Strengthening Early Success: Building Our Future Together

2020-2025 Vision

Delaware Early Childhood Council
September 1, 2020

Dear Early Childhood Council and Early Childhood Community:

Thank you for your hard work on the latest Early Childhood Council strategic plan. We are grateful for our partnership with the Council as we work to ensure the best possible start for every young child in Delaware.

Economists and researchers have repeatedly said that there is no greater investment our state can make than in the development of our young children. Despite challenging financial circumstances and the COVID-19 pandemic, I am proud that we continue to make progress and invest in services for young children and their families. Recently, we increased investments in child care, consolidated early childhood governance, and expanded developmental screenings. None of these efforts are possible without the tireless efforts and advocacy of our child care providers.

I commend the Council and the hundreds of Delawareans who worked to create this ambitious, important plan to guide the work ahead. And I thank those who serve our youngest children every day and who have stepped up in unprecedented ways during this pandemic.

We have more to do, together, to serve those that need our leadership the most.

Sincerely,

John C. Carney
Governor
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context</td>
<td>4</td>
</tr>
<tr>
<td>Guiding Principles</td>
<td>10</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>13</td>
</tr>
<tr>
<td>Vision &amp; Recommendations</td>
<td>26</td>
</tr>
<tr>
<td>Momentum</td>
<td>37</td>
</tr>
<tr>
<td>Measures of Success</td>
<td>39</td>
</tr>
<tr>
<td>About the Council</td>
<td>41</td>
</tr>
<tr>
<td>Appendix</td>
<td>45</td>
</tr>
</tbody>
</table>
Context
This plan builds on the robust brain science and research base on effective practices from birth to age 8.

**Brains are built over time, from the bottom up**

In the first few years of life, more than 1 million new neural connections are formed every second.

**Genes and experience shape the developing brain**

Young children naturally reach out for interaction through babbling, facial expressions, and gestures, and if adults don’t respond in kind, the brain’s architecture does not form as expected.

**The brain’s capacity for change decreases with age**

The brain is most flexible early in life to accommodate different environments and interactions.

**Investing in early childhood care and education (ECCE) results in strong outcomes & returns**

Confidence, determination, and a love of learning begin in early childhood.

Economists estimate a 6-10% per year return on investment for every dollar invested in quality early learning for children in disadvantaged families. Long-term returns on investment can be as high as 16%.
Early Childhood Council Strategic Plan Timeline

2008-2013 Early Success Plan

2013-2018 Sustaining Early Success Plan

2019

2020-2025 Plan

State receives federal Preschool Development Grant—Birth to 5 grant for needs assessment and planning

Strengthening Early Success: Building Our Future Together

2020-2025 Vision
Accomplishments
Celebrating the Work of Sustaining Early Success Plan

We recognize and applaud the essential industries that supported families with young children during the COVID-19 health crisis; health care, early childhood care and education, child welfare, and many other support systems went above and beyond. Creative approaches like telehealth and online learning activities have sustained families and helped build resilience.

GOAL 1
A Healthy Start for All Children
- Developmental screening options available online and via phone for all families with children 0-5
- Common statewide home visiting referral form to simplify families accessing services
- Project LAUNCH furthers support on mental health and wrap around supports
- Adopted policy on suspension and expulsion
- Healthy Steps pilot of integrated pediatric well visits including parenting, mental health, and intensive screenings
- Early Childhood Mental Health Consultation Service scaled and sustained statewide

GOAL 2
High-Quality Early Childhood Programs and Professionals
- Expansion of Early Head Start Child Care Partnership statewide to increase access to quality care for children 0-3
- Early Childhood Teacher Academy career technical education pathway launched in high school with opportunity for credit articulation and certification
- Stand by Me financial coaching provided to early childhood workforce and families
- Expansion of T.E.A.C.H. Early Childhood® Delaware scholarship to serve CDA, AA, and BA candidates
- Expansion of Child Care WAGE$® Program salary supplement to increase support retention

GOAL 3
An Aligned and Effective Early Learning System, B-3rd Grade
- Statewide Kindergarten Registration and Readiness Campaign launched reaching thousands of families
- Early Learner Survey tool used to observe every kindergarten student at the start of school
- State inclusion guide released with practices and guidelines for all providers
- Mychildde.com family awareness portal and provider resource hub launched

GOAL 4
Sustained System Improvement
- Office of Child Care Licensing moved to Department of Education to consolidate governance of early childhood across agencies and divisions
- Increased state investments in quality care through increased Purchase of Care child care subsidy rates and increased tiered reimbursement to support quality
The needs assessment paired qualitative findings with quantitative insights to help capture the full picture of current challenges and opportunities in Delaware’s ECCE system.

### Phase One: Needs Assessment
July-September 2019

1A) User Experience
What is the current landscape of programs and supports for birth through age 5 families?
Where are there gaps in the quality and availability of this programming?
What are the barriers to access?

1B) Data Systems
How many children are currently served by the early childhood system?
What is the number of potential children who could access the system?
How many children are waiting for service?

### Phase Two: Strategic Planning
October 2019-August 2020

- What is the vision for Delaware’s Early Childhood Care and Education (ECCE) system?
- What are the key areas to address to support availability and access?
- What potential strategies – co-developed with families and professionals – could help Delaware realize these opportunities?
- Who is responsible for implementing the plan?
- How will progress be measured and tracked?

### Qualitative Interviews

<table>
<thead>
<tr>
<th>Family and Professionals Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>410+ stakeholders engaged</td>
</tr>
<tr>
<td>304 parent text surveys</td>
</tr>
<tr>
<td>22 in-depth interviews</td>
</tr>
<tr>
<td>6 pop up design sessions</td>
</tr>
<tr>
<td>5 families shadowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal Stakeholder Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 DOE interviews</td>
</tr>
<tr>
<td>8 DHSS interviews</td>
</tr>
<tr>
<td>3 DSCFY interviews</td>
</tr>
<tr>
<td>13 other interviews</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Systems Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 DOE interviews</td>
</tr>
<tr>
<td>22 DHSS interviews</td>
</tr>
<tr>
<td>2 DSCFY interviews</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program/ Professional Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 DOE databases</td>
</tr>
<tr>
<td>3 DHSS databases</td>
</tr>
<tr>
<td>2 DSCFY interviews</td>
</tr>
<tr>
<td>2 other databases</td>
</tr>
</tbody>
</table>

### Co-Design Sessions
200+ stakeholders engaged
12 co-design sessions

### Surveys
3 surveys fielded to receive strategic plan feedback
58 ECCE professionals and program administrators
48 state employees
5 parents
51 other stakeholders were engaged

### Stakeholder Meetings
20 group presentations for iterative feedback
Needs Assessment in Action

Delawareans shared their input through text surveys, pop-ups at playgrounds and state service centers, during meetings, through phone interviews.
### Guiding Principles

| EQUITY | • Equitably serving all children and targeting development, language, resource, and/or family needs  
• Serving all families with a focus on diversity, equity and inclusion |
|---|---|
| MULTI-GENERATIONAL SUPPORT | • Supported and affirmed families  
• Professionals act as partners with families in their children’s growth and development  
• Serving and engaging families as their children’s first teacher and as the foundation for children’s success  
• Child care options make sense for families’ everyday lives |
| WHOLE-CHILD SUPPORT | • Serving the whole-child’s needs and those of their families—physical, mental, emotional, cognitive, behavioral  
• Building protective factors with families: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children |
| EVIDENCE-BASED | • Strategies are based on robust brain science research, which emphasizes investing early to enable a strong, healthy start |
| COHESION | • Connected health and education systems across birth-8 programs and services  
• United and supportive professionals who serve families  
• Mixed delivery system to meet families’ diverse needs |
Dear Delaware,

Earn my trust
Treat my child as your own
Support my whole family
Make it easy on me
Make me feel welcome

“That’s the reason she’s not in preschool. It’s $700 a month. I’m applying for Purchase of Care but for as much as I have to pay, I might as well not work.”

–New Castle Parent

“Home visits are really amazing. They changed my whole outlook. I appreciate having some outside encouragement.”

–Sussex Parent

“They send you different places too much. I’m in a domestic violence situation and I need emergency housing and child care. I don’t have time to wait.”

–Kent Parent
03 Needs Assessment
About Delaware’s Children Birth-Age 8

ACCESS TO HOLISTIC SERVICES

ACCESS TO HIGH QUALITY PROGRAMS

PARTNERSHIPS WITH PROFESSIONALS

NAVIGATE A SIMPLE SYSTEM
There are about 100,000 children in Delaware birth through age 8

15% of children ages 0-5 and 11% of children ages 6-18 live in poverty

8% have a diagnosed disability or developmental delay

7% of births are to women receiving no prenatal care

6% of children do not have health insurance

23% of children in Delaware have experienced two or more adverse childhood experiences (abuse, neglect, household dysfunction)

27% of Delaware’s children 0-8 are Black, and 14% are Hispanic

40% of children in Delaware live in a one-parent household

20% of Delaware’s children are food insecure

82% of Delaware’s children have received preventative dental care in the past year
Investments in high-quality early childhood care and education starting at birth provides taxpayers with a return of $7.30 for every dollar invested.

Quality education and access to child care are high priorities for businesses looking to expand or relocate.

83% of millennials say they would leave their jobs for ones with more family-friendly benefits.

Companies providing child care decrease employee absences by 30% and job turnover by 60%.

40% of employers are concerned that some employees will not fully return to work because of child care needs.

52% of Delaware parents say they can’t buy a home, find employment, or go back to school.
Delaware’s Fragmented ECCE Services Results In:

**Underutilized Resources**
- Only **80%** of home visiting opportunities are utilized
- About **2%** of families with children 0-5 served through home visiting

**Lack of Support – Limited Access to Services**
- Children with disabilities experience long wait times **up to 3 months** for services due to insufficient service providers
- Only **80%** of home visiting opportunities are utilized
- **46%** of children have access to a medical home that provides comprehensive care
- **52%** of eligible mothers use Women Infants and Children (WIC) nutrition support
- **77%** of children 19 to 35 months are vaccinated according to the recommended schedule
- Dual language services are limited
- **13-20%** of programs employ staff who speak Spanish

**Confusing Family Experience**
- **Special needs services lack coordination and continuity.** Challenges with referrals, transitions from Part C to Part B, and itinerant service offerings
- **3 referral service sources** lack common language and have no central parent portal
- **No system to track** who has been screened for follow-ups and referrals

“We have a wait list…There’s nothing more frustrating to have a family come in, and tell them their child has a speech delay, but…you’ll have to wait 6-8 weeks.” – Service Provider
Access to Child Care is Limited

**Insufficient supply of child care options by location, age groups served, and hours of service**

Child care centers offer 86% of licensed seats, but only 3% of centers offer extended hours.

Sussex and Kent only have 38% of programs, but 47% of the state’s birth through age 5 population.

77% of programs accept infants under 1 year old.

---

**High costs and limited financial assistance**

Families at the federal poverty line have to pay 20% of their income to access Purchase of Care Plus, and Delaware full-time, full-year minimum wage earners pay 43% of their earnings on child care.

Only 23% of eligible children 0-5 are enrolled in subsidized care. The cost of high-quality child care is 2-3 times as high as current state reimbursement rates (high quality child care, including greater compensation and wraparound support, is 2-3 times).

24% of child care programs do not accept public subsidies.

---

"I’d love to see more options for families. For example, I had to drive my son 35 minutes away in order to enroll him in a quality program since there were none in the Dover area.”

– Parent, Kent County

"Families at the federal poverty line through full-time, full-year minimum wage earners pay 20-43% of their earnings on child care for 2 children”

– Internal Stakeholder
Families' Needs Outpace Supply:

Few families access care, and we don’t have a clear picture of access across funding streams:

- Child care is funded through a mix of federal, state, Head Start, state pre-k, and parental private pay.
- Half of children 3 and 4 are not in a preschool experience.
- Enrolling in subsidized care is difficult for families.
- 22% of all currently eligible young children 0-5 are served by publicly funded child care.
- 14% of all children 0-5 are served by publicly funded child care.
- 5% of Delaware’s 3 and 4-year olds are served by the state Pre-K program.
- 2% of Delaware’s 3-year-olds and 5% of Delaware’s 4-year-olds are enrolled in Head Start.

Parent need is high; support limited:

- 80% of all Delaware children have all available parents in the workforce.
- Many families do not have paid family leave which is shown to have strong child and societal outcomes.
- The U.S. is the only developed country that does not offer any federally funded paid parental leave (average among other countries is 18 weeks, with some offering up to 60 weeks).
- Limited extended hours, "nontraditional" and overnight care.

Parents who take higher paying jobs are penalized because they no longer qualify for POC but still have significant child care expenses:

- There is about a $600 benefits cliff, where families must make at least $600 more to break even -- so some choose not to make more so they can retain their benefit.

Access to High Quality Programs

"In my area there is never enough space for a child...I actually take care of my grandkids so my daughter can work...they are too expensive for a single mother, and you also have to wait too long to get into a center"
- Caretaker

"I need reliable child care to keep my job."
"High quality affordable child care availability was already limited [before COVID-19]."
- Delaware Parents
Quality of and Outcomes for Child Care and Early Education Do Not Provide What Children Deserve and Do Not Match Public Expectations

Only about 1/2 to 2/3 of students enter kindergarten with the skills they need to succeed in school:

- **58%** Social and emotional
- **61%** Physical
- **53%** Language
- **70%** Literacy
- **54%** Cognitive
- **45%** Mathematics

Higher Star rated programs **have elements associated with outcomes based on research**— and are associated with higher levels of social emotional development, which is associated with literacy skills.

About half of child care centers are in the Stars Quality Rating and Improvement System (QRIS), and **59%** of those rate a **4 or 5 Star** (out of 5).

Delaware **does not track suspension and expulsion** of young children.

- **51%** of 3rd graders score proficient or on grade level in reading;
- **35%** Black
- **37%** Latinx
- **35%** Low-Income

Students score about **35%**

Elementary school principals are not required to have any training in early childhood development, which applies to **65%** of elementary grades.
Early Childhood Educators Are Not Considered Professionals

**Early Childhood Educators are not Treated as Professionals**

61% Have a high school degree with limited training in early childhood.

Research indicates an early childhood teacher with a bachelor’s degree in early childhood development or specialized training is better able to support children’s healthy development and school readiness.

$10 Hourly average salary of child care teacher.

40% Have healthcare benefits.

Out of the 10,000 Early Childhood Educators in child care in Delaware, 1/3 are on public assistance of some kind (e.g. TANF, SNAP).

13% Of the workforce has another paid job to supplement their income.

**Delaware struggles to recruit, train, and retain Early Childhood Care and Education (ECCE) professionals**

- Declining enrollment in early education degrees in Delaware and 358 high school students are enrolled in the high school career technical early childhood pathway.
- Poor compensation and lack of benefits compared to K-12.
- Average tenure only 2 years.

“To have more highly qualified and trained teachers that costs you money, either in literal training dollars or because now you're hiring somebody who's got more skills and they don't want to make $9.50 an hour...it almost feels like everyone who comes in here for an interview, we have to hire them because we don't have any other options.”

– Child Care Provider

**No Support System**

PD offerings are inaccessible and undervalued.
Early Childhood Governance is Fragmented
11 ECCE divisions across DOE, DHSS, and DSCYF, leading to an inefficient and complex system for families, professionals, and programs.

Interagency Resource Management Committee (IRMC)
(DHSS, DOE, DSCYF, OMB, and Controller General's Office)

Early Childhood Council
Governor, General Assembly and IRMC

Department of Health & Social Services (DHSS)
Social Services
- Purchase of Care funding and eligibility

Division of Public Health
- Child Development Watch
- Home Visiting
- Maternal and Child Health
- Early Childhood Comprehensive Systems
- Part C Birth-3
- Special Supplemental Nutrition Program for Women, Infant and Children (WIC)
- 211/Help Me Grow

Division for the Visually Impaired
- Programs and services for visually impaired

Department of Education (DOE)
Office of Early Learning
- Delaware First (early childhood workforce online certification system)
- ECAP (pre-k)
- Parents as Teachers (Home Visiting)
- Head Start Collaboration Office/Early Head Start
- T.E.A.C.H. and WAGE$ workforce supports
- Delaware Institute for Excellence in Early Childhood
  - Delaware Stars
  - Professional Development
- Exceptional Children Resources
  - IDEA Part B 619
- Quality funding
- Delaware Educator Data System (DEEDS)

Office of Child Care Licensing
- Licenses program settings

Student Supports
- Adult Care Food Program (CACFP)

Prevention & Behavioral Services
- Early Childhood Mental Health Consultation

Management Support Services
- Education Services
- Criminal Background Check Unit

Note: Governance as of early 2020. Other related programs that don’t apply only to early learning include DHSS programs like SNAP, TANF, Children and Families First, Medicaid, Delaware Healthy Children Program, and other public health programs; Title 1 pre-k funding administered by DOE; and additional programs administered by DSYCF such as Strengthening Families, Promoting Safe and Stable Families, Families and Centers Empowered Together, and family Based Mental Health Services.
Families and Programs Struggle to Navigate the Current System

Families must complete complex enrollment forms and multiple intake processes to enroll their children.

Different Kindergarten registration systems with no online versions, and parents must fill out 2 more sets of forms if they use school choice.

Programs work across three state departments for licensing, quality ratings, and funding.

Some child care programs must navigate 10 or more requirements and funding applications.

75% of stakeholders surveyed say Delaware’s ECCE system should be managed by one state department.

“Discrepancies between Stars and licensing requirements sometimes make it impossible to comply; these layers of requirements do not talk to each other.”
– Internal Stakeholder Interview

“It’s difficult trying to navigate all of the different services that a lot of kids need and having to go to different places, fill out different forms that sometimes are redundant. It’s overwhelming.”
– ECE Professional, New Castle

See page 46 or comprehensive program map for 0-5

Navigating a Simple System

Licensing | IDEA Part B and Part C | CACFP
Purchase of Care | T.E.A.C.H Scholarships | ECAP
Tiered Reimbursement | Stars QRIS | DEEDS
Delaware First
Data Systems Don’t Interact
Hinders understanding of children served and families’ needs

Three unique child identifiers are used across 15 different data systems to track information about children 0-5 and their families.

No workforce registry to analyze trends and data

No connections between 0-5 and K-12 data

Only 22% said their department is using data to inform design of programs and services for children and families.

No end-to-end view of how children and families receive ECCE services or are impacted by them.

See page 47 for data system components and flow
Delaware Underinvests Where It Matters Most

Compared to K-12 students, Delaware invests a fraction of what it does in children under 5

Delaware invests $15-18K per child in K-12 education (despite higher adult to child ratios and shorter school day and year)

1/4 in ages 3-4…

…and 1/10 in ages 0-2 per child as it does in K-12 children per child

The U.S. ranks in the bottom 20% of Organisation for Economic Co-operation and Development (OECD) countries on child care spending

Child care professionals make about half the salary of a kindergarten teacher

Brain science inverse relationship

- Public Investment
- Brain Development

The U.S. ranks in the bottom 20% of Organisation for Economic Co-operation and Development (OECD) countries on child care spending.
Vision & Recommendations
Vision for Delaware’s Early Childhood System

Delaware commits to all children and families having access to an integrated early childhood system, from birth-8, which provides high-quality programs and services and an environment that supports their growth, development, and learning, and prepares them for success in school and life.

To achieve this vision, we must commit to integrating the State’s birth-8 health and education systems.

Though it may take beyond 2025 to achieve this vision, we must begin now.
Framework
For Recommendations to Achieve Our Vision for 2025 and Beyond

Early childhood care and education is a public good that every child deserves. Whole child learning starts at birth.

**ACCESS TO HOLISTIC SERVICES**
- Support Families in Meeting and Advocating for Children's Needs
- Meet Children's Health, Mental Health, Developmental and Educational Needs

**NAVIGATE A SIMPLE SYSTEM**
- Integrate Governance
- Integrate Data Systems
- Increase Financial Investments in Professionals, Programs, and Services

**ACCESS TO HIGH QUALITY PROGRAMS**
- Support Increased Child Care Quality and Capacity
- Support Families in Finding the Right Program Fit
- Increase Financial and Geographic Access to Quality

**PARTNERSHIPS WITH PROFESSIONALS**
- Support and Develop Early Childhood as a Profession
- Achieve Culturally and Linguistically Responsive, Inclusive Practices
- Increase Compensation and Build Systems of Support
## Access to Holistic Services

### Support Families in Meeting and Advocating for Children’s Needs

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Offer community-based mental health services and supports for all birth through age 8 children and their families, including integrating into pediatric well visits</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Expand mental health consultants’ scope, inclusion specialists’ reach, and treatment services</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Expand availability of high-quality services for children with disabilities to reduce wait times</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Expand access to prenatal and post-partum care for new mothers</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Establish a universal, voluntary tiered home visiting system offered in-person and through telehealth</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>Ensure all children have health insurance, a medical home, oral health visits, and vaccinations</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Connect families with resources to address food insecurity and homelessness</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Mandate universal birth through age 8 screenings connected to intervention services and resources for all</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>Expand family leave to all families through employee-based, tax pool model</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>Engage community partners in practices to increase early literacy, math, and social emotional learning</td>
</tr>
</tbody>
</table>
## Access to Holistic Services

### Meet Children’s Health, Mental Health, Developmental and Educational Needs

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adopt family navigator orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Train service providers as “family navigators” to promote “two-generation” approach</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Leverage family service coordinators and community health workers to support families whose children are not in formal child care settings</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Leverage existing resource and referral agencies to connect families to programs and services</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Develop supports for families of dual language learners, including translation services</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single, Comprehensive point of access for families</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Develop an app and website to help families understand what services are available and how to access them</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Develop partnerships among state agencies, programs, community-based organizations and elementary schools to reach families in their communities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Adopt closed-loop referral process and data system between screeners, health care and social service providers, and early childhood educators</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Develop and administer a database tracking family eligibility across subsidized child care and development services</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promote awareness of importance of early years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Partner to increase public communication efforts and campaign about early brain science</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Develop a campaign to promote the profession and its demands and rewards</td>
<td></td>
</tr>
</tbody>
</table>
## Access to High Quality Programs

### Support Increased Child Care Quality and Capacity

1. Simplify the number of and increase the quality standards--particularly focused on educators, leaders and interactions for learning--through the Stars Quality Rating and Improvement System and State pre-k (ECAP) requirements

2. Require publicly funded programs to reach a minimum level of quality

3. Adopt a Multi-Tiered System of Support (MTSS) approach in early childhood programs, with high quality core instruction and evidence-based intervention matched to student needs

### Support Families in Finding the Right Program Fit

1. Leverage single access point for families to gain information on programs/services

2. Conduct community outreach focused on the importance and availability of quality programs
## Access to High Quality Programs

### Increase Financial and Geographic Access to Quality

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Affordability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Increase state investment to reimburse all programs based on the cost of quality care</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Increase access to fully-subsidized seats for income-eligible families</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Expand access to publicly funded child care using contracted slots</td>
<td></td>
</tr>
</tbody>
</table>

| **Capacity** |   |   |
| 4 | Expand program capacity for infants and toddlers |
| 5 | Invest in existing program capacity and new flexible models and create flexible models in child care deserts |
| 6 | Invest in extended hours and/or flexible hours of care for families with non-traditional work schedules |
| 7 | Invest in universal, mixed delivery pre-k for all 3-and 4-year olds (school based, itinerant services, Head Start, community-based organizations, small businesses) |
| 8 | Revise regulations with professionals to enable programs to create flexibility to meet market demand |
| 9 | Increase requirements for teaching literacy in teacher certification for ages birth through 8 |
| 10 | Develop alternative and expand existing pipelines to the profession |

| **Access** |   |   |
| 11 | Identify strategies to overcome transportation challenges that impact access to programs and services |
| 12 | Develop more robust suspension and expulsion policy and training; create database to track |
# Partnerships with Professionals

## Support and Develop Early Childhood as a Respected Profession

<table>
<thead>
<tr>
<th>Qualifications and Career Pathways</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulate consistent qualifications across the direct service field, including child care, preschool, home visiting, early intervention</td>
<td></td>
</tr>
<tr>
<td>2. Revise the state-based career pathways to include stackable credentials through a competency-based system</td>
<td></td>
</tr>
<tr>
<td>3. Establish individual licensure requirement and registry for professionals</td>
<td></td>
</tr>
<tr>
<td>4. Over time, and with increased compensation and support, require higher standards of education and degrees in early childhood</td>
<td></td>
</tr>
<tr>
<td>5. Require that elementary school leaders take coursework in early childhood development</td>
<td></td>
</tr>
<tr>
<td>6. Increase requirements for teaching literacy in teacher certification for ages birth through 8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pipeline Development</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Develop alternative and expand existing pipelines to the profession</td>
<td></td>
</tr>
<tr>
<td>8. Prioritize and invest in high-need areas through scholarships, alternative routes to certification strategies, and other models</td>
<td></td>
</tr>
<tr>
<td>9. Redesign preparation programs to meet the needs of the current and future workforce—include coaching, cohort support, flexible programming, and stackable credentials</td>
<td></td>
</tr>
<tr>
<td>10. Actively recruit professionals who reflect students we seek to serve, leverage leaders of color, start early, provide financial supports, remove implicit bias in hiring</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Learning</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Develop feedback system to generate improvements to updates on professional development content, delivery, and accessibility</td>
<td></td>
</tr>
<tr>
<td>12. Establish partnerships to offer PD for teachers and parents across health and education systems</td>
<td></td>
</tr>
</tbody>
</table>

The profession encompasses child care, educators, home visitors, itinerant workers, service providers, therapists, medical professionals; many of these recommendations apply to only child care and early educators and are noted as such.
## Partnerships with Professionals

### Achieve Culturally and Linguistically Responsive, Inclusive Practices

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Recruit multi-lingual professionals</td>
</tr>
<tr>
<td>2</td>
<td>Train professionals on trauma-informed practices and practices that develop social and emotional learning</td>
</tr>
<tr>
<td>3</td>
<td>Invest in strategies to ensure programs and services reflect the diversity of families’ culture and values</td>
</tr>
<tr>
<td>4</td>
<td>Increase special education professional learning opportunities</td>
</tr>
<tr>
<td>5</td>
<td>Maintain repository of online best practice materials for professionals to access and contribute to</td>
</tr>
</tbody>
</table>

### Increase Compensation and Build Systems of Support for Child Care Professionals

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Elevate compensation of early childhood professionals to K-12 educator and specialist levels in tandem with increased qualification requirements</td>
</tr>
<tr>
<td>2</td>
<td>Offer health care benefits and paid time off to early childhood teachers</td>
</tr>
<tr>
<td>3</td>
<td>Expand financial support for teachers to obtain higher degrees</td>
</tr>
<tr>
<td>4</td>
<td>Develop a substitute teacher pool to support paid time off and professional learning</td>
</tr>
<tr>
<td>5</td>
<td>Develop a cohort system with embedded peer coaching and support for family child care homes where programs can access targeted TA (e.g. licensing process coaching) and cross-program mentorship</td>
</tr>
</tbody>
</table>
## Navigate a Simple System

<table>
<thead>
<tr>
<th>Integrate Governance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Establish oversight body for consolidation of state divisions for a more integrated approach</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Consolidate governance of programs, services and funding; coordinate funding to improve service delivery and create a unified family experience</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Streamline regulations structuring early childhood programs and services, including Stars, licensing, and health</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Align birth through age 5 and K-12 standards for learning and development, curriculum and assessment</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Provide transition supports to families across home visiting, child care, pre-K and Head Start, and kindergarten– as well as early intervention services</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Create and adopt common terminology for birth-2nd grade across sectors for professionals and families</td>
<td></td>
</tr>
</tbody>
</table>
## Navigate a Simple System

### Integrate Data Systems

<table>
<thead>
<tr>
<th></th>
<th><strong>Integrate Data Systems</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Develop single data system to track registration and attendance for all ECCE settings, including a common statewide kindergarten enrollment system—</td>
</tr>
<tr>
<td></td>
<td>all children are provided a unique identifier from birth-12th grade so programs and professionals can support children’s needs.</td>
</tr>
<tr>
<td>2</td>
<td>Create single workforce data system that maintains educator licensure data (including qualification, professional development, and demographic data) across programs and services</td>
</tr>
<tr>
<td>3</td>
<td>Create child-level portfolio to capture well-being and academic outcomes (including screening, steps taken to prevent suspension and expulsion)</td>
</tr>
<tr>
<td>4</td>
<td>Prioritize annual data analysis to inform continuous quality improvement (e.g. to identify child care deserts, referral loops not closed, and re-assessment of children in monitoring range)</td>
</tr>
</tbody>
</table>

### Increase Financial Investments in Professionals, Programs, and Services

<table>
<thead>
<tr>
<th></th>
<th><strong>Increase Financial Investments in Professionals, Programs, and Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Invest in mixed delivery early childhood programs at least at the level of public, K-12 education to ensure optimal early development</td>
</tr>
<tr>
<td>2</td>
<td>Invest in family access to child care and services that meet their needs – family interface /common enrollment that is not dependent on funding source</td>
</tr>
<tr>
<td>3</td>
<td>Create stable revenue processes and leverage contracts to support and stabilize families and providers, such as contracting for slots</td>
</tr>
</tbody>
</table>
05
Momentum
Initiatives Underway
What momentum is underway that we can build upon?

**NAVIGATE A SIMPLIFIED SYSTEM**
- More resources centralized within Department of Education, including Child Care Licensing and quality dollars
- Centralized DEEDs and Delaware First professional certification system
- Stars standards revision and alignment with licensing regulations

**PARTNER WITH PROFESSIONALS**
- Statewide professional development system adopted more topics in new formats
- Pilot cohort model for Child Development Associate (CDA) credential attainment with classroom coaching

**ACCESS TO HIGH QUALITY PROGRAMS**
- Cost of Quality study to understand the cost of care
- Inclusion specialist pilot underway to support special education children’s needs
- Stars redesign underway

**ACCESS TO HOLISTIC SERVICES**
- Common kindergarten registration system online statewide development underway
- Developmentally appropriate Kindergarten Academy tools for communities to use with support from Readiness teams
- Expanding Healthy Steps integrated pediatric visit pilot
- Assessing opportunities to expand home visiting
06 Measures of Success
Measures of Success
We have an aspirational, long-term vision for Delaware’s children and families

**ACCESS TO HOLISTIC SERVICES**
- All families can access health insurance
- All families can access physical health and mental health services
- All families can access paid family leave
- Increased public awareness and voter demand for public investment in early childhood

**ACCESS TO HIGH QUALITY PROGRAMS**
- All families can access affordable child care and home visiting
- State invests public funding in only high quality programs
- Streamlined, research-based standards for programs

**PARTNER WITH PROFESSIONALS**
- Higher qualification requirements and early childhood professional wages approaching pay parity with K-12 educators
- Early childhood is treated as a profession which attracts a strong workforce
- Increased workforce retention
- Programs are linguistically, culturally responsive and inclusive by design

**NAVIGATE A SIMPLIFIED SYSTEM**
- Streamlined governance supports efficient, family-and child-oriented services and program design
- Families access the resources to support their children through one user-friendly platform
- Data systems connect families to professionals to ensure access to needed programs and services
About the Council
<table>
<thead>
<tr>
<th>Delaware Early Childhood Council Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campaign for Grade Level Reading (CGLR)</td>
</tr>
<tr>
<td>Child Development Watch (CDW)</td>
</tr>
<tr>
<td>Child Find</td>
</tr>
<tr>
<td>Children and Families First (CFF)</td>
</tr>
<tr>
<td>Delaware Chapter, American Academy of Pediatrics</td>
</tr>
<tr>
<td>Delaware Afterschool Network</td>
</tr>
<tr>
<td>Delaware Association of School Administrators (DASA)</td>
</tr>
<tr>
<td>Delaware Association for the Education of Young Children (DEAEYC)</td>
</tr>
<tr>
<td>Delaware Business Roundtable Education Committee</td>
</tr>
<tr>
<td>Delaware Department of Education (DDOE or DOE)</td>
</tr>
<tr>
<td>Delaware Division of Libraries</td>
</tr>
<tr>
<td>Delaware Head Start Association (DHSIA)</td>
</tr>
<tr>
<td>Delaware Chief School Officers Association (DCSOA)</td>
</tr>
<tr>
<td>Delaware Institute for Arts Education (DiAE)</td>
</tr>
<tr>
<td>Delaware General Assembly</td>
</tr>
<tr>
<td>Delaware Readiness Teams</td>
</tr>
<tr>
<td>Delaware State Board of Education (DSBE)</td>
</tr>
<tr>
<td>Delaware State Education Association (DSEA)</td>
</tr>
<tr>
<td>Delaware Head Start Collaboration Office</td>
</tr>
<tr>
<td>Delaware Technical Community College (DTCC)</td>
</tr>
<tr>
<td>Department of Services for Children, Youth and Their Families (DSCYF)</td>
</tr>
<tr>
<td>Department of Health and Social Services (DHSS)</td>
</tr>
<tr>
<td>Early Childhood Comprehensive System/COIIN</td>
</tr>
<tr>
<td>Family Services Cabinet Council (FSCC)</td>
</tr>
<tr>
<td>First Lady Tracey Quillen Carney – First Chance Initiative</td>
</tr>
</tbody>
</table>
Council Members

- Madeleine Bayard, Chair
- Heidi Beck, Delaware Head Start Association
- Kim Brancato, Appoquinimink School District
- Matthew Burrows, Appoquinimink School District
- Cheryl Clendaniel, The Learning Center
- Karen Derasmo, Prevent Child Abuse Delaware
- Ed Freel, University of Delaware
- Olivia Gatewood, JP Morgan Chase & Co
- Rena Hallam, University of Delaware
- Representative Debra Hefffernan
- Julie Johnson, former center director and school board member
- Representative Quinn Johnson
- Gabriela Kejner, Department of Health and Social Services
- Kimberly Krzanowski, Office of Early Learning, Department of Education
- Clara Martinez, Children and Families First Head Start
- Tanisha Merced, parent
- Carette Monsanto, Miss Monique Child Care
- Mary Moor, Department of Services for Children, Youth & Their Families
- Kirsten Olson, Children and Families First
- Lee Pachter, Christiana Care
- Mike Quaranta, Delaware State Chamber of Commerce
- Karyl Rattay, Department of Health and Social Services
- Elizabeth Ritchie, Delaware Technical Community College
- Lucinda Ross, St. Michael’s School and Nursery
- Katherine Rudolph, Christiana Care
- Meredith Seitz, Department of Services for Children, Youth & Their Families
- Michelle Shaivitz, Delaware Association for the Education of Young Children
- Debra Taylor, Head Start Collaboration Office, Department of Education, Office of Early Learning
- Betty Gail Timm, Office of Child Care Licensing
- Kelli Thompson, Nemours Children’s Health System
- Rebecca Vitelli, Colonial School District
- Michelle Wall, School Board, Appoquinimink School District
- Meghan Walls, Division of Behavioral Health, Nemours/AI duPont Hospital for Children
- Michelle Wilson, Capital School District
§ 3002 Early Childhood Council. (a) The Delaware Early Childhood Council (ECC) shall be the State Advisory Council on Early Childhood for children from birth to 8 years of age, and carry out all such functions designated in the federal Improving Head Start for School Readiness Act of 2007 [P.L. 110-134] et seq., and those functions designated herein and those assigned by the Governor, the General Assembly, and the Interagency Resource Management Committee (IRMC), provided sufficient moneys are available from the annual State appropriations act, federal funding, private funding, or a combination thereof. (b) The ECC shall be comprised primarily of private sector members but shall include all representatives as designated in the above-referenced federal legislation and shall advise the Governor and General Assembly on a continuing basis, working with the IRMC, concerning the status and improvement of services of the early childhood sector and the implementation of the State’s early childhood strategic plan. In addition to any responsibilities assigned by the Governor through the IRMC, the Delaware Early Childhood Council shall make recommendations to the Governor, the General Assembly, and the IRMC that promote the appropriate coordination and effectiveness of state services and policies. The ECC shall be responsible for maintaining and expanding a statewide network of early care and education institutions that includes providers, advocates, state program officers, private and nonprofit community institutions, and others who support the development and delivery of high-quality early childhood services.

Delaware Early Childhood Council
https://www.doe.k12.de.us/Page/3760
Appendix
**Landscape of Birth to Age 5 Programs and Services**

Dozens of programs/services for B-5 children and their families provided across public and private providers

### ECCE Programs and Services by Ages Served

#### Programs at a Center or Family Care Facility
- Private Center Child Care
- Early Head Start Centers
- Private Family Child Care
- Healthy Families America (HFA)
- Nurse Family Partnership (NFP)
- Parents as Teachers (PAT)
- Early Head Start (Home Visiting)

#### Home Visiting
- Head Start / ECAP Centers
- Early Childhood Special Education: Part C Birth to 3 / Child Development Watch
- Developmental Screening Services from Medical Providers*

#### Programs at a School District
- ECAP School District Programs
- Part B 619 School District Programs
- Early Childhood Special Education: Part B

#### Screening and Special Ed Services
- Early Childhood Mental Health Consultation Service (ECMHC)

#### Transition Support
- K readiness teams

#### Resource and Referrals
- My Child DE
- AccessCare (private organization through DHSS)
- Help Me Grow / 2-1-1 (private organization through DHSS)
- Women Infant and Children (WIC)
- Medicaid / Children’s Health Insurance Program (CHIP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Child and Adult Care Food Program (CACFP)
- Family Based Mental Health Services (FBMHS)
- Other Mental Health Services (PCIT, Cognitive Therapy, Community Based Treatment Services, Intensive Family Consultations)
- Primary Care Services at Medical Providers
- Early Childhood Mental Health Consultation Service (ECMHC)

#### Health, Mental Health and Nutrition Services
- Purchase of Care (POC)

#### Funding

*Developmental screenings services are often administered at third-party medical providers through Pediatricians, Family Physicians, Nurses, Physician Assistances, and Nurse Practitioners or at home by families themselves.

As of early 2020. Includes B-5 services only as mapped by PDG-funded needs assessment; services for school age children include many of the ones listed here, plus others provided by school districts and charter schools, as well as afterschool programs.
Landscape of Birth to Age 5 Data Systems
Limited interaction between 15 data systems across Delaware departments

As of early 2020
Needs Assessment and Resource Materials

- **Delaware PDG B-5 Needs Assessment and Strategic Plan Literature Review** – This document summarizes common themes from existing Delaware-specific early childhood health and education needs assessments, strategic plans, and recommendation reports within the last ten years.

- **Delaware PDG B-5 Consolidated Needs Assessment** – This document merges all quantitative analyses, findings, and recommendations into one final report. This comprehensive research fact base is organized into an analysis of Delaware’s early childhood landscape, opportunities to improve the system and a vision for future strategic planning.

- **Delaware PDG B-5 User Experience Needs Assessment** – This document summarizes the qualitative data gathered from Delaware families and early childhood professionals and organizes their feedback into Needs and Insights, Experiences that Matter, and Shifts and Design Principles. The design of this document reflects the human-centered approach taken to understand Delawareans’ experience within early childhood care and education (ECCE) mixed delivery system. It summarizes what they eloquently and authentically shared with the PDG B-5 research team as they traveled across the state to meet with families in their homes, communities, and workplaces.

- **Delaware PDG B-5 Data Systems Needs Assessment** – This document summarizes the technical, data systems analyses. It includes an analysis of the number of children currently served and awaiting services in the ECCE system, with particular focus on the unduplicated number of children served. Findings explore the use of Delaware’s unique child identifiers and how data currently flows through state agency systems and the business processes that support these flows.

- **Delaware PDG B-5 Cost of Quality Study** – This document explores one particular issue identified during the needs assessment process: the importance of providing more affordable and quality child care seats to families. This study uses financial models to understand the costs of delivering quality care to children.

- **Delaware PDG B-5 Cost of Quality Executive Summary** – A two-page document highlighting the Cost of Quality Study conclusions.