



**Child Care and Development Fund (CCDF) Plan**

for

**State/Territory Oregon**

**FFY 2016-2018**

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

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## **Introduction and How to Approach Plan Development**

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub. L. 113-186) ([https://www.acf.hhs.gov/sites/default/files/occ/child\\_care\\_and\\_development\\_block\\_grant\\_mark\\_up.pdf](https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf)). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

**CCDF Plan Overview.** The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

**CCDBG Implementation Deadlines.** In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

- Current overall status for this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-cdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization>. In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

**CCDF Plan Submission.** States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see <http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law.

In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

## 1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

### 1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, 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(c)(1))

#### 1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

- Name of Lead Agency ***Oregon Department of Education Early Learning Division***
- Address of Lead Agency ***775 Summer St NE, Salem, OR 97301***
- Name and Title of the Lead Agency Official ***Megan Irwin, Early Learning Systems Director***
- Phone Number ***503-378-2755***
- E-Mail Address ***megan.irwin@state.or.us***
- Web Address for Lead Agency (if any) ***www.ode.state.or.us***

1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator **Dawn Woods**

Title of CCDF Administrator **Child Care Director**

Address of CCDF Administrator **775 Summer St. NE, Salem, OR 97301**

Phone Number **503-947-1418**

E-Mail Address **dawn.a.woods@state.or.us**

b) Contact Information for CCDF Co-Administrator (if applicable):

Name of CCDF Co-Administrator \_\_\_\_\_

Title of CCDF Co-Administrator \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Description of the role of the Co-Administrator \_\_\_\_\_

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) \_\_\_\_\_

Web Address for CCDF program (for the public) (if any) **www.childcareinoregon.org**

Web Address for CCDF program policy manual (if any) \_\_\_\_\_

Web Address for CCDF program administrative rules (if any)

[http://arcweb.sos.state.or.us/pages/rules/oars\\_400/oar\\_414/414\\_tofc.html](http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_414/414_tofc.html)

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- Outreach and Consumer Education (section 2):
  - o Agency/Department/Entity **Early Learning Division**
  - o Name of Lead Contact **Dawn Woods**
- Subsidy/Financial Assistance (section 3 and section 4)
  - o Agency/Department/Entity **Early Learning Division**

- Name of Lead Contact ***Dawn Woods***
- Licensing/Monitoring (section 5):
  - Agency/Department/Entity ***Early Learning Division***
  - Name of Lead Contact ***Dawn Woods***
- Child Care Workforce (section 6):
  - Agency/Department/Entity ***Early Learning Division***
  - Name of Lead Contact ***Dawn Woods***
- Quality Improvement (section 7):
  - Agency/Department/Entity ***Early Learning Division***
  - Name of Lead Contact ***Dawn Woods***
- Grantee Accountability/Program Integrity (section 8):
  - Agency/Department/Entity ***Early Learning Division***
  - Name of Lead Contact ***Dawn Woods***

## 1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

- 1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

All program rules and policies are set or established at the State/Territory level.

Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

Eligibility rules and policies (e.g., income limits) are set by the:

State/Territory

County. If checked, describe the type of eligibility policies the county can set \_\_\_\_\_

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set \_\_\_\_\_

Other. Describe \_\_\_\_\_

Sliding fee scale is set by the:

State/Territory

County. If checked, describe the type of sliding fee scale policies the county can set \_\_\_\_\_

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set \_\_\_\_\_

Other. Describe \_\_\_\_\_

Payment rates are set by the:

State/Territory

County. If checked, describe the type of payment rate policies the county can set \_\_\_\_\_

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set \_\_\_\_\_

Other. Describe \_\_\_\_\_

Other. List and describe (e.g., quality improvement systems, payment practices) \_\_\_\_\_

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

CCDF Lead Agency

***The Lead Agency uses the eligibility rules, income limits, and payment rates that are established by DHS.***

TANF agency. Describe.

***Employment Related Day Care eligibility rules and program policies are established by the Department of Human Services (DHS), the TANF agency.***

Other State/Territory agency. Describe. \_\_\_\_\_

Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_

Child care resource and referral agencies. Describe. ?

Community-based organizations. Describe. ?

Other. Describe.

***A number of contracts to serve special populations provide eligibility determination services. This includes school district teen parent programs migrant/seasonal farm worker programs, inclusive child care programs through Oregon Council on Developmental Disabilities, and alcohol and drug treatment programs.***

b) Who assists parents in locating child care (consumer education)?

CCDF Lead Agency

TANF agency. Describe.

***Eligibility workers may assist parent in locating child care and will refer parents to local child care resource and referral agencies and to child care referral specialist at 211 beginning July 1, 2106***

Other State/Territory agency. Describe.

Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_

Child care resource and referral agencies. Describe.

***Twelve agencies provide statewide child care resource and referral services in geographic service delivery areas. Beginning July 1, 2016, 211 will provide statewide referral services.***

Community-based organizations. Describe.

***Local contracted programs that perform eligibility and determination also assist parents in location child care.***

Other. Describe. \_\_\_\_\_

c) Who issues payments?

CCDF Lead Agency ***ELD issues payments for the Special Populations program.***

TANF agency. Describe. ***DHS issues payments for the ERDC subsidy program.***

Other State/Territory agency. Describe. \_\_\_\_\_

Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_

Child care resource and referral agencies. Describe. \_\_\_\_\_

Community-based organizations. Describe. \_\_\_\_\_

Other. Describe. \_\_\_\_\_

### 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf)

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

- 1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

[REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe \_\_\_\_\_

- ***Oregon Speaker of the House workgroup on ERDC.***
- ***Early Learning Council includes elected County Commissioners or Judges.***
- ***The Early Learning Council is a 19 member board appointed by the Governor, made up of a citizen from each congressional district and at-large membership in compliance with the federal Head Start act.***
- ***Multiple updates are given to Oregon Association of Counties.***
- ***Each Early Learning Hub has an Advisory Council; many have local elected officials as members.***

[REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe

***The Early Learning Council (ELC) is the state advisory body, makes Early Learning System policy decisions and has rule-making authority for the Early Learning Division. The ELC signs off on the final version of the State Plan.***

- o If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

Yes

No.

- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy \_\_\_\_\_

[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with

***Oregon Statute 182.162 defines and guides the government to government relationship that exists between Oregon's nine recognized Tribes and the State of Oregon. The education cluster focuses on areas of partnership that expand along the education spectrum from early childhood to college and the health services cluster includes human services and child care subsidy.***

***DHS is the lead agency for the health services cluster and child care policy staff members lead discussions and provide updates related to child care services and subsidies in partnership with Tribes. In addition, staff members have facilitated meetings between eligibility program staff and the tribes to coordinate access to child care subsidy, discuss training for tribal child care providers, and to discuss how the CCDBG Act of 2014 is changing child care policy and practices.***

***Through the education cluster and work with Indian Health Services staff, moving forward partnerships efforts around the QRIS, child care training, health and safety standards alignment are being explored and vetted.***

Check N/A if no Indian Tribes and/or Tribal organizations in the State

State/Territory agency responsible for public education. Describe

***The Early Learning Division is part of the Department of Education and the Deputy Superintendent of Public Instruction serves on the Early Learning Council.***

State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe

***Early Intervention Early Childhood Special Education is within the Oregon Department of Education and represented on the Early Learning Division management Team. The Council on Developmental Disabilities of the Department of Human Services is the lead agency for Oregon's Special Populations Inclusive Child Care Program. Staff members from both programs are consulted on sections of the plan.***

State/Territory institutions for higher education, including community colleges. Describe

State/Territory agency responsible for child care licensing. Describe

***The Early Learning Division is responsible for child care licensing in the state.***

State/Territory office/director for Head Start State collaboration. Describe

***Head Start Collaboration Director is a member of the Early Learning Council and CCDF State Plan drafting committee.***

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe

***Department of Human Services and the Early Learning Council are leading the effort to partner with grantees and child care partners on this federal grant. The Early Head Start Child Care Partnership is actively engaged in subsidy accessibility.***

State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe

***The Child Care and Adult Food Program is part of the Oregon Department of Education. The Early Learning Division holds joint meetings with the Child and Adult Care Food Program and they are members of the Early Learning Partner Forum.***

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe

***The Oregon Health Authority is represented on the Early Learning Council as well as the Early Learning Partner Forum, an ad hoc group whose role is to provide input and advise the Early Learning Division on child care policy related to the CCDF state plan. There is also a standing Joint Early Learning Council/Oregon Health Policy Board responsible for deepening coordination and integration of early learning and health policy.***

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe

***The Early Learning Partner Forum (ELPF), previously called the Childhood Care and Education Coordinating Council, is an ad hoc group whose role is to provide input and advise the Early Learning Division on child care policy related to the CCDF state plan. Membership includes representation from child care resource and referral, child care unions, philanthropic organizations, Oregon Association for the Education of Young Children, Oregon Child Care Directors Association, Oregon Center for Career Development, Head Start, Early Head Start, Child and Adult Care Food Program, Oregon Health Authority, Oregon Library System, higher education, and child care providers.***

State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe

***The Oregon Health Authority is represented on the Early Learning Council and the Early Learning Division administers a component of the MIECHV program through its Healthy Families Oregon program***

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe

***The Oregon Health Authority administers the program and is represented on the Early Learning Council.***

McKinney-Vento State coordinators for Homeless Education. Describe

***Internal to Department of Education***

State/Territory agency responsible for public health. Describe

***The Oregon Health Authority is represented on the Early Learning Council***

State/Territory agency responsible for mental health. Describe

***The Oregon Health Authority is represented on the Early Learning Council***

State/Territory agency responsible for child welfare. Describe

***The Director of the Department of Human Services serves on the Early Learning Council***

State/Territory liaison for military child care programs. Describe

State/Territory agency responsible for employment services/workforce development. Describe \_\_\_\_\_

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe

***The Director of the Department of Human Services serves on the Early Learning Council***

State/community agencies serving refugee or immigrant families. Describe

***The Director of the Department of Human Services serves on the Early Learning Council***

Child care resource and referral agencies. Describe

***The CCR&R directors and staff participate in the Early Learning Partner Forum, contract to provide work outlined in the state plan, and serve as primary engagement audience for changes in federal law that will affect consumers of their services.***

Provider groups or associations. Describe

***The Oregon Association of Child Care Directors, the Oregon After School Network for Kids and the Oregon Association for the Education of Young Children are represented on the Early Learning Partner Forum.***

Labor organizations. Describe

***Service Employees International Union (SEIU) and the American Federation of State, County and Municipal Employees represent family child care workers in Oregon. Members and leadership participate on the Early Learning Partner Forum and are represented on the Early Learning Council***

Parent groups or organizations. Describe Parent input on CCDF state plan has been accomplished through ad hoc community engagement session.

***Parents are represented on the Early Learning Council. Additionally, parent engagement sessions were conducted for input on sections of the plan through partnerships with child care resource and referral agencies and the Early Learning Hubs..***

Other. Describe

1.3.2 Describe the Statewide/Territory-wide 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)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

**a)** Date(s) of notice of public hearing ***January 24, 2016***

**Reminder** - Must be at least 20 calendar days prior to the date of the public hearing.

**b)** How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

***Notifications are published in newspapers in the state and the hearings are available via livestream for accessibility.***

**c)** Date(s) of public hearing(s) ***February 18, 2016***

**Reminder** - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

**d)** Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed

***Livestream provides access to all geographic areas of the state.***

**e)** Describe how the content of the Plan was made available to the public in advance of the public hearing(s)

***The state plan is posted on the Early Learning Division website for at least 60 days prior to public hearing.***

**f)** How will the information provided by the public be taken into consideration in the provision of child care services under this Plan?

***The public has the ability to comment on the plan via website and through multiple engagement activities. All information is taken into consideration prior to plan submission. All comments are reviewed by policy staff and recommendations for accepting or considering changes are moved to the Management Team.***

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

Working with advisory committees. Describe

***The State Plan and State Plan Amendments are publicly available on the Early Learning Council and the Office of Child Care website. Drafts of the state plan are presented to the Child Care and Education Committee of the early Learning Council and the full Early Learning Council for input. These meetings require a public notice, are open to the public and livestreamed. Time is set aside at all Early Learning Council Meetings for public Testimony.***

Working with child care resource and referral agencies. Describe

***The State Plan and State Plan Amendments are publicly available on the ELC and OCC website***

Providing translation in other languages. Describe \_\_\_\_\_

Making available on the Lead Agency website. List the website  
[http://www.oregon.gov/OCC/Pages/state\\_plan.aspx](http://www.oregon.gov/OCC/Pages/state_plan.aspx)

Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe \_\_\_\_\_

***An announcement and link to the State Plan is posted on the Early Learning Division Facebook page.***

Providing notification to stakeholders (e.g., provider groups, parent groups). Describe

***Information on the CCDF State Plan goes out to stakeholders through the Early Learning Division electronic newsletter.***

Other. Describe \_\_\_\_\_

#### **1.4 Coordination with Partners to Expand Accessibility and Continuity of Care**

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination,

such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

[REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe

***The state coordinates with Head Start to provide full-day services through a contracted slot program. All quality rated Head Start programs providing full day services for working families are eligible for contracts. Early Head Start Child Care Partnership child care providers are also eligible to participate in the contracted slot program.***

[REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with.

***The Department of Human Services works with the Tribes through the Health Services Cluster Government to Government session as well as Tribal Prevention Quarterly meeting with Indian Child Welfare staff. Child care policy analysts work with regional Department of Human Services case workers and tribal CCDF representatives to share information on policy changes and coordinate linking comprehensive services.***

Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

[REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe

***Oregon Council on Developmental Disabilities, Inclusive Child Care program provides one-on-one consultations to families of children with disabilities for both the ERDC and Special Populations programs. CCR&Rs in some areas of the state also provide consultations to families and child care providers to support the delivery of the program statewide. Work will continue to expand accessibility and services.***

[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe

***The Oregon Department of Education's State Coordinator for Homeless Education Program and the Early Learning Division are co-convening a group with child care policy staff from the Department of Human Services to assess services to homeless***

***families and develop a plan to enhance educational outcomes for children whose families are experiencing homelessness.***

[REQUIRED] Early childhood programs serving children in foster care. Describe

***ERDC program is accessible to families serving children in foster care and foster care payments do not count toward ERDC eligibility. Department of Human Services child care staff will work with Department of Human Services Child Welfare staff to consider policy changes that encourage expanded accessibility to quality child care.***

State/Territory agency responsible for child care licensing. Describe

State/Territory agency with Head Start State collaboration grant. Describe

***The Early Learning Division houses Head Start Collaboration Director who also sits on the Early Learning Council. Extended day, comprehensive services and continuity of care are an ongoing part of the child care policy work of the division.***

State Advisory Council authorized by the Head Start Act. Describe

***Early Learning Council, which is staffed by the Early Learning Division will be involved in policy decisions for developing and linking services to children through the work of the Early Learning Hubs.***

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe

***Department of Human Services and Early Learning Division are coordinating grant implementation with local early learning and child care providers to develop a supply of quality extended day child care for vulnerable populations.***

McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe

***The Oregon Department of Education's State Coordinator for Homeless Education Program and the Early Learning Division are co-convening a group with child care policy staff from the Department of Human Services to assess services to homeless families and develop a plan to enhance educational outcomes for children whose families are experiencing homelessness.***

Child care resource and referral agencies. Describe

***Focused Family Child Care Networks are primarily established in child care resource and referral programs throughout the state in coordination with Early Learning Hubs.***

State/Territory agency responsible for public education. Describe \_\_\_\_\_

State/Territory institutions for higher education, including community colleges. Describe \_\_\_\_\_

- State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe \_\_\_\_\_
- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe \_\_\_\_\_
- Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe \_\_\_\_\_
- State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe \_\_\_\_\_
- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe \_\_\_\_\_
- State/Territory agency responsible for public health. Describe \_\_\_\_\_
- State/Territory agency responsible for mental health. Describe \_\_\_\_\_
- State/Territory agency responsible for child welfare. Describe \_\_\_\_\_
- State/Territory liaison for military child care programs. Describe \_\_\_\_\_
- State/Territory agency responsible for employment services/workforce development. Describe \_\_\_\_\_
- State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe \_\_\_\_\_
- State/Territory community agencies serving refugee or immigrant families. Describe \_\_\_\_\_
- Provider groups or associations. Describe \_\_\_\_\_
- Worker organizations. Describe \_\_\_\_\_
- Parent groups or organizations. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

***Early Learning Hubs, which coordinate resources focused on outcomes for children and families, currently have metrics focused on increasing access to early learning services for children whose families are on TANF or connected to child welfare.***

### 1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an

effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits ([https://www.whitehouse.gov/omb/circulars/a133\\_compliance\\_supplement\\_2014](https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014)), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes. If yes, describe at a minimum:

- How do you define “combine”
- Which funds will you combine
- Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) \_\_\_\_\_
- How are the funds tracked and method of oversight \_\_\_\_\_

No

## 1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement

among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

- 1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. \_\_\_\_\_

***Oregon has developed a model for partnering with public and private entities, tribes, and faith based organizations to leverage service delivery systems for child care and development services. Oregon has 16 established and functioning Early Learning Hubs with its own governing body and sponsored by regional partners including counties, cities, school districts, education service districts.***

***Through this model, Hubs coordinate resources focused on outcomes for children and families. Under the model, all sectors that touch early childhood education – health care, child care, human and social services, early childhood educators, K-12 school districts, and the private sector – have a common place to focus their efforts, resources, and strategies with a shared purpose.***

***The Early Learning Division and Department of Education have formalized a collaborative partnership that focuses on prenatal through third grade alignment (P-3) with several external organizations --including the Children's Institute, Oregon Community Foundation, the Ford Family Foundation, and Portland State University's Center on Early Childhood and Family Support Research. This public/private partnership has articulated a shared vision for P-3 in Oregon which focuses on building capacity and strengthening supports for local P-3 projects throughout the state, and has developed a shared work plan that includes activities such as the development of a P-3 resource website and creating opportunities for shared professional development for providers of early learning services and K-3 teachers.***

***The Oregon Community Foundation supports scholarships for child care to provide financial support for training and education for providers working in family child care, center child care, Head Start, and before/after school programs use the state supported professional development system, The Oregon Registry.***

***The Early Learning Division/Office of Child Care has provided CCDF Discretionary funds as a match for a Charles Steward Mott Foundation grant since 2005. These combined funds support the statewide afterschool network, Oregon After School for Kids (OregonASK), which 1) convenes a quarterly stakeholder meeting for school-age program operators, 2) provides QRIS and other quality improvement training to both management and front-line staff, 3) actively participates in the statewide STEM Council (science, technology, engineering, math), 4) represents and advocates for the***

*before and after-school workforce at statewide meetings, and 5) provides educational materials to statewide and national policymakers.*

## **1.7 Coordination with Local or Regional Child Care Resource and Referral Systems**

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute above.

### **1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?**

Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs.

***Child Care Resource and Referral agencies provide professional development and coaching to child care providers across the continuum of care. They deliver required training to meet state and federal regulations as well as support ongoing professional development to increase the training and education of child care providers. Child Care Resource and Referral agencies also provide support to child care programs to meet licensing and QRIS Standards.***

***Child Care Resource and Referral agencies work closely with employers, community planners and Early Learning Hubs to address the child care needs of their individual communities. They support the education and raise important child care needs and issues within their community.***

No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

## **1.8 Disaster Preparedness and Response Plan**

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

### **1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.**

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions

only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
September 16, 2016
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially implemented.**
  - Implemented requirements – Identify any requirement(s) implemented to date if applicable

***Access to online training for child care providers through Save the Children and FEMA; basic emergency & disaster preparation added to Oregon Kids Healthy and Safe and online Health & Safety training for both licensed and Regulated Subsidy providers; basic webpage for emergency preparedness for child care providers; changes to Oregon Administrative Rule (OAR) for Registered and Certified Child Care and Certified Center Child Care; training for Early Learning Division, Office of Child Care licensing staff; established emergency preparedness plans for Head Start/Oregon PreK programs.***

- Unmet requirement - Identify the requirement(s) not fully implemented  
***State level plan coordinated with the Oregon Office of Emergency Management, which includes testing the emergency system for early learning and child care providers. We do have a Business Continuation Plan in coordination with the Department of Education.***
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)  
***Coordinate with the Oregon Office of Emergency Management to include the Early Learning Division in the statewide emergency preparation plan. Participate in any statewide or regional roll-out of drills or other practice sessions.***
  - Projected start date for each activity ***May 2015***
  - Projected end date for each activity ***September 2016***
  - Agency – Who is responsible for complete implementation of this activity  
***Early Learning Division***
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity  
***Department of Education, Office of Emergency Management, Department of Human Services, and Portland State University.***

## 2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
  - a) the availability of child care assistance,
  - b) the quality of child care providers (if available),
  - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify.
  - d) Individuals with Disabilities Education Act (IDEA) programs and services,
  - e) Research and best practices in child development, and
  - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:

- a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
- b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
- c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

## 2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

### 2.1.1 Describe how the State/Territory informs families of availability of services.

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

\_\_\_\_\_

- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

***Local TANF, SNAP and social services offices, child care resource and referral agencies, contractors, community-based organizations, public schools, Early Learning Hubs, the Internet and 211.***

***<http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx> or***

***[www.childcareinoregon.org](http://www.childcareinoregon.org) or***

***[www.oregonchildcare.org](http://www.oregonchildcare.org) or***

***<http://oregonearlylearning.com/community-based-coordinators-of-early-learning-services-hubs/>***

- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?)

***The Department of Human Services provides information at local offices and through its website. Child care resource and referral agencies, Early Learning Hubs, and 211 employ web based referral and information that includes information on child care financial assistance.***

<http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx> or

[www.childcareinoregon.org](http://www.childcareinoregon.org) or

[www.oregonchildcare.org](http://www.oregonchildcare.org) or

<http://oregonearlylearning.com/community-based-coordinators-of-early-learning-services-hubs/>

2.1.2 How can parents apply for services? Check all that apply.

Electronically via online application, mobile app or email. Provide link

<http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx>

In-person interview or orientation. Describe agencies where these may occur.

***Local Department of Human Services offices, statewide child care resource and referral.***

Phone

Mail

At the child care site

At a child care resource and referral agency

Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe \_\_\_\_\_

Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe

***Department of Human Services has a coordinated application process linked to TANF, SNAP, ERDC that allows parents to apply for several programs at one time.***

Other strategies. Describe

***The Early Learning Division convened a cross sector work group in 2015 to develop a comprehensive system for parent referral and service enrollment that includes both child care and other early learning services. Goals include for families have access to current information, 24 hour/7 days a week, in a variety of modalities on early learning services, which include:***

- ***Child care referral***
- ***Home visiting***
- ***Oregon Head Start***

- **Early Intervention/Early Childhood Special Education**
- **Relief Nursery programs**
- **DHS Self-Sufficiency services**
- **Parent education opportunities**

***Services will be offered and provided in partnership with families in a culturally and linguistically responsive way.***

***Strategies to achieve these goals include a centralized database for early learning services that is adequately staffed to support multiple modalities. Families should be able to choose from a menu of services with clear information about eligibility and availability of these services. July 1, 2016 is the implementation date for a centralized database service to provide child care referrals and referrals for other early learning services.***

## **2.2 Consumer and Provider Education Information**

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children

from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

- Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

***September 30, 2016***

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_ ***The requirements are substantially implemented.***
  - Implementation requirement(s) – Identify any requirements implemented to date if applicable

***All required information is available to parents, providers and the general public through Child Care Resource and Referral, 211, and Department of Human Services websites. The Early Learning Division website revision will bring all required components into one easy to access site.***

- Unmet requirement - Identify the requirement(s) to be implemented

***The State does not currently have policies regarding the social-emotional/behavioral and early childhood mental health of young children, in early childhood programs receiving CCDF.***

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) ***Develop state policy in conjunction with policy development for Preschool Promise***
  - Projected start date for each activity \_\_\_\_\_ ***Started***
  - Projected end date for each activity \_\_\_\_\_ ***September 1, 2016***
  - Agency – Who is responsible for complete implementation of this activity  
***Oregon Department of Education, Early Learning Division***

- Partners – Who is the responsible agency partnering with to complete implementation of this activity

**Oregon Department of Human Services**

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, including accessible to persons with disabilities.

- a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public

***Information is made available through Department of Human Services branch offices during eligibility, renewal, and TANF orientations. At Community outreach meetings, through Community partners, Child Care Resource and Referral, 211, Community Action Agencies, Agency Website <http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx>***

***A communication plan has been developed for Oregon House Bill 2015 and Federal Reauthorization that will provide additional information to families on quality child care.***

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

***Direct communication through Department of Human Services staff delivery of information during eligibility or renewal process.***

***Consumer education material; ERDC brochure, DHS all program brochure, Child Care Provider Guide, Parent Guide to Child Care, Need a Child Care Provider? Flyer, Agency Website <http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx>***

***Consumer education materials used for the Employment Related Day Care subsidy program are translated from English into Spanish, Russian, Vietnamese and other essential languages as needed based on county demographics. The Department of Human Services website also has translated web pages that are accessible to non- or limited-English speaking Spanish, Russian and Vietnamese clients. All local DHS offices have access to the Language Line. Accommodations are made for individuals with disabilities.***

***All child care resource and referral agencies distribute materials in alternate languages and also have access to the Language Line through the Lead Agency account. Beginning July 1, 2016, 211 will provide consumer education information on the full diversity of child care services to parents and the public.***

***ERDC Orientations and Child Care Provider Overviews are also offered in Spanish, Russian and Vietnamese. Accommodations for individuals with disabilities is available for all trainings.***

- c) Describe who you partner with to make information about the full diversity of child care choices available

***Department of Human Services, CCR&R agencies, 211, Early Learning Hubs.***

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

***Oregon has cross-partner approach to communicating with families about early childhood experiences and is continuing this development through its federal Race to the Top Grant. Currently, contracts between the Early Learning Division and the statewide Child Care Resource & Referral entities and the Early Learning Hubs are examples of regional agencies that provide information to parents. This information is provided in a variety of ways, including telephone referrals, written materials, and electronic media.***

***Beginning July 1, 2016, 211 will make information about quality of child care available to the public through web based, telephone, email and text resources and referrals.***

***The Early Learning Division is also piloting Vroom, a mobile technology tool for parents, in several regions of the state.***

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

***Methods of communication vary by different geographic regions of the state. Given the significant rural areas to be reached, contracted entities must tailor their outreach methods to the unique needs of communities. Outreach includes mobile technology, website access, mailed materials, and webinars.***

- c) Describe who you partner with to make information about child care quality available

***The Early Learning Division contracts with statewide Child Care Resource & Referral entities, Early Learning Hubs, and Department of Human Services. If a parent does not have child care, DHS intake staff refer them to their local CCR&R for no-cost child care referrals. Beginning July 1, 2016, 211 will make information about child care quality available to the public.***

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum,

include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF)

***Department of Human Services intake process/front line workers, CCR&R staff, Early Learning Hubs***

- b) Head Start and Early Head Start Programs

***Department of Human Service intake process/front line workers, CCR&R staff, Early Learning Hubs, 211, Early Learning Division ( <http://oregonearlylearning.com/pre-k-experiences/> ) and through local Head Start programs' recruitment efforts.***

- c) Low Income Home Energy Assistance Program (LIHEAP)

***Department of Human Services intake process/front line workers, Oregon Housing Authority***

- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

***Department of Human Services intake process/front line workers, CCR&R staff, Early Learning Hubs***

- e) Women, Infants, and Children Program (WIC)

***Department of Human Services intake process/front line workers, CCR&R staff, 211, Early Learning Hubs***

- f) Child and Adult Care Food Program(CACFP)

***Department of Human Services intake process/front line workers; CCR&R staff, Child and Adult Care Food Program sponsor organizations***

- g) Medicaid

***Department of Human Services intake process/front line workers; CCR&R staff; Healthy Families Oregon program staff, Early Learning Hubs***

- h) Children's Health Insurance Program (CHIP)

***Oregon Health Authority is the lead agency for health services in Oregon. Other statewide information purveyors are: Department of Human Services intake process/front line workers; CCR&R staff; 211: Early Learning Hubs; Healthy Families Oregon staff; Early Learning Hubs***

- i) Individuals with Disabilities Education Act (IDEA)

***Department of Human Services intake process/front line workers; CCR&R staff; local school districts; and, Childhood Education Services providers through their Child Find efforts***

- j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)

***Oregon Pre-Kindergarten is the state-funded Head Start program. Information and referrals occur through CCR&Rs, Early Learning Hubs, 211, through the Early Learning Division ( <http://oregonearlylearning.com/pre-k-experiences> ); and through local programs recruitment efforts (which include information sharing with other programs that provide services to low-income families, such as the Department of Human Services.***

- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

***The Oregon Health Authority is the state lead for the Maternal, Infant and Early Childhood Home visiting grant. They contract with the Early Learning Division, Healthy Families Oregon program to fund 11 programs across 13 counties.***

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

- a) Temporary Assistance for Needy Families (TANF)

***Department of Human Services intake staff (eligibility and determination workers); CCR&R entities; Early Learning Hubs; 211***

- b) Head Start and Early Head Start Programs

***Information about Head Start/OPK is made available to other providers on the Early Learning Website (<http://oregonearlylearning.com/pre-k-experiences/>), through the Early Learning Hubs and 211.***

- c) Low Income Home Energy Assistance Program (LIHEAP)

***Department of Human Services intake staff; CCR&R entities; Early Learning Hubs; Oregon Housing and Community Services; 211***

Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

***DHS intake staff; CCR&R entities; Early Learning Hubs; Oregon Housing and Community Services; 211***

- d) Women, Infants, and Children Program (WIC)

***Department of Human Services intake staff; CCR&R entities; Early Learning Hubs; Healthy Families Oregon; Oregon Housing and Community Services; 211***

- e) Child and Adult Care Food Program(CACFP)

***Department of Human Services intake staff; CCR&R entities; Early Learning Hubs; Healthy Families Oregon; CACFP program sponsors; 211***

f) Medicaid

**Healthy Families Oregon; Oregon Health Authority**

g) Children's Health Insurance Program (CHIP)

**Oregon Health Authority; Healthy Families Oregon**

h) Individuals with Disabilities Education Act (IDEA)

**Oregon Health Authority; Department of Human Services; Council on Developmental Disabilities; Early Learning Hubs; CCR&R entities**

i) Other State/Federally Funded Child Care Programs (example-State Pre-K)

**Oregon Pre-Kindergarten is the state-funded Head Start program. Information and referrals occur through CCR&Rs, Early Learning Hubs, 211, through the Early Learning Division ( <http://oregonearlylearning.com/pre-k-experiences/> ); and through local programs recruitment efforts (which include information sharing with other programs that provide services to low-income families, such as the Department of Human Services.**

j) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

**Healthy Families Oregon; Great Start program.**

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement.  
(658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

**State will use VROOM, QRIS public education campaign.**

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

**State will use VROOM online information and QRIS public education campaign.**

c) Describe who you partner with to make information about research and best practices in child development available

**Early Learning Division; VROOM (contractor)**

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include

positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents

***Oregon's Kindergarten Entry Assessment, a requirement for all children as they enter publicly funded kindergarten programs, includes an evaluation of children's social-emotional development and approaches to learning. This measure uses a modified version of the Child Behavior Rating Scale. Children are assessed based on teacher observation of 15 classroom behaviors designed to evaluate children's self-regulation and interpersonal skills. Examples of items include children's ability to follow multi-step directions and to interact cooperatively with peers. Parents may request to see their child's scores on this measure, via a class roster report that includes child-level data. Some kindergarten programs proactively share child-level reports with families.***

***Healthy Families Oregon supports positive parenting and promotes nurturing parent-child relationships. Families are assessed through a strengths-based approach and linked to medical and other social service resources.***

ii. Providers

***Early learning providers are able to access Kindergarten Entry Assessment data on children's social emotional development via publicly available reports, which disaggregate the data by school district, school, and zip code. These data are also disaggregated by race/ethnicity, socio-economic status, English language learner status, and special education status. Additionally, Head Start and Oregon Pre-Kindergarten providers conduct the Teaching Strategies Gold formative assessment, which includes a component on children's social-emotional development and approaches to learning.***

***Culturally specific services are provided through staff that understand, acknowledge and respect the diverse needs of families and reflect the cultural, linguistic, geographic, and racial and ethnic characteristics of populations served.***

iii. General public

***Kindergarten Entry Assessment data, including both aggregated and disaggregated scores in the social-emotional and approaches to learning domain, are made available to the general public via a statewide report published to the Oregon Department of Education website. This report may be***

***filtered by County, school district, elementary school, or zip code. These data are also disaggregated by race/ethnicity, socio-economic status, English language learner status, and special education status.***

- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

***Oregon's Early Learning Division and Department of Education collaborate with external partners including the Children's Institute, the Oregon Community Foundation, the Ford Family Foundation, and Portland State University to ensure that the information on children's social/emotional development included in the statewide Kindergarten Entry Assessment is widely disseminated and well understood by all stakeholders. Additionally, Oregon's 16 Early Learning Hubs share regional data with their cross-sector partners and use this data to help target resources.***

- c) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link \_\_\_\_\_

**No.**

- School-age children from programs receiving child care assistance?

Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link \_\_\_\_\_

**No.**

#### 2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) \_\_\_\_\_ and:

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

***Oregon Health Authority contracts with pediatricians in all counties to deliver screening services to children (Oregon Health Plan screening). Child care providers participating in the QRIS are trained to conduct the screening or assist parents in conducting the screening. It is a requirement for star rated programs to provide screening. Developmental screening is also provided state-wide through Early Intervention, Early Childhood Special Education (EI/ECSE).***

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

***Oregon Health Authority contracts with Coordinated Care Providers for screening services. Early Learning Hubs refer parents to service providers who conduct developmental screening.***

**Not implemented.** If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implementation requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_

- Projected start date for each activity \_\_\_\_\_
- Projected end date for each activity \_\_\_\_\_
- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint \_\_\_\_\_

***An onsite assessment is conducted when a complaint is received. A substantiated complaint is considered “Valid”. A valid finding is defined as “there is evidence that the non-compliance occurred”.***

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

***Records are maintained in an electronic document management system for 30 years.***

c) How does the State/Territory make substantiated parental complaints available to the public on request

***Substantiated complaints can be viewed and are available on the Early Learning Division’s Office of Child Care website. Compliance staff also respond to requests from the public for information on compliance history.***

d) Describe how the State/Territory defines and maintains complaints from others about providers

***Parent complaints and complaints from others are assessed and maintained using the same policy and procedures.***

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages

- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other \_\_\_\_\_
- None

**2.2.11** If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages

***Spanish, Russian, Vietnamese plus all languages available through Language Line.***

**2.2.12** Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities \_\_\_\_\_

***The Early Learning Division and Department of Human Services jointly contract with the Oregon Council on Developmental Disabilities for inclusive child care services which provide 1) consultation services for parents of children with disabilities, and 2) supplemental payments to early learning providers to assist with care for children with very high needs (mental, physical and behavioral). The Oregon Council on Developmental Disabilities subcontracts with local child care resource and referral agencies to ensure that all areas of the state have access to the consultation services and supplemental payments.***

***The Oregon Council on Developmental Disabilities works with Department of Human Services frontline staff and CCR&R staff to 1) disseminate information about inclusive child care services, 2) educate parents seeking these services and 3) inform early learning providers about support services available to children in their care.***

### **2.3 Website for Consumer Education**

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than

November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website [redacted] and describe how the consumer education website meets the requirements to:
- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe [redacted]
  - b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers [redacted]
  - c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers [redacted]
  - d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings [redacted]
  - e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats differentiating between violations based on risk to children, and easy to locate and navigate [redacted]
- Not implemented.** If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017)  
**December 31, 2016**
  - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, in progress, partially completed, substantially completed, other) **In progress**
    - Implementation requirements – Identify any requirement(s) implemented to date if applicable

***Complaints for licensed providers, inspection reports for licensed providers.***

- Unmet Requirement(s) – Identify the requirement(s) to be implemented  
***Posted monitoring reports for all providers, complaints for Regulated Subsidy. Annual aggregate information on numbers of child injuries, deaths, and substantiated child abuse. Multiple formats for access by persons with disabilities.***
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
    - Projected start date for each activity **January 2016.**
    - Projected end date for each activity **September 2017.**
    - Agency – Who is responsible for complete implementation of this activity  
***Department of Education, Early Learning Division***
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity  
***Department of Human Services, Oregon State University, Western Oregon University, 211.***
- 1) Start January 4, 2016 – complete December 31, 2016: Monitoring reports online.***
  - 2) Start January 4, 2016 – complete December 31, 2016: Both licensed and license-exempt facility complaints online.***
  - 3) Start January 4, 2016 – complete December 31, 2016: Health and safety reports for Regulated Subsidy Providers online.***
  - 4) Start January 4, 2016 – complete December 31, 2016: Quality levels for licensed providers online.***
  - 5) Start January 4, 2016 – complete December 31, 2016: Annual aggregate information on numbers of child injuries, deaths, and substantiated child abuse available online.***
  - 6) Start February 2016 – complete August 2016: Develop and implement administrative rule for Regulated Subsidy Providers.***
  - 7) Start November 2016 – complete June 2016: Modify Interagency and Intergovernmental Agreements with Department of Human Services, Oregon Health Authority, Oregon State University, Western Oregon University, 211 to implement changes to administrative rule and policy.***

### 3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families’ work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family’s assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children and children in foster care if served pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

#### 3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

##### 3.1.1 Eligibility Criteria Based upon Child’s Age

- a) The CCDF program serves children from **birth** (weeks/months/years) to **under 13** years (through age 12).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B)), 658P(3))

Yes, and the upper age is **17** (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity.

***A child or youth under age 18 who may require a level of care above the norm for his/her age due to disabilities, emotional or behavioral disorders, or special health care needs. Same as special needs child.***

No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

Yes, and the upper age is **17** (may not equal or exceed age 19)

No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with – ***Child 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.***

b) in loco parentis – ***In place of the parent; may include, but is not limited to a step-parent, guardian, or legal guardian.***

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define “working, attending job training and education” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- Working

***At least one caretaker must receive income from employment, includes self-employment or through, paid work experience, paid practicum assignments and Federal work study as part of an education program. There are no required minimum work hours. However, if the amount of subsidy payment is less than the parents copayment there is no child care need, therefore, no eligibility. Child care need also means that the care is necessary to maintain employment. Working also includes job search for those who become unemployed during the ERDC certification period.***

- attending job training

***Caretakers who are newly employed or a current employee and participating in paid mandatory training as part of employment are considered "working" and would meet the requirement for eligibility.***

***There are student-parents accessing child care subsidies through the Inclusive Child Care program contracted by the Lead Agency, and administered by the Oregon Council for Developmental Disabilities. These parents have to meet the eligibility guidelines for the program and the child has to meet the state definition for 'special needs'.***

***For student-parents that meet eligibility for the Inclusive Child Care program, 'attending a job or educational program' means training or education that leads to a degree or certificate completion. Student-parents must be attending at least six (6) hours per work.***

- attending education

***Caretakers determined eligible for child care assistance based on employment can receive child care assistance for higher education that leads to a certificate, degree or job-related knowledge and skills. The hours approved for higher education cannot exceed the approved work hours or a combined total of 215 authorized child care hour per month.***

- b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Yes.

No. If no, describe additional requirements \_\_\_\_\_

- c) Does the Lead Agency provide child care to children in protective services?

Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services

***Children who have either experienced abuse or neglect or are at risk of abuse or neglect as a result of parent/primary caregiver's use and/or abuse of alcohol or other drugs. CCDF dollars are not used for children in protective services or under the care of the Department of Human Services, Child Protective Services.***

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

**Note** – If the Lead Agency elects 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 for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

No

3.1.4 Eligibility Criteria Based on Family Income

a) How does the Lead Agency define “income” for the purposes of eligibility at the point of determination?

- Definition of income

**Countable income includes all income received by the immediate family members living in the household except transfer income or earned income of children and foster care/guardianship payments. Gross income received through self-employment is allowed a 50% deduction or full cost (when verified) deduction.**

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here . Describe how many jurisdictions set their own income eligibility limits \_\_\_\_\_. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum “Entry” Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum “Exit” Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	3,046	2,589	N/A	N/A	N/A	N/A
2	3,983	3,386	2,457	61.6	N/A	N/A
3	4,921	4,183	3,099	62.9	N/A	N/A
4	5,858	4,979	3,739	63.8	N/A	N/A
5	6,795	5,776	4,381	64.4	N/A	N/A

**Reminder** - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at <http://aspe.hhs.gov/poverty/index.cfm> .

c) SMI Source and year

<http://www.liheapch.acf.hhs.gov/profiles/povertytables/FY2016/orsmi.htm> for Federal Fiscal Year 2016

d) These eligibility limits in column (c) became or will become effective on **02/01/2015**

e) Provide the link to the income eligibility limits

<http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/parents.aspx>

### 3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and “exit threshold”) or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory’s policy regarding graduated phase-out of assistance.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) and describe the policies and procedures for graduated phase-out

***The initial eligibility income limit for families is under 185% FPL. Once a family is determined eligible the income limit during the 12 month certification period and at recertification the (exit income limit) is under 85% SMI or 250% FPL whichever is higher. Increases in income that occur during an ongoing ERDC case do not need to be reported unless the income is at or above the exit income limit. ERDC cases that remain eligible above 85% SMI but under 250% FPL are paid through Oregon general funds. 250% FPL was set by Oregon Legislature.***

Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_

- Implemented requirements – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
- Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

### 3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

- Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

***When determining ERDC eligibility, initially or at recertification, income can be averaged over the 12 month period if the initial month income is lower or higher than what is expected for ongoing months. Income can also be averaged when income intended to cover a 12 month period is received over a shorter period of time. The family's copayment is determined at initial certification. The copayment will not increase during the 12 certification period due to wage increases or job changes.***

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to

complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirements – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents and include in the description what information is required and how often. There are no federal requirements for specific documentation or verification procedures.

Applicant identity. Describe

***Generally, this is checked one time by the subsidy agency for new applicants not in the system if the identity appears questionable. Verifying identity is confirmed through photo verification, wage stubs, birth certificate or other documentation.***

Applicant’s relationship to the child. Describe

***Subsidy agency checks applicant’s relationship to the child only if they are a new applicant, they are not in the agency system and it appears questionable. Verification is confirmed through birth certificate, letter of custody, baptismal certificate, military service papers, immigration papers, school records, social security card or records.***

Child’s information for determining eligibility (e.g., identity, age, etc.). Describe

***New applicants’ immigration status; child must be a citizen or meet residency requirements. If questionable, subsidy agency will review birth certificate, lawful permanent residency card, certificate of citizenship, or other documentation. No further verification is needed unless questionable or a change in citizen status is reported.***

Work. Describe

***Work and/or job training is verified by wage stubs, employer letter, W-2 forms, online sources at certification. Federal work study is verified by wage stubs and financial aid award letter at certification. Additional verification may be requested if the client requests an adjustment in benefits during their certification or a new member joins the filing group.***

Job training or Educational program. Describe

***Student status is verified by, school registration, current class schedule, federal financial aid letter. Federal financial aid letter or <https://fafsa.ed.gov/FAFSA/app/schoolSearch> to verify the institution is approved to receive federal financial aid. This is verified at certification if subsidy for school hours is requested.***

Family income. Describe

***Wage stubs, award letters, employer letters, tax document (self-employment) and online sources. Verified at certification and recertification.***

Household composition. Describe

***Subsidy agency checks household composition at certification and recertification only if it appears questionable through photo identification or identification card, voter registration card, birth certificate, wage stubs, letter of custody, adoption papers, or other documentation at certification and recertification.***

Applicant residence. Describe

***Subsidy agency requires applicants to live in Oregon and must intend to stay in Oregon. An Oregon residency address is required on the application for benefits at certification and recertification.***

Other. Describe

***Families may be eligible for subsidy if one parent is working and the second parent is not working and unable to adequately care for the children during that time. The family must document at certification and recertification the physical or mental health disability or a child protective services assessment that prevents ability to provide care. Department of Human Services field staff will pursue additional verification if any documentation is questionable or does not adequately verify the inability to provide child care. JOBS child care clients have already met the TANF eligibility requirements before they can participate. TANF eligibility and verification requirements are more stringent than ERDC requirements.***

**Reminder** – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-

CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

Time limit for making eligibility determinations. Describe length of time

***Subsidy agency has 45 days from the date subsidy is requested by an applicant to, obtain verification and determine eligibility. The 45 day time period can be extended if the client needs additional time due to circumstances beyond their control.***

Track and monitor the eligibility determination process

Other. Describe \_\_\_\_\_

None

3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required 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 (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

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 CCDF 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.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency: ***Oregon Department of Human Services***

b) Provide the following definitions established by the TANF agency.

- "appropriate child care"

*(a) both the provider and the place where care is provided meet the Department of Human Services' health, 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, developmental needs 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 requires informal child care providers to meet health and safety standards, including background checks. Care that does not meet the criteria in 'appropriate child care' would be considered unsuitable,*

- "affordable child care arrangements"

*Those where the expense to the parent(s) is less than ten percent of family income.*

•

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

In writing

Verbally

Other. Describe **NA**

List the citation to this TANF policy **461-130-0327**

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

### 3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

- a. Provide definition of “Children with special needs” ***A child or youth under age 18 who may require a level of care above the norm for his or her age, due to disabilities, emotional or behavioral disorders, or special health care needs*** and describe how services are prioritized ***A higher payment rate is available for children with special needs.***
- b. Provide definition of “Families with very low incomes” ***Children in families with incomes under 185 percent of the Federal Poverty Level*** and describe how services are prioritized: ***When the ERDC wait list is implemented families who meet specific requirements are able to bypass the waiting list. Those able to bypass the waiting list include families transitioning off TANF, families eligible in the current or preceding three months for the TANF Domestic Violence Survivor, children involved with Child Protective Services who have child care as part of their safety plan, families accessing a contracted child care slot, and families who are reapplying for ERDC after a break in eligibility of less than 2 calendar months.***
- c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) ***Families receiving TANF transition to ERDC without completing a new application to simplify the process and receive a waived copay in their transition month. When the waiting list is activated families recently transitioning off of TANF (have received TANF benefits within the last three calendar months), families eligible for TANF Domestic Violence Survivor program benefits in the current or preceding three months and families reapplying after a short break in eligibility (less than 2 calendar months) are allowed to bypass the ERDC waiting list when in effect.***

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children’s learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing

training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements  
***Priority processing allows homeless families who apply for ERDC to start receiving benefits immediately. The caretaker will initially self-report income and work hours, once the case is open the client is given 45 days to supply any required income verification. When the immunization requirement is not met families are given 12 months to comply or supply verification of a religious or medical exemption.***
- b. Procedures to conduct outreach to homeless families to improve access to child care services  
***Information about priority processing and definition of homeless is included on the multi-program benefit application, contract with local child care resource and referral agencies who refer families in need to DHS subsidy programs including child care. Invitations to attend an ERDC partner training on updated policies was extended to organizations that provide services to the homeless.***
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services  
***ERDC is opened immediately for children in foster care. The caretaker must self-report work status and gross family income. After the case is open the family is given 45 days to supply any needed verification, this time period can be extended. Families who mark "no" to immunization are given 12 months to comply with immunization requirements or supply verification of a religious or medical exemption.***

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirements – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

### **3.3 Protection for Working Parents**

#### **3.3.1 Twelve-Month Eligibility**

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State’s income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or

if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

***OAR's 461-170-0150, 461-170-0011, 461-160-0040. Families determined eligible for ERDC are given a 12 month certification period. Changes in income do not need to be reported unless income goes above the program exit income limit or the income change is a reduction and will reduce the family copayment. Child care hours can be increased during the certification period, but not decreased. This will allow for continuity of care. Caretakers who report timely a temporary job loss receive a waived copayment through the end of the month in which the layoff or seasonal job loss is in effect. Caretakers who report timely a permanent job loss are given up to a full three months of work search with a waived copayment. Caretakers on medical leave, including maternity leave receive a reduced copayment based on income during the leave period. Care takers who experience a Job loss or medical situations will be given an extended period of up to three months past the certification end date to find new employment or return to work.***

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirements – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_

- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

### 3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent’s non-temporary loss of work or cessation of attendance at a job training or education program?

- X** Yes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs

***OAR 461-160-0040(5), OAR 461-170-0011(3.a.) 461-170-0150(1) 461-180-0005(2.c.)The subsidy agency will terminate assistance prior to the 12th month if the parent has a permanent loss of employment. A permanent loss mean the caretaker does not plan to return to this employer, a return to work date was not given to the employee. Clients are given up to three full months with a waived copay to locate new employment. When new employment is not reported to the subsidy agency by the end of the client's work search period the case is closed. A work search notification letter with employment resources, a reminder to report new employment and the case closure date is automatically mailed to the client when a permanent job loss is reported. A second letter is automatically mailed to the client in the closure month.***

- No, the State/Territory does not allow this option.

### 3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

***Families are given a 45 day notice prior to their benefit end date. A recertification application is automatically sent with the 45 day notice. This gives families advance notice of when their re-determination is due. A re-application can be faxed, mailed, hand delivered to a Department of Human Services office. Interviews are done via phone, verification of income is done electronically when available, if not available verification can be mailed or faxed. Alignment with other programs when possible. An application for Employment Related Day Care (ERDC) is not required for families transitioning from TANF to ERDC. The caretaker's case manager can setup the ERDC case as soon as employment, wages and work hours are verified.***

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

**3.4 Family Contribution to Payment**

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

- 3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here . Describe how many jurisdictions set their own sliding fee scale \_\_\_\_\_. Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	N/A	N/A	N/A	\$2,456	\$575	23.4
3	N/A	N/A	N/A	\$3,098	\$730	23.5
4	N/A	N/A	N/A	\$3,738	\$885	23.6
5	N/A	N/A	N/A	\$4,380	\$1,037	23.6

a) What is the effective date of the sliding fee scale(s)? February 1, 2015

b) Provide the link to the sliding fee scale <https://apps.state.or.us/cf1/ERDC/>

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

Fee is a dollar amount and

Fee is per child with the same fee for each child

Fee is per child and discounted fee for two or more children

Fee is per child up to a maximum per family

No additional fee charged after certain number of children

Fee is per family

Fee is a percent of income and

Fee is per child with the same percentage applied for each child

Fee is per child and discounted percentage applied for two or more children

Fee is per child up to a maximum per family

No additional percentage applied charged after certain number of children

Fee is per family

Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe \_\_\_\_\_

Other. Describe **Minimum \$27 copayment is applied to families with at least one child in a contracted child care slot.**

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

Yes, and describe those additional factors using the checkboxes below.

Number of hours the child is in care

Lower copayments for higher quality of care as defined by the State/Territory

Other. Describe other factors \_\_\_\_\_

No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$ **616.00**.

No, the Lead Agency does not waive family contributions/co-payments.

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

Limits the maximum co-payment per family. Describe: ***The copayment is determined by calculating a percentage of the family's income at initial certification and recertification only. During the 12 month certification period the copay will not increase even if the clients wage increases.***

Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe \_\_\_\_\_

Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe: ***An increased exit limit for subsidy families, assists in closing the gap between the copayment and the total cost of care. This assists in reducing the cliff effect for most subsidy families. The copayment determine at initial eligibility will not increase during the 12 certification period when the clients wages increase.***

Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe \_\_\_\_\_

Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe \_\_\_\_\_

Other. Describe ***Copayments are waived for TANF families in the month they transition from TANF to ERDC. When a temporary or permanent job loss occurs the copayment is***

*waived until the client returns to their current employer or up to three month while they search for work. Copayments are waived for up to six month for a caretaker who is discharged from the military after returning from a war zone.*

## **4 Ensure Equal Access to High Quality Child Care for Low-Income Children**

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

### **4.1 Parental Choice In Relation to Certificates, Grants or Contracts**

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

- 4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

***Parents are advised at the time of application about options in selecting a child care provider. This information is offered through verbal and electronic communication from the Department of Human Services, from Child Care Resource and Referral agencies and from 211.***

- 4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories – such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers. (658E(c)(2)(A)(i), 658P(2), 658Q)) Check all that apply.

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of application
- Community outreach, workshops or other in-person activities
- Other. Describe **211 effective July 1, 2016**

- 4.1.3 Child Care Services Available through Grants or Contracts

- a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1) **Note:** Do not check “yes” if every provider is simply required to sign an agreement in order to be paid in the certificate program.

- Yes. If yes, **describe:**
  - the type(s) of child care services available through grants or contracts  
***Full day child care services for children 0-5, wrap-around care for children in Head Start or Early Head Start. Full day child care services for children 0-6 in contracted slots with the Oregon Programs of Quality pilot program. Contracted slots continue for those OPQ programs converting to QRIS star rated programs by December 2015.***

- the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)  
***Employment Related Day Care offers contracts through Head Start and Oregon Program of Quality pilot program. Child care providers are state-designated Oregon Programs of Quality facilities and have agreed to participate in Oregon's QRIS. All types of licensed facilities that are Oregon Programs of Quality designated will qualify based on the type of care offered. As part of the application process for Oregon Programs of Quality designation, providers agreed to provide services for subsidy eligible families. Contracts for Oregon Programs of Quality will remain active if QRIS star rating is achieved by December 2015.***
- the process for accessing grants or contracts  
***Caretakers who work 25 hours per week or more, have at least one children between the ages of birth to six, meet ERDC eligibility, and have work hours similar to the contracted provider's business hours can be reviewed for a contracted slot.***
- the range of providers available through grants or contracts  
***Center-based providers, family child care providers, and Head Start programs.***
- how rates for contracted slots are set through grants and contracts  
***All contracted payment rates are based on 1) the type of care offered, and 2) the geographic region of the state (Areas A, B and C).***
- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality  
***Child care facilities must be a Head Start, Early Head Start, or have the OPQ designation. These providers must obtain a QRIS star rating of three or above.***
- if contracts are offered statewide and/or locally  
***Contracts are offered locally and statewide.***

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts for:

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care

- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
  - Urban
  - Rural
- Other. Describe

- Improve the quality of child care programs with grants or contracts for:
  - Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
  - Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
  - Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
  - Programs to serve children with disabilities or special needs
  - Programs to serve infants and toddlers
  - Programs to serve school-age children
  - Programs to serve children needing non-traditional hour care
  - Programs to serve homeless children
  - Programs to serve children in underserved areas
  - Programs that serve children with diverse linguistic or cultural backgrounds
  - Programs that serve specific geographic areas
    - Urban
    - Rural
  - Other. Describe

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access.

***All contracted slots are with licensed child care facilities. State licensing regulation includes parental access as a requirement. Department of Human Services subsidy providers must***

***allow the custodial parent of a child in his or her care to have immediate access to the child(ren) at all times.***

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe \_\_\_\_\_

Restricted based on provider meeting a minimum age requirement. Describe ***Providers must be at least 18 years of age***

Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe \_\_\_\_\_

Restricted to care by relatives. Describe \_\_\_\_\_

Restricted to care for children with special needs or medical condition. Describe \_\_\_\_\_

Restricted to in-home providers that meet some basic health and safety requirements. Describe

***Providers self-attest to meeting basic health and safety requirements; a pre-service online Basic Health and Safety course must also be completed.***

Other. Describe \_\_\_\_\_

No

#### **4.2 Assessing Market Rates and Child Care Costs**

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval.

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and

referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- MRS
- Alternative Methodology. Describe \_\_\_\_\_
- Both. Describe

***Rates are set using the 2014 Oregon Child Care Market Price Study, collective bargaining agreement through the American Federation of State, County, and Municipal Employees, Council 75, for licensed child care providers, and the Service Employees International Union Local 503 for license-exempt family child care providers. The Legislature, through its budgeting process, provides guidelines for rates.***

- Other. Describe \_\_\_\_\_

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology. ***The Child Care Resource and Referral agencies were consulted regarding the database used, and collected complete geographically representative data. Members of the Oregon Child Care Research Partnership group, represented by researchers, staff from multiple agencies and other early learning stakeholders, were consulted. Leadership from American Federation of State, Municipal and County Employees were also consulted regarding data collection from their members.***

- 4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

***The 2014 Oregon Child Care Market Price Study was determined to be valid and reliable based on the completeness of the data, geographic representativeness, response rate and currency of the data. Price data was complete for 86 percent of facilities in the database. The 14 percent not represented included facilities that typically do not charge parents (i.e. Head Start), have complex rates, or choose to discuss rates directly with parents. Price data was collected from all 36 Oregon counties. The response rate was 99 percent with a six-month standard. 98 percent of prices in the database were updated within the three month period prior to the data pull.***

- 4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

- a) Geographic area (e.g., statewide or local markets)

***The geographic price analysis identified three geographic market area boundaries that are generally similar to those identified in the previous market rate studies. There are indications that Certified Center and Certified Family providers are beginning to create a small fourth subsection specifically located in western Multnomah County.***

- b) Type of provider

***Current rates were collected for all types of licensed child care providers.***

- c) Age of child

***Rates were collected for Infants (0-2), toddlers (2-3), preschool (3-6), school-aged school year (6-12 or through 17 with verification of special needs age), school-aged summer only programs.***

- d) Describe any other key variations examined by the market rate survey, such as quality level  
N/A

- 4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) ***January 5, 2015***

- b) Date report containing results was made widely available, no later than 30 days after the completion of the report ***February 28, 2015***

- c) How the report containing results was made widely available and provide the link where the report is posted if available

***A presentation was given on February 5, 2015 at the Early Learning Partner Forum, a long-standing workgroup composed of state agencies, provider groups including unions, community partners and stakeholders. An electronic copy of the completed publication was emailed to the above group during the first week of March 2015. Publication to the Oregon State University, Family Policy Center, Data and Publications website was done in March 2015.***

**[http://www.oregon.gov/OCC/OCC%20Forms/Document/CCMR%202014%20Report\\_Final.pdf](http://www.oregon.gov/OCC/OCC%20Forms/Document/CCMR%202014%20Report_Final.pdf)**

**<http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx>**

### 4.3 Setting Payment Rates

- 4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here . Describe how many jurisdictions set their own payment rates \_\_\_.
- a) Infant (6 months), full-time licensed center care in most populous geographic region
    - Rate **\$1255.00** per **monthly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
    - Percentile **75th**
  - b) Infant (6 months), full-time licensed FCC care in most populous geographic region
    - Rate **\$900.00** per **monthly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
    - Percentile **60th**
  - c) Toddler (18 months), full-time licensed center care in most populous geographic region
    - Rate **\$1255.00** per **monthly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
    - Percentile **75th**
  - d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
    - Rate **\$900.00** per **monthly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
    - Percentile **60th**
  - e) Preschooler (4 years), full-time licensed center care in most populous geographic region
    - Rate **\$ 965.00** per **monthly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
    - Percentile **75th**
  - f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
    - Rate **\$785.00** per **monthly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
    - Percentile **50th**
  - g) School-age child (6 years), full-time licensed center care in most populous geographic region

- Rate **\$850.00** \_per **monthly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile **75th**
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
- Rate **\$650.00** \_per **monthly** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile **75th**
- i) Describe the calculation/definition of full-time care ***Full-time care for a licensed child care provider is defined as at least 136 hours of care provided in a single month. The full-time care for license-exempt child care starts at 158 hours of care provided in a single month.***
- j) Provide the effective date of the payment rates ***January 1, 2016***
- k) Provide the link to the payment rates  
<http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/reates.aspx>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- Tiered rate/rate add-on for non-traditional hours. Describe \_\_\_\_\_
- Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe ***Children with special needs may be evaluated for the high needs supplemental payments through the Inclusive Child Care Program. This can be up to an additional \$5.00 per hour.***
- Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe \_\_\_\_\_
- Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe ***An add-on payment will be implemented in 2016 for high quality providers, rated at a three, four, or five star on the Oregon Quality Rating and Improvement System, who care for children of families receiving a subsidy. A reduced co-payment for families will be implemented in Fall 2016***
- Tiered rate/rate add-on for programs serving homeless children. Describe \_\_\_\_\_

Other tiered rate/rate add-on beyond the base rate. Describe \_\_\_\_\_

None.

4.3.2. Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology. ***Payment rates for centers are currently set at the 75<sup>th</sup> percentile of the 2014 Oregon Child Care Market Price Study (MPS). License-exempt family provider rates are based on the 2014 MPS as a percentage of the Registered Family Rate with adjustments based on the collective bargaining agreement. Payment rates for Family Child Care are pending updates based on the 75<sup>th</sup> percentile of the current MPS and the collective bargaining process. Payment incentives for QRIS rated providers was supported by the Oregon Legislature and are scheduled to be incorporated into the current payment structure in 2016.***

4.3.3 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

***Payment rates for Certified Centers are currently set at the 75<sup>th</sup> percentile of the 2014 Oregon Child Care Market Price Study. Family Child Care rates fall roughly at the 69<sup>th</sup> percentile of the 2014 MPS. Add-on payments for QRIS rated providers was supported by the Oregon Legislature and are scheduled to be incorporated into the current payment structure in 2016.***

#### 4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

Payment rates are set at the 75<sup>th</sup> percentile or higher of the most recent survey. Describe ***Family Child Care rates are currently at the 69<sup>th</sup> percentile pending AFSCME collective bargaining outcomes. Certified Center and license-exempt rates meet the 75<sup>th</sup> percentile of the 2014 Oregon Child Care Market Price Study.***

- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- Rates based on data on the cost to the provider of providing care meeting certain standards. Describe \_\_\_\_\_
- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe **Family Child Care rates are currently at the 69<sup>th</sup> percentile pending AFSCME collective bargaining outcomes. Certified Center and license-exempt rates meet the 75<sup>th</sup> percentile of the 2014 Oregon Child Care Market Price Study.**
- Data on the proportion of children receiving subsidy being served by high-quality providers. Describe \_\_\_\_\_
- Data on where children are being served showing access to the full range of providers. Describe \_\_\_\_\_
- Feedback from parents, including parent survey or parent complaints. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access **Oregon's maximum payment rates currently equal the 75<sup>th</sup> percentile of market prices observed in the 2014 Oregon Child Care Market Price Study for Certified Center and license-exempt rates. Family Child Care rates are currently at the 69<sup>th</sup> percentile.**
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
    - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

#### 4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory’s payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

- Fully implemented and meeting all Federal requirements outlined above. Describe using 4.5.2 through 4.5.3 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_

- Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency ...

Pays prospectively prior to the delivery of services. Describe \_\_\_\_\_

Pays within no more than 21 days of billing for services. Describe

***Payments are made within three to five business days of receipt of billing for services.***

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory's definition of occasional absences ***Providers can bill for absent days. Department of Human Services can pay for up to five days when a child is absent from care and the child was scheduled to be in care and it is the provider's policy to bill for absent days and the absent time is indicated on the child's attendance log. Department of Human Services will not pay for more than five consecutive days of scheduled care for which the child is absent.***

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe \_\_\_\_\_

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe \_\_\_\_\_

Pays on a full-time or part-time basis (rather than smaller increments such as hourly). ***The part-time monthly rate applies if the provider has an established part-time***

*monthly rate and the children are in care between 63 and 135 hours per month and the provider is designated as the primary provider for the family case. For these providers, the hourly rate applies when children are in care less than 63 hours per month.*

*The full-time monthly rate applies when children are in care 136 hours or more per month and when the provider is designated as the primary provider for the family case.*

***Contracted slots are paid at the full-time monthly rate.***

Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) \_\_\_\_\_

Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment \_\_\_\_\_

Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe ***Providers are given 90 days before a billing form is considered expired and no longer valid for payment. When a provider has a good cause reason for not submitting a billing form the Department of Human Services Direct Pay Unit will cancel and reissue the billing for payment. Direct Pay Unit works with providers, parents and Department of Human Services staff to resolve payment inaccuracies or disputes as quickly as possible. If a determination cannot be reached Direct Pay Unit and providers can contact Department of Human Services child care policy as another avenue to review the situation. When a provider disagrees with the outcome of a payment dispute a grievance can be filed with the union representing the provider.***

Other. Describe

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory

- Pays prospectively prior to the delivery of services. Describe ***Current system pays timely once services are provided. The child care program is legislatively capped with a waiting list. Paying prospectively would require major technical changes to the payment system, increase the costs to recuperate funds paid in error, increase the cost per case, and decrease the number of families able to be served.***

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe

***This is not used because, current process allows for missed days based on part-time or full-time rates as well as billing for up to 5 absent days. Current process delinks the provider payment from occasional absences.***

- Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe

***This is not used because DHS pays at a part-time or full-time rate and allows for up to five absence days. Current process delinks the provider payment from occasional absences.***

- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)  
***The current child care payment system is limited in how payments can be generated, additional flat fees and irregular payment would require major technical changes. The child care program is legislatively capped with a waiting list. Paying for additional fees would increase the cost per case and decrease the number of families able to be served.***

- Provides prompt notice to providers regarding any changes to the family’s eligibility status that may impact payment  
***System limitations do not allow notification prior to the current months billing form which is received by the first of each month. However, new 12 month policies and limited reporting, consistent authorized hours and stable copay’s will lessen impact on changes to families eligibility.***

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- Policy on length of time for making payments. Describe length of time

***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 Department of Human Services for the care they provided.***

- Track and monitor the payment process ***An automated payment line is available for providers to access to check the status of their pending payments.***

Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe ***Direct deposit is available and billing forms can be faxed directly into electronic document imaging for processing.***

Other. Describe \_\_\_\_\_

#### 4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Yes. Describe data sources ***Oregon Child Care Resource and Referral parent referral data and the 2014 Oregon Child Care Market Price Study. The Early Learning Hubs have also been tasked with using data to identify child care "hot spots" in their communities where they will focus their efforts to increase the number of QRIS rated providers.***

No. If no, how does the State/Territory determine most critical supply needs? \_\_\_\_\_

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other. Describe \_\_\_\_\_

b) Children with disabilities (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other. Describe \_\_\_\_\_

c) Children who receive care during non-traditional hours (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other. Describe \_\_\_\_\_

d) Homeless children (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other. Describe \_\_\_\_\_

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016 . Describe

***When the ERDC waiting list is not active any family can apply for and receive child care assistance if determined eligible. When the waiting list is activated, the following exceptions apply: 1) families transitioning off TANF (including refugee, State Family Pre-SSI, or TANF cash benefits in Oregon in any of the preceding three months), 2) ERDC filing group with a child eligible for a contracted slot with Head Start or an Oregon Program of Quality Program, 3) families currently receiving Temporary Assistance for Domestic Violence Survivors program benefits, and 4) families involved with Child Welfare as part of an assessment, open case, or transition and there is an***

***ongoing safety plan in place that states child care is needed to keep the child in his or her home, place the child with a relative or other known adult, or transition the family back home or out of stranger foster care.***

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

## 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

### 5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F)) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

- 5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care.

***Oregon has three categories of licensed child care. "Certified Child Care Center" means: a facility that is certified to care for 13 or more children, or a facility that is certified to care for 12 or fewer children and located in a building constructed as other than a single family dwelling. "Certified Family Child Care Home" means: a child care facility located in a building constructed as a single family dwelling that has certification to care for a maximum of 16 children at any one time. "Registered Family Child Care Home" means the residence of the provider, who has a current family child care registration at that address and who provides care in the family living quarters.***

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

- Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

***License exempt homes (caring for fewer than 3 children or children from one family) and relatives are exempt from licensing. Also exempt from licensing are facilities operated by a school district, a political subdivision of Oregon, or a government agency.***

***OAR 461-165-0180 outlines the eligibility requirements for child care providers to receive subsidy payment from Department of Human Services. This includes health and safety standards such as background checks, standards for the home/facility, supervision of children and protection from infectious diseases, compliance with state and federal laws related to child safety systems and seat belts in vehicles, bicycle safety, and crib standards under 16 CFR 1219 and 1220, placing infants to sleep on their backs, etc.***

***Providers are also required to report changes for everyone subject to a background check such as arrests, convictions and involvement with Child Protective Services. They must also report any new persons in the home/facility and new address. This may result in a new background check.***

***Providers self-declare on the provider listing form that they meet all health and safety requirements. Department of Human Services may request evidence of compliance.***

No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 5.1.4 and 5.1.5 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_  
***September 30, 2016***

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)
 

***The requirement is partially implemented. The state has established ratios for licensed facilities. Final requirements for ratios in facilities not required to be licensed has yet to be established in rule. Stakeholder engagement has begun.***

  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
 

***The state has established ratios for licensed facilities. Final requirements for ratios in facilities not required to be licensed has yet to be established in rule. Stakeholder engagement has begun.***
  - Unmet requirement - Identify the requirement(s) to be implemented
 

***Draft rules to cover ratios for license exempt child care centers.***
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity ***March 2016***
  - Projected end date for each activity ***August 2016***
  - Agency – Who is responsible for complete implementation of this activity ***Early Learning Division***
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity ***Department of Human Services***

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
  - State/Territory age definition ***"Infant" means a child who is a least six weeks of age but is not yet walking alone.***
  - Ratio ***4***
  - Group size ***8***
2. Toddler
  - State/Territory age definition ***"Toddler" means a child who is able to walk alone but is under 36 months of age. "Younger toddler" means a child who is able to walk alone but is under 24 months of age; "older toddler" means a child who is 24 months of age but under 36 months of age.***
  - Ratio ***4***
  - Group size ***8***
3. Preschool

- State/Territory age definition ***"Preschool-Age Child" means a child who is 36 months of age to eligible to be enrolled in the first grade and, during the months of summer vacation from school, eligible to be enrolled in the first grade in the next school year. For purposes of these rules, children attending kindergarten may be considered school-age children.***
- Ratio **10**
- Group size **20**

4. School-Age

- State/Territory age definition ***"School-Age Child" means a child eligible to be enrolled in the first grade or above and, during the months of summer vacation from school, a child eligible to be enrolled in the first grade or above in the next school year, up to age 13. For purposes of these rules, children attending kindergarten may be considered school-age children.***
- Ratio **15**
- Group size **30**

5. If any of the responses above are different for exempt child care centers, describe



6. Describe, if applicable, ratios and group sizes for centers with mixed age groups



b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition ***"Infant" means a child who is at least six weeks of age but is not yet walking alone.***
- Ratio **4**
- Group size **12**

2. Toddler

- State/Territory age definition ***"Toddler" means a child who is able to walk alone but is under 36 months of age. "Younger Toddler" means a child who is able to walk alone but is under 24 months of age; "Older Toddler" means a child who is at least 24 months of age but under 36 months of age.***
- Ratio **4**
- Group size **12**

3. Preschool

- State/Territory age definition ***"Preschool-Age Child" means a child 36 months of age to eligible to be enrolled in the first grade and, during the months of summer vacation from school, eligible to be enrolled in the first grade in the next school year.***
- Ratio **10**
- Group size **12**

4. School-Age

- State/Territory age definition ***"School-Age Child" means a child eligible to be enrolled in the first grade or above and, during the months of summer***

***vacation from school, a child eligible to be enrolled in the first grade or above in the next school year.***

- Ratio **15**
- Group size **16**

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

***A maximum of 16 children total is allowed. The provider's own children are required to be counted in the number of children in care. The total number of children allowed to be in care is dependent on the total number of qualified caregivers and the ages of children in care.***

6. If any of the responses above are different for exempt group child care homes, describe

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios:

***No more than 10, no more than 2 under 24 months, no more than 6 preschool or younger, group size 10, the threshold for when licensing is required 4, maximum number of children that are allowed in the home at any one time 10, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size yes, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day infants- 2 under 24 months, preschool, six total including the infants and four additional school age children.***

2. If any of the responses above are different for exempt family child care home providers, describe. ***Exempt family home providers may not care for more than three children unless the children are from one family. The provider's children do not count.***

d) Any other eligible CCDF provider categories:

Describe the ratios , group size , the threshold for when licensing is required , maximum number of children that are allowed in the home at any one time , if the State/Territory requires related children to be included in the child-to-provider ratio or group size , or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

- 5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher: ***at least 18 years of age with a minimum of documentation of attaining step 8.5 in the Oregon Registry or at least two years of qualifying teacher experience in the care of infants and/or toddlers*** and assistant teacher qualifications: ***at least 18 years of age with documentation of attaining step 8 in the Oregon Registry or completion of 15 credits of training at a college or university in ECE or Child Development and at least six months qualifying teaching experience in the care of infants and/or toddlers.***
2. Toddler lead teacher ***at least 18 years of age with a minimum of documentation of attaining step 8.5 in the Oregon Registry or at least two years of qualifying teacher experience in the care of infants and/or toddlers*** and assistant teacher qualifications ***at least 18 years of age with documentation of attaining step 8 in the Oregon Registry or completion of 15 credits of training at a college or university in ECE or Child Development and at least six months qualifying teaching experience in the care of infants and/or toddlers.***
3. Preschool lead teacher ***at least 18 years of age with a minimum of documentation of attaining step 8.5 in the Oregon Registry or at least two years of qualifying teacher experience in the care of preschool-age children*** and assistant teacher qualifications: ***at least 18 years of age with documentation of attaining step 8 in the Oregon Registry or completion of 15 credits of training at a college or university in ECE or Child Development and at least six months qualifying teaching experience in the care of preschool-age children.***
4. School-Age lead teacher ***at least 18 years of age with a minimum of documentation of attaining step 8.5 in the Oregon Registry or at least two years of qualifying teacher experience in the care of school-age children*** and assistant teacher qualifications: ***at least 18 years of age with documentation of attaining step 8 in the Oregon Registry or completion of 15 credits of training at a college or university in ECE or Child Development and at least six months qualifying teaching experience in the care of school-age children.***
5. Director qualifications: ***at least 21 years of age with one year training or experience in management and supervision of adults; and knowledge of child development for the ages served in the center or documentation of step 9 on the Oregon Registry or equivalent knowledge evidenced by a combination of professional references, education, experience and training.***

b) Licensed Group Child Care Homes:

1. Infant lead teacher: ***One year experience as a family child care provider, or experience in center based setting, or 30 quarter college credits in Early Childhood Education*** and assistant qualifications: ***be at least 15 years of age and work under the direct supervision of the provider.***

2. Toddler lead teacher ***One year experience as a family child care provider, or experience in center based setting, or 30 quarter college credits in Early Childhood Education*** and assistant qualifications: ***be at least 15 years of age and work under the direct supervision of the provider.***
  3. Preschool lead teacher ***One year experience as a family child care provider, or experience in center based setting, or 30 quarter college credits in Early Childhood Education.*** and assistant qualifications: ***be at least 15 years of age and work under the direct supervision of the provider.***
  4. School-Age lead teacher ***One year experience as a family child care provider, or experience in center based setting, or 30 quarter college credits in Early Childhood Education*** and assistant qualifications: ***be at least 15 years of age and work under the direct supervision of the provider.***
- N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications: ***18 years of age.***

d) Other eligible CCDF provider qualifications: ***18 years of age***

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

- a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:
  - Prevention and control of infectious diseases (including immunization)
  - Prevention of sudden infant death syndrome and use of safe sleeping practices
  - Administration of medication, consistent with standards for parental consent
  - Prevention of and response to emergencies due to food and allergic reactions
  - Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
  - Prevention of shaken baby syndrome and abusive head trauma

- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016. Provide a citation and link if available.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**9/30/2016**
- Overall Status – Describe the State/Territory’s status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implementation requirement(s) – Identify any requirement(s) any requirements implemented to date \_\_\_\_\_  
***The state has substantially implemented this requirement. Requirements are established in rule for Certified Center and Certified Family Child Care licensed facilities. License exempt CCDF providers complete pre-service training that address most of the health and safety requirements. The training will be updated to include missing topic areas.***
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_  
***The Health and Safety training needs to be updated to include all topics and to require First Aid, CPR and a course on Recognizing and Reporting Child Abuse and Neglect (RRCAN).***
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity **Started**

- Projected end date for each activity **September 2016**
- Agency – Who is responsible for complete implementation of this activity **Early Learning Division**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity **Department of Human Services**

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_ **September 2016**
- Overall Status – Describe the State/Territory’s status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_ **The requirement for pre-service and ongoing training is substantially implemented.**

- Implemented requirement(s) – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
- Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_

**Requirement for license exempt individuals and facilities to complete first aid and CPR, RRCAN and to complete ongoing training requirements is not yet implemented.**

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_ **Rule changes, modify collective bargaining agreement, modify pre-service curriculum.**
  - Projected start date for each activity \_\_\_\_\_ **Started**
  - Projected end date for each activity \_\_\_\_\_ **September 2016**
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_ **Early Learning Division**
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_ **Department of Human Services**

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

- Nutrition (including age appropriate feeding). Describe
- Access to physical activity. Describe
- Screen time. Describe
- Recognition and reporting of child abuse and neglect. Describe

**The State requires all caregivers in licensed child care facilities to complete a two hour child abuse and neglect recognition and reporting training based on Oregon Law. Beginning September 2016, Regulated Subsidy providers will be required to complete a training on recognizing and reporting child abuse and neglect.**

- Caring for children with special needs. Describe
- Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children’s health and safety. Describe

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. **Relatives are exempt from SOME health and safety requirements. All relatives are required to complete the preservice health and safety online training but are not required to complete first aid, CPR and RRCAN. Relatives caring for children self-certify that meet the health and safety requirements.**

Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. \_\_\_\_\_

No, relatives are not exempt from CCDF health and safety training requirements.

## 5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation \_\_\_\_\_ **OAR 461-165-0180. All requirements are in the DHS Provider Guide.**

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

- a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State’s licensure requirements. (658E(c)(2)(K)(i)(I))
- Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State’s licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting : \_\_\_\_\_
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities,

necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
\_\_\_\_\_ **November 19, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_ **The state has substantially implemented this requirement.**
  - Implementation requirement(s) – Identify any requirement(s) implemented to date if applicable

***Desired attributes for the licensing specialist position include background and education in child care settings. Current practice is to recruit and retain staff members that reflect cultural and language diversity of the provider population served. All new licensing staff are trained in all aspects of the state’s licensing requirements.***

- Unmet requirement - Identify the requirement(s) to be implemented

***Need to update the position description to address qualifications and to refine training to assure all licensing specialists are trained in related health and safety requirements.***

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_ **Develop new licensing specialist training modules.**
  - Projected start date for each activity \_\_\_\_\_ **Started**
  - Projected end date for each activity \_\_\_\_\_ **August 2016**
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_ **Early Learning Division**
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for

compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

- Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits \_\_\_\_\_
- No.** If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
**November 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)  
**The state has substantially implemented this requirement. The only addition necessary is to include an unannounced annual inspection for Registered Family Child Care Homes.**
  - Implementation requirement(s)– Identify any requirement(s) implemented to date **Started**
  - Unmet requirement - Identify the requirement(s) to be implemented **Annual unannounced monitoring inspection for Registered Family Child Care.**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) **Change practice making announced inspection unannounced.**
  - Projected start date for each activity \_\_\_\_\_ **October 2016**
  - Projected end date for each activity \_\_\_\_\_ **October 2016**
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_ **Early Learning Division**
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an

annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

- Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements : \_\_\_\_\_
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than November 19, 2016)  
\_\_\_\_\_ **November 2016**
  - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_  
**Not yet started**
    - Implementation requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_  
**Workgroup underway with work plan for November 2016 implementation.**
    - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_  
**Annual monitoring visit of CCDF license exempt providers.**
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_  
**Develop rules for Regulated Subsidy providers (RS), develop staff protocols and manuals, develop staff training plan, train staff**
    - Projected start date for each activity \_\_\_\_\_ **Started**
    - Projected end date for each activity \_\_\_\_\_ **September 2016**
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_ **Early Learning Division**
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_ **Department of Human Services.**

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors :

***State practice is to maintain a ratio of one licensing specialist per 70 – 75 centers or center equivalent. Two Certified Family or three Registered Family Child Care facilities are equivalent to one center. Lower ratios take into account travel distances and language factor .***

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

- Yes. Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency’s policy citation(s) \_\_\_\_\_ **ORS 419B.005 through 419B.050**
  - No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
    - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_
  - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

- Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements,

describe how the State ensures the health and safety of children in relative care.

***Providers self-declare on the provider listing form that they meet all health and safety requirements. Department of Human Services may request evidence of compliance. OAR 461-165-0180 outlines the eligibility requirements for child care providers to receive subsidy payment from Department of Human Services. This includes health and safety standards such as background checks, standards for the home, supervision of children and protection from infectious diseases, compliance with state and federal laws related to child safety systems and seat belts in vehicles, bicycle safety, and crib standards under 16 CFR 1219 and 1220, placing infants to sleep on their backs, etc.***

- Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt and include how the State/Territory ensures the health and safety of children in relative care. \_\_\_\_\_
- No, relatives are not exempt from inspection requirements.

### **5.3 Criminal Background Checks**

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other individuals in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the policy citation within the Lead Agency's rules \_\_\_\_\_ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017) **9.30.17**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_

***The process is substantially implemented as a majority of the process is used with a subset of subject individuals. Process for interstate child abuse and neglect checks is not implemented***

- Implemented requirement(s)– Identify any requirement(s) implemented to date \_\_\_\_\_

***Capability for fingerprint background check is fully implemented***

- Unmet requirement - Identify the requirement(s) not fully implemented

***Only select individuals are subject to fingerprinting at this time.***

***The requirement to search the child abuse and neglect registry for other states where the applicant has resided over the last 5 years is not yet started.***

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) See Table 5
  - Projected start date for each activity \_\_\_\_\_ ***Started***
  - Projected end date for each activity \_\_\_\_\_ ***September 2017***
  - Agency – Who is responsible for complete implementation of this activity ***Early Learning Division and Department of Human Services***
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity ***Oregon State Police***

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3<sup>rd</sup> party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for the applicants to appeal the results of background checks. \_\_\_\_\_

***Background checks for staff and subject individuals in licensed facilities are conducted by the Early Learning Division. Background checks for Regulated Subsidy Providers that are license exempt are conducted within the Background Check Unit of the Department of Human Services. Both agencies have online application with maximum 48 hour processing for name based records check through Oregon State Police Law Enforcement Data System (LEDS). When national fingerprint check is required, individuals can submit fingerprint card or electronic prints.***

- 5.3.3 Describe how the State/Territory is assisting other States process background checks, including any agencies/entities responsible for responding to requests from other states

***The Background Check Unit serves the Department of Human Services and maintains the database that meets the Adam Walsh Act requirements. The Background Check Unit responds directly to other state requests.***

- 5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes. Describe. ***The state has a suitability determination process at the Early Learning Division and a weighing test at Department of Human Services. Both agencies maintain a right to a contested case hearing.***

No

- 5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

Yes. Describe. ***In addition to crimes listed, felonies and misdemeanors considered crimes against persons are considered. This includes property, including theft, involving fraud or deception, crimes against the state and public justice, public order including firearms, against public health, decency and animals, and major traffic crimes.***

No

- 5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

Yes, all relatives are exempt from all background check requirements.

Yes, some relatives are exempt from the background check requirements. If the State/Territory exempts some relatives from background check requirements, describe which relatives are exempt from which requirements (some or all). \_\_\_\_\_

No, relatives are not exempt from background checks.

- 5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3<sup>rd</sup> party vendor or contractor, Lead Agencies can report that no fees are charged if applicable.

***Currently, the state subsidizes all background checks processing and administrative costs. Fees charged are less than the actual cost***

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue.

***The Early Learning Division Office of Child Care website and the Department of Human Services website publish information on rules, policies and procedures and background check application forms provides instructional information.***

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes. List types of crime included in the aggregated data \_\_\_\_\_

No

## **6 Recruit and Retain a Qualified and Effective Child Care Workforce**

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

### **6.1 Training and Professional Development Requirements**

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12.

(658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

- 6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.
- c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
- d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
- e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English

language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2106. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**September 30, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) ***Substantially Developed***
  - Implemented requirement(s) – Identify any requirement(s) to be implemented  
***Oregon has adopted the Head Start Child Development and Early Learning Framework as our State’s Early Learning Guidelines. The guidelines have been drafted, and storyboarded and are being updated to reflect the new Head Start Early Learning Outcomes Framework and will be assembled into an online training.***
  - Unmet requirement - Identify the requirement(s) to be implemented  
***Training specific to the State’s Early Learning Guidelines.***
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_

***Start date Jan. 2016 - Draft any changes necessary to the Early Learning Guidelines storyboards based on Office of Head Start changes to the Early Learning Outcomes Framework. Build online training modules in all identified languages. Test modules and go live. End Date: August 2016***

- Agency – Who is responsible for complete implementation of this activity ***Early Learning Division***
- Partners – Who is the responsible agency partnering with to complete implementation of this activity ***Oregon Center for Career Development in Childhood Care and Education***

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

State/Territory professional standards and competencies. Describe

***Using research based approaches that scaffold from introductory to intermediate to advanced, the Core Body of Knowledge is the basis for the training and education essential for on-going professional development in the childhood care and education profession. The 10 Core Body of Knowledge Categories incorporate increased depth and breadth of knowledge moving into application and practice to support the developmental needs of young children. These include Diversity; Families & Community Systems; Health, Safety & Nutrition; Human Growth & Development; Learning Environments & Curriculum; Observation & Assessment; Personal, Professional & Leadership Development; Program Management; Special Needs; and Understanding & Guiding Behavior. These core knowledge categories apply across all age groups for whom early learning professionals provide care.***

Career ladder or lattice. Describe

***The Oregon Registry: Pathways for Professional Recognition in Childhood Care and Education is a statewide program that records and recognizes the professional development growth and achievement of those who work with and for children and families. The major forms and documents for the Career ladder are translated in Spanish and Russian.***

Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe

***Oregon currently has several articulation agreements between two and four year postsecondary early childhood education or degree programs. We currently have two 'credit for prior learning' options that individuals can access. Early learning providers can submit a Child Development Credential (CDA) to a community college and receive 8-15 early childhood education credits depending on the college. Early learning providers can also submit evidence of an Oregon Registry step 7 to their community college to receive 9-15 early childhood education credits depending on the college.***

- Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe

***All community based training is approved by the Oregon Center for Career Development. This training must meet the Career Lattice's training and education criteria. The training must meet at least one of the Oregon Registry's core knowledge category. There are currently several trainings available in key languages. Increasing the availability of community based trainings that are developed and delivered to Oregon's language diverse early learning providers is a priority for Oregon. Training requirements will be reviewed to ensure more inclusivity of training/trainers that meet a variety of cultural and linguistic needs.***

- Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe

***The Early Learning Division collects compensation information on child care center teachers and Head teachers. The Oregon Registry monthly report tracks Oregon Registry step growth, by county each month. The Oregon Registry also tracks race, ethnicity and primary languages of the early learning workforce. We track and report on retention, education, and training, compensation of the workforce on an annual basis.***

- Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe

***The Early Learning Division coordinates a cross sector group of early learning professionals in a Professional Development Committee. This committee provides feedback on professional development solutions at all stages of Oregon's professional development system.***

- Continuing education unit trainings and credit-bearing professional development. Describe

***Oregon's ongoing training and progression of professional development provides entry level training and builds to advanced training and educational degrees. Professionals can advance through a variety of pathways, including community-based trainings, college credits, college degrees and/or a combination.***

- State-approved trainings. Describe

***Standardized community trainings and conference workshops are offered to all professionals. These trainings can be used to gain college credit and articulated into degrees.***

Inclusion in state and/or regional workforce and economic development plans.  
Describe

Other. Describe

- 6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

***For licensing rule requirements, direction and feedback is received from the Early Learning Council. The Professional Development Committee is a cross sector early learning committee that serves as a solution based committee to provide guidance and feedback on the professional development topics such as the OR. Registry, OR. Registry trainer program, and other training and education topics.***

- 6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements. (see Information Memorandum on Children's Social Emotional and Behavioral Health <http://www.acf.hhs.gov/programs/occ/resource/im-2015-01> )

***Oregon's early learning and development guidelines consists of Oregon's Early Childhood Foundation used for children 0-3, the Head Start Child Development and Early Learning Guidelines used for children ages 3-5 and school age programs connect activities with Oregon's K-8 Achievement Standards. An online training will be available by September 30, 2016 on the standards for children 0-3 and 3-5 to provide a broad based approach in understanding what we what children to be able to know and do across the early learning system. The Oregon Registry Trainer program has incorporated the early learning and development guidelines into training proposal forms and the QRIS requires curriculum and assessments that align with Oregon's early learning and development guidelines.***

- 6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

***Oregon's Early Learning Division contract with CCR&R's to provide training to providers in their communities. The CCR&R's add all their trainings to the online training calendar, as well as advertise in CCR&R newsletters. The Oregon Center for Career Development offers several training of trainers throughout the state so that all geographic areas can send representatives to become a trainer of that curriculum. Oregon Center for Career Development provides technical assistance to trainers before, after and during the application process to become a trainer. The Early Learning Division recognizes the importance of trainers who represent the communities that they are training.***

- 6.1.6 Describe how the State/Territory’s training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

***The State’s training requirements give direction on type of training but not specific training titles (except for Safety set – First Aid, CPR, Recognizing and Reporting Child Abuse and Neglect, and Food Handler). This allows child care providers to fulfill the requirements while concentrating on a specific age group such as school agers, or a topic of need or interest such as special needs. The CCR&R’s list the relevant age group for each training and core knowledge category. The Safety Set requirements are core classes that help to prevent serious injury, death, or child abuse.***

***The Child Care Resource and Referral programs are a training resource in all geographic areas in Oregon with concentration on access for English language learners or training in other languages throughout the state. All standardized trainings are developed in multiple languages.***

- 6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

- Financial assistance for attaining credentials and post-secondary degrees. Describe ***Professionals attending the Director’s Cohort training or the Building a Business Cohort training receive the required training for the director’s credential. Partner scholarships cover the majority of the cost of the training leading to the director credential.***

***198 early learning practitioners received RTT supplemental scholarships that paid 100% of their community college tuition and fees. 75 of these students receive supplemental funds to pay for books, and other college related expenses.***

- Financial incentives linked to education attainment and retention. Describe

***The Oregon Registry Step Awards are given to individuals advancing on the Oregon Registry in the following manner:***

***Milestone 1: \$100 at Step 3 through Step 6 of the Oregon Registry***

***Milestone 2: \$150 at Step 7 through 8.5 of the Oregon Registry***

***Milestone 3: \$200 at Step 9 or above of the Oregon Registry***

- Registered apprenticeship programs. Describe \_\_\_\_\_
- Outreach to high school (including career and technical) students. Describe \_\_\_\_\_
- Policies for paid sick leave. Describe \_\_\_\_\_

- Policies for paid annual leave. Describe \_\_\_\_\_
- Policies for health care benefits. Describe \_\_\_\_\_
- Policies for retirement benefits. Describe \_\_\_\_\_
- Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

***The ELD provides registered family child licensing rules books in English, Spanish, Russian, Vietnamese and Chinese. ELD employs individuals that speak these languages in geographic areas where these languages are prominent. ELD also works closely with the Immigrant and Refugee Community Organization (IRCO) to recruit providers who are from Burma (Myanmar) and Somalia and other countries.***

***CCR&R agencies provide workshops and publications such as newsletters, in other languages. The Registered Family Child Care Overview is also provided in multiple languages including Spanish, Russian, Vietnamese and Chinese. Many CCR&R's employ individuals who speak the prominent languages in their community.***

***The Oregon Registry provides major documents in Spanish and Russian. Outreach efforts for recruitment in Oregon's QRIS and the Race to the Top supplemental scholarships prioritized and targeted providers who are further from opportunity and includes providers that speak a language other than English.***

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available

Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce

Other \_\_\_\_\_

None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages: **Spanish, Russian, Vietnamese.**

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Yes. The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers.

No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_  
**September 30, 2016**
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_**Partially Implemented**
  - Implemented requirements – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_**Priority subsidy processing for families experiencing homelessness.**
  - Unmet requirement - Identify the requirement(s) to be implemented \_\_\_\_\_**Need to adopt child care provider training on identifying and serving homeless children and their families.**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with

coordinating agencies, etc.) \_\_\_\_\_ **Research and choose appropriate curriculum.**

- Projected start date for each activity \_\_\_\_\_ **Started**
  - Projected end date for each activity \_\_\_\_\_ **1/30/16**
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_ **Early Learning Division**
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_ **Oregon Center for Career Development**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_ **Translate training to key languages. Assure cultural responsiveness in each language.**
    - Projected start date for each activity \_\_\_\_\_ **February 2016**
    - Projected end date for each activity \_\_\_\_\_ **8/30/16**
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_ **Early Learning Division**
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_ **Oregon Center for Career Development**

## 6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

Yes. If yes,

- a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

**Monthly reports are delivered to the Early Learning Division on the Oregon Registry Workforce progress and Oregon's Quality Rating and Improvement System.**

**Quarterly reports are submitted to the ELD on more in-depth measures of quality from the Oregon Center For Career Development, Teaching Research Institute, and the CCR&R's.**

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe **CCDF Discretionary funds**

Other funds. Describe **Race to the Top**

c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe

***There are many trainings offered to all childhood care and education providers that include the topics listed above. In order for a training to meet both licensing and the professional development registry requirements, the training must relate to a core knowledge category. The core knowledge categories (CKC) include Diversity; Families & Community Systems; Health, Safety & Nutrition; Human Growth & Development; Learning Environments & Curriculum; Observation & Assessment; Personal, Professional & Leadership Development; Program Management; Special Needs; and Understanding & Guiding Behavior. These core knowledge categories apply across all age groups of care.***

***While there is not yet a specific training on the Early Learning Guidelines, these CKC address all the learning domains of the Early Learning Guidelines.***

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe

***Building Blocks of Social Emotional Development: 4 modules, 2 hours each is available in English, Spanish, Russian, Chinese, Vietnamese. Discovering Potentials: Social/Emotional Development of School-Age Children: 4 sessions, 3 hours each.***

Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe

**First Connections 16<sup>th</sup> Module: Partnership with Families**

**First Connections 19<sup>th</sup> Module: Culture, Development & Learning**

**First Connections 19<sup>th</sup> Module: Resolving Cultural Issues**

- Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards.

**The Child Care Resource and Referral agencies frequently teach classes in other languages. All workshops relate to one or more of Oregon's core knowledge categories and meet Oregon Training and Education criteria. Fourteen of Oregon's standardized trainings are offered in at least one language other than English.**

- On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe \_\_\_\_\_
- Using data to guide program evaluation to ensure continuous improvement. Describe \_\_\_\_\_
- Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe \_\_\_\_\_
- Caring for and supporting the development of children with disabilities and developmental delays. Describe \_\_\_\_\_

***Opening Doors: 4 modules, 2 hours each.***

***Teaching Research Assistance to Child Care Providers Serving Children with Special Needs (TRAC)***

- Supporting positive development of school-age children. Describe \_\_\_\_\_

***Discovering Potentials: Social/Emotional Development of School-Age Children: 4 sessions, 3 hours each (total 12 hours).***

***In the Mix: School-Age Children in Family Child Care: 7 modules, 2 hours each (total 14 hours).***

***TALE: Training for Afterschool Literacy Education: 7 modules, 2 hours each (total 14 hours).***

- Other. Describe \_\_\_\_\_

***Language is the Key: Language development in children; available in English, Spanish, Russian (3 hours).***

***Mind in the Making: 7 essential skills that all children need to develop; available in English, Spanish (18 hours).***

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

- Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling
- State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities
- Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education
- Other. Describe \_\_\_\_\_

No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content \_\_\_\_\_

***Pre-service and training hours vary according to role of staff members. Qualifying age group teacher experience and/or education required for all teachers. All staff required to complete orientation.***

2) Number of on-going hours and any required areas/content \_\_\_\_\_

***15 training hours annually with 8 hours in child development***

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content \_\_\_\_\_

***Pre-service experience and training required. One year qualifying teacher experience or 30 Early Childhood Education credits plus first aid, CPR, food***

**handlers certification. Additional 30 clock hours in training if caring for infants and toddlers.**

- 2) Number of on-going hours and any required areas/content \_\_\_\_\_  
**15 training hours annually with 8 hours in child development**

c) Licensed Family Child Care Provider

- 1) Number of pre-service or orientation hours and any required areas/content \_\_\_\_\_

**Approximately 10 hours of pre-service includes first aid, infant and child CPR, food handlers certification, approved health and safety training and an orientation class.**

- 2) Number of on-going hours and any required areas/content \_\_\_\_\_  
**Ten hours every two years with six hours in child development or early childhood education**

d) Any other eligible CCDF provider

- 1) Number of pre-service or orientation hours and any required areas/content \_\_\_\_\_

**Two hour online health and safety course with content focused on environment safety and health related topics plus two hour orientation**

- 2) Number of on-going hours and any required areas/content \_\_\_\_\_  
**None at this time**

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

- Fully implemented as of March 1, 2016. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance Describe:

**Both Oregon's Professional Development System and its QRIS support quality business practices in child care programs. Oregon has two intensive training series, Building a Business for family child care programs and the Director's Training Cohort both provide 60 hours in program management. These training series provide intensive training and coaching policies, handbooks, contracts, staffing, and compliance with local laws, to support their small businesses. In addition, each CCR&R provides technical assistance to child care businesses on business practices.**

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable \_\_\_\_\_
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity

### 6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory’s early learning and development guidelines appropriate for children from birth to kindergarten entry.

The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten

- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency \_\_\_\_\_
- Fully implemented and meeting all Federal requirements outlined above as of March 1, 2016. List the Lead Agency’s policy citation(s) and describe using 6.3.2 through 6.3.4 below
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**September 30, 2016**
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s)(not yet started, partially implemented, substantially implemented, other)  
**Partially implemented**
  - Implemented requirement(s)– Identify any requirement(s) implemented to date if applicable  
**The guidelines have been drafted and storyboarded. And are being updated to reflect the new Head Start Early Learning Outcomes Framework and will be assembled into an online training.**
  - Unmet requirement - Identify the requirement(s) not fully implemented \_\_\_\_\_**Training module and translations not yet complete.**
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Projected start date for each activity \_\_\_\_\_**December 2015**
  - Projected end date for each activity \_\_\_\_\_**September 2016**

**Draft any changes necessary to the completed Early Learning Guidelines storyboards. Implement and advertise training module.**

- Agency – Who is responsible for complete implementation of this activity **Early Learning Division**

- Partners – Who is the responsible agency partnering with to complete implement this activity **Portland State University, Oregon Center for Career Development in Childhood Care and Education**

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

- Birth-to-three. Provide a link [http://www.ode.state.or.us/gradelevel/pre\\_k/ecborntolearnecfoundations.pdf](http://www.ode.state.or.us/gradelevel/pre_k/ecborntolearnecfoundations.pdf)
- Three-to-Five. Provide a link \_\_\_\_\_
- Birth-to-Five. Provide a link <http://eclkc.ohs.acf.hhs.gov/hslc/hs/sr/approach/elof>
- Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards). Describe and provide a link \_\_\_\_\_
- Other. Describe \_\_\_\_\_

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children’s cognitive, physical, social and emotional development and support children’s overall well-being?

- Yes, the State/Territory has a system of technical assistance operating State/Territory-wide
- Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

- Child care providers are supported in developing and implementing curriculum/learning activities based on the State’s/Territory’s early learning and development guidelines. Describe \_\_\_\_\_
- The technical assistance is linked to the State’s/Territory’s quality rating and improvement system. Describe \_\_\_\_\_
- Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe \_\_\_\_\_
- Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe \_\_\_\_\_

Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe \_\_\_\_\_

b) Indicate which funds are used for this activity (check all that apply)

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) \_\_\_\_\_

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

6.3.4 Check here  to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

## 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation

- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

### 7.1 Activities to Improve the Quality of Child Care Services

- 7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

***Oregon has identified specific objectives for quality improvement in order to meet key outcomes for all children entering kindergarten. Through work with the Race to the Top Early Learning Challenge grant and statewide goals from the Governor’s office regarding early learning, all children enter kindergarten with the necessary skills, experiences, and supports to succeed; families are stable and attached and have the information and support they need to nurture and prepare their children for school; and all early learning services occur within a coordinated and aligned system. This effort is extended through programs serving school age children in before and after school programs. Through application of the Oregon Equity Lens, the strategies have been honed so that supported and monitored programs are continuously improving, with resources and investments targeted to children furthest from opportunity. For example, focused family child care networks are being established across the state targeting providers serving racially and ethnically diverse children and children experiencing poverty. Child Care Resource and Referral agencies have been directed to focus their outreach to this population of providers as well.***

- 7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.
- Indicate which funds will be used for this activity (check all that apply)
- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) ***Quality set-aside***

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Race to the Top, Child Care Tax Credit contributions**

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.)funds are being used along with other CCDF funds

**Special populations subsidy regarding Teen Parent Programs**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) **Quality Set aside**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Race to the Top**

Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) \_\_\_\_\_ **CCDF Discretionary funds**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **State General Fund**

Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

Indicate which funds will be used for this activity (check all that apply)

- CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) **Quality set-aside**
- Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Race to the Top**
- Supporting accreditation. If checked, respond to 7.7.
  - Indicate which funds will be used for this activity (check all that apply)
  - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) \_\_\_\_\_
  - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_
- Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.
  - Indicate which funds will be used for this activity (check all that apply)
    - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) \_\_\_\_\_
    - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Race to the Top**
- Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.
  - Indicate which funds will be used for this activity (check all that apply)
    - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) **Quality set aside**
    - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) **Race to the Top, State General Fund**

## 7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

- Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

***The QRIS is a statewide program administered through several contracting agencies. The support component is administered primarily through the CCR&Rs. The standards, monitoring, program incentives, and process are administered through Western Oregon University. The professional development system and workforce incentives are administered through Portland State University. <http://triwou.org/projects/qris>***

- Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available \_\_\_\_\_
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

- Participation is voluntary
- Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) \_\_\_\_\_
- Participation is required for all providers
- Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- Supports and assesses the quality of child care providers in the State/Territory
- Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- Embeds licensing into the QRIS. Describe ***Licensing is the first tier of the QRIS.***
- Designed to improve the quality of different types of child care providers and services
- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled

- Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

***Oregon will be implementing tiered reimbursement systems to supply bonus payments to providers serving children on subsidy. This was approved during the 2015 legislative session and will be implemented summer or fall 2016.***

- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State pre-kindergarten or preschool program
- Local district supported pre-kindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Other. Describe.

***Accredited programs: Oregon has worked with national and statewide accredited programs to create a crosswalk of the accreditation standards with QRIS standards. The crosswalks are meant to honor the work, improvements, and standards that the programs have achieved through other accreditation to help facilitate participation and success on the QRIS.***

- 7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

***Oregon tracks QRIS participation by type of setting, geographic, workforce and subsidy child level ethnicity data, CLASS assessment scores, family engagement, and child engagement. Oregon has invested in specific, targeted technical assistance around ensuring participation of a diversity of settings, including accredited programs, Head Start, Oregon Prekindergarten, and school age programs. Oregon has a validation study and a process evaluation occurring which will measure the impact of the QRIS including the components listed above. In addition, through the Race to the Top grant, Oregon is working on revisions to the QRIS standards, processes, and supports and incentives.***

### 7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

- 7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.  
Describe:

***Oregon has invested in Teen Parent/Child Development programs located in public high schools and community-based organizations (CBO) since 1991. Although publicly administered child care centers are exempt from regulation, school or CBO-based child care centers participating in the Teen Parent program must be licensed and meet Teen Parent/Child Development program standards established by the Oregon Department of Education.***

- Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe:

***Oregon is investing in focused family child care networks across the state over the next several years. Each community has identified targeted neighborhood or populations in which to encourage participation of providers serving children furthest from opportunity***

***in those communities. Participating programs receive enhanced technical assistance and support funds.***

- Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe:

***Oregon's professional development system includes training on infant and toddler development and care. Oregon's QRIS specifically requires addressing the needs of infant and toddlers including environment, curricula, and adult child interaction.***

- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe \_\_\_\_\_
- Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe \_\_\_\_\_
- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe \_\_\_\_\_
- Developing infant and toddler components within the State's/Territory's QRIS. Describe \_\_\_\_\_
- Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe \_\_\_\_\_
- Developing infant and toddler components within the early learning and development guidelines. Describe \_\_\_\_\_
- Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe:

***Through Oregon's QRIS and the CCDBG Act of 2014, parents will have greatly increased access to information on quality rating of programs as well as more details about complaints, monitoring and non-compliance. The information will be accessed through websites and child care referral services and search tools.***

- Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe:

***Four Oregon grantees were recently awarded funds to create new Early Head Start-Child Care partnerships. Working closely with the Head Start Collaboration Director, the goals of this project are to enhance and support early learning settings to provide full-day, full-year comprehensive services that meet the needs of low income working families, to enhance access to high quality, full-time child care, to support the development of***

***infants and toddlers through strong relationship-based experiences and to prepare infants and toddlers for the transition into preschool.***

Other. Describe

***Oregon provides financial incentives to providers caring for infants/toddlers of families receiving child care assistance. Providers receive higher rate payments for obtaining additional infant/toddler training beyond what is required for health and safety requirements.***

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

***Through performance based contracts and federal monitoring of the Early Head Start-Child Care partnership grants, multiple data points are available to determine how these activities are faring.***

#### 7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7)

State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if its voluntary \_\_\_\_\_

***The Early Learning Division contracts directly with 12 regional CCR&R programs through performance based contracts. There is a Central Coordination contract at Western Oregon University to provide leadership and technical assistance for CCR&R programs.***

State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe \_\_\_\_\_

State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

***Oregon's CCRR system continues to improve and evolves to focus on targeted improvement of child care programs through concrete, consistent, improved systems. For example, the QRIS has provided a clear framework for supporting the improvement in licensed programs. The CCRRs are the core partners for providing quality improvement supports in Oregon's QRIS. Each CCRR, through outcome based contracts, has measures including QRIS participation and increase provider professional development milestones to measure quality improvement.***

#### 7.5 Facilitating Compliance with State Standards

- 7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe \_\_\_\_\_

***Oregon's licensing compliance and monitoring are integrated to Oregon's QRIS system. The QRIS has a foundation in licensing, with licensing being the first tier of the QRIS. From there, programs are required to maintain specific, increasing compliance requirements in order to move up on the tiers. Additionally, Oregon is piloting the research based differential monitoring system in order to allocate more resources to programs that need more technical assistance to comply.***

- 7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

***Oregon has specific compliance criteria for programs to be eligible for the QRIS tiers as well as eligibility for differential monitoring. During the field testing of both systems, data is kept to assess programs' success at meeting the eligibility. In addition, a validation study on the QRIS tracks which components of the QRIS programs are meeting or not.***

## **7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services**

- 7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children \_\_\_\_\_

***Using the QRIS as a framework, Oregon now has a consistent way to evaluate quality of programs. With the ongoing Validation Study and Process evaluation, Oregon has the ability to make continuous quality improvements to its QRIS. Throughout the QRIS and its related studies, there are measures including Family Surveys, child screening and assessments, CLASS assessments of adult-child interaction in settings, family and child engagement measures, as well as a professional development registry with 12 steps of achievement in professional development.***

- 7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory \_\_\_\_\_

***The QRIS validation study and process evaluations provide specific evaluations of the quality and effectiveness of the programs through the tools described above.***

## 7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation \_\_\_\_\_

Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe \_\_\_\_\_

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory \_\_\_\_\_

## 7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe

***Oregon has adopted program standards through its QRIS. With input from stakeholders and specific content experts, the standards have been created which address specific health domains around nutrition, health education, physical activity, and gross motor activities. In addition, the social-emotional component is a priority for Oregon as evidenced through its investment in the adult child interaction standard. Oregon requires an on-site CLASS assessment of adult child interaction for its top rated programs. Oregon is also engaging in a revision process, seeking additional input from specific stakeholders to improve the QRIS and help ensure that via the equity lens Oregon is serving children from diverse communities.***

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

***The Validation Study is measuring how the program standards differentiate programs according to tiers. The results of the study, as well as other factors, will determine the need to restructure the standards. In addition, Oregon has plans to create ongoing feedback on the standards through an equity lens to ensure that the programs benefiting children are culturally relevant. Oregon will be convening additional community engagement sessions with diverse populations and seeking specific input on its standards.***

## 7.9 Other Quality Improvement Activities

List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. \_\_\_\_\_

***Oregon has other projects to improve and support the quality of programs. For example, Oregon continues its use of contracted slots programs to serve low income families. The contracted slots provide greater consistence and stability for children and their working parents while supporting the programs to provide consistent, high quality care. Oregon will begin tiered reimbursement as well as implement longer eligibility protocols to increase continuity in high quality care.***

***Oregon invests through contracts with specific special populations, including providers that serve migrant seasonal farmworker families, teen parents, parents in residential drug and alcohol treatment, and programs serving children with special needs. Not only are there financial subsidies to support the programs in serving these families, but there is targeted quality improvement funds and technical assistance to these programs for quality improvement.***

***Oregon is also piloting support of the Teaching Strategies Gold as quality improvement, providing training and technology for programs to use this child assessment.***

***Oregon has passed legislation for "Preschool Promise", that expands Oregon's ability to equitably serve children with low incomes in quality early learning settings. Preschool Promise expands Oregon's funded prekindergarten programs to serve preschool age children in a variety of settings (e.g., child care centers, family child care homes) that meet specific quality and personnel requirements while seeking to increase the numbers of highly qualified, culturally responsive early learning settings.***

***Finally and perhaps most important, Oregon has adopted an equity lens for all of its education work. Within quality improvement, Oregon has specific plans to work and lead with diverse populations and authentic stakeholder engagement and input/impact ongoing.***

## 8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

### 8.1 Program Integrity

- 8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements.

***Oregon currently has program integrity procedures and intentional program violation policies in place for families and providers receiving child care subsidies.***

- 8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

Issue policy change notices

Issue new policy manual

Staff training

Orientations

Onsite training

Online training

Regular check-ins to monitor implementation of the new policies. Describe

***Pre-scheduled conference calls for staff to call in and discuss questions or scenarios, follow-up policy change notices, and branch visits.***

Other. Describe \_\_\_\_\_

- 8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. \_\_\_\_\_

**Definition:** “Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

***The Lead Agency maintains overall control of expenditures by monitoring performance-based Contracts and Agreements for compliance with federal regulations and negotiated performance targets. Contracts and Interagency or Intergovernmental Agreements contain language that requires the contractor to certify that federal and state guidelines are followed. Contractors are required to submit quarterly or semi-annual performance reports on specific performance indicators.***

***All Contracts that meet A-133 compliance thresholds are required, through contract language, to submit an annual independent audit report. These reports are reviewed to ensure CCDF dollars are clearly identified by CFDA number and there are no major or significant deficiencies regarding the use of those dollars by the sub-recipient.***

- 8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.
- a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- Run system reports that flag errors (include types). Describe ***Approximately 200 billing forms are randomly selected each month for a desk audit. A monthly audit of child care for school age children is conducted for months when school is in session. This audit reviews child care hours billed for school age children to identify improper payments resulting from providers billing for care during the school day. Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity.***
- Review of enrollment documents, attendance or billing records
- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records
- Train staff on policy and/or audits
- Other. Describe

***On Target program, skills challenge for intake staff, and Employment Related Day Care staff refreshers based on error trends.***

None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines \_\_\_\_\_

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- Run system reports that flag errors (include types). Describe ***Approximately 200 billing forms are randomly selected each month for a desk audit. A monthly audit of child care for school age children is conducted for months when school is in session. This audit reviews child care hours billed for school age children to identify improper payments resulting from providers billing for care during the school day. Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity.***
- Review of enrollment documents, attendance or billing records
- Conduct supervisory staff reviews or quality assurance reviews
- Audit provider records
- Train staff on policy and/or audits

Other. Describe

***On Target program, skills challenge for intake staff, Employment Related Day Care staff refreshers based on error trends.***

None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines \_\_\_\_\_

8.1.5 Which activities (or describe under “Other”) the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under “Other”) the Lead Agency will use for unintentional program violations?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount **\$200**

Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

***Oregon Department of Revenue Collections Unit***

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe

***DHS, Office of Payment Accuracy and Recovery (OPAR) has four units that work together to identify and collect improper payments: Data Match, Fraud Investigations, Overpayment Writing, and Overpayment Recovery.***

Other. Describe

***Desk audits are done each month on approximately 200 randomly selected billing forms. Providers attendance logs are checked against the amount billed and client case record information, monthly audit of child care for school age children is conducted during school months to identify proper payments resulting from providers billing for care during the school day, provider records are matched monthly with TANF, SNAP, Medicaid, and child care subsidy client records to identify eligible providers as well as questionable child care payments, eligibility workers refer potential client and provider payments and fraud to OPAR, Data Match Unit also works a variety of federally mandated reports in conjunction***

***with other states to achieve their goal of ensuring program integrity, while reducing erroneous benefits and identifying fraud.***

***The Department of Human Services has a statewide toll-free number for reporting fraud. This number is publicized in notices sent to child care providers and clients.***

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount ***\$200***

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe composition of unit below

***The DHS, Office of Payment Accuracy and Recovery (OPAR) has four units that work together to identify and collect improper payments: Data Match, Fraud Investigations, Overpayment Writing, and Overpayment Recovery.***

Other. Describe

***Desk audits are done each month on approximately 200 randomly selected billing forms. Providers attendance logs are checked against the amount billed and client case record information, monthly audit of child care for school age children is conducted during school months to identify proper payments resulting from providers billing for care during the school day, provider records are matched monthly with TANF, SNAP, Medicaid, and child care subsidy client records to identify eligible providers as well as questionable child care payments, eligibility workers refer potential client and provider payments and fraud to OPAR, Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity, while reducing erroneous benefits and identifying fraud.***

***The Department of Human Services has a statewide toll-free number for reporting fraud. This number is publicized in notices sent to child care providers and clients.***

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines \_\_\_\_\_

c) Check which activities the Lead Agency will use for administrative error?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount **\$200**

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe composition of unit below

Other. Describe

***The DHS, Office of Payment Accuracy and Recovery (OPAR) has four units that work together to identify and collect improper payments: Data Match, Fraud Investigations, Overpayment Writing, and Overpayment Recovery.***

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines \_\_\_\_\_

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. \_\_\_\_\_

Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified.

***An intentional Program Violation (IPV) is established when a provider commits fraud as determined by a state or federal court, by an administrative agency in a contested case, or by a person signing the designated form acknowledging the IPV and waiving the right to***

***an administrative hearing. If the IPV is established in a contested case, the Department initiates the IPV hearing. There is no administrative appeal after a person waives the right to an IPV hearing, and the penalty may not be changed by subsequent administrative action except as follows:***

- 1. A person who waives the right to an IPV hearing may seek relief in court or request a contested case hearing on the sole issue of whether the waiver was signed under duress (see OAR 461-025-0310). If there was a determination that the waiver was signed under duress, the initial IPV penalty is voided, and:***
  - a. If a court determines that a waiver was signed under duress, the court may determine whether an IPV occurred and the amount of penalty.***
  - b. If an administrative law judge determines that a waiver was signed under duress, the Department may initiate an IPV hearing to determine whether an IPV occurred and the amount of the penalty.***
- 2. Child care providers who have incurred an overpayment established as an IPV claim are ineligible for payment as follows:***
  - a. For six months and until the full amount of the overpayment is paid; or***
  - b. Permanently, if the DHS Child Care Program Manager finds that such ineligibility is in the public interest.***

Prosecute criminally

Other. Describe

***Methods for recovering overpayments in the DHS self-sufficiency programs (including child care) are established in OAR 461-195-0551. Practices follow federal regulations, state law and the policies outlined in the Oregon Accounting Manual, Chapter 35 – Accounts Receivable Management. This can be viewed online at***

***[http://www.oregon.gov/DAS/CFO/SARS/pages/oam\\_toc.aspx](http://www.oregon.gov/DAS/CFO/SARS/pages/oam_toc.aspx)***