The Interagency Resource Management Committee (IRMC), established by the Delaware legislature in fiscal year 1992, is charged with fostering an interagency approach in coordinating delivery of early care and education, promoting interagency collaboration in providing services to those eligible for the Program for Children with Disabilities, providing administrative oversight for the state Early Childhood Assistance Program, and coordinating implementation of the recommendations of the Early Care and Education Council regarding a comprehensive program of early care and education. This annual report summarizes the work of the programs under the auspices of the IRMC and provides evaluation data on their effectiveness. Following a letter from the Delaware Secretary of Education, the report summarizes findings from the Baseline Evaluation of Quality in Early Care and Education Programs demonstrating that additional work is needed to help all programs meet high quality standards. Findings from the Delaware Early Childhood Longitudinal Study, tracking progress of 717 children from kindergarten through third grade, are summarized to demonstrate that investments in early care and education lead to improved school success.

Information is provided on the number of children receiving assistance through the Early Childhood Assistance Program, the number eligible for the Program for Children with Disabilities, and the number of children with disabilities receiving services through Child Development Watch, the birth to 3 program. The positive impact of birth to 3 services on the development of children with disabilities is then summarized. The report also summarizes the observations and recommendations of the Delaware Early Care and Education Council related to quality programs, finance, and public will and describes...
the establishment of the Delaware Early Care and Education Office under the auspices of the IRMC to coordinate implementation of the Council's recommendations. A list of IRMC members and the IRMC work group completes the annual report. (KB)
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

Interagency Resource Management Committee 2003 Annual Report

U.S. DEPARTMENT OF EDUCATION Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

POINTS OF VIEW OR OPINIONS STATED IN THIS DOCUMENT DO NOT NECESSARILY REPRESENT OFFICIAL OERI POSITION OR POLICY.
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 Services for Children, Youth and Their Families; the Budget Director 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 Program for Children with Disabilities, providing administrative oversight for the state Early Childhood Assistance Program, and coordinating the implementation of the recommendations of the report: "Early Success; Creating a Quality Early Care and Education System for Delaware's Children."

This FY 2003 Annual Report summarizes the work of the programs under the auspices of the IRMC and provides evaluation data that demonstrate that these programs make a positive difference in the lives of the children and families they serve. The Delaware Early Childhood Longitudinal Study, which tracks the progress of 717 children from kindergarten through third grade, demonstrates that our investments in early care and education are leading to improved school success. The Baseline Evaluation of Quality in Early Care and Education programs, released in September of 2002, demonstrates that we must continue to work to help all programs meet high quality standards.

The State has dedicated itself to improving the academic achievement of its students. The value of early care and education programs in this effort is clearly evident. Investments in support of our youngest citizens are important to their success in school and in life.

Sincerely,

Valerie A. Woodruff
Secretary of Education

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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.
Baseline Evaluation of Quality in Early Care and Education Programs

In 2002, a statewide study of programs in Delaware was conducted in order to determine the quality of early care and education programs. This study was commissioned by an interagency group comprised of 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 over 35 trained observers who conducted 4-6 hour observation and teacher and director interviews in 587 early care and education settings in Delaware. These programs observed served children ranging in age from birth through school age and included licensed family child care programs, full-day center-based programs, part-day programs, Head Start programs, and state-funded Early Childhood Assistance Programs. The data collectors interviewed teachers and directors and used highly reliable and valid observation rating scales used in national studies in order to objectively measure the quality of each setting observed.

What did we learn about child care providers in Delaware?

- The average hourly wage is $8.91/hour
- The average annual salary is $18,540
- The average age is 38 years with a range of age 16-79 years
- A plurality of teachers (33.85%) have a high school diploma as their highest educational level; others (5%) have advanced degrees (see Table 1)
- Of 578 teachers, 28% are African American, 64% are Caucasian and approximately 5% are Latino
- Of 578 teachers, over 20% have at least one other job.

What is the highest educational level you have completed?

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Less Than High School</th>
<th>High School</th>
<th>GED</th>
<th>Some College</th>
<th>CDA</th>
<th>Associates Degree</th>
<th>Bachelors Degree</th>
<th>Masters Degree</th>
<th>Masters Plus</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Child Care</td>
<td>3</td>
<td>35.63%</td>
<td>2</td>
<td>39.08%</td>
<td>0</td>
<td>9.20%</td>
<td>8.05%</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Full-Day Center-Based</td>
<td>11</td>
<td>3.54%</td>
<td>2.25%</td>
<td>60</td>
<td>1.89%</td>
<td>30</td>
<td>54</td>
<td>9</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>ECAP/Head Start</td>
<td>2</td>
<td>2.25%</td>
<td>0</td>
<td>23.60%</td>
<td>2</td>
<td>34.83%</td>
<td>17.98%</td>
<td>2.84%</td>
<td>2.84%</td>
<td>2.25%</td>
</tr>
<tr>
<td>Part-Day</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>18.48%</td>
<td>0</td>
<td>7.61%</td>
<td>17.98%</td>
<td>1.12%</td>
<td>1.12%</td>
<td>1.12%</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>2.74%</td>
<td>0</td>
<td>132</td>
<td>8</td>
<td>76</td>
<td>112</td>
<td>17.98%</td>
<td>17.98%</td>
<td>17.98%</td>
</tr>
</tbody>
</table>

What did we learn about the fees charged for child care in Delaware?

The financial aspect of caring for and educating children is a pressing concern for families, teachers, employers, and other agencies that work with children and families. In order to give an accurate portrait of the fees charged for infant and toddler, full-day preschool, part-day preschool, and school age programming in Delaware, the average fees, as well as the range of fees, are presented in Tables 2 - 4.

Table 2: Fee for Infant Services

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Average cost of weekly care</th>
<th>Range</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Child Care Programs</td>
<td>$106.75</td>
<td>$65.00-$175.00</td>
<td>77</td>
</tr>
<tr>
<td>Full-Day Center-Based Programs</td>
<td>$123.42</td>
<td>$87.50-$216.45</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>$111.43</td>
<td>$65.00-$216.45</td>
<td>107</td>
</tr>
</tbody>
</table>

Table 3: Fee for Services to 3 to 5-year-olds

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Average cost of weekly care</th>
<th>Range</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Child Care Programs</td>
<td>$96.60</td>
<td>$55.00-$175.00</td>
<td>71</td>
</tr>
<tr>
<td>Full-Day Center-Based Programs</td>
<td>$98.15</td>
<td>$36.70-$175.50</td>
<td>48</td>
</tr>
<tr>
<td>Part-Day Programs</td>
<td>$71.04</td>
<td>$16.75-$280.00</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>$94.48</td>
<td>$16.75-$285.00</td>
<td>133</td>
</tr>
</tbody>
</table>
What is the standard fee for one school-age child to attend your program for one week of service?

**Table 4: Fee for School-Age Services**

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Average cost of weekly care</th>
<th>Range</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Child Care Programs</td>
<td>$74.36</td>
<td>$25.00 - $250.00</td>
<td>66</td>
</tr>
<tr>
<td>Center-Based Child Care Programs</td>
<td>$65.72</td>
<td>$30.00 - $150.00</td>
<td>42</td>
</tr>
<tr>
<td>Part-day Programs</td>
<td>$47.06</td>
<td>$26.25 - $71.50</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$70.15</strong></td>
<td><strong>$25.00 - $250.00</strong></td>
<td><strong>112</strong></td>
</tr>
</tbody>
</table>

* One family child care program reported charging $50 per day for school-age care. This was confirmed in a follow-up phone call when checking the reliability of the data.

What does the study tell us about the quality of early care and education in Delaware?

One method used to determine the quality of early care and education settings was to observe those settings using one of four environmental rating scales (e.g., the Family Child Care Environment Rating Scale (FCCERS), Infant/Toddler Environment Rating Scale (ITERS), Early Childhood Environment Rating Scale-Revised (ECERS-R), School-Age Care Environment Rating Scale (SACERS)). These rating scales objectively evaluate program characteristics such as:

- physical space for children and for caregivers
- materials and equipment for the children
- curriculum activities
- flexibility of programs to meet individual needs of children
- safe and healthy environments
- responsiveness of caregivers to children
- behavior management strategies
- caregiver affect and engagement
- support for caregivers' continued professional development

The following statements represent samples of the types of data that emerged from the observations:

82% of family child care programs were rated a three or above in fostering language and reasoning skills.

94% of the Head Start/ECAP programs were rated a three or above in providing appropriate curriculum.

79% of center-based infant and toddler care providers were rated a three or above in demonstrating appropriate interactions.

86% of part-day 3-5 year old programs were rated a three or above in providing appropriate program structure.

87% of full-day center-based 3-5 year old programs were rated a three or above in terms of providing adequate space and furnishings.

86% of the school-age programs were rated a three or above in providing professional development opportunities for their staff.

Delaware Early Childhood Longitudinal Study

The State of Delaware commits significant resources to educating preschool children in poverty, as well as preschool children with disabilities. In an effort to determine the outcomes of these efforts, a longitudinal study was funded to track the progress of children receiving these services as compared to their peers. Seven hundred seventeen students, one-third with a disability, one-third living in poverty, and one-third from the general population, have been followed over five years since their entry into kindergarten. The students' academic and discipline records have been tracked to determine their overall success during their first four years in public school. Of these 717 students, 415 participated in the third grade Delaware Student Testing Program in Spring 2001.

Forty-two of the children in this group who were living in poverty participated in an Early Childhood Assistance Program (ECAP) when they were four years old. Seventy-three of the children participated in Preschool Programs for Children with Disabilities for three and four-year-olds with disabilities administered by school districts.
The Delaware Early Childhood Longitudinal Study shows:

Children who participated in Preschool Programs for children with Disabilities when they were three or four years old...

- were significantly more likely to earn a passing grade on their reading and math DSTPs than were those children who were identified with a disability in kindergarten or first grade;
- had significantly higher grades than did their peers who were identified with a disability in kindergarten or first grade;
- had a rate of grade retention that was half that of their peers who did not have a disability identified until kindergarten or first grade.

Children living in poverty who participated in Early Childhood Assistance Programs (ECAP) or Head Start programs when they were four years old...

- were significantly more likely to earn passing performance scores on the reading and math sections of the DSTP than those students who did not receive ECAP or Head Start services;
- earned passing performance scores on the math and reading DSTPs at about the same rate as those students not living in poverty and who did not have a disability;
- had significantly higher grades than did their peers who live in poverty and did not participate in ECAP or Head Start programs;
- had a rate of grade retention that was half that of their peers who did not participate in ECAP or Head Start programs.

Early Childhood Assistance Program

For the 2001-02 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 fifteen Early Childhood Assistance Programs that are administered by:

5 federally-funded Head Start programs.
4 school districts,
1 institution of higher education,
4 non-profit community-based programs, and
1 for-profit early care and education program.
Children living in poverty who participated in the Early Childhood Assistance Programs (ECAP) score significantly higher on the DSTP in the areas of reading, math, and writing than did their peers who live in poverty and did not receive ECAP services.

(Delaware Early Childhood Longitudinal Study)

Children who have participated in Early Childhood Assistance Programs (ECAP) and Head Start progress developmentally over the program year, as measured by assessment of their skills.

(Head Start/ECAP Outcomes Project)

Family and Community Goals Completed

- 10% 206 Goals
- 13% 274 Goals
- 27% 551 Goals
- 34% 706 Goals
- 16% 336 Goals

2,073 Goals Identified

Families whose children were involved in Early Childhood Assistance Programs (ECAP) and Head Start on average achieved 90.1% of the goals they identified in their Family Partnership Agreements.

These goals are set in the areas of improved literacy, improved education, improved employment, improved links with social services, medical care, child care, mental health, transportation, improved parenting, improved well-being, and transition planning—all factors that contribute towards family stability and a child's success.

These data support the important role of these programs in effectively supporting and empowering families to achieve their goals.

(Head Start/ECAP Outcomes Project)

Early Childhood Assistance Program

Exciting Collaborative Activities

Regional Health Advisory Committees: In Kent, Sussex, and New Castle counties, and the City of Wilmington, the Head Start and Early Childhood Assistance Programs have formed regional Health Advisory Committees to provide opportunities for community collaboration around health issues for young children and their families. These four collaborative Health Advisory Committees are the first in the nation among federal Head Start and state pre-kindergarten programs.

Collaborative HS/ECAP Work Groups meet on a bi-monthly basis to discuss and address issues that impact programs. The Department of Education facilitates the meeting of county Head Start and Early Childhood Assistance Program Collaborative Work Groups.

Numerous joint training opportunities across Head Start and Early Childhood Assistance Programs have been completed, targeting issues such as:

- early literacy,
- child assessment,
- program governance,
- positive behavioral support,
- program self-assessment, and
- community assessment.

Regional Health Advisory Committees:

- Kent County
- Sussex County
- New Castle County
- Wilmington City

Collaborative HS/ECAP Work Groups:

- Bi-monthly meetings
- Department of Education facilitation
- Joint training opportunities

Early Childhood Assistance Program

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- early literacy,
- child assessment,
- program governance,
- positive behavioral support,
- program self-assessment, and
- community assessment.
Extending Programs to Full-day, Full-year

The Early Childhood Assistance Programs have been working toward structuring their programs to offer full-day early care opportunities and, in some cases, full-care for children attending the programs. Christina Cultural Arts Center, Hilltop Lutheran Neighborhood Center, Delaware Early Childhood Center’s Itinerant Program, Delaware Technical and Community College-Owens Campus site, Wilmington Head Start, Telamon Corporation, Southern Delaware Head Start, 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. Two programs began supporting full-year services in conjunction with state subsidy.

Triennial Monitoring

This past year marked the third year of implementation for the ECAP monitoring system. Using a triennial schedule, programs are comprehensively monitored once every three years to assess their compliance with implementation of the Head Start Performance Standards. Seven programs were monitored during 2001-2002. Programs identified as not complying with the Standards are required to develop Quality Improvement Plans specifying how they will correct the non-compliance issues.

Student Identification System

Children receiving services through ECAP are now enrolled in the Delaware Student Identification System (DELSIS) 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.

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. Services may be provided at home or in a community setting or they might be provided in a classroom in an elementary school building. A preschool setting where young children receive special educations should look like any other preschool setting with both typically developing preschoolers and those who might need some special help.

As of March 2002, 935 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 the block grant process with IRCM approval. Districts may decide to operate the program or subcontract for delivery of those services.

The review of the data indicated that there were 94 more children identified in March 2002 than had been identified in March 2001. 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.

One little boy entered the Christina ECAP last year after moving to Delaware to live with his great-grandmother. He had experienced four years of severe abuse and neglect in Maryland where he was bounced back and forth between his parents. The child showed severe behavior problems in the beginning of the year, although the ECAP staff suspected he was a bright and creative child. The great-grandmother needed many supportive services, including parenting education. The ECAP staff, with school district support, worked closely with the child and family using the Delaware Positive Behavior Support Model and the emotions curriculum. The child showed improvement over the year with regulating his emotions and decreasing problem behaviors. Multiple referrals were made, including parenting education and mental health services for the child and the family. The great-grandmother learned to be a better parent and more effective advocate for this young child. This year, the kindergarten teachers and school principal have reported that this little boy is functioning academically near the top of his class and has not demonstrated any behavioral issues.

—Nancy Smith, Christina ECAP
Nearly 50% of children who participated in the Preschool Programs 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 1 of every year. Using data collected December 1, 2001, a snapshot picture emerges of where these separate cohorts of children were in the 2001-2002 school year.

Children who began receiving services in 1997 are now eight and nine year old children in the public school system. Of the 1997 cohort of children, 272 were still enrolled in public schools in December of 2001. Of those, 148 remained in special education. Nearly half were attending school as regular education students. Another cohort of children who first entered special education in 1998 had similar results. Of the original 456 children in the 1998 cohort, 395 remained enrolled in public schools in December of 2001. Of those children, 153 are now enrolled as regular education students.

This trend continues looking at students newly identified as requiring special education services in 1999 and in 2000. Of the 409 students identified in 1999 and still enrolled in public schools in 2001, 123 had transitioned to regular education after either one or two years of early intervention through special education services. Likewise, of the preschool children identified in 2000, there were 45 who are now enrolled as regular education kindergarten students.

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

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
- Milford serves Kent and Sussex Counties

The mission of Child Development Watch 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.

"My child's increase in language and cognitive skills has resulted in a much higher confidence level and independence. I especially appreciate this because I am having my own medical treatments and Child Development Watch has helped by providing information for my child and services at his child care center."

—from 2002 Family Survey
Increasing the Public's Understanding

Growing Together Portfolio
In addition, the Part C Birth to Three Early Intervention System develops and distributes the Growing Together Portfolio for 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 to seek help as a parent.

Information for Early Care and Education Providers
A Growing Together Portfolio for Early Care and Education Providers was distributed to childcare and preschool programs statewide. The purpose is to increase training and information regarding how to identify children in their programs that may have developmental delays and how to help families access the Child Development Watch system. This is a collaborative effort with Family and Workplace Connection, the statewide information and referral network for childcare, and the Office of Child Care Licensing. Approximately 1100 of these guides are distributed annually to childcare providers and preschool programs statewide.

Grow with Books
Another outreach and education effort jointly supported by Part C and IRMC funding is Grow With Books. This program makes the latest books on the challenges of raising young children in today's society available to parents and professionals through Delaware's public libraries. This year, 12 new books were added to the collection, and each State library received a complete set of these books. The Grow With Books collection currently has 129 books. Every public library has a core selection to offer families, and one library per county houses the entire collection.

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
In the fall of 2002, Birth to Three received approval of their Part C Continuous Improvement Plan from the US Office of Special Education Programs. There are five areas identified where Delaware has prioritized the need for improvements: Improving Child Find/Public Awareness, Increasing Family Centered Services, Increasing Early Intervention Service in the Natural Environments, Increasing Effective Early Childhood Transition, and Improving General Supervision.

Service to Delaware Children
On average monthly basis, Child Development Watch served 1,262 children and their families. This means that 3.86% of Delaware's children from the ages of birth to three receive early intervention. Caseload increases can be attributed to extensive outreach, including the distribution of the Growing Together Portfolio for parents, as well as the high quality reputation of the program among families and physicians.
Family Survey 2002

More than 94% of families whose children are receiving services through Child Development Watch reported that their family's quality of life had improved since beginning participation in the program.

- 94% of families indicated that they are more confident in their abilities to care for their children since being enrolled in Child Development Watch
- 93% of families felt overall satisfaction with the services they and their children received
- 93.5% of families reported that Child Development Watch gave information helpful to use with their children on a daily basis

The vast majority of families are feeling like they are partners in their children's program development and that the program is accessible, friendly, and responsive.

Child Outcomes 2002

Twenty-five randomly selected children with disabilities receiving Child Development Watch services were monitored for at least one year to determine their rate of development. The average rate of development for children with disabilities is 1.0. This means that for every month that passes, children acquire one month of developmental skills. A rate of development greater than 1.0 indicates that a child is advancing at a higher rate than expected. Of the 25 children tracked for the Child Outcomes study:

- their mental (cognitive) skills developed at an average rate of 1.34;
- their motor skills developed at an average rate of 1.19; and
- their play skills developed an average rate of 1.25.

Children with mild or moderate disabilities developed at a greater rate (1.37) than children with more severe disabilities (1.19).

Children living in poverty had approximately the same rate of development (1.28) as children who did not live in poverty (1.36).

Looking at the 25 children individually, only one child had a rate of development less than 1.0 and two children had rates of development of 1.5 or greater. In six cases, children who had a developmental delay of six months or greater were able to acquire skills that brought them to a typical level of development within 20 months.

These results were reported in the Child Development Watch Child Outcomes and Family Satisfaction Survey reports.

The Delaware Early Care and Education Council

The Delaware Early Care and Education Council was established by Executive Order of the Governor to advise the IRMC annually concerning early care and education services in Delaware, based on the recommendations of the report, "Early Success: Creating a Quality Early Care and Education System for Delaware's Children." In May 2002, the Interagency Resource Management Committee (IRMC) appointed the following individuals to serve on the Delaware Early Care and Education Council:

- Ann Wick
- Linda Walls
- Cyndy Durham
- Wanda Whitney Smith
- Jeff Benatti
- Dr. Sandra Cohee
- Barbara Shepherd Taylor
- Julia Harris
- Andrea Moselle
- Gonzalo Martinez, Esquire
- Karen Jacobs Louden, Esquire
- Volunteer in field of early childhood
- Director, Little Angels Child Care Center, Sussex County
- President, Delaware Association of Child Care Professionals, Inc.
- Parent of a special needs child
- Director, New Castle County Head Start Program
- Principal, Appoquinimink Early Childhood Center
- Chair, Early Childhood Department at Delaware Technical and Community College, Wilmington Campus
- Human Resources Manager, Proctor and Gamble
- Senior Manager for Work Life, Astra Zeneca
- Retired attorney and community volunteer
- Attorney and member of the Delaware Women in Law Section of the Delaware Bar

The Delaware Early Care and Education Council strongly endorses the vision set forth in Early Success and looks forward to working with the IRMC toward strategically implementing that vision. In the brief time that the Council has deliberated on the path forward, the domains of Public Will, Quality, and Finance emerged as the Council's priorities. The Council submits the following observations and recommendations for your consideration.
Quality Programs

Observation #1
There is inconsistent quality in early care and education programs. The system currently lacks approved state standards for measuring program quality.

Recommendation #1
Before a quality early care and education system for Delaware's children can be implemented, quality needs to be defined. The Council requests that the IRMC authorize the research, revision, and adoption of proposed program standards that were developed by a statewide committee in 1997. This research process should involve each of the Departments that share responsibility for early care and education programs in the state and should include a means for public input. This process should be concluded and voluntary state standards should be endorsed by the Departments of Education, Health and Social Services, and Services for Children, Youth, and Their Families by September 2003.

Observation #2
The Departments of Education, Health and Social Services, and Services for Children, Youth and Their Families should be congratulated for the work individual departments have initiated toward implementing the recommendations of the Early Success report. The initiatives of these three departments, however, appear fragmented and should be more consistently connected to maximize their impact on programs across the state.

Recommendation #2
Increasing the communication and collaboration between departments will produce a more comprehensive system of service delivery. To achieve that goal, during the course of the next year, the Council will look into best practice early care and education models employed by other states. The Council will explore the effectiveness of a single source of oversight for all early education and childcare programs as a better way to achieve a quality early care and education system. The Council will use this information to develop a recommendation for Delaware.

Observation #3
The Council applauds the efforts of the Office of Child Care Licensing to increase minimum standards to improve the quality of care for all children in the state. However, all centers will face significant costs in implementing the rule revisions that are currently being discussed by the Child Care Center Rule Revisions Task Force. The Council is concerned that some providers will be unable to meet the requirements of the new regulations without financial assistance.

Recommendation #3
Rules and regulations should not be changed without analysis and consideration of the financial impact on providers. Therefore, the Council requests that the IRMC authorize the Office of Child Care Licensing, Division of Social Services and Department of Education to prepare an estimate of the costs to centers to implement the revisions being discussed by the Child Care Center Rule Revisions Task Force, particularly as they apply to the areas of professional development, quality enhancements, and staff/child ratios. Sources of funding to help providers meet these costs must be identified to support implementation of the revised rules and regulations.

Observation #4
Early care and education providers report that Purchase of Care (POC) rates do not cover the cost of care and, in many cases, are only about 65% of the actual labor cost. Currently, many providers do not accept POC clients because it is hard to make up this shortfall. Salaries for childcare workers are often at, or just above, minimum wage. Providers who accept a high percentage of POC clients cannot afford to pay their staff higher wages. POC reimbursement rates have an effect on the availability of programs that accept POC-eligible families. The relationship between rates and quality will be determined through analysis of the data presented in the Baseline Evaluation of Quality Study.

Recommendation #4
The Council recognizes that the Purchase of Care rate issue is very complex and costly but believes that it is an issue that needs to be addressed in order to improve the quality of child care for all children. During the course of the next year, the Council will examine best practice models which strike a balance between issues of child care capacity and the quality of care. The Council will be prepared to make informed recommendations on the issue of POC rates following its deliberations this coming year.

Finance

Observation #5
A financial crisis exists in the early care and education system. An area of great concern is the struggle faced by child care providers to recruit and retain qualified staff. This affects both the public and private child care sectors, is linked to funding, and absolutely affects the quality of child care. In order to achieve a high quality system of early care and education, the Council recognizes that significant increased investments from both the public and private sectors will be necessary over time.

Recommendation #5
The Council suggests that the Delaware Early Care and Education Office gather information on successful models of private and public sector collaboration which have led to increased funding for early care and education, and improved quality of care. This research will be used by the Council for future recommendations.

Public Will

Observation #6
Research demonstrates that high quality early care and education has a long-term positive impact on a child’s social, emotional, and academic success. There is a critical need to educate parents, employers, and the community at large concerning the positive developmental and economic impacts of quality early care and education programs.

Recommendation #6
The Council encourages the IRMC to engage a professional consultant to plan and help implement a public education and advocacy campaign. The goal of this campaign is to inform parents, employers, and the community at large concerning the developmental and economic impacts of quality early care and education programs. The Council will work with the IRMC to seek public and private sector funding toward that end.
Delaware Early Care and Education Office

Approximately 40,000 children in Delaware today are receiving early care and education services in facilities licensed by the state. More than 13,000 of those children receive state subsidy for that care. In the spring of 2000, the Delaware legislature authorized the establishment of an Office of Early Care and Education, under the auspices of the Interagency Resource Management Council (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."

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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.

Towards implementing the vision established in the Early Success Report, Governor Minner signed an Executive Order calling for the establishment of the Delaware Early Care and Education Council. The Council was appointed in May 2002 and consists of twelve members. The Council will advise the IRMC annually concerning early care and education services in Delaware, based on the recommendations for the Early Success Report. A summary of the Council’s work is included in this 2003 IRMC report to the Governor and Legislature.

The Delaware Early Care and Education Office 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 the Office.

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