

State policies that promote health, education, and strong families can help the early development and school readiness of America's youngest citizens. This profile highlights Delaware's policy choices alongside other contextual data related to the well-being of young children.

State Highlights¹

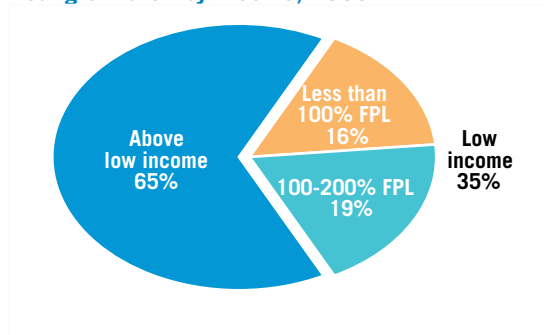
In August 2009, Delaware enacted legislation requiring private health insurers to cover evidence-based developmental screenings for infants and toddlers. These screenings are already covered by public health insurance (Medicaid) through the EPSDT program. The state also expanded health insurance coverage (CHIP) to families with incomes above 200 percent of the Federal Poverty Level. (up to \$36,620 per year) Delaware maintained the funding level for their pre-kindergarten program at \$5.7 million for FY 2010.

Updated: December 4, 2009

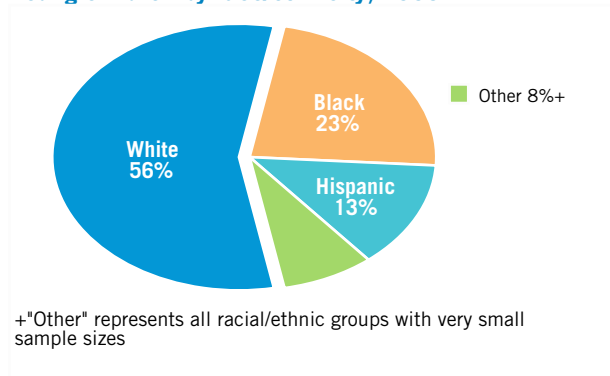
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Young children (under age 6)²: 72,109

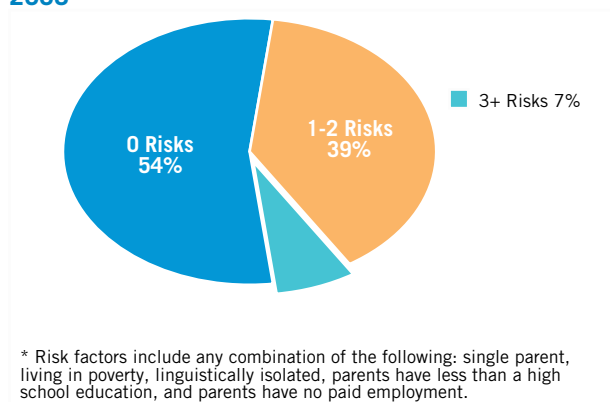
Young children by income, 2008²



Young children by race/ethnicity, 2008²



Exposure to multiple risk factors* among young children, 2008³



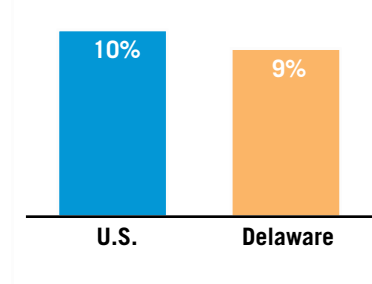
HEALTH AND NUTRITION

State Choices to Promote Access

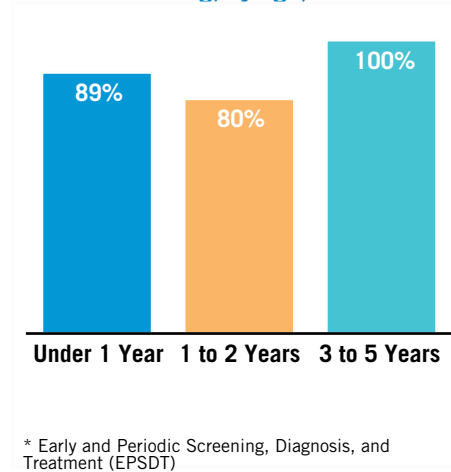
Income eligibility limit for public health insurance (Medicaid/CHIP) at or above 200% of the federal poverty level (FPL). [2009]⁴

- Children <1 year
State eligibility set at 200% FPL (CHIP & Medicaid)
- Children ages 1-5 years
State eligibility set at 200% FPL (Medicaid & CHIP)
- Pregnant women
State eligibility set at 200% FPL
- Immigrant children <1 year
State eligibility set at 200% FPL - covers all or most legal immigrants
- Immigrant children 1-5 years
State eligibility set at 133% FPL - covers all or most legal immigrants
- Immigrant pregnant women
State eligibility set at 200% FPL - covers all or most legal immigrants
- Provide temporary coverage to pregnant women under Medicaid until eligibility can be formally determined. [2009]⁵
- Provide temporary coverage to children under Medicaid or CHIP until eligibility can be formally determined. [2009]⁵
- Include at-risk children in the definition of eligibility for IDEA Part C. [2009]⁶
- Does not require redetermination of eligibility for Medicaid/CHIP more than once a year [2009]⁵
Required for Medicaid

Young children who lack health insurance, 2008²



Percent of eligible children who received at least one EPSDT* screening, by age, 2008⁷



State Choices to Promote Quality

EPSDT screening periodicity schedule meets recommendations of American Academy of Pediatrics [2009]⁷

- 7 Screenings for children <1 year
State requires 6 screens. 100% of eligible screens were completed in 2008.
- 4 Screenings for children 1-2 years
State requires 3 screens. 100% of eligible screens were completed in 2008.
- 3 Screenings for children 3-5 years
State requires 2 screens. 100% of eligible screens were completed in 2008.
- Require newborn screening for hearing deficiencies. [2009]⁸
- Require newborn screening for the 28 metabolic deficiencies/disorders recommended by the March of Dimes. [2009]⁸

EARLY CARE AND EDUCATION

State choices to promote access

- Set the income eligibility limit for child care subsidies at or above 200% FPL. [2009]⁹

Families of three are eligible up to \$35,208, or 192% FPL. This is a decline from 200% FPL in 2008.

- Child care subsidy reimbursement rate meets the recommended 75th percentile of the market rate [2009]⁹

- Redetermine the eligibility for child care subsidies no more than once per year [2008]¹⁰

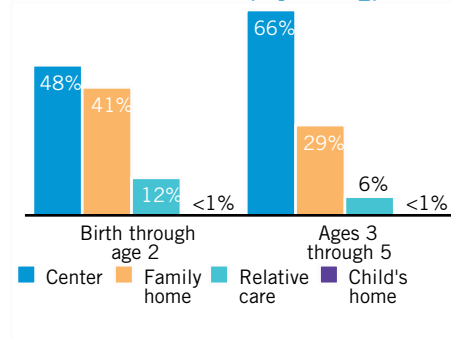
Eligibility redetermined every six months.

- Supplement Early Head Start with state or other federal funds. [2008]¹¹

- Fund a pre-kindergarten program and/or supplement Head Start. [2008]¹²

\$11.5 million. This is an increase of \$.08 million from 2007.

Subsidized child care, by setting, FY 2006¹³



State choices to promote quality

- Require one adult for every 10 4-year-olds, and a maximum class size of 20 in child care centers. [2007]¹⁴

Child care regulations require one adult for every 12 children, and the maximum class size is not regulated.

- Require one adult for every four 18-month-olds, and a maximum class size of eight in child care centers. [2007]¹⁴

Child care regulations require one adult for every 6 children, and the maximum class size is not regulated.

- Allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers. [2009]¹⁵

- Have early learning standards or developmental guidelines for infants and toddlers. [2009]¹⁶

- Have an infant/toddler credential. [2009]¹⁵

- Require through regulation that infants and toddlers in child care centers be assigned a consistent primary caregiver. [2008]¹⁷

- Operates a statewide Quality Rating Improvement System (QRIS) [2009]¹⁸

PARENTING AND ECONOMIC SUPPORTS

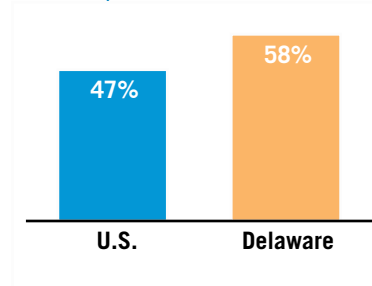
State choices to promote effective parenting

- Provide option to extend Medicaid coverage for family planning to otherwise ineligible low-income women [2009]¹⁹
- Exempt single parents on TANF from work requirements until the youngest child reaches age 1. [2009]²⁰
Parent must return to work when child is 12 months; exemption limited to 12 cumulative months during lifetime
- Reduce the TANF work requirement to 20 hours or less per week for single parents with children under age 6 [2009]²¹
Required to work 20 hours
- Operate a statewide home visiting program. [2007]²²
2 statewide programs

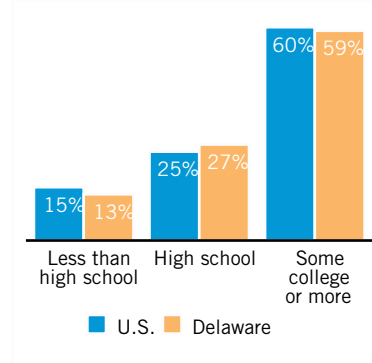
State choices to support family economic security

- Establish a state minimum wage that exceeds the federal minimum wage (\$7.25/hr). [2009]²³
\$7.25
- Exempt single-parent families of three below the poverty level from personal income tax. [2009]²⁴
Up to 150%FPL
- Offer a refundable state earned income tax credit. [2008]²⁵
State credit is not refundable
- Offer a refundable state dependent care tax credit. [2007]²⁶
- Keep copayments for child care subsidies below 10% of family income for most families. [2008]²⁷
- Allow families on TANF to receive some or all of their child support payment without reducing TANF cash assistance. [2009]²⁸
Up to \$50 allowed. Support amount disregarded for purposes of eligibility and benefits. (State also uses fill-the-gap budgeting.)

Low-income young children with a parent employed full-time, 2008²



Education levels of mothers with young children, 2008²



This profile is a product of NCCP's *Improving the Odds for Young Children* initiative. It is funded through NCCP's participation in The Birth to Five Policy Alliance, sponsored by the Buffett Early Childhood Fund. The information represents the most recent 50-state data sources and will be updated with the release of new data. See www.nccp.org/improvingtheodds for other state profiles.

DATA NOTES AND SOURCES

1. State Highlights are drawn from states' government and organization websites and reports. For more information, contact ITO@nccp.org.
2. State data were calculated from the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2007, 2008, and 2009, representing information from calendar years 2006, 2007, and 2008. NCCP averaged three years of data because of small sample sizes in less populated states. The national data were calculated from the 2009 data, representing information from the previous calendar year.
3. National and state data were calculated from the 2008 American Community Survey.
4. Donna Cohen Ross and Caryn Marks, *Challenges of Providing Health Coverage of Children and Parents in a Recession: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009*, Kaiser Commission on Medicaid and the Uninsured, January 2009 <http://www.kff.org> (accessed February 16, 2009). "New Option for States to Provide Federally Funded Medicaid and CHIP Coverage to Additional Immigrant Children and Pregnant Women. Kaiser Commission on Key Facts, The Henry J. Kaiser Family Foundation. July 2009. <http://www.kff.org> (accessed November 11, 2009)
5. Donna Cohen Ross and Caryn Marks, *Challenges of Providing Health Coverage of Children and Parents in a Recession: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009*, Kaiser Commission on Medicaid and the Uninsured, January 2009 <http://www.kff.org> (accessed February 16, 2009).
6. The Early Intervention Program for Infants and Toddlers with Disabilities (Part C) section of The Individuals with Disability Education Act (IDEA) provides early intervention services to children and families age 0-2yrs. Nationally, an average of 2.53% of children ages 0-2 are served.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS). 2008. *Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C*.
7. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, *The Annual EPSDT Report (Form CMS-416)*, 2009, www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/03_StateAgencyResponsibilities.asp (accessed November 18, 2009)
8. National Newborn Screening and Genetics Resource Center. 2009. *National Newborn Screening Status Report*. <http://genes-r-us.uthscsa.edu> (accessed October 23, 2009).
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10. U.S. Department of Health and Human Services, Administration for Children and Families, *Report of State and Territory Plans, FY 2008-2009*, 2008. <http://nccic.acf.hhs.gov> (Accessed February 24, 2009)
11. Rachel Schumacher and Elizabeth DiLauro, *Building on the Promise: State Initiatives to Expand Access to Early Head Start for Young Children and their Families*, Center for Law and Social Policy and Zero to Three Policy Center, April 2008.
12. W. Steven Barnett, Dale J. Epstein, Allison H. Friedman, Judi Stevenson Boyd, Jason T. Hustedt, *The State of Preschool 2008*, National Institute for Early Education Research, 2008.
13. Children in multiple care settings are counted more than once. As a result, the total percentage of children in all settings may total to greater than 100%. Data represent the percent of children by age in each care setting, regardless if the provider is licensed/regulated or legally operating without a license. Family home includes children served in group home care.
United States Department of Health and Human Services. Administration for Children and Families. 2009. Administration on Children, Youth and Families. Child Care Bureau. *Child Care Development Fund Administrative Data, Federal Fiscal Year 2006*. [Computer file]. ICPSR23640-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor].
14. National Child Care Information Center, "Child-Staff Ratios and Maximum Group Size Requirements in 2007," October 2008, <http://nccic.acf.hhs.gov> (accessed February 25, 2009).
15. ZERO TO THREE, personal e-mail (received March 5, 2009) based on information gathered as of February 9, 2009.
16. Heying, Karen, Zero to Three. October 30, 2009. Personal Communication.
17. National Association for Regulatory Administration and the National Child Care Information and Technical Assistance Center, *The 2007 Child Care Licensing Study: Final Report*, April 2009, pg 89. Available at <http://www.naralicensing.org> (accessed April 3, 2009)
18. Quality Rating Improvement Systems are a method to assess, improve, and communicate information about early childcare providers.
U.S. Department of Health & Human Services, Administration for Children and Families, National Child Care Information and Technical Assistance Center. 2009. *QRIS Definition and Statewide Systems*. <http://nccic.acf.hhs.gov> (accessed November 16, 2009)
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20. The federal poverty level for a family of three was \$18,310/yr in 2009.
Rowe, Gretchen; Murphy, Mary. 2009. *The Welfare Rules Databook: State Policies as of July 2008*. The Urban Institute. <http://anfdata.urban.org> (accessed November 10, 2009).
21. Rowe, Gretchen; Murphy, Mary. 2009. *The Welfare Rules Databook: State Policies as of July 2008*. Table III.B.2, footnotes 3, 16, 19, 20, 21, and 27. The Urban Institute. <http://anfdata.urban.org> (accessed November 10, 2009).
22. 2007 Survey conducted by Kay Johnson for the National Center for Children in Poverty (Publication forthcoming.) Indiana, Kansas, Vermont, Washington, and D.C. did not respond to the survey.
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27. U.S. Department of Health and Human Services, Administration for Children and Families, Report of State and Territory Plans, FY 2008-2009, 2008. <http://nccic.acf.hhs.gov> (Accessed April 2, 2009)
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