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Identifiers: *Delaware; Parent Needs; Quality of Care

On the premise that access to services addressing children's emotional well-being is essential to improving the quality of care received, this paper presents a framework or plan of action to ensure that those services are accessible in Delaware and meet the needs of all children, their parents, and the child care community that serves them. Emotional wellness is defined as the ability to trust, thrive, relate to others, and have a sense of well-being, personal worth, and resilience. The framework to promote emotional wellness is intended for agencies, employers, service providers, early care and education programs and councils, and others to guide individual and collaborative action supporting the emotional well-being of young children and their families. The paper outlines 6 major goals and 82 strategies and implementation tasks to support children and families. The goals relate to: (1) prevention, early intervention, and treatment; (2) educational opportunities; (3) public will; (4) governance; (5) financing; and (6) results. The paper notes that while Delaware policymakers believe all children deserve emotional support, it is imperative that special interventions are available for children exposed to separation, trauma, and life stressors. The report further states that successful action will occur when the state creates the caring needed to garner public-private resources collaboratively to support the whole child within his or her family. Included is a glossary of important terms and a list of the members of the framework planning committee. (KB)

Delaware Department of Education

2003
Partnering to Promote
Emotional Wellness in Young Children

Building a strong foundation for early success

Delaware's Framework for Action 2003
Acknowledgements

This project could not have been accomplished without the teamwork, expertise, talents, assistance and encouragement of many. We appreciate all stakeholders who participated in the project and focus review process. A special thanks to:

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In 2000, the Delaware Early Care and Education Office was established through legislation as an interagency office whose mission is to support the implementation of Early Success, the Delaware strategic plan for early care and education. The goal of Early Success is the development of a quality early care and education system for Delaware's children and families. In April of 2001, Governor Bush announced a new early childhood initiative called Child Start, Crew Smart, a plan to strengthen early learning in young children. One aspect of this plan is demonstration through research that strong social and emotional development is a key foundation for successful development and learning.

Delaware has embraced these quality initiatives that include focusing on building a strong foundation of social and emotional wellness for young children. Delaware defines emotional wellness as the ability to trust, thrive, relate to others and have a sense of well-being, personal worth and resilience. Young children gain this foundation through nurturing environments where they learn about themselves, develop positive relationships, work cooperatively, resolve conflict, and develop internal motivation and feelings of self-worth.

A stakeholder group of over forty persons have collaborated to create a framework for action to guide public and private agencies in working together to ensure that Delaware children receive that strong foundation. The Framework for Action: Partnering to Promote Emotional Wellness in Young Children outlines six major goals and eight objectives and implementation tasks to support children and families. Delaware commits to ensuring the social and emotional wellness of young children and their families by supporting the following goals:

**Goal 1 - Prevention, Early Intervention and Treatment**

By 2008, Delaware will have a system in place to implement evidenced-based prevention, early intervention, and treatment services for young children, birth to five.

**Goal 2 - Educational Opportunities**

By 2005, offer educational opportunities to advance quality services that support emotional wellness in young children.

**Goal 3 - Public Will**

By 2008, create public will for caring communities and workplaces that support practices to enhance the emotional wellness of young children.

**Goal 4 - Governance**

By 2004, a governance structure will be in place for the implementation of the Framework for Action: Partnering to Promote Emotional Wellness in Young Children.

**Goal 5 - Financing**

By 2004, create financing opportunities to implement the Framework for Action through coordination, redirecting existing resources, and state, federal and private funding opportunities.

**Goal 6 - Results**

By 2008, systems will be implemented to measure the quality and variety of early childhood emotional wellness prevention, intervention and treatment services.

In 2000, there were over 51,000 children, birth to five, in Delaware. Approximately 35,000 of these children attended licensed child care. Preschool teachers report disruptive behavior as the greatest challenge they face. National statistics estimate that the prevalence of problematic behavior is about 10%. That percentage increases as the ratio of children exposed to trauma and stressors increases. While Delaware believes that all children deserve emotional supports, it is imperative that special interventions are available for those children exposed to trauma and life stressors.

This framework outlines a plan of action to ensure that those services are accessible and meet the needs of all children, their parents, and the child care community that serves them. By taking a collaborative approach when creating this framework, we have assured that its components are aligned with the Early Success strategic agenda, and that the community at-large is committed to moving the emotional wellness agenda forward. As we move forward, progress on the goals of this framework will be reported annually to the Interagency Resource Management Committee (IRMC) and the Delaware Early Care and Education Council (DECECC) to ensure that emotional wellness initiatives remain in keeping with the overall vision for early care and education reform in the State of Delaware.

**Goal 5 - Financing**

By 2004, create financing opportunities to implement the Framework for Action through coordination, redirecting existing resources, and state, federal and private funding opportunities.

In August 2001, a steering committee of approximately twenty-seven representatives came together under the guidance of Georgetown University to strategize about how to raise the awareness of the need to address young children's emotional wellness. Under the sponsorship of the Departments of Education, Health and Social Services and the Office of Early Care and Education, the steering committee planned an Early Childhood Summit on "Partnering to Promote Emotional Wellness in Young Children" on March 1, 2002. Over two-hundred and fifty stakeholders inclusive of legislators, families, advocates, agencies, early care and education, school counselors, etc. convened. There was an overwhelming support from participants that this was an important issue. This summit provided the impetus to convene a planning committee to build a research-driven, long range interagency plan to promote the emotional wellness of Delaware's young children birth to five and their families. Delaware's plan builds upon Early Success and the national policy work conducted by Georgetown University, the National Center for Children in Poverty, Zero to Three, and the National Center for Child Mental Health.

The Framework for Action is the product of many months of intense planning that began in June, 2002. The University of Delaware Conflict Resolution Program facilitated the planning process and conducted a two month review process from the overall community. Technical review was conducted by Georgetown University and University of Maryland followed by further fine-tuning of the document to reflect selective comments from the review process.

This Framework is intended to be used by agencies, employers, service providers, higher education, pediatricians, early care and education councils, Head Start, and other stakeholders as a guide to individually and collectively explore successful ways to coordinate, blend strategies into related emergent activities and garner resources to support the emotional wellness of young children and their families.

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"Children ready for success in learning is a goal of the Department of Education. The Department is committed to building a strong foundation for early care and education. Throughout the report, support is referenced to early success goals that support emotional wellness in the symbol "." As stated by Valerie Woodruff, Secretary of Education, in her invitation to the Summit.

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Recent research indicates:

**Family stressors impact children**

High rates of parental exposure to serious life stressors compromise the emotional well-being of young children.

Educators need a complete profile of children and families' lives outside of the classroom.

**Challenges exist for early care and education programs**

Preschool teachers and child care providers report that disruptive behavior is the single greatest challenge they face and that there seem to be increasing numbers of disruptive and aggressive children in their classes each year.

The prevalence of problematic behaviors in young children is about 10%. Studies focused on low income children in kindergarten suggest a prevalence rate considerably higher at 27 percent. If children are exposed to four or more stressors, research indicates that the prevalence rate could be as high as 45%.

**Implications apparent for learning and school readiness**

Young children who act in antisocial ways participate in classroom activities less and are less likely to be accepted by classmates and teachers. Even in preschool, teachers provide such children with less positive feedback. These children like school less, learn less, and attend less.

**Children suffer**

It is difficult but essential to recognize and address suffering and pain in young children. As early as infancy, children suffer: "pain from trauma; abuse, loss of a caregiver; misery from neglect; suffering from cumulative stress; and suffering from lack of opportunity." Adults avoid believing children suffer, so it is difficult to recognize sadness and emotional shutdown.

How do Delaware's children fare?*

In 2000:

- There were 51,531 children birth to five in Delaware.
- Approximately 65.7% of mothers of all children under six were in the workplace.
- Approximately 35,000 children under five attended licensed child care.
- Approximately 8,848 or 17% of children lived in poverty.
- Approximately 20,000 children below five lived in single parent households.
- An estimated 1,000 children were raised by grandparents.
- Approximately 12,000 substandard housing units were homes to 17,000 children.
- Approximately 13% of children under five did not have health insurance.
- Approximately 2,000 children were the victims of substantiated abuse.
- An average of 980 children were in foster care each month.
- An estimated 2,500 children under five were separated by at least one parent due to incarceration.
- An estimated 1,000 children were witnesses to violent crimes daily.

*All of the above data was extracted from the report "The Status of Young Children and their Mental Health Service Needs in Delaware." Commissioned for the Early Childhood Summit: Partnering to Promote Emotional Wellness in Young Children. The report was compiled by Dr. Michael Camel-McCormick, Center for Disabilities Studies, College of Human Services, Education and Public Policy, University of Delaware.
We believe that A true system supporting emotional wellness is a shared responsibility—a partnership made up of services, providers, families, teachers and others who care for and about children.

Delaware commits to ensuring emotional wellness of all young children and their families within their communities.

"The burden of suffering by children with mental health needs and their families has created a national crisis in this country. Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the institutions that are created to take care of them."

David Satcher, Surgeon General of the United States January 2001

Delaware’s Vision

Delaware commits to ensuring emotional wellness of all young children and their families within their communities.

Partnering to Promote Emotional Wellness in Young Children

Framework Goals at a Glance:

I. By 2008, Delaware will have a system in place to implement evidenced-based prevention, early intervention and treatment services for young children, birth to five.

II. By 2005, offer educational opportunities to advance quality services that support the emotional wellness in young children.

III. By 2006, create public will for caring communities and workplaces that support practices to enhance the emotional wellness of young children.

IV. By 2004, a governance structure will be in place for the implementation of the Framework for Action: Partnering to Promote Emotional Wellness in Young Children.

V. By 2004, Delaware will create financing opportunities to implement the Framework for Action through coordination, redirecting of existing resources, and state, federal, and private funding opportunities.

VI. By 2008, systems will be implemented to measure the variety and quality of early childhood emotional wellness prevention, early intervention and treatment services.

We believe that Every child and family receives individualized services tailored to meet their unique needs.
I. Prevention, Early Intervention, & Treatment

By 2008, Delaware will have a system in place to implement evidenced-based prevention, early intervention and treatment services for young children, birth to five.

**Strategy I.A.**

**Develop a system to nurture the social and emotional development of children.**

**Implementation Tasks:**

1. Involve medical community, public and private agencies, councils and task forces in creating and fostering preventive practices that promote emotional wellness in young children.

2. Aligns with Early Success Goals

**Strategy I.B.**

**Develop a coordinated system to screen and assess the mental health needs of young children.**

**Implementation Tasks:**

1. Request the Interagency Resource Management Committee and the Early Care and Education Council to appoint a workgroup to recommend appropriate emotional health screenings and assessments along with appropriate use based on the current research and disseminate recommendations to all programs serving young children.

2. Encourage major agencies providing services to young children to adopt appropriate screening and assessment protocols to meet the needs of children being served in a variety of educational settings.

3. Coordinate statewide training on recommended screenings, assessments, and protocols.

4. Implement evidenced-based early intervention and treatment for children birth to five. (continued...)

5. Develop researched-based best practice guidelines to foster emotional and behavioral development in all settings serving children birth to five. Replicate “model programs” to implement promising practices.

II. Education

By 2005, offer educational opportunities to advance quality services that support emotional wellness in young children.

**Strategy II.A.**

Increase the pool of interventionists and treatment providers with an understanding of young children, especially infant and toddlers.

**Implementation Tasks:**

1. Provide professional development opportunities to enhance skills of interventionists and mental health professionals working with children birth to five.

2. Promote cultural competence of interventionists and mental health professionals to address the needs of Delaware’s diverse population.

3. Promote the recruitment of diverse mental health professionals that reflect the community and its needs.

**Strategy II.B.**

Strengthen the relationship between families and service providers.

**Implementation Tasks:**

1. Advocate for cultural and linguistic competence in systems of care that support emotional wellness in young children and their families.

2. Promote the inclusion of emotional wellness in faith-based health and parent education programs.

3. Promote the recruitment of diverse mental health professionals that reflect the community and its needs.

**Strategy II.C.**

Infuse the promotion of emotional wellness of young children into existing early care and education programs, including faith-based initiatives.

**Implementation Tasks:**

1. Develop and incorporate competencies related to social and emotional development of young children in early care and education program standards and developmental indicators.

2. Promote the inclusion of emotional wellness in faith-based health and parent education programs.

3. Increase opportunities for males and grandparents to enhance parenting roles.

**Strategy II.D.**

Empower families to navigate and influence the service system by building skills in conflict resolution, effective communication, mediation, cultural competence, teamwork, and advocacy.

4. Empower families to navigate and influence the service system by building skills in conflict resolution, effective communication, mediation, cultural competence, teamwork, and advocacy.
III. Public Will

By 2006, create public will for caring communities and workplaces that support practices to enhance the emotional wellness of young children.

Strategy III.A:

Heighten awareness of early childhood social and emotional issues and needs.

Implementation Tasks:
1. Develop and implement a public awareness campaign to include speakers' bureaus, distribution of materials, presentations of the Delaware Framework for Action, etc.
2. Create a coalition of child advocates, early care and education associations, media representatives, chambers of commerce, faith-based organizations, organized family groups, and other organizations to help organize and conduct the campaign.
3. Educate Delaware employers on workplace practices that support the emotional wellness of young children.
4. Partner with service providers to disseminate evidence-based practices to meet the social and emotional needs of young children.

Strategy III.B:

Advocate for public policy that supports the emotional wellness of young children, birth to five.

Implementation Tasks:
1. Obtain commitment for the emotional wellness effort to be part of the Governor's early childhood agenda.
2. Obtain commitment from Cabinet Secretaries and Division Leadership to support an interagency approach to implement evidenced-based emotional wellness strategies for young children and families served within their agencies.
3. Strategize ways that agencies and the private sector can participate in implementing the Delaware Framework for Action.
4. Educate legislators about the importance of supporting policies that promote emotional wellness of young children.
5. Obtain commitment from professional organizations (i.e. pediatricians, social workers, psychologists, etc.) to engage in national initiatives that support the emotional wellness of young children.
6. Support Early Success' effort for access to quality care and education programs as a major advancement in nurturing young children's emotional wellness.

IV. Governance

By 2004, a governance structure will be in place for the implementation of the Framework for Action: Partnering to Promote Emotional Wellness in Young Children.

Successful action will occur when we create the momentum needed to garner public and private resources in a collaborative manner to support the whole child. Current policy papers and research recommend that a public-private approach to promoting emotional wellness is also crucial. Emotional wellness of young children is a system-wide concern and should be supported in the same manner.

It is therefore critical that an interagency authorizing group oversees this effort. In addition, the following organizational elements are essential:

1. Align with the Office of Delaware Early Care and Education Office that oversees the implementation of Early Success.
2. Assign a full time staff person to coordinate activities associated with this initiative.
3. Create a specialized group (preferably Governor appointed), with expertise in the field of programs and policies related to emotional wellness to advise staff.
4. Consider a university partnership, currently used in some states, as an appropriate setting for this public-private initiative.
5. The Governor will have ultimate authority to designate and charge the public-private endeavor.

Present plan to the Governor for endorsement and determination of lead state department.

We believe that: Family members of young children work together as partners with the service delivery system.

Strategy IV.A:

Identify an authorizing group to lead the implementation of the Framework for Action: Partnering to Promote Emotional Wellness in Young Children.

Strategy IV.B:

Create an executive order or applicable legislation for the creation of the initiative.

Strategy IV.C:

Obtain financing to staff the initiative.
V. Financing

Beginning 2004, Delaware will create financing opportuni-
ties to implement the Framework for Action through coordi-
nation, redirecting existing resources, and state, federal,
and private funding opportunities.

**Strategy VIA.**

Involve all agencies and interested stakeholders in creating a system to support the emotional wellness in young children.

**Implementation Tasks:**

1. Meet with leadership from major agencies and interested stakeholders to determine legislative, policy, coordination or
funding issues needed to implement the Framework for Action, including:
   - The Interagency Resource Management Committee
   - The Department of Services to Children, Youth and their Families
   - Early Head Start/Head Start, Early Childhood Assistance Programs
   - Healthy Start
   - Delaware Early Childhood Center
   - Early Care and Education Councils
   - Other stakeholders

2. Obtain agency and other stakeholder commitment to immediately begin activities
   that require coordination, available redirection of existing funding, and practice change.

3. Strategize coordinated efforts to determine best focus for key agencies
   and other interested stakeholders.

4. Publish policy changes and legislative actions needed to support the system.
   Include these in the Public Will campaign.

**Strategy VIB.**

Target agencies and programs with funding streams that may have
the flexibility to support best practices for supporting emotional
wellness in young children.

**Implementation Tasks:**

1. Request the Department of Education (DOE) to investigate ways
   to implement the Disabilities Education Act (IDEA) and No Child Left
   Behind Act (NCLBA) can be used to better serve young children
   with emotional, behavioral, and social development delays or disorders.

2. Request the Department of Health and Social Services (DHSS) to
   review how delays in emotional, behavioral, and social develop-
   ment of infant and toddlers are interpreted under existing eligi-
   bility requirements and work together with Part C to develop a
   protocol for supporting infant and toddler emotional wellness
   services.

3. Request the Department of Children, Youth and their Families
   (DCYF) to implement a consultation model based on scientific
   research that include observations as part of the assessment
   process and staff and parent consultations as part of the inter-
   vention plan and follow-up.

4. Work with Medicaid to review the early childhood consultation
   model to determine reimbursable components for managed care
   providers interested in linking with early childhood programs.

VI. Results

By 2008, systems will be implemented to measure the variety and quality of early
childhood emotional wellness prevention, early intervention and treatment services.

**These systems will:**

- track the types, quantity and quality of services
- track the number of practitioners, interventionists, employers, lay persons, and family
  members educated to support young children's emotional wellness and to treat concerns
- measure the quality of the relationship between families and providers
- determine the change in the general public's awareness of the importance of young
  children's social and emotional development and wellness
- track the state and local level services that support families and the social and emotion-
  al development and wellness of their young children
- track changes in legislation, regulations, and program guidelines regarding prevention,
  early intervention, and treatment of young children's social and emotional wellness
- and track the use of funds from local, state, federal, and private sources dedicated to
  supporting prevention, early intervention, and treatment of young children's social
  and emotional wellness

The importance of collecting information and tracking the changes that occur based
on this initiative is critical. To see forward movement, we must ensure that
evidence based procedures are being used to determine the effectiveness of our
strategies. Because this initiative focuses on prevention, early intervention, and
and views the family as a critical component in these efforts, evaluations
of the initiative must take place within and across multiple systems.

**Strategy VI.A.** Using families, community representatives, professionals, and state personnel,
engage in the development of definitions of what constitutes prevention, early
intervention, and treatment services to very young children
and their families and the system of care. These definitions will be used for all evaluation
and monitoring activities.

**Strategy VI.B.** Track and measure the public and private partners who provide prevention,
early intervention, and treatment services to very young children
and their families in the social and emotional wellness system of care. The services tracked
and measured should include screening and assessment services, clinical, com-
munity, and home early intervention and treatment services, referral services,
follow-up services, and family support services. All tracking and measurement
should allow for analysis to determine if families from specific ethnic or cultural
backgrounds have access to services.

**Strategy VI.C.** Track the content of orientation, training, and education for early childhood educa-
tors, childcare providers, home visitors, Head Start, ECAF and Early Head Start
personnel, programs serving pregnant women and other programs serving young
children and their families. This tracking should include the extent to which social
and emotional issues are addressed, the availability of the services in the communi-
ty, the depiction and representation of social and emotional wellness through the
The culture of families being served, and information about social and emotional
wellness for families from underserved populations and communities.

**Strategy VI.D.** Survey workplaces regarding employment practices related to supporting
families as they work to enhance their children's social and emotional wellness.

**Strategy VI.E.** Survey providers to determine the number with specific training to work with young
children and their families. This survey should include determining the number
qualified to work with young children and the types of training they have received in
this area compared to the number currently working with young children.

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8. We believe that: Every child is eligible
   for services to support emotional well
   being.

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We believe that: All young children are worthy of safe, stable, caring and nurturing environments.

References


Florida's Strategic Plan for Infant Mental Health. Establishing a System of Mental Health Services for Young Children and their Families in Florida. Florida State University Center for Prevention & Intervention Policy. (2001).


References for Quotations


Glossary

Coregiver — an individual or institution that provides non-familial care for a child or group of children.

Cultural Competence — (Cross, Bazron, Dennis, & Isaacs, 1989) A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or professionals to work effectively in cross cultural situations.

Five elements that characterize culturally competent organizations:

1. They value diversity (i.e., understand that other cultures may adhere to preference for certain values, behaviors that differ from the dominant culture

2. They have a system for cultural self-assessment that allows them to choose policies and practices that reduce barriers to participation for members of various cultural groups

3. They are aware of the dynamics that occur when persons from different cultures interact (e.g., differences in communication styles, help seeking behavior, or problem solving styles)

4. They institutionalize cultural knowledge (e.g., through provision of culturally appropriate services, cross-cultural training for staff, or establishing networks with community leaders and groups)

5. They are able to adapt to diversity (e.g., adopt policies and procedures to reduce negative stereotypes and prejudices)

Evidence-based Practices — Practices are considered “evidence-based” when multiple research studies using the same or similar practices are related to the same or similar results or findings. Replication of the same effects across studies strengthens the ability to relate a specific practice to a specific outcome.

Early Childhood Mental Health Consultation — is a problem-solving intervention involving a partnership between an early care and education learning setting and a mental health professional. The family centered intervention is usually focused on a child but could involve a continuum of interventions for a classroom or an entire program.

Emotional Wellness — Is the ability to trust, thrive, relate to others and have a sense of well being, personal worth, and resilience.

Family — Is a group of individuals responsible for the primary care and nurturance of a child, including non-custodial parents and foster parents.

Intervention — (Institute of Medicine Report, 1994) Interventions that take place before a disorder is diagnosed; three categories of preventive interventions: universal, selective, and indicated.

Universal Interventions are made available to the general public or to the whole population with the goal of creating or enhancing conditions that support the child's behavior and reducing the probability of challenges to the child's behavior.

Example: parent education programs made available to everyone in the community, or a family resource center that is open to everyone.
We believe that: Early identification and intervention are essential to positive outcomes for children.

Selective Interventions are targeted to individuals or subgroups whose risk of developing a mental disorder is significantly higher than average in order to reduce the incidence or severity of potentially challenging conditions or disorders. This might include groups who have biological, psychological, or social risks.

Indicated Interventions are targeted to young children who are identified as having minimal but detectable signs that suggest the risk of future development of a mental disorder. These interventions take place early in order to address the existence of the emerging disorder, and to prevent the possibility of a secondary disability emerging. This could include the presence of a biological marker that suggests a predisposition for an emotional or behavioral problem but does not yet meet diagnostic criteria.

Examples might include a child born with characteristics of fetal alcohol effect, or a child who is slow to develop social behaviors.

Prevention often referred to as promotion - (Mrazek and Haggerty) - Activities offered to individuals and groups to develop competence and self-esteem; focuses on supporting general well being rather than intervening in or preventing illness.

Scientifically based research - (Leave No Child Behind Act, 2002)

The term "Scientifically based research" I. "means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs; and

Framework Planning Committee

- Jennifer Adams  University of Delaware
- Rhonda Allen  Office of Early Care and Education
- Anna Ailey  Del-Tech & Community College
- Apama Bagdi  University of Delaware
- Pam Bauman  Parent
- Laurie Bouchamp  Del-Tech Child Development Center
- Holdi Beck  Northern Delaware Early Head Start
- Martha Brooks  Delaware Department of Education
- Novella Brown  Department of Health and Social Services
- Amy Casas  Family and Workplace Connection
- Lynn Cholak  Mental Health Association in Delaware
- Janet Connolly  Delaware Early Childhood Center
- Mary Cullen  McVey Elementary School/Delaware Guidance
- PJ Faccio  Brandywine School District ECAP
- Alison Fink  Department of Services for Children, Youth & their Families
- Rosanna Griff-Corbbeli  Birth to Three
- Whitney Jenkins  Parents As Teachers
- Evelyn Kooting  Family and Workplace Connection
- Elise Kidd  Department of Health and Social Services
- Leslie Kosaek  Division of Public Health
- Linda Lapointe  Christina School District
- Lora Lewis  Child Development Watch
- Linda Marks  New Castle County Head Start
- Valerie Martin  Tainall School
- Linda McDermott  Christina School District
- David Michalk  Department of Health and Social Services
- Mary Ann Molczalewski  Delaware Department of Education
- Michael Partio  Department of Health and Social Services
- Betty Richardson  Delaware Department of Education
- Valerie Roach  Catholic Charities, Inc.
- Lori Sarsbury  Caesar Rodney School District
- Marla Selber  Department of Services for Children, Youth & their Families
- Deborah Simon  Wilmington Head Start
- Loff Sams  Colonial School District
- Nancy Smith  Christina Early Childhood Assistance Program
- Peggy Sudler  Ministry of Caring Guardian Angel Child Care
- Martha Toomey  Delaware Department of Education
- Brian Touchette  Delaware Department of Education
- Jennifer Tuppress  Red Clay School District
- John Vecho  University of Delaware
- Jamie Walko  Colonial School District
- Daphne Warner  Children and Families First

- We believe that: Families are essential participants in all aspects of a child's life.
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