determining the suitability of licensure at the Large Family Child Care Home.
127. Any person, including someone who may be entitled by virtue of his/her position regarding the Large Family Child Care Home such as but not limited to business ownership, corporate officer, or board membership to direct access to children at the Large Family Child Care Home, convicted of any offense defined as child sex abuse in Delaware Code, Title 11 shall not reside or provide child care in a Large Family Child Care Home.
128. The Licensee shall ensure that copies of his or her health appraisal and the health appraisal of adult household members are kept on file at the Large Family Child Care Home and updated to be consistent with household composition.

129. The Licensee and household members shall provide written documentation from a health care provider for the follow-up for known health problems to the Office of Child Care Licensing for the purposes of determining whether the health problem might create a significant risk to children.
130. The Licensee and household members shall not be diagnosed or under treatment for any serious mental illness which might create a significant risk of harm to children and provide written documentation from a health care provider to the Office of Child Care Licensing for the purposes of determining whether a mental illness might create a significant risk to children.
131. The Licensee shall not consume or be under the influence of alcohol, illegal drugs or substances, misuse prescription or non-prescription medication(s), any of which adversely affects the ability to provide child care and the operation of the Large Family Child Care Home.
132. The Licensee shall not provide care for individuals requiring convalescent or nursing care at the Large Family Child Care Home during the hours children are in child care.
133. The Licensee shall not provide foster care at the Large Family Child Care Home for children or adults without the prior written approval of the Department.
- A. The decision for dual service shall be made by the Administrator based upon the recommendation of the Child Care Licensing Specialist and Foster Home Coordinator of the placing agency. The recommendation shall consider the specific needs of potential child care children and foster care placements.
 - B. The written approval shall include the number and ages of children/adults to be cared for in each program in accordance with requirements.
 - C. The decision for dual service shall be reviewed periodically.
 - D. Foster care children of preschool age and younger shall be counted in the capacity of the Large Family Child Care Home.

General Qualifications and Requirements of Staff Members

134. The Licensee shall have on file for each staff member at least two (2) letters of reference from two (2) adults who are familiar with the staff member but who are not related to the staff member. These references shall verify that the staff member is of good character and reputation, respects and understands children, and is sensitive to meeting their needs.
135. The Licensee shall ensure that each staff member is able to read, understand and carry out the *Delacare: Rules for Large Family Child Care Homes*.
136. The Licensee shall ensure that each staff member has the ability to do the following:
- A. Understand and respect children and their families and culture;
 - B. Meet the needs of children including, but not limited to, their physical needs such as feeding and diapering;
 - C. Supervise children to ensure their safety and health during all activities of child care;
 - D. Support children's physical, intellectual, social and emotional growth;
 - E. Deal with emergencies in a calm manner; and
 - F. Carry out methods of positive behavior management as stipulated in these Rules.
137. The Licensee shall not employ or retain any person with any conviction, current indictment, outstanding warrant, or substantial evidence of involvement in:

- A. Any activity involving violence against a person;
 - B. Child abuse or neglect;
 - C. Possession, sale or distribution of illegal drugs;
 - D. Sexual misconduct;
 - E. Gross irresponsibility or disregard for the safety of others; or
 - F. Serious violations of accepted standards of honesty or ethical behavior.
 - i. The Department may, at its own discretion, make exceptions to the above Rule when it is documented that the health and safety of children would not be endangered except as prohibited by the Child Protection Registry law as defined by Delaware Code, Title 16, Chapter 9, Subchapter II, Subsection 923.
138. The Licensee shall not employ or retain in any capacity any person whose child or children are removed from his/her custody because of abuse, neglect, or dependency.
- A. A person who has relinquished or other wise lost custody of his/her children shall present documentation to the Department regarding the circumstances of this relinquishment or loss of custody, for consideration in determining the suitability for employment at the Large Family Child Care Home.
139. The Licensee shall not employ or retain in any capacity any person convicted of any offense defined as child sex abuse in Delaware Code, Title 11, Chapter 85, Subchapter IV, Subsection 8550.
140. The Licensee shall require a staff member to sign a release of employment history form provided by the Office of Child Care Licensing that permits the Office of Child Care Licensing to obtain service letters as per Delaware Code, Title 19, Chapter 7, Section 708 from the staff member's current or most recent previous employer, and any health care facility and/or child care facility for which the staff member was employed within the past five (5) years.
- A. If a staff member has no prior employment, five (5) letters of reference as specified in Rule #134 shall be required to be provided;
 - B. Volunteers who will be alone with children shall be required to provide service letters regardless of time spent at the Large Family Child Care Home providing unpaid services; or
 - C. Volunteers who are not alone with children and are providing unpaid services of less than five (5) days or forty (40) hours a year shall not be required to provide service letters.
141. The Licensee shall require each staff member to be fingerprinted by the Delaware State Police for Large Family Child Care as soon as they are hired or schedule an appointment to be fingerprinted no later than the fifth business day. The staff member shall be required to provide the fingerprint verification form to the Licensee as proof of being fingerprinted.
- A. Volunteers who will be alone with children shall be required to be fingerprinted regardless of time spent at the Large Family Child Care Home providing unpaid services; or
 - B. Volunteers who are not alone with children and are providing unpaid services of less than five (5) days or forty (40) hours a year shall not be required to be fingerprinted.
142. The Licensee shall request the results of an adult abuse registry check through the Department of Health and Social Services for a staff member as soon as they are hired or no later than the fifth business day.

143. The Licensee shall ensure that a staff member is not left alone with children in child care at the Large Family Child Care Home until the results of all background checks are completed, suitability is determined and the staff member is approved by the Office of Child Care Licensing.
144. The Licensee shall ensure that a staff member provides or authorizes the release of information to the Office of Child Care Licensing as required to determine that the health, safety or welfare of any child would not be at risk.
- A. The Office of Child Care Licensing may, when there is cause to believe the health, safety, or welfare of a child in child care may be at risk, request medical, psychological, counseling, school, probation and/or Division of Family Services records.
145. The Licensee shall ensure that a staff member provides written evidence of a health appraisal attesting to his/her health on file at the Large Family Child Care Home within the first month of employment.
- A. The written report from a health care provider shall have been completed within one (1) year and include, at a minimum:
- i. Health history;
 - ii. Physical exam;
 - iii. Vision and hearing screening;
 - iv. Freedom from communicable tuberculosis (Tb) verified within one (1) year prior to the date of initial employment at the Large Family Child Care Home, with further testing every fifth years of employment;
 - v. A review of immunization status (such as measles, mumps, rubella, diphtheria, tetanus, and polio);
 - vi. A review of occupational health concerns;
 - vii. Assessment of need for vaccines against illnesses such as but not limited to, influenza, pneumococcus, and hepatitis B, and of risk from exposure to common childhood infections, such as parvovirus, CMV, and chicken pox; and
 - viii. Assessment of health related limitations or communicable diseases that may impair a person's ability to perform the child care or have direct access to children.
146. The Licensee shall ensure that a staff member provides written documentation from a health care provider for the follow-up for known health problems to the Office of Child Care Licensing for the purposes of determining whether the health problem might create a significant risk to children.
147. The Licensee shall ensure that a staff member is not diagnosed or under treatment for a serious mental illness which might create a significant risk of harm to children and provides written documentation from a health care provider to the Office of Child Care Licensing for the purposes of determining whether a mental illness might create a significant risk to children.
148. The Licensee shall have no other employment during the hours that children are in child care or participate in activities that distract from providing child care if also serving as a staff member.

149. The Licensee shall ensure that providing child care is the primary focus during the hours of operation of the Large Family Child Care Home and that any staff member does not participate in activities that distract from providing child care during that time. Examples of such distracting activities include but are not limited to:
- A. Socializing or entertaining friends, family or others;
 - B. Using, playing with, or watching television, VCR's, DVD's, computers or other electronic equipment;
 - C. Unnecessarily communicating with others on the telephone, cell phone, computer, or other communication equipment;
 - D. Doing intensive housework, household chores, home repairs, or remodeling tasks; and
 - E. Involving oneself in hobbies, craft making, or leisure pursuits.
150. The Licensee shall inform each staff member that he or she shall not consume or be under the influence of alcohol, illegal drugs or substance, misuse prescription or non-prescription medication(s), any of which adversely affects his or her ability to provide child care and the operation of the Large Family Child Care Home.

Qualification Process

151. A Licensee shall ensure that he/she and each staff member at a Large Family Child Care Home submits written documentation such as copies of training certificates, transcripts, and/or diplomas to the Office of Child Care Licensing successfully demonstrates meeting the qualifications of a particular position and any other required training as stated in these Rules.
- A. Other training may be acceptable when demonstrated to be equivalent to meeting the qualifications in these Rules. The Licensee or staff member shall provide documentation which supports his/her assertion that other training meets the qualification. The Office of Child Care Licensing shall make the final determination if the other training is equivalent to the qualifications.

Previously Licensed Large Family Child Care Home

152. The Owner (renamed as Licensee in these Rules), Caregiver (renamed as Large Family Child Care Provider in these Rules) or Associate Caregiver (renamed as Large Family Child Care Assistant) of a Large Family Child Care Home that was licensed before the effective date of these Rules may continue to qualify for the former positions as stated in the previous *Delacare: Requirements for Large Family Child Care Homes* (1994) only if remaining at the previously licensed Large Family Child Care Home.
- A. Staff members hired after the effective date of these Rules at a Large Family Child Care Home that was licensed before the effective date of these Rules shall be required to meet the qualifications of these Rules for that position.

Licensee

153. The Licensee shall:
- A. Be at least twenty-one (21) years of age;
 - B. Have at least twenty-four (24) months of experience working with children in a group setting;
 - C. Have at least a high school diploma or its equivalent;
 - D. Be able to read, understand and carry out the *Delacare: Rules for Large Family Child Care Homes*; and

- E. Have the ability to do the following:
- i. Understand and respect children and their families and culture;
 - ii. Meet the needs of children including, but not limited to, their physical needs such as feeding and diapering;
 - iii. Supervise children to ensure their safety and health during all activities of child care;
 - iv. Support children's physical, intellectual, social and emotional growth;
 - v. Deal with emergencies in a calm manner; and
 - vi. Carry out methods of positive behavior management as stipulated in these Rules.
154. The Licensee shall serve as or appoint a person to serve as Large Family Child Care Provider of the Large Family Child Care Home.
155. The Licensee shall be considered a staff member and actively involved if present at the Large Family Child Care Home during the hours of operation for seven (7) or more hours per week and is required to follow all Rules concerning a staff member of a Large Family Child Care Home.
156. The Licensee shall only count toward staff/child ratios if fully qualified as at least a Large Family Child Care Assistant as described in Rule #162 when not left alone with children or in Rule #163 when left alone with children.

Administrative Training

157. The Licensee or Large Family Child Care Provider of a Large Family Child Care Home licensed on or after the effective date of these Rules shall have at least nine (9) clock hours of training related to the administrative duties such as human resources/personnel and fiscal management for operating a Large Family Child Care Home or child care facility unless such duties are not the responsibility of the Licensee or Large Family Child Care Provider.
- A. A written plan approved by the Office of Child Care Licensing shall be required if such duties are not the responsibility of the Licensee or Large Family Child Care Provider. The written plan shall identify the person/entity performing these duties and the qualifying factors regarding the person/entity. Any changes involving the person/entity performing these duties shall require a new plan approved by the Office of Child Care Licensing.

Large Family Child Care Provider

158. The Licensee shall ensure that the Large Family Child Care Provider is at least twenty-one (21) years of age; has at least twenty-four (24) months of experience working with children in a group setting; has at least a high school diploma or its equivalent; and successful completion of at least **ONE** of the following qualifications:
- A. *Training for Early Care and Education 1 and 2;*
 - B. A Child Development Associate Credential (CDA) that is kept valid/current;
 - C. Delaware Department of Labor's Early Childhood Apprenticeship Program;
 - D. A high school diploma from a vocational/technical high school three (3) year program in early childhood education approved by Delaware's Department of Education;
 - E. Nine (9) college/university credits – three (3) in early childhood education, three (3) in child development, and three (3) in positive behavior management;
 - F. One (1) year early childhood diploma program from a two (2) year college;

- G. An Associate degree from an accredited college or university and six (6) college/university credits of child development or early childhood education; or
- H. Qualified as an at least an Early Childhood Teacher as per *Delacare; Rules for Early Care and Education and School-Age Centers*.

Large Family Child Care Provider - Infant and/or Toddler Care Training

159. The Licensee shall ensure that prior to accepting and caring for one (1) or more infant(s) and/or toddler(s), as described in Rules #198 and 199, the Large Family Child Care Provider (or Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) has successfully completed at least six (6) clock hours of training as accepted or approved by the Office of Child Care Licensing in infant and/or toddler child development. Infant training may be taken if only providing care for infants, and toddler training may be taken if only providing care for toddlers.
160. The Licensee shall ensure that the Large Family Child Care Provider (or Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) has at least twenty (20) clock hours of training as accepted or approved by the Office of Child Care Licensing that includes development, curriculum or educational activities, health, safety, and nutrition specifically related to infants and/or toddlers when approved as a Type Two (2) (Infant/Toddler Home, see Rule #199). Infant training may be taken if only providing care for infants, and toddler training may be taken if only providing care for toddlers.

Large Family Child Care Assistant

161. The Licensee shall ensure that the Large Family Child Care Assistant is at least eighteen (18) years of age; and has a high school diploma or its equivalent.

Large Family Child Care Assistant – No Previous Experience or Training

162. The Licensee shall require the Large Family Child Care Assistant without experience or training to remain under the supervision and direct observation of the Large Family Child Care Provider – may not be left alone with a child or group of children at any time – and successfully complete at least the following:
- A. Proof of completing First Aid course and current certification in CPR within six (6) months of the date of hire. The First Aid and CPR training shall be in accordance with the ages of the children enrolled in the Large Family Child Care Home at any given time; and
 - B. Twelve (12) clock hours of training within twelve (12) months of the date of hire. This training shall be approved by the Office of Child Care Licensing specifically for qualifying for a Large Family Child Care Assistant and include at least three (3) clock hours in each of the following topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, and Families/Communities; or
 - C. Qualified as an Early Childhood Intern as per *Delacare: Rules for Early Care and Education and School-Age Centers (2007)* within twelve (12) months of the date of hire.
 - i. Any training in the above subsections shall count toward the first year's annual training requirement as per Rule #165 if successfully completed.

Large Family Child Care Assistant - With Experience and Training

163. The Licensee shall require the Large Family Child Care Assistant with training and experience to be under the supervision but not always under the direct observation of the Large Family Child Care Provider - may be left alone with a child or group of children – and have at least six (6) months of experience working with children in a group setting; and successfully complete at least one of the following:
- A. Sixty (60) clock hours of training with at least a minimum of three (3) clock hours in each of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism;
 - B. Three (3) college/university credits in courses related to any of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism; or
 - C. Qualified as at least an Early Childhood Assistant Teacher as per *Delacare: Rules for Early Care and Education and School-Age Centers (2007)*.

First Aid and CPR Training

164. The Licensee shall ensure that staff members specifically including the Substitute used for non-emergency situations as stated in Rules #174 B, C & D & 175 shall have:
- A. Proof of current First Aid training or First Aid training taken every three (3) years if there is no expiration date;
 - B. Proof of current certification in cardiopulmonary resuscitation (CPR); and
 - C. The First Aid training and CPR certification shall be in accordance with the ages of the children enrolled in the Large Family Child Care Home at any given time.

Annual Training

165. The actively involved Licensee, Large Family Child Care Provider, and Large Family Child Care Assistant (or Caregiver or Associate Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) shall successfully complete at least fifteen (15) clock hours of annual training as accepted or approved by the Office of Child Care Licensing.
- A. Annual training shall be within at least three (3) different core areas associated with ensuring health, safety or enhancing quality in child care in the Large Family Child Care Home as specified under subsection “C” (below) of this Rule.
 - B. Annual training may be within one (1) or two (2) core areas if the Licensee or staff member is applying credits earned for successfully completing either a college/university course or the training is six (6) or more clock hours in length.
 - C. Topics shall include the following core areas: Child Development; Educational Activities for Children; Positive Behavior Management; Health; Safety; Nutrition; Families/Communities; Professionalism; and Business Practices/Administration related to operating a Large Family Child Care Home or child care facility.
166. The actively involved Licensee, Large Family Child Care Provider, and Large Family Child Care Assistant (or Caregiver or Associate Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) shall complete annual training during the time period beginning at the start date and ending at the expiration date of the License.

Volunteer

167. The Licensee shall ensure that a volunteer is at least eighteen (18) years of age and, when not considered a staff member, is always under the supervision of the Large Family Child Care Provider and direct observation of at least the Large Family Child Care Assistant who is qualified as specified in Rules #161 & 163 to be alone with children.
168. The Licensee shall ensure that a volunteer counting toward the staff/child ratio is:
- A. Required to follow all Rules concerning a staff member;
 - B. Qualified as at least a Large Family Child Care Assistant as specified in Rules #161 & 162 if not left alone with children or Rules #161 & 163 if left alone with children; and
 - C. Present during the hours of operation for at least seven (7) or more hours per week.

Use of a Substitute

(Also see Rules #134–150 and 164)

169. The Licensee shall at minimum have an arrangement with a Substitute who is at least eighteen (18) years of age and available to assist in an emergency which is defined as an unplanned event or condition such as a serious or sudden illness, accident, or urgent circumstance requiring the immediate attention of the Large Family Child Care Provider or Large Family Child Care Assistant.
170. The Licensee shall ensure the name, address and telephone number of the Substitute is provided to the Office of Child Care Licensing and posted with other emergency numbers in the Large Family Child Care Home.
171. The Licensee shall document on the form provided by the Office of Child Care Licensing that the Substitute is oriented to these Rules and the policies and procedures of the Large Family Child Care Home and has had the opportunity to ask questions and receive clarification before providing child care.
172. The Licensee shall review written information as provided by the Office of Child Care Licensing on safe sleeping practice, risk reduction of Sudden Infant Death Syndrome (SIDS), and child abuse and neglect reporting with the Substitute before he/she provides child care.
173. The Licensee shall ensure the Substitute has access to each child's file in the Large Family Child Care Home and has been informed of any special or emergency information about each child and any issues of confidentiality regarding a child's information.
174. The Licensee shall have the choice to close the Large Family Child Care Home or use a Substitute who provides child care in the Large Family Child Care Home in the absence of the Large Family Child Care Provider or Large Family Child Care Assistant. Prior notification to and approval for the use of the Substitute from the Office of Child Care Licensing is not required in the following situations:
- A. Emergencies as defined in Rule #169;
 - B. Medical appointments;
 - C. School appointments; or
 - D. Time off for up to one (1) full week.

175. The Licensee shall have the choice to close the Large Family Child Care Home or use a Substitute who provides child care in the Large Family Child Care Home. Prior notification (see Rule #104) to and approval for the use of the Substitute from the Office of Child Care Licensing is required in the following situations:
- A. Participating in training/classes held for three (3) or more sessions, student teaching, internship or practicum related to meeting qualifications, or annual training requirements as required under these Rules;
 - B. Time off for more than one (1) full week with child care provided in the Large Family Child Care Home in the absence of the Large Family Child Care Provider or Large Family Child Care Assistant; or
 - C. Medical or maternity leave for more than one (1) full week with child care provided in the Large Family Child Care Home and the Large Family Child Care Provider or Large Family Child Care Assistant remaining in attendance at the Large Family Child Care Home.
176. The Licensee shall inform the parent(s)/guardian(s) in advance whenever a Substitute will be caring for their children unless it is an emergency situation that does not allow time for notification. This notification shall include the identity of the Substitute.

Personnel Files

177. The Licensee shall have a personnel file for each staff member that includes the following information:
- A. Name, date of birth, home address and telephone number;
 - B. Date of employment or volunteer start date;
 - C. Initial application form;
 - D. Reference letters;
 - E. Release of employment history form, Service Letters obtained and/or pertinent documentation;
 - F. Documents attesting to professional development plans and qualifications;
 - G. Written records of required medical examinations and tuberculosis testing;
 - H. A statement signed by the staff member attesting to his or her status relative to any conviction, current indictment, or substantial evidence of involvement in any activity involving violence against a person, child abuse or neglect; possession, sale or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or serious violations of accepted standards of honesty or ethical behavior; or any case of child abuse or neglect substantiated by the Division of Family Services or the respective responsible entity in any other State or Country.
 - I. Verification of fingerprinting form;
 - J. Release form and verification of adult abuse registry check;
 - K. If transporting children, a copy of a current driver's license;
 - L. Copy of job description;
 - M. Orientation form that includes written documentation that the information as required in Rule #180 was initially and periodically reviewed;
 - N. Record of attendance at training regarding annual training hours and/or meeting qualifications; and
 - O. Date of termination.

Personnel Policies

178. The Licensee shall have written personnel policies and practices and make them available to the staff member.
- A. These policies shall include, as appropriate, procedures for hiring, discipline, dismissal, suspension and lay-off of the staff member in accordance with applicable laws.
 - B. A statement signed by the staff member on the orientation form shall confirm the review of relevant personnel policies and practices and has had the opportunity to ask questions and receive clarification.
179. The Licensee shall have a written description for every staff member's job position at the Large Family Child Care Home

Orientation for Staff Members

180. The Licensee shall document that each staff member has been given an orientation training session with the opportunity to ask questions and receive clarification at the beginning of employment at the Large Family Child Care Home and periodic updates as information is revised on the following:
- A. Emergency and evacuation procedures;
 - B. Policies on positive behavior management, routine and emergency health care, child accident and injury procedures, administration of medication, child care, goals and program for children, recordkeeping, family involvement, safety and sanitation procedures, nutrition and food safety, safe sleeping practices and risk reduction of Sudden Infant Death Syndrome (SIDS), transporting children (if applicable), and release of children;
 - C. Personnel and administrative policies;
 - D. Child abuse and neglect law and reporting requirements and procedures to report abuse and neglect;
 - E. Recognition of the symptoms of childhood illnesses, including reportable communicable diseases, child abuse, sexual abuse and neglect;
 - F. Information on any other Federal or State laws or regulations applicable to children and families in child care including non-discrimination; and
 - G. Applicable *Delacare; Rules for Large Child Care Homes* and the location of a copy of the complete Rules which shall be made available at the Large Family Child Care Home to review whenever requested.

Child Abuse and Neglect

181. The Licensee shall provide each staff member of the Large Family Child Care Home with written information governing the reporting provision (as mandated reporters) of the Delaware child abuse and neglect law(s) and regulations, policies and procedures for reporting and documenting suspected abuse and neglect, and maintain on file written documentation of their receipt of this information.
182. The Licensee shall not discourage, inhibit, penalize or otherwise impede any staff member from reporting any suspected or alleged incident of child abuse or neglect.
183. The Licensee shall develop, adopt, follow and maintain on file written policies and procedures for handling any incident of suspected child abuse or neglect which occurs while a child is enrolled at the Large Family Child Care Home. The policies and procedures shall contain provisions specifying that:

- A. The Licensee and/or staff members shall immediately report the suspected abuse or neglect as required by law;
- B. The Licensee shall immediately take remedial action to protect children from harm;
- C. The Licensee shall take long-term corrective action to eliminate the factors or circumstances that may have caused or may have otherwise resulted in a continuing risk of abuse or neglect to children if the abuse or neglect occurred at the Large Family Child Care Home;
- D. The staff member alleged to have perpetrated an incident of child abuse or neglect at the Large Family Child Care Home shall not have direct contact with any child, or be reassigned to other duties that do not involve contact with children until the investigation of the incident has been completed; and
- E. The Licensee shall take disciplinary action, up to and including termination as required by Rules #123, 126 and 127 and by law, against any staff member who has committed an act of child abuse or neglect.

Staffing

- 184. The Licensee shall ensure that the Large Family Child Care Home has at least one (1) staff member who meets the qualifications for the position of Large Family Child Care Provider (or Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules).
- 185. The Licensee shall ensure that the Large Family Child Care Home has at least one (1) staff member who meets the qualifications for the position of Large Family Child Care Assistant (or Associate Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules).
- 186. The Licensee shall ensure that both a Large Family Child Care Provider and a Large Family Child Care Assistant (or both a Caregiver and Assistant Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) are present at the Large Family Child Care Home when seven (7) or more children preschool age or younger are in attendance, or when five (5) or more children under the age of twelve (12) months are in attendance.
- 187. The Licensee shall ensure that a staff member who meets the qualifications of the Large Family Child Care Provider (or Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) is present at the Large Family Child Care Home at least seventy-five percent (75%) of the hours of operation.
 - A. Two (2) Large Family Child Care Assistants (or two Associate Caregivers for Large Family Child Care Homes licensed before the effective date of these Rules) may be present at the Large Family Child Care Home when seven (7) or more children preschool age or younger are in attendance, or when five (5) or more children under the age of twelve (12) months are in attendance but for no more than twenty-five percent (25%) of the hours of operation.
- 188. The Licensee shall ensure that when the ratio of children to staff members at the Large Family Child Care Home is the same as a Level I or II Family Child Care Home (see *Delacare: Rules for Family Child Care Homes*) for at least a full shift, only one staff member qualified as a Large Family Child Care Provider is required to be present at the Large Family Child Care Home during at least seventy-five percent (75%) of the hours of operation of the full shift and, for the other twenty-five percent (25%), only one Large Family Child Care Assistant may be present.
- 189. The Licensee shall ensure that staff members are responsible for the supervision of any child in the Large Family Child Care Home at all times.

190. The Licensee shall ensure that children of any age present at the Large Family Child Care Home are not responsible for performing child care duties at any time.

Daily Attendance of Staff

191. The Licensee shall keep a written record of the daily schedule of the staff members, including their position titles, and their exact hours worked throughout the hours of operation of the Large Family Child Care Home.

Staff to Child Ratios

192. The actual number of children allowed at the Large Family Child Care Home or total capacity at any given time shall be determined by the staff members' experience, qualifications, ages of the children living in and/or present at the Large Family Child Care Home, and the amount of usable space for child care in the Large Family Child Care Home.
193. Any child preschool-age or younger, living in and/or present the Large Family Child Care Home shall count toward the total capacity.
194. Any school-age child living in and/or present at the Large Family Child Care Home who is not attending a public or private school outside of the Large Family Child Care Home shall count toward the total capacity and will be required to take the place or slot of a child preschool-age or younger.
195. Any school-age child living in and present at the Large Family Child Care Home shall not count toward the total capacity if attending a public or private school outside of the Large Family Child Care Home.
196. Any school-age child not living in and present at the Large Family Child Care Home shall count toward the total capacity and may attend only for before and/or after school, and/or during school holidays, and/or school vacation in the summer.
197. Staff member(s)' child(ren) of any age at the Large Family Child Care Home shall count toward the total capacity.
198. A Type One (1) Large Family Child Care Home shall be licensed to provide child care as follows:
- A. Total of twelve (12) children preschool-age or younger, and two (2) additional school-age children that do not live in the Large Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer;
 - i. No more than two (2) of the twelve (12) children as mentioned above are under the age of twelve (12) months; and
 - ii. No more than four (4) of the twelve (12) children as mentioned above are under the age of twenty-four (24) months.
199. A Type Two (2) Large Family Child Care Home (Infant/Toddler Home) shall be licensed to provide child care as follows:
- A. Total of twelve (12) children who are primarily infants and/or toddlers. Child care in an Infant/Toddler Home may also be provided for preschool-age children in accordance with the *Delacare: Rules for Large Family Child Care Homes*.

- i. If six (6) or more children under the age of twenty-four (24) months are present, a third staff member qualified as least a Large Family Child Care Assistant (or Associate Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) shall be required to be present.
- ii. Care for school-age children who do not live in the Large Family Child Care Home and additional children of any age due to a change of shift shall not be permitted in a Type Two (2) Large Family Child Care Home (Infant/Toddler Home).

Change of Shift Ratio

200. The Licensee may provide child care for up to two (2) additional children for up to a two (2) hour period of time overlapping between two (2) full shifts.
- A. Change of shift child care shall only be provided if prior approval is received from the Office of Child Care Licensing.
 - B. The Licensee shall make a request in writing to the Office of Child Care Licensing and provide information on the ages of the children and exact time involved.
 - C. Before/after school child care shall not be provided when caring for additional children during a change of shift.
 - D. The number of children younger than twenty-four (24) months of age shall not be exceeded as specified in Rules #198-199.

Night Child Care Ratio

201. The Licensee shall provide child care for no more than twelve (12) children of any age when providing night child care in the evening or overnight. This includes children preschool-age or younger living in the Large Family Child Care Home who may sleep in his or her own bedroom. Additional restrictions on the number of children in night child care may apply based on State Fire Marshal regulations or zoning.
- A. The Licensee shall ensure staff members remain awake at all times children are in child care.

LICENSEE RESPONSIBILITIES

Enrollment

202. The Licensee shall provide any parent/guardian prior to enrolling a child in the Large Family Child Care Home with information as furnished by the Office of Child Care Licensing detailing his or her right to inspect the active record and complaint files, procedures for making complaints, and how to find the Rules concerning a Large Family Child Care Home as described in *The Parents Right to Know Act*. The Licensee shall have written verification that each parent/guardian has received this information by keeping the signed document in the child's file.

Child Health Appraisal

203. The Licensee shall ensure that upon enrollment or no longer than one (1) month following enrollment that an age-appropriate health appraisal is on file for each child unless required to enroll without immunization(s) such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal laws. The health appraisal shall have been conducted within the last twelve (12) months prior to admission and signed by a health care provider. Health appraisals shall be updated yearly for children preschool-aged or younger and not yet in kindergarten, including school-age children who are not attending

a public or private school and are living in the Large Family Child Care Home, or in accordance with the recommended schedule for routine health supervision of the American Academy of Pediatrics. The health appraisal shall include:

- A. A health history;
 - B. A physical and behavioral examination;
 - C. Growth and development;
 - D. Recommendations regarding required medication, restrictions or modifications of the child's activities, diet or care;
 - E. Medical information pertinent to treatment in case of emergency;
 - F. Documentation of any recommended or required screening or testing such as for blood-lead or tuberculosis;
 - G. Documentation of the immunization status, with a listing of day, month and year of administration for each immunization required by the Division of Public Health as specified in **Appendix, Recommended Immunization Schedules**. For current information, the Licensee shall contact the Division of Public Health or refer to the CDC website – <http://www.cdc.gov/nip/recs/child-schedule.htm>
 - i. The Licensee shall not permit a child to be admitted who is not age-appropriately vaccinated according to the most recent directive from the Division of Public Health unless a written plan has been established (see below) or as required by law to be admitted without immunization(s) such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal laws and regulations.
 - ii. If a child has not received immunizations as required for his age, the Licensee shall require a written plan for updating the immunizations within a reasonable time frame to be submitted to the Licensee within fourteen (14) days of the child's admission or as required by law such as specified in the McKinney-Vento Homeless Assistance Act or any applicable local, State and Federal laws and regulations.
 - iii. If the additional required immunizations are not completed within the time frame specified in the written plan, the child shall be excluded from the Large Family Child Care Home until the immunizations have been obtained and written documentation signed by the health care provider and has been submitted to the Licensee.
204. The Licensee shall ensure that for school-age children, a copy of the most recent health appraisal required by the child's school is also on file at the Large Family Child Care Home.
205. The Licensee shall ensure that a child whose parent(s)/guardian(s) objects to immunizations on a religious basis submits a notarized statement to the Licensee explaining that the exemption is in compliance with State law, or in the case where the health care provider provides written documentation that such immunizations may be detrimental to the child's health, the child will be exempt from the immunization requirement.

Parent(s)/Guardian(s) Communication

206. The Licensee shall have an organized system of respectful communication with parent(s)/guardian(s) that includes verbally discussing the following information during the enrollment process and on-going as needed:
- A. Explaining that parent(s)/guardian(s)' visits and monitoring of the Large Family Child Care Home are welcomed;
 - B. Explaining nondiscriminatory practices and respect for each child's family and culture;

- C. Consulting with parent(s)/guardian(s) about child care practices specific to their children's culture and community, and about providing as much consistency as possible in their child care practices especially concerning infants and toddlers.
 - D. Sharing an understanding that parent(s)/guardian(s) are of primary importance in children's development;
 - E. Identifying the on-going needs of the child including learning about parent(s)/guardian(s) preferences and goals and any concerns or special circumstances that may influence the child's development, behavior and learning;
 - F. Establishing a procedure for sharing each infant's feeding, sleeping, and other routine activities with the infant's parent(s)/guardian(s) at the end of each day;
 - G. Explaining safety procedures such as indoor and outdoor safety, fire safety, pets, first aid, smoking prohibited, and emergency planning;
 - H. Explaining sanitation procedures such as disinfecting, standard precautions, and diapering and toileting; and
 - I. Explaining typical routine care practices such as program for children including activities and equipment and sleeping-napping accommodations including procedures for night care, if provided.
207. The Licensee shall have an organized system of respectful communication with parent(s)/guardian(s) that incorporates the use of a written policy including information provided during the enrollment process and updated as needed on the following information:
- A. A typical daily schedule;
 - B. Positive behavior management techniques;
 - C. Health including emergency health care, health exclusions, and prevention of outbreak of communicable diseases;
 - D. Food and nutrition;
 - E. Procedures for release of children;
 - F. Reporting of accidents, injuries or critical incidents;
 - G. Mandatory reporting of child abuse and neglect;
 - H. Administration of medication procedures;
 - I. The use of safe sleep procedures for infants;
 - J. The presence of any animals or household pets regardless of the location within the Large Family Child Care Home; and
 - I. If provided, transportation of children.
208. A Licensee shall ensure that parents/guardians have free access to areas of the Large Family Child Care Home used for child care during the hours child care services are being provided while their children are in child care.

Child File

209. The Licensee shall maintain an individual file for each child enrolled. The information in the file shall be obtained upon enrollment and updated at least annually or upon known changes to the information. The file shall contain the following information:
- A. The child's full name, address, telephone number, and birth date;
 - B. Home and work addresses and telephone numbers of parent(s)/guardian(s);
 - C. Date of enrollment and hours/days child is scheduled to attend the Large Family Child Care Home;
 - D. Name, address and telephone number of emergency contact person other than parent(s)/guardian(s);
 - E. Name of person(s) authorized by parent(s)/guardian(s) to whom the child may be released;
 - F. The name and telephone number of the child's health care provider, health

- appraisal reports, and health insurance and policy number for the child, and if applicable, notarized statement regarding objection to immunization(s) or documentation from a health care provider regarding detrimental nature of immunization(s);
- G. If applicable, a written statement signed by the parent(s)/guardian(s) describing any special problems, medical, developmental, or educational needs of the child including allergies, existing illnesses, or injuries, previous serious illness or injuries and any prescription and non-prescription medication including those for both continuous, long-term and emergency situations;
 - H. If applicable, written consents signed by parent(s)/guardian(s) special dietary needs, emergency medical treatment, release of child, swimming activities, administration of medication and permission for transporting the child on a routine or off-premises basis;
 - I. If applicable, relevant copies of court orders on custody and visitation arrangements provided by the parent(s)/guardian(s);
 - J. Documentation of any notices required by the Federal, State, local governments or the Office of Child Care Licensing such as information specified in *The Parents Right to Know Act* signed by the parent(s)/guardian(s); and
 - K. Reports of accidents, injuries or illnesses involving the child.
210. The Licensee shall keep emergency information about the child accessible at all times and that such information will accompany the child any time the child is taken off the premises of the Large Family Child Care Home. This information shall include copies of the same information in the child's file except for the following:
- A. Date of enrollment and hours/days child is scheduled to attend the Large Family Child Care Home;
 - B. Documentation of any notices required by the Federal, State, local governments or the Office of Child Care Licensing – see Rule # 209J; and
 - C. Reports of accidents, injuries or illnesses involving the child.
211. The Licensee shall not disclose or permit the use of any information pertaining to an individual child or family unless the parent(s)/guardian(s) of the child has granted written permission to do so, or except in the course of official duties by representative(s) of the Office of Child Care Licensing, Division of Family Services, or other entities with statutory responsibility for issues relating to the health, safety and protection of children.

Daily Attendance of Children

212. The Licensee shall ensure that daily attendance records are kept for children which identify the hours of the children's attendance each day.
213. The Licensee shall ensure that a system is established for taking attendance when the children arrive and depart the Large Family Child Care Home.

Release of Children

214. The Licensee shall release children only released to persons authorized by the parent(s)/guardian(s).
215. The Licensee shall have a written policy for the release of children that includes using the following procedures:
- A. A process for documenting the release of a child from the responsibility of the staff members to an authorized person;
 - B. A process for the emergency release of a child as requested by

- parent(s)/guardian(s);
 - C. A process for handling situations in which a non-custodial parent attempts to claim the child without the consent of the custodial parent/guardian; and
 - D. A process to be followed when a person not authorized to receive a child, or a person who appears to be intoxicated or otherwise incapable of bringing the child home safely, requests release of a child.
216. The Licensee shall have a procedure to verify the identity of an authorized person who is not previously known to staff member(s) prior to releasing the child and keep written documentation of such verification in the child's file.
217. The Licensee shall ensure that when a parent/guardian calls the Large Family Child Care Home requesting emergency release of a child, the identity of the parent/guardian is verified prior to the release of the child to the authorized person.

PHYSICAL ENVIRONMENT

General and Fire Safety

218. The Licensee shall ensure every building, or part thereof used as a Large Family Child Care Home, is constructed, used, furnished, maintained and equipped in compliance with all applicable requirements established by Federal, State, local and municipal regulatory bodies.
- A. The Licensee shall have written certification of compliance from appropriate regulatory bodies governing zoning, building construction and safety, sanitation and fire safety.
219. The Licensee shall ensure that the physical facilities of the Large Family Child Care Home and grounds present no hazard to the health and safety of the children.
220. The Licensee shall ensure that the Large Family Child Care Home and its furnishings are kept in a clean and safe condition. All walls, floors, ceilings and other surfaces shall be clean and in good repair.
221. The Licensee shall ensure that the Large Family Child Care Home is kept free from rodent and insect infestation.
222. The Licensee shall ensure that screens in good repair are used on all windows doors or other openings to the outside used for ventilation, provided that all requirements for fire safety have been met.
223. The Licensee shall ensure that any room in the Large Family Child Care Home used by the children is maintained at a minimum temperature of sixty-five (65) degrees Fahrenheit (F.) and a maximum of eighty-five (85) degrees F. unless there is a conflict with Federal and State energy laws. The minimum and maximum temperatures shall be taken at floor level.
- A. The Licensee shall be required to temporarily close the Large Family Child Care Home if the minimum or maximum room temperatures cannot be maintained during all of the hours of operation.
224. For a Large Family Child Care Home licensed on or after the effective date of these Rules, the Licensee shall ensure that air conditioning is used in any room used by children to keep the room comfortable as per Rule #223 during hot weather.

225. The Licensee shall be aware of extreme weather conditions such as storms producing excessive wind, rain (flooding), hail, sleet, and snow; poor air quality; heat and humidity including heat advisories; or cold temperatures including wind chill factors that could affect the well being or health of children. Children shall not be allowed to play outside during extreme weather conditions.
226. The Licensee shall ensure that all floor or window fans in the Large Family Child Care Home are inaccessible to children and bear the safety certification mark of a nationally recognized, independent, third party testing laboratory such as Underwriter Laboratories (UL).
227. The Licensee shall ensure that all heating and cooling equipment is safely shielded to prevent the injury of children.
- A. Any heating equipment prohibited under State Fire Code or Federal, State or local governmental agencies such as the following items: un-vented fuel fired heating equipment, including, but not limited to portable, open-flame, and kerosene space heaters shall not be used.
 - B. Hot water pipes, steam radiators, electric space heaters, and wood-burning stoves shall be equipped with protective guards, or insulated, or inaccessible to protect children against burns.
 - C. Electric space heaters shall be listed by a nationally recognized, independent third party testing laboratory such as Underwriter Laboratories (UL) and, inaccessible to children, and stable.
 - D. Fireplaces shall be securely screened or equipped with protective guards while in use.
228. The Licensee shall ensure that protective covers are installed on all electrical receptacles in all areas accessible to the children.
229. The Licensee shall ensure that the Large Family Child Care Home has an in-service cell or land-line telephone.
230. The Licensee shall ensure that telephone numbers of the hospital, ambulance, police department, fire department and poison control center available for assistance in the area serving the location of the Large Family Child Care Home or as requested for use by parent(s)/guardians of the child enrolled are posted on or near the telephone.
231. The Licensee shall ensure that an operable flashlight is accessible at all times.
232. The Licensee shall ensure that clear glass doors or low windows at or within twenty-four (24) inches of floor-level in the rooms used by children in child care at the Large Family Child Care Home are clearly marked with a vision strip such as a decal(s), sticker(s), rail(s), or mesh located between one (1) and five (5) feet above floor level to reduce the risk of colliding with the glass.
233. The Licensee shall ensure that stairways over four steps, inside and outside, have railings when used by children in child care at the Large Family Child Care Home. Safety gates approved by the American Society for Testing and Materials (ASTM) at stairways shall be used at all times when infants and toddlers are in child care.
- A. If the physical characteristics of the Large Family Child Care Home do not permit the installation of a safety gate(s) in accordance with the manufacturer's instructions, then the Licensee shall have and adhere to a plan which safely prevents the access of infants and toddlers to stairways.

234. The Licensee shall ensure that stairways, hallways, windows, and doors from rooms and from the Large Family Child Care Home are unobstructed - not blocked by furnishings or other materials that inhibit movement - and are in working condition throughout the hours of operation.
235. The Licensee shall ensure that all areas in a Large Family Child Care Home that are more than two (2) feet above the floor or grade below, such as porches, elevated walkways and elevated play areas are provided with guards (barriers) to prevent falls over the open side. The height of the guards shall not be less than forty-two (42) inches high and measured vertically to the top of the guard.
236. The Licensee shall ensure that children are cared for on ground level space in the Large Family Child Care Home including when night care is provided.
- A. One (1) level above or below ground level (for example, a split-level home) of the Large Family Child Care Home may be used if the vertical travel to that level is five (5) feet or less.
 - B. Child care shall not be provided on the second floor of the Large Family Child Care Home or on a level that requires climbing up a full flight of stairs or with a vertical travel of more than five (5) feet.
237. The Licensee shall ensure that every room used for child care has at least two exits or means of escape, at least one of which shall be a door or stairway providing unblocked travel to the outside of the Large Family Child Care Home at street or ground level. A second exit or means of escape may be a window which is easily opened, not more than forty-four (44) inches above the floor, and has an opening twenty (20) inches wide and twenty-four (24) inches high and opens to a total area of at least 5.7 square feet.
238. The Licensee may use the basement level space for children in child care only if there is at least one (1) door that exits directly to the outside at ground level with the vertical travel or stairway to the ground level not more than eight (8) feet and at least one of the following is in the basement of the Large Family Child Care Home:
- A. One (1) window which is easily opened, is no more than forty-four (44) inches above the floor and has an opening twenty (20) inches wide and twenty-four (24) inches high and opens to a total of at least 5.7 square feet; or
 - B. Another door exits directly to the outside at ground level.
239. The Licensee shall ensure that each door used as an exit is not less than thirty-two (32) inches wide.
240. The Licensee shall ensure that every door lock in rooms used by children in child care at the Large Family Child Care Home is designed to permit the opening of the locked door from the outside and the opening device is readily available to staff member(s)
241. The Licensee shall ensure that every closet door latch in the rooms used by children in child care at the Large Family Child Care Home is designed so that children can open the door from inside the closet.
242. The Licensee shall ensure that no room or space shall be used for child care which is accessible only by ladder, folding stairs, or through a trap door.
243. For a Large Family Child Care Home licensed on or before the effective date of these Rules, the Licensee shall at least have a battery operated working smoke alarm which is listed by a nationally recognized testing laboratory and properly installed on the ceiling or six (6) to twelve (12) inches below the ceiling of each level of the Large Family Child

Care Home and the basement, or follow the fire safety codes and any on-going procedures as required by the State Fire Marshal or other Fire Marshal having jurisdiction over the area in which the Large Family Child Care Home is located.

- A. All enclosed sleeping areas, such as bedrooms, shall at least have properly installed and working battery operated smoke alarms.
 - B. Battery operated smoke alarms shall be tested monthly. The monthly tests shall be documented in a log.
 - C. The batteries shall be replaced at least yearly.
244. For a Large Family Child Care Home licensed on or after the effective date of these Rules, or relocating to a new address, the Licensee shall follow the fire safety codes and any on-going procedures as required by the State Fire Marshal or other Fire Marshal having jurisdiction over the area in which the Large Family Child Care Home is located.
- A. Approval by the State Fire Marshal or other Fire Marshal having jurisdiction over the area in which the Large Family Child Care Home is located shall be provided to the Office of Child Care Licensing prior to offering child care services.
245. The Licensee shall ensure that operable carbon monoxide warning equipment listed by a nationally recognized testing laboratory is at least on the ground level near any sleeping area used by the children in child care at the Large Family Child Care Home. The equipment shall be installed in accordance with its listing and the manufacturer's instructions.
- A. Carbon monoxide warning equipment shall be tested monthly. The monthly tests shall be documented in a log.
 - B. The batteries shall be replaced at least yearly.
246. The Licensee shall not be required to have carbon monoxide warning equipment when the Large Family Child Care Home has:
- A. No garage or the garage is a separate structure from the Large Family Child Care Home; and
 - B. No fuel-fired equipment using fuels such as gas, oil, wood, and kerosene, and all equipment is electric such as the heater, hot water heater, oven, range, dryer, and fireplaces.
247. The Licensee shall ensure that an electrical inspection of the Large Family Child Care Home shall be conducted every three (3) years by an electrical inspection agency as recognized by the State Fire Marshal.
248. The Licensee shall ensure that at a minimum, a charged portable dry chemical fire extinguisher rated 2A 10 BC, is stored out of the manufacturer's container from which it was purchased, and is easily accessible. The extinguisher shall be used and maintained in accordance with the manufacturer's instructions.
249. The Licensee shall ensure that all flammable and hazardous materials, including matches and lighters, medicines, drugs, alcohol, cleaning materials, detergents, aerosol cans, plastic bags, firearms, ammunition, and other similar materials and objects are stored safely in areas inaccessible to children.
- A. Firearms and ammunition, if present in the Large Family Child Care Home, shall be kept in a locked container or locked closet. Ammunition shall be kept separate from firearms.

250. The Licensee shall ensure that the Large Family Child Care Home's plumbing is kept in good working condition.
251. The Licensee shall ensure that the Large Family Child Care Home has at least one (1) indoor flushing toilet and one (1) sink with hot and cold running water on the ground level in the same indoor bathroom available for use by children in child care.
252. The Licensee shall ensure that garbage is kept in containers in an area inaccessible to children or securely covered.
- A. Garbage and rubbish shall be removed daily from rooms used by children.
 - B. Garbage and rubbish shall be removed from the Large Family Child Care Home premises on a regular basis but not less than once a week.

Kitchen

(Also see Food Service and Nutrition Rules #317 - 345)

253. The Licensee shall ensure that the kitchen and all food preparation, storage and serving areas and utensils in the Large Family Child Care Home are kept clean and sanitary.
254. The Licensee shall ensure the kitchen in the Large Family Child Care Home has hot and cold running water.
255. The Licensee shall ensure the Large Family Child Care Home has at least one (1) separate sink used only for hand-washing in the kitchen.
256. The Licensee shall ensure that in addition to the hand-washing sink as per the above Rule, the Large Family Child Care Home shall also have one of the following options:
- A. Two (2) compartment sink in the kitchen – one compartment used for food preparation, and the other used for washing and sanitizing cooking and eating utensils; or
 - B. One (1) other sink in the kitchen used for food preparation along with a dishwasher that has a sanitizer cycle used for washing and sanitizing cooking and eating utensils.
257. The Licensee shall ensure the Large Family Child Care Home has an oven or microwave, and a range or cook top.
258. The Licensee shall ensure the Large Family Child Care Home has a refrigerator to keep perishable foods cold at forty (40) degrees F. or colder with a working thermometer in the refrigerator.
259. The Licensee shall ensure that a freezer is maintained so that food stored in the freezer stays frozen at zero (0) degrees F. or colder with a working thermometer in the freezer.
260. The Licensee shall ensure the Large Family Child Care Home has either an operable window or exhaust system for the removal of smoke and odors.
261. The Licensee shall ensure all dishes and utensils shall be air dried unless sanitized and dried in a dishwasher.
262. The Licensee shall ensure that all dishes, cups and glasses used by the children in child care are free from chips, cracks or other defects.

263. The Licensee shall ensure that each individual child has his or her own clean utensils – fork, spoon, knife, dish, cup or bottle as appropriate to the age of the child to eat with or be fed with. Such utensils or equipment shall not be shared with another child during feeding.

Indoor Space

264. The Licensee shall ensure that the Large Family Child Care Home has a minimum of thirty-five (35) square feet of indoor space for each child in child care that allows for free movement and active play. Measurements shall be from wall to wall on the inside. Furniture that restricts children's free movement and active play shall be considered a deductible factor when determining square footage.
- A. Toilet rooms, kitchen areas, storage spaces, hallways, furnace rooms and other areas not used by children for sleep or play on a routine basis shall not be counted in computing required square footage.

Outdoor Play Area

265. The Licensee shall provide opportunities for vigorous play and large muscle activity with attention to the diverse needs of the children served and their abilities to participate either on the premises or within a safe walking distance of the Large Family Child Care Home as follows:
- A. The outdoor play area shall provide at least fifty (50) square feet of play space for each child for the maximum number of children who will use the playground at any one (1) time; and
- B. The outdoor play area shall accommodate at least one-half (1/2) of the licensed capacity of the Large Family Child Care Home at any one (1) time.
266. The Licensee shall ensure that any outdoor play area is inspected by a staff member before children begin to play to make sure there are no hazards such as, but not limited to, animal feces, toxic plants, outdoor equipment, lawn mower, cooking grill, or debris, and that any play equipment is safe for use.
- A. Tool sheds, garages, and other outdoor facilities shall not be accessible to children in child care and securely latched or locked to prevent children from entering.
- B. Children shall be in constant view of a staff member while outdoors and not allowed to go in unobservable areas such as behind shrubbery.
267. The Licensee shall ensure that the outdoor play area of the Large Family Child Care is fenced.
- A. Fencing shall be sturdy, safe and reinforced at intervals so as to give support, constructed to discourage climbing and to allow observation of children.
- B. Fencing shall be a minimum of four (4) feet in height with openings no larger than three and one-half (3 ½) inches.
- C. Gates shall be equipped with self-closing and positive self-latching closure mechanisms. The latch or securing device shall be high enough or such that small children cannot open it.
- D. The fenced area shall have at least two (2) exits, with at least one (1) being remote from the building.
268. For a Large Family Child Care Home licensed before the effective date of these Rules, the existing fencing of the outdoor play area on the premises of the Large Family Child Care Home shall be acceptable as long as it is safe, free from hazards and in good repair. When the fencing is replaced, the new fencing shall fully comply with Rule #267.

269. The Licensee shall ensure that all outdoor play equipment is sturdy, safe, clean and free from rough edges, sharp corners, pinch and crush points, splinters and exposed bolts.
270. The Licensee shall ensure that large outdoor play equipment is anchored firmly and not located on concrete or asphalt surfaces.
271. The Licensee shall ensure that all surfaces of the outdoor play area are made up of materials that do not present a safety or choking hazard, are free of unsafe contaminants such as steel wires and any unhealthy residue from deterioration of the materials used.
272. The Licensee shall ensure that if using gravel or stone-like surfacing, only pea gravel shall be acceptable as cover for the outdoor play area.
273. For a Large Family Child Care Home licensed before the effective date of these Rules, the existing gravel or stone-like surfacing shall be acceptable. When replacing gravel or stone-like surfacing, only pea gravel shall be acceptable as per Rule #272.
274. The Licensee shall ensure that outdoor sandboxes or play areas containing sand shall be maintained in a safe and sanitary manner. Separate outdoor sandboxes shall be covered when not in use.

Riding Toys

275. The Licensee shall ensure that bicycles, tricycles, scooters, and other riding toys are the size appropriate for a child, in good condition and free of sharp edges or protrusions that may injure a child.
276. A Licensee shall prohibit the use of motorized riding toys by children at the Large Family Child Care Home during the hours of operation.
277. The Licensee shall ensure that all children wear approved safety helmets while riding outside on bicycles and tricycles that have foot pedals.
- A. Children shall not share helmets unless helmets are made with a nonporous interior lining and easily cleanable straps. All interior and exterior surfaces of the helmet shall be wiped clean between users.
- B. Helmets shall be removed before allowing children to use playground equipment unless a helmet has been medically prescribed by a health care provider for the safety of a particular child.

Swimming

278. The Licensee shall ensure that all children shall be under direct observation and supervision of staff members at all times while children are wading or swimming. During any swimming activity involving infants and/or toddlers, there shall be a minimum of two staff members present in the water and the infants and/or toddlers shall be within arm's length of the staff member.
- A. Permanent or built-in type swimming pools and wading pools that are left filled when not in use shall be inaccessible to children when not being used by the children.
- B. The water in swimming pools used by children in child care shall be treated, cleaned and maintained in accordance with health practices and regulations as determined by the Division of Public Health.
- C. The pool structure and associated equipment shall be maintained in a safe manner

and be free of hazards.

- D. Small portable wading pools shall be thoroughly cleaned and disinfected after each use.

Pets

279. The Licensee shall ensure that any animals or household pets at the Large Family Child Care Home are vaccinated as prescribed by law.
- A. Animals shall be cared for in a safe and sanitary manner.
 - B. Animals shall only be handled by children under close supervision of a staff member or adult household member responsible for that pet.
 - C. Animals such as ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds (birds of the parrot family), or any other animals that are known to be carriers of illnesses or are sick with a disease(s) that can be spread to humans shall not be kept in rooms used by children in the Large Family Child Care Home.
 - D. Litter boxes or any container or materials used for collecting or containing animal feces or urine shall not be kept in rooms used by children in the Large Family Child Care Home.
 - E. Parent(s)/guardian(s) shall be informed of the presence of any animals or household pets regardless of the location within the Large Family Child Care Home.

Smoking Prohibited

280. The Licensee shall ensure that smoking is prohibited during the hours of operation of the Large Family Child Care Home when children attending the Large Family Child Care Home are present anywhere inside the Large Family Child Care Home, in the outdoor play area, while transporting children, and in the presence of children when off-premises of the Large Family Child Care Home.

Emergency Planning

281. The Licensee shall have a written emergency plan describing procedures for both natural and man-made disasters for such situations as a fire, flood, earthquake, extreme weather conditions, power failure or utility disruptions, chemical or toxic spills, bomb threat or terrorist attack.
- A. The emergency plan shall include procedures for training the staff members, and when applicable, household members, about specific responsibilities during a disaster, accounting for all children, relocation process (if appropriate) and contacting appropriate emergency response agencies and parent(s)/guardian(s).
282. The Licensee shall have a posted written plan or diagram showing how the Large Family Child Care Home will be evacuated during an emergency.
- A. Monthly evacuation drills shall be practiced from all exit locations during the hours of operation of the Large Family Child Care Home and during varied activities including nap time. Each drill shall be documented and include information on the date and time of day of the drill, who participated, the number of children and staff members who participated, and the total amount of time necessary to evacuate the Large Family Child Care Home.
283. The Licensee shall develop a written plan for procedures to shelter-in-place (staying indoors) at the Large Family Child Care Home for up to seventy-two (72) hours/three (3) days due to a natural or man-made disaster.

- A. This plan shall include a list of emergency supplies for the child care of children and others present including procedures for feeding of children and others present during the extended stay at the Large Family Child Care Home.
284. The Licensee or staff member shall conduct monthly fire prevention inspections and post a copy of the latest inspection report in a conspicuous place at the Large Family Child Care Home.

HEALTH

Child Health

285. The Licensee shall have an arrangement with a health care provider who provides consultation on health policies and other issues related to the Large Family Child Care Home.
286. The Licensee shall ensure that each child is observed by a staff member upon arrival and checked for common signs of communicable diseases, physical injury or other evidence of ill health.
287. The Licensee shall have a written plan for the routine and emergency health care of children including procedures to be followed in case of illness and plans for accessing emergency services. Staff members shall receive a copy of this plan and be trained in its implementation. Parent(s)/guardian(s) shall be given a copy of this plan at the time of enrollment. The plan shall include:
- A. Procedures to be followed in case of illness or emergency, including methods of transportation and notification of parent(s)/guardian(s);
 - B. Procedures to be followed in case of illness or emergency, when parent(s)/guardian(s) cannot be reached;
 - C. Policies regarding administration of medication; and
 - D. Plans for the management of communicable disease including the following:
 - i. The list of symptoms of illness for which a child will be excluded from the Large Family Child Care Home or sent to his or her own home if symptoms occur after the child has been admitted for the day as specified in Rule #288;
 - ii. The list of reportable communicable diseases for which a child will not be admitted to the Large Family Child Care Home without a written statement from a health care provider as specified in Rule #290; and
 - iii. A written notice to the parent(s)/guardian(s) whenever an outbreak or exposure to a reportable communicable disease is known to have occurred.
288. The Licensee shall not permit a child who has symptoms of illness specified below to be admitted or remain in the Large Family Child Care Home unless written documentation from a health care provider, or verbal approval with written follow-up, states the child has been diagnosed and the illness poses no serious health risk to the child or to other children. The symptoms of illness for exclusion shall include, but not be limited to the following:
- A. Temperature: infants four (4) months old and younger, equivalent to 100 degrees or greater even if there has not been a change in behavior;
 - B. Temperature: children older than four (4) months, equivalent to 101 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness-until medical evaluation indicates inclusion in the Large Family Child Care Home;

- i. Temperatures may be taken by way of axillary (armpit) using a glass or digital thermometer, using a temperature scanner, or if the child is four (4) years of age or older, orally (by mouth) using a glass or digital thermometer. Rectal or aural (ear) temperatures shall be taken only by a health care provider.
- C. Symptoms and signs of possible severe illness such as lethargy (unusual tiredness, not responsive), uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs)- until medical evaluation allows inclusion;
 - D. Uncontrolled diarrhea, that is, increased number of stools (bowel movements), increased stool water, and/or decreased form that is not contained by the diaper-until diarrhea stops;
 - E. Blood in stools not explainable by dietary changes, medication, or hard stools;
 - F. Vomiting illness (two (2) or more episodes of vomiting in the previous twenty-four (24) hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration;
 - G. Persistent abdominal pain (continues more than two (2) hours) or intermittent pain associated with fever or other signs or symptoms;
 - H. Mouth sores with drooling, unless a health care provider determines the condition is noninfectious;
 - I. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
 - J. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until twenty-four (24) hours after treatment has been initiated;
 - K. Scabies, head lice, or other infestation, until twenty-four (24) hours after treatment has been initiated;
 - L. Tuberculosis, until a health care provider states that the child is on appropriate therapy and can attend child care;
 - M. Impetigo, until twenty-four (24) hours after treatment has been initiated;
 - N. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
 - O. Varicella-Zoster (chicken pox), until all sores have dried and crusted (usually six (6) days);
 - P. Shingles, only if sores cannot be covered by clothing or a dressing; if not exclude until sores have crusted and are dry;
 - Q. Pertussis, until five (5) days of antibiotic treatment;
 - R. Mumps, until nine (9) days after onset of parotid gland swelling;
 - S. Hepatitis A virus, until one (1) week after onset of illness, jaundice or as directed by the health care provider when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff;
 - T. Measles, until five (5) days after onset of rash;
 - U. Rubella, until six (6) days after onset of rash;
 - V. Herpetic gingivostomatitis (cold sores), if the child is too young to have control of oral secretions; or
 - W. Unspecified illness if it limits the child's comfortable participation in activities or if it results in a need for greater child care than can be provided by a staff member without compromising the health and safety of other children.
289. The Licensee may allow a child to return to the Large Family Child Care Home when the symptoms are no longer present or a health care provider indicates the child does not pose a serious health risk to the child or to other children.

290. The Licensee shall not permit a child with a reportable communicable disease, as specified by the Division of Public Health to be admitted to or remain at the Large Family Child Care Home unless:
- A. Written documentation from the child's health care provider states the child has been evaluated and presents no risk to the children or to others; or
 - B. The Licensee has reported the illness to the Division of Public Health and been advised that the child presents no health risk to others.
 - i. If there is a conflict in opinions of the health care provider and the Division of Public Health regarding the exclusion of a child, the Licensee shall follow the instructions of the Division of Public Health.
291. The Licensee shall report any reportable communicable disease to the Division of Public Health in accordance with Division of Public Health procedures. For current information on reportable communicable disease, the Licensee shall contact the Division of Public Health or refer to their website – <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>
292. The Licensee shall ensure that when a child has been diagnosed as having a reportable vaccine-preventable communicable disease, all children who have not been immunized against the disease are excluded from the Large Family Child Care Home in accordance with Division of Public Health procedures.
293. The Licensee shall ensure that if a child who has already been admitted to the Large Family Child Care Home manifests any of the illnesses or symptoms specified in Rules #288 and 290, the Licensee shall ensure that the child's individual needs for rest, comfort, food, drink and appropriate activity are met by a staff member until the child can be picked up by the parent/guardian.

Standard Precautions

294. The Licensee shall ensure the use of standard precautions for protection from disease and infection. Spills of body fluids (i.e., urine, feces, blood, saliva, nasal discharge, eye discharge, and injury or tissue discharges) shall be cleaned up immediately, as follows:
- A. For spills of vomit, urine, and feces on any surface including the floors, walls, bathrooms, table tops, toys, kitchen counter-tops, diaper-changing tables, toilet training chairs, the area shall be cleaned with liquid soap and water and disinfected.
 - B. For spills of blood or blood-containing body fluids and injury and tissue discharges, the area shall be cleaned with liquid soap and water and disinfected. Non-porous gloves shall be used in these situations.
 - C. For cleaning contaminated surfaces, avoid exposure of open skin sores or mucous membranes to blood or blood-containing body fluids and injury or tissue discharges by using non-porous gloves to protect hands when cleaning contaminated surfaces.
 - D. Blood-contaminated material and diapers shall be disposed of in a plastic bag with a secure tie.
 - E. Mops shall be cleaned, rinsed, disinfected, wrung dry and hung to dry.

First Aid

295. The Licensee shall ensure that a first aid kit is readily accessible to staff members, but not to children and at least contains the following:
- A. Disposable nonporous gloves;
 - B. Scissors;
 - C. Tweezers;
 - D. A non-glass thermometer to measure a child's temperature;
 - E. Bandage tape;
 - F. Sterile gauze pads;
 - G. Flexible roller gauze;
 - H. Triangular bandages;
 - I. Safety pins;
 - J. Pen/pencil and note pad;
 - K. Instant cold pack;
 - L. Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide;
 - M. Non-medicated adhesive strip bandages; and
 - N. Plastic bags for cloths, gauze, and other materials used in handling blood.
296. The Licensee shall ensure that a first aid kit is taken along when children are being transported off premises of the Large Family Child Care Home and contains the following materials in addition to those cited in Rule #295:
- A. Water;
 - B. Liquid soap;
 - C. Any regular and emergency medications needed for a child; and
 - D. List of emergency phone numbers, and parent(s)/guardian(s)' phone numbers, and the Poison Control Center phone number.

Child Accident and Injury

297. The Licensee shall ensure that when an accident or injury occurs to a child during the hours of child care, that emergency action is taken to protect the child from further harm and the child's parent(s)/guardian(s) are notified.
- A. The Licensee shall maintain an injury report for each incident in the child's file and report to the Office of Child Care Licensing an accident or injury which results in death or inpatient or outpatient treatment as required in Rules #102 & 103B. An injury report shall include name of child, date, description of injury, how it occurred, first aid or medical care required, and parent(s)/guardian(s)' signature.
 - B. Whenever an injury report is necessary, the Licensee shall notify the child's parent(s)/guardian(s) of each incident. The Licensee shall maintain a record of when the parent(s)/guardian(s) were notified or of attempts to notify the parent(s)/guardian(s).

Administration of Medication

298. The Licensee shall ensure that staff members only administer medication if trained and authorized in accordance with State law to administer medication to children.
299. The Licensee shall ensure that medication is not administered to a child unless the Licensee has received written permission from the child's parent(s)/guardian(s) for each medication to be administered.

300. The Licensee shall ensure that the parent(s)/guardian(s) of a child provide the following information for each medication given and a record (medication log) is kept that includes:
- A. The name of the child;
 - B. The child's date of birth;
 - C. Parent(s)/guardian(s) name(s), signature and date signed;
 - D. Child's known medication allergies;
 - E. Health care provider's name and phone number;
 - F. Pharmacy and phone number;
 - G. Name of medication;
 - H. Name of person administering medication with initials when having administered medication;
 - I. Dosage (amount given);
 - J. Frequency of dosage (how often given)
 - K. Schedule (time dosage is to be administered);
 - L. Route of administration (oral; eye, nose or throat drops; topical);
 - M. Expiration date of medication;
 - N. Start date of administering medication;
 - O. End date when stopping administration of medication;
 - P. Reason for medication;
 - Q. Any special directions; and
 - R. Written notes are recorded for that child and the parent(s)/guardian(s) are advised of the occurrence (specific timing) of any health problems, such as diarrhea, vomiting, continuous hunger, refusal to eat, nosebleeds, skin rash or high temperature.
301. The Licensee shall ensure that all prescription medication is in its original container, properly labeled, has not expired, and is authorized by the child's health care provider.
- A. Medication shall only be given to the child whose name appears on the prescription.
302. The Licensee shall ensure that all non-prescription medication is in its original container, properly labeled with directions for its administration, has not expired, and is labeled with the child's name.
- A. Any deviations from the label instructions shall be in writing from the child's health care provider.
303. The Licensee shall not allow the administration of prescription or non-prescription medication that has expired and will immediately contact the parent(s)/guardian(s) of a child whose medication has expired to inform that parent(s)/guardian(s) of the situation and return the expired medication to the parent(s)/guardian(s)
304. The Licensee shall ensure that all medication in the Large Family Child Care Home is stored so as to be secure and inaccessible to children.
- A. Medication requiring refrigeration shall be kept in closed containers separate from food.
305. The Licensee shall ensure that unused medication is returned to the parent(s)/guardian(s) when no longer needed by the child.

Diapering and Toileting

306. The Licensee shall ensure that diapers, training pants and other clothing of children are changed when wet or soiled.
- A. The Licensee shall have an established procedure for checking diapers and training pants.
 - B. The Licensee shall ensure that a supply of clean diapers, training pants and extra clothing are available for each child either by providing them directly or requiring the parent(s)/guardian(s) to provide.
 - C. The Licensee shall place soiled clothing in a sealed plastic container or bag and labeled with the child's name and returned to the child's parent(s)/guardian(s) at the end of the day.
307. The Licensee shall ensure the diaper-changing and toilet-training area are:
- A. Separate from the kitchen, food preparation and serving areas; and
 - B. Non-absorbent, non-porous, wipeable and washable, even after use of protective paper covering.
308. The Licensee shall locate toilet training chairs (potties) are located in an area which ensures children's privacy and supervision.
309. The Licensee shall have an established procedure for changing diapers or training pants to include at least the following steps that require:
- A. Changing diapers or training pants only in the diaper changing or toilet training area;
 - B. Cleaning each child with an individual disposable sanitary wipe or single service washcloth;
 - C. Disposing of a diaper or training pants in accordance with Rule #310;
 - D. Washing the hands of the child and the person who changed the diaper or toilet training pants (regardless of glove usage) with soap and water immediately after each diaper change; and
 - E. Cleaning and disinfecting the diaper changing or toilet training area with a disinfectant solution after each use.
310. The Licensee shall ensure that:
- A. Non-disposable soiled diapers and training pants are not rinsed and placed into a separate leak-proof plastic container or bag, labeled with the child's name, before transporting to a laundry or returning to the child's parent;
 - B. Soiled disposable diapers are placed into a cleanable, foot-activated, and covered container that is used exclusively for diapers and lined with a leak-proof or impervious liner;
 - C. Diaper containers that require a hand to push the used diaper through a narrow opening or have exterior surfaces that must be touched with a hand or the used diaper itself shall be prohibited;
 - D. The diaper container shall be disinfected daily; and
 - E. All soiled diapers are removed from the Large Family Child Care Home daily or more often unless the Licensee uses a commercial diaper service.

Sanitation

311. The Licensee shall ensure that a disinfectant solution is used and is either a self-made solution consisting of one-fourth (1/4) cup of household bleach to each gallon of water, which shall be prepared daily, labeled, placed in a bottle that is sealed with a cap and stored out of the reach of children, or a commercially prepared disinfectant which indicates it kills bacteria, viruses and parasites and used in accordance with label instructions.
312. The Licensee shall ensure that the following equipment, items and surfaces are washed and disinfected after each use:
- A. Toilet training (potty) chairs which have first been emptied into a toilet;
 - B. Sinks and faucets used for handwashing after the sink is used for rinsing a toilet training chair;
 - C. Diaper-changing surfaces;
 - D. Food preparation and eating surfaces such as counters, tables and high chair trays;
 - E. Toys mouthed by children;
 - F. Mops used for cleaning;
 - G. Bibs; and
 - F. Thermometers.
313. The Licensee shall ensure the following equipment, items, and surfaces are washed and disinfected at least daily:
- A. Toilets and toilet seats;
 - B. Sinks and faucets;
 - C. Diaper pails and lids;
 - D. Water tables and water play equipment;
 - E. Play tables;
 - F. Mats that are not stored separately; and
 - G. Smooth surfaced non-porous floors.
314. The Licensee shall take measures to reduce the spread of germs and disease among children in the Large Family Child Care Home by:
- A. Using only washable toys with diapered child(ren); and
 - B. Washing pacifiers and other items placed in the mouth if dropped to the floor or ground.
315. The Licensee shall ensure that soap, single service towels, and toilet paper shall be available at all times.
316. The Licensee shall ensure that during the hours in which child care is provided any person in direct contact with children at the Large Family Child Care Home and all children in child care shall wash their hands regardless of glove usage with soap and running water and use single service towels for drying hands at least at the following times:
- A. Before and after eating or handling any food or participating in a food activity;
 - B. Before and after giving medications;
 - C. Before and after caring for a child who may be sick;
 - D. Before and after using a water-play table with other children;
 - E. After toileting or diapering each child;
 - F. After coming into contact with blood, fecal matter, urine, vomit, nasal secretions or other body secretions;
 - G. After handling animals or their equipment or after coming into contact with an

- H. animal's body secretions;
- H. After playing in a sandbox;
- I. After outdoor play;
- J. After cleaning; and
- K. After taking out the garbage.

Food Service and Nutrition

Also see Kitchen Rules #253-263

317. The Licensee shall have a written policy concerning food service provided to parent(s)/guardian(s) that includes the following:
- A. A description of all food services provided;
 - B. Times of snacks and meals;
 - C. Procedures related to food allergies, religious dietary requirements and other special needs;
 - D. If applicable, nutritional information and guidelines concerning content of meals, snacks, or foods for special occasions when provided by parent(s)/guardian(s);
 - E. If applicable, procedures to prevent spoilage of food provided by parent(s)/guardian(s);
 - F. If applicable, a procedure to be followed by the Licensee if food provided by the parent(s)/guardian(s) for the child fails to meet nutritional requirements as specified in Rules # 330-332.
318. The Licensee shall ensure that menus are planned in advance, dated and posted in the kitchen for review by parent(s)/guardian(s). Menus noting actual food served shall be retained for thirty (30) days. Any changes made in actual food served on a particular date shall be documented on the menu on or before that date.
319. The Licensee shall ensure that a supply of food and water shall be kept in stock for emergency situations that require an extended stay such as sheltering-in-place as per Rule #283 at the Large Family Child Care Home or in case of a power outage. Non-perishable foods, bottled water and any equipment necessary to serve or prepare foods without the use of electricity shall be included in the supply.
320. The Licensee shall ensure that meals and snacks meeting nutritional requirements as specified in the **Appendix, United States Department of Agriculture (USDA)/Child and Adult Care Food Program (CACFP) Meal Pattern Requirements and Policies for Infants and Children** and are provided at the appropriate time in accordance with the following schedule which indicates the number of hours the child is present at the Large Family Child Care Home:
- | | | |
|----|--------------------|---|
| A. | 2 hours – 4 hours | 1 snack; |
| B. | 4 hours – 6 hours | 1 meal and 1 snack; |
| C. | 7 hours – 11 hours | 2 meals and 1 snack, or 2 snacks and 1 meal based on time of child's arrival; |
| D. | 12 hours or more | 3 meals and 2 snacks. |
321. The Licensee shall ensure that meals and snacks meeting nutritional requirements as specified in the **Appendix, USDA/CACFP Meal Pattern Requirements and Policies for Infants and Children** are provided and adjusted in accordance to the age of the infant and child.
- A. The Licensee shall have supplemental foods from all basic food groups to serve children if meals or snacks provided by parent(s)/guardian(s) fail to meet nutritional requirements as specified in Rules #332-334.

322. The Licensee shall provide age-appropriate food based on the basic food groups as follows:
- A. Milk: fluid pasteurized cow's milk as age-appropriate;
 - B. Proteins: meat, fish, poultry, eggs, yogurt, cheese, peanut butter, dried beans, peas, and nuts;
 - C. Fruits and vegetables: include a variety of fresh vegetables and fruits; and
 - D. Grains: whole grains and enriched products such as breads, cereals, pastas, crackers and rice.
323. The Licensee shall ensure that all food served to children in the Large Family Child Care Home is clean, wholesome, flavorful, attractive in appearance, at the appropriate temperature, preserved for nutritional value, free from spoilage and adulteration, correctly labeled, safe for human consumption, and not subject to recall.
324. The Licensee shall ensure that when fruit juice is served, 100% - unsweetened juice is used, and not a fruit drink or fruit cocktail.
325. The Licensee shall ensure that children are encouraged but not forced to eat.
326. The Licensee shall introduce, as appropriate to the age of the child, a variety of food textures, finger foods, and a cup in the training of self-feeding and nutrition education.
327. The Licensee shall ensure that powdered milk is not used as a substitute for fluid milk for drinking purposes but may be used in cooking.
328. The Licensee shall ensure that special, therapeutic diets are served only upon written instruction for a child from the child's health care provider.
329. The Licensee shall ensure that if the parent(s)/guardian(s) of a child requests any modification of basic meal patterns (see **Appendix, USDA/CACFP Meal Pattern Requirements and Policies for Infants and Children**) due to a child's medical need(s) such as food allergies or food intolerance, the parent(s)/guardian(s) provide the Licensee with written documentation from the child's health care provider permitting the modification.
330. The Licensee shall ensure that if the parent(s)/guardian(s) of a child requests any modification of basic meal patterns (see **Appendix, USDA/CACFP Meal Pattern Requirements and Policies for Infants and Children**) due to a family's food preferences or religious beliefs, the parent(s)/guardian(s) provide the Licensee with written documentation specifying which foods are unacceptable and the food substitution allowed within the same food group.
331. The Licensee shall ensure that every effort will be made to accommodate the needs of the child who is being breast-fed, including allowing the mother to breastfeed her child at a designated place at the Large Family Child Care Home.

Toddlers and Older Children

332. The Licensee shall ensure that a breakfast served has at least one (1) item each from the milk (A), fruits and vegetables (C) and grain (D) food groups as described in Rule #322.
333. The Licensee shall ensure that a lunch or dinner served has one (1) item from each of the milk (A), protein (B) and grain (D) food groups and two (2) items from the fruit and vegetable (C) food groups as described in Rule #322.

334. The Licensee shall ensure that a snack served has at least one (1) item from two (2) of the food groups as described in Rule #322.

- A. The Licensee shall, at a minimum, provide a snack(s) meeting nutritional requirements, even if parent(s)/guardian(s) provide meals.
- B. If milk or fruit/vegetable juice is not included with a snack, water shall also be served with that snack.

335. The Licensee shall ensure that the use of a bottle is discouraged for children after one (1) year of age, and instead, the use of a cup is taught and encouraged.

Infants

336. The Licensee shall provide meals and/or snacks for infants according to the following Rules except as noted following the procedures of Rules #329-330.

337. The Licensee shall ensure that a written statement specifying food including specific formula or breast milk, and a feeding schedule shall be obtained from the parent(s)/guardian(s) for each infant as needed.

338. The Licensee shall ensure that a daily written record of each infant's nutritional intake is maintained and provided to the parent(s)/guardian(s) upon request. Any feeding problems experienced by an infant shall be discussed with his/her parent(s)/guardian(s) before the infant's daily departure from the Large Family Child Care Home.

339. The Licensee shall ensure that an infant is:

- A. Fed on demand or during a span of time consistent with the infant's eating habits;
- B. Held for all bottle-feeding;
- C. Not placed in his or her crib with a bottle for feeding;
- D. Not fed from a propped bottle; and
- E. Not fed semi-solid foods from a bottle.

340. The Licensee shall ensure that when a staff member is preparing and/or providing bottles of formula:

- A. Bottles and nipples maintained by the staff member shall be washed and sanitized before use;
- B. Unprepared formula brought to the Large Family Child Care Home by parent(s)/guardian(s) or provided by the Licensee shall come from an unopened, factory-sealed container;
- C. Each infant's bottle of formula shall be individually labeled with the infant's name and refrigerated immediately upon arrival if prepared by parent(s)/guardian(s) or after preparation by the Licensee;
- D. Bottles of formula shall be warmed under running warm tap water or by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
- E. Bottles of formula shall not be warmed or thawed in a microwave oven;
- F. Mixing formula with cereal, fruit juice or any other foods in a bottle shall be considered a modification of a basic meal pattern and require written documentation from an infant's health care provider permitting the modification;
- G. Unused portions of formula in a bottle fed to an infant shall be discarded after each feeding that exceeds a period of one (1) hour from beginning of feeding; and
- H. Unused bottles of formula shall be dated as to when prepared if not returned to the parent(s)/guardian(s) at the end of each day; and
- I. Refrigerated, unused, prepared formula shall be discarded after forty-eight (48)

hours.

341. The Licensee shall ensure the following when expressed breast milk from a mother is brought into the Large Family Child Care Home for her own infant:
- A. Breast milk shall be fed only to that mother's own infant;
 - B. Frozen breast milk shall be thawed under running cold water or in the refrigerator;
 - C. Bottles of breast milk shall not be warmed or thawed in a microwave oven;
 - D. Bottles of breast milk shall be warmed under running warm tap water or by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
 - E. Unused portions of breast milk shall be discarded after each feeding that exceeds a period of one (1) hour from beginning of feeding;
 - F. Expressed breast milk shall be discarded if it is in an unsanitary bottle or has been un-refrigerated for more than one (1) hour;
 - G. Refrigerated, unused, expressed breast milk that was never frozen shall be discarded after forty-eight (48) hours, or by three (3) months if frozen and stored in a deep freezer at zero (0) degrees F; and
 - H. Unused, frozen breast milk that has been thawed in the refrigerator shall be used within twenty-four (24) hours.
342. The Licensee shall ensure that cow's milk is not served to infants.
343. The Licensee shall ensure that when feeding food to infants:
- A. An infant too young or medically unable to use a feeding chair or other age-appropriate seating apparatus shall be held when fed food;
 - B. The introduction to all new foods shall be made only with the parent(s)/guardian(s)' permission.
 - C. New foods shall be introduced one at a time on a gradual basis with the intent of ensuring health and nutritional well being;
 - D. Semi-solid foods may be introduced to infants four (4) to seven (7) months of age as requested by parent(s)/guardian(s) and shall be required once an infant is eight (8) months of age;
 - E. Infant foods shall be warmed by placing them in a container of water that is no warmer than 120 degrees F and not be left in warm water for more than five (5) minutes;
 - F. Infant foods shall not be warmed or thawed in a microwave oven;
 - G. Foods for infants shall be of a texture and consistency that promotes safe and optimal consumption; and
 - H. Baby food for each infant shall be served from a dish unless the entire contents of the jar will be served.
344. The Licensee shall encourage the use of a cup when an infant is developmentally capable of drinking from or holding a cup.
345. The Licensee shall ensure that infants are not offered juices until they are able to drink from a cup in order to develop behaviors that may prevent baby bottle tooth decay.

PROGRAM FOR CHILDREN**Activities and Interactions**

346. The Licensee shall ensure staff members provide developmentally appropriate activities designated to promote children's development and school-readiness.
347. The Licensee shall ensure that activities and materials reflect children's cultures, and communities, including both familiar and new materials, pictures, and experiences.
348. The Licensee shall ensure that adaptations and accommodations are made by staff members in activities and materials as needed to support the positive development of all children including those with disabilities.
349. The Licensee shall develop and ensure staff members follow a daily routine or schedule that is posted for easy reference by parent(s)/guardian(s).
350. The Licensee shall ensure that the daily routine or schedule includes opportunities for all of the following:
- A. Indoor and outdoor time periods;
 - B. Active and quiet activities;
 - C. Individual and group activities that can be done independently and/or require adult supervision;
 - D. Free choice activities;
 - E. Rest or sleep; and
 - F. Meals and snacks.
351. The Licensee shall ensure that each child, according to his or her ability, is provided the opportunity for a minimum of twenty (20) minutes of moderate to vigorous physical activity indoors and outdoors, for every three (3) hours the child is in attendance between the hours of 7:00AM to 7:00PM.
352. The Licensee shall ensure that children have periods of outside play each day depending upon weather conditions permitting (see Rule #225).
353. The Licensee shall ensure that in the case of prolonged periods of inclement or extreme (hot or cold) weather conditions, opportunities for alternative indoor space for active physical play is provided for the children.
354. The Licensee shall ensure that each child receives individual attention and physical comfort by the staff members.
355. The Licensee shall ensure that staff members keep a daily record of each infant's feeding, sleeping, and other routine activities and share these with the infant's parent(s)/guardian(s) at the end of each day.
356. The Licensee ensure that every infant has an identified staff member who will assume the primary, but not the only, responsibility for feeding, comforting, and otherwise caring for the infant's needs.

357. The Licensee shall ensure that staff members interact with **infants** providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions when they are awake;
 - B. Being held and carried;
 - C. Limiting time spent, while awake, in any confining equipment such as a crib, infant seat, swing, high chair or play pen to less than one-half (1/2) hour immediately after which opportunities for freedom of movement are given in a sanitary area protected from foot traffic;
 - D. Talking with infants during play, feeding and routine care;
 - E. Reading to and looking at books with infants while holding or sitting close to them;
 - F. Providing varied materials, sights, sounds and other experiences for infants to explore with their senses;
 - G. Responding to infants' actions, sounds and beginning language;
 - H. Giving names to objects and experiences in the infants' environment;
 - I. Providing space and equipment to support infants' developing physical skills such as rolling over, sitting, scooting, crawling and standing; and
 - J. Providing materials and encouragement for infants' beginning pretend play alone, with other children and adults.
358. The Licensee shall ensure that staff members interact with **toddlers** at their eye level, and whenever appropriate, sitting on the floor with toddlers, providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions with the toddlers;
 - B. Having conversations with toddlers during play, feeding, and routine care;
 - C. Reading to and looking at books with toddlers individually and in small groups;
 - D. Encouraging children to play with one another with adult help;
 - E. Providing materials and encouragement for pretend play alone and with other children and adults;
 - F. Providing varied materials, sights, sounds, and other experiences for toddlers to explore with all their senses;
 - G. Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, and develop fine and large motor skills;
 - H. Responding to toddlers' words and actions with interest and encouragement;
 - I. Giving names to objects and experiences in the toddlers' environment; and
 - J. Supporting toddlers' development of independence and mastery of feeding, dressing, and other skills.
359. The Licensee shall ensure that staff members interact with **preschool-age** and older children at their eye level, and whenever appropriate, sitting on the floor with the children, providing the following opportunities throughout the day:
- A. Offering frequent face to face interactions with children;
 - B. Having conversations with children during play, meals and routine care;
 - C. Reading to and looking at books with children individually and in groups;
 - D. Using rhymes, songs, and other ways to help children connect sounds and letters and develop other literacy skills;
 - E. Helping children develop mathematical and scientific concepts through play, projects, and investigations of the Large Family Child Care Home's environment;
 - F. Supporting the development of social competence through play and cooperative work with other children;
 - G. Providing materials and encouragement for more extended and complex pretend play alone and with other children and staff;
 - H. Providing varied materials, sights, sounds, and other experiences for children to investigate and talk about;

- I. Providing opportunities for children to walk, run, climb, stack, balance, scribble, draw, write, and refine fine and large motor skills;
 - J. Responding to children's words and actions with interest and encouragement;
 - K. Giving names to objects and experiences in the children's environment; and
 - L. Supporting children's development of independence and mastery of skills.
360. The Licensee shall ensure that staff members interact with **school-age children** and also provide the following daily opportunities when school-age children are in attendance during out of school time:
- A. Active physical play time and/or outdoor activities. If weather conditions do not permit outdoor play, children shall be given opportunities for active physical play indoors.
 - B. The time for socialization, conversation, relaxation, and quiet activities such as board or card games, reading, homework and studying.
 - C. Responsibility consistent with their ages for choosing, planning, carrying out and evaluating their own activities.
361. The Licensee shall ensure that television, digital video display (DVD) and video cassette viewing is:
- A. Not permitted without the written approval of each child's parent/guardian;
 - B. Limited to programs which are age-appropriate, fun, and educational; and
 - C. Limited to one (1) hour daily per child or group of children.
 - i. Viewing time periods may be extended for specific special events or occasions such as a current event, holiday or birthday celebration. Written documentation shall justify the reason(s) for extending the time period.
362. The Licensee shall ensure that the use of the computer shall be as follows:
- A. Prohibited for children under twenty-four (24) months of age;
 - B. Not permitted without the written approval of each child's parent/guardian;
 - C. Limited to programs, games and websites which are age-appropriate and educational;
 - D. Protected from exposure to inappropriate websites such as those that are sexually explicit, violent, or use inappropriate language;
 - E. Supervised by a staff member; and
 - F. Limited to one (1) hour daily per child or group of children.
 - i. Usage time periods may be extended for special projects such as homework, researching topics, or special events or interests of a child or group of children. Written documentation shall justify the reason(s) for extending the usage period.

Equipment

363. The Licensee shall ensure staff members provide developmentally appropriate equipment and materials for a variety of indoor and outdoor activities. Materials and equipment shall promote a variety of experiences that support children's social, emotional, language/literacy, intellectual, and physical development.
364. The Licensee shall ensure that materials and equipment are available in a quantity to allow all children to benefit from their use and to allow a range of choices with, at least, duplicates of the most popular materials.

365. The Licensee shall ensure that toys, play equipment and other equipment used by the children are of sturdy and safe construction and free from hazards such as causing entrapment, and having rough edges, sharp corners, pinch and crush points, splinters, exposed bolts, small loose pieces and are free from recall.
- A. For information on the recall of children's toys and equipment, please refer to the U.S. Consumer Product Safety Commission website at www.cpsc.gov.
366. The Licensee shall provide infant seats with trays for table play and mealtime for children no longer being held for feeding.
367. The Licensee shall ensure that high chairs or feeding tables with attached seats, if used, shall have a wide base and a T-shaped safety strap(s).
368. The Licensee shall prohibit the use of walkers unless medically prescribed by a health care provider for the safety and mobility of a particular child.
369. The Licensee shall prohibit toys that explode or fire projectiles.
370. The Licensee shall ensure that infants and toddlers do not have access to plastic bags, styrofoam objects or toys, and objects with a diameter of less than one (1) inch.

Positive Behavior Management

371. The Licensee shall have a written statement in plain language regarding the positive behavior management of children. The statement on positive behavior management shall be provided to parent(s)/guardian(s) and all staff members.
372. The Licensee shall ensure the use of positive developmentally age-appropriate methods of behavior management of children which encourage self-control, self-direction, positive self-esteem, social responsibility and cooperation.
- A. Prevention of behavioral problems shall be emphasized. Prevention strategies shall include providing appropriate, educationally valuable materials and activities in an organized, stimulating environment, and setting realistic expectations for young children when planning the routine or schedule.
- B. The Licensee shall ensure that staff members shall praise and encourage children for positive behavior and redirect or guide inappropriate behavior into more positive actions, rather than relying on punishment.
- C. Responses to a child's behavior shall be appropriate to the child's level of development and understanding.
- D. "Time-outs" if used, shall be employed as a supplement to, not a substitute for, other developmentally appropriate, positive methods of behavior management. "Time-out" shall be limited to brief periods – no more than one (1) minute for each year of a child's age. Before using "time-out", the Licensee shall ensure staff members explain the reasons for "time-out" to the child in language appropriate to the child's level of development and understanding.
- i. The first step for "time-out" shall be to remove the child from the group but keep the child within eyesight of the group that continues to participate in the activity. If this step is ineffective, the child may be removed from the room so that he/she is unable to participate, observe or hear the activity. A child removed from the group or room shall remain under visual supervision at all times. Children shall never be left unattended behind closed doors.
- ii. "Time-out" shall be in an area approved for child care that comfortably

accommodates the child. “Time-out” shall be seen as a positive opportunity for the child to regroup and focus on appropriate behavior. Before rejoining the group or returning to the room, the staff member shall talk to the child about alternatives to the inappropriate behavior in a way that shows faith in the child’s ability to make more positive decisions in the future.

- E. Corporal punishments inflicted in any way on a child's body including shaking, hair pulling, biting, pinching, slapping, or spanking shall be prohibited.
 - F. Children shall not be yelled at, humiliated, frightened, or verbally, physically or sexually abused or placed in an uncomfortable physical position.
 - G. Disparaging comments about a child’s appearance, ability, ethnicity, family and other personal characteristics shall be prohibited.
 - H. Children shall not be deprived of food or toilet use as a consequence of inappropriate behavior.
 - I. Children shall not be tied, taped, chained, caged or placed in mechanical restraints as a consequence of inappropriate behavior.
 - J. Negative or punitive action shall not be taken with children for not going to sleep, toileting accidents, failure to eat all or part of food or failure to complete a prescribed activity.
373. The Licensee shall ensure that she/he and staff members model and demonstrate positive behavior management techniques and respectful communication interactions while children are in child care at the Large Family Child Care when relating to any child, parent(s)/guardian(s), other adults, and representatives from the Office of Child Care Licensing and other inspecting agencies.

Napping/Sleeping Accommodations

374. The Licensee shall have documentation from a child’s health care provider when an exception to any Rule regarding napping/sleeping is necessary due to a child’s physical or medical condition. The documentation shall stipulate the reason for the exception and what other accommodations shall be made.
375. The Licensee shall ensure that each child has clean, age-appropriate, individual napping/sleeping equipment such as a crib, port-a-crib, playpen, cot, mat, sleeping bag, or bed.
- A. Children shall not nap together or share the same napping/sleeping equipment.
 - B. A child’s napping/sleeping equipment shall be labeled with the child’s name and used only by that child while attending the Large Family Child Care Home during a particular shift – see Rule #381B for use by different child during another shift.
376. The Licensee shall ensure that each child under eighteen (18) months of age and not walking shall nap/sleep in a crib, port-a-crib, or playpen.
377. The Licensee shall ensure that a child who is between twelve (12) and eighteen (18) months of age and is walking may nap/sleep on a cot, mat, or bed with protective rails written permission from the child’s parent(s)/guardian(s).
378. The Licensee shall ensure that a child who is eighteen (18) months of age and older shall nap/sleep on a cot, mat, sleeping bag, or bed, or may continue to nap/sleep in a crib, port-a-crib, or playpen as long as the child fits comfortably in this type of sleeping equipment.

379. The Licensee shall ensure that a child who is twelve (12) months of age or older (see Rules #383-385 for infants) is provided with seasonably appropriate bedding (coverings, sheets, and blankets) for his/her napping/sleeping equipment as follows:
- A. The top of a mattress, cot, or pad of any napping/sleeping equipment shall be covered with non-absorbent, cleanable covering along with a sheet on top of that covering.
 - B. Additional sheet(s) and/or blanket(s) shall be provided, when necessary to keep a child warm while napping/sleeping.
 - C. A sleeping bag shall be placed on a covered pad (see above subsection “A”) and not directly on the floor.
380. The Licensee shall ensure that napping/sleeping equipment shall be placed at least at least eighteen (18) inches apart.
381. The Licensee shall ensure that napping/sleeping equipment and bedding (covering, sheets, and blankets) are maintained in a clean and sanitary condition as follows:
- A. Cleaned when soiled or wet, or disinfected at least weekly; and
 - B. Cleaned and disinfected prior to being assigned to another child.
382. The Licensee shall ensure that napping/sleeping equipment is stored so that the napping/sleeping side of one piece of equipment is not in direct contact with the napping/sleeping side of another piece of equipment or such side is disinfected before being used again.

Safe Sleep Practices for Infants (Children under Twelve (12) Months of Age)

383. The Licensee shall ensure staff members use safe sleep practices for infants (children under twelve (12) months of age) as recommended by the American Academy of Pediatrics – see current website information at <http://www.aap.org/healthtopics/Sleep.cfm> - as follows:
- A. Soft surfaces such as soft mattresses, pillows, sofas and waterbeds shall be prohibited as sleeping surfaces.
 - B. Stacking cribs shall be prohibited.
 - C. Cribs, port-a-cribs, and playpens shall have slats so placed as to allow gaps of no larger than two and three-eighths (2-3/8) inches.
 - D. Cribs, port-a-cribs, and playpens shall have top rails at least twenty (20) inches above the mattresses with the mattress set at its lowest position and side rails locked in its highest position.
 - E. Any latches on cribs, port-a-cribs, or playpens shall be safe, secured and present no hazard.
 - F. The crib, port-a-crib, and playpen’s mattress or pads shall be firm and tight-fitting, covered with non-absorbent, cleanable covering directly on top of the mattress or pad along with a tight-fitting sheet on top of that covering.
 - G. Toys or objects hung over a crib, port-a-crib, or playpen shall be held securely and be of a size and weight that would not injure a child if the toy or object accidentally falls or if the child pulls on the object.
 - H. All items shall be removed from a crib, port-a-crib, or playpen when an infant is in the crib or playpen. These items include, but are not limited to, heavy blankets, comforters, quilts, pillows, sheep skin, stuffed animals, dolls or any toys.
384. The Licensee shall ensure that staff members place an infant on his/her back when putting the infant down to nap/sleep.

385. The Licensee shall ensure staff members use the following options when keeping an infant warm while in a crib, port-a-crib, or playpen:
- A. Use a blanket sleeper that is worn by the infant while napping/sleeping. Such blanket sleepers may be worn separately or on top of other clothing as long as the blanket sleeper fits comfortably (is not too big or small), and the infant does not get overheated; and/or
 - B. Use a thin blanket placed at the foot of the crib, tucked around the mattress or pad, reaching only as far as the infant's chest, and making sure the infant's head remains uncovered during nap/sleep.
386. The Licensee shall ensure that a written record is kept by a staff member documenting the infant was monitored at least every thirty (30) minutes when placed in the crib, port-a-crib, or playpen to nap/sleep to observe the infant for normal breathing.

Night Child Care

387. The Licensee providing night child care shall ensure staff members remain on the same level of the Large Family Child Care Home with the children in child care (see Rule #236) and remain awake (see Rule 201A).
388. The Licensee providing night child care shall ensure staff members follow Rules #372-384 and that each child in child care between the hours of 8:00 P. M. and 6:00 A. M., and is sleeping at the Large Family Child Care Home for four (4) or more hours, has the following sleeping equipment;
- A. A child under eighteen (18) months of age and not walking shall sleep in a crib.
 - B. A child who is between twelve (12) and eighteen (18) months of age and is walking may sleep on a bed with protective rails with written permission from the child's parent(s)/guardian(s).
 - C. A child eighteen (18) months of age and older shall sleep on a bed or may continue to sleep in a crib as long as the child fits comfortably in the crib.
389. The Licensee shall ensure each bed is equipped with a mattress that is not directly on the floor.
- A. The top of the mattress shall be covered with non-absorbent, cleanable mattress pad that covers the whole mattress.
 - B. A fitted or folded sheet covering the whole mattress is placed on top of the mattress pad.
 - C. Another sheet that covers the whole mattress is provided to cover the child.
 - D. A pillow covered with a pillow case that covers the whole pillow is provided.
 - E. A blanket/comforter/quilt is provided when necessary to keep a child warm while sleeping.
390. The Licensee providing night child care shall ensure that staff members provide quiet activities for children for not less than thirty (30) minutes before bedtime.
391. The Licensee providing night child care shall ensure that staff members give each child individual attention at bedtime and upon awakening.
392. The Licensee providing night child care shall ensure staff members follow the parent(s)/guardian(s) preference regarding any special preferences or habits of a child regarding bedtime and awakening and that the information provided is noted in the child's file.

393. The Licensee providing night child care shall ensure that each child has his or her own combs, toothbrushes, brushes and other such personal items are marked with the child's name, used only by that child, and stored separately.
394. The Licensee providing night child care shall ensure staff members follow the parent(s)/guardian(s) preference regarding bathing the child and that the information provided is noted in the child's file.
- A. If bathtubs and showers are used, they shall be equipped to prevent slipping.
 - B. Infants shall be bathed in age-appropriate bathing facilities.
 - C. Portable bathing facilities shall be acceptable for bathing children before bedtime.
 - D. Under no circumstances shall a child be bathed in a sink.
 - E. Each child shall be bathed in a bathtub, shower or portable bathing equipment that has been disinfected before each use.
 - F. Children shall be bathed individually and not be placed together in a bathtub or shower.
 - G. Water temperature shall be checked before placing a child into a portable bathing facility, bathtub or shower; or monitored constantly while being rinsed under running water in a portable bathing facility or bath tub to prevent burns or scalding, or for water that is too hot or too cold.
 - H. Individual towels and washcloths shall be provided for each child.
395. The Licensee providing night child care shall ensure that staff members do not leave children unsupervised while in a bathtub or shower.
- A. A child capable of bathing alone shall be allowed to bathe in private with written permission from parent(s)/guardian(s). The Licensee shall ensure staff members respect that child's privacy but are immediately available to ensure the child's safety to offer assistance when requested by the child.
396. The Licensee providing night child care shall ensure that children over the age of four (4) do not share a dressing area with persons of the opposite sex.
397. The Licensee providing night child care shall ensure that each child has clean garments made for sleeping comfortably.
398. The Licensee providing night child care shall ensure that there is a working nightlight in the bathroom, hallway, and sleeping areas as dictated by the individual needs of the children.
399. The Licensee providing night care shall ensure that staff members keep a written record documenting each child was monitored when placed in his/her sleep equipment to sleep between the hours of 8:00 P.M. and 6:00 A.M. that includes the following information:
- A. Infants were monitored every thirty (30) minutes as per Rule #386;
 - B. Children twelve (12) months of age and older were monitored every sixty (60) minutes; and
 - C. Child to child physical contact was prevented.

Off Premises of Large Family Child Care Home

400. The Licensee shall ensure that children are not permitted off the Large Family Child Care Home premises unless accompanied by a staff member who is at least qualified to be left alone with children.
401. The Licensee shall ensure that staff members provide constant supervision of children whenever off the Large Family Child Care Home premises to ensure safety.

- A. Volunteering parent(s)/guardian(s) shall be supervised by a staff member at all times including the transportation of children.
- B. Volunteering parent(s)/guardian(s) shall not be alone with children at any time other than their own child/children at any time.
402. The Licensee shall ensure that when off the Large Family Child Care Home premises, the staff/child ratio is according to the chart below:

Age of Youngest Child In Group	Maximum Number of Children to be Supervised by One Staff Member
Less than 2 years of age	2
2 years through 4 years	4
5 years and older	8

403. The Licensee shall have a safety policy for children whenever off the Large Family Child Care Home premises which includes the following:
- A. An accounting of children at all times including a documented roll check of taking attendance when departing from the Large Family Child Care Home, arriving and departing from the destination, and arriving back at the Large Family Child Care Home;
- B. A copy of and easy access to medical consent forms and emergency contact information for all children;
- C. A proper storage container (such as for keeping a medication cool) for any medication that needs to be taken off premises for a child;
- D. A traveling first aid kit available in accordance with Rule #296;
- E. A plan for transportation of a child or all children in the event of an emergency; and
- F. Tags for children or other means of providing only the Large Family Child Care Home's telephone number;
- i. For security purposes, a child's name or any type of information that directly identifies the child shall not be placed on the child.
404. The Licensee shall ensure that volunteering parent(s)/guardian(s) comply with the following **Transportation Rules #405-417** when transporting children other than their own children when on excursions with staff members off the Large Family Child Care Home premises.

Transportation in a Vehicle

405. The Licensee shall ensure that the vehicle and operator of a vehicle used to transport children are in compliance with all applicable Federal, State and local laws and are insured to cover the transportation of children in child care at the Large Family Child Care Home.
406. The Licensee shall ensure the operator of a vehicle not transport more persons, including children and adults, than the capacity of the vehicle per the manufacturer's specifications.
407. The Licensee shall ensure a staff member inspects the vehicle for safety before allowing children in child care to be transported in the vehicle.
408. The Licensee shall ensure that each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus is in motion. All safety restraints shall be federally approved and so labeled according to the current applicable Federal Motor Vehicle Safety Standard. Child

- safety restraints shall be installed and used in accordance with the manufacturer's specifications and vehicle's instruction and shall be maintained in a safe working condition and free of any recall.
- A. A child preschool age or younger shall only be transported on a school bus that is properly equipped for child safety restraints unless written permission is received from the parent(s)/guardian(s) of that child allowing the child to be transported on a school bus unrestrained. The Licensee shall explain to parent(s)/guardian(s) in writing that while child safety restraints on school buses for children preschool age or younger are not currently required by State law, the National Highway Traffic Administration recommends that children in this age group always be transported in school buses properly equipped for child safety restraints.
409. The Licensee shall inform and obtain written permission from parent(s)/guardian(s) each time transportation provided. This permission shall:
- A. Identify who is operating each vehicle;
- B. Specify any special need or problem of a child which might require special attention during transportation; and
- C. Require the operator of the vehicle to carry information with directions on handling any special need or problem.
410. The Licensee shall ensure that the operator of the vehicle shall have a valid driver's license that authorizes the driver to operate the type of vehicle being driven.
411. The Licensee shall ensure that the following are in or available for each vehicle when transporting children:
- A. An operable dry chemical fire extinguisher listed by the Underwriter's Laboratory in each vehicle;
- B. A working phone such as a cell phone in each vehicle;
- C. A traveling first aid kit as per Rule #296; and
- D. Emergency contact information for each child in the vehicle.
412. The Licensee shall ensure that all doors on vehicles are locked whenever the vehicle is in motion.
413. The Licensee shall ensure that children are never left unattended in the vehicle and the vehicle is inspected when finished transporting so that no child is left behind in the vehicle.
414. The Licensee shall ensure that children are not transported in the open back of a truck.
415. The Licensee shall ensure that children are loaded and unloaded at the curbside of the vehicle or in a protected parking area or driveway.
416. The Licensee shall ensure that a vehicle used to transport children has a working heater capable of maintaining a temperature of at least fifty (50) degrees F. in the vehicle.
417. The Licensee shall ensure that a vehicle used to transport children either has an air conditioner capable of reducing the temperature or windows able to be opened to provide fresh air when the vehicle's interior temperature exceeds eighty-five (85) degree F.

Appendix

Appendix A: The Delaware Child Care Act – Delaware’s Child Care Licensing Law

Welfare
PART I
In General
CHAPTER 3. CHILD WELFARE
Subchapter III. The Delaware Child Care Act

§ 341. Short title.

This act may be referred to and cited as "The Delaware Child Care Act." (73 Del. Laws, c. 165, § 1.)

§ 342. Definitions.

For the purpose of this act:

(1) "Child care" means and includes:

- a. Any person, association, agency or organization which:
 - 1. Has in custody or control 1 child or more under the age of 18 years, unattended by parent or guardian, for the purpose of providing such child or children with care, education, protection, supervision or guidance;
 - 2. Is compensated for their services;
 - 3. Advertises or holds himself, herself or itself out as conducting such child care;
- b. The provision of, or arranging for, the placement of children in foster care homes, adoptive homes or supervised independent living arrangements; and
- c. Family child care homes, large family child care homes, day care centers, child placing agencies, residential child care facilities and day treatment programs as currently defined by regulation. Day-care centers operating part- or full-day are subject to licensure. Homes in which children have been placed by any child placing agency properly licensed to place children in this State shall not be regarded as "child care."

(2) "Office of Child Care Licensing" means the Office of Child Care Licensing within the Department of Services for Children, Youth and Their Families. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 341; 70 Del. Laws, c. 186, § 1; 73 Del. Laws, c. 165, § 1; 73 Del. Laws, c. 279, § 1.)

§ 343. Powers of the Office of Child Care Licensing with respect to child care.

- (a) Any person or association conducting child care and all institutions, agencies and associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors, including organizations providing care of children whether dependent or otherwise, in lieu of the care and supervision ordinarily provided by parents in their own homes for periods of less than 24 hours a day, must accord the Office of Child Care Licensing or its authorized agents right of entrance, privilege of inspection and access to its accounts and reports.
- (b) A person or association conducting child care and all institutions, agencies, associations or organizations receiving and placing or caring for dependent, neglected or delinquent minors shall make reports at such time as is required by the Office of Child Care Licensing as to conditions of such child care, the manner and way in which children are taken care of, former addresses and such other information as will show the social status of the child, how and to whom dismissed, the extent and source of its income, the cost of maintenance and such other reasonable information as will enable the Office of Child Care Licensing to promote the general welfare of the children and to work out a general program for their care and protection.

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- (c) The Office of Child Care Licensing may prescribe, by regulation or otherwise, any reasonable standards for the conduct of such child care facilities, institutions, agencies, associations or organizations and may license such of these as conform to such standards. All regulations, enforcement actions, decisions, investigations and the like previously promulgated or taken by the Office of Child Care Licensing shall continue unabated and shall remain in full force and effect notwithstanding passage of this subchapter. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 44 Del. Laws, c. 78; 31 Del. C. 1953, § 342; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1.)

§ 344. Child care licenses; investigations; requirements.

- (a) No person may conduct child care, nor may any institution, agency, association or organization conduct child care, unless first having obtained a license from the Office of Child Care Licensing. Such license shall expire 1 year from the date it is issued unless renewed.
- (b) In the case of a person conducting child care, no license shall be issued to such person until the Office of Child Care Licensing has made a thorough investigation and has determined in accordance with reasonable standards:
- (1) The good character and intention of the applicant or applicants;
 - (2) That the individual home or facility meets the physical, social, moral, mental and educational needs of the average child;
 - (3) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and
 - (4) That the required criminal background checks are completed and approved.
- (c) In the case of an institution, agency, association or organization, no license shall be issued until the Office of Child Care Licensing has made a thorough investigation and has made a favorable determination of:
- (1) The good character and intention of the applicant or applicants;
 - (2) The present and prospective need of the service rendered;
 - (3) The employment of capable, trained and experienced workers;
 - (4) Sufficient financial backing to ensure effective work;
 - (5) The probability of the service being continued for a reasonable period of time;
 - (6) Whether the methods used and disposition made of the children served will be to their best interests and that of society;
 - (7) Whether the rules and requirements of the Office of Child Care Licensing are properly met; and
 - (8) That the required criminal background checks are completed and approved.
- (d) This section shall not apply to any institution, agency, association or organization under state ownership and control, nor shall it apply to any maternity ward of a general hospital. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 343; 58 Del. Laws, c. 64, § 1; 64 Del. Laws, c. 108, § 4; 73 Del. Laws, c. 165, § 1.)

§ 345. Penalties for violations.

Anyone who violates a provision of this subchapter shall be fined not more than \$100 or imprisoned not more than 3 months, or both. (Code 1915, § 1004A; 30 Del. Laws, c. 64; 38 Del. Laws, c. 63, § 3; Code 1935, § 1119; 31 Del. C. 1953, § 344; 73 Del. Laws, c. 165, § 1.)

Appendix B: Child Abuse Reporting Law

TITLE 16
Health and Safety
PART II
Regulatory Provisions Concerning Public Health
CHAPTER 9. ABUSE OF CHILDREN
 Subchapter I. Reports and Investigations of Abuse and Neglect:
 Child Protection Accountability Commission

§ 901. Purpose.

It is the intent of the General Assembly that the primary purpose of the child welfare policy of this State shall be to ensure the best interest and safety of the child, including preserving the family unit whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide for comprehensive protective services for abused and neglected children by mandating that reports of such abuse or neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services.

It shall further be the purpose of this chapter to provide for the protection of all children in facilities or organizations required to be licensed under Delaware law whose primary concern is that of child welfare and care by requiring the Attorney General to notify any such facility in cases where an employee of such a facility or any other person associated with such facility has been charged with or convicted of an offense involving child sexual abuse. (16 Del. C. 1953, § 1001; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 68 Del. Laws, c. 440, § 1; 71 Del. Laws, c. 199, § 2.)

§ 902. Definitions [Effective until July 9, 2006. For the version of this section effective July 9, 2006, see the following section, also numbered 902.]

As used in this chapter, the following terms mean:

- (1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 of Title 11, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.
- (2) "Baby" shall mean a child not more than 14 days old, except that for hospitals and their employees and volunteers, "baby" shall mean a child reasonably believed to be not more than 14 days old.
- (3) "Child" shall mean any person who has not reached his or her 18th birthday.
- (4) "Child Protection Registry" or "Registry" means a collection of information as described in subchapter II of this chapter about persons who have been substantiated for abuse or neglect as provided in Subchapter II of this chapter or who were substantiated between August 1, 1994, and February 1, 2003.
- (5) "Child welfare proceeding" means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption or other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by the Family Court.
- (6) "Conviction" or "convicted" means entry of a plea of guilty or nolo contendere, regardless of whether the plea was subsequently discharged or dismissed under the first offenders domestic violence diversion program pursuant to § 1024 of Title 10, or under the first offenders controlled substances diversion program pursuant to § 4764 of this title, or of a Robinson plea, or of a probation before judgment discharge without judgment of conviction notwithstanding the provisions of § 4218(f) of Title 11, or a finding of guilt after trial, or a finding of not guilty after trial as a result of the defense of mental disease or defect pursuant to Title 11, or adjudication of delinquency for conduct which if committed by an adult, would constitute a crime; or "conviction" or "convicted" under similar proceedings of another state, territory or jurisdiction.

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- (7) "Director" shall mean the Director of the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (8) "Division" shall mean the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (9) "Family assessment and services" shall mean a case management approach by the Division of Family Services that provides for a prompt assessment of a child and the child's family and the circumstances of the reported incident (including the known history of the child and/or the alleged perpetrator) when there has been a report to the Division that the child was a victim of abuse or neglect, or at risk of maltreatment by a person responsible for that child's care, custody or control. Family assessment and services shall be used in conjunction with the investigation approach defined in subdivision (7) of this section but may not supplant it in circumstances which require an investigation. The family assessment response shall focus on the integrity and preservation of the family and shall assess the status of the child and the family in terms of the risk of abuse and neglect and, if necessary, plan and provide for the provision of community-based services to reduce the risk and to otherwise support the family.
- (10) "Good faith" shall be presumed in the absence of evidence of malice or willful misconduct.
- (11) "Internal information system" shall mean a system of maintaining information related to all reports of abuse, neglect, investigations, family assessments, services and other relevant information.
- (12) "Investigation" shall mean the collection of evidence in response to a report of abuse, neglect, or risk of maltreatment by a person responsible for that child's care, custody or control in order to determine if a child has been abused, neglected, or is at risk of maltreatment. The Division shall develop protocols for its investigations that focus on ensuring the well-being and safety of the child. The Division may conduct an investigation in response to any report of abuse, neglect, or risk of maltreatment but shall conduct an investigation as enumerated under § 906 (b)(3) of this title.
- (13) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: Education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well-being.
- (14) "Report" shall mean the communication of an allegation of child abuse or neglect to the Division pursuant to § 903 or § 905 of this title;
- (15) "Special Investigator" shall mean a Division employee, appointed by the Secretary, who performs abuse and neglect investigations and possesses additional qualifications and authority as defined by § 9016 of Title 29.
- (16) "Substantiation" means a finding by a preponderance of the evidence that abuse or neglect has occurred.
- (17) "Those responsible for the care, custody, and control of the child" shall include, but not be limited to, the parents or guardian of the child, other members of the child's household, adults within the household who have responsibility for the child's well-being, persons who have temporary responsibility for the child's well being, or a custodian as that term is defined by § 901(6) of Title 10. (60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 213, § 1; 71 Del. Laws, c. 199, § 3; 72 Del. Laws, c. 179, § 3; 72 Del. Laws, c. 469, § 4; 73 Del. Laws, c. 187, § 2; 73 Del. Laws, 73 Del. Laws, c. 412, §§ 2-5.)

§ 902. Definitions [Effective July 9, 2006. For the version of this section effective until July 9, 2006, see the preceding section, also numbered 902.]

As used in this chapter, the following terms mean:

- (1) "Abuse" shall mean any physical injury to a child by those responsible for the care, custody and control of the child, through unjustified force as defined in § 468 of Title 11, emotional abuse, torture, criminally negligent treatment, sexual abuse, exploitation, maltreatment or mistreatment.

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- (2) "Child" shall mean any person who has not reached his or her 18th birthday.
- (3) "Child Protection Registry" or "Registry" means a collection of information as described in subchapter II of this chapter about persons who have been substantiated for abuse or neglect as provided in Subchapter II of this chapter or who were substantiated between August 1, 1994, and February 1, 2003.
- (4) "Child welfare proceeding" means any Family Court proceeding and subsequent appeal therefrom involving custody, visitation, guardianship, termination of parental rights, adoption or other related petitions that involve a dependent, neglected or abused child or a child at risk of same as determined by the Family Court.
- (5) "Conviction" or "convicted" means entry of a plea of guilty or nolo contendere, regardless of whether the plea was subsequently discharged or dismissed under the first offenders domestic violence diversion program pursuant to § 1024 of Title 10, or under the first offenders controlled substances diversion program pursuant to § 4764 of this title, or of a Robinson plea, or of a probation before judgment discharge without judgment of conviction notwithstanding the provisions of § 4218(f) of Title 11, or a finding of guilt after trial, or a finding of not guilty after trial as a result of the defense of mental disease or defect pursuant to Title 11, or adjudication of delinquency for conduct which if committed by an adult, would constitute a crime; or "conviction" or "convicted" under similar proceedings of another state, territory or jurisdiction.
- (6) "Director" shall mean the Director of the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (7) "Division" shall mean the Division of Family Services of the Department of Services for Children, Youth and Their Families.
- (8) "Family assessment and services" shall mean a case management approach by the Division of Family Services that provides for a prompt assessment of a child and the child's family and the circumstances of the reported incident (including the known history of the child and/or the alleged perpetrator) when there has been a report to the Division that the child was a victim of abuse or neglect, or at risk of maltreatment by a person responsible for that child's care, custody or control. Family assessment and services shall be used in conjunction with the investigation approach defined in subdivision (7) of this section but may not supplant it in circumstances which require an investigation. The family assessment response shall focus on the integrity and preservation of the family and shall assess the status of the child and the family in terms of the risk of abuse and neglect and, if necessary, plan and provide for the provision of community-based services to reduce the risk and to otherwise support the family.
- (9) "Good faith" shall be presumed in the absence of evidence of malice or willful misconduct.
- (10) "Internal information system" shall mean a system of maintaining information related to all reports of abuse, neglect, investigations, family assessments, services and other relevant information.
- (11) "Investigation" shall mean the collection of evidence in response to a report of abuse, neglect, or risk of maltreatment by a person responsible for that child's care, custody or control in order to determine if a child has been abused, neglected, or is at risk of maltreatment. The Division shall develop protocols for its investigations that focus on ensuring the well-being and safety of the child. The Division may conduct an investigation in response to any report of abuse, neglect, or risk of maltreatment but shall conduct an investigation as enumerated under § 906 (b)(3) of this title.
- (12) "Neglect" shall mean the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary: Education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well-being.
- (13) "Report" shall mean the communication of an allegation of child abuse or neglect to the Division pursuant to § 903 or § 905 of this title;

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- (14) "Special Investigator" shall mean a Division employee, appointed by the Secretary, who performs abuse and neglect investigations and possesses additional qualifications and authority as defined by § 9016 of Title 29.
- (15) "Substantiation" means a finding by a preponderance of the evidence that abuse or neglect has occurred.
- (16) "Those responsible for the care, custody, and control of the child" shall include, but not be limited to, the parents or guardian of the child, other members of the child's household, adults within the household who have responsibility for the child's well-being, persons who have temporary responsibility for the child's well being, or a custodian as that term is defined by § 901(6) of Title 10. (60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 213, § 1; 71 Del. Laws, c. 199, § 3; 72 Del. Laws, c. 179, § 3; 72 Del. Laws, c. 469, § 4; 73 Del. Laws, c. 187, § 2; 73 Del. Laws, 73 Del. Laws, c. 412, §§ 2-5.)

§ 902A. Registration; procedure; notice.

Repealed by 73 Del. Laws, c. 412, § 6, effective February 1, 2003.

§ 903. Reports required.

Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition. (16 Del. C. 1953, § 1002; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 72 Del. Laws, c. 179, § 4.)

§ 904. Nature and content of report; to whom made.

Any report required to be made under this chapter shall be made to the Division of Child Protective Services of the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division of Child Protective Services, or in accordance with the rules and regulations adopted by the Division. (16 Del. C. 1953, § 1003; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 108, §§ 4, 11.)

§ 905. Telephone reports, Child Protection Registry and information system.

- (a) The Division shall establish and maintain a 24-hour statewide toll-free telephone report line operating at all times and capable of receiving reports of alleged abuse and neglect pursuant to § 904 of this title or from the public at large.
- (b) The Division shall maintain a Child Protection Registry and an internal information system as defined by § 902 of this title. Reports unsubstantiated may be kept in the internal information system by the Division at its discretion.
- (c) Although reports may be made anonymously, the Division shall in all cases, after obtaining relevant information regarding alleged abuse or neglect, request the name and address of any person making a report.
- (d) Upon receipt of a report, the Division shall immediately communicate such report to its appropriate Division staff, after a check has been made with the internal information system to determine whether previous reports have been made regarding actual or suspected abuse or neglect of the subject child, or any reports regarding any siblings, family members or the alleged perpetrator, and such information as may be contained from such previous reports. Such relevant information as may be contained in the internal information system shall also be forwarded to the appropriate Division staff. (16 Del. C. 1953, § 1004; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 64 Del. Laws, c. 108, § 4; 68 Del. Laws, c. 440, § 2; 70 Del. Laws, c. 186, § 1; 71 Del. Laws, c. 199, § 4; 73 Del. Laws, c. 412, §§ 26, 27.)

§ 906. State response to reports of abuse or neglect.

- (a) The child protection system shall seek to promote the safety of children and the integrity and preservation of their families by conducting investigations and/or family assessments in response to reports of child abuse or neglect. The system shall endeavor to coordinate community resources and provide assistance or services to children and families identified to be at risk, and to prevent and remedy child abuse and neglect.
- (b) In implementing the child protection system, the Division shall:
- (1) Receive and maintain reports pursuant to the provisions of §§ 903 and 905 of this title;
 - (2) Forward reports to the appropriate Division staff, who shall determine, through the use of protocols developed by the Division, whether an investigation or the family assessment and services approach should be used to respond to the allegation. The protocols for making this determination shall be developed by the Division and shall give priority to ensuring the well-being and safety of the child;
 - (3) The Division may investigate any report, but shall conduct an investigation involving all reports, which if true, would constitute violations against a child by a person responsible for the care, custody and control of the child of any of the following provisions of § 603, 604, 611, 612, 613, 621, 625, 626, 631, 632, 633, 634, 635, 636, 645, 763, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 782, 783, 783A, 791, 1100, 1101, 1102, 1107, 1108, 1109, 1110, 1111, or 1259 of Title 11, or an attempt to commit any such crimes. The Division staff shall also contact the appropriate law enforcement agency upon receipt of any report under this section and shall provide such agency with a detailed description of the report received. The appropriate law enforcement agency shall assist the Division in the investigation or provide the Division, within a reasonable time, an explanation detailing the reasons why it is unable to assist. Notwithstanding any provision of the Delaware Code to the contrary, to the extent the law enforcement agency with jurisdiction over the case is unable to assist, the Division may request that the Delaware State Police exercise jurisdiction over the case and upon such request the Delaware State police may exercise such jurisdiction;
 - (4) The assisting law enforcement agency shall promptly conduct its own criminal investigation, and keep the Division regularly apprised of the status and findings of its investigation. Law enforcement agencies and the Division shall develop protocols to ensure compliance with this subsection."
 - (5) The Division shall have authority to secure a medical examination of a child, without the consent of those responsible for the care, custody and control of the child, if the child has been reported to be a victim of abuse or neglect; provided, that such case is classified as an investigation pursuant to § 906(b)(3) of this title and the Director or the Director's designee gives prior authorization for such examination upon finding that such examination is necessary to protect the health and safety of the child;
 - (6) The investigation shall include, but need not be limited to, the nature, extent and cause of the abuse or neglect, collection of evidence, the identity of the alleged perpetrator, the names and condition of other children and adults in the home, the home environment, the relationship of the subject child to the parents or other persons responsible for the child's care, any indication of incidents of physical violence against any other household or family member, background checks on all adults in the home, and the gathering of other pertinent information;
 - (7) In the family assessment and services approach, assess service needs of the family from information gathered from the family and other sources. The Division shall identify and provide services for families where it is determined that the child is at risk of abuse or neglect. The Division shall document its attempt to provide voluntary services and the reasons these services are important to reduce the risk of future abuse or neglect. If the family refuses to accept or avoids the proffered services, the Division may refer the case for investigation or terminate services;
 - (8) Commence an immediate investigation if at any time during the family assessment and services approach the Division determines that an investigation as delineated in subsection (3) of this section is required or is otherwise appropriate. The Division staff who have

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conducted the assessment may remain involved in the provision of services to the child and family;

- (9) Conduct a family assessment and services approach on reports initially referred for an investigation, if it is determined that a complete investigation is not required. The reason for the termination of the investigative process shall be documented;
 - (10) Assist the child and family in obtaining services, if at any time during the investigation it is determined that the child or any member of the family needs services;
 - (11) Identify local services and assist with access to those services for children and families where there is risk of abuse or neglect;
 - (12) Update the internal information system at regular intervals during the course of the investigation. At the conclusion of the investigation or family assessment, the internal information system shall be updated to include a case finding;
 - (13) When a written report is made by a person required to report under § 903 of this title, the Division shall contact the person who made such report within 48 hours of the receipt of the report in order to ensure that full information has been received and to obtain any additional information or medical records, or both, which may be pertinent;
 - (14) Upon completion of an investigation or family assessment and services approach, if the Division suspects that the report was made maliciously or for the purpose of harassment, the Division shall refer the report and any evidence of malice or harassment to the appropriate law enforcement agency;
 - (15) Multidisciplinary services shall be used whenever possible in conducting the investigation or family assessment and services approach, including the services of law enforcement agencies, the medical community, and other agencies, both public and private. The Division and the Attorney General's Office shall cooperate with law enforcement agencies and the Family Court to develop training programs to increase the ability of Division personnel, court personnel, and law enforcement officers to investigate suspected cases of abuse and neglect;
 - (16) A person required to report under § 903 of this title to the Division shall be informed by the Division of the person's right to obtain information concerning the disposition of the report. Such person shall receive, from the local office, if requested, information on the general disposition of the report at the conclusion of the investigation;
 - (17) In any judicial proceeding involving the custody of child, the fact that a report has been made pursuant to § 903 or § 905 of this title shall not be admissible unless offered by the Division as a party or as a friend of the Court or if the Division is a party. However, nothing herein shall prohibit the introduction of evidence from independent sources to support the allegations that may have caused a report to have been made; and
 - (18) To protect the privacy of the family and the child named in a report, the Division shall establish guidelines concerning the disclosure of information concerning the abuse and neglect involving a child. The Division may require persons to make written requests for access to records maintained by the Division. The Division shall only release information to persons who have a legitimate public safety need for such information or a need based on the health and safety of a child subject to abuse, neglect or the risk of maltreatment, and such information shall be used only for the purpose for which the information is released.
- (c) In the event that a criminal prosecution for child sexual abuse or exploitation is initiated by the Department of Justice against a person employed by or associated with a facility or organization required to be licensed or whose staff personnel are required to be licensed under Delaware law whose primary concern is that of child welfare and care, the Attorney General shall notify such employer within 48 hours:
- (1) Upon the return of an indictment charging such person with having committed at least 1 felony offense involving an allegation of child sexual abuse; or

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- (2) Upon an adjudication of guilt of such person for any misdemeanor or violation, when such offense involved sexual abuse, in any degree, of a child under age 18.

Any violations of this subsection shall be dealt with administratively by the Attorney General and the penalty provisions of § 914 of this title shall not apply hereto.

- (d) In the event that a criminal prosecution for abuse or neglect is initiated by the Department of Justice pursuant to a report under this chapter and incarceration of the person who is the subject of the report is ordered by the Court, the Attorney General's office shall keep the Division informed of actions taken by the courts which result in the release of any such individual; provided that the Attorney General's office is represented at such a hearing. (71 Del. Laws, c. 199, § 5; 71 Del. Laws, c. 424, § 8; 72 Del. Laws, c. 173, § 5; 73 Del. Laws, c. 412, § 28.)

§ 907. Temporary emergency protective custody.

- (a) A police officer or a physician who reasonably suspects that a child is in imminent danger of suffering serious physical harm or a threat to life as a result of abuse or neglect and who reasonably suspects the harm or threat to life may occur before the Family Court can issue a temporary protective custody order may take or retain temporary emergency protective custody of the child without the consent of the child's parents, guardian or others legally responsible for the child's care.
- (b) Any person taking a child into temporary emergency protective custody under this section shall immediately notify the Division, in the county in which the child is located, of the person's actions and make a reasonable attempt to advise the parents, guardians, or others legally responsible for the child's care. Such person shall also file, as soon as practicable but no later than 12 hours thereafter, a written statement with the Division which sets forth the identity of the child and the facts and circumstances which gave such person reasonable cause to believe that there was imminent danger of serious physical harm or threat to the life of the child. Upon notification that a child has been taken into temporary emergency protective custody, the Division shall immediately respond in accordance with § 906 of this title to secure the safety of the child which may include ex parte custody relief from the Family Court if appropriate.
- (c) Temporary emergency protective custody for purposes of this section shall not exceed 4 hours and shall cease upon the Division's response pursuant to subsection (b).
- (d) For the purposes of this section, temporary emergency protective custody shall mean temporary placement within a hospital, medical facility or such other suitable placement; provided, however, that an abused or neglected child may not be detained in temporary custody in a secure detention facility.
- (e) A Division investigator conducting an investigation pursuant to § 906 of this title shall have the same authority as that granted to a police officer or physician in paragraph (a) of this section, subject to all the same conditions as those listed in paragraphs (a) through (d) of this section, provided that the child in question is located at a school, day care facility or child care facility at the time that the authority is initially exercised. In no other case shall an employee of the Division exercise custody under this section. (71 Del. Laws, c. 199, § 5; 70 Del. Laws, c. 186, § 1; 72 Del. Laws, c. 173, § 7.)

§ 907A. Safe Arms for Babies [Expiration effective July 9, 2006. See notes.]

- (a) The General Assembly finds and declares that the abandonment of a baby is an irresponsible act by parent(s) and places the baby at risk of injury or death from exposure, actions by other individuals, and harm from animals. However, the General Assembly does recognize that delivering a live baby to a safe place is far preferable to a baby killed or abandoned by the parent(s). The General Assembly further finds and declares that the purpose of this section is not to circumvent the responsible action of parent(s) who adhere to the current process of placing the baby for adoption, but to prevent the unnecessary risk of harm to or death of that baby by desperate parent(s) who would otherwise abandon or cause the death of that baby. The General Assembly further finds and declares that medical information about the baby and the baby's parent(s) is critical for the adoptive parents and that every effort should be made, without risking the safe placement of the baby, to obtain that medical information and provide counseling information to those parent(s). The General Assembly further finds and declares that if this section does not result in the safe placement of such babies or is abused by parent(s) attempting to circumvent the current process of adoption, it should be repealed.

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- (b) A person may voluntarily surrender a baby directly to an employee or volunteer of the emergency department of a Delaware hospital inside of the emergency department, provided that said baby is surrendered alive, unharmed and in a safe place therein.
- (c) A Delaware hospital shall be authorized to take temporary emergency protective custody of the baby who is surrendered pursuant to this section. The person who surrenders the baby shall not be required to provide any information pertaining to his or her identity, nor shall the hospital inquire as to same. If the identity of the person is known to the hospital, the hospital shall keep the identity confidential. However, the hospital shall either make reasonable efforts to directly obtain pertinent medical history information pertaining to the baby and the baby's family or attempt to provide the person with a postage paid medical history information questionnaire.
- (d) The hospital shall attempt to provide the person leaving the baby with the following:
 - (1) Information about the Safe Arms program;
 - (2) Information about adoption and counseling services, including information that confidential adoption services are available and information about the benefits of engaging in a regular, voluntary adoption process; and
 - (3) Brochures with telephone numbers for public or private agencies that provide counseling or adoption services.
- (e) The hospital shall attempt to provide the person surrendering the baby with the number of the baby's identification bracelet to aid in linking the person to the baby at a later date, if reunification is sought. Such an identification number is an identification aid only and does not permit the person possessing the identification number to take custody of the baby on demand.
- (f) If a person possesses an identification number linking the person to a baby surrendered at a hospital under this section and parental rights have not already been terminated, possession of the identification number creates a presumption that the person has standing to participate in an action. Possession of the identification number does not create a presumption of maternity, paternity or custody.
- (g) Any hospital taking a baby into temporary emergency protective custody pursuant to this section shall immediately notify the Division and the State Police of its actions. The Division shall obtain ex parte custody and physically appear at the hospital within 4 hours of notification under this subsection unless there are exigent circumstances. Immediately after being notified of the surrender, the State Police shall submit an inquiry to the Delaware Missing Children Information Clearinghouse.
- (h) The Division shall notify the community that a baby has been abandoned and taken into temporary emergency protective custody by publishing notice to that effect in a newspaper of statewide circulation. The notice must be published at least 3 times over a 3-week period immediately following the surrender of the baby unless the Division has relinquished custody. The notice, at a minimum, shall contain the place, date and time where the baby was surrendered, the baby's sex, race, approximate age, identifying marks, any other information the Division deems necessary for the baby's identification, and a statement that such abandonment shall be:
 - (1) The surrendering person's irrevocable consent to the termination of all parental rights, if any, of such person on the ground of abandonment; and
 - (2) The surrendering person's irrevocable waiver of any right to notice of or opportunity to participate in any termination of parental rights proceeding involving such child, unless such surrendering person manifests an intent to exercise parental rights and responsibilities within 30 days of such abandonment.
- (i) When the person who surrenders a baby pursuant to this section manifests a desire to remain anonymous, the Division shall neither initiate nor conduct an investigation to determine the identity of such person, and no court shall order such an investigation unless there is good cause to suspect child abuse or neglect other than the act of surrendering such baby. (73 Del. Laws, c. 187, § 3.)

§ 908. Immunity from liability, and special reimbursement to hospitals for expenses related to certain babies [Effective until July 9, 2006. For the version of this section effective July 9, 2006, see the following section, also numbered 908.]

- (a) Anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title.
- (b) A hospital, hospital employee or hospital volunteer which accepts temporary emergency protective custody of a baby pursuant to § 907A of this title is absolutely immune from civil and administrative liability for any act of commission or omission in connection with the acceptance of that temporary emergency protective custody or the provision of care for the baby when left at the hospital while said baby is in the hospital's temporary emergency protective custody except for negligence or intentional acts. If a hospital accepts temporary emergency protective custody of a baby pursuant to § 907A of this title, the State shall reimburse the hospital for eligible, medically necessary costs under the Medicaid Fee for Service Program. (16 Del. C. 1953, § 1005; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5; 72 Del. Laws, c. 179, § 5; 73 Del. Laws, c. 187, §§ 4, 5.)

§ 908. Immunity from liability [Effective July 9, 2006. For the version of this section effective until July 9, 2006, see the preceding section, also numbered 908.]

Anyone participating in good faith in the making of a report or notifying police officers pursuant to this chapter, performing a medical examination without the consent of those responsible for the care, custody and control of a child pursuant to § 906(b)(5) of this title, or exercising emergency protective custody in compliance with § 907 of this title, shall have immunity from any liability, civil or criminal, that might otherwise exist, and such immunity shall extend to participation in any judicial proceeding resulting from the above actions taken in good faith. This section shall not limit the liability of any health care provider for personal injury claims due to medical negligence that occurs as a result of any examination performed pursuant to § 906(b)(3) of this title. (16 Del. C. 1953, § 1005; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5; 72 Del. Laws, c. 179, § 5; 73 Del. Laws, c. 187, §§ 4, 5, 8.)

§ 909. Privileged communication not recognized.

No legally recognized privilege, except that between attorney and client and that between priest and penitent in a sacramental confession, shall apply to situations involving known or suspected child abuse, neglect, exploitation or abandonment and shall not constitute grounds for failure to report as required by § 903 of this title or to give or accept evidence in any judicial proceeding relating to child abuse or neglect. (16 Del. C. 1953, § 1007; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 71 Del. Laws, c. 199, § 5.)

§ 910. Court orders to compel.

- (a) Whenever an investigation has been opened with the Division pursuant to § 906 of this title for potential abuse or neglect of a child, the Division shall have the authority to request an order from the Family Court:
- (1) To obtain access to the child, or children, and the residence of child, or children;
 - (2) To compel the appearance of a person at an office of the Division in furtherance of the investigation; or
 - (3) To compel compliance with a treatment plan previously agreed to by a child's parent or guardian, if non-compliance with the plan endangers a child's safety.

The Family Court shall issue such an order upon the showing of "need" by the Division and shall enforce noncompliance with such an order pursuant to § 925(3) of Title 10. Formal notice of a request under this section shall be provided to the respondent prior to the filing of the request with the Family Court provided that orders pursuant to this section may be granted on an ex parte basis if the child, or children, at issue are at risk of imminent physical danger. The Family Court shall consider all requests pursuant to this section within 2 business days of the request being made.

- (b) For purposes of this section, "need" shall mean:

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- (1) That the Division has in good faith attempted on at least 2 separate prior occasions, at least 1 of which was by written communication sent by certified mail, return receipt requested, to contact the person in question without success; or
- (2) That a child is in danger of imminent physical injury due to the Division's inability to communicate with the person or see the child or the child's residence. (71 Del. Laws, c. 199, § 6; 72 Del. Laws, c. 173, § 6.)

§ 911. Training and information.

- (a) The Division shall, on a continuing basis, undertake and maintain programs to inform all persons required to report abuse or neglect pursuant to § 903 of this title and the public of the nature, problem and extent of abuse and neglect, and of the remedial and therapeutic services available to children and their families and to encourage self-reporting and the voluntary acceptance of such services.
- (b) The Division shall conduct ongoing training programs to advance the purpose of this section.
- (c) The Division shall continuously publicize the existence of the 24-hour report-line to those required to report abuse or neglect pursuant to § 903 of this title of their responsibilities and to the public the existence of the 24-hour statewide toll-free telephone number to receive reports of abuse or neglect. (71 Del. Laws, c. 199, § 6.)

§ 912. The Child Protection Accountability Commission.

- (a) The Delaware Child Protection Accountability Commission is hereby established. The Commission shall consist of 19 members with the at-large members and the Chair appointed by the Governor, shall be staffed by the Office of the Child Advocate and shall be comprised of the following:
 - (1) The Secretary of Services for Children, Youth and Their Families, or the Secretary's designee;
 - (2) The Director of the Division of Family Services, or the Director's designee;
 - (3) Two representatives from the Attorney's General Office, designated by the Attorney General;
 - (4) Two members of the Family Court, designated by the Chief Judge;
 - (5) One member of the House of Representatives, designated by the Speaker of the House;
 - (6) One member of the Senate, designated by the President Pro Tempore of the Senate;
 - (7) The Chair of the Child Placement Review Board, or the Chair's designee;
 - (8) The Secretary of the Department of Education, or the Secretary's designee;
 - (9) The Director of Child Mental Health Services, or the Director's designee;
 - (10) Eight at-large members with 1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 2 persons from law enforcement agencies and 4 persons from the child protection community.
- (b) The Child Advocate shall serve as the Executive Director of the Commission to effectuate its purposes pursuant to Chapter 90A of Title 29. It shall be the purpose of the Commission to monitor Delaware's child protection system to best ensure the health, safety and well-being of Delaware's abused, neglected and dependent children. To that end, the Commission shall meet on a quarterly basis and shall:
 - (1) Examine and evaluate the policies, procedures and effectiveness of the child protection system and make recommendations for changes therein, focusing specifically on the respective roles in the child protection system of the Division of Family Services, the Division of Child Mental

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Health Services, the Office of the Attorney General, the Family Court, the medical community, and law enforcement agencies;

- (2) Recommend changes in the policies and procedures for investigating and overseeing the welfare of abused, neglected and dependent children;
- (3) Advocate for legislation and make legislative recommendations to the Governor and General Assembly;
- (4) Access, develop and provide quality training to staff of the Division of Family Services, Deputy Attorneys General, Family Court, law enforcement officers, the medical community, educators, day-care providers, and others on child protection issues;
- (5) Review and make recommendations concerning the well-being of Delaware's abused, neglected and dependent children including, but not limited to, issues relating to foster care, adoption, mental health services, victim services, education, rehabilitation, substance abuse and independent living; and
- (6) Provide the following reports to the Governor:
 - a. An annual summary of the Commission's work and recommendations, including work of the Office of the Child Advocate, with copies thereof sent to the Governor's Advisory Council for Children, Youth and Their Families for their consideration and comment; and
 - b. A quarterly written report of the Commission's activities and findings with copies thereof distributed to the Chairpersons of the House of Representatives Committee on Health and Human Development and the Senate Committee on Children, Youth and Their Families. (71 Del. Laws, c. 199, § 6; 70 Del. Laws, c. 186, § 1; 73 Del. Laws, c. 116, §§ 1-3, 5[4].)

§ 913. Child under treatment by spiritual means not neglected.

No child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall for that reason alone be considered a neglected child for the purposes of this chapter. (16 Del. C. 1953, § 1006; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1.)

§ 914. Penalty for violation.

Whoever knowingly violates § 903 this title shall be fined not more than \$1,000 or shall be imprisoned not more than 15 days, or both. (16 Del. C. 1953, § 1008; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1.)

Appendix C: Recommended Immunization Schedule for Persons Aged 0-6 Years

For current information, contact the Delaware Division of Public Health or refer to the CDC website

– <http://www.cdc.gov/nip/recs/child-schedule.htm>**Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008***For those who fall behind or start late, see the catch-up schedule*

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB	^{***} HepB			HepB					
Rotavirus ²			Rota	Rota	Rota							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	^{***} DTaP		DTaP				DTaP
<i>Neisseria meningitidis</i> type b ⁴			Hib	Hib	Hib		Hib					
Pneumococcal ⁵			PCV	PCV	PCV		PCV				PPV	
Inactivated Poliovirus			IPV	IPV			IPV					IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹							HepA (2 doses)				HepA Series	
Meningococcal ¹⁰											MCV4	

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedule. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the vaccine. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)**At birth:**

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg) positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 34 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks.
- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer any dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. *Neisseria meningitidis* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (Pedvax-Hib[®] or ComVax[®] [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TrHibit[®] (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- Administer PPV to children aged 2 years and older with underlying medical conditions.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6–59 months and to all eligible close contacts of children aged 0–59 months.
- Administer annually to children 6 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
- For healthy persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if age 6–35 months or 0.5 mL if age 3 years or older.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Do not repeat second dose if administered 23 days or more after first dose.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12–23 months). Administer the 2 doses in the series at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. MPSV4 is also acceptable.
- Administer MCV4 to persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease.

The Recommended Immunization Schedule for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip/), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

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Appendix D: Recommended Immunization Schedule for Persons Aged 7-18 Years
 For current information, contact the Delaware Division of Public Health or refer to the CDC website
 – <http://www.cdc.gov/nip/recs/child-schedule.htm>

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2009
For those who fall behind or start late, see the green bars and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Diphtheria, Tetanus, Pertussis ¹		see footnote 1	Tdap	Tdap
Human Papillomavirus ¹		see footnote 2	HPV (3 doses)	HPV Series
Meningococcal ¹		MCV4	MCV4	MCV4
Pneumococcal ¹			PPV	
Influenza ⁵			Influenza (Yearly)	
Hepatitis A ⁶			HepA Series	
Hepatitis B ⁷			HepB Series	
Inactivated Poliovirus ⁸			IPV Series	
Measles, Mumps, Rubella ⁹			MMR Series	
Varicella ¹⁰			Varicella Series	

 Range of recommended ages
 Catch-up immunization
 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7–18 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any doses not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

communicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high-risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

- Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for BOOSTRIX[®] and 11 years for ADACEL[™])
 - Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
 - 12–18-year-olds who missed the 11–12 year Tdap or received Td only are encouraged to receive one dose of Tdap 5 years after the last Td/DTaP dose.
- Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
 - Administer the first dose of the HPV vaccine series to females at age 11–12 years.
 - Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
 - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.
- Meningococcal vaccine.**
 - Administer MCV4 at age 11–12 years and at age 13–18 years if not previously vaccinated. MPSV4 is an acceptable alternative.
 - Administer MCV4 to previously unvaccinated college freshmen living in dormitories.
 - MCV4 is recommended for children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups.
 - Persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease should be vaccinated with MCV4.
- Pneumococcal polysaccharide vaccine (PPV).**
 - Administer PPV to certain high-risk groups.
- Influenza vaccine.**
 - Administer annually to all close contacts of children aged 0–59 months.
 - Administer annually to persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at higher risk.

- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.
 - For healthy nonpregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- Hepatitis A vaccine (HepA).**
 - Administer the 2 doses in the series at least 6 months apart.
 - HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.
 - Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those who were not previously vaccinated.
 - A 2-dose series of Recombivax HB[®] is licensed for children aged 11–15 years.
 - Inactivated poliovirus vaccine (IPV).**
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
 - Measles, mumps, and rubella vaccine (MMR).**
 - If not previously vaccinated, administer 2 doses of MMR during any visit, with 4 or more weeks between the doses.
 - Varicella vaccine.**
 - Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose if administered 28 or more days following the first dose.
 - Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip/), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

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Appendix E: Catch-up Immunization Schedule

For current information, contact the Delaware Division of Public Health or refer to the CDC website – <http://www.cdc.gov/nip/recs/child-schedule.htm>

Catch-up Immunization Schedule UNITED STATES • 2008
for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind
 The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after 1st dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ⁴
Haemophilus influenzae type b ⁴	6 wks	4 weeks If 1st dose administered at younger than 12 months of age 8 weeks (as final dose) If 1st dose administered at age 12–14 months No further doses needed If 1st dose administered at 15 months of age or older	4 weeks ⁴ If current age is younger than 12 months 8 weeks (as final dose) ⁴ If current age is 12 months or older and second dose administered at younger than 15 months of age No further doses needed If previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks If 1st dose administered at younger than 12 months of age 8 weeks (as final dose) If 1st dose administered at age 12 months or older or current age 24–59 months No further doses needed for healthy children if 1st dose administered at age 24 months or older	4 weeks If current age is younger than 12 months 8 weeks (as final dose) If current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			

CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks If 1st dose administered at younger than 12 months of age 6 months If 1st dose administered at age 12 months or older	6 months If 1st dose administered at younger than 12 months of age	
Human Papillomavirus ¹¹	9 yrs	4 weeks	12 weeks (and 24 weeks after the first dose)		
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after 1st dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	4 weeks If 1st dose administered at age 13 years or older 3 months If 1st dose administered at younger than 13 years of age			

- Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those who were not previously vaccinated.
 - A 2-dose series of Recombivax HB is licensed for children aged 11–15 years.
- Rotavirus vaccine (Rota).**
 - Do not start the series later than age 12 weeks.
 - Administer the final dose in the series by age 22 weeks.
 - Do not administer a dose later than age 22 weeks.
 - Data on safety and efficacy outside of these age ranges are insufficient.
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**
 - The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
 - DTaP is not indicated for persons aged 7 years or older.
- Haemophilus influenzae type b conjugate vaccine (Hib).**
 - Vaccine is not generally recommended for children aged 5 years or older.
 - If current age is younger than 12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
 - If first dose was administered at ages 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.
- Pneumococcal conjugate vaccine (PCV).**
 - Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
 - For children with underlying medical conditions, administer 2 doses of PCV at least 8 weeks apart if previously received less than 3 doses, or 1 dose of PCV if previously received 3 doses.
- Inactivated poliovirus vaccine (IPV).**
 - For children who received an dIPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- Measles, mumps, and rubella vaccine (MMR).**
 - The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
 - If not previously vaccinated, administer 2 doses of MMR during any visit with 4 or more weeks between the doses.
- Varicella vaccine.**
 - The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
 - Do not repeat the second dose in persons younger than 13 years of age if administered 20 or more days after the first dose.
- Hepatitis A vaccine (HepA).**
 - HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See MMWR 2005;55(No. RR-7):1–23.
- Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**
 - Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
 - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at younger than 12 months of age. Refer to ADIP recommendations for further information. See MMWR 2005;55(No. RR-3).
- Human papillomavirus vaccine (HPV).**
 - Administer the HPV vaccine series to females at age 12–14 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at <http://www.cdc.gov> or by telephone via the 24-hour national toll-free information line 800-833-3117. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at <http://www.cdc.gov/vaccines> or telephone, 1-800-CDC-INFO (1-800-232-4636).
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Appendix F: USDA/CACFP Infant Meal Pattern Requirements and Policies

Infant Meal Pattern Breakfast		
Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breastmilk ^{2,3}	4-8 fluid ounces of formula ¹ or breastmilk ^{2,3} ; 0-3 tablespoons of infant cereal ^{1,4}	6-8 fluid ounces of formula ¹ or breastmilk ^{2,3} ; and 2-4 tablespoons of infant cereal ¹ ; and 1-4 tablespoons of fruit or vegetable or both
<p>¹ Infant formula and dry infant cereal must be iron-fortified.</p> <p>² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.</p> <p>³ For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered if the infant is still hungry.</p> <p>⁴ A serving of this component is required when the infant is developmentally ready to accept it.</p>		

Infant Meal Pattern Lunch or Supper		
Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breast milk ^{2,3}	4-8 fluid ounces of formula ¹ or breast milk ^{2,3} ; 0-3 tablespoons of infant cereal ^{1,4} ; and 0-3 tablespoons of fruit or vegetable or both ⁴	6-8 fluid ounces of formula ¹ or breast milk ^{2,3} ; 2-4 tablespoons of infant cereal ¹ ; and/or 1-4 tablespoons of meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½-2 ounces of cheese; or 1-4 ounces (volume) of cottage cheese; or 1-4 ounces (weight) of cheese food or cheese spread; and 1-4 tablespoons of fruit or vegetable or both
<p>¹ Infant formula and dry infant cereal must be iron-fortified.</p> <p>² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months.</p> <p>³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.</p>		

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

**Infant Meal Pattern
Snack**

Birth through 3 Months	4 through 7 Months	8 through 11 Months
4-6 fluid ounces of formula ¹ or breast milk ^{2,3}	4-6 fluid ounces of formula ¹ or breast milk ^{2,3}	2-4 fluid ounces of formula ¹ or breast milk ^{2,3} , or fruit juice ⁵ ; and 0-1/2 bread ^{4,6} or 0-2 crackers ^{4,6}

- ¹ Infant formula and dry infant cereal must be iron-fortified.
- ² Breastmilk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months.
- ³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
- ⁴ A serving of this component is required when the infant is developmentally ready to accept it.
- ⁵ Fruit juice must be full-strength.
- ⁶ A serving of this component must be made from whole-grain or enriched meal or flour.

Appendix G: USDA/CACFP Child Meal Pattern Requirements and Policies

Child Meal Pattern Breakfast			
Select All Three Components for a Reimbursable Meal			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk fluid milk	1/2 cup	3/4 cup	1 cup
1 fruit/vegetable juice, ² fruit and/or vegetable	1/4 cup	1/2 cup	1/2 cup
1 grains/bread³ bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column. ² Fruit or vegetable juice must be full-strength. ³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.			

Child Meal Pattern Lunch or Supper			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk fluid milk	1/2 cup	3/4 cup	1 cup
2 fruits/vegetables juice, ² fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
1 grains/bread³ bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
1 meat/meat alternate meat or poultry or fish ⁴ or	1 ounce	1 1/2 ounces	2 ounces
alternate protein product or	1 ounce	1 1/2 ounces	2 ounces
	1 ounce	1 1/2 ounces	2 ounces

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cheese or	1/2 egg	3/4 egg	1 egg
egg or	1/4 cup	3/8 cup	1/2 cup
cooked dry beans or peas or			
peanut or other nut or seed butters or	2 Tbsp.	3 Tbsp.	4 Tbsp.
nuts and/or seeds ⁵ or	1/2 ounce	3/4 ounce	1 ounce
yogurt ⁶	4 ounces	6 ounces	8 ounces
<p>¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.</p> <p>² Fruit or vegetable juice must be full-strength.</p> <p>³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.</p> <p>⁴ A serving consists of the edible portion of cooked lean meat or poultry or fish.</p> <p>⁵ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.</p> <p>⁶ Yogurt may be plain or flavored, unsweetened or sweetened.</p>			

Child Meal Pattern Snack

Select Two of the Four Components for a Reimbursable Snack

Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk fluid milk	1/2 cup	1/2 cup	1 cup
1 fruit/vegetable juice, ² fruit and/or vegetable	1/2 cup	1/2 cup	3/4 cup
1 grains/bread³ bread or	1/2 slice	1/2 slice	1 slice
cornbread or biscuit or roll or muffin or	1/2 serving	1/2 serving	1 serving
cold dry cereal or	1/4 cup	1/3 cup	3/4 cup
hot cooked cereal or	1/4 cup	1/4 cup	1/2 cup
pasta or noodles or grains	1/4 cup	1/4 cup	1/2 cup
1 meat/meat alternate meat or poultry or fish ⁴ or	1/2 ounce	1/2 ounce	1 ounce
alternate protein product or	1/2 ounce	1/2 ounce	1 ounce
cheese or	1/2 ounce	1/2 ounce	1 ounce
egg ⁵ or	1/2 egg	1/2 egg	1/2 egg
cooked dry beans or peas or	1/8 cup	1/8 cup	1/4 cup

Final – January 2009

peanut or other nut or seed butters or nuts and/or seeds or yogurt ⁶	1 Tbsp. 1/2 ounce 2 ounces	1 Tbsp. 1/2 ounce 2 ounces	2 Tbsp. 1 ounce 4 ounces
<p>¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.</p> <p>² Fruit or vegetable juice must be full-strength. Juice cannot be served when milk is the only other snack component.</p> <p>³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.</p> <p>⁴ A serving consists of the edible portion of cooked lean meat or poultry or fish.</p> <p>⁵ One-half egg meets the required minimum amount (one ounce or less) of meat alternate.</p> <p>⁶ Yogurt may be plain or flavored, unsweetened or sweetened.</p>			