



**CHILD CARE AND DEVELOPMENT FUND PLAN**  
**FOR**  
**FFY 2006-2007**

This Plan describes the CCDF program to be conducted by the State for the period 10/1/05 – 9/30/07. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

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Public reporting burden for this collection of information is estimated to average 162.57 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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**(Form ACF 118 Approved OMB Number: 0970-0114 expires 05-31-2006)**

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**PART 1  
ADMINISTRATION**

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

**1.1 Lead Agency Information** (as designated by State chief executive officer)

Name of Lead Agency: Oregon Employment Department, Child Care Division  
Address of Lead Agency: P.O. Box 14050, Salem OR 97309-4050  
Name and Title of the Lead Agency's  
Chief Executive Officer: Deborah Lincoln, Director  
Phone Number: 503-947-1477  
Fax Number: 503-947-1472  
E-Mail Address: Debbie.Lincoln@state.or.us  
Web Address for Lead Agency (if any):  
<http://www.employment.oregon.gov/EMPLOY/CCD/index.shtml>

**1.2 State Child Care (CCDF) Contact Information** (day-to-day contact)

Name of the State Child Care Contact (CCDF): Tom Olsen  
Title of State Child Care Contact: Administrator, Child Care Division  
Address: P.O. Box 14050, Salem OR 97309-4050  
Phone Number: 503-947-1409  
Fax Number: 503-947-1428  
E-Mail Address: Tom.L.Olsen@state.or.us  
Phone Number for child care subsidy program information (for the public) (if any):  
503-945-6108  
Web Address for child care subsidy program information (for the public) (if any):  
<http://www.oregon.gov/DHS/children/childcare/main.shtml>

**1.3 Estimated Funding**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2005 through September 30, 2006. (§98.13(a))

CCDF: \$ 59,336,139  
Federal TANF Transfer to CCDF: \$ 0  
Direct Federal TANF Spending on Child Care: \$ 0  
State CCDF Maintenance of Effort Funds: \$ 11,714,966  
State Matching Funds: \$ 11,224,000  
Total Funds Available: \$ 82,275,105

#### **1.4 Estimated Administration Cost**

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$ 2,966,806 ( 5 %). (658E(c)(3), §§98.13(a), 98.52)

#### **1.5 Administration of the Program**

**Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?**

- Yes. Skip questions 1.6 and 1.7. Go to Section 1.8.
- No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies: (658D(b)(1)(A), §98.11)

The Lead Agency, through the approval of the Childhood Care and Education Coordinating Council (CCECC), sets the State-level priorities for spending on child care services and activities. As the Lead Agency, the Child Care Division (CCD) administers contract payments to organizations and providers serving children in high risk targeted populations.

The CCD maintains overall control by monitoring contracts for compliance with performance standards. Contractors are required to submit quarterly performance reports. Onsite visits are conducted if indicated by the reports. Contract language requires other agencies to certify that guidelines are followed. Also, contracts contain statements of work that include specific performance indicators.

Contracts for new projects are let through a request for proposal process. Existing contracts are renewed based on satisfactory performance as evidenced by the quarterly reporting/monitoring process. The lead agency moved to a single contract process with the Oregon Child Care Resource & Referral Network in 2002.

CCD contracts with other agencies and organizations to provide specific services funded under the CCDF Act as follows:

- The Oregon Department of Human Services (DHS) administers the Integrated Child Care Subsidy program for children of low income working parents and post-secondary student parents. DHS also contracts with Head Start programs to provide full day/full year care for children from low income working families.

- The Center for Career Development in Childhood Care and Education administers training development, career development, and school-age care programs.
- The Oregon Commission on Children and Families administers local grants to improve the quality of early childhood care, including infant and toddler, before and after school, and nontraditional hours, sick and special needs. These grants are guided by 36 county comprehensive plans, which include strategies for services and supports in the areas mentioned.
- The Department of Education administers grants to school districts to improve quality in child development and teen parent programs.
- The Oregon Child Care Resource & Referral Network (OCCRRN) administers eighteen (18) local Child Care Resource and Referral agencies statewide to provide resource and referral information for parents and employers; deliver training to child care providers; and provide supply and demand data to state agencies and policy makers.
- When administration has devolved to localities, funds are allocated through a single contract between the Lead Agency and the Oregon Commission on Children and Families (OCCF). Local Commissions on Children and Families lead a comprehensive planning process which maps and analyzes data, analyzes available services and supports, and identifies priorities and strategies needed to meet the needs of children 0-18 years of age and their families. That plan is organized around 19 High Level Outcomes, one of which is to “Increase child care availability as measured by the number of child care slots available for every 100 children under age 13.” OCCF also requires each local commission in the 36 counties to submit quarterly fiscal and semi-annual monitoring and outcomes reports.
- While the CCECC approves the state-level priorities, local counties have the flexibility to change the order of the priorities based on the local planning process. OCCF reviews priorities selected by local commissions on children and families submitted as part of the Coordinated, Comprehensive Plan and Updates for compliance with federal CCDF guidelines (45 CFS Parts 98 and 99), Oregon’s CCDF Plan for 2005-07, and priorities of the Childhood Care and Education Coordinating Council, and shall share summarized information with the Child Care Division through the regular reporting process, to ensure the Lead Agency maintains overall responsibility for use of CCDF funds.”

## **1.6 Determining Eligibility**

**For child care services funded under §98.50 (e.g., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)**

- Determine individual eligibility of non-TANF families?  
 Yes.  
 No. If no, identify the name and type of agency that determines eligibility of non-TANF families for child care:

The Department of Human Services, as Oregon's primary subsidy agency and the TANF lead agency, determines the eligibility for Employment Related Day Care services. The Child Care Division enters into agreements with programs and providers to determine eligibility of children in high risk targeted populations.

- **Determine individual eligibility of TANF families?**  
 Yes.  
 No. If no, identify the name and type of agency that determines eligibility of TANF families for child care:

The Department of Human Services, TANF lead agency, determines the eligibility of TANF families for child care.

- **Assist parents in locating child care?**  
 Yes.  
 No. If no, identify the name and type of agency that assists parents:

The Child Care Division enters into a personal services contract with the Oregon Child Care Resource and Referral Network to assist parents in locating child care.

- **Make payments to providers and/or parents?**  
 Yes.  
 No. If no, identify the name and type of agency that makes payments:

The Department of Human Services administers payments to providers caring for children of low income working parents through the Direct Pay Unit under an integrated child care subsidy program. The Child Care Division administers payments through subcontracts to programs serving high risk targeted populations, including migrant and seasonal workers, teen parents, parents in substance abuse treatment, and children with special needs or disabilities.

## 1.7 **Non-Governmental Entities**

**Is any entity named in response to section 1.6 a non-governmental entity? (658D(b), §§98.10(a), 98.11(a))**

- Yes, and the following entities named in 1.6 are non-governmental:

The Oregon Child Care Resource and Referral Network is a not-for-profit organization. Some of the contracted providers assisting high risk families are not-for-profit organizations; i.e., Oregon Child Development Coalition, New Directions Northwest,

Central City Concern, Lifeworks Northwest, and Native American Rehabilitation Association.

No.

### **1.8 Use of Private Donated Funds**

**Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?**

Yes, The name and type of entity designated to receive private donated funds is:  
Name: Child Care Division  
Address: P.O. Box 14050, Salem, OR 97309-4050  
Contact: Tom Olsen, Administrator  
Type: Government

The Lead Agency is aware that all private donations need to be transferred to the Child Care Division before they can be used to programs or activities or to use them as match for CCDF.

No.

### **1.9 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children**

**1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?**

Yes, and:

( X ) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

( 20 %) Estimated % of the MOE requirement that will be met with pre-K expenditures.

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

The Child Care Division and Department of Human Services collaborate with Pre-K programs to provide full-day and full-year child care for children of low-income working parents and student parents. CCDF funds are used to match Pre-K expansion grants awarded for full-day and full-year child care for working parents.

No.

**1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))**

Yes, and

( 20 %) Estimated % of the Matching Fund requirement that will be met with pre-K expenditures.

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

The Child Care Division and Department of Human Services collaborate with Pre-K programs to provide full-day and full-year child care for children of low-income working parents and student parents. CCDF funds are used to match Pre-K expansion grants awarded for full-day and full-year child care for working parents.

No.

**1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))**

The State provides CCDF funding for children eligible for the Employment Related Day Care program that also attend Head Start/Pre-K programs. This allows working parents to have child care available full-day and year around.

**1.10 Improper Payments**

**1.10.1 How does the Lead Agency define improper payments?**

An improper payment occurs when payment is made for care that was not provided, payment is made to an ineligible provider, or payment is made on behalf of a client who is not eligible for the amount of reimbursement that was paid.

**1.10.2 Has your State developed strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)**

Yes, and these strategies are:

Approximately 200 billing forms are randomly selected each month for a desk audit. Providers send in their attendance logs, which are checked against the amount billed and client case record information. This has resulted in the discovery of overpayments, but the Department of Human Services believes the main value is preventative since providers know they may be audited.

Provider records are matched monthly with TANF, Food Stamp, Medicaid and Child Care Subsidy client records to identify ineligible providers as well as questionable child care payments.

The State is establishing a statewide toll-free hotline for reporting fraud. This number will be publicized in notices sent to child care providers and clients.

No. If no, are there plans underway to determine and implement such strategies?

Yes.

No.

**1.10.3 Has your State developed strategies to identify errors in the determination of client eligibility?**

Yes, and these strategies are:

Approximately 94 percent of families who receive a child care subsidy also receive Food Stamps. Food Stamps and child care subsidy are combined in one reporting system. In addition to the federally required quality control process, the state conducts targeted reviews of 5,000 Food Stamp cases per month (approximately 2.5 percent of the caseload each month). Eligibility errors in such areas as income and household composition that are discovered in the Food Stamps cases are also acted on for the child care cases.

No. If no, are there plans underway to determine and implement such strategies?

Yes.

No.

**PART 2  
DEVELOPING THE CHILD CARE PROGRAM**

**2.1 Consultation and Coordination**

**2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). Indicate the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.**

*Consultation* involves the participation of an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

*Coordination* involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (5) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

	<b>Consultation</b>	<b>Coordination</b>
• Representatives of local government	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
• Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input type="checkbox"/>	<input type="checkbox"/>
• Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
• State/Tribal agency (agencies) responsible for		
○ Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
○ Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
○ Public education	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
○ TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
○ State pre-kindergarten programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Head Start programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Programs that promote inclusion for children	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	Consultation	Coordination
with special needs		
• Other:	<input type="checkbox"/>	<input type="checkbox"/>

*\* Required.*

**For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts, if any. Descriptions must be provided for any consultation or coordination required by statute or regulation.**

Development of Oregon’s CCDF Plan was guided by the State Childhood Care and Education Coordinating Council (CCECC). The Council is a collaborative, ad hoc partnership working to create a balanced system of care that supports and empowers working families and promotes safe, healthy, child development. The Council’s role is to advise the Child Care Division and other member agencies and organizations on:

- Developing the federal Child Care and Development Fund Plan;
- Building the child care system infrastructure;
- Coordinating programs and service delivery; and,
- Creating and prioritizing new projects.

The CCD consults with the Oregon Commission on Children and Families, consisting of members appointed by the Governor and Legislative leadership, state staff who support the membership, and support the work of local commissions in each of Oregon’s 36 counties. This statewide system focuses on prevention-based services and supports for children 0-18 years of age and their families. This statewide system of a state and of local commissions is designated in statute as the lead conveners of the Coordinated, Comprehensive Plan which includes planning for early childhood care and education.

CCD also consults with the Oregon Commission for Child Care, an 18 member body appointed by the Governor and Legislative leadership. The Commission makes a biennial report on child care issues to the Governor. The lead agency incorporates those recommendations into the federal plan.

Each of Oregon’s nine federally recognized Tribes are provided copies of the draft plan and encouraged to comment.

The CCECC is chaired by the Administrator of the Child Care Division. Meetings are open to all interested persons and are held bi-monthly. Membership includes representatives of the following agencies, organizations, and constituency groups:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Department of Human Services (DHS)/Child Care</li> <li>Commission on Children and Families</li> <li>Commission for Child Care</li> <li>DHS – Health Services</li> <li>DOE – Child Nutrition Programs</li> <li>DOE – Early Childhood Education</li> </ul> | <ul style="list-style-type: none"> <li>DHS – Child Protective Services</li> <li>Child Care Resource &amp; Referral Network</li> <li>DOE – Head Start Collaboration Project</li> <li>Oregon Family Child Care Network</li> <li>Assoc. for the Education of Young Children</li> <li>Assoc. of Community Development Orgs.</li> </ul> |
|---|--|

Center for Career Development  
Provider Resource Organization  
Oregon Head Start Association  
School Age Care, Education, Recreation  
Oregon Child Development Coalition  
Parent Voice Project (6)  
Oregon Community Foundation  
Early Intervention and Early Childhood  
Special Education

Oregon Student Association  
Oregon Council on Developmental Disabilities  
Oregon State Library  
Association of Child Care Directors  
DHS – Drug and Alcohol Prevention  
Oregon Child Care Research Partnership  
Child Care Division  
Child Care Resource & Referral agencies

To achieve the widest involvement possible in the planning process, the Council has created workgroups that examine specific topics and reach beyond workgroup participants to additional constituencies and community members. Each workgroup develops planning recommendations and priorities and presents findings to the Council. These recommendations form the basis for development of the federal plan review draft. Copies of the draft plan were made available statewide prior to the public hearing.

**2.1.2 State Plan for Early Childhood Program Coordination. Good Start, Grow Smart encourages States to develop a plan for coordination across early childhood programs. Indicate which of the following best describes the current status of the State's efforts in this area.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- Developing.** A plan is being drafted. ~~The draft is included as Attachment \_\_\_\_~~ The CCDF plan will be amended in September 2005 with the draft Early Foundation Guidelines.
- Developed.** A plan has been written but has not yet been implemented. The plan is included as Attachment \_\_\_\_
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment \_\_\_\_
- Other (describe):**

**Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2004-2005 State Plan.**

**Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.**

**Describe the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.**

**Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?**

## **2.2 Public Hearing Process**

**Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:**

**Date(s) of statewide notice of public hearing:** May 26, 2005.

Manner of notifying the public about the statewide hearing: Hearing notices were posted on the agency web site, and made available to interested parties, state and local agencies, organizations and tribal governments. Notice of hearing was printed in several statewide newspaper of general circulation at least 20 days before the scheduled hearing. A transcript of the public hearing is on file at the lead agency office. A copy of the hearing notice is included in Attachment A.

**Date(s) of public hearing(s):** June 20, 2005

**Hearing site(s):** Oregon State Library, Room 102, Salem, Oregon

**How the content of the plan was made available to the public in advance of the public hearing(s):** The content of the CCDF Plan was made available to the general public and statewide constituency groups through the members and committees of the Child Care and Education Coordinating Council. The CCDF Plan was also posted on the lead agency Web site for 60 days with an electronic comment submissions form and made available through all child care resource and referral agencies. A brief summary of the public comments from this process is included as Attachment A.

## **2.3 Public-Private Partnerships**

**Describe (1) the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, and (2) the results or expected results of these activities. (658D(b)(1), §98.16(d))**

- 1) **Commission for Child Care:** The commission is comprised of 18 members appointed by the Governor, Speaker of the House and President of the Senate. The commission includes legislators, business members, parents, and advocates. It reports to the Governor and advises the lead agency on child care policy.

Result: Extensive public input to child care policy through statewide hearings on child care issues. This information is used to develop legislation and advocacy to improve the child care system.

- 2) **Childhood Care and Education Coordinating Council (CCECC):** The council is comprised of representatives from state and private non-profit agencies, advocates, and consumers. It is responsible for developing the federal child care plan and coordinating the activities of agencies and partners to develop new programs and avoid duplication of effort.

Result: Coordination, communication, and dissemination of information throughout Oregon's child care community; elimination of duplication of effort.

- 3) **Child Care Quality Indicators Project** is a public/private partnership of the Child Care Division, a local Commission on Children and Families, the Oregon Child Care Resource and Referral Network, and private funders. The project is developing an information system about the quality of local child care to disperse to the public. It is a pilot project in Multnomah County with plans to expand statewide. The project will collect data from child care centers to establish the levels on seven research based indicators. The project focuses on structural indicators of child care quality that research has demonstrated to be associated with child outcomes:

- Ratio of children per adult
- Group size
- Education or specialized training of teachers/caregivers
- Teacher compensation level
- Staff turnover or stability in caregiver-child relationships
- Accreditation
- Substantiated complaints

Result: Parents will have more information to select child care. They will be able to use quality indicator reports to compare different characteristics that are important to them and their child's development. Child care providers will be able to compare themselves to others on these quality indicators. They will identify areas in which they are outstanding and others in which they want to improve. As such, it's a strategic planning, marketing and fundraising tool. Community members and funders will have increased levels of accountability. Areas in need of investment will be clearer, and impacts of investments can be measured. The community will invest in child care centers with increased confidence that outcomes will improve.

- 4) **Child Care Information Partnership** develops educational strategies including printing and disseminating parent information including the "Five Steps to Finding Quality Child Care" booklet and bookmark, and coordination of the "Employer of Choice" campaign to inform employers about Oregon's child care tax credits and the benefit of family-friendly policies.

Result: Education of parents about finding quality child care and the general public about the importance of child care as a social support. Increased parental awareness about why child care quality matters.

- 5) **Economic Impact of Child Care in Oregon** is a project of the Child Care Information Project. Through a partnership between Oregon State University, Child Care Resource and Referral Network, Oregon Child Care Division, and the Commission for Children and Families, a 22 page report on the economic impact of child care in Oregon was produced in June 2005. This report is a comprehensive look at funding streams, demand and supply data, multiplier effect of child care dollars and how they are spent in communities, and how the lack of child care does or could potentially impact other industries in the state.

Results: Solid information on the “hidden” child care industry and its vital importance in Oregon’s overall economy.

- 6) **Child Care Health Consultation Project** is a partnership between Oregon’s child care partners and the Oregon Pediatric Society aimed at developing a state-wide system of health consultation to providers.

Result: Improvement of children’s health through provider health education and consultation.

- 7) **State Early Childhood Comprehensive Systems (SECCS)** initiative is a statewide, federal Maternal and Child Health Bureau grant-funded effort to develop and implement a sustainable, comprehensive early childhood systems plan that addresses early care and education, as well as all other major components of Oregon’s early childhood system of services and supports. The CCDF lead agency and the CCECC are active partners in the SECCS initiative along with numerous public and private early childhood stakeholders.

Result: The development and implementation of a statewide Early Childhood Systems Plan that facilitates alignment of public and private policies, resources, programs and practices, and that strengthens connections between the child care and health care arenas.

- 8) **Inclusive Child Care** is a partnership between state agencies and advocates for children with special needs. The campaign is aimed at giving child care providers the information, training, and support they need to care for children with special needs, and developing subsidies for families based on the needs of the child.

Result: Inclusion of children with special needs in normal child care settings.

- 9) **Partnership in Inclusive Child Care (PICC)** is a pilot training project to increase the number of regulated child care providers caring for children who have special needs. Eight individuals from 5 Oregon Communities were trained to provide the Teaching Research Assistance to Childcare providers (TRAC) inclusion curriculum developed at

Western Oregon University. The TRAC curriculum is designed to give providers information and skills to increase their ability to serve children with special needs. Participants in the local trainings are linked to other community resources that support inclusive child care. Examples of linked resources include consultation, mentoring, technical assistance and financial assistance. An additional cohort group of eight trainers will be funded in 2005-2006 along with trainer support services for the original cohort.

Result: Increase the skills and abilities of child care providers to provide care for children with special needs.

- 10) **Early Childhood Education Virtual Degree Program**, through an agreement with a selected community college, will enable child care providers enrolled on The Oregon Registry to receive college credit for community-based education. The initiative will also enable providers that do not have access to community college services in their community to receive education and training credit through on-line enrollment in accredited courses. This two to three year project will establish a two-year Associates Degree in Early Childhood Education.

Result: Access to higher education in early childhood development for child care providers that 1) have not felt they could attend college, and 2) have not had access to post-secondary educational opportunities.

- 11) **Infant/Toddler Mental Health Certificate Program** is a new graduate level Certificate of Completion opportunity offered by Portland State University. This distance learning program offers multidisciplinary professionals working with children age 0 to 36 months old and their families opportunities to increase their knowledge about current research and interventions in infant mental health. A partner organization has subsidized several positions for child care providers to participate.

Result: Enhanced child care provider understanding of early childhood mental health needs and interventions; increased number of early childhood professionals with infant mental health expertise.

- 12) **Early Childhood System – State and Local Teams:** The State Early Childhood Team (ECT) with members from many state and local entities was established to address systemic issues relating to early childhood in Oregon. Oregon law provides the vision, goals and requirements of the Oregon Early Childhood System for children zero to eight years of age and their families. The ECT charter defines the scope of their work within the parameters of the statutes.

Oregon law also established local ECTs in every county to work at achieving outcomes at a community level. Early intervention, early childhood special education, education service districts, Head Start, Healthy Start, child care resource and referral agencies among other interested partners are represented in the planning.

Results: The state team has crafted quality assurance standards for early childhood and has identified benchmarks (high level outcomes) and intermediate outcomes to measure systemic progress in early childhood. The state team is working to further develop and connect the major components (childcare and early education, healthcare, mental health, parent education, and family support) of the early childhood system, and to provide training, technical assistance and other resources to local ECTs. County comprehensive plans for children and families demonstrate what is being accomplished through local ECTs to improve early childhood systems at the local level.

- 12) **Oregon Child Care Research and Data Capacity Project** conducts research related to child care policy at the state level; research that is also relevant at the national level. The Project brings together university-based researchers, state agency child care staff, and the Oregon Child Care Resource and Referral Network under the leadership of the state Child Care Administrator. The Partnership facilitates data sharing, coordinates program evaluation to ensure that Oregon is building a shared body of knowledge about program effectiveness and impact, and supports the Child Care Administrator's child care system accountability efforts.

Results: Increased accountability for core components of the Oregon child care system through performance measurement and program evaluation. Increased knowledge of the effectiveness and impact of child care system investments.

- 13) **Child Care Enhancement Project** addresses child care affordability, provider compensation, and quality. Private investors receive tax credits for contributions which are used to simultaneously address the fundamental child care issues: lack of affordability, provider compensation, and quality. The project is remarkable because of its funding, a first in the nation child care contribution tax credit, and because it addresses the three core issues simultaneously.

Results: In addition to achieving affordable, high quality child care with caregivers being compensated more commensurate with their education and training, the project will document cost and the effectiveness of the contribution tax credit.

**PART 3  
CHILD CARE SERVICES OFFERED**

**3.1 Description of Child Care Services**

**3.1.1 Certificate Payment System**

**Describe the overall child care certificate process, including, at a minimum:  
(1) a description of the form of the certificate (98.16(k));**

Parents receive a “certificate of eligibility” in the form of a computer generated notice when eligibility is determined.

**(2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and**

Typically, a family has already chosen a provider by the time it applies for the child care subsidy. If not, consumer education services are provided that emphasize the right of parental choice and how to choose providers who understand and employ appropriate health, safety and quality program practices. Once eligibility is established, a child care billing form is issued to the provider chosen by the family.

**(3) if the Lead Agency is also providing child care services through grants and contracts, estimate the mix of \$98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.**

At the time of application and intake, parents are informed they may choose the option of a certificate (voucher) to purchase child care. If a parent selects this option, the Lead Agency enters into contracts with the provider of choice. The Department of Human Services requires the provider of choice to become listed and issues payments directly to the provider. The majority of parents choose the certificate program. In FFY 2004, the certificate and/or cash option was selected by parents for child care services for approximately 54,381 children, almost 95 percent of all child care services funded by the CCDF in Oregon.

**3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?**

Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that

- will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))
- No

Parents identified for targeted, high risk services have access to child care through contracts with community based programs. These contracts do not pay for slots; rather, the providers bill the lead agency for services provided. Targeted populations include: a) parents engaged in migrant and seasonal farm workers; b) teen parents enrolled in high school completion programs; c) parents participating in state-approved substance abuse treatment; and, d) children with disabilities who need access to child care.

Application for services is processed by intake workers at program sites. Eligibility for child care is determined immediately upon parent admission. Point of entry to point of eligibility does not exceed five working days. Parents requesting their own choice of care may receive a certificate to purchase another option.

The lead agency also provides CCDF funds through DHS for full-day, full-year Head Start slots. These slots are available in a full range of child care options, including centers and family child care homes.

**3.1.3 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?**

- Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))
- No

**3.1.4 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))**

- Yes
- No, and the following are the localities (political subdivisions) and the services that are not offered:

**3.2 Payment Rates for the Provision of Child Care**

**The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.**

**These rates are provided as Attachment  D .**

**The attached payment rates were or will be effective as of  January 2000 .**

**The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:**

- **The month and year when the local market rate survey(s) was completed:**  
June 2004 . (§98.43(b)(2))
- **A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as Attachment C.**
- **How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey):**  
(§98.43(b))

Payment rates are determined by the Oregon Legislature through the biennial budget process and, based on the Market Rate survey, are at approximately the 21<sup>st</sup> percentile. The Department of Human Services continues to submit budget requests to address affordability and equal access for parents receiving the child care subsidy. Oregon has chosen to serve all families that are eligible and does not have a waiting list.

- **Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))**

Oregon supports a strong child care resource and referral system that educates and encourages families to make informed choices and helps them access child care that meets their needs.

- **If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.**

Not applicable. Oregon has a full range of payment rates depending on the type of care chosen by the parent.

- **At what percentile of the current Market Rate Survey is the State rate ceiling set? If it varies across categories of care, please describe.**

Oregon's ceiling rate varies depending on rate areas and types of care, but the average is approximately at the 21<sup>st</sup> percentile.

- **Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?**

Yes. If yes, describe:  
 No

**3.3 Eligibility Criteria for Child Care**

**3.3.1 Complete column (a) and (b) in the matrix below. Complete Column (c) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).**

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			(c) Income Level, lower than 85% SMI, if used to limit eligibility	
			(d) \$/month	(e) % of SMI [Divide (d) by (a), multiply by 100]
1	N/A	N/A	N/A	
2	\$3,488	\$2,965	\$1,604	45.98%
3	\$4,309	\$3,662	\$2,011	46.67%
4	\$5,130	\$4,361	\$2,419	47.15%
5	\$5,951	\$5,058	\$2,826	47.49%

**If the Lead Agency does not use the SMI from the most current year, indicate the year used: FFY 2006 (\$61,570)**

**If applicable, the date on which the eligibility limits detailed in column (b) became or will become effective: February 1, 2005**

**3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as Attachment N/A. (§§98.16(g)(5), 98.20(b))**

Countable income includes all income received by immediate family members living in the household except transfer income or earned income of children. There are no income deductions.

**3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))**

- Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)
- No

**3.3.4 Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))**

- Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)
- No
- Not applicable. CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

**3.3.5 Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))**

- Yes, and the upper age is 17.
- No

**3.3.6 Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))**

- Yes, and the upper age is 17.
- No

**3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))**

- Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)
- No, however, the State of Oregon chooses to provide child care to children in foster care whose foster care parents are working, or who are in education/training activities.

Payments to working foster care parents are allowed under Oregon's definition, but current funding levels do not allow services to this population. If additional funds become available, Oregon would serve this population if the statewide Childhood Care and Education Coordinating Council approves funding this population as a priority.

**3.3.8 Does the State choose to provide child care to children in protective services?  
(§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))**

- Yes  
 No

Current funding levels do not allow services to this population. If additional funds become available, Oregon would serve this population if the statewide Childhood Care and Education Coordinating Council approves funding for this population as a priority.

**3.4 Priorities for Serving Children and Families**

**3.4.1 Describe how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))**

Children eligible for services are listed and defined in Appendix 2. Targeted high-risk populations served by the Lead Agency include children of teen parents, children of migrant and seasonal farm workers, children of parents in state approved and women specific substance abuse treatment programs, children with special needs, and children from families with very low incomes.

The Department of Human Services subsidy program serves children from income-eligible families. Additionally, children with special needs can receive supplemental reimbursement based on an individual needs assessment.

**3.4.2 Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))**

The primary goal is to help families achieve self-sufficiency through safe, dependable child care. Child care is available through the subsidy agency for families who:

- a) Receive TANF benefits and become employed, both while they remain on TANF and as a transition benefit when they are no longer eligible for TANF;
- b) are participating in JOBS activities to become self-sufficient; or
- c) are at risk of becoming dependent on TANF benefits.

**3.4.3 Does the Lead Agency maintain a waiting list?**

- Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?
- No. If no, does the Lead Agency serve all eligible families that apply?

- Yes  
 No

Are there other ways that the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies? If so, describe.

### **3.5 Sliding Fee Scale for Child Care Services**

**3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as Attachment C. The attached fee scale was or will be effective as of July 1, 2005. Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))**

- Yes, and the following describes any additional factors that will be used:  
 No

**3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))**

- Yes  
 No, and other scale(s) and their effective date(s) are provided as Attachment     .

**3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$1,341/month**

The Lead Agency must elect ONE of these options:

- ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.  
 ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.  
 SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:

High risk targeted populations, families receiving TANF benefits, JOBS participants, and families receiving child care as a part of Head Start services.

**3.5.4 Does the Lead Agency have a policy that prohibits a child care provider from charging families any unsubsidized portion of the provider's normal fees (in**

**addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))**

- Yes. Please describe:  
 No.

Providers can bill parents for the difference between the Department of Human Services maximum subsidy payment and the provider's usual charge.

**3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))**

The sliding fee scale is based on income and size of the family. Copayments are waived for families enrolled in the TANF program who require child care subsidy to participate in employment or JOBS program activities. Families eligible for the Employment Related Day Care program and earning less than 100 percent of Federal Poverty Level (for their family size) are responsible for a copayment that is ten percent or less of their incomes. Those families earning more than 100 percent of Federal Poverty Level are responsible for a co-pay that is between 10 to 23 percent of their income.

**PART 4  
PROCESSES WITH PARENTS**

**4.1 Application Process**

**4.1.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:**

- **How parents are informed of the availability of child care services and about child care options**
- **Where/how applications are made**
- **Who makes the eligibility determination**
- **How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4**
- **Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs**
- **Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies**

The subsidy agency contracts with the Child Care Resource and Referral (CCR&R) agencies throughout the State to provide consumer information and education about Oregon's child care programs. The CCR&Rs also help child care providers with equipment costs to come into compliance with health and safety requirements. Families who may be eligible for a child care subsidy are referred to Department of Human Services field offices. Applications may be requested by phone and are also accepted by mail. When a complete application is received, eligibility is usually determined within five to ten days. Eligibility must be determined within 45 days from the date of request for assistance.

A family's eligibility, once approved, begins with the month in which assistance was requested. Parents receive assistance in selecting a child care provider if they do not already have one. A provider listing form is given to the parent(s) to be completed by the provider of choice. If the provider meets initial health and safety requirements, he/she is listed on the subsidy agency's provider payment system, and a criminal and child abuse records check is completed. The payment system issues the initial and subsequent billing forms directly to the provider.

Parents who receive TANF benefits are informed about the exception as described in 4.4 below.

The length of client eligibility varies depending on the benefit program and stability of family income. Redetermination of client eligibility is required periodically, generally every three to six months. If the child is enrolled in a contracted Head Start collaboration program, eligibility may extend to the end of the Head Start program year.

Targeted Services: Parents involved in a high risk population program are informed of the availability of child care through designated programs and assisted by program staff in determining the type of care most appropriate for their situation. The application for child care is available to parents participating in targeted programs described in Section 3.4 and processed on-site by an intake worker.

Eligibility for child care is determined immediately upon parent admission to the targeted population program. Under most circumstances, point of entry to point of eligibility does not exceed five days. The length of eligibility varies depending on the targeted population program and stability of family income. Redetermination of eligibility is required every six to twelve months.

**4.1.2 The following is a detailed description of how the State ensures that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.**

The subsidy agency contracts with the Child Care Resource and Referral (CCR&R) agencies throughout the State to provide consumer information and education about Oregon's child care programs and listings of providers available in the community. Information about subsidized child care for targeted and high risk populations is provided through the CCR&R agencies, the Lead Agency, and the subsidy agency, for the community(ies) in general, which includes all providers in addition to those that are faith-based.

**4.2 Records of Parental Complaints**

**The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))**

The Lead Agency investigates all serious complaints received against child care providers. Subject to confidentiality laws, complaint dispositions are open public records. The Lead Agency maintains a file of program and provider complaint information that is available to the public upon request.

**4.3 Unlimited Access to Children in Child Care Settings**

**The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))**

Parental access provisions are included in all Lead Agency provider agreements and subsidy agency listing agreements. Licensure laws for providers ensure that parents have unlimited access to their children.

**4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care**

**The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.**

**In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:**

**NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: Department of Human Services.**

- "appropriate child care": (a) both the provider and the place where care is provided meet the subsidy agency's health and safety and provider requirements defined in administrative rules; (b) the care accommodates the parent's work schedule; and (c) the care meets the specific needs of the child, such as age and special needs requirements.
- "reasonable distance": the parent's total travel time from home to the child care provider and the workplace or JOBS activity will be no more than one hour either way unless a longer commute time is customary in the community.
- "unsuitability of informal child care": the Department of Human Services uses the same standards for informal care as for regulated care. Care that does not meet the criteria in "appropriate child care" would be considered unsuitable.
- "affordable child care arrangements": are those where the expense to the parent is less than ten percent of family income.

**PART 5**  
**ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF**  
**CHILD CARE**

**5.1 Quality Earmarks and Set-Asides**

**5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities. For the Infant and Toddler Earmark, the State must note in its description what is the maximum age of a child who may be served with such earmarked funds.**

**Infants and toddlers:**

The Child Care Division and other child care partners follow the Department of Human Services, Oregon Administration Rule (OAR) 000-155-0150, where the following definitions apply for child care rates:

- Infant: a child aged birth through 12 months
- Toddler: a child aged 1 year through 30 months
- Preschool child: a child aged 31 months through 5 years
- School child: a child aged 6 years or older

Each of the described activities address the following Oregon Benchmarks:

- #12 – Percent of Family Child Care serving special needs children: Target for 2005: 20%. 2000 data: 15%.
- #13 – Percent of child care slots that can be purchased at current state maximum payment rate. Target for 2005: 65%. 2003 data: 21%.
- #14 - Number of child care slots available per 100 children. Target for 2005: 25/100. 2002 data: 18/100.
- # 15 – Percent of providers willing to care for infants. Target for 2005: 65%. 2002 data: 62%.

Child Care Resource and Referral System: Increasing the supply of hard-to-find child care through specialized recruitment and training activities is a high priority for Oregon's CCR&R system. A large share of this effort is directed toward training in infant/toddler care. Local child care resource and referral agencies offer providers First by Five Infant and Toddler training on emotional, social and cognitive development of infants and toddlers.

Expected results: increase the supply of hard-to-find child care, particularly infant and toddler care.

Child Care Resource and Referral Network (OCCRRN): administers a provider mentoring program to strengthen the infrastructure of support to providers caring for infants and toddlers.

Expected results: provider/mentees increase their skill at and confidence in providing care for infants and toddlers through one-to-one mentoring.

Portland State University: The Center for Career Development in Childhood Care and Education provides supportive and refresher training services to trainers of the First-by-Five training. The Center has also developed an Early Brain curriculum that stressed the importance of early brain and social/emotional development.

Expected results: increased knowledge and skill of qualified trainers in early brain and social/emotional development, particularly for infants and toddlers; increased knowledge and skills of child care providers that take early brain and social/emotional development training.

Commission on Children and Families: The Oregon Commission on Children and Families funds strategies based on best practice components that will improve the supply and quality of care for infants and toddlers. These strategies include scholarships and materials for child care training based on best practice and research for infants and toddlers, and other eligible activities as they relate to infants and toddlers.

Expected results: increased access to early brain and social/emotional development training for child care providers by reducing the cost of training; increased knowledge of child care providers, which will increase confidence levels in the care of infants and toddlers – increased supply of this type of care.

Child Care Division: The Lead Agency is responsible for activities related to issues of licensing and registration of providers caring for infants and toddlers.

Expected results: increased knowledge of infant and toddler care by Child Care Licensing Specialists.

**Resource and referral services:**

Oregon Child Care Resource and Referral Network (OCCRRN): Provides technical assistance, training and coordination services for the continued development and improvement of Oregon's seventeen (17) local resource and referral organizations.

Child Care and Development Funds are contracted to the OCCRRN to use for start-up, expansion, and operation of core services to parents, providers, communities, and employers. Parents receive consumer education designed to help them select and manage quality child care arrangements. The local CCR&R agencies help improve the availability and quality of child care through recruitment, training, technical assistance,

and professional development support of child care providers. The OCCRRN is responsible for matching data on supply, demand, and quality that is collected by local child care resource and referral agencies and works with state partners on projects involving child care data.

The OCCRRN is responsible for coordination of the Statewide Mentoring Program which is implemented through the local child care resource and referral agencies.

Expected results: increased access on child care provider information to parents, which will result in better informed decision-making on the types and quality of care. Improvement in the quality of care through increased training and technical assistance to child care providers. Increase in the quantity and quality of child care data for program development and policymaking decisions. Increase the confidence, professionalism, and business development activities of child care providers through quality mentoring by experts in the field of early childhood development, small business development, and training.

#### **School-age child care:**

The School Age Care, Enrichment and Recreation Program at Portland State University receives CCDF funds earmarked for school age care programs. The focus of this activity is to improve the availability and quality of school age child care in Oregon. The project provides assistance to community programs through training and technical assistance and strives to improve coordination between local programs providing before- and after-school activities.

Examples of project activities include a partnership with School's Out Washington and the departments of education of both Oregon and Washington on a conference addressing linkages between schools and afterschool programs; development and piloting of a literacy curriculum for practitioners; provision of technical assistance to Oregon's 21st Century Community Learning Center grant recipients; and, partnership with the Oregon Child Care Resource and Referral Network to assist family child care providers who care for school age children. The project also coordinates with the state's integrated professional development activities, and is a collaborating partner with other agencies and organizations developing the Oregon Out-of-School Time Network.

Expected results: increased access by providers about information on school age child care and mixed age care; increased coordination and cooperation between state and local out of school time programs and child care providers.

**5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):**

**\$ 5,305,000 ( 4.75 %)**

**5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))**

	Yes	No
• Comprehensive consumer education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Activities to promote inclusive child care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.**

Comprehensive Consumer Education

In FFY 2004, more than 45,600 families received consumer education services in Oregon. Direct services were provided through a statewide system of child care resource and referral sites and through subsidy agency field offices. In addition, other agencies, including the Oregon Commission on Children and Families, Oregon Department of

Education, Oregon Health Division, and Oregon State Library, were instrumental in the development and distribution of consumer education materials statewide through their local constituent agencies and other networks (e.g., Healthy Start programs and pediatricians). These materials included parent resources on the importance of quality care and how to find it as well as how to promote healthy early brain development.

During this plan period, the CCR&R system will continue to deliver comprehensive consumer education services. Families receiving services will be offered information about categories of care, rates for care, what to look for in selecting quality care, names and locations of providers, histories of inspections and licensing, and educational consultations and referrals. Other agencies (e.g., those listed above) will continue to develop and disseminate informational materials. In addition, a new public information campaign has been developed focusing on informing employers about the importance of child care to the workforce and how Oregon's employer tax credits can help offset expenses.

Expected results: A majority of Oregon parents with child care needs have enough information to make informed choices about the quality, location, and cost of child care.

#### Grants for Improving Standards and Supply

- a) The Commission on Children and Families will receive CCDF funds to stabilize supply and increase the availability of quality child care through grants to counties, thereby meeting local and statewide standards for child care availability. Allocations to county commissions will be based on 0-12 population with a minimum allocation available to all areas.

While the overall goal of this project is to increase supply of care, considerable flexibility is given to meet local needs as long as the emphasis focuses on low income working parents and student parents. Allowable uses of federal funds will be for grants to providers for start-up; ongoing operation and training; and grants to CCR&Rs to assist with core services. Use of CCDF funds to purchase child care slots is not allowed.

The emphasis of grants to counties will be placed on infant and toddler, school age, non-traditional care, sick child, specials needs, and extended care linked with Head Start or Oregon Pre-K. Counties are required to use funds to address capacity in these areas unless their plans demonstrate that these needs are adequately addressed and that a greater need exists for other child care programs.

Counties will further demonstrate efforts to make child care affordable and accessible to various income levels, as well as to ethnically and culturally diverse groups, and to families with children who have special needs. In developing fund plans, counties are encouraged to show collaboration with CCR&Rs, Head Start, Pre-K, providers, school districts, community colleges, and extension services. Joint or linked proposals between counties within the same CCR&R service area are also encouraged.

Expected results: increase supply of care with an emphasis on low-income and student parents; increased consumer information and child care referrals; increased assistance to providers starting up their own child care business.

- b) The Department of Education will receive CCDF monies to assist school districts in starting and operating on-campus child development centers for preschool children and for centers serving the children of teen parents. On-campus centers will help increase the availability of child care supply in communities and serve as training sites for modeling appropriate child care. Campus-based child development centers must demonstrate the need for child care through consultation with the local CCR&R and are designed to accommodate the needs of low income working parents and student parents. Use of CCDF monies to purchase child care slots is not allowed.

Expected results: increase in the number of on-campus child care for preschool children and centers serving teen parents; increase the availability of child care for this target population; increased child care environments that model appropriate child care.

#### Regulation

The Child Care Division uses CCDF funds to improve compliance with state licensing and registration laws. Responsibilities include: certification and registration activities, on-site review of all providers, investigation of all serious complaints, technical assistance to providers in meeting standards, improvement of infant/toddler care, and work on collaborative projects to build awareness and commitment to quality child care.

Expected results: increase the number of child care providers that move toward quality child care; increase the number of providers that are certified (increased health and safety inspections and monitoring).

#### Training, Education and Technical Assistance

The Center for Career Development in Childhood Care and Education (Center) at Portland State University receives CCDF monies for training, education, and career development services. The Center will provide training materials and “train the trainers” for the Child Care Health and Safety and Child Care Social and Emotional training programs. The Center will also maintain The Oregon Registry and The Oregon Registry Trainer Program.

The OCCRRN receives funds for training delivery to child care providers which is coordinated through the local child care resource and referral system.

Expected results: increase the amount and quality of training and education to promote career development in early childhood education; increase the professionalism of the child care field through quality, higher level training and education for providers.

#### Salaries and Compensation for Providers

Oregon is committed to building a quality child care system which includes appropriate compensation for providers and affordability to parents. Market rates will be adjusted as funds are available to reflect the most recent survey data in order to maintain stability of the system and accessibility to care. Current reimbursement rates to providers are identified in Attachment D. The subsidy agency has developed a tiered reimbursement system to compensate informal providers for obtaining the same training required of registered providers.

Expected results: increase the quality of care by providing monetary incentives to providers that participate in additional training hours equal to registered providers.

#### Support of Early Language, Literacy, Pre-reading, and Early Math Concepts

Early language, literacy, pre-reading and numeracy components are included in the First by Five/Infant and Toddler and Child Care Social and Emotional training, as well as, the Statewide Mentoring program for child care providers. Guidelines for these activities as part of the Good Start, Grow Smart initiative are still in development.

Expected results: increase the knowledge level of child care providers in early brain development and the importance of literacy, pre-reading and numeracy in early childhood education; increase the quality of child care by increasing the knowledge level of child care providers in these areas.

#### Promote Inclusive Child Care

The Inclusive Child Care work group is a partnership between state agencies and advocates for children with special needs. Activities are aimed at giving child care providers the information, training, and support they need to care for children with special needs, and developing subsidies for families based on the needs of the child.

Partnership in Inclusive Child Care (PICC) is a pilot training project to increase the number of regulated child care providers caring for children who have special needs. Eight individuals from 5 Oregon Communities were trained to provide the Teaching Research Assistance to Childcare providers (TRAC) inclusion curriculum developed at Western Oregon University. The TRAC curriculum is designed to give providers information and skills to increase their ability to serve children with special needs. Participants in the local trainings are linked to other community resources that support inclusive child care. Examples of linked resources include consultation, mentoring, technical assistance and financial assistance. An additional cohort group of eight trainers will be funded in 2005-2006 along with trainer support services for the original cohort.

Expected results: increase the supply of child care providers that have the skills and abilities to care for children with special needs; increase the number of special needs trainers in rural and small communities where this type of training is not easily accessible.

#### Health Activities/Promote the Social and Emotional Development of Children

Child Care Health Consultation Project is a partnership between Oregon's child care partners and the Oregon Pediatric Society aimed at developing a state-wide system of health consultation to providers. The pilot mental health consultation projects provide training and consultation on mental health-related topics including challenging behaviors, assessing behaviors, and referral processes. For 2006-07, the project has an added component on children's mental health/social and emotional development.

Expected results: develop a cadre of health/mental health consultants statewide that focus on and work directly with child care providers; increase the access of providers to these types of services.

#### Other Quality Activities

- In 2003, CCDF monies were used to revise the State-developed child care provider training curriculum. The first module, Child Care Health and Safety, will continue to be offered statewide to child care providers and other child care practitioners. The second module, Child Care Social and Emotional Development, will be offered statewide starting July 1, 2005. Curriculums are offered statewide in English and Spanish; Russian and Vietnamese will be available pending funding.
  - Expected results: increase the basic knowledge level of all child care providers statewide in Child Care Health and Safety and Social Emotional Development.
- Quality Indicators Project
  - Expected results: Parents will have more information to select child care. They will be able to use quality indicator reports to compare different characteristics that are important to them and their child's development. Child care providers will be able to compare themselves to others on these quality indicators. They will identify areas in which they are outstanding and others in which they want to improve. As such, it's a strategic planning, marketing and fundraising tool. Community members and funders will have increased levels of accountability. Areas in need of investment will be clearer, and impacts of investments can be measured. The community will invest in child care centers with increased confidence that outcomes will improve.
- Economic Impact of Child Care in Oregon – 22 page comprehensive publication on the impact of the child care industry on Oregon's economy (July 2005).
  - Expected results: increased support by the Governor's Office for child care policies that affect funding levels for child care support in Oregon; increased public and private business awareness of the importance of child care for workforce support and development.
- Supporting Children's Social/Emotional Health: A Customized Oregon System's Approach -
  - Oregon's "Blueprint for Action," the results of *An Oregon Summit: Children's Emotional Health at Risk*, October 2003, clearly articulates the need and action steps to being work on the development of a statewide prevention system of services and supports for children's social, emotional, and behavioral health. The primary goal of this project being proposed is to

develop a model and implementation plan to bring to life section action items identified through the Blueprint for Action:

- Mount a public information campaign.
- Build a system of services and supports.
- Increase training opportunities.
- Institute use of on-site consultation, assessment and intervention.
- Make policy modifications.
- Provide financial support.
- Ensure planning and documentation.

Primary partners include Community Action Agencies; Head Start Association; Child Care Division; Child Care Resource and Referral Network; Department of Human Services, Offices of Mental Health & Addiction and Family Health; Commission on Children and Families; and, representatives from the legislature, Governor's Office, and Department of Education.

- Expected results: foundation for the Good Start, Grow Smart – Early Childhood Foundations guidelines (to be published in September 2005).

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

- Yes, the following entities named in this part are non-governmental:  
Name: Oregon Child Care Resource and Referral Network  
Type: Private/non-profit

No.

## **5.2 Good Start, Grow Smart Planning and Development**

**This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.**

5.2.1 **Status of Voluntary Guidelines for Early Learning.** Indicate which of the following best describes the current status of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and early math concepts for three to five year-olds.

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: \_\_\_\_\_

- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: June 30, 2005
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as Attachment \_\_\_\_\_
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as Attachment \_\_\_\_\_
- Revising.** A State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as Attachment \_\_\_\_\_
- Other (describe):**

**Describe the progress made by the State in developing voluntary guidelines for early learning since the date of submission of the 2004-2005 State Plan.**

PHASE #1: During the summer of 2003, the ODE Early Childhood and Early Childhood Special Education staff developed a framework and initial draft of early learning guidelines. From September, 2003 to June 2004, the ODE Head Start Collaboration Specialist facilitated a state-wide participatory effort to develop State Early Learning Guidelines and worked with a contractor funded through the Child Care Division to write the guidelines.

On October 29, 2003 the first meeting of the Early Childhood Content Standards Advisory Group (approximately 80 - 100 stakeholders) took place. This group functioned as the advisory group for early learning guidelines for the Child Care Division and the Department of Education. Members were invited to participate based on their expertise and willingness to participate on content panels representing specific domain areas.

Two full day meetings took place (October 29, 2003 and February 11, 2004). Advisory members signed up for content area panels which meet as many times as necessary to develop content area descriptions and appropriate indicators. Advisors could either participate by developing materials and attending panel meetings and the two large meeting or field advisors could participate by reviewing materials via email only.

The draft document developed by the Advisory Group was send out for comment to the general early childhood community and focus groups were facilitated throughout the state. Through this process, Oregon's early learning guidelines, referred to as the "Early Childhood Foundations" were developed.

PHASE #2: ODE Head Start Collaboration funds are being used to fund a contractor through in interagency agreement with the Child Care Division (November 2004 – June 30, 2005) to finalize the Early Childhood Foundations.

The guidelines have been sent for review by a national expert, Cathrine Scott-Little, SERVE, University of North Carolina. She has done a complete gap analysis and provided edits and comments. Some additional focus groups have taken place and have submitted their input and comments. During the contracted time period, the contractor will integrate the comments and edits of the national expert and the additional focus group input into the existing document. The contractor will further develop the introduction and “snapshot” section of the document, and will do final edits.

The final draft document will be ready for review by the Oregon Department of Education and the Child Care Division by the end of April, 2005. After this review, the final document will be completed by the contractor and submitted to the Department of Education for review and approval by the Early Childhood Initiatives Advisory Committee and the State Board of Education. The final step is submission to the Child Care Division for review and approval by the Child Care and Education Coordinating Council and the Employment Department.

**If developed, are the guidelines aligned with K-12 content standards?**

- Yes. If yes, describe.  
 No.

The Oregon Early Childhood Foundations are aligned with the Kindergarten Foundations, the grade 3 content standards and the Head Start Child Outcomes Framework. The Early Childhood Foundations addresses eight foundation areas: English (Language/Literacy), Mathematics, The Arts, Science, Social Studies, Physical Education, Health, and Social/Emotional Development. Kindergarten Foundations address all but four of the foundation areas: art, physical education, health and social/emotional development. Grade 3 content areas address all but one: social/emotional development, with health “under development.” Head Start Child Outcomes Framework address all of the foundation areas.

The Oregon Early Childhood Foundations will not be ready for publication until June 30, 2005.

**Please attach a copy of the guidelines. If the guidelines are available on the web, provide the appropriate Web site address:**

N/A

**5.2.2 Domains of Voluntary Guidelines for Early Learning.** Do the guidelines address language, literacy, pre-reading, and early math concepts?

- Yes  
 No

Do the guidelines address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

Yes. If yes, describe. The Oregon Early Childhood Foundations address eight foundation areas: English (Language/Literacy), Mathematics, Science, The Arts, Social Sciences, Physical Education, Health, and Social/Emotional.

No

Have guidelines been developed for children in age groups not specifically included in *Good Start, Grow Smart* (children other than those aged three to five)?

Yes. The Oregon Early Childhood Foundations (voluntary content standards) covers ages Birth to Five.

No

**5.2.3 Implementation of Voluntary Guidelines for Early Learning.** Describe the process the State used or expects to use in **implementing** its early learning guidelines. How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation? Materials developed to support implementation of the guidelines are included as Attachment N/A

Implementation plans have not been developed. After the guidelines are developed and approved by the Department of Education and the Employment Department/Child Care Division, an implementation plan with stakeholders and will address the areas mentioned above.

**5.2.4 Assessment of Voluntary Guidelines for Early Learning.** As applicable, describe the State's plan for **assessing** the effectiveness and/or implementation of the guidelines. Written reports of these efforts are included as Attachment N/A

An Early Childhood Assessment is being developed through a partnership with the Oregon Department of Education, Portland State University and the University of Oregon. The Early Childhood Assessment will be for children ages birth to school age and will link to the Early Childhood Foundations.

The assessment is an observational instrument given across programs that will allow the Department of Education to aggregate data for reporting purposes. The observation will occur within routines common in early childhood settings: Early Intervention/ Early Childhood Special Education, Head Start PreK and child care programs.

The assessment will be tested in a pilot study involving 360 children from six specific age groups from the different settings. The pilot is to find out if the

“process” can show progress that is useful to early childhood programs. The results of the pilot will be completed in June, 2005.

**5.2.5 State Plans for Professional Development.** Indicate which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education.

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- Developing.** A plan is being drafted. The draft is included as Attachment \_\_\_\_\_
- Developed.** A plan has been written but has not yet been implemented. The plan is included as Attachment \_\_\_\_\_
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment G
- Other (describe):**

**Describe the progress made by the State in a plan for professional development since the date of submission of the 2004-2005 State Plan.**

The State Plan for Professional Development has been re-aligned with the Professional Development System Components as outlined and identified by The National Child Care Information Center (NCCIC) “ Elements of a Professional Development System for Early Care and Education: A Simplified Framework”

A professional development system planning document “Current STATUS and Future NEED of the Components of the State Professional Development System in Oregon “ has been developed and is provided as attachment PDSP.

The document is being utilized as a long term planning guide for the development and implementation of the various system components.

If your State has developed a plan for professional development, does the plan include:	Yes	No
A link to Early Learning Guidelines	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Continuum of training and education to form a career path	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Quality assurance through approval of trainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.)</p> <ul style="list-style-type: none"> <li>• Director Credential had been developed and is in pilot stage</li> <li>• Infant toddler Credential is in development stage</li> <li>• School Age Credential and Adult Educator Credential have placeholders in the Oregon Registry</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

For each Yes response, reference the page(s) in the plan and briefly describe the Lead Agency's efforts.

• **Continuum of training and education to form a career path**

Section #1 CORE PROFESSIONAL KNOWLEDGE

10 core knowledge categories have been defined in terms of knowledge required and practice desired, the standards of knowledge, key knowledge concepts, supporting explanations, and examples of topics for training in each of the 10 core knowledge categories

A twelve (fifteen) step Oregon Registry Steps has been created, which uses the Oregon Core Body of Knowledge core knowledge categories and standards, and focuses on training/education requirements. The Oregon Registry Steps is developed for a broad spectrum of professionals in childhood care and education showing two distinct professional development pathways: degreed /certificated and community based training/credit courses

The Oregon Registry Professional Enhancements have been developed to recognize professional experience, professional and personal attributes, and commitment to a professional code of ethics.

- **Articulation from one type of training to the next**

Section #2 QUALIFICATIONS AND CREDENTIALS

Articulation agreements exist between some community colleges and 4-year institutions, and between CDA credentials and some community colleges

Articulation agreements exist between some community colleges and high schools, to articulate the professional development steps of the Oregon Registry into the high school certificate completion and the community college formal degree credit.

Some Community Colleges have developed credits tied to a series of Oregon Registry Standardized training sessions

- **Approval of trainers**

Section #3 QUALITY ASSURANCES

An Oregon Registry Trainer Program is in place with trainer standards, review, approval, database, and registry to increase provider knowledge through certified trainers with knowledge of and adherence to the standards established in the Core Body of Knowledge and the Oregon Registry Steps

A database and registry is of all approved trainers and all specialized trainers for the State system is maintained.

- **Approval of training content**

Section #3 QUALITY ASSURANCES

An Oregon Registry Trainer Program is in place with training session standards, review, approval, database, and registry to increase knowledge through certified training session that adhere to the standards established in the Core Body of Knowledge and the Oregon Registry Steps

A database and registry of all approved and certified Oregon Registry Trainer standards-based training sessions is maintained.

- **System to track practitioners' training**

Section #1 CORE PROFESSIONAL KNOWLEDGE

The Oregon Registry has been developed as a review and approval process to document the acquisition of the Core Body of Knowledge through the steps of the Oregon Registry Steps. Child Care practitioners apply to a step in the Oregon

Registry that represents their documented training and education. Practitioners are encouraged to continue professional development activities and advance along the continuum of development.

- **Assessment or evaluation of training effectiveness**

### Section #3. QUALITY ASSURANCES

Each Oregon Registry Trainer Program standardized, community, master and training of trainers session includes an evaluation component

- **State Credentials**

### Section #2. QUALIFICATIONS AND CREDENTIALS

A Director Credential linked to the Oregon Registry Steps and the Oregon Registry Trainer Program is in the pilot stage.

An infant toddler Credential linked to the Oregon Registry Steps and the Oregon Registry Trainer Program is in the development stage

School age credentials and school age competencies are in the discussion stage.

Training sessions for an Adult education credential linked to the Oregon Registry Steps and the Oregon Registry Trainer Program have been developed.

### **Specialized strategies to reach family, friend and neighbor caregivers**

A Family, Friends, and Neighbors Workgroup has been established within the Training and Quality Committee to conduct planning.

**For each No response, indicate whether the Lead Agency intends to incorporate these components.**

- **Link to Early Learning Guidelines**

The work plan for the Oregon Center for Career Development in Childhood Care and Education for 2005-2007 includes in Section 1. CORE PROFESSIONAL KNOWLEDGE an activity to “Work with Oregon Department of Education to link the Core Body of Knowledge, core knowledge categories, key knowledge concepts, and supporting explanations to the Early Childhood Foundations (early learning standards)”.

Are the opportunities available:	<b>Yes</b>	<b>No</b>
Statewide	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The professional development system and plan is designed to include broadly defined profession including but not limited to 10 constituent groups: family child care, center based care, school age before and after school care, head start, programs, K-3 programs, early intervention/early childhood special education programs, teen parent programs, resource and referral programs, Community Colleges, and Universities.

**Describe how the plan addresses early language, literacy, pre-reading, and early math concepts development.**

Early language, literacy, pre-reading, and early math concepts development are included in the early learning standards (early childhood foundations) document. During the next year, it will be linked to the Core Body of Knowledge, core knowledge categories, key knowledge concepts, and supporting explanations.

There is an identified private partner that promotes the support of early language and literacy development professional development efforts. Individual grants are awarded to communities to enhance or expand programs that nurture literacy and language development in children birth through 5 through education and support of parents, guardians, and caregivers.

There are developed standardized curricula that meet the Oregon Registry Trainer Program standards (Child Care Plus, Early Words, Early Brain Development Research and Implications, Rating Scales (ITERS and FDCRS)) that address early language and literacy development.

**Are program or provider-level incentives offered to encourage provider training and education?**

- Yes. Describe, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.
- No. If no, is there any plan to offer incentives to encourage provider training and education?

Scholarships are available for family child care and center based care providers working toward professional goals such as: Registry Certification, CDA credentialing, Professional Accreditation (NAFCC, NAA/NSACA, NAEYC), credit coursework, and degree completion. Scholarships pay for tuition, assessments and accreditation fees, application fees, etc. This support is made available through an identified private partnership.

The tiered reimbursement system to subsidy providers (Enhanced Rate Program) is incorporated within the Oregon Registry Steps and provides enhanced subsidy for documented training and education.

The statewide mentoring program is in place as a system for established and recognized professionals to provide guidance and support to those new to the field who want to work on professional goals.

Oregon CARES (Compensation and Retention Equal Stability) programs linked to achievement of Steps on the Oregon Registry are available in seven counties. CARES initiatives provide scholarship support and wage stipends to support the professional development and retention of child care providers.

**What are the expected outcomes of the State’s professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?**

Quality professional development opportunities provide an increase in the knowledge and skills of the child care provider which provides an increase in quality of child care services which increases quality of the child’s development and which also increases the benefit to the individual child, family and community.

Oregon’s priority is a well-trained and educated child care workforce through high quality training and education. An expected outcome is enhanced growth and development of children and youth through the provision of high quality child care program services, environments, relationships and materials.

The Oregon Registry is a review and approval process to document the acquisition of the Core Body of Knowledge through the steps of the Oregon Registry Steps. Child Care practitioners apply to a step in the Oregon Registry that represents their documented training and education. Practitioners are encouraged to continue professional development activities and advance along the continuum of development

The Oregon Registry Trainer Program has training session standards, review, approval, database, and registry to increase knowledge through certified training session that adhere to the standards established in the Core Body of Knowledge and the Oregon Registry Steps

Other areas of opportunity include:

- A strategy for statewide utilization of the Harms Clifford Rating Scales Process Indicators as a self-assessment tool is in the initial implementation phase.
- A Quality Compensation Initiative evaluation tool, and structural indicators for quality of care tool are in the development stage.
- Initial development phase of a shared logic model for all components of the identified infrastructure in the child care system. The logic model will include identified outcomes, outputs, activities, and strategies.
- Through the leadership of the Training Quality Committee (TQC) a planning, implementation and evaluation process for major quality and professional development activities.
  - Training Gaps Workgroup of the TQC determines gaps in available and accessibility training and education supports for providers and plans strategies to fill identified gaps.
- An established state infrastructure plan with strategies, outcomes and 6 performance measures regarding childhood care and education services which are linked to the four child care related Oregon Benchmarks.

**PART 6**

**HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS**

*(Only the 50 States and the District of Columbia complete Part 6.)*

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

**6.1 Health and Safety Requirements for Center-Based Providers** (658E(c)(2)(F), §§98.41, §98.16(j))

**6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?**

- Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.  
 No. Answer 6.1.2 and 6.1.3.

**6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2)&(3))**

- Yes, and the changes are as follows:  
 No

**6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:**

- **The prevention and control of infectious disease (including age-appropriate immunizations)**

Center-based providers deliver child care through standards that are comparable to certified centers. Providers must comply with state health requirements for age appropriate immunizations and follow control procedures in the event of a communicable disease outbreak.

- **Building and physical premises safety**

Facility standards are similar to certified center care and must be in compliance with state and local safety codes. See listing rules in Attachment F.

- **Health and safety training**

To become eligible for a higher reimbursement rate and more flexible billing practices, exempt providers are required to participate in Child Care Health and Safety and Recognizing Child Abuse and Neglect training. All providers are also encouraged to participate in First by Five, Infant and Toddler training. All providers, substitute caregivers, and persons having unsupervised access to children are checked through the State Police law enforcement data system (LEDS) and child protective services records.

**6.2 Health and Safety Requirements for Group Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

**6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:**

- Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.**  
 **No. Answer 6.2.2 and 6.2.3.**

**6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))**

- Yes, and the changes are as follows:**  
 **No**

Oregon does have legislation pending that amends Oregon Revised Statute 657a.280(2)(3) and .440(4) to increase the number of children that may be cared for in a Certified Family Home from 12 to 16. If this legislation passes, Oregon's CCDF plan will be amended to reflect this change.

**6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:**

There are no exempt group homes in Oregon.

**6.3 Health and Safety Requirements for Family Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

**6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:**

- Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.  
 No. Answer 6.3.2 and 6.3.3.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- Yes, and the changes are as follows:  
 No

**6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:**

- **The prevention and control of infectious disease (including age-appropriate immunizations)**

Oregon Administrative Rules (OAR) govern requirements for listed providers. This is further referenced in Attachment F. Effective July 1, 1999, the Department of Human Services requires families applying for subsidized child care to meet immunization requirements (OAR 461-135-0400).

- **Building and physical premises safety:** See Attachment F
- **Health and safety training:** See Attachment F

To become eligible for a higher reimbursement rate and more flexible billing practices, exempt providers are required to participate in Child Care Health and Safety and Recognizing Child Abuse and Neglect training. All providers are also encouraged to participate in First by Five, Infant and Toddler training. All providers, substitute caregivers, and persons having unsupervised access to children are checked through the State Police law enforcement data system (LEDS) and child protective services records.

**6.4 Health and Safety Requirements for In-Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?

- Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.  
 No. Describe which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3

In spite of the fact that Oregon's maximum rates are below the 75<sup>th</sup> percentile, we have not heard from clients and caseworkers that families are unable to access adequate child care. The following are reasons why we believe this is the case:

1. Oregon has invested more heavily in the Child Care Resource and Referral system than many other states. For the 2005 - 2007 Biennium, the subsidy program will pay \$1.8 million to CCR&Rs for enhanced services to DHS clients and providers who participate in the subsidy system. Many CCR&R staff specialize in helping subsidy parents find care, including hard to find care such as infant and odd hour care. CCR&R staff also help providers serving subsidy clients by offering technical assistance with subsidy questions, troubleshooting payment problems, and advocating with the client and caseworker on behalf of the provider. As a result, 81 percent of centers and 85 percent of family providers on the CCR&R database - from which the Market Study results are drawn - report they are willing to serve subsidy clients.
2. Oregon has a reliable provider payment system. Once a provider is entered on the provider pay system, payments are typically received within a week after the provider bills DHS for the care they provided. Billing forms are sent to the provider in advance of the care being provided and the provider can be certain they will be paid for the authorized care they provide. Providers, particularly in low-income areas, report that an advantage to caring for children on the subsidy is that they can count on at least the subsidy portion of the child care bill being paid. They can't always do that with families who are not receiving the subsidy.
3. Subsidy program enhancements have increased access to some types of care that are generally difficult to find. For children with especially high needs, payment up to approximately 300 percent of the maximum rate can be authorized based on an individual assessment of the additional care a child requires in a child care setting. Parents who require more than the typical number of child care hours can receive up to 150 percent of the maximum rate. This includes parents who work an overnight shift and require child care for both work and sleep time and parents who need two providers to cover both weekday and weekend care.
4. Families receiving the subsidy do access all types of care, including center-based, certified family and registered family care. And the percentages using the different types have remained relatively stable even though the gap between the market rate and the maximum subsidy rate has widened significantly over the past 12 years. In 1993, the maximum subsidy was approximately at the 75<sup>th</sup> percentile, according to the 1992 market rate study. At that time, approximately 40 percent of families used licensed care. This percentage has remained constant, even though the latest survey indicates subsidy rates are approximately at the 21<sup>st</sup> percentile. Center utilization has stayed fairly constant at approximately 15 percent. Although we assume subsidy rates play a role in the parent's choice of type of care, it is clearly not the only one. Other factors, such as flexibility of schedule, or familiarity with the provider may play a more important role.

This does not mean we have given up on our effort to increase the subsidy rate. DHS proposed a policy package prior to the last session to increase provider reimbursements to licensed providers to at least the 60<sup>th</sup> percentile. However, the state could not find the funding to finance this proposal. We are currently discussing the possibility of funding an increase in rates to licensed providers with a reduction in the rates paid to exempt providers. This is not our first choice, but it may be our only option if no other funding becomes available.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- Yes, and the changes are as follows:  
 No

**6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:**

- **The prevention and control of infectious disease (including age-appropriate immunizations)**

See Attachment F. Effective July 1, 1999, the Department of Human Services requires families applying for subsidized child care to meet immunization requirements (OAR 461-135-0400).

- **Building and physical premises safety:** See Attachment F
- **Health and safety training:** See Attachment F.

To become eligible for a higher reimbursement rate and more flexible billing practices, exempt providers are required to participate in Child Care Health and Safety and Recognizing Child Abuse and Neglect training. All providers are also encouraged to participate in First by Five, Infant and Toddler training. All providers, substitute caregivers, and persons having unsupervised access to children are checked through the State Police law enforcement data system (LEDS) and child protective services records.

## **6.5 Exemptions to Health and Safety Requirements**

**At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B),**

**§98.41(a)(1)(ii)(A)) Indicate the Lead Agency's policy regarding these relative providers:**

- All relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

**6.6 Enforcement of Health and Safety Requirements**

**Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:**

- **Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?**
  - Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits:  
  
Center and certified family homes are subject to annual unannounced visits. Family child care providers receive unannounced visits to investigate serious complaints.
  - No
  
- **Are child care providers subject to background checks?**
  - Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):  
  
All registered, certified, and subsidized providers are subject to background checks prior to state approval.
  - No
  
- **Does the State require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)**
  - Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable):

All injuries that occur in regulated child care that require third party medical attention must be reported to the Child Care Division. The Child Care Division maintains a database to track the number and nature of the injuries.

No

- **Other methods used to ensure that health and safety requirements are effectively enforced:**

1) All persons who wish to work in licensed child care in Oregon must first be enrolled in the Criminal History Registry. In order to be enrolled, an individual must pass a background check that includes state criminal history and child protective services check. FBI checks are required for applicants who have lived out of state during the previous 18 months, or whose state check indicates a multi-state offender. Registry Enrollment must be renewed every two years. The state checks police records on a quarterly basis for any additional convictions by the provider or household members.

2) Center-based care – Zoning, Health Dept., Sanitation Inspection, and Occupancy, and Building Codes apply.

3) Certified family homes - Oregon Department of Health Sanitation rules apply. Non-occupied same as center rules/regulations.

## **6.7 Exemptions from Immunization Requirements**

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

**APPENDIX 1**  
**PROGRAM ASSURANCES AND CERTIFICATIONS**

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-554)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

## APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- *attending* (a job training or educational program; include minimum hours if applicable) - Satisfactory participation in a job training or educational program that requires absence from the child on a part-time or full-time basis. Authorized child care will be for reasonable hours of care needed to support participation in the program, including meal and commute time. Care may be authorized for gaps up to two weeks between or before scheduled program or activities, if necessary to keep the provider.
- *in loco parentis* – In place of the parent; may include, but is not limited to, a step-parent, guardian, or legal guardian.
- *job training and educational program* – A job training program is one that includes includes technical or vocational courses leading to an occupation or employment, and other job training activities which lead to employment. An educational program is an accredited program which leads to an academic diploma, degree or certificate and has reasonable employment opportunity. A licensed substance abuse program shall be considered an educational program for eligibility purposes.
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) – See special needs definition (#7).
- *protective services* – Children who have either experienced abuse or neglect or are at risk of abuse or neglect as a result of their parent/primary caregiver’s use and/or abuse of alcohol or other drugs. A child is determined eligible by virtue of the parent’s eligibility for treatment. Also, a child in the custody of the State Office for Children and Families will be eligible for child care. A foster parent must be working or attending an education or training program.
- *residing with* – Children shall reside with a parent, who is the person responsible for the care, control and supervision of the child. Parent means a parent by blood, marriage or adoption, legal guardian, or other person standing in loco parentis.
- *special needs child* – A child with disabilities under age 18 and who may require a level of care over and above the norm for his/her age due to a physical, developmental, mental, behavioral, or medical disability such as mental retardation, cerebral palsy, Down Syndrome, autism, serious emotional and behavioral disorders, attention deficit hyperactivity disorder, mental health disorders, hearing impairment, vision impairment, physical or mobility disabilities, serious chronic illness, brain injury and other disabilities. The higher level of care may include, but is not limited to, additional staffing, special medical procedures,

adaptive equipment, structural or other types of accommodation. The disability may be verified by one of the following: 1) physician; nurse practitioner; licensed/certified psychologist or clinical social worker; 2) eligibility for early intervention/early childhood special education services or school-age special education services; or 3) eligibility for Supplemental Security Income (SSI).

- *very low income* – 150 percent of Federal Poverty Level.
- *working* (include minimum hours if applicable) – Employment in an occupation which provides earned income and requires periodic absence from, or an inability to care for a dependent child. Earned income includes (a) compensation for services performed, (b) income from on-the-job training, or other paid work experience, (c) in-kind income in exchange for work performed, (d) income from self-employment, (e) flexible benefits that the employee has the option of taking in cash.
- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:
  - Child of a teen parent – child care for parents under the age of 20 who are actively participating in a high school diploma or high school equivalency program.
  - Child of a parent in substance abuse treatment – child care for parents who are participating in state approved substance abuse treatment prior to reentry to the work force. The treatment service must include a recognized women’s program.
  - Child of a parent in farm work – child care for parents employed in migrant and/or seasonal agriculture as defined by Oregon Administrative Rules.
  - Child of a post-secondary student parent – child care for parents enrolled full-time in vocational schools, community colleges, or institutions of higher education. Student-parents must demonstrate passing grades to maintain eligibility.

## ATTACHMENT A

### Notice of Public Hearing

**From:** Craig C SPIVEY

**To:** Argus Observer; Associated Press; Baker City Herald; Bill McCall; Burns Times Herald; Capital Press; Central Oregonian; Clackamas County Review; Clatskanie Chief; Confederated Umatilla Journal; Coquille Valley Sentinel; Corvallis Gazette Times; Curry County Reporter; Deschutes Source; East Oregonian; El Centinela de los Hispanos; El Hispanic News; El Latino de Hoy; Elise Hamner; Eugene Weekly; Forrest Grove Times; Gresham Outlook; Hells Canyon Journal; Herald & News; Hillsboro Argus; Hood River News; Jorge Frank; Keizertimes; LaGrande Observer; Lake County Examiner; Latin News; Lebanon Express; Lerten, Barney; Linfield Review; Mail Tribune; Mckenzie River Reflections; Multnomah Village Post; Myrtle Point Herald; Newport News Times; News Register; Port Orford News; Portland Family Magazine; Portland Tribune; Portland Tribune; Record Courier; Reuters News Service; Rogue River Press; Rosetta, Lisa; Sandy Post; Sandy Profile; Seaside Signal; Skagit Valley Herald; Spokesman; Springfield News; St. Johns Review; Statesman Journal; The Bend Bulletin; The Bridge; The Business Journal; The Canby Herald; The Chronicle; The Curry Coastal Pilot; The Daily Astorian; The Daily Courier; The Daily Emerald; The Daily Journal of Commerce; The Dalles Chronicle; The Douglas County Mail; The Eastern Voice; The Hermiston Herald; The Jewish Review; The Madras Pioneer; The Mollala Pioneer; The New Era; The Newberg Graphic; The News Review; The Nugget; The Oregon Metro East; The Oregonian; The Oregonian; The Oregonian; The Oregonian; The Pioneer Log; The Portland Mercury News; The Portland Observer; The Portland Tribune; The Regal Courier; The Register Guard; The Sellwood Bee; The Silverton Appeal; The Siuslaw News; The Skanner; The South County Spotlight; The Sun; The Umpqua Free Press; The Umpqua Post; The Villager; The World; Tri County News; Upper Rogue Independent; Wallowa County Chieftan(...)

**Date:** Thu, May 26, 2005 9:08 AM

**Subject:** NOTICE OF PUBLIC HEARING

Notice is hereby given that the Oregon Employment Department, child Care Division, will hold a hearing to provide opportunity for the public to comment on the draft of the 2004-2005 state Child Care Plan. The draft plan was developed in coordination and consultation with state and local child care and early childhood agencies and advocates under provisions of the Federal Child Care and Development Fund (CCDF). The federal CCDF program assists the state in funding child care services and activities to improve the quality and availability of child care in Oregon. The hearing will be held on Tuesday, June 20, 2005 from 6-7 p.m. at the Oregon State Library, Conference Room 102. A copy of the draft plan may be obtained from Sonja Svenson, Child Care Division, P.O. Box 14050, Salem OR 97309-4050 or accessing the Child Care Division Web site at <http://www.WorkingInOregon.org>.

Craig Spivey  
Public Information Representative  
Oregon Employment Department  
(503) 947-1303  
C.Craig.Spivey@state.or.us  
**CC:** Sonja SVENSON

#### Summary of Public Comments:

No public comments received at the Public Hearing on June 20, 2005.

15 comments were received via the Child Care Division website and were incorporated into the 2006-07 CCDF State Plan. Summary of comments:

- Add the State Early Childhood Comprehensive Systems (SECCS) Initiative to public-private partnerships (plus one similar comment).
- Add Child Care Quality Indicators Project to public-private partnerships (plus one similar comment).
- Please recalculate formula for 3.3.1 for family of 5.

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- Please add wording for Training Gaps work group on page 45 to reflect new purpose statement.
- The subsidy rates are okay; please add more income levels because of the increase in FPL.
- Look at minor changes in DHS OARs – Attachments D and F.
- There are two parts on Supporting Children’s Social/Emotional Health; use Supporting School Readiness, abstract from grant and grant goals; other materials on Early Childhood Foundations (plus four similar comments)
- Section on OCCF needs to be updated; here is the information.
- Add Child Care Economic Impact Study to section 5.1.4.

## ATTACHMENT B

### Oregon Child Care Market Rate Study, 2004

Complete document is available at:

<http://www.dhs.state.or.us/children/publications/cc/2204marketratestudy.pdf>

#### Executive Summary

Starting with the Family Support Act of 1988, “federal funding requirements have stipulated that childcare subsidy rates be informed by market rates.” In 1990 the federal government began a major investment in child care with the passage of the Child Care and Development Block Grant Act of 1990. Support of parental choice was a key component of this new block grant program that sent new money to states to support child care. Parental choice and state control of policy remained central when the program was expanded in 1996 as a part of welfare reform legislation. At that time, child care funding became known as the Child Care and Development Fund (CCDF).

The present federal regulatory framework for market rate surveys was made public in the *Federal Register* in August 1998 (45 CFR Parts 98 and 99). As part of this rule, states are required to conduct a child care market rate survey within two years of the effective date of their currently approved CCDF plan.

The purpose of federal policy in having states conduct a market rate survey is to establish maximum child care payment rates high enough to enable subsidy families to enter the child care market in a competitive position to find and afford care. A market rate survey is a tool to be used by states to collect up-to-date information on what providers, within given geographic areas, charge parents for various types of child care. This information is then considered during the state budget process when establishing state subsidy rate policies for providers who serve CCDF eligible families. It should be noted that the federal CCDF Final Rule is for a survey of the rates or prices charged for child care, not a survey of the cost of child care.

#### Purpose of the Market Rate Study

The 2004 Market Rate Study identifies child care prices or rates and the geographic distribution of these rates across the state. Rates vary by several factors including the age of child served, type of care (family child care, center, certified family care), the local supply and demand for child care, and providers’ perceptions of the capacity of families to pay for care.

The 2004 Oregon Market Rate Study examines geographic patterns in the rates charged by providers by age of child served, type of care, and reporting modes (hourly, monthly, etc). This study fulfills the federal requirement that the state complete a market rate survey every two years.

#### Data Source

Prior studies were completed in 1990, 1992, 1994, 1999, 2000, and 2002. As in past years, the local Child Care Resource and Referral (CCR&R) databases were used as the source of data. These databases are created when child care providers report their rates to local CCR&Rs who, in turn, use rate data to inform parents of provider charges as part of a referral process. The Oregon Child Care Resource and Referral Network (OCCRRN) compiles the data into a single database. In 1999, a sample of providers were pulled from the OCCRRN database and surveyed by phone. In 2004 (as in years other than 1999) the rate data from the OCCRRN database were analyzed. Rates charged by 5,020 family child care providers, 1,005 centers, and 207 group homes from every part of the state are included in the database used for the analysis.

#### Findings

*Between 1994 and 2004 statewide rates increased for all ages and types of care.* In family child care the hourly rate of toddler care increased 43 percent since 1994 while in

center care the monthly rate increased 51 percent in the same time period. Trends in child care rates are graphed below.

***Child care markets are local with variation among communities.*** When rates were analyzed by zip codes across Oregon, patterns around the state appeared. Urban areas and university communities have higher rates than do more rural communities in the state. Some zip codes areas have moved up or down in child care rates over time. As in past studies, however, child care rates fall into three clusters or areas. The map of 2004 Rate Areas graphically depicts how the rates vary across the state. These three rate areas capture three distinct sets of rates regardless of type of care or age of child served (Rate Map is in Appendix E of the Market Rate Study).

***Current market rates are substantially higher than either the enhanced subsidy rates set by the state of Oregon.*** The current maximum rates paid for subsidy-eligible children were last updated in 1999. As authorized by the Oregon Legislature, in 1999 the Department of Human Services (DHS) introduced an enhanced rate for providers who meet the training standards required for licensure by the Child Care Division (CCD). These enhanced rates offer these providers an additional 7% over the standard subsidy rate.

The state enhanced subsidy or payment rate affects parents' access to all types of child care in the community. The study explored access in two ways: (1) percent of slots statewide that can be purchased at the subsidy rate, and (2) percent of provider care by zip code that can be purchased at the subsidy rate. The second measure was created to determine if the amount of access varied by geographic location. Findings include:

- In Oregon, current enhanced rates are adequate to purchase approximately 21% of child care toddler slots statewide.
- In much of Oregon, however, current enhanced subsidy rates are not adequate to purchase any market child care.

In 46 percent of Oregon zip code areas that have rates, no care from family child care providers can be purchased at the enhanced subsidy rates. In 59 percent of Oregon zip code areas that have rates, the enhanced subsidy rates are not high enough to purchase any center child care. In about 10 percent of zip code areas families can purchase over 50 percent of family child care in the community at the enhanced subsidy rate, and about a fifth of zip code areas families can purchase over 50 percent of center child care.

## Conclusions

- ***The geographic rate analysis identified three geographic market area boundaries that are generally similar to those identified in the previous market rate studies. DHS enhanced subsidy rates are adequate to purchase approximately a fifth of market child care slots statewide. In approximately half of zip code areas the DHS enhanced subsidy rate is not high enough to purchase market child care.***
- ***CCR&R data continues to provide a reliable and cost-effective source of data for statewide market rate studies.***
- ***Rates should continue to be reported for both child care providers and slots.***
- ***Analysis should be based on slots since this most accurately represents what families experience when purchasing care.***
- ***CCR&Rs should continue to collect rate information in the mode(s) that reflect how providers charge.***

**ATTACHMENT C**

**ERDC COPAY STANDARD  
OAR 461-155-0150**

(10) This section establishes the ERDC eligibility standard and the client's copayment (copay).

(a) The ERDC eligibility standard is 1.50 times the amount given in OAR 461-155-0225(2)(a), rounded down to the next whole number. The ERDC copay is \$25 or the amount determined by the formula in subsection (b) of this section, whichever is greater.

(b) The maximum copay equals the constant determined by the table in subsection (c) of this section, added to the product of a constant determined by the table in subsection (d) of this section times the constant determined by the table in subsection (e) of this section raised to a power equal to the family's gross income, expressed in dollars. The formula is as follows:

$$y = k + (b \times m^x)$$

(c) The constant k is determined by the number of people in the need group, as follows:

- (A) 2 persons: k = -30
- (B) 3 persons: k = -55
- (C) 4 persons: k = -50
- (D) 5 persons: k = -51
- (E) 6 persons: k = -80
- (F) 7 persons: k = -92
- (G) 8 or more persons: k = -103

(d) The constant b is determined by the number of people in the need group, as follows:

- (A) 2 persons: b = 18.0
- (B) 3 persons: b = 23.0
- (C) 4 persons: b = 20.9
- (D) 5 persons: b = 20.6
- (E) 6 persons: b = 33.2
- (F) 7 persons: b = 33.2
- (G) 8 or more persons: b = 40.4

(e) The constant m is determined by the number of people in the need group, as follows:

- (A) 2 persons: m = 1.001885
- (B) 3 persons: m = 1.001550
- (C) 4 persons: m = 1.001380
- (D) 5 persons: m = 1.001250

- (E) 6 persons: m = 1.000990
- (F) 7 persons: m = 1.000910
- (G) 8 or more persons: m = 1.000795

- (11) Effective October 1, 2003, a client's copay is limited to \$25 during the first month the client is eligible for ERDC. This limitation cannot be used in more than one month in any 12 consecutive months.
- (12) The limit in any month for child care payments on behalf of a child whose caretaker is away from the child's home for more than 30 days because the caretaker is a member of a reserve or National Guard unit that is called up for active duty is the lesser of the following:
  - (a) The amount billed by the provider or providers.
  - (b) The monthly rate established in this rule for 215 hours of care.

Stat. Auth.: ORS 411.060

Stats. Implemented: ORS 411.060

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FOR THE PERIOD 10/1/05 – 9/30/07

**Co-pay Matrix 2005**

Income	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8 or More
< 597	25	25	25	25	25	25	25
598	26	25	25	25	25	25	25
650	31	25	25	25	25	25	25
700	37	25	25	25	25	25	25
750	44	25	25	25	25	25	25
800	51	25	25	25	25	25	25
850	59	31	25	25	25	25	25
900	68	38	25	25	25	25	25
950	78	45	27	25	25	25	25
1,000	88	53	33	25	25	25	25
1,050	100	62	39	25	25	25	25
1,100	113	71	45	30	25	25	25
1,150	127	82	52	36	25	25	25
1,200	142	93	59	41	29	25	25
1,250	160	104	67	47	34	25	25
1,300	178	117	76	54	40	25	25
1,350	199	131	84	60	46	25	25
1,400	221	146	94	67	53	27	25
1,450	246	162	104	75	59	32	25
1,500	273	180	115	83	66	38	30
1,516	OVI*	186	119	86	69	40	32
1,550		199	127	92	74	44	35
1,600		219	140	101	82	50	41
1,650		241	153	111	82	57	47
1,700		265	168	121	99	64	53
1,750		291	183	132	108	71	59
1,800		319	200	144	117	79	66
1,850		349	218	157	127	87	73
1,900		381	237	170	138	95	80
1,950		416	258	184	149	104	87
2,000		454	280	200	160	113	95
2,011		OVI	285	203	163	115	97
2,100			328	233	185	132	111
2,150			355	251	199	143	120
2,200	OVI = Over Income		384	271	213	154	129
2,250			415	291	228	165	138
2,300			448	313	243	177	148
2,350			484	337	260	189	158
2,400			522	362	277	203	169
2,419			OVI	372	284	208	173
2,450				389	295	216	180

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**Co-pay Matrix 2005**

Income	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8 or More
2,500				417	314	231	192
2,550				447	334	246	204
2,600				479	355	261	216
2,650				513	377	278	229
2,700				550	401	295	243
2,750				588	425	313	256
2,800				630	450	332	271
2,826				OVI	464	342	279
2,850					477	352	286
2,900					505	372	302
2,950					535	394	318
3,000					566	416	335
3,050					599	440	353
3,100					633	465	372
3,150					670	491	391
3,200					708	518	411
3,234					OVI	537	425
3,250						546	432
3,300	OVI – Over Income					576	453
3,350						607	476
3,400						640	499
3,450						674	524
3,500						709	549
3,550						746	576
3,600						785	603
3,641						OVI	626
3,650							632
3,700							661
3,750							692
3,800							725
3,850							758
3,900							793
3,950							829
4,000							867
4,049							OVI

To access the **ERDC Copayment Estimate Screen** on the Internet:

Go to [www.dhs.state.or.us/children/childcare](http://www.dhs.state.or.us/children/childcare) - click on the Copay Estimate link under Parent Information. You will be asked the number of persons (in the family) and the monthly income. The system will then calculate the co-payment or tell you that “the income exceeds eligibility for child care services”.

**ATTACHMENT D**

**OAR 461-155-0150**  
**Effective 04/01/04**

**Child Care Eligibility Standard, Payment Rates, and Copayments**

This rule covers child care in the ERDC, JOBS, JOBS Plus, OFSET, REF and TANF programs.

(1) The following definitions apply to the child care rates:

(a) Infant: A child aged birth through 12 months.

(b) Toddler: A child aged 1 year through 30 months.

(c) Preschool Child: A child aged 31 months through 5 years.

(d) School Child: A child aged 6 years or older.

(e) Special Needs Child: A child who meets the age requirement of the program (ERDC or TANF) and who requires a level of care over and above the norm for his or her age due to a physical, behavioral or mental disability. The need for a higher level of care must be determined by the provider and the disability must be verified by one of the following:

(A) A physician, nurse practitioner, licensed or certified psychologist or clinical social worker.

(B) Eligibility for Early Intervention and Early Childhood Special Education Programs, or school-age Special Education Programs.

(C) Eligibility for SSI.

(2) The following definitions apply to the types of care specified in the child care rate charts:

(a) The Standard Family Rate applies to child care provided in the provider's own home or in the home of the child when the provider does not qualify for the enhanced rate allowed by subsection (b) of this section.

(b) The Enhanced Family Rate applies to child care provided in the provider's own home or in the home of the child when the provider meets:

(A) The training requirements of the Professional Development Registry (PDR) entry level, established by the Oregon Center for Career Development in Childhood Care and Education; or

(B) The training requirements established by the Child Care Division for registered family providers who apply to become registered after October 1, 1999.

(c) The Enhanced Group Rate applies to child care provided in a residential dwelling that is certified by the Child Care Division as a Group Child Day Care Home. To earn this designation, the facility must be inspected, and both provider and facility are required to meet certain standards not required of a registered family provider.

(d) The Standard Center Rate applies to child care provided in a facility that is not located in a residential dwelling and is exempt from Child Care Division Certification rules (see OAR 414-300-0000).

(e) The Enhanced Center Rate applies to child care provided in a center that is certified by the Child Care Division or in an exempt center whose staff meet the training requirements of the PDR entry level established by the Oregon Center for Career Development in Childhood Care and Education. Eligibility to receive the enhanced center rate for care provided in an exempt center is subject to the following requirements:

(A) A minimum of one staff member for every 20 children in care must meet the PDR entry level training requirements noted in section (2)(b)(A) of this rule.

(B) New staff must meet the PDR entry level training requirements within 90 days of hire, if necessary to maintain the trained staff-to-children ratio described in paragraph (A) of this subsection.

(C) There must be at least one person present when and where care is provided who has a current certificate in infant and child CPR and a current American Red Cross First Aid card or an equivalent.

(f) An exempt center is eligible to receive the enhanced rate for a maximum of six months while in the process of meeting the requirements of section (2)(e) of this rule if it files a statement of intent to meet the requirements on a form prescribed by the Division.

(g) An enhanced rate will become effective not later than the second month following the month in which the Division receives verification that the provider has met the requirements of section (2)(b), (c), (e) or (f) of this rule.

(3) Subject to the provisions in section (6) of this rule, the monthly limit for child care payments is the lesser of the amount charged by the provider or providers and the following amounts:

(a) The monthly rate provided in section (6) of this rule.

(b) The product of the hours of care, limited by section (4) of this rule, multiplied by the hourly rate provided in section (6) of this rule.

- (4) The number of payable billable hours is limited as follows:
- (a) For the ERDC-BAS, OFSET, REF and TANF programs, the total in a month may not exceed:
    - (A) The number of hours of care necessary for the client to maintain his or her job including, for clients in the JOBS Plus program, the time the client searches for unsubsidized employment and for which the employer pays the client, or to participate in activities included in a case plan (see OAR 461-190-0161 and OAR 461-190-0310); or
    - (B) 125 percent of the time the client is at work or participating in an approved activity of the JOBS or OFSET program.
  - (b) For the ERDC-SBG program, the total may not exceed the number of hours of care necessary for the client to maintain his or her education, training or employment. The total may not exceed 125 percent of the sum of 200 percent of class hours and the time the client is at work.
  - (c) In the ERDC-BAS, REF and TANF programs, for a client who earns less than state minimum wage, the total may not exceed 125 percent of the anticipated earnings divided by the state minimum wage. The limitation of this subsection is waived for the first three months of the client's employment.
- (5) The following provisions apply to all programs:
- (a) Providers not eligible for the enhanced rate will be paid at an hourly rate for children in care less than 158 hours per month.
  - (b) Providers eligible for the enhanced rate will be paid at an hourly rate for children in care less than 136 hours a month unless the provider customarily bills all families at a part-time monthly rate.
  - (c) At their request, providers eligible for the enhanced rate may be paid at the part-time monthly rate if they provide 63 or more hours of care in the month and customarily bill all families at a part-time monthly rate.
  - (d) Unless required by the client's or child's circumstances, the Department will not pay for care at a monthly rate to more than one provider for the same child for the same month.
  - (e) The Department will pay at the hourly rate for less than 63 hours of care in the month subject to the maximum full-time monthly rate.
  - (f) The Department will pay for up to five days each month the child is absent if:

- (A) The child was scheduled to be in care and the provider bills for the amount of time the child was scheduled to be in care;
  - (B) The absent child's place is not filled by another child; and
  - (C) It is the provider's policy to bill all families for absent days.
- (g) The Department will not pay for more than five consecutive days of scheduled care for which the child is absent.
- (6) The limit in any month for child care payments on behalf of a child whose caretaker has special circumstances, defined in section (7) of this rule, is the lesser of the following:
- (a) The amount billed by the provider or providers; and
  - (b) The monthly rate established in section (8) of this rule multiplied by a factor, limited to 1.5, determined by dividing the number of hours billed by 215.
- (7) The limit allowed by section (6) of this rule is authorized once the Department has determined the client has special circumstances. For the purposes of this rule, a client has special circumstances when it is necessary, in order for the client to perform the requirements of his or her employment or training, to obtain child care for a child in excess of 215 hours in a month.
- (8) The payment for care of a child who meets the special needs criteria described in section (1)(e) of this rule is increased in accordance with OAR 461-155-0151 if:
- (a) The child requires significantly more direct supervision by the child care provider than normal for a child of the same age; and
  - (b) The child is enrolled in a local school district Early Intervention or Early Childhood Special Education program or school-age Special Education Program. The enrollment required by this subsection is waived if determined inappropriate by a physician, nurse practitioner, licensed or certified psychologist, clinical social worker, or school district official.
- (9) The following are the child care rates. The rates are based on the type of provider, the location of the provider (shown by zip code), the age of the child, and the type of billing used (i.e., hourly or monthly).

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(a) **Group Area A**  
**Hourly Rates (subject to maximum monthly rate)**

	<b>Standard Family Rate</b>	<b>Enhanced Family Rate</b>	<b>Standard Center Rate</b>	<b>Enhanced Center Rate</b>	<b>Enhanced Group Home Rate</b>
Infant	\$2.39	\$2.56	\$3.29	\$3.52	\$2.85
Toddler	\$2.12	\$2.27	\$3.18	\$3.40	\$2.56
Preschool	\$2.12	\$2.27	\$2.34	\$2.50	\$2.38
School	\$2.12	\$2.27	\$2.34	\$2.50	\$2.27
Special Need	\$2.39	\$2.56	\$3.29	\$3.52	\$2.85

**Group Area A**  
**Monthly Rates**

	<b>Standard Family Rate</b>	<b>Enhanced Family Rate</b>		<b>Standard Center Rate</b>	<b>Enhanced Center Rate</b>		<b>Enhanced Group Home Rate</b>	
	Full time	Part time	Full time	Full time	Part time	Full time	Part time	Full time
Infant	\$393	\$315	\$421	\$525	\$421	\$562	\$340	\$454
Toddler	\$361	\$290	\$386	\$509	\$408	\$545	\$307	\$409
Preschool	\$340	\$273	\$364	\$372	\$299	\$398	\$288	\$384
School	\$340	\$273	\$364	\$372	\$299	\$398	\$273	\$364
Special Need	\$393	\$315	\$421	\$525	\$421	\$562	\$340	\$454

Zip codes for Group Area A: Portland, Eugene, Corvallis, Monmouth, and Ashland areas.

<b>97005</b>	<b>97006</b>	<b>97007</b>	<b>97008</b>	<b>97009</b>	<b>97013</b>	<b>97015</b>	<b>97019</b>	<b>97022</b>	<b>97023</b>	<b>97024</b>
<b>97027</b>	<b>97030</b>	<b>97034</b>	<b>97035</b>	<b>97036</b>	<b>97045</b>	<b>97055</b>	<b>97060</b>	<b>97062</b>	<b>97068</b>	<b>97070</b>
<b>97075</b>	<b>97076</b>	<b>97080</b>	<b>97113</b>	<b>97116</b>	<b>97119</b>	<b>97123</b>	<b>97124</b>	<b>97133</b>	<b>97200</b>	<b>97201</b>
<b>97202</b>	<b>97203</b>	<b>97204</b>	<b>97205</b>	<b>97206</b>	<b>97207</b>	<b>97208</b>	<b>97209</b>	<b>97210</b>	<b>97211</b>	<b>97212</b>
<b>97213</b>	<b>97214</b>	<b>97215</b>	<b>97216</b>	<b>97217</b>	<b>97218</b>	<b>97219</b>	<b>97220</b>	<b>97221</b>	<b>97222</b>	<b>97223</b>
<b>97224</b>	<b>97225</b>	<b>97227</b>	<b>97228</b>	<b>97229</b>	<b>97230</b>	<b>97231</b>	<b>97232</b>	<b>97233</b>	<b>97236</b>	<b>97238</b>
<b>97240</b>	<b>97242</b>	<b>97254</b>	<b>97255</b>	<b>97258</b>	<b>97261</b>	<b>97266</b>	<b>97267</b>	<b>97268</b>	<b>97269</b>	<b>97280</b>
<b>97281</b>	<b>97282</b>	<b>97283</b>	<b>97286</b>	<b>97290</b>	<b>97291</b>	<b>97292</b>	<b>97293</b>	<b>97294</b>	<b>97296</b>	<b>97298</b>
<b>97299</b>	<b>97330</b>	<b>97331</b>	<b>97332</b>	<b>97333</b>	<b>97339</b>	<b>97361</b>	<b>97400</b>	<b>97401</b>	<b>97402</b>	<b>97403</b>
<b>97494</b>	<b>97495</b>	<b>97408</b>	<b>97440</b>	<b>97455</b>	<b>97477</b>	<b>97478</b>	<b>97482</b>	<b>97520</b>		

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(b)

**Group Area B  
Hourly Rates  
(subject to maximum monthly rate)**

	<b>Standard Family Rate</b>	<b>Enhanced Family Rate</b>	<b>Standard Center Rate</b>	<b>Enhanced Center Rate</b>	<b>Enhanced Group Home Rate</b>
Infant	\$1.85	\$1.98	\$2.76	\$2.95	\$2.56
Toddler	\$1.85	\$1.98	\$2.71	\$2.90	\$2.16
Preschool	\$1.65	\$1.77	\$1.97	\$2.11	\$2.16
School	\$1.65	\$1.77	\$1.97	\$2.11	\$2.16
Special Need	\$1.85	\$1.98	\$2.76	\$2.95	\$2.56

**Group Area B  
Monthly Rates**

	<b>Standard Family Rate</b>	<b>Enhanced Family Rate</b>		<b>Standard Center Rate</b>	<b>Enhanced Center Rate</b>		<b>Enhanced Group Home Rate</b>	
	Full time	Part time	Full time	Full time	Part time	Full time	Part time	Full time
Infant	\$346	\$278	\$370	\$440	\$353	\$471	\$308	\$411
Toddler	\$318	\$255	\$340	\$435	\$349	\$465	\$256	\$341
Preschool	\$297	\$238	\$318	\$313	\$251	\$335	\$256	\$341
School	\$297	\$238	\$318	\$313	\$251	\$335	\$256	\$341
Special Need	\$346	\$278	\$370	\$440	\$353	\$471	\$308	\$411

Zip codes for Group Area B: Salem, Bend, Medford, Roseburg, Brookings and areas outside the metropolitan areas in Eugene and Portland.

<b>97004</b>	<b>97106</b>	<b>97018</b>	<b>97038</b>	<b>97048</b>	<b>97051</b>	<b>97053</b>	<b>97054</b>
<b>97056</b>	<b>97064</b>	<b>97101</b>	<b>97106</b>	<b>97111</b>	<b>97114</b>	<b>97115</b>	<b>97127</b>
<b>97128</b>	<b>97132</b>	<b>97140</b>	<b>97148</b>	<b>97300</b>	<b>97301</b>	<b>97302</b>	<b>97303</b>
<b>97304</b>	<b>97305</b>	<b>97306</b>	<b>97307</b>	<b>97308</b>	<b>97309</b>	<b>97310</b>	<b>97321</b>
<b>97325</b>	<b>97327</b>	<b>97338</b>	<b>97344</b>	<b>97351</b>	<b>97370</b>	<b>97378</b>	<b>97381</b>
<b>97383</b>	<b>97385</b>	<b>97392</b>	<b>97396</b>	<b>97415</b>	<b>97470</b>	<b>97500</b>	<b>97501</b>
<b>97502</b>	<b>97503</b>	<b>97504</b>	<b>97535</b>	<b>97700</b>	<b>97701</b>	<b>97702</b>	<b>97703</b>
<b>97704</b>	<b>97705</b>	<b>97706</b>	<b>97707</b>	<b>97708</b>	<b>97709</b>		

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(c)

**Group Area C  
Hourly Rates  
(subject to maximum monthly rate)**

	Standard Family Rate	Enhanced Family Rate	Standard Center Rate	Enhanced Center Rate	Enhanced Group Home Rate
Infant	\$1.85	\$1.98	\$2.12	\$2.27	\$2.27
Toddler	\$1.60	\$1.71	\$2.12	\$2.27	\$1.98
Preschool	\$1.60	\$1.71	\$1.80	\$1.93	\$2.04
School	\$1.60	\$1.71	\$1.80	\$1.93	\$1.77
Special Need	\$1.85	\$1.98	\$2.12	\$2.27	\$2.27

**Group Area C  
Monthly Rates**

	Standard Family Rate	Enhanced Family Rate		Standard Center Rate	Enhanced Center Rate		Enhanced Group Home Rate	
	Full time	Part time	Full time	Full time	Part time	Full time	Part time	Full time
Infant	\$345	\$277	\$369	\$392	\$315	\$419	\$277	\$369
Toddler	\$318	\$255	\$340	\$392	\$315	\$419	\$255	\$340
Preschool	\$254	\$204	\$272	\$291	\$234	\$311	\$246	\$327
School	\$254	\$204	\$272	\$291	\$234	\$311	\$209	\$278
Special Need	\$345	\$277	\$369	\$392	\$315	\$419	\$277	\$369

Zip codes for Group Area C: Balance of State, Other State zip codes.

97001	97002	97003	97010	97011	97012	97014	97017	97020	97021	97025	97026
97028	97029	97031	97032	97033	97037	97039	97040	97041	97042	97044	97049
97050	97057	97058	97063	97065	97067	97071	97072	97073	97102	97103	97107
97108	97109	97110	97112	97117	97118	97120	97121	97122	97125	97126	97130
97131	97134	97135	97136	97137	97138	97141	97142	97143	97144	97145	97146
97147	97149	97329	97324	97326	97328	97141	97142	97143	97144	97145	97146
97147	97149	97320	97324	97326	97328	97329	97335	97336	97341	97342	97343
97345	97346	97347	97348	97349	97350	97352	97353	97354	97355	97357	97358
97359	97360	97362	97377	97379	97380	97384	97386	97388	97389	97390	97391
97393	97394	97395	97406	97407	97409	97410	97411	97412	97413	97414	97416
97417	97419	97420	97423	97424	97425	97426	97427	97428	97429	97430	97431
97432	97433	97434	97435	97436	97437	97438	97439	97444	97442	97443	97444

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97445	97446	97446	97448	97449	97450	97451	97452	97453	97454	97456	97457
97458	97459	97460	97461	97462	97463	97464	97465	97466	97467	97468	97469
97463	97473	97476	97479	97480	97481	97483	97484	97486	97487	97488	97489
97490	97491	49492	97493	97494	97495	97496	97497	97498	97499	97522	97523
97524	97525	97526	97527	97528	97530	97531	97532	97533	97534	97536	97537
97538	59739	97540	97541	97543	97544	97601	97602	97603	97604	97620	97621
97622	97623	97624	97625	97626	97627	97630	97632	97633	97634	97635	97636
97637	97638	97639	97640	97641	97710	97711	97712	97720	97721	97722	97730
97741	97732	97733	97734	97735	97736	97737	97738	97739	97740	97731	97742
97750	97751	97552	97753	97754	97756	97758	97759	97750	97761	97800	97801
97810	97811	97812	97813	97814	97817	97818	97819	97820	97821	97822	97823
97824	97825	97826	97827	97828	97829	97830	97831	97832	97833	97834	97835
97836	97837	97838	97839	97840	97841	97842	97843	97844	97845	97846	97847
97848	97850	97851	97856	97856	97858	97859	97861	97862	97864	97865	97866
97867	97868	97869	97870	97871	97872	97873	97874	97875	97876	97877	97878
97880	97881	97882	97883	97884	97885	97886	97901	97902	97903	97904	97905
97906	97907	97908	07090	97910	97911	97913	97914	97916	97918	97919	97920

## **ATTACHMENT E**

### **EARLY LEARNING GUIDELINES “BUILDING A SOLID FOUNDATION FOR LEARNING FOR ALL CHILDREN”**

#### **STATEMENT OF NEED**

The Office of Student Services and the Office of Special Education propose to develop Common Curriculum Goals and Content Standards for Oregon Early Childhood Education programs. The proposed goals and standards will link early childhood education to Oregon’s Common Curriculum Goals and Content Standards, defining prekindergarten foundations for children to reach the 3<sup>rd</sup> grade benchmarks.

The Early Childhood Goals and Standards will align with the existing School Age Goals and Standards and the National Head Start Child Outcomes Framework. The prekindergarten Goals and Standards are intended to guide teachers and administrators in on-going development, evaluation and improvement of early childhood programs.

Early Childhood Common Curriculum Goals and Content Standards will address the following State Board of Education goals:

- Each student will be ready to learn when entering the public school system;
  - Responsibility of establishing high standards for all Oregon students at all grade levels in the state; and
  - Responsibility to provide technical assistance to programs to support the development, implementation of and use of rigorous educational programs, curriculum and instructional materials, that provide opportunity for student excellence and encourage desired student outcomes.

#### **PRINCIPLES**

Early childhood is a key period of development in a child’s life. Research on early brain development underscores the need to focus on the early years to improve children’s cognitive development, language development and school readiness. With this in mind, the Early Childhood Common Curriculum Goals and Content Standards will be based upon the following principles:

- Young children exhibit an individual range of skills and competencies in any domain of development.
- Families are primary caregivers and teachers of their children and are the most significant people in nurturing their child’s early development.
- Knowledge of family culture and language and its impact on learning informs instruction.
- Standards reflect research and knowledge of child development.
- Curriculum offers a broad range of content, builds on what children know and makes relevant connections between subjects.

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- Assessment is on-going, benefits children directly and relies on direct observation of a child’s development and work.

<b>Alignment of Oregon School Age Content Standards and the Head Start Outcomes Framework</b>			
<b>Oregon CURRICULUM CONTENT AREAS</b>	<b>Oregon Grade 3 CONTENT STANDARDS</b>	<b>Oregon Kindergarten FOUNDATIONS</b>	<b>Head Start OUTCOMES FRAMEWORK</b>
1.1 <b><u>English/ Language Arts</u></b>  1.1.1.1 <b>Second Languages</b>	Yes	Yes	LANGUAGE DEVELOPMENT <ul style="list-style-type: none"> <li>• Listening and Understanding</li> <li>• Speaking and Communicating</li> </ul> LITERACY <ul style="list-style-type: none"> <li>• Phonological Awareness,</li> <li>• Book Knowledge &amp; Appreciation</li> <li>• Print Awareness and Concepts</li> <li>• Early Writing</li> <li>• Alphabet Knowledge</li> </ul>
1.2 <b><u>Mathematics</u></b>	Yes	Yes	MATH <ul style="list-style-type: none"> <li>• Number and Operations</li> <li>• Geometry and Spatial Sense</li> <li>• Patterns and Measurement</li> </ul>
1.3 <b><u>Science</u></b>	Yes	Yes	SCIENCE <ul style="list-style-type: none"> <li>• Science Skills and Methods</li> <li>• Scientific Knowledge</li> </ul>
1.4 <b><u>The Arts</u></b>	Yes	No	CREATIVE ARTS <ul style="list-style-type: none"> <li>• Art</li> <li>• Movement</li> <li>• Dramatic Play</li> </ul>
1.5 <b><u>Social Sciences</u></b>	Yes	Yes	
1.6 <b><u>Physical Education</u></b>	Yes	No	PHYSICAL HEALTH & DEVELOPMENT <ul style="list-style-type: none"> <li>• Fine Motor Skills</li> <li>• Gross Motor Skills</li> </ul>
1.7 <b><u>Health</u></b>	Content Standards in Development	No	PHYSICAL HEALTH & DEVELOPMENT <ul style="list-style-type: none"> <li>• Health Status &amp; Practices</li> </ul>
1.8 <b><u>Social/Emotional Development and Approaches to Learning</u></b>	No	No	SOCIAL EMOTIONAL DEVELOPMENT <ul style="list-style-type: none"> <li>• Self Concept</li> <li>• Self Control</li> <li>• Cooperation</li> <li>• Social relationships</li> <li>• Knowledge of Families &amp; Communities</li> </ul> APPROACHES TO LEARNING <ul style="list-style-type: none"> <li>• Initiative and Curiosity</li> <li>• Engagement and Persistence</li> <li>• Reasoning and Problem Solving</li> </ul>

**NOTE: The Early Childhood Foundations Guidelines are scheduled to be completed on or before June 30, 2005. This plan will be amended to include those guidelines once they have been reviewed, approved, and are ready for publication. Estimated timeframe: September 2005.**

**ATTACHMENT F**

**Oregon Administrative Rule 461-135-0400 Effective 04/01/05**  
**Department of Human Services**  
**Specific Requirements; ERDC**

The Division makes payments for child care, including care covered by the ERDC program, subject to the provisions of division 165 of this chapter of rules. To be eligible for ERDC, a filing group must meet the requirements of this rule.

1. For a filing group to be eligible for the ERDC-BAS program, at least one caretaker (see OAR 461-120-0610) must receive income from employment, including employment through a work study program. For clients who are in the start-up phase of self-employment, working on commission, or participating in job-related training that is a condition of employment, the requirement to have earned income may be waived for three months.
2. For the ERDC-SBG program:
  - a. At least one caretaker must be a student without a bachelor's degree who is an undergraduate, has obtained a high school diploma or GED, has been admitted to a two- or four-year post-secondary institution that is eligible for federal financial aid, and has registered for at least twelve quarter hours—or an equivalent number of credit hours in an institution that does not use the quarter system—that count toward graduation.
  - b. A caretaker who meets the requirements of subsection (a) of this section must attend school for at least:
    - A. Three out of four school quarters per or two semesters each academic year; or
    - B. In an institution that does not use the quarter or semester system, a portion of the academic year equivalent to the portion required by paragraph (A) of this subsection
  - c. Students may use ERDC-SBG benefits for child care needed in order to work during an absence from school or to attend school during a term in which the student is attending school less than 12 credit hours if—
    - A. The student intends to attend school at least 12 credit hours the following term; and
    - B. The absence or part-time status does not exceed:
      - i. One out of four school quarters for students on the quarter system; or
      - ii. The summer break period for students in the semester system
      - iii. In an institution that does not use the quarter or semester system, a portion of the academic year equivalent to the portion allowed by subparagraph (i) or (ii) of this paragraph.

- d. Students must maintain good standing according to the standards of the institution they are attending.
  - e. Students must complete at least 36 quarter hours—or the equivalent in an institution that does not use the quarter system—that count toward graduation each graduation year.
  - f. Participation in the student child care program is limited to a total of six years.
3. The family must have an allowable child care need as described in OAR 461-160-0040. If in the filing group there are two adults who are required to be in the filing group, and if one of the adults is unemployed, the unemployed adult is considered available to provide child care, make the group ineligible, except in the following situations:
- a. The unemployed parent is physically or mentally unable to provide adequate child care.
  - b. The unemployed adult is unavailable to provide care while participating in requirements of a case plan other than requirements associated with post- secondary education. In the ERDC-SBG program only, the unemployed adult meets the requirements of section (2) of this rule.
4. The caretaker must use a child care provider who meets the requirements in OAR 461-165-0160 and 461-165-0180.
5. A client is not eligible for a child care payment in the ERDC program for more than six calendar months if the client is unwilling to obtain for the child a Certificate of Immunization Status.
6. It is required for eligibility in the ERDC-SBG program that child care is necessary to enable the caretaker to remain employed.

Stat. Auth.: ORS 411.060  
Stats. Implemented: ORS 411.060

**Oregon Administrative Rule 461-165-0180**  
**Effective 07/01/04**  
**Department of Human Services**

**Eligibility of Child Care Providers**

To be eligible for child care payment from the Department, a provider must meet all of the requirements in sections (1), (2), (3), (4) and (5) of this rule.

- (1) The provider must submit a completed Department listing form to the Department. If information available to the Department provides no basis for denial, the Department will approve the provider to receive payment for child care from the Department unless:
- (a) The provider was previously found ineligible for payment and was not subsequently determined to be eligible; or
  - (b) The Department determines, following completion of Criminal History (CH) and Child Protective Service (CPS) records checks, that the provider, or other subject person, is not eligible for payment.
- (2) The provider must:
- (a) Allow the Department to inspect the site of care while child care is provided.
  - (b) Keep daily attendance records that show the arrival and departure times each day for each child in care and billing records for each child receiving child care benefits from the Department. The provider must keep the records for 12 months and provide them to Department staff on request.
  - (c) Be the person who actually provides the child care. The provider must notify the Department before using someone else to supervise children on a temporary basis.
  - (d) Not be in the same filing group as the child cared for and must not be the child's parent.
  - (e) Provide evidence of compliance with the Department's administrative rules, upon request of Department staff.
  - (f) Not bill a Department client for an amount collected by the Department to recover an overpayment or an amount paid by the Department to a creditor of the provider because of a lien, garnishment, or other legal process.
- (3) The provider must provide child care in a manner that does not involve a substantial risk to the health or safety of children in the provider's care. This determination is based on a review of CH and CPS records, an investigation of complaints, if any, and information provided by another agency.
- (4) Each provider must meet the requirements of either subsection (a) or (b) of this section:
- (a) A provider subject to OAR 414-205-0000 to 414-205-0170, 414-300-0000 to 414-300-0440, or 414-350-0000 to 414-350-0250 must be currently certified or registered with the Child Care Division (CCD) of the Employment Department and be in compliance with the applicable rules.
  - (b) A provider exempt from the rules specified in subsection (a) of this section must:
    - (A) Submit names of the following persons together with their authorizations for a record check through the CH record system maintained by the Oregon State Police and the CPS record system maintained by the Department:
      - (i) The provider and each person the provider uses to supervise children in his or her absence.
      - (ii) In the case of a provider who provides care for children in the provider's home:
        - (I) Each person 16 years of age or older who lives in the provider's home; and

- (II) Each person who frequently visits the home of the provider during the hours care is provided and may have unsupervised access to a child there.
- (iii) The site director of a child care facility exempt from the requirement to be certified by CCD, and each employee of the facility who may have unsupervised access to children in the facility.
- (B) Comply with the requirements of OAR 461-165-0400.
- (C) Meet the following requirements:
- (i) Be in such physical and mental health as will not adversely affect his or her ability to care for a child in care and either:
    - I. Be 18 years of age or older, or
    - II. Be 16 or 17 years of age and listed with the Department in active status before May 1, 2004. When a provider under the age of 18 applies to be listed, a responsible adult must also sign the application and must jointly assume all the responsibilities of the minor provider, including the obligation to repay an overpayment. An adult whose child is cared for by the minor provider may not serve as the responsible adult if the Department makes a payment for that care.
  - (ii) Report to the Department, with respect to any person covered by paragraph (3)(b)(A) of this rule, any arrest and any involvement with CPS or any other agency that provides child protective services.
  - (iii) Report to the Department any change to his or her name or address and the addition of any person to the household within 10 days of occurrence.
  - (iv) Report suspected child abuse of any child in his or her care to CPS or a law enforcement agency.
  - (v) Supervise each child in care at all times.
  - (vi) Prevent persons who have demonstrated behavior that may have a detrimental effect on a child from having access to the children in his or her care.
  - (vii) Allow custodial parents of children in his or her care to have immediate access to their children at all times.
  - (viii) Inform parents of the need to obtain immunizations for their children.
  - (ix) Take reasonable steps to protect children in his or her care from the spread of infectious diseases.
  - (x) Provide information, in a manner specified by the Department, required to conduct CH and CPS records checks or determine whether the provider meets health and safety requirements.
- (D) Ensure that the facility where care is provided meets the following standards, unless the care is provided in the home of the child. A provider who provides care

where the child lives must meet only the requirements of subparagraph (iii) of this paragraph.

- (i) The facility has safe drinking water.
- (ii) The facility has a working smoke detector on each floor level and in any area where children nap.
- (iii) All floor levels used by children have two usable exits to the outdoors (a sliding door or window that can be used to evacuate children is considered a usable exit), or, if a second floor is used for child care, the provider has a written plan for evacuating children in an emergency.
- (iv) Fireplaces, space heaters, electrical outlets, wood stoves, stairways and other hazards have barriers to protect children.
- (v) Firearms, ammunition, and other dangerous items such as medicine, drugs, cleaning supplies, paints, plastic bags, and poisonous and toxic materials are kept in a secure place out of children's reach.
- (vi) The building, grounds, toys, equipment and furniture are maintained in a clean, sanitary and hazard-free condition.
- (vii) The facility has a telephone in operating condition.

(5) A provider is not eligible to receive a child care payment if the Department has referred an overpayment against the provider to a collection agency and the claim is unsatisfied.

Stat. Auth.: ORS 181.537 & ORS 411.060

Stats. Implemented: ORS 181.537, ORS 411.060 & ORS 411.122

## ATTACHMENT G

### Components of a State Professional Development System

The National Child Care Information Center (NCCIC) “ Elements of a Professional Development System for Early Care and Education: A Simplified Framework” delineates and summarizes the primary components.

#### Components of the State Professional Development System in Oregon Center for Career Development in Childhood Care and Education (Center) Current Status

### 1. CORE PROFESSIONAL KNOWLEDGE

#### 1.9 A. Core body of knowledge/core competencies

- Identified the 10 core knowledge categories (CKC).
- Defined the 10 core knowledge categories in terms of knowledge required and practice desired.
- Identified the standards of knowledge, key knowledge concepts, and supporting explanations for each of the 10 core knowledge categories.
- Identified examples of topics for training in each of the 10 core knowledge categories

#### 1.1 B. Career Lattice

- Created a twelve (fifteen) step Oregon Registry Steps, which uses the Oregon Core Body of Knowledge core knowledge categories and standards, and focuses on training/education requirements.
- Created the Oregon Registry Professional Enhancements to recognize professional experience, professional and personal attributes, and commitment to a professional code of ethics.
- Created the Oregon Registry Steps showing two distinct professional development pathways: degreed /certificated and community based training/credit courses.
- Created the Oregon Registry Steps for a broad spectrum of professionals in childhood care and education.
- Created The Oregon Registry as a review and approval process to document the acquisition of the Core Body of Knowledge through the steps of the Oregon Registry Steps

### 2. QUALIFICATIONS AND CREDENTIALS

#### 2.1 A. Pre-service requirements.

- Child care licensing regulations

- Minimal requirements exist for family child providers and center based care providers and administrators and provide a baseline for children's health and safety
- Public School regulations
  - Requirements exist for K-3 teachers
- Early Childhood Special Education
  - Head Start Performance Standards regarding staff
  - Requirements exist for Head Start staff

#### 2.1 B. Continuing education requirements

- Child care licensing regulations
  - Minimal Requirements exist for family child providers and center based care providers and administrators and provide a baseline for children's health and safety
- Public School regulations
  - Requirements exist for K-3 teachers
- Early Childhood Special Education
  - Requirements exist for EI/SE teachers
- Head Start Performance Standards regarding staff
  - Requirements exist for Head Start staff

#### 2.1 C. Credentials

- Director credentials
  - Multnomah County is working with the Center in developing a Director Credential linked to the Oregon Registry Steps and the Oregon Registry Trainer Program
- Infant-toddler credentials
  - The Center is working with the Infant Toddler Workgroup to develop an infant toddler credential linked to the Oregon Registry Steps and the Oregon Registry Trainer Program
- School-Age credentials
  - The Sacer and Out-of-School Time advisory groups have explored school age credentials and school age competencies
- Adult education credential
  - Developed over 60 separate hours of training in adult education, development, leadership, that form the basis for an adult education credential to be used for mentors, trainers, child care resource & referral specialists and other community leadership positions
- Certification by Board for Professional Teaching Standards
  - K-3 teacher hold state teaching credentials
- National child care credentials/accreditation

- The Center has a professional relationship with NAFCC, NAEYC, and NAA (NSACA) as part of the statewide professional development scholarship supports.
- The Center also has a professional relationship with National Council on Professional Recognition (CDA) as part of the statewide professional development scholarship supports
  - The CDA is included in the Oregon Registry Steps.

#### 2.1 D. Pathways leading to qualifications, degrees, and credentials

- Articulation agreements among levels of higher education
  - Articulation agreements exist between some community colleges and 4-year institutions
  - The Center has been working with high schools, community colleges and university to articulate the professional development steps of the Oregon Registry into the high school certificate completion and the community college formal degree credit.
  - Articulation agreements exist between CDA credentials and some community colleges
- Training Registries
  - The Center maintains a registry of all approved trainers and all specialized trainers for the State system
- Credit-bearing workshops and training series
  - The First by Five training series has been offered for credit at some community colleges.
  - Linn Benton Community College has developed credits tied to a series of training sessions in early childhood care and development.
  - Rogue Community College has developed credit tied to a series of Oregon Registry Standardized training sessions
- Credit for prior learning
  - Some community colleges and universities provide credit for prior learning options for students

### 3. QUALITY ASSURANCES

#### 3.1 A. Approval and Evaluation

- Trainer approval (standards and registries and database)
  - Oregon Registry Trainer Program with trainer standards, review, approval, database, and registry to increase provider knowledge through certified trainers with knowledge of and adherence to the standards established in the Core Body of Knowledge and the Oregon Registry Steps
- Training approval (standards linked to core knowledge/adult learning)

- Oregon Registry Trainer Program with training session standards, review, approval, database, and registry to increase knowledge through certified training session that adhere to the standards established in the Core Body of Knowledge and the Oregon Registry Steps

### 3.1 B. Evaluation Processes

- The State of Oregon has established a statewide childcare infrastructure plan with strategies, outcomes and benchmarks regarding childhood care and education services
- The Training Quality Committee (TQC) has established an evaluation process for the major quality and professional development activities including the Oregon Registry, and the Oregon Registry Trainer Program
- Each Oregon Registry Trainer Program standardized, community, master and training of trainers session includes an evaluation component
- The Oregon Research Partnership and the Oregon Commission on Children and Families are developing a Quality Compensation Initiative evaluation tool.
- The statewide mentoring program has an evaluation component.
- The Oregon Child Care Research Partnership has developed structural indicators for Quality of Care. The structural indicators will be piloted in Multnomah County. The Research Partnership is in the process of developing similar indicators for family child care, with the hopes of a rural pilot.

### 3.1 C. Research Components

- The Oregon Research Partnership has conducted research in many areas including:
  - Structural Indicators of Quality
  - Market Rate Survey Methodology
  - Inclusion of Parents in Policy-Making
  - Estimating Supply Methodology
  - Duration of Family Participation in Subsidy Programs
  - Quality from a Parent's Point of View

### 3.1 D. Quality Practices Components

- The Center for Career Development at Portland State University in partnership with the Oregon Commission on Children and Families is developing a strategy for utilization of the Harms Clifford Rating Scales Process Indicators. The strategy is building on work already accomplished by the state and local commissions and the Resource and Referral Network. The Oregon Commission on Children and Families has developed a strategy for statewide utilization of the Harms Clifford Rating Scales Process Indicators

## 4. ACCESS AND OUTREACH

4.1 A. Online database of training and education opportunities

- Training calendars
  - Child care resource & referral agencies have listings and calendars of training sessions offered in their areas.
  - Oregon Association for the Education of Young Children (OAEYC) has listings and calendars of state professional development activities.
  - National organizations have listings of national, regional and state professional development activities.
- Directory of college degree programs
  - Community College and Workforce Development has information regarding degree programs at the various community colleges
- Training registries
  - The Center maintains registries of all approved and certified Oregon Registry Trainer standards-based training sessions

**5. CAREER AND PERSONAL DEVELOPMENT**

5.1 A. Advising, Mentoring, and Coaching

- Statewide mentoring program as a system for established and recognized professionals to provide guidance and support to those new to the field who want to work on professional goals.
  - Mentors provide career development advising as part of working on mentee professional goals
  - Mentors received introductory training in their role as career counselor
- Child Care Health Consultation Project provides training and consultation on health-related topics (defined broadly).
  - The pilot mental health consultation projects provide training and consultation on mental health-related topics including challenging behaviors, assessing behaviors, and referral [processes
- On-site training and coaching at the Center as part of the Family Child Care Network Professional Development model
- Early Words Language and Literacy Project was developed with on-site mentoring as a follow-up to training sessions as a key component
- Peer support groups
  - OAEYC and OACCD and PRO and OFCCN provide on-going support and development of their membership
- Replicable model of a family childcare network connected to the career development system and intentional professional development activities.
  - Child Care Improvement Project at Early Head Start has established several Family Child Care networks
- Internships, assistantships, apprenticeships

- Leadership development
  - The Center promotes leadership development through the specialized trainings and supports established in the mentoring program
  - Oregon State University has implemented a two-year leadership development project.

## **6. PROFESSIONAL DEVELOPMENT DELIVERY METHODS**

### **6.1 A. Coordinated statewide basic informational sessions**

- Overviews of the child care system and regulation for potential child care providers
- Food Handler statewide certification specific to child care providers.

### **6.1 B. Coordinated statewide training initiatives**

- Child Care Health & Safety
- Building Blocks of Social-Emotional Development: Caring for Children 0-6
- Recognizing and Reporting Child Abuse and Neglect
- First by Five: Infant and Toddler

### **6.1 C. Standardized Curricula**

- Curricula that meet the Oregon Registry Trainer Program standards (Child Care Plus, Early Words, Early Brain Development Research and Implications, Rating Scales ITERS and FDCRS)
- Curricula that meet the Oregon Registry Trainer Program standards in development or pilot stages (Afterwords, Creating a Climate for Growth, TRACS, Ethics, Rating Scales ECERS)
- Other curricula in development or pilot stages (Creating a Climate for Growth, Dollars and Sense).

### **6.1 D. Training Delivery System / Trainers**

- Cadre of certified Oregon Registry Trainer Program trainers that work both independently and within the established delivery systems
  - Local Child Care Resource & Referral agencies
  - Professional organizations
  - Head Start programs
  - For-profit child care centers
  - Courses as modularized workshops
  - On-site delivery
    - Some community colleges have provided on-site delivery of classes to Head Start programs
- Distance learning
  - Community College consortium is working toward a statewide on-line AA degree program

- Some community colleges offer some CCE courses as on-line options

## **7. PUBLIC ENGAGEMENT EFFORTS AND INITIATIVES**

### **7.1 A. Public information on child care issues**

- Oregon has implemented statewide campaigns with consistent messages and identifiable materials
  - Oregon's Child Everyone's Business – early brain development curriculum and training
  - Five Steps to Quality Child Care – information for parents on how to find quality child care.
  - Employer of Choice Campaign – information on employer return on investment in employer-supported child care; information on Oregon tax credits available to employers that invest in child care for employees.

## **8. FUNDING**

### **8.1 A. Scholarships for professional development, courses, degrees**

- Oregon Community Foundation, through the Center, provides scholarship for family child care and center based care providers working toward professional goals such as:
  - Registry Certification
  - CDA credentialing
  - Professional Accreditation (NAFCC, NAA/NSACA, NAEYC)
  - credit coursework, and degree completion. Scholarships pay for tuition, assessments and accreditation fees, application fees, etc.
- Oregon Community Foundation, through the Community College Consortium, provides scholarship for ECE degree seeking students for tuition and other related costs.
- Local Commissions on Children and Families may provide scholarship support to meet local priorities for quality initiatives.

### **8.1 B. Program quality awards**

- Tiered reimbursement
  - Department of Human Services, Children, Adults and Families Division maintains a tiered reimbursement system to subsidy providers.
  - The DHS tiered reimbursement system (Enhanced Rate Program) is incorporated within the Oregon Registry Steps.