

IRMC

Interagency Resource Management Committee 2006 Annual Report

Early Care and Education
Programs Are the Building Blocks
for Our Children's Future



An Interagency Approach to Coordinate the Delivery of Early Care and Education Services in Delaware



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Interagency Resource Management Committee

2006 Annual Report

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Dear Colleagues:

The Interagency Resource Management Committee (IRMC) was established by the legislature in Fiscal Year 1992. It is composed of five members: the Secretary of the Department of Education, who serves as chairperson; the Secretary of the Department of Health and Social Services; the Secretary of the Department of Children, Youth and Their Families; the Director of Management and Budget, and the Controller General.

The IRMC is charged with fostering an interagency approach in coordinating the delivery of early care and education services in Delaware, promoting interagency collaboration in providing service to those eligible for the Preschool Program for Children with Disabilities, providing administrative oversight for the state Early Childhood Assistance Program, and coordinating the implementation of the report, Early Success: Creating a Quality Early Care and Education System for Delaware's Children.

In May 2002, Governor Minner signed an Executive Order creating the Delaware Early Care and Education Council to advise the IRMC annually concerning Delaware's progress in creating a high quality early care and education system. In March 2005, the Council gathered the original contributors to Early Success as well as additional early care and education professionals and stakeholders to revisit and update the original document. Early Success: The Plan - Building an Early Learning System for All Delaware Children, is a holistic view of issues surrounding Delaware families with young children. When completed this spring, it will reflect the recent research that says ensuring school readiness must include a child's physical, social, emotional, and cognitive development. The priorities for the Council are expanding the T.E.A.C.H. Early Childhood® scholarship program and implementing the Delaware Stars for Early Success quality rating system.

This FY 2006 Annual Report summarizes the work of the programs under the auspices of the IRMC and provides evaluation that confirms that these programs continue to make a positive difference in the lives of the children and families they serve. The e-School Plus technology has been used for the first time to analyze the data for the Head Start and Early Childhood Assistance Outcome Project. This report also highlights the infant and toddler findings of the Early Care and Education Baseline Quality Study.

The value of the early care and education programs is clearly evident in our efforts to improve academic achievement. Investments in support of our youngest citizens are important to their success in school and life.

Sincerely,

Valerie A. Woodruff

Secretary of Education

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Delaware Early Care and Education Baseline Quality Study

Initiatives Focus on Infant and Toddler Development

The licensed early care and education programs in Delaware have the capacity to enroll approximately 4,400 infants and 8,000 toddlers at any one time. With the first three years of children’s lives being so critical to the development of their potential, initiatives are underway to address the quality of infant and toddler programs in child care centers and family child care programs in Delaware. These initiatives were developed following the *Delaware Early Care and Education Baseline Quality Study* conducted in 2002 by the University of Delaware’s Center for Disabilities Studies.

This *Quality Study* was a system-wide study of child care centers, family child care homes, preschools, school-age programs, and Head Start and state-funded Early Childhood Assistance Programs in Delaware and was conducted to determine the quality of early care and education programs. This study was commissioned by the Departments of Education; Health and Social Services; and Services for Children, Youth and their Families and conducted by the Center for Disabilities Studies at the University of Delaware and the Delaware Early Childhood Center.

Data was collected by 35 trained observers who conducted 4-6 hour observation and teacher and director interviews in 587 early care and education settings in Delaware. The programs observed served children ranging in age from birth through school age. The data collectors used highly reliable and valid observation rating scales used in national studies in order to objectively measure the quality of each setting observed.

Quality of Infant and Toddler Care

One of the purposes of this study was to describe the experience of infants and toddlers in early care and education programs in Delaware.

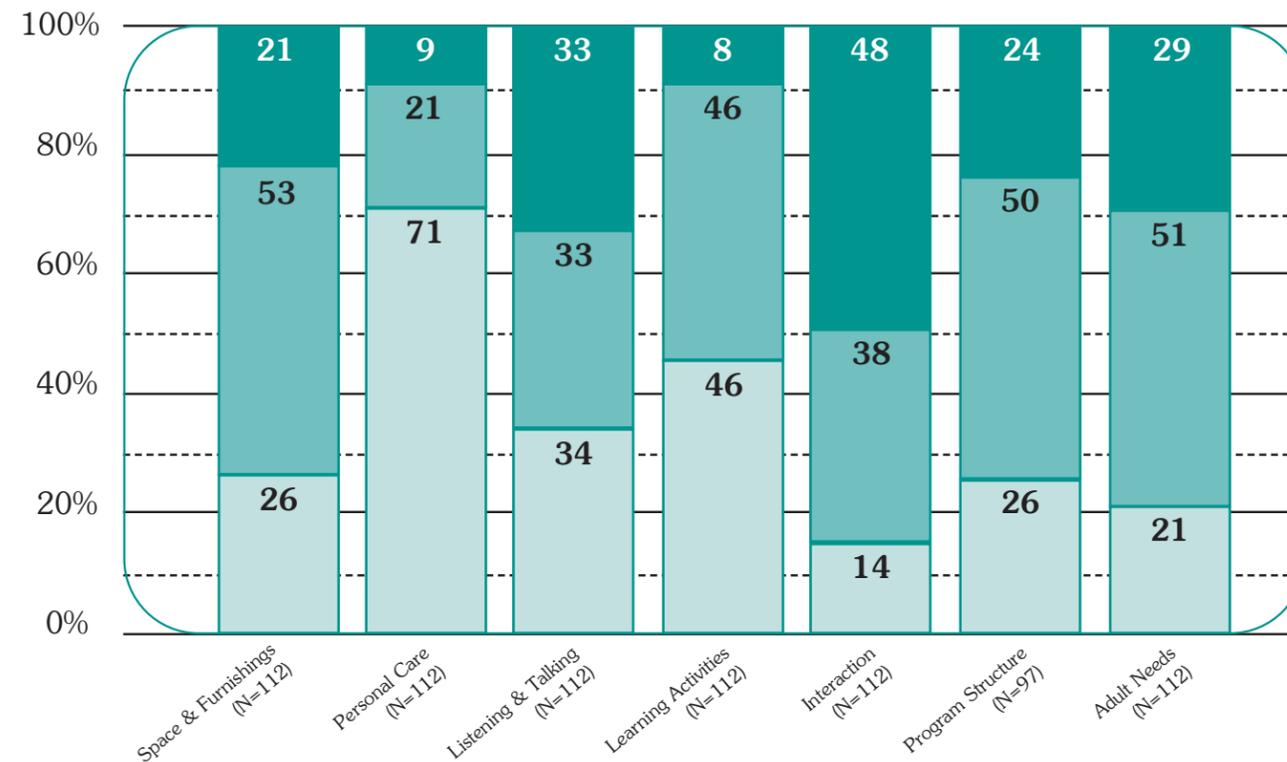
The quality of programming for infants and toddlers in child care centers was measured using the *Infant/Toddler Environment Rating Scale* (ITERS) (Harms, Cryer, & Clifford, 1990). The ITERS is constructed of seven subscales that measure different aspects of quality of child care for infants and toddlers. The subscales include:

- Furnishings and displays
- Personal care routines
- Listening and talking
- Learning activities
- Interaction
- Program Structure
- Adult needs

Table 1 summarizes the quality of the 112 groups of infants and toddlers in Delaware child care centers observed for the study. The quality of infant and toddler programming is strongest in the Interactions subscale, where 48.2% of the observed groups were rated “good.” The weakest aspects of infant and toddler programming are Personal Care Routines, such as handwashing after diapering, and Learning Activities, where 70.5% and 46.4% of the observed groups respectively were rated “poor.”

Table 1

State Profile of Quality of Infant and Toddler Groups in Child Care Centers



Ratings on the *Infant/Toddler Environment Rating Scale**

*Ratings of 1.00-2.99 are considered “poor,” ratings of 3.00-4.99 are considered “mediocre,” and ratings of 5.00-7.00 are considered “good” (Cost, Quality, and Child Outcomes in Child Care Centers Public Report. 1995).

Environment Subscale Figure Legend

- rating of “poor”
- rating of “mediocre”
- rating of “good”

“The first three years of life necessitate high quality interactions, healthy and safe care, and experiences to ensure the best possible development. Children living in poverty are at greater risk due to fewer resources in their home, less language and activity experience, and greater health and safety risks due to their poverty conditions. Coupling lower quality care with living in poverty puts children at even greater risk for poor development.”

— Baseline Quality Study, 2005

Of significant concern is the quality of infant-toddler care throughout the state. The quality of basic care, listening and talking, and learning activities were so poor in so many sites that children were being cared for in settings that were impeding the children's development.

Of the programs serving infants and toddlers receiving child care subsidy, six of the seven categories were of significantly poorer quality in programs accepting child care subsidy funds when compared to programs not accepting child care subsidy funds. Infants and toddlers are a most vulnerable group with the fewest defenses and protective behaviors to mediate poor quality care.

Of the lead teachers of infants and toddlers in child care centers (N=126), 50.8% (n=64) reported that their highest level of education was "high school/ GED," and another 21.4% (n=27) reported that their highest level of education was "some college without a degree." In many cases, the college experience was not in the area of early childhood. There is a significant relationship between the overall quality of early care and education programming and the education level attained by teachers in those programs (Bowman, Donovan, and Burns, 2001; Shonkoff and Phillips, 2001). The quality of early care and education programming increases as the formal education level of the teacher increases. Programs with the highest quality tend to be programs with teachers who have earned an associate's degree or greater.

Improving Quality

As a result of the baseline information gained in the *Quality Study*, it was recommended that aggressive intervention supports be instituted to increase the quality of infant and toddler care throughout the state. With over 70% of the infant and toddler groups observed having poor health and safety quality, a substantial number of very young children were being cared for in settings that may harm their development and place them in situations that can harm their health.

It is recommended that there be increased educational requirements for infant and toddler teachers and provide program directors and administrators with experience in infant and toddler services. This intensity of systematic focus will improve quality in a way that isolated training can not address.

Based on the recently conducted *Delaware Early Care and Education Workforce Study*, a census of the early care and education workforce has found that there are approximately 1,550 people employed full-time and part-time in early care and education programs across the state who are responsible for nurturing the development of infants and toddlers, more than 31% of the total workforce employed by early care and education community-based programs. Of the 191 community-based programs enrolling infants and toddlers, nearly 55% of them employ 6 or less people to care for infants and toddlers. In addition to this, there are nearly 1,500 family child care providers who are responsible for the development of infants and toddlers. While there is a large number of people responsible for the nurturing and care of infants and toddlers, they are widely dispersed throughout the state and often in isolation from one another, which presents challenges to improving the quality of infant and toddler care.

For the past three years, the Delaware First Career Development Office offered three infant and toddler conferences each year. Each conference focuses on quality improvement. Using federal Child Care Development Funds, the Office has funded intensive quality improvement programs in child care centers and family child care homes.

Early Childhood Assistance Program

For the 2004-05 fiscal year, a total of 843 4-year-old children and their families were funded to receive comprehensive early childhood education services through the Early Childhood Assistance Program.

There are 14 Early Childhood Assistance Programs that are administered by:

- Federally-funded Head Start programs, (5)
- School Districts, (4)
- Institution of higher education, (1)
- Non-profit community-based programs, and (3)
- For-profit early care and education program. (1)



HS/ECAP Outcomes Information for IRMC Report 2004-2005

In 2004-2005, the annual Head Start/ECAP Outcomes Project analyzed data on the 1524 four-year-olds who participated in Head Start or ECAP programs in Delaware. These children attended 14 of the 15 programs offering these comprehensive preschool services for four-year-olds. In describing these children, 755 of them were boys and 769 were girls. Children from a wide variety of racial backgrounds were served in these programs in 2004-2005. Eight hundred thirty children were African-American (55%), 187 were Caucasian (12%), 448 were Hispanic (30%), 20 were Asian (1%), and 15 were listed as American Indian (1%).

The languages spoken by these children also covered a wide range. One thousand ninety-three spoke English (75%), 355 spoke Spanish (24%), six spoke Creole (1%) and 12 were listed as speaking nine other languages (1%).

Of the 1524 four-year-olds served, 125 had Individualized Education Programs (IEPs) (8%). For 631 of the four-year-olds (42%), this was their second year in a comprehensive preschool, having attended Head Start the year before. Two hundred ninety-three children were attending child care in addition to the Head Start/ECAP program (19%).

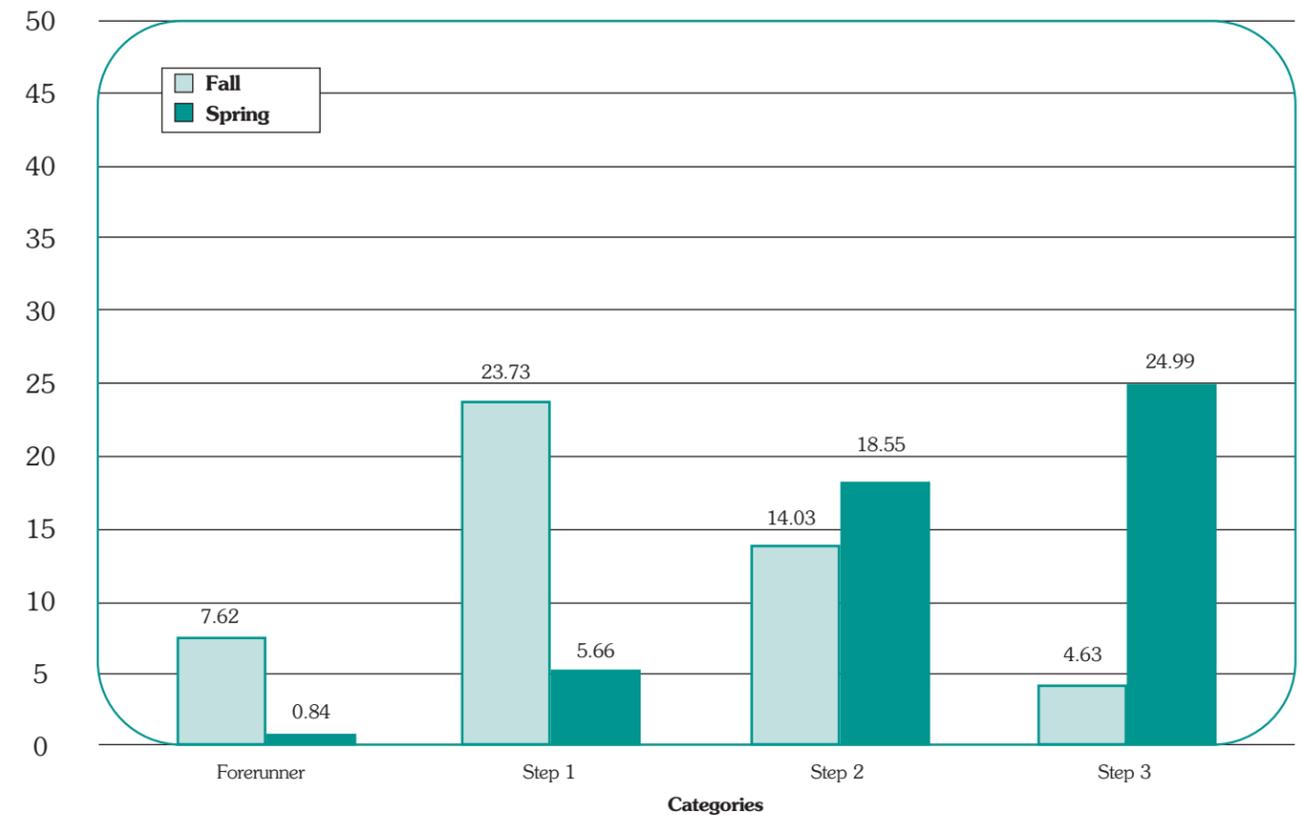
In Delaware, Head Start/ECAP is a five day a week program for children, with 737 children attending four or fewer hours a day (49%), 592 attending for four to six hours (39%), and 171 for more than six hours (11%). Head Start/ECAP programs operate year round programs, as well as school year programs, with 975 four year olds participating in the part year programs (68%) and 459 participating in the full year programs (32%).

All children were assessed at the beginning and end of the year with one of two observational instruments: *The Creative Curriculum Developmental Continuum and Work Sampling for Head Start Developmental Checklist for Four Year Olds*. This study includes a random sample of 477 children, 367 of whom were assessed using the *Creative Curriculum* and 110 with *Work Sampling*.

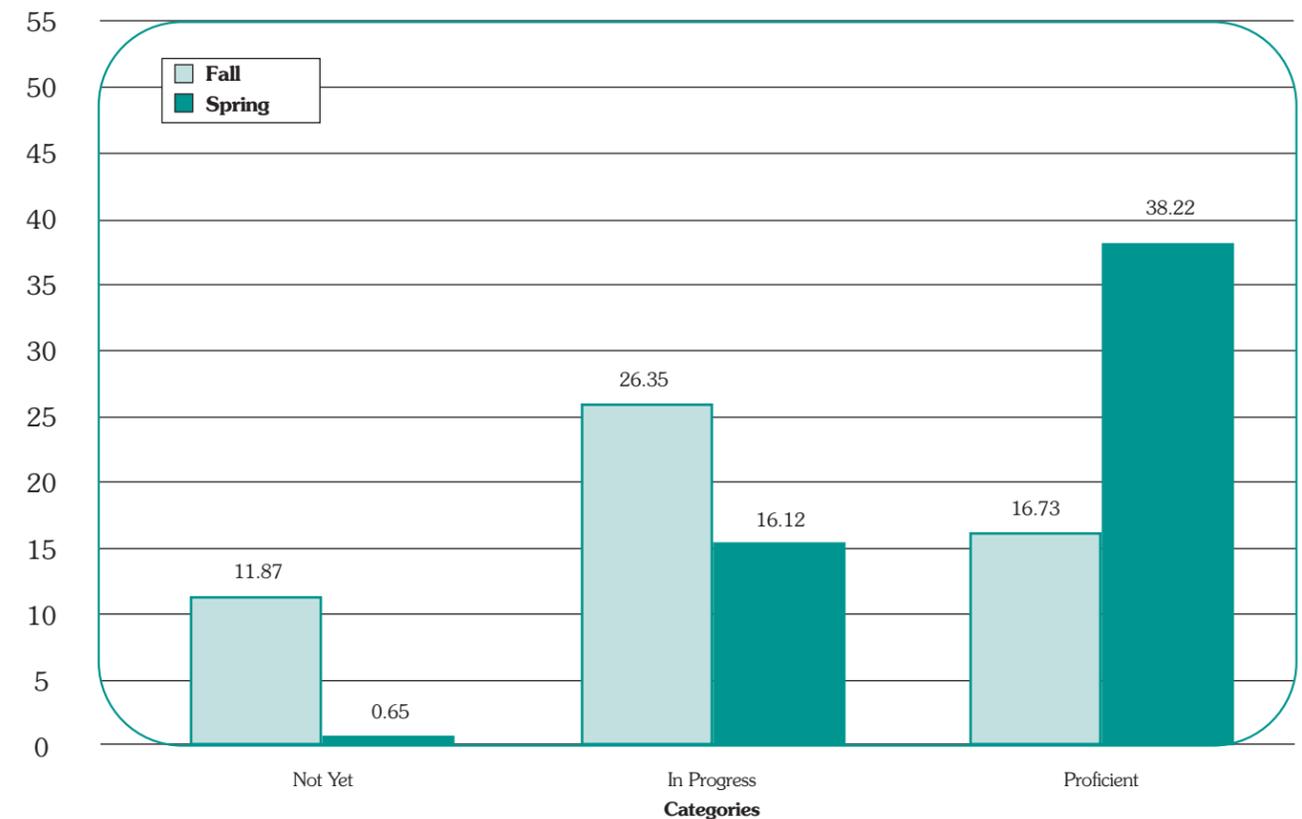
Overall results on the *Creative Curriculum* assessments revealed that the 367 children studied made significant progress. In the fall, children averaged 7.62 skills in the Forerunner category, 23.73 skills at Step 1, 14.03 skills at Step 2, and 4.63 skills at Step 3. When observed in the spring, these same children averaged .84 skills in the Forerunner category, 5.66 skills at Step 1, 18.55 skills at Step 2, and 24.99 skills at Step 3. By the end of the year, children assessed with *Creative Curriculum* had achieved, on average, 50% of the skills overall at Step 3. Children progressed an average of 41% in achieving the skills at Step 3 in 2003-2004. This information is portrayed in the *Creative Curriculum* figure on the next page.

The 110 children studied who were assessed with *Work Sampling* also made significant developmental progress, as shown on this observational instrument. In the fall, children had *not yet* mastered an average of 11.87 skills overall. They were *in process* of mastering an average of 26.35 skills overall. They were *proficient* in an average of 16.73 skills overall. When observed in the spring, these same children were *not yet* performing an average of .65 skills; they were *in process* of mastering an average of 16.12 skills, and they were *proficient* in an average of 38.22 skills. By the end of the year, these children were *proficient* in an average of 69% of the skills assessed on this instrument. They progressed a total of 39% in proficiency during this school year. This information can be found in the *Work Sampling* figure on the next page.

Progress in Overall Skills on *Creative Curriculum* in 2004-2005
N=347



Progress in Overall Skills on *Work Sampling* in 2004-2005
N=102



Early Childhood Assistance Program

Exciting Collaborative Activities

New Partnership - Christina ECAP families requiring full-day child care services are served in a partnership with the University of Delaware Early Learning Center. The Early Learning Center is an integrated research, clinical, and service facility with the mission to provide best practices to the community, train new professionals to serve children and families, and to develop – through research and program evaluation – knowledge that can be used to better serve the general community and those preparing to serve families and children. The Christina ECAP and the Early Learning Center are committed to providing comprehensive quality services to children and families in order to foster the holistic development of children as well as offer a broad range of comprehensive services that support families.



Extending Programs to Full-day, Full-year

The Early Childhood Assistance Programs continue to work toward structuring their programs to offer full-day early care opportunities and, in some cases, full-year care for children attending the programs. Christina Cultural Arts Center, Hilltop Lutheran Neighborhood Center, Delaware Technical and Community College-Owens Campus site, Wilmington Head Start, Telamon Corporation, Southern Delaware Head Start, Christina School District, and Kreative Kids programs offer parents the opportunity to have their children attend before- and after-program child care in conjunction with the children's attendance at their respective Early Childhood Assistance Programs. This has assisted parents in easing the challenges of child care and providing better continuity for the children.

Triennial Monitoring

This past year marked the sixth year of implementation for the ECAP monitoring system. Programs are comprehensively monitored once every three years to assess their compliance with implementation of the Head Start Performance Standards. Four programs were monitored during 2004-05. Programs identified as not complying with the standards are required to develop Quality Improvement Plans specifying how they will correct the noncompliance issues.

Student Identification System

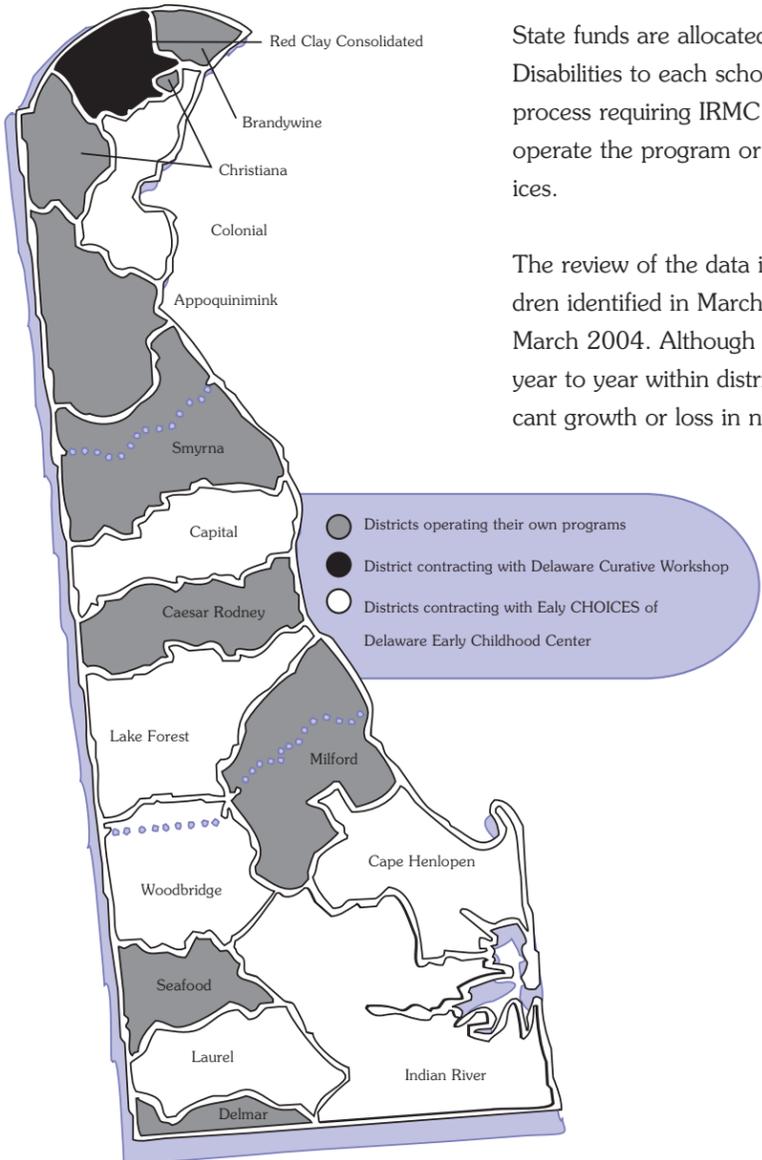
Children receiving services through ECAP are enrolled in the Delaware Student Identification System (DEL-SIS) and assigned a student identification number. Children will maintain that number throughout their school enrollment. This will allow for long-term tracking of children's performance

"I am currently a Head Start parent and my child has been attending Head Start for about six months. I have seen a big improvement in his social skills as well as his cognitive skills. I find that his teachers are very caring and helpful in his developmental process and he really seems to enjoy coming to school everyday. I am very happy with the opportunities that are given to be involved with my child's learning experiences. I really think this program is a blessing to many in our communities."

Program for Children with Disabilities

Young children who are found eligible for special services can begin receiving those services at the age of three in Delaware. In some cases, for children with more severe disabilities, services can begin at birth. All school districts in the state provide special education services including speech therapy and other related services for these children. Services may be provided at home or in a community setting or they might be provided in a classroom in an elementary school building. An early childhood setting where young children receive special education should look like any other early childhood setting with both typically developing preschoolers and those who might need some specialized help.

As of March 2005, 955 three-year-old children who have developmental or speech delays and four-year-old children with speech delays were eligible for service, under Part B of the Individuals with Disabilities Education Act.



State funds are allocated for the Program for Children with Disabilities to each school district through a block grant process requiring IRMC approval. Districts may decide to operate the program or subcontract for delivery of those services.

The review of the data indicated that there were 3 less children identified in March 2005 than had been identified in March 2004. Although there are individual variations from year to year within districts, no single district has had a significant growth or loss in numbers of children served.

Nearly 50% of children who participated in the Preschool Program for Children with Disabilities (PCD) and other preschool special education programs were able to transition into the regular education program by the time they were 6 and 7 years old. Using DELSIS data, separate cohorts of children in the PCD programs were tracked beginning in December 1997. The status of these children was tracked using data collected through a special education count done on December 1st each year.

Children who began receiving services in 1997 are now twelve- and thirteen-year-old children in the public school system. In 1996, there were 360 children classified as developmentally delayed or preschool speech delayed on December 1. On December 1, 2002, 291 of those children were still enrolled in Delaware public schools. Of those, 134 remained in special education. More than half of those students were no longer receiving special education services. A different cohort of children first identified in 1998 had similar results. In 1998, 456 children were identified on December 1 and 425 remain enrolled in Delaware public schools on December 1, 2002. Of those children, 197 continue to receive special education services. Again, more than half of those children no longer need to receive special education services.

This trend continues when looking at students newly identified in 1999 and 2000. Of the 470 students identified in 1999, 451 were still enrolled in public school in 2002. There were only 210 of those children who still needed special education services. Similarly, there were 594 children first identified in 2000, 489 who continued to be enrolled in public school in 2002. Of these, 282 children continued to need special education services. Finally, in 2001 there were 721 children identified and 602 remained in public school as of December 1, 2002. Of those children, 395 continued to need special education services.

Children receiving preschool special education services, including children in the PCD program, were also followed to determine their academic success after entering primary grades. A most recent report on a cohort of children from 1997, who were in fifth grade in 2003, indicated that these students continued to perform overall at a higher percentage rate on the Delaware Student Testing Program in the areas of reading, mathematics, and writing when compared to their peers with Individual Education Plans who did not benefit from preschool special education services.

Children, who participated in preschool special education, including those in the PCD program, had significantly higher grades than their peers who were identified with a disability in kindergarten or first grade.

These students with disabilities had significantly fewer teacher and parent concerns about their academic and behavioral development than those children with disability who had not participated in preschool special education programs (Delaware Early Childhood Longitudinal Study).



Birth to Three Early Intervention System

The mission of the Birth to Three Early Intervention System is to enhance the development of infants and toddlers with, or at risk for, disabilities or developmental delays, and to enhance the capacity of their families to meet the needs of their young children. Child Development Watch is the statewide early intervention program for children ages birth to three. Under the leadership of the Department of Health and Social Services' Birth to Three Early Intervention System, Child Development Watch is a collaborative effort with staff from:

- Department of Health and Social Services,
 - Department of Services for Children, Youth, and their Families,
 - Department of Education
 - Christiana Care Health Services, Inc.
 - Alfred I. duPont Hospital for Children and other private agencies
- working together to provide early intervention to young children and to connect their families with other needed services.

Child Development Watch has two sites: Wilmington serves New Castle County and Milford serves Kent and Sussex Counties.

“My service coordinator has been a tremendous support to our family. She is a great listener and is often able to articulate predicaments we are in better than I can (or identify them when I try to). She is very knowledgeable and encourages us to be proactive.”

— from 2004 Family Survey

“My child learned more because the staff from Child Development Watch helped me also work with him doing and learning different things.”

— from 2004 Family Survey

Increasing the Public's Understanding

Growing Together Portfolio

Part C Birth to Three Early Intervention System develops and distributes the *Growing Together Portfolio* to parents of babies born in Delaware and surrounding hospitals every year. Over 10,000 portfolios are distributed annually to Delaware families with newborns. The *Growing Together Portfolio* provides parents with developmental information, health and safety reminders, and a list of resources providing help to new parents. This year, the calendar of child development information was revised to reflect recent practices in language and literacy development, nutrition, safety, and community resources. This material is also available in Spanish.

Information for Early Care and Education Providers

A *Growing Together Portfolio for Early Care and Education Providers* was distributed to child care and preschool programs statewide. The purpose of the resource for early care and education providers is to increase providers' resources to assist them in identifying children in their programs who may have developmental delays and how to support families in accessing the Child Development Watch system. The distribution of the *Growing Together Portfolio for Early Care and Education Providers* is a collaborative effort with Family and Workplace Connection, the statewide information and referral network for child care, and the Office of Child Care Licensing. Approximately 150 of these guides were distributed this past year.

Grow with Books

The *Grow with Books* outreach effort provides the public libraries with books on the challenges of raising young children in today's society. The collection includes books for adults and preschoolers. The *Grow with Books* collection currently has 164 titles. This year 12 new titles were provided to all the public libraries in the state. The new children's books focus on helping children understand their emotions, cultural differences, and preparing for kindergarten. The new books for families and professionals focus on understanding the autism spectrum disorders, helping children with eating disorders, and helping children learn to enjoy reading.

The *Grow with Books* collection began over 10 years ago. To increase awareness of the collection new promotional materials were developed this year. All libraries were provided new *Grow with Books* posters and bookmarks. In addition, distinctive *Grow with Books* stickers were placed on the books in the collection for ease of identification and to increase awareness of the collection.

Grow with Books is supported by the Part C program and the IRMC in cooperation the Division of Libraries.

“My service coordinator listened to our concerns: preferences in accessing therapy services and helped tailor a therapy program that met our needs and expectations.”

Integrated Services Information Systems (ISIS)

The primary data management tool for the Birth to Three Early Intervention System is the Integrated Services Information Systems (ISIS), developed via a public/private partnership and supported by Part C federal funds and the IRMC. In addition to tracking all referral, assessment, service coordination and services information for children serviced by Child Development Watch, ISIS also tracks information for the Home Visiting Program for First Time Parents within the Division of Public Health, and other referrals for at-risk children. Child Development Watch staff also use ISIS to schedule and maintain appointments for evaluations.

Improvement Plan Priority Areas

Part C submits an Annual Performance Report to the US Office of Special Education Programs (OSEP). This year Part C also submitted a State Performance Plan, which includes a six year plan with measurable targets and improvement activities in the priority areas:

- Early Intervention Services in Natural Environments with a state focus on inclusive quality childcare
- Effective Early Childhood Transitions
- General Supervision
- Family Involvement, Family Supports, and Family Outcomes
- Comprehensive Child Find
- Early Childhood Outcome System

Service to Delaware Children

2,750 children and their families were served this year. The average monthly caseload for Child Development Watch was 1,437 children; over 4% of Delaware's children, from birth to three years of age, received early intervention. Caseload increases can be attributed to Delaware's extensive outreach, including the distribution of the *Growing Together Portfolio*, as well as the high quality reputation of the program among families and physicians.



* 2,750 children

and their families served in 2005

Ongoing Program Evaluation

Family Outcomes

Child Development Watch Family Survey is distributed to a random sample of families. The analysis of 96 surveys returned from families who had been involved with Child Development Watch for more than 6 months, in the fall of 2004 showed that:

- All of the families returning the survey reported that:
 - ◊ they were treated with respect;
 - ◊ the staff had explained their children's assessment results in words that they could understand;
 - ◊ they think that the goals and objectives of the IFSP are important; and
 - ◊ they feel that the Child Development Watch services are useful to their family.
- Over 95% of the families returning the survey indicated that Child Development Watch gives them the information that can be used on a daily basis with their children;
- Over 90% of the families returning the survey stated that they were included in decision-making about their children by Child Development Watch personnel;
- Over 88% of the families returning the survey felt that their children's skills had improved since enrolling in Child Development Watch services; families reported positive changes in their children in the areas of physical development, cognitive skills, and self-help skills since enrolling in the program.

Child Outcomes 2005

Early Intervention Supports Children in Making Progress

For the sixth year in a row, the developmental gains of very young children receiving services from Child Development Watch (CDW) early intervention services have been monitored. A random group of 39 children, aged birth to three with disabilities were followed for two years to determine the impact of early intervention services on their development. The 39 children were assessed in the areas of motor development, cognitive development, and play skills.

When the 39 children in the study began early intervention services, their rates of development were approximately 65%-80% of what would be expected of typically developing children due to their disabilities. After at least one year in receiving Child Development Watch early intervention services, the rate of development for the 39 children was at or greater than that of typically developing children.

By the time these children had received at least 12 months of early intervention services, their rates of development were as follows:

- motor skills developed at an average rate of 1.03 vs. 0.65 before receiving early intervention services
- cognitive skills developed at an average rate of development of 1.02 vs. 0.68 before receiving early intervention services
- play skills developed at an average rate of 0.97 vs. 0.83 before receiving early intervention services

At the time of the 39 children's initial assessments, they were showing delays of six to twelve months in the areas of motor, mental and play skills. By the time of the children's second assessment, the developmental changes were substantial. The average developmental change was a gain of almost two to almost four months in the developmental areas of motor, mental and play skills (see Table 4).

Table 4 indicates that the services being provided by CDW and the service provider agencies involved with the early intervention program are having a positive impact on the development of very young children with disabilities. Two conclusions can be drawn from this information:

- 1) on average, all of the very young children with disabilities in this random sample continued to acquire developmental skills in the areas of motor, cognitive and play development, and
- 2) the rate at which they developed during the period they received early intervention services was greater than expected.

Table 4

Developmental Domain	Rate of Development* based on Initial Age and Developmental Score	Average Time Between Assessments (months)	Expected Annual Rate of Development* (months)	Average Change in Development between Assessments (months)
Motor	.65	12.43	8.08	12.84
Mental	.67	12.43	8.33	12.73
Play	.83	12.64	10.49	12.33

*Rate of Development indicates how many months of development to expect with the passage of one month of time. A rate of 1.0 indicates one month of developmental gain for the passage of every chronological month.

As in past years, the rate of development observed for the children in the sample was greater than expected.

- This year, in contrast to previous years, the intervention efficacy index was far greater for two of the three developmental domains assessed (see Table 5).
- The rate of advancement for motor and mental skills for this cohort was significantly greater than in the past.
- The children in this sample showed advancement of their skills in all three developmental domains at a rate that was comparable to children who were developing typically.

Table 5. Comparison of Intervention Efficacy Index*

Domain	2004 Index	2005 Index
Motor	1.22	1.58
Mental	1.29	1.52
Play	1.21	1.17

* An intervention efficacy index of 1.0 is a child developing as expected. An index value above 1.0 indicates a child developing at a greater rate than expected. Values below 1.0 indicate developmental gains at a rate slower than expected.

The Delaware Early Care and Education Council EXECUTIVE SUMMARY

Report to the Interagency Resource Management Committee

The Delaware Early Care and Education Council consists of representatives from child care center and family child care providers, community and business leaders, providers of family services and advisors from state government. The Council has met consistently for the past three years to fulfill the charge laid out in Governor Minner's Executive Order under which it was established. While progress is being made in many areas, it is clear that we have reached a cross roads. The Council's work will not be able to move to the next phase without ongoing, consistent funding for the programs we have established. The Council's 2005 report to the Interagency Resource Management Committee outlines priorities for creating a quality early care and education system and make funding recommendations.

Creating a quality early care and education system for all Delaware children will reap social and economic rewards for generations to come. The programs outlined in this report are critical first steps in a process that cannot be delayed. **No Child Left Behind** has highlighted the importance of having every family supported and every child prepared socially, emotionally, and cognitively to succeed in life. Too often our youngest students arrive at Kindergarten and first grade already behind. Ensuring that a child has high quality early learning experiences in the first five years of life is a proven way to break the cycle of education remediation, teen pregnancy, adjudication, and poverty. Simply put, Delaware can either invest in its youngest children now or spend countless dollars later.

In 27% of Delaware's child care programs the quality of basic care, listening and talking, and learning activities are so poor in so many sites that children are being cared for in settings that are impeding their development.

– Delaware Early Care and Education

2005 RECOMMENDATIONS AND PRIORITIES

REIMBURSE CHILD CARE AT A RATE THAT SUPPORTS AND REWARDS QUALITY

- Substantially increase the Purchase of Care reimbursement rate in the FY2007 budget
- Legislate that programs accepting POC clients be consistently reimbursed at 75% of the prevailing fair market rate
- Fund and implement a system to support quality initiatives and to reward quality child care programs

Background: The State's subsidy program for child care, Purchase of Care (POC), supports the cost of child care for the State's working poor (200% or less of the Federal Poverty Level) and participants in the welfare to work program. Because Purchase of Care has significant impact on the child care community, the Council asked the Department of Health and Social Services to undertake a study of the system. The Child Care Subsidy Rule Revision Task Force, chaired by Council member, Dayna Moore, was assembled to review the system. This group, under the guidance of Elaine Archangelo, met for ten months, from May 2004 to March 2005.

IMPLEMENT DELAWARE STARS FOR EARLY SUCCESS

- Provide \$384,000 in annual grants to help child care centers and family child care providers with planning, technical assistance, curriculum materials and equipment, evaluation assistance, and capital improvements.
- Provide funds for POC Quality Grants as incentives and rewards for programs achieving and maintaining higher levels of quality.

Background: Recognizing that defining quality in early care and education is the first step in improving quality, the Council recommended in 2002 that Delaware specific standards for measuring quality for established. Delaware Stars for Early Success has accomplished that task. It is a voluntary tiered rating system developed by a work group, chaired by Evelyn Keating of the Family and Workplace Connection. Specific standards for child care centers and family child care providers have been established. Programs are to be evaluated in areas such as: curriculum, family engagement, staff and director qualifications, and business practices.

SECURE THE FUNDING OF T.E.A.C.H. (Teacher Education and Compensation Helps)

- Provide \$600,000 annually to maintain and expand T.E.A.C.H. scholarships. \$150,000 is currently provided; \$450,000 in new funding is required.

Background: T.E.A.C.H. Early Childhood® is a nationally recognized scholarship program for individuals working in child care. Delaware is the twenty-third state to implement T.E.A.C.H. Research shows that child care teachers with Associates Degrees in early childhood education and child development have the greatest effect on classroom quality. How well children are prepared for kindergarten and first grade is directly effected by teacher education. In 2004 with contributions from the state and private sources, T.E.A.C.H. was introduced in Delaware. To date, seventy-one child care professionals are receiving scholarships for early childhood degrees. Currently sixty-eight child care professionals are on a waiting list.

FUND FOR ADVANCEMENT

- \$90,000 in unrestricted dollars is needed annually to continually improve and monitor Delaware's early care and education system.

Background: Creating and sustaining a quality early care and education system requires information, innovation, and improvement. Funding is needed annually for studies and to develop innovative, research based initiatives to meet Delaware's early learning needs. Funds are to be used to supplement, not supplant existing programs and projects.

Council Members

Ann Wick, Chair
Community Representative

Dayna Moore
Lessons Learned Daycare and Preschool Owner

Barbara Sheppard
*DE Technical Community College
Early Childhood Chair*

Linda Walls
*Little Angels Learning Center
Owner*

Andrea Moselle
*Astra Zeneca
Senior Manager for Work Life*

Sandra Cohee
*Appoquinimick Early Childhood Center
Principal*

Tania Culley
Office of Child Advocate

David W. Arthurs
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Beth Inter
Wilmington Head Start, Inc.

Antoine Oakley
Community Representative

Sue McColgan
*St. Johns Lutheran Early Learning Center
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Family and Workplace Connection

Melanie George-Marshall
State Representative

Joan Powell
Nemours Health & Prevention Services

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Office of Child Care Licensing, DSCYF

Nancy Wilson, Ph.D
Department of Education

Kathy Wilson
*Delaware First Career Development
System, DSCYF*

Eulinda DiPietro
Division of Social Services

Norma Everett
Division of Public Health

Delaware Early Care and Education Office

In the spring of 2000, the Delaware legislature authorized the establishment of the Delaware Early Care and Education Office (DECEO), under the auspices of the Interagency Resource Management Committee (IRMC), to coordinate the implementation of the recommendations of the report "Early Success: Creating a Quality Early Care and Education System for Delaware's Children."

The Early Success report represents the work of a committee of forty Delawareans who met for more than a year with the charge of developing a vision to ensure that services for young children and their families in Delaware are of high quality. The report makes recommendations concerning: Quality Programs, Professional Development, Family Engagement, Public Will, Program Licensure, Governance, Financing, and Results.

Office Staff

- Janet Carter** Education Specialist
- Rhonda Tsoi-A-Fatt** Education Specialist
- Abby Betts** Staff Support

The Delaware Early Care and Education Office (DECEO) is an interagency office located in the Department of Education. The Departments of Services for Children, Youth, and Their Families, Health and Social Services and Education each fund a staff position to support the work of DECEO. In 2004, DECEO staff worked on many projects relevant to increasing the strength of the state's system of early care and education services. Most notably:

- The Delaware Early Care and Education Council, established through Executive Order by Governor Minner in 2002, is staffed by DECEO and advises the IRMC concerning early care and education services in Delaware. A summary of the Council's work is included in this 2005 IRMC report to the Governor and Legislature;
- The Delaware Early Childhood Longitudinal Study, Child Find Study, and Baseline Evaluation of Quality in Early Care and Education Programs are managed by DECEO.



For more information about these studies or the full reports, please contact:

Delaware Early Care and Education Office, Delaware Department of Education
401 Federal Street, Suite 2, Dover, DE 19901

(302) 735-4210

IRMC Members

- Valerie Woodruff**, Secretary
Chairperson
Department of Education
- Jennifer Davis**, Director
Office of the Budget
- Cari DeSantis**, Secretary
Department of Services for Children, Youth and Their Families
- Russell T. Larson**, Controller General
Office of the Controller General
- Vincent Meconi**, Secretary
Department of Health and Social Services

IRMC Work Group

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- Emily Falcon**
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- Carlyse Giddins**
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- Michael Morton**
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Staff Providing Oversight to IRMC Projects:

Jim Lesko, Ed.D.
Program for Children with Disabilities

Rosanne Griff-Cabelli
Birth to Three Early Intervention System & Child Development Watch

Connie Moran
Early Childhood Assistance Program

Michael Gamel-McCormick, PhD (University of Delaware, Center for Disabilities Studies) and **Janet Cornwell, PhD** (Delaware Early Childhood Center) are the principal investigators in the evaluations conducted for the **IRMC**.

