



# DEPARTMENT OF EDUCATION

C23-18

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<http://education.delaware.gov>

Mark A. Holodick, Ed.D.  
Secretary of Education  
(302) 735-4000  
(302) 739-4654 - fax

Dear Early Learning Provider,

Tiered reimbursement is intended to support programs in their quality of care, providing quality professional development, and the recruitment and retention of well-qualified staff. In order to effectively evaluate the tiered reimbursement program, the Office of Early Learning will be monitoring program usage to determine if technical assistance is needed. Programs will be required to submit documentation showing how the funds were utilized. A template is provided. Reports may be confirmed via audit at any time. Recipients are expected to maintain supporting documentation for expenses for a period of no less than two years.

The reimbursement rate is determined by the program type, county, children's age, and attendance of POC eligible children. Payments are linked to the attendance that is entered by the 15<sup>th</sup> of the month by the program into the POC portal. Payments will be electronically deposited monthly into the program's account that is associated with the Division of Social Services. This is a separate payment from the POC payment. *Failure to submit the attendance by or on the 15<sup>th</sup> will result in a program not receiving a tiered reimbursement payment.*

If a program is under an enforcement action by the Office of Child Care Licensing, they will be *ineligible* for their tiered reimbursement payment. A program may also be ineligible if they had significant changes occurring in their program administration or operation or if they have been administratively or financially sanctioned by any government office or agency. Programs that have IRS liens or court issued judgements will be subject to having their tiered reimbursement payment automatically redirected to the IRS or court judgement.

Below is the anticipated payment schedule for tiered reimbursement. Payments are expected to be deposited by the end of the month, but may be delayed due to holidays or unexpected circumstances. Please note that *the payment schedule is subject to change*. The April and May attendance is currently planned to be paid in July due to fiscal year close out processes.

***Failure to submit the Tiered Reimbursement Annual Agreement and the Annual Reporting form on or before July 1, 2022 will result in suspension of tiered reimbursement payments.***

2022 – 2023	
Stars Tiered Reimbursement Dates	
Attendance Month	Payment Date
April - 2022	End of July, 2022
May - 2022	
June - 2022	End of August, 2022
July - 2022	End of September, 2022
August - 2022	End of October, 2022
September - 2022	End of November, 2022
October - 2022	End of December, 2022
November - 2022	End of January, 2023
December - 2022	End of February, 2023
January - 2023	End of March, 2023
February - 2023	End of April, 2023
March - 2023	End of May, 2023

For the Department of Education:

4/19/2022

Kim D. Klein, Associate Secretary, Operations Support

Date

## **Tiered Reimbursement Agreement**

As a recipient of tiered reimbursement issued by the Delaware Department of Education for Delaware Stars level 3, 4, or 5 quality rated programs, for the attendance period of **April 2022 to March 2023**, I/We agree to the following:

As the program administrator/owner, I/we understand that I/we must abide by all tiered reimbursement policies and procedures set by the Delaware Department of Education.

As the program administrator/owner, I/we understand that the tiered reimbursement funds are to be utilized to achieve and sustain a quality program and to be actively working towards the next star level or maintaining a Star level 5.

As the program administrator/owner, I/we understand that the program must submit a report showing that the tiered reimbursement funds were utilized for providing quality assured professional development training/activities for staff, the recruitment and retention of well qualified staff, quality of care, and materials purchased.

As the program administrator/owner, I/we understand that attendance must be reported no later than the 15<sup>th</sup> of the month for the previous month to the Division of Social Services; no further adjustment can be made to the attendance after this date. Failure to submit attendance by the 15<sup>th</sup> of the month will result in forfeiture of the Stars Tiered Reimbursement for that attendance month.

As the program administrator/owner, I/we understand that the Delaware Tiered Reimbursement Agreement of Understanding must be completed in its entirety for each yearly attendance period and returned to the Delaware Department of Education in order for the program to receive the tiered reimbursement funds.

As the program administrator/owner, I/we understand that the Delaware Department of Education staff or an authorized agent of the Delaware Department of Education may conduct a random audit of the utilization of the tiered reimbursement funds given the program at any time.

### **Program Information** (please complete all information)

Program Name: \_\_\_\_\_ Family <sup>(check one)</sup> ☐ or ☐ Center  
Business License \_\_\_\_\_ Purchase of \_\_\_\_\_ Child Care  
or Non-Profit #: \_\_\_\_\_ Care ID#: \_\_\_\_\_ Licensing#: \_\_\_\_\_  
Program Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Program Phone #: \_\_\_\_\_ Program Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

As the program administrator/owner, the above program information has been completed with true and current information. As the program administrator/owner, I/we acknowledge that I/we have read and understand this agreement. The signature below indicates acceptance of all terms and conditions of this Delaware Stars Tiered Reimbursement Agreement of Understanding.

\_\_\_\_\_  
Program Administrator/Owner (*please print*)

\_\_\_\_\_  
Program Administrator/Owner Signature

\_\_\_\_\_  
Date

**Please submit completed forms**  
**Electronically** (as a PDF or Word) to:  
[delawarestars@udel.edu](mailto:delawarestars@udel.edu)

**Questions Regarding Tiered Reimbursement**  
[Tiered.Reimbursement@doe.k12.de.us](mailto:Tiered.Reimbursement@doe.k12.de.us)

**Please keep a copy of both pages for your records.**