EARLY LEARNING COUNCIL

March 27, 2024

9:00am – 2:00pm

*This will be a virtual meeting. Access the live stream here. Please allow up to five minutes past meeting start time for streaming to begin. Please sign up to submit verbal or submit written comment to Gabriela.Hernandez@delc.oregon.gov by **5:00pm, Friday, February 23, 2024.***

I. **Board Welcome and Roll Call**
Sue Miller, Chair, Early Learning Council

II. **Home Visiting System Development Panel**
Documentation: Supplemental reading materials
Cate Wilcox, Maternal and Child Health Section Manager, Oregon Health Authority
Gwyn Bachtle, Director of Early Learning Programs, Department of Early Learning and Care
Mary Geelan, MSW, Family First & Integrated Policy Manager, Oregon Department of Human Services
Lois Pribble, EI/ECSE Program Specialist, Oregon Department of Education

III. **Home Visiting System Coordination Center Update**
Presentation & Documentation: HVS Initiative
Beth Green, Ph.D, Research Professor, Director of Early Childhood & Family Support Research

IV. **Legislative Update**
Representative Lisa Reynolds, HD 34

V. **Community Innovations for the Home Visiting System in Oregon Panel**
Documentation: Supplemental reading materials
Facilitator: Margaret (Peg) Miller, MD, Willamette Valley Medical Center and Member of the Early Learning Council
Elizabeth Carroll, Parent Child and Family Health Home Visiting Systems Supervisor, Multnomah County Public Health Division
Vanessa Pingleton, Early Learning Program Facilitator for Douglas, Klamath & Lake, Douglas ESD
Sara Stephens, Director, South Coast Early Learning Hub

VI. **Home Visiting System Discussion with Agency Directors**
Dave Baden, Deputy Director for Policy & Program, OHA
Alyssa Chatterjee, Director, Department of Early Learning and Care
Fariborz Pakseresht, Director, Oregon Department of Human Services
Dr. Charlene Williams, Oregon Department of Education

VII. **Break**

SUE MILLER
Chair

DAVID BADEN
Deputy Director for Policy & Program, Oregon Health Authority

ANDREA BELL
Executive Director, Oregon Housing and Community Services

KATY BROOKS

PETER BUCKLEY

BEN CANNON
Director, Higher Education Coordinating Commission

ALYSSA CHATTERJEE
Early Learning System Director, Early Learning Division

ELIZABETH FARRAR CAMPBELL

BARRY FORD

ROBIN HILL DUNBAR

MARGARET MILLER, M.D

SOOBIN OH

FARIBORZ PAKSERESHT
Director, Oregon Department of Human Services

RUBY RAMIREZ

MARIE SIMONDS

DR. CHARLENE WILLIAMS
Deputy Superintendent, Oregon Department of Education

Staff
Gaby Hernandez, *Interim Early Learning Council Administrator*

VIII. **Early Childhood Coalition Legislative Update**
Presentation & Documentation: Early Childhood Coalition
Dana Hepper, Director of Policy & Advocacy, Children's Institute

IX. **Child Care Development Fund Final Rule Update**
Presentation: CCDF Update
Jordan Pargeter, Child Care Development Fund Administrator, Department of Early Learning and Care

X. **Public Comment**

XI. **Administrative Rulemaking**
Presentation: March DELC Rulemaking; ELC Rulemaking Memo; Council Action Request Micro Center Pilor Program; Council Action Request Baby Promise Program

i. Update:
   a. Family Child Care (RF/CF) Rule Revision Workgroup
   Abby Strom, Child Care Initiatives Analyst, Child Care Licensing Division

ii. Action:
   a. Micro-Center Pilot Program(Permanent)
   Child Care Licensing Division: (SB 1040)
   Carol Peterson, Child Care Assistance Program Manager, Child Care Licensing Division

   b. Baby Promise (Permanent) (effective April 1, 2024)
   Maidie Rosengarden, Infant Toddler Specialist, Programs Division

iii. Briefing:
   a. Rules Audit: Rules Repeals
      - Child Care Contribution Tax Credit Program Rules
      - Dependent Care Planning and Development Program Rules
      - Migrant and Seasonal Child Care Program Rules

XII. **Closing & Adjournment**
Sue Miller, Chair, Early Learning Council

**Times are approximate; items may be taken out of order; meetings may conclude early and breaks may be added as needed. All meetings of the Early Learning Council are open to the public and will conform to Oregon public meetings laws. The upcoming meeting schedule and materials from past meetings are posted online. A request for an interpreter for the hearing impaired or for accommodations for people with disabilities should be made to Gaby Hernandez at 971-701-3612 or by email at Gabriela.Hernandez@delc.oregon.gov. Requests*

Oregon
Tina Kotek, Governor

March 27, 2024

ELC Roll Call and Vote Recording

Member	Present / Excused / Absent
Sue Miller, Chair	Present
Katy Brooks	Present
Peter Buckley	Present
Barry Ford	Present
Elizabeth Farrar Campbell	Present
Robin Hill Dunbar	Present
Dr. Peg Miller	Present
Soobin Oh	Present
Ruby Ramirez	Present
Marie Simonds	Present

Key Points- State Systems Panel and Community Home Visiting Systems Coordination Panel

I. State Home Visiting Systems Panel

Featuring:

- Cate Wilcox, Maternal and Child Health Section Manager, Oregon Health Authority
- Gwyn Bachtle, Director of Early Learning Programs, Department of Early Learning and Care
- Mary Geelan, MSW | Family First & Integrated Policy Manager, Oregon Department of Human Services
- Lois Pribble, EI/ECSE Program Specialist, Oregon Department of Education

Home Visiting Services at OHA, DELC, ODHS, ODE

1. OHA:
   - Babies First! First three quarters of 2023, at least 1867 clients served; 2021-2023 24,298 home visits conducted. Baker, Benton, Clackamas, Clatsop, Coos, Crook, Deschutes, Douglas, Gilliam, Grant, Hood River, Jackson, Jefferson, Klamath, Lane, Lincoln, Linn, Malheur, Marion, Multnomah, Polk, Sherman, Tillamook, Union, Wasco, Washington, Yamhill.
   - Nurse Family Partnership: Since 1999 6591 families served. 2021-2023, 26,101 home visits. Multnomah, Jackson, Lane, Lincoln, Linn, Morrow, Umatilla, Washington, Yamhill
   - Family Connects Oregon: Since 2020 2300 families served. Crook, Benton, Deschutes, Jefferson, Lincoln, Linn, Marion. Washington
   - CaCoon: First three quarters of 2023, at least 763 clients served. Baker, Benton, Clackamas, Clatsop, Coos, Crook, Deschutes, Douglas, Grant, Hood River, Jackson, Jefferson, Klamath, Lane, Lincoln, Linn, Marion, Polk, Sherman, Tillamook, Union, Wasco, Washington, Yamhill.
2. DELC:
   - Healthy Families Oregon: Offered state wide. In 22/23 HFO served 2,033 families.
   - Relief Nurseries: Served 2,394 families/children. This is not offered statewide.
   - Oregon Prenatal to Kindergarten, or OPK: Services offered statewide. OPK offered services to 8,728 families/children in 2022-2023. Federal EHS/HS served an additional 5,772 families/children. Total served between OPK & federal Head Start is 14,500.
   - Total served within DELC is 13,155. Total served with Federal Head Start is 18,927.
3. Oregon Department of Human Services:
   - Six home visiting programs funded at the central office level
     - Family Support & Connections, Nurse Home Visitors, Parents As Teachers, Family Spirit, FAIR (Families Actively Improving Relationships), and Relief Nurseries.
   - There may be other investments in our local offices in home visiting programs that are not included in this count.
4. Oregon Department of Education:
   - Early Intervention program is currently serving 4180 infants and toddlers with developmental delays or disabilities with home visiting as the primary service delivery model.

Cate Wilcox, Oregon Health Authority
Our current system is so complex that coordination has been challenging at best including:

- Different funding sources: GF, foundation funding, Medicaid, local contributions, federal grants, etc.
- Different model requirements: evidence-based, eligibility-based, duration of services
- Different statutory requirements
- Different types of workforce: trained home visitors, nurses, social workers, ECE providers, etc.
- Different agency/organizational priorities
- Different levels of advocacy/champions for various programs

Gwyn Bachtle, Department of Early Learning and Care
The new Home Visiting Coordination Center will help us fill gaps as follows:

- **State and local coordination-** State agencies are staffed to support the implementation and administration of funded programs within their agency, with little to no resources to support the coordination of services across state agencies.
- **Workforce and family voice-** Is a priority. The Center can help create cross agency action plans
- **Professional Learning-** value and honor the unique set of competencies necessary to provide services to families. Align professional learning across programs and offer shared learning experiences.

Mary Geelan, Oregon Department of Human Services

- Without a more coordinated home visiting system, it is challenging to understand what programs already exist across agencies, how they are currently funded, and where there are opportunities for partnership and alignment.
- For instance, partnering with Oregon Tribes re Family Spirit. It was only after we rolled out training in partnership with the Tribes that we learned that there were other agencies that are also invested in Family Spirit.

Lois Pribble, Oregon Department of Education
The new Oregon Home Visiting Coordination Center OHVCC) will help us address these gaps.

- **Diversity of Home Visiting Programs:** The OHVCC will support better collaboration and coordination among Oregon's various home visiting programs, ensuring they are knowledgeable about one another and can support families in accessing the program that best fits their needs and desires.
- **Home Visiting Workforce:** needs access to high quality professional development across home visiting programs.
- **Family & Community Voices:** ensure that families are centered at every level of the home visiting system decision making.

II. Community Innovations for the Home Visiting System in Oregon Panel

Featuring:

- Elizabeth Carroll, Parent Child Family Health, Healthy Families and Home Visiting Systems Supervisor, Multnomah County Public Health Division
- Vanessa Pingleton, Early Learning Program Facilitator for Douglas, Klamath & Lake, Douglas ESD

- Sara Stephens, Director, South Coast Early Learning Hub

Elizabeth Carroll, Multnomah County Public Health Division

- **Biggest Successes**
  - Relationships!
  - MEICHV funding
  - MIECHV- funded PSU Center for Improvement of Child and Family Services staff to support our capacity
  - Funders including Multnomah Co., Care Oregon, our ELD HUB-ELM, Portland Children's Levy, and HealthShare-a local CCO.
  - Home Visiting Community of Practice. By year 5 we had many accomplishments encouraging us as a community. Examples include:
    - Significant contribution to the statewide Home Visitor Competencies standards
    - Monthly newsletter
    - Comprehensive standardized inventory of the HV service array with relationships to match!
    - 10 MOUs for cross-program referrals
    - Several huge training events

- **Biggest Barriers**
  - Capacity – both in services and in staffing coordination
  - Issues too complex to solve as a CofP (time and staff limits)
  - Inadequate funding to staff the work overtime
  - CCO-funded regional EC system work changed the focus (competed for my time)
  - The global pandemic

- **DEI Approach**
  - Center the needs and voices of those in our community who are experiencing the deepest disparities.
  - Use of a culturally-adapted "evidence-based" model in our home visiting, specifically HFO with 4 culturally-specific or population-specific home visiting teams: African American, Immigrant/Refugee (matched by language/culture with HV), Latino/a/e, and Families impacted by substance use and/or mental health challenges.

- **Value of New Coordination Center**
  - To assist with our coordinated regional systems in exploring the DEI systems approach, first as thought partners, but have the capacity to convene and evaluate efforts and assist us in communications.
  - Our Parent Advisory has called out the general lack of awareness many eligible families have for Home Visiting. Need broad campaign engaging families directly in sharing what they value in the service modality and why they think others would benefit.

Vanessa Pingleton, Douglas ESD

- **Biggest Successes**

- Coordinated Intake/Referral - Community UPLiFT
- To date we have received 1,342 referrals.
- Our Family Resource Facilitators, employed by the South-Central Early Learning Hub, have contacted 945 of those referrals.
- There are 73 organizations that receive referrals through our data portal, which is overseen by the South-Central Early Learning Hub.

- **Biggest Barriers**
  - Originally it was travel
  - Employee retention/transitions is currently a huge barrier
  - Making connections with unfamiliar staff
  - Staff taking on additional caseloads for open positions.

- **DEI Approach**
  - We work with Capacity-building Partnerships including building a parent leadership committee to assure family voice leads our work and working closely with the Cow Creek Band of Umpqua Tribe of Indians, and Klamath Tribes.
  - Our Advisory/Workgroups and Leadership Committee are built with a diverse group of individuals and organizations

Sara Stephens, South Coast Early Learning Hub

- **Biggest Successes**
  - Full time Regional Home Visiting System Coordinator to support consistent regional coordination and collaboration.
  - Building trusting relationships among home visiting programs, reducing competition, and enhancing cross-program communication and integration.
  - Ford Family Foundation investment
  - Supporting unified external communication plans.
  - Establishing a dynamic Parent Advisory Committee to ensure family involvement in decision-making and equitable services.
  - Launching a regional database for coordinated enrollment and referrals to systematically assist families and partners.
  - Strengthening the early learning hub's capacity to focus on services for young children and their families through cross-sector collaboration.
  - Expanding through new work with Family Connects

- **Biggest Barriers**
  - High turnover in this field.
  - The state can enhance this work by facilitating coordination, ensuring clear and consistent communication, and fostering collaboration among state departments dedicated to home visiting. For the regional system to operate effectively, state agencies should have shared priorities, align data systems, and cultivate a unified vision.

- **DEI Approach**

- Coordination of the South Coast Equity Coalition (SCEC), now also a Regional Health Equity Coalition
- Our team leads the Diversity, Equity and Inclusion in Early Care and Educations Professional Learning Community (DEI in ECE PLC).

- **Value of New Coordination Center**
  - Enhance this project by spearheading visioning, alignment, and advocating for promising best practices and emerging trends. In our case, TFFF has fulfilled this crucial role for the last 8 years, demonstrating the necessity of external support for statewide communication and planning.

Early Learning Council Priority Area: Home Visiting
Strategies and Action items from *Raise Up Oregon*
Early Learning Council Retreat October 2023

SYSTEM GOAL 1: The early childhood system is equitable: integrated, accessible, inclusive, anti-racist, and family centered.
OBJECTIVE 2 - Multi-agency partnerships are developed at the state and local levels to systematically support improved outcomes and streamlined access for all young children and families.
Strategy 2.2 - Coordinate supports for young children and their families across agencies in support of ODHS' Family Preservation Initiative. 2.2.4 Engage home visiting and relief nurseries in the statewide expansion of Family Preservation demonstration sites.
Strategy 2.6 - Implement a locally developed, state-supported system to coordinate home visiting services. 2.6.1 Address barriers to statewide and regional coordinated home visiting systems. 2.6.2 Develop local systems capacity for home visiting coordination.
OBJECTIVE 4 - The business, philanthropic, and non-profit communities champion and support the development of the early childhood system.
Strategy 4.2 - Support services that promote families' well-being, e.g., paid leave, health insurance, apprenticeships, family wage jobs, and home visiting. 4.2.1 Conduct outreach and raise awareness about services.

SYSTEM GOAL 2: All families with young children are supported to ensure their well-being.
OBJECTIVE 5 - Families with young children are supported in knowing about and accessing a full range of services that meet their needs and are culturally and linguistically responsive.
Strategy 5.1 - Create or strengthen coordinated, family-centered intake and referral processes into home visiting, and from home visiting into other desired services. 5.1.1 Establish Family Connects Oregon in every community to provide referrals to home visiting programs and other desired services. 5.1.2 Include key referral partners, including hospitals and prenatal providers, in the development of coordinated home visiting intake and referral. 5.1.3 Provide guidance and policy for consistent coordinated home visiting intake. 5.1.4 Determine if there are referral gaps from Healthy Families Oregon to other services and close them.
Strategy 5.4 - Support Connect Oregon statewide. 5.4.1 Support linking home visiting to the Connect Oregon referral system where available.
OBJECTIVE 7 - All families have access to support for their physical, social, emotional, behavioral, and oral health.
Strategy 7.4 - Improve utilization of community health workers and doulas. 7.4.3 Integrate community health workers and doulas into home visiting services to extend the home visiting workforce.

OBJECTIVE 8 - Families have expanded access to culturally and linguistically responsive and specific family preservation strategies, resources, and programs focused on the prenatal-to-five population.

Strategy 8.1 - Continuously consult and coordinate with tribal nations to collaborate on creating and funding family preservation services that meet the culturally specific needs of tribal communities and inform potential evidence-based practices for implementation.

8.1.1 Consult with the Oregon Tribal Early Learning Alliance to adopt culturally responsive and supportive home visiting services that meet the needs of tribal communities.

OBJECTIVE 10 - All parents and families are supported and engaged in enabling their children to thrive.

Strategy 10.1 – Expand parenting and family education.

10.1.8 Establish coordination and collaboration between the coordinated home visiting system and parenting education system.

Strategy 10.2 - Increase access to home visiting, prioritizing culturally responsive programs.

10.2.1 Establish Family Connects in all communities.

10.2.2 Invest in the expansion of home visiting programs, such as Families First's Parents as Teachers and Nurse-Family Partnership and DELC's Healthy Families Oregon.

10.2.3 Provide supports through TANF home and community family coach visits.

10.2.4 Ensure communities are impacting the array and organization of home visiting services.

10.2.5 Integrate home visiting into other existing early learning and care programs.

10.2.6 Develop systems to gather input from families to inform the approach to building a coordinated home visiting system.

10.2.7 Increase coordination between Early Intervention/Early Childhood Special Education (EI/ECSE) and home visiting system.

Strategy 10.3 - Build or strengthen regional structures that ensure family leadership in the co-creation of policies, recommendations, and strategies that guide home visiting coordination.

10.3.1 Use best practices from ODHS' Regional Demonstration Projects community and family engagement.

10.3.2 Family Leaders participate in the development of an amendment to the Oregon Title IV-E Prevention Plan.

10.3.3 Coordinate family and parent engagement across DELC and partner agencies.

10.3.4 Build capacity at the community level to develop the system of family and parent engagement.

10.3.5 Leverage the current community engagement approach of Maternal and Child Health Title V to inform the home visiting system.

10.3.6 Support the State Interagency Coordinating Council for the ongoing development of statewide Early Intervention/ Early Childhood Special Education (EI/ECSE) services for young children and their families.

10.3.7 Leverage Local Interagency Coordinating Councils (LICCs) to inform the home visiting system.

Strategy 10.4 - Increase equitable access for the professional development of home visitors.

10.4.1 Expand opportunities for all supervisors to be trained in reflective supervision across the home visiting system.

10.4.2 Expand home visiting workforce development and training opportunities related to children with special health needs and children experiencing intellectual or developmental disabilities.

10.4.3 Expand opportunities for supervisors and home visiting workforce related to family violence.

10.4.4 Expand home visiting workforce development and training opportunities related to cultural competency and mental health.

Strategy 10.5 - Increase collaboration among home visitors, home visiting leaders, and cross-sector partners.

10.5.1 Establish and support a sustained and coordinated home visiting system at the state and regional level.

SYSTEM GOAL 3: All children are thriving in early childhood and beyond.

OBJECTIVE 13 - Young children with developmental delays and disabilities are identified early and provided with inclusive services to reach their full potential.

Strategy 13.5 - Strengthen the alignment of early childhood special education, Early Intervention (EI) services, early learning and care, health, and home visiting through coordinated governance.

13.5.1 Develop shared expectations and strategies for serving children in child care programs, including center- and home-based.

13.5.2 Leverage the Oregon Early Childhood Inclusion (OECI) State Leadership Team as a mechanism to advance cross-agency partnerships.

13.5.3 Strengthen the connection between the State Interagency Coordinating Council (SICC) and the Early Learning Council.

13.5.4 Develop agreement and protocols between DELC and ODE to address issues including data sharing.

13.5.5 Establish a coordinated home visiting system linked to local systems of services and care.

13.5.6 Develop an ODDS and OHA five-year plan inclusive of health equity.

Transforming the Oregon Home Visiting System
Early Learning Council Recommendations & Background

Background

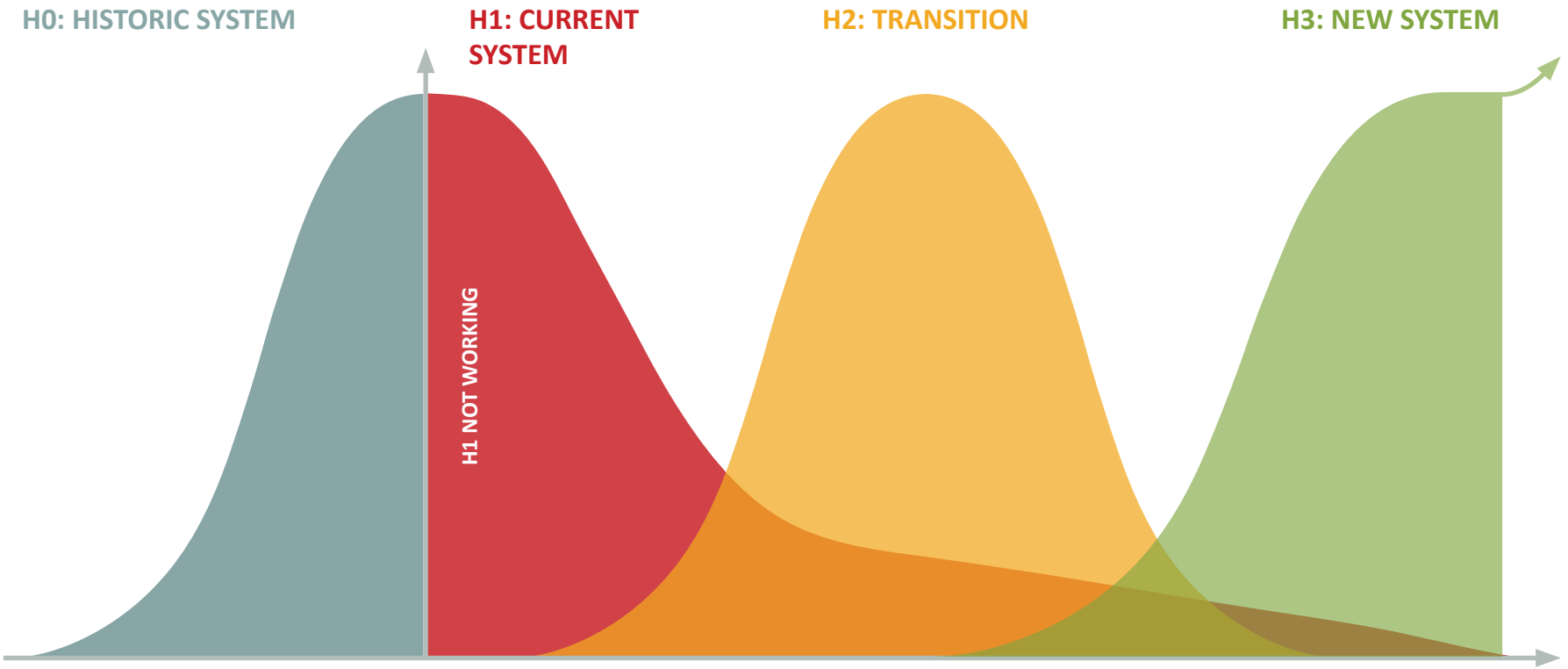
Oregon's commitment to child development and family support is reflected in its many prenatal and early childhood home visiting services and programs. These programs provide high-quality, comprehensive services to families with young children, starting prenatally through age two and beyond. At the same time, Oregon, like other states, has failed to create the kind of seamless, easy-to-access system that is needed to ensure all families are provided with the critical early health and family supports they need. The result is a fragmented, often confusing system that creates barriers for families, increases burden for the workforce, and perpetuates inequities in access at the state and local levels.

In response to this problem, the Early Learning Council, as part of their mandate to support cross-agency early childhood systems improvement, created the Home Visiting Systems Committee, which was charged with developing recommendations and priorities to address this critical systems gap. In 2023, the following ***HVS Recommendations*** were adopted by Oregon's Early Learning Council, and serve as the guideposts and goals for transforming the Home Visiting System. *Recommendations in blue were prioritized by the HVS Committee for 2023-24.*

HVS Recommendations in Brief	
AREA 1: Support Foundational Connections Across Programs & Agencies	A. **Invest in supports to build a cross-model, cross-agency collaborative culture** around funding, professional development, community engagement, and intake and referral for home visiting
AREA 2: Finance the HV System	**B. Invest in system building** starting with 2 FTE for the Home Visiting System Coordination Center at PSU.
	C. Align public and private funding for implementing the HVS recommendations, ensuring long term funding for supporting systems change.
	D. Fund home visiting programs equitably and collaboratively, based on an audit of state, federal, and other funds that support HV programs
	E. Support pay equity with a focus on racially and linguistically diverse home visitors
AREA 3: Invest in the HV Workforce	**F. Improve recruitment and retention**, to build a more equitable & inclusive workforce
	G. Expand career pathways and professional development, focusing on equity
	H. Ensure equitable access to reflective supervision by expanded training and implementation support
	I. Ensure equitable access to professional development that supports a skilled, culturally sustaining and responsive workforce

AREA 4: Ensure Equitable Access for Families	J. **Create a seamless referral and access system** through family-centered entry points and coordinated intake and referral
AREA 5: Support Effective System Leadership	K. **Build parent and family leadership** in state, local and regional structures
	L. **Improve, streamline, and coordinate HVS advisory structures**, expanding representation by culturally-specific, Tribal, and other programs and partners.
	M. **Create shared HVS vision and guiding framework** articulating strategies and outcomes for improved governance, finances, workforce, communication, CQI, and intake and referral.
AREA 6: Engage in Continuous Learning by Improving and Using Data	N. **Develop ongoing system-focused learning and assessment** through data collection, reporting, and analysis.
	O. **Improve HV data systems** and utilization
AREA 7: Build Community Awareness	P. **Create a marketing and communication plan** to raise awareness of HV services
AREA 8: Align and Shift Policies for Community-Informed Program Implementation	Q. **Address policy barriers for local implementation of HV models** caused by statutes, administrative, rules, and funding requirements

HOME VISITING SYSTEMS | THE FOUR HORIZONS OF CHANGE



- Competing programs
- Siloed programs
- Workforce crisis
- Funding inequity
- Scarcity mindset
- Access difficulty

- Regional coordinators
- Coordinated referral projects
- Universal screening/ FCO

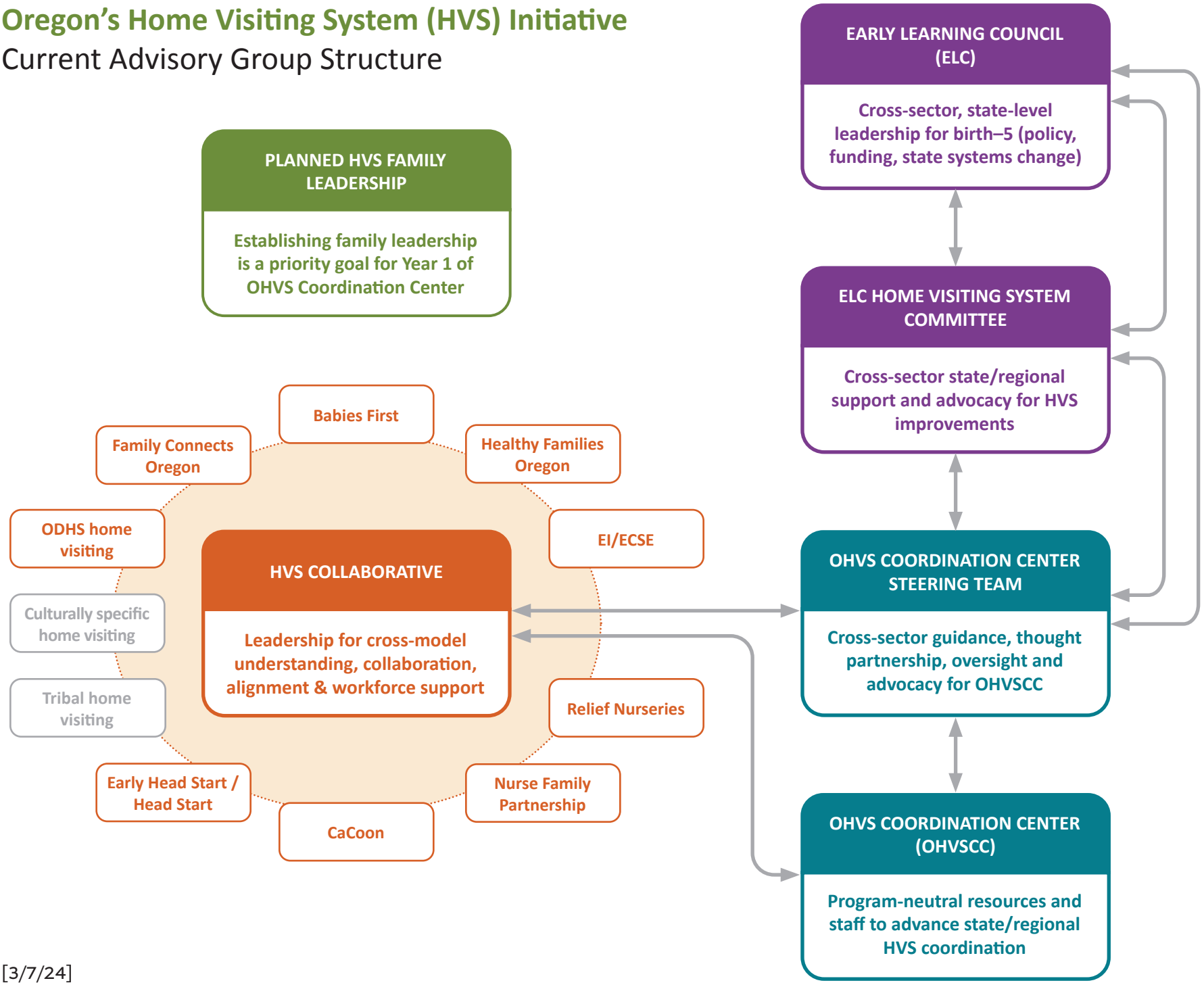
- Antiracist practices
- Right services delivered at right time
- Workforce supported and compensated
- Shared data and information
- Stable, long-term funding

HVSI Cross-Advisory Membership List	*Member*	*COLLABORATIVE REPS*	*STEERING TEAM*	*COMMITTEE*	*COUNCIL REPS*	*Role*	*Organization*
Copeland	Cara	**X**	X			Executive Director	Oregon Association of Relief Nurseries
Grogger	Heidi	**X**	X			HFO State Program Manager	Department of Early Learning and Care
Stiefvater	Anna	**X**	(X)			Perinatal Nurse Consultant	Oregon Health Authority
Buckley	Peter			**X**	X	Program Manager	Southern Oregon Success
Hill-Dunbar	Robin		**X**		X	Sr. Program Officer	The Ford Family Foundation
Miller	Peg			**X**	X	Physician	Willamette Valley Medical Center
Miller	Sue				**X**	Retired	Early Learning Council
Ramirez	Ruby			X	X	Program Officer, Early Childhood Programs	Oregon Community Foundation
Bachtle	Gwyn		X	X		Program Manager	Department of Early Learning and Care
Brown	Velynn		X			Chief Operating Officer	The Black Parent Initiative
Brown	Irwin			X		Policy Advisor	Oregon Department of Human Services
Comini	Brenda			X		Director	Early Learning Hub of Central Oregon
Dodson	Donalda		X			Executive Director	Oregon Child Development Coalition
Ferguson	Pamela		**X**	X		Home Visiting Systems Manager	Oregon Health Authority
Geelan	Mary		X			Manager	Oregon Department of Human Services
Hamilton	Chelsea		X			Outreach Coordinator	Oregon State University
Harnisch	Lisa		X			Executive Director	Marion Polk Early Learning Hub
Hernandez	Norma		**X**			Early Childhood Coordinator	Adelante Mujeres
Hunte	Roberta		X			Assistant Professor	Black Futures Initiative & PSU
King	Peg			X		Partnerships Portfolio Manager	Health Share of Oregon
Lyon	Cady		X			Program Manager	Umpqua Health Alliance
McMorran	Christopher			X		Chief of Staff	Office of Representative Lisa Reynolds
Ruzicka	Rick			X		Assistant Director	Oregon Housing and Community Service
Siestreem	Julie			X		Tribal Council Member	Confederate Tribes of Coos, Lower Ump
Thorne Ladd	Kali			X		President/Chief Executive Officer	The Children's Institute

Wetherell	Tenneal			X		Deputy Superintendent	Oregon Department of Education
Wilcox	Cate			X		Section Manager	Oregon Health Authority
Williams	Kara		X			Director of Inclusive Services	Oregon Department of Education

Oregon's Home Visiting System (HVS) Initiative

Current Advisory Group Structure



[3/7/24]

Portland State
UNIVERSITY

Oregon Home Visiting System Coordination Center

Supporting the Vision for a Statewide Home Visiting System

Oregon's Home Visiting System Coordination Center (OHVSCC) launched in January 2024 at the Center for Improvement of Child and Family Services (CCF) at Portland State University, under the direction of Dr. Beth Green. The OHVSCC will function as a program-neutral backbone for a coordinated system of prenatal and early childhood home visiting services.

This work will move the state closer to the vision described in Raise Up Oregon 2.0 (RUO), the comprehensive early childhood system plan for creating "**equitable, integrated, accessible, inclusive, anti-racist and family-centered**" early learning services. Prenatal and early childhood home visiting services are a critical component of this system, as evidenced by the 18 specific RUO strategies that identify the key role for home visiting and the need for improved coordination of these critical supports.

Oregon's commitment to early childhood health, development and family support is reflected in its many home visiting services and programs. These programs provide high-quality, comprehensive services to families with young children, starting prenatally through age 2 and beyond. While there have been considerable federal, state and local investments in home visiting services over the past 20 years, agencies and programs have struggled to work together as a coordinated and aligned system. The result is a fragmented, uncoordinated set of programs that families experience as complicated and confusing, which creates barriers for families that perpetuate inequities in access and quality across the state.

In response, the Oregon Early Learning Council prioritized home visiting system coordination as a key goal in 2022-23, and adopted a set of comprehensive recommendations for home visiting system transformation. In late 2023, key leaders moved forward with private/public, cross-sector investments in the OHVSCC to provide the necessary staffing and other resources.

The OHVSCC team's inclusive, relationship-focused approach builds on emerging innovations in existing structures and systems by working with local, regional and state agency partners to achieve the Early Learning Council's long-term home visiting system goals:

- **Ensuring family leadership** in home visiting system transformation at state and local levels.
- **Expanding decision-making partners** to include tribal, culturally specific and other programs that are outside the primary state-funded home visiting models.
- **Promoting equitable access** by mapping current services and capacity, and facilitating strategies that promote funding for, and access to, culturally responsive and culturally sustaining home visiting.
- **Supporting state and regional home visiting systems** for coordinated intake and referral.
- **Improving the proficiency, well-being and retention of the home visiting workforce** by creating a roadmap for a more efficient and effective professional development system.
- **Increasing family awareness** of, and choice in, home visiting programs through a community awareness communications plan.
- **Facilitating effective and aligned data systems** by identifying and building on efforts to streamline and share data and information.
- **Working with state-level leadership** to create more aligned home visiting policies and practices that support local decision-making and implementation.
- **Facilitating a sustainable cross-sector plan** for expanded funding that ensures statewide availability of high-quality, culturally and linguistically appropriate home visiting programs that meet the needs of Oregon's families.

For more information, please contact Beth Green at beth.green@pdx.edu.

Oregon Public Health Nurse Home Visiting

Oregon Health Authority

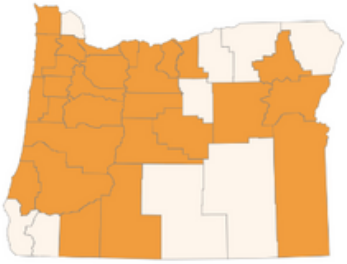
Prepared by:
Oregon Health Authority
Public Health Division
Maternal and Child Health

Overview

Oregon's Public Health Nurse Home Visiting programs provide essential support and resources to families throughout the state. Available programs include: Babies First! (B1st!), Family Connects Oregon (FCO), CaCoon, and Nurse-Family Partnership (NFP). These programs cater to the unique needs of each family, supporting families to live healthful lives and fostering community well-being.

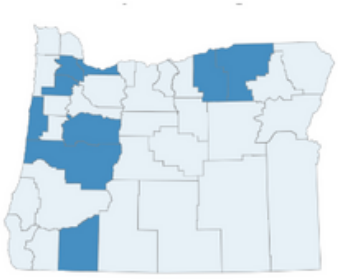
Home Visitors offer comprehensive assessments, case management, care coordination, and health education, emphasizing relationship-based, family-centered, and strength-based care. All programs are voluntary and free to families. Nurse home visiting programs have demonstrated short- and long-term impacts on the health, safety, school-readiness of children, maternal health, family stability, and financial security.

Administered by Local Public Health Departments or partnering local agencies, these programs are tailored to address specific community needs. This localized approach ensures that families receive the necessary support and resources within their community. Please note: not all programs are available in every county (see map for details).



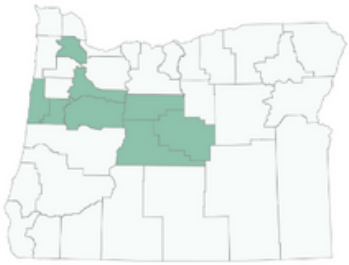
Babies First!

Baker
Benton
Clackamas
Clatsop
Coos
Crook
Deschutes
Douglas
Gilliam
Grant
Hood River
Jackson
Jefferson
Klamath
Lane
Lincoln
Linn
Malheur
Marion
Multnomah
Polk
Sherman
Tillamook
Union
Wasco
Washington
Yamhill



Nurse Family Partnership

Multnomah
Jackson
Lane
Lincoln
Linn
Morrow
Umatilla
Washington
Yamhill



Family Connects Oregon

Crook
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Deschutes
Jefferson
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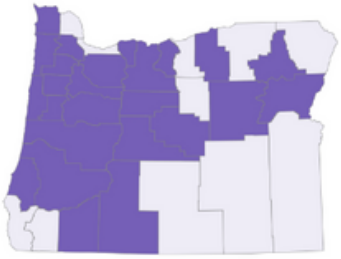
Marion
Washington



CaCoon

Baker
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Clackamas
Clatsop
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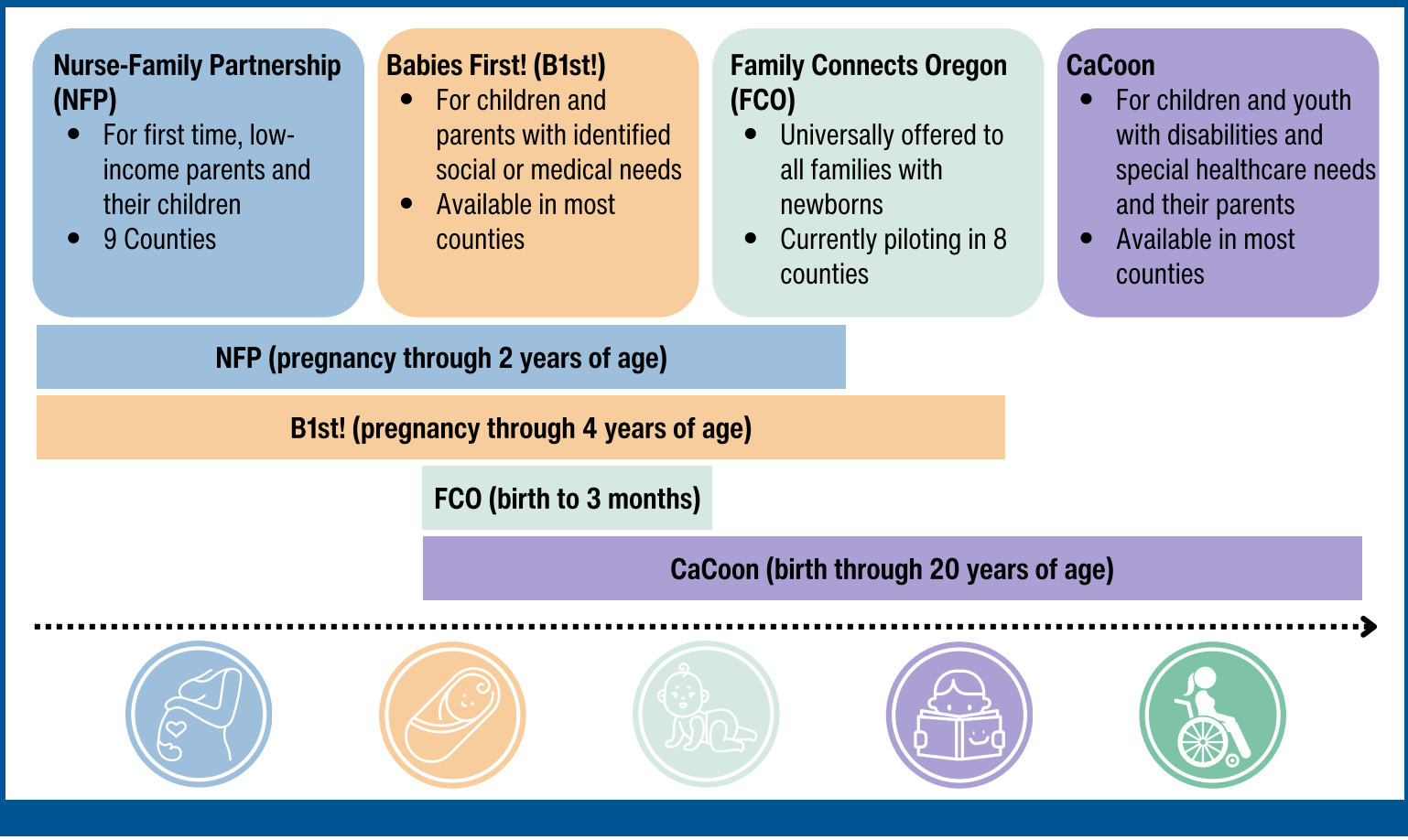
Hood River
Jackson
Jefferson
Klamath
Lane
Lincoln
Linn
Marion
Morrow
Polk
Sherman
Tillamook
Union
Wasco
Washington
Yamhill

Contact: mchsection.mailbox@odhsoha.oregon.gov

Updated January 2024



Babies First! (B1st!): B1st! is a home visiting program for pregnant people and families with babies and children up to age 5 with an identified need. Program oversight and technical assistance is provided by the State Public Health Division. B1st! is available in most Oregon counties.

CaCoon: The CaCoon program serves children and youth with disabilities and special healthcare needs from birth through age 20 (up to age 21). The Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) provides oversight and technical assistance for this program. OCCYSHN is housed at the Oregon Health and Science University (OHSU). CaCoon is available in most Oregon counties.

Family Connects Oregon (FCO): The FCO program offers between one and three home visits to every family with a newborn beginning around three weeks of age. Oversight and technical assistance are provided by the State Public Health Division and Family Connects International. FCO is currently available in eight Oregon counties with plans to eventually be offered statewide.

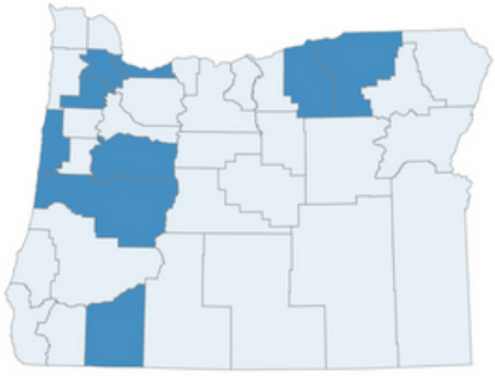
Nurse-Family Partnership (NFP): The NFP program primarily serves low-income people who are pregnant for the first time. Families are visited from pregnancy until the child turns 2 years old. Technical assistance is provided by the State Public Health Division and the Nurse-Family Partnership National Service Office. NFP is currently available in nine Oregon counties.

Funding to support these programs depends on the program and the local site but may include: Oregon State General Funds, county general funds, Medicaid reimbursement, federal funds (Maternal and Child Health Title V Block Grant, Maternal Infant Early Childhood Home Visiting), and commercial insurance reimbursement (FCO only).

Contact: mchsection.mailbox@odhsoha.oregon.gov

The Nurse Family Partnership (NFP) program primarily serves low-income people who are pregnant for the first time. Families are visited from pregnancy until the child turns 2 years old.

NFP is currently offered in nine Oregon counties



- Multnomah
- Jackson
- Lane
- Lincoln
- Linn
- Morrow
- Umatilla
- Washington
- Yamhill

NFP was established in Oregon in 1999 and has served 6,591 families since that time.
Between 2021-2023, there were 26,010 home visits to families enrolled in NFP.

Funding

Local NFP programs are funded through County General Funds, Medicaid reimbursement for Targeted Case Management, and Maternal Infant Early Childhood Home Visiting (MIECHV) federal funds for some sites.

Program Oversite

Technical assistance to ensure sites are meeting model fidelity is provided by OHA and the Nurse-Family Partnership National Service Office.

Outcomes

NFP Research and Trial Outcomes show:

- Improved prenatal health.
- Reduced childhood injuries.
- Reduced rates of subsequent pregnancies and births.
- Increased parent employment.
- Reduced children's mental health problems.
- Increased child school readiness
- Reduced costs to government and society.

More information on NFP outcomes here:
https://www.nursefamilypartnership.org/about/proven-results/

2024 Program Updates

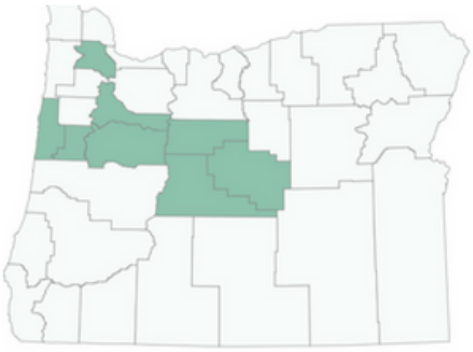
- In partnership with Lincoln County, Linn County has recently started offering NFP services.
- HB 4105 introduced. The bill requests a $3.16 million appropriation to provide the non-federal Targeted Case Management match funding required by Medicaid. The match is currently paid by Counties.

Contact: mchsection.mailbox@odhsoha.oregon.gov

Family Connects Oregon (FCO) is a universally-offered model which includes core elements nurse home visiting, community alignment and population-level data analysis. Families with newborns may receive 1-3 nurse home visits. FCO aims to strengthen connections for families with newborns and link them directly to clinical and community resources including medical homes and Oregon's broader home visiting system.

Family Connects is currently offered in eight Oregon counties.

- Crook
- Benton
- Deschutes
- Jefferson
- Lincoln
- Linn
- Marion
- Washington



To date, Family Connects Oregon sites have served over 2,300 families with newborns.

Funding

Local Family Connects Oregon sites are funded through state general fund as well as commercial insurance and Medicaid reimbursement.

Program Oversight

OHA and model developer Family Connects International monitor each site's progress towards meeting key performance indicators. Family Connects International provides model certification when metrics are met.

Outcomes

Two randomized controlled trials show:

- Improved community connections.
- Decreased emergency room visits for infants.
- Decreased postpartum depression and anxiety.

2024 Program Updates

Increase number of families served.

- Model research shows that about 60% of eligible families within a community accept the services. Increasing population reach also promotes financial sustainability. Current sites' population reach ranges from 5-23%.

Optimize commercial reimbursement.

- Since launching commercial billing in January of 2023, OHA has been working to improve claims processing and to identify and address gaps in commercial reimbursement.

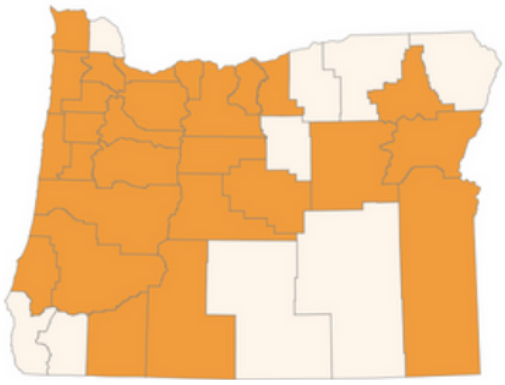
Expansion to new sites

- Polk and Malheur counties are in the planning stages for launch of services in 2024.
- 3-5 additional counties will enter the planning phase with launch of home visiting anticipated in late 2024 or 2025.

Contact: oregon.uohv@odhsoha.oregon.gov

Babies First!

The Babies First! Program is a relationship and strength-based public health nurse (PHN) home visiting program that partners with families to improve pregnancy, family and child health outcomes, and to connect to quality health care and the community supports. Babies First! focuses services on people who are pregnant, children ages 0 through 4 years, and caregivers who experience social and economic disenfranchisement that put them at risk for poor health and development outcomes.



Babies First! is currently offered in most Oregon counties
Baker, Gilliam, Linn, Benton, Grant, Malheur, Clackamas, Hood River, Marion, Clatsop, Jackson, Multnomah, Coos, Jefferson, Polk, Crook, Klamath, Sherman, Deschutes, Lane, Tillamook, Douglas, Lincoln, Union, Wasco, Washington, Yamhill

- Between July 1, 2021 and June 30, 2023, there were 24,298 home visits to families enrolled in Babies First!
- Preliminary data for the first three quarters of 2023 (through 9/30/2023) show at least 1,867 Babies First clients served.

Funding
Local Babies First! programs are funded through State general funds ($1million per biennium), County general funds, and Medicaid reimbursement for Targeted Case Management services.

Program Oversight
Technical assistance and program oversite is provided by the OHA Maternal and Child Health Section.

Outcomes
Babies First! aims to improve maternal health outcomes, improve birth outcomes and infant and child growth and development, and reduce child injury.

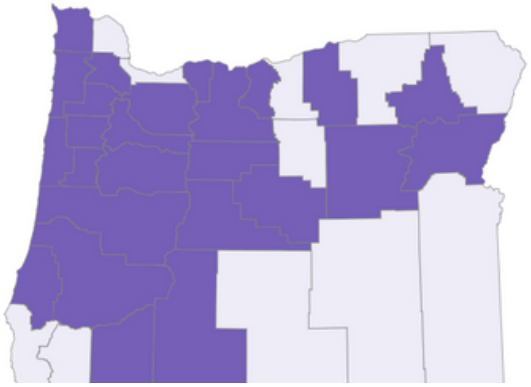
2024 Program Updates
- An updated manual (combined with the CaCoon program manual) will be released.
- The Healthy Outcome from Positive Experiences (HOPE) framework will be introduced and embedded in the program model.

Contact: mchsection.mailbox@odhsoha.oregon.gov

OCCYSHN
Oregon Center for Children and Youth with Special Health Needs

CaCoon

The CaCoon program serves children and youth with disabilities and special healthcare needs and their caregivers. CaCoon home visitors help families coordinate care for their children and youth with special health care needs, ages birth to 21.



CaCoon is currently offered in most Oregon counties
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- Preliminary data for the first three quarters of 2023 (through 9/30/2023) show at least 763 CaCoon clients served.

Funding
Local CaCoon programs are funded through County general funds, federal funds from the Title V Maternal and Child Health Block Grant, and Medicaid reimbursement for Targeted Case Management.

Program oversite
The Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) provides oversight and technical assistance for this program. OCCYSHN is housed at the Oregon Health and Science University (OHSU).

Outcomes
Children and youth served in the CaCoon program make fewer visits to the emergency department. They also have higher rates of immunization, annual well-child, and dental care visits.

2024 Program Updates
CaCoon and Babies First! are combining program manuals.

Contact: occyshn@ohsu.edu

Home Visiting System Initiative

Early Learning Council
March 27, 2024

Dr. Beth Green
Portland State University

The Oregon Home Visiting Coordinating Center (OHVSCC): A Step Towards HV Systems Goals

Our Role:

➔ **Program-Neutral Backbone** at PSU's Center for Improvement of Child & Family Services (CCF)

➔ **Provide Capacity** for HV System Building

- 2 HV System Transformation Managers
- Experienced evaluation team
- Convening, consultation, training

Our Charge:

To strengthen state partnerships in support of local decision making and implementation of an equitable, accessible, inclusive, anti-racist and family centered system of early childhood home visiting services.

Oregon Home Visiting Coordination Center (OHVSCC) - Meet our Team!

Beth Green
HVSCC\ Director

- Project Oversight & Direction
- Budget Management
- Partner Liaison
- Advocacy

Rebecca Brown
State HV System Transformation Manager

- Facilitate HVS Steering Team & Committee
- Support state policy coordination
- Connect state and regional work

Kristin Miyamoto
Regional HV System Transformation Coordinator

- Facilitate HVS Collaborative
- Support regional HV systems
- Liaison with regional system partners

Callie Lambarth
Senior Research Associate
HVSI Evaluation Director

- Design & implement state-level systems evaluation
- Lead data utilization work for HVSI

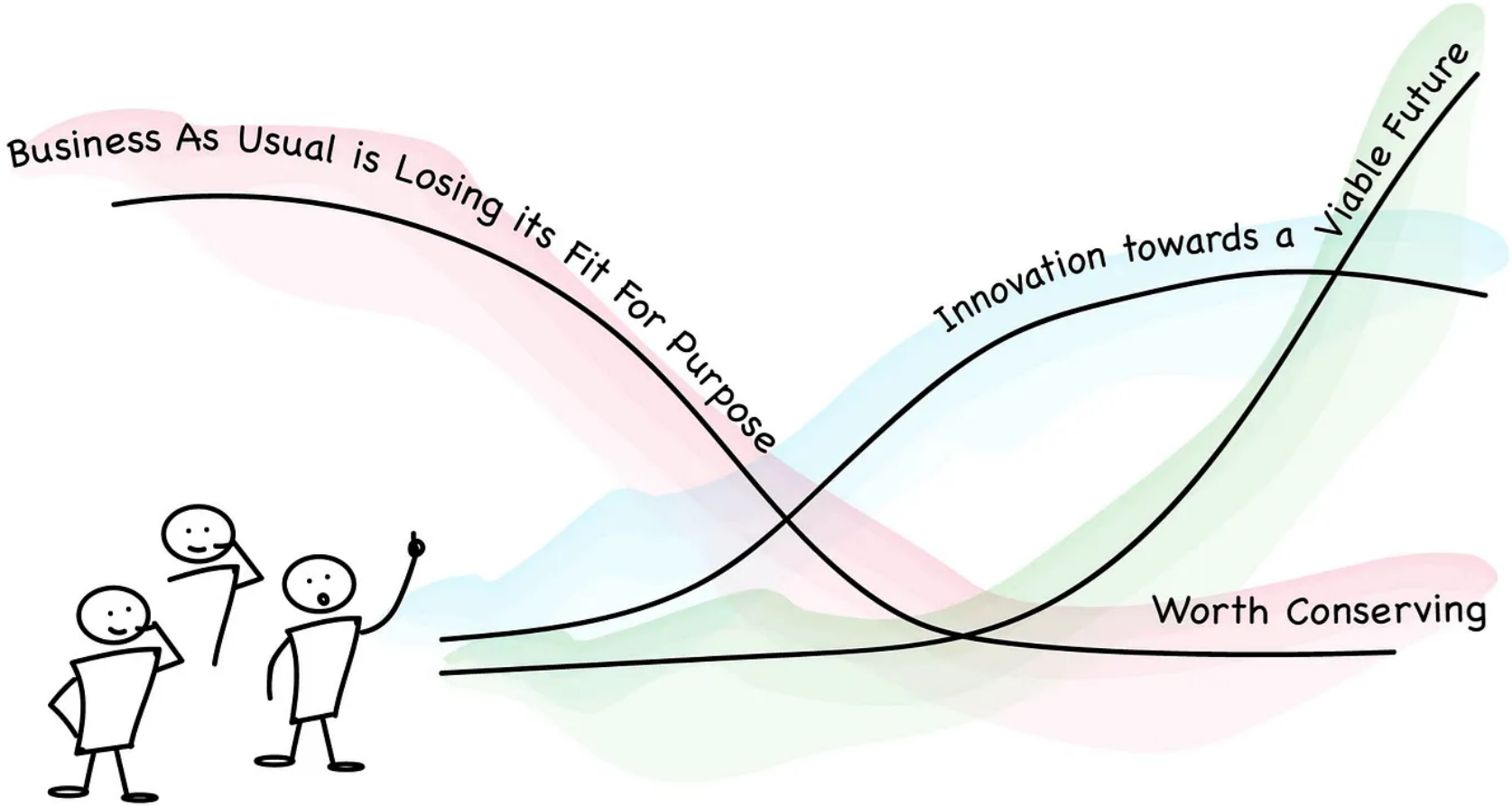
Ron Joseph
Research Assistant
HVSI Evaluation Staff

- Conduct outreach to identify and use existing data
- Collect interview, focus group, and other data

Our Approach

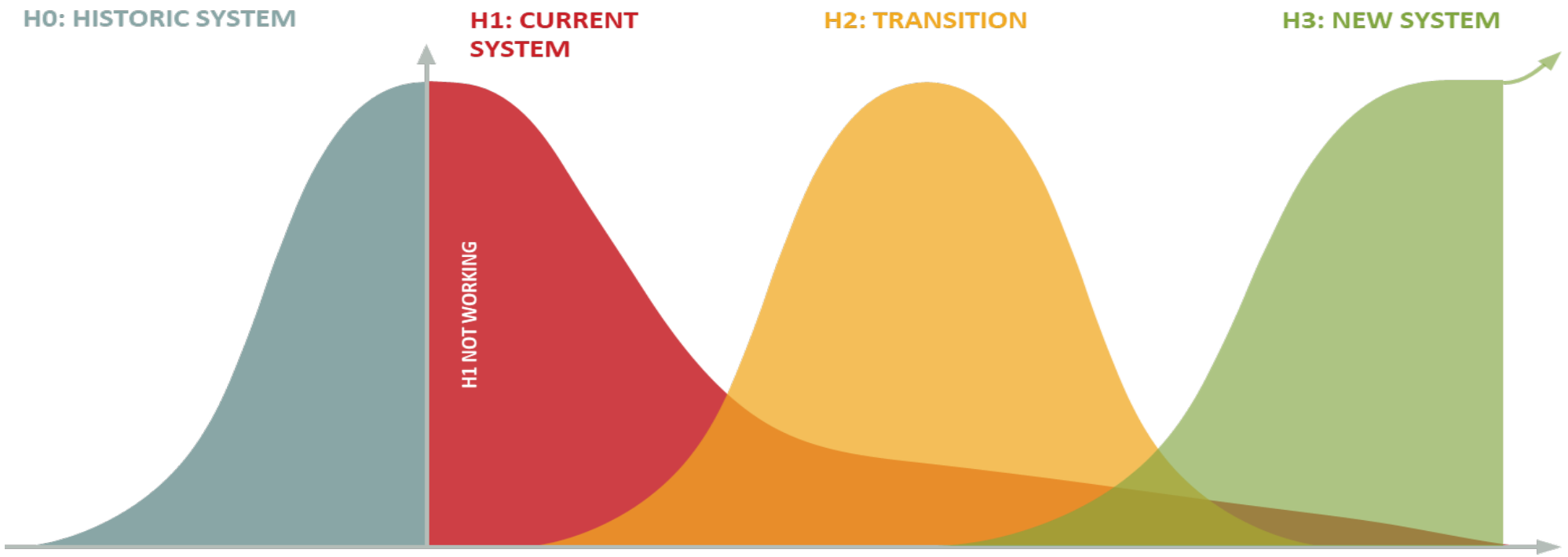
- Learn From Experience
- Support & Expand Collaborative Relationships
- Engage Family Leadership
- Keep What's Working, Change What's Not
- Support Steps Towards Transformation

3 Horizons for Systems Transformation: A Framework for Complex Change



Map what to let go of, what to conserve, & transformative innovation to reach a shared vision.

HOME VISITING SYSTEMS | THE FOUR HORIZONS OF CHANGE

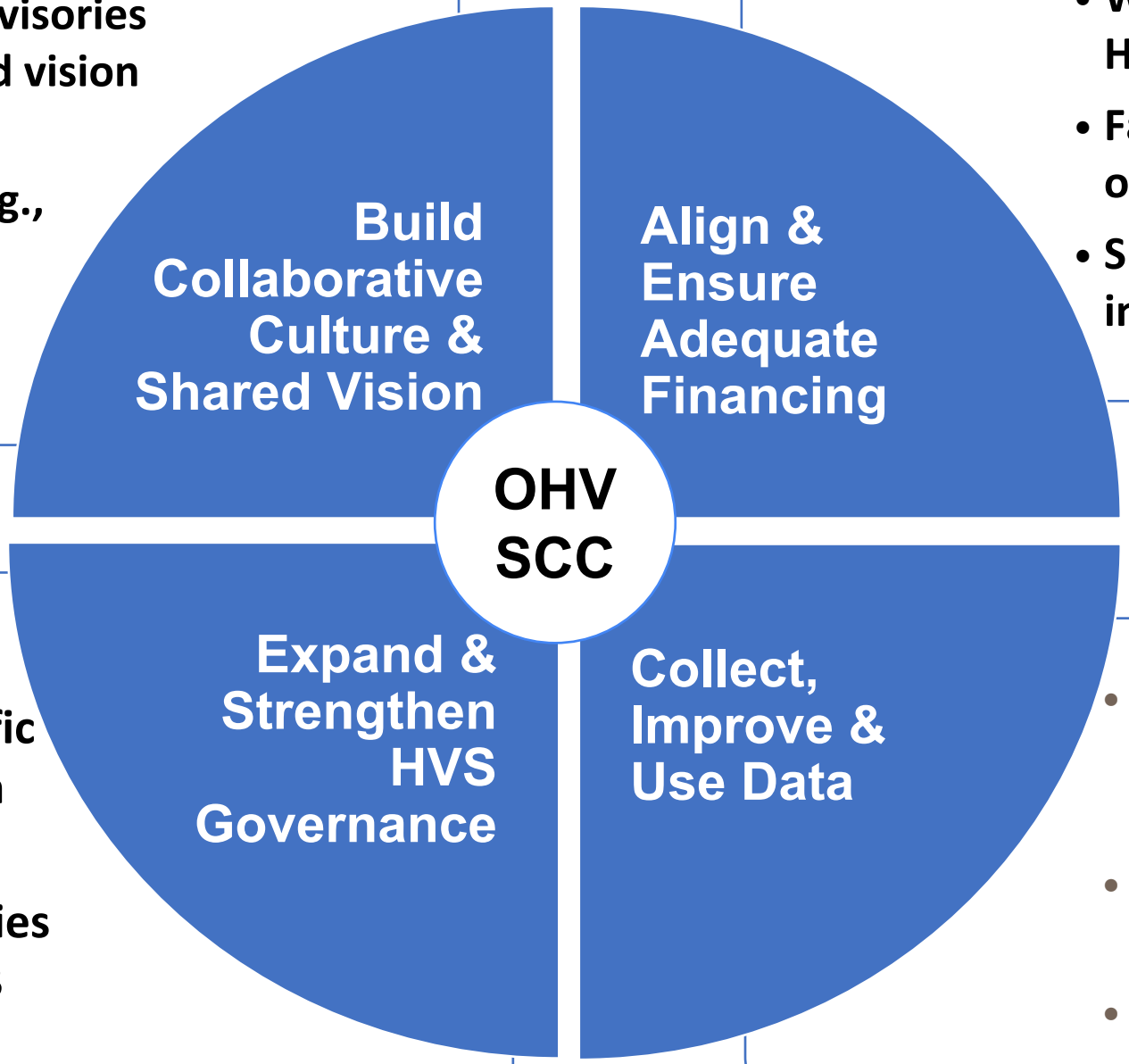


- Competing programs
- Siloed programs
- Workforce crisis
- Funding inequity
- Scarcity mindset
- Access difficulty

- Regional coordinators
- Coordinated referral projects
- Universal screening/ FCO

- Antiracist practices
- Right services delivered at right time
- Workforce supported and compensated
- Shared data and information
- Stable, long-term funding

Year 1 Priorities



- Facilitate & support Advisories & Collaborative to build vision
- Create resources for information-sharing, e.g., matrix of HV programs
- Develop HV System Theory of Action

- Work with partners to fund HVS Coordinating Center
- Facilitate cross-agency & other investments in HVS
- Support advocacy for HVS investments

- Build family leadership
- Engage culturally specific & tribal HV programs in leadership
- Work with HVS advisories to innovate towards H3 by changing policies, practices, structures

- Collect system data and use it to guide planning and CQI for HVS
- Access and utilize existing data
- Facilitate integrated data across the HVS

OHVSCC Priority Work Update

HVSI Advisory Structures

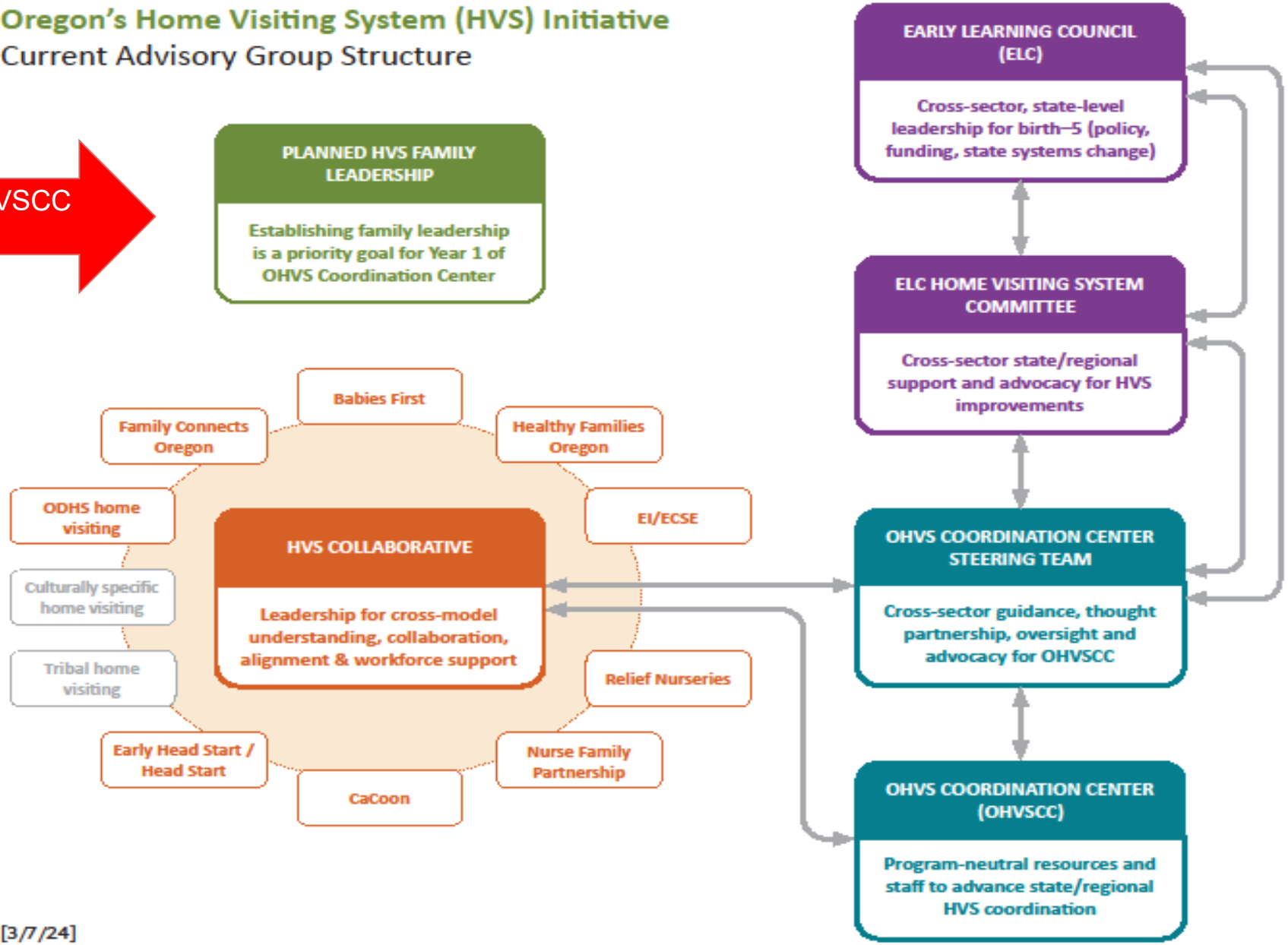
- **HVS Recommendation L:** Improve, streamline, and coordinate HVS advisory structures, expanding representation by culturally-specific, Tribal, and other programs and partners.

- **Progress**
  - Preliminary re-structure for HVSI Advisories
  - Re-launched Steering Team including culturally specific program leaders, other key system partners
  - Expanded HVS Committee including advocacy & CCO partners

Oregon's Home Visiting System (HVS) Initiative
Current Advisory Group Structure

Year 1 OHVSCC Goal

Year 1 OHVSCC Goal



[3/7/24]

OHVSCC Year 1 Tasks

1. **Recommendation A: Create systems to increase cross-program understanding & support effective communication:**
   - OHVSCC communication & outreach plan
   - OHVSCC web/Google site
   - State HV program information resource
     - Include expansion to other programs
2. **Recommendations J, K, & L: Create HVS Landscape Analysis, Opportunity Maps, and facilitate steps toward change**
   - Family leadership for HV
   - Resource of HV program characteristics, eligibility & availability
   - Coordinated intake & referral
   - Coordinated data systems and data sharing
3. **Recommendation N: Conduct Year 1 HV System evaluation**

If you don't like the road you're walking, start paving another one."

- Dolly Parton

Questions from the Council?

Membership, Roles & Responsibilities

Community Leadership Council: **Nancy Anderson, Multnomah Early Childhood Program, (MECP); Julie Houston, Impact NW Early Childhood Dept.; Danita Huynh, Immigrant and Refugee Community Org., (IRCO), Early Childhood Dept.; Tiffany Tucker, Insights Teen Parent Program**

Oversight: ELM Director: Molly Day

Staff: Administrative Liaison: Natasha Smith, PSU; Community Facilitator: Elizabeth Carroll, MCHD; Project Consultation and Support: Catherine Drinan, PSU

Membership: Membership will include the *most complete and diverse representation possible* of early childhood home visiting leaders. **Leaders are defined as individuals empowered to represent an organization or program and enact engagement in HV CofP work.** Leaders may include any staff and volunteers, including parent representatives, selected by the participating program/agency for this role. Early childhood leaders from programs/agencies not performing home visiting are also encouraged to join the HV CofP, in order to build relationships to improve EC system coordination-leading to improved family experiences and outcomes. The CofP is also open to all who are interested in understanding and contributing to the community, such as:

- Parents/family members
- Health, education, human services, and social service programs
- Other community-based programs promoting related outcomes
- Community and government leaders invested in our outcomes
- Workforce development collaborators

Roles of the Leadership Council:
Position 1: From a Multnomah County HV program or provider agency in the service array
Position 2: From a Multnomah County HV program or provider agency in the service array
CAC Representatives:
Position 3: From a culturally-based (CB) home visiting program/background (Rationale: These programs are generally smaller; can contribute to understanding of how dynamics of culture and home visiting intersect, and awareness of local adaptations to HV models related to engagement and effectiveness).
Position 4: From an evidence-based (EB) home visiting program/background (Rationale: These are generally larger; can contribute a deep understanding of current evidence-based best practices, features and challenges shared by many recognized EBHV program models). **CAC Representative**

Duties of the Leadership Council:

1. **Promote, Plan and Attend** a quarterly HV CofP meeting for all HV programs in the County (staff arrange)
2. **Attend** monthly Leadership Council meetings, (in months when the quarterly HV CofP meeting does not occur), to address the work listed below (3-6):
3. **Plan and Co-Facilitate** a bi-annual strategic planning session (next in 2016)
4. **Monitor** CofP Strategic Work Group plans, using the Equity and Empowerment Lens Tool, and operationalize outcomes to determine what data is needed to assess progress toward identified goals; **Also** monitor Strategic Plan outcomes over time
5. **Communicate** priorities, strategies, system barriers, data and other needs to ELM Director and work with the Strategic Work Groups and ELM to create plans to monitor outcomes and identify effective practices

6. **Identify** resources and supports needed by the CofP to function well, and collaborate with staff to find needed solutions

Additional Duties for CAC Representatives:

1. **Share** formal communications (agendas, minutes, election results, strategic plans), and informal communications (notes, impressions, thoughts) from all CAC meetings with the CofP, and inform CofP of needed input and actions.
2. **Represent** CofP's priorities and wisdom in quarterly CAC meetings, and meetings of the full ELM governance group.
3. **Utilize** these opportunities to reach out and identify potential partnerships in the early learning system to support CofP goals.

Duties of HV CofP Staff:

1. **Convene and attend** all CofP quarterly meetings and monthly leadership meetings. Attend Work Group meeting as available.
2. **Create and share** meeting notices, reminders, agendas, minutes and other documentation of meetings, decisions/actions; and other materials needed by members to participate in CofP
3. **Create and maintain** the membership list, minutes, charter and other needed resources in an electronic format and store so that members may easily have access
4. **Co-Facilitation,** of meetings, and otherwise, of CofP goals and objectives, in collaboration with Council
5. **Liason** for Leadership Council and Strategic Work Groups (Elizabeth Carroll), assuring a smooth information flow with the Leadership Council; provide council with Work Group plans and updates and the Work Groups with templates and instructions recommended by the Council.

Meeting Schedule

- Quarterly meetings will be the first of August, November, February and May from to at locations TBD.
- Monthly Leadership meetings will occur on first (the same weekday) at on the remaining months of the year, at locations TBD.)
- Strategic Work Group meeting will be determined by the working members and shared with the full membership
- ELM will schedule additional meetings that the CofP Representatives will attend

HV Community of Practice 2014 Priority "Buckets" of Work:

The Community of Practice Strategic Plan will consider the following priorities areas identified through multiple HV and EC community meetings and processes conducted in 2013-14:

1. Family Engagement

- Identify and facilitate pathways for families to participate in community discussions and actions (ELM, HBI, Parent Councils, Advisory Committees, policy action groups, etc.)
- Encourage and support new opportunities for families to provide system feedback
- Include families in discussions such as system data sharing and universal screening, that impact the way services are coordinated and data is shared
- Assure family voice includes families that may need help with engagement/access due to isolation, language, age, education, history of exclusion or trauma, ect.
- Engage families in outreach to educate our community about home visiting: what it is, how to access services, what to expect

2. Data Collection and Administrative Coordination (state and regional):

- Understand what data is available that reflects HV system efforts, identify gaps, disseminate findings, improve!
- Advocate to State and other systems for Multnomah Co. HV system needs relevant to data collection ("universal screening" tools, MIECHV contracted data system development, CCOs, ELD, WIC etc)
- Identify ways to respectfully and safely streamline release family information and history and share data to coordinate care between agencies/systems.
- Identify data needed to improve care coordination for families with multiple needs
- Identify ways to coordinate with education system to track school outcomes to early childhood/HV services

3. Local System Development and Coordination:

- Home visiting program inventory: Identify service gaps and facilitate cross-program referrals
- Determine where standardized forms/processes across local HV system (intake, referral, release of information, transfer summary) make sense to pilot
- Agree how to support families transitioning from one service to another; while avoiding duplication and encouraging needed overlay of svcs.
- Explore the concept of "families in programs that best fits their needs"
- Service coordination with/child welfare, medical, education, mental health and other systems
- Use CofP meeting to examine real life coordination through "case review" type format
- Monthly coordination meetings

4. Early Childhood System Advocacy about Resource Gaps

- Advocate and inform systems to address unacceptable and inequitable rates of poverty and other social determinants of family well-being.
- Highlight our community's deep needs for housing, higher minimum wage, family wage jobs, drug tx, mental health and other critical services.
- Participate with ELM community to effect anti-poverty, anti-discrimination and pro-family policy-level changes

5. Improve Equity and Access

- Mapping and identifying gaps in services (service locations, transportation, languages spoken and cultural barriers)
- Create dialogue exploring the intersections of ***evidence-based*** and ***culturally-based*** program values, components and philosophies to build community understanding and application of these approaches
- Share cultural adaptations in home visiting models and services
- Advocate for services to fill gaps
- Examine racism: institutional bias, system 'voice', opportunities for leadership
- Identify specific services needed to create more equitable, effective and complete service coverage

6. Community awareness of HV Resources/ Communication

- Coordinate / inform social marketing about early childhood home visiting (ECHV)
- Plan community events or outreach
- Facilitate stakeholder' ride-alongs' and informational materials
- Keep 211 up-to-date

7. Funding:

- Indentify grants and RFP's that shall build further collaboration among agencies
- Form partnerships within the CofP which facilitate RFP and grant applications
- Identify/ advocate for funding for evaluation of culturally-specific approaches in home visiting

8. Work Force Development

- Assure qualified, trained and supported work force continues to grow to meet service needs
- Participate in identifying the core skill sets and training needed by all home visiting staff
- Facilitate cross training between programs and systems
- Identify and promote growth opportunities for staff at all levels

Multnomah County Home Visiting Community of Practice-Overview

Key Concepts and Elements:

1. ***Neutral*** **Conveners**
2. ***Predictable*** **Structure (with occasional funded extras)**
3. ***Honoring*** **all of the ways people who comprise 'the system' can contribute:**

- **Strategic Planning Gatherings:**
  - *Everyone together-Steering the direction of the collective*
  - Build shared priorities-Assess progress
  - Link to Funders
  -

- **Leadership Group:**
  - *Managers and Leads of diverse programs*
  - Big picture thinking, keeping strategic priorities front and center
  - Funder to funder communication

- **Family Advisory**
  - Experience with multiple HV models
  - Limited duration due to funding
  - Guide engagement and retention related service elements
  - Receive training if desired related to HV profession

- **Monthly Work Groups:**
  - *Everyone together:Solving problems with concrete action*
  - Aligned strategies and solutionsalong with deeper appreciation for the diverse HV approaches
  - **Referral Coordination** (HVCofP contributions and engagement in systems work)
  - **Workforce Development** (developed HV and Supervisor Core Competencies, annual MIECHV trainings, coordinated training resources-newsletter)

- **Quarterly Gatherings (Sup/Manager and HV):**
  - *Each group gathers by role*
  - *Sometimes work separately but in tandem on issues that arise*
  - Hot Topics and Networking
  - On-time training topics

- **Annual Training Events:**
  - WFD Work Group Plans and Everyone can attend or volunteer

Multnomah Home Visiting Coordinated Referral Learning Cohort: Key Stakeholder Interview Summary

Background & Participants

Six (6) home visiting program staff and 5 funder-partners participated in interviews as part of the Coordinated Referral Learning Cohort (CRLC) evaluation. The CRLC was a series of 5 meetings between September 2016 and June 2017 that grew out of a Home Visiting (HV) Referral Coordination Work Group that had met over the preceding year. The purpose of the CRLC was to engage organizations with multiple early childhood home visiting programs to:

1. Get grounded in family-driven intake and referral processes that support equity goals.
2. Examine internal intake and referral process and learn about what other organizations are doing.
3. Improve strategies for coordinating intake and referral processes within each organization.
4. Create smoother transfers for families who are unable to get into services or need something different.
5. Increase family access to services openings by families who are a fit.
6. Improve accountability and tracking of family navigation successes and challenges.
7. Surface needs as a group to funders who are there to listen.

Interviews were conducted by phone by staff from the Portland State University evaluation team to learn about the benefits and challenges of the CRLC process. Interviews also collected information to understand participants' needs and recommendations for next steps in improving the coordinated intake/referral process for HV programs in their organization and across HV programs in Multnomah County more broadly.

Home visiting program participants attended 4 or 5 CRLC meetings over the course of the year. Funder partners attended up 1 or 2 CRLC meetings that occurred in April and June 2017. Interview participants included stakeholders from the following organizations:

Home Visiting Programs

- Impact NW
- Insights Teen Parent Program
- Latino Network
- Mt. Hood Community College Child Development & Family Support Programs
- Multnomah County Health Department
- Self Enhancement, Inc.

Two additional organizations participated in the CRLC but were unavailable to participate in phone interviews. These included Native American Youth & Family Center (NAYA) and Immigrant & Refugee Community Organization (IRCO).

Funder Partners

- Early Learning Multnomah (ELM)
- HealthShare Oregon
- Multnomah County Department of Human Services
- Oregon Health Authority, Maternal, Infant, & Early Childhood Home Visiting (MIECHV)
- Portland Children's Levy

Although additional funder partner representatives participated in CRLC meetings, these 5 organizations were invited to participate in an interview based on the interest of the CRLC coordinator to include their perspectives.

What was beneficial about the CRLC?

HV program participants described multiple benefits to participating in the CRLC. Having the opportunity to **meet and talk with other HV program staff** was helpful to hear how other programs currently handled intake and referral within their organization.

Participants appreciated being able to set and track progress towards **concrete goals around improved coordinated intake and referral** in their organization through the Plan-Do-Study-Act (PDSA) continuous improvement process. For some organizations, they felt they were able to make significant progress in improving the intake and referral system within their organization. For others, they were able to identify barriers to this

work and create action steps to make progress over a longer term.

Participants felt that having **external facilitators and evaluators** were helpful. Facilitators created structured meetings that allowed participants to engage fully in the conversations with each other and funders, without being tied to note-taking or group facilitation. The evaluators were helpful to participants through phone calls between CRLC meetings. This was reported to help participants stay "on track" with their PDSA work and continue to make progress on their individual goals.

Although programs largely said it was not essential to receive a **stipend** to participate, it did help them be able to prioritize the CRLC meetings and work, and communicate this with their organization leadership.

"If it's a funded process, it's a whole lot easier for me to sell to my agency."

Funder partners also valued being able **to hear from HV program participants first-hand** about their successes in PDSA processes, as well as challenges in responding to multiple funder requests.

How can HV programs and funder partners continue this work?

One participant described **using the PDSA process** and worksheet to continue to make progress on the coordinated intake and referral goals within their organization. Although the CRLC provided a structure for their PDSA work, she felt that they could continue to be intentional in setting aside time to explicitly work on setting and tracking progress on other PDSA goals.

Two participants talked about the challenge of being the only person in their organization tasked with implementing changes to their coordinated intake and referral process. For one of these participants, she had **to adjust the goals** for her CRLC work to be manageable under her own sphere of influence.

For another participant, she wanted to **see more program- or organization-wide commitment from others in her organization,** and suggested a possible structure of their collective work. If her organization could commit to one or two facilitated half-day work sessions each year, she felt that would be an effective way to involve more staff in her organization and carve out the necessary time to create work plans and action steps.

Although most programs felt that they would be able to continue some of the work begun during the CRLC, **two did not think they could devote time among current staff** to work on improved coordinated intake and referral. One was responding to expected program budget cuts and one had to redirect staff time and energy to respond to increased profiling and violence experienced by communities they serve.

Having enough time to work on HV systems-building efforts was also an issue for funder partners who have limited staff capacity. Although the funder partners who were interviewed said they could participate in (but not lead or convene**) time-limited work groups with specific aims**, they see the need for additional resources to support HV system building and provide technical assistance.

How can HV programs and funders work together to improve the HV system?

Programs and funders raised several issues they were interested in working on to strengthen the HV system in Multnomah County. First, both HV programs and funder partners recognized a value in working together to **streamline or identify ways to better align outcome measures and reporting requirements across funding sources**.

"We want funders and the State to comprehend that we work for a large number of grants…if they are making one small change [to their reporting requirements], they don't realize how many funders are making those 'small' requests of us."

Although two organizations felt they needed additional time to work on coordinating intake and referral processes within their organizations, other HV programs and funder partners were ready to work on **cross-organization coordinated intake and referral processes**.

"The main thing to share going forward is the developing and working toward system goals instead of agency goals."

There was a recognition that **cross-organization system-building efforts require additional time and funding** than is currently provided. With the current

program responsibilities and funder requirements, HV programs and funder partners felt it would be difficult to come together indefinitely without additional resources. At the same time, this was seen as critical work to support both families participating in HV services, as well as HV staff.

"We owe it to the families to be willing to do the hard systems work to break down barriers for people actually delivering the services."

Participants expressed a preference for CRLC-initiated work to continue in **work group** formats. These would be based on an assumption that concrete action steps would be identified and accomplished within a discrete time period, e.g., 6 to 12 months, and with specific goals in mind. Specifically, two workgroups were formed at the final CRLC meeting: (1) HV Metrics and (2) Coordinated Intake & Referral, v. 2.0. The goal of the HV Metrics group is to work to identify how to streamline funding and reporting requirements to reduce burden on HV programs. The goal of the second group is to continue to build on the work of the current CRLC, focusing on starting to build strengthen or build inter-program referral and coordination systems.

"I have found it most useful to participate in work groups tied to our community."

How can the State support HV system improvements in Multnomah County?

Although organizations recognized a value in implementing evidence-based HV models, some also questioned how or if these programs meet the needs of all of Oregon's communities. In particular, organizations want to see increased recognition by the State to invest in **building practice-based evidence of effectiveness** related to programs for specific cultural or linguistic groups. Related, one HV program participant felt that **having increased access to interpretation and translation services** would improve the HV system in Multnomah County.

There was shared agreement that having a usable, **unified data system** for HV programs could have the potential of reducing the burden on families being asked to provide similar information repeatedly. This was seen as especially important for families engaged in multiple HV and other early learning programs.

Additional needs of families served by HV programs, not adequately addressed in Multnomah County also include access to affordable housing and affordable, high quality early learning programs. These needs may be shared by communities and counties across the state, so may require efforts at the State level to address them.

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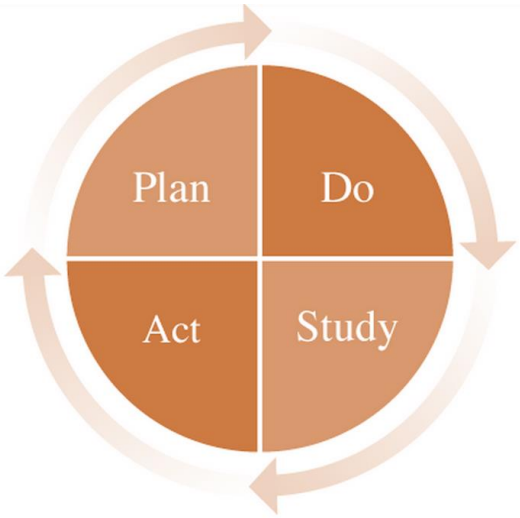
Multnomah Home Visiting Coordinated Referral Learning Cohort: "Plan-Do-Study-Act" Process Summary

Background & Participants

In December 2016, eight (8) organizations that administer multiple early childhood home visiting (HV) programs in Multnomah County participated in Plan-Do- Study-Act (PDSA) processes through the Multnomah County Coordinated Referral Learning Cohort (CRLC). Facilitated by the Portland State University (PSU) evaluation team, the PDSA continuous improvement process was used to identify, test, and learn from changes in each organization's intake and referral system. Organizations were asked to set goals for and test out small changes to the intake and referral process within their HV programs.



The PDSA process helps to answer the following questions:

- What are we trying to accomplish with this change?
- What change can we make that will result in improvement in the coordinated intake and referral process within our organization?
- How will we know that the small test of change was an improvement?
- What will we do with what we learned to continue to improve coordinated intake and referral?

PDSA Goal Areas

Participants from each organization identified aims around coordinated intake and/or referral that they were trying to improve. CRLC participants identified goals related to:

- Tracking the number of referrals between programs within their organization as well as from community partner organizations;
- Tracking outcomes for families referred into their programs or out to community partner organizations, and
- Reducing the time between referral to their programs and completion of a first home visit.

Two programs chose to focus on creating uniform trainings for staff to support family engagement and enrollment in HV services as well as developing scripts for staff to ensure families understand program expectations before they engage in services. This was seen as important to helping better inform families of how the HV program could serve them, and ultimately lead to increased retention of families.

Within these PDSA goals, organizations also wanted to ensure that the intake and referral process was family-friendly, e.g., best matched family needs and culture, delivered based on family goals and timeline, etc.

PSU provided PDSA worksheets for organizations to utilize over the course of the CRLC to document and track progress on their organization-specific goals. These provided a template for identifying clear, measureable changes, expected results, and ongoing learning.

After goals were identified by organizations in the December 2016 CRLC meeting, HV program participants worked with PSU to take action steps outlined in their PDSA worksheets. Members of the PSU team connected with programs on an individual basis during and between CRLC meetings in order to give feedback to and support HV programs throughout their PDSA process. Most programs started with longer-term, broader goals

and were encouraged to modify their aims to be more attainable in a 3-to-6-month time period.

Progress Made Toward Goals

Across a six-month period from January through June 2017, all HV programs made progress towards their goals by using the PDSA framework and worksheets. Examples of the different types of progress made are summarized below.

Improved understanding of HV programs by enrollment staff. One CRLC participant worked with supervisors in the organization to identify enrollment training gaps. This led to information being shared with enrollment staff to improve communication about HV programs with families.

Increased rate of families receiving referral follow-up in target timeframe. One program shared data with PSU showing the percentage of families who received follow-up phone calls after a referral to the program within 2 weeks. At the beginning of their PDSA process **65% of families** received a follow up within their target timeframe. By the end of their PDSA process, **100% of families** received a post-referral follow up within the target timeframe.

Examined reasons for families dropping out of the HV program to inform orientation procedures. Another program examined their referral tracking system to better understand the reasons families may be dropping out of the program within 90 days after enrollment. After discovering that the families who had dropped since Fall 2016 did not attend the initial group-based program orientation, the organization worked on providing orientation to families in different ways. This included developing a home-based orientation that HV could do one-on-one with families, and providing opportunities for the HV to observe the supervisor.

Engaged families in providing feedback on intake and enrollment procedures. Another program engaged a Parent Advisory Council (PAC) in order to get feedback on their intake and enrollment procedures. They heard from the PAC that it is important to incorporate an explanation for demographic questions, to get rid of questions that are not necessary or required, and to break up the intake process across visits.

Improved family-friendliness of enrollment process. One program redesigned their intake process to span multiple home visits. They also built in an expectation that families could utilize other community- and group-based programming in order to build relationships with staff, before staff inviting them to participate in home visiting services.

Increased communication with families prior to enrollment. One program reevaluated the practice of not contacting families until a program had an opening. This would sometimes mean that families were on a waitlist for weeks without knowing details about their referral to a HV program. The organization decided to test out a process that included a follow up phone call with all families to let them know where they are in the referral and enrollment process.

Established processes for tracking referrals and outcomes. Two programs created timelines for checking in with referrals and establishing a process to ensure that all referrals receive follow up. Another organization focused on changing their referral tracking system to be able to compare referrals to different home visiting programs within their organization. They will be examining the data to better understand if there are differences in engagement in services between and how to address this.

Facilitators of Progress

Participants identified several facilitators of change that supported success in their PDSA cycles.

- Connecting with staff across organizations strengthened understanding of each other's programs and improved referrals to best-match programs for families.
- Having a facilitated CRLC process allowed organizations to focus on and prioritize

work that otherwise would remain on the "back burner".
- Attending CRLC meetings helped keep participants accountable for making updates and progress.
- Having dedicated time during CRLC meetings to work on PDSAs helped clarify action steps between meetings.
- Utilizing the PDSA worksheet as a tool helped document ideas for change broken out into concrete steps, and could apply to future work.
- Engaging additional HV program staff and leadership within each organization helped create plans and test changes.

Challenges to Progress

Challenges and needs varied by programs due to the range of aims and strategies identified by each organization.

- The most commonly identified challenge by programs was the reduced work time in early 2017 due to snow days in the Portland area. This dramatically affected how much work could be accomplished. Previously scheduled meetings and time for connecting with HV staff and families was severely curtailed.
- Being able to make time for full-day meetings was a challenge for staff with already full workloads. Several programs also talked about staff time being further stretched due to increased family support needs in response to the Presidential election.
- Training staff in new technology tools to track referrals and outcomes was a challenge for one program since not all staff were comfortable using the online software.
- Communicating across programs within the organization was challenging for some, when there was not already agreement between programs about how to better coordinate the referral system.
- Getting input and feedback from families about the intake and referral process was not possible for some programs over the course of the CRLC.
- Because most organizations were not able to change reporting requirements over the course of the CRLC, it made it difficult to improve intake, referral, and enrollment to be more family-centered and trauma-informed.

Next Steps for Continued Work

Despite these challenges, organizations made progress toward their PDSA goals focused on improving their HV intake and referral processes. Most organizations planned to continue work initiated through the CRLC. Organizations largely agreed that it would be helpful to have dedicated, funded time across programs and/or position/s to continue to improve the coordinated intake and referral system across the county overall.

In the meantime, organizations shared ways they intend to continue working on coordinated HV program intake and referral. One organization plans to continue collaborating with other agencies in order to strengthen referral pathways most commonly used by families. Another organization is exploring how to build in an exit survey to understand why families leave their programs. Other organizations plan to introduce the PDSA process to other programs within the organization to study ways to test out and improve intake and referral more broadly across the organization.

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HOME VISITING SYSTEMS COORDINATION PROJECT

Navigating Services & Supports in South Central Oregon: Community UPLiFT Family Voice Journey Maps

INTRODUCTION

The Home Visiting Systems Coordination (HVSC) project aims to create coordinated home visiting systems that strengthen and benefit all home visiting models as part of regional birth-to-5 early childhood systems in southern Oregon and northern California.

The Ford Family Foundation has made HVSC project investments in three regions: counties served by First 5 Siskiyou, California; the South Central Early Learning Hub in Douglas, Klamath and Lake Counties in Oregon; and the South Coast Regional Early Learning Hub in Coos, Curry and coastal Douglas Counties in Oregon.

The project's long-term goal is to improve outcomes for families and expand each region's capacity to serve more families through home-based early childhood supports.

As part of the HVSC project evaluation, members of the Portland State University evaluation team at the Center for Improvement of Child & Family Services (CCF) collaborate with coordinators in each of the project's regions.

One of the HVSC project's main goals is to coordinate intake and referral of families to connect them with desired services, including home-based early childhood supports.

In the south-central Oregon region of Douglas, Klamath and Lake counties, this has taken the form of Community UPLiFT, a coordinated referral system that connects expectant parents and families with children 0–5 years old—and those with special needs up to 21 years old—to local services such as child development and learning supports, parenting education, WIC, and energy and housing assistance services.

Since it went live in 2018, UPLiFT has received 725 requests for referrals to other local services and supports. Approximately 63% of calls have come from Douglas County, 32% from Klamath, and 2% from Lake. About 3% of calls were from other or unknown counties. Family Resource Facilitators (FRFs) receive referrals

through various paths, follow up with families to understand their needs, and make referrals to community resources. FRFs are also involved in follow-up coordination to ensure that families are able to access available resources and that they hear back from community resource organizations.

PARTICIPANTS

In order to understand Community UPLiFT's strengths and opportunities for improvement, and the system of supports for families with young children in the region, the CCF evaluation team worked with the regional HVSC project coordinator to connect with parents/caregivers who had used UPLiFT during the prior year.

In Spring 2021, the CCF evaluation team spoke with eight people who had used UPLiFT. These people had been contacted by the HVSC regional coordinator to ask if they were interested in participating in an interview, agreed to be contacted by the CCF evaluation team, and completed an interview. All participants were moms or moms-to-be, with seven living in Douglas County and one living in Klamath County. The CCF evaluation team did not ask for additional demographic information from participants. All interviews were conducted in English.

Interviews took place over the phone or by Zoom video conference and typically ranged from 10 to 45 minutes. Questions focused on understanding participants' experience connecting with UPLiFT, the context surrounding this connection, their experience connecting with other community resources, and what difference UPLiFT made for them and their family.

MAPPING PARTICIPANTS' JOURNEYS

Journey maps are often applied for marketing or other customer service purposes to inform improvements in a product, process or outcome. They usually center on a person's experience, thoughts and feelings, but they can also be used to reflect a composite set of experiences or multiple people.

For the purposes of the HVSC project, and understanding the process of accessing Community UPLiFT and other resources, the CCF evaluation team took the approach of creating three composite journey maps, drawing from the experience of multiple participants to illustrate steps a family might take when seeking various types of resources.

FAMILY PERSPECTIVES

Building on the insights that eight participants shared through interviews, the CCF evaluation team identified three scenarios that reflected participant experiences and the primary reasons they accessed Community UPLiFT. These scenarios are organized around participants seeking 1) housing assistance and supports, 2) substance use treatment services, and 3) prenatal and perinatal care.

Each of the three journey maps reflects a composite set of experiences that participants shared, including both unique and common challenges and strengths. Quotes from the interviews are included to illustrate participants' experiences at different stages of the referral process. Participants' experiences are reflected at an emotional level (what they were feeling at different stages of the referral process); at a lived experience level (what was going on for them at different stages); and at a resources level (who and what else was involved in their support at different stages).

These maps illustrate the needs, resources and concerns that families may have when they access Community UPLiFT. They also highlight system strengths and opportunities for improvement relating to meeting these families' needs.

For more information about Community UPLiFT and the Home Visiting Systems Coordination Project in Douglas, Klamath and Lake counties, please contact Vanessa Pingleton at vanessa.pingleton@douglasesd.k12.or.us.

Prepared by Callie Lambarth, Kate Normand and Ron Joseph at Portland State University's Center for Improvement of Child & Family Services, July 2021.

SCENARIO: SEEKING HOUSING SUPPORT

Composite case study context: I live in the Roseburg area. I'm a newly single parent without stable housing. I'm currently using some community supports but despite that, it always feels like we are coming up short at the end of the month. **What motivates me:** I want to see what other supports are available for me and my two young children as we try to get back on our feet and reestablish ourselves.

	CONNECTING WITH UPLIFT	WORKING WITH UPLIFT	GETTING REFERRALS	ACCESSING SUPPORTS	WHAT'S DIFFERENT FOR ME NOW
EMOTIONS					
	• **OVERWHELMED** trying to figure out resources that are available in my community. • **HOPEFUL** for some form of assistance	• **SECURE** in knowing that everyone needs help every once in a while. • **GLAD** that I learned about UPLiFT through my child's disability support services.	• I have **NEW HOPE.** • I feel **SUPPORTED** to have some structure and someone to work through issues within other aspects of my life.	• I feel **SUPPORTED** by people helping me with parenting, being able to ask questions and get supplies. • **DISAPPOINTED** that home visits and group supports are only happening virtually.	• **CONFIDENT** knowing there is support out there. • I'm **NOT ASHAMED** of what I've gone through. I'm **PROUD** that my experience might be able to help someone else too.
MY LIVED EXPERIENCE	"I have all these people calling me for all these programs, on top of trying to still look for a house for me and my children and sign up for social security and disability for me and my child." • Primarily seeking safe and secure housing but other supports would be helpful as I struggle to make ends meet.	"I found it all very easy to get connected." • We were able to get connected to UPLiFT, and after a few phone calls we got a list of potential services for me and my family. "Sometimes, not all of our resources are connected to each other...and so I think parents can potentially miss out on a resource."	"Even if UPLiFT can't help me out directly, I can usually get referred to someone who can. I know there is someone on my side who can advocate for me." • Getting assistance around basic supplies gave me the space I needed to find additional support around housing.	"I was raised on the spectrum that you don't ask for help; it's like a shame thing. But when I had my kids, I needed the help." • Finding support for housing has been difficult because of the limited options. • I've received support in other areas like supplies and counseling for my kids. • I wish we could have more of these supports and home visits in person, but the pandemic makes that difficult.	"I enjoyed being able to be in the position of knowing what those resources are like, and how they work, to refer them to somebody else. Because somebody else may have the same insecure feeling." • I'm still struggling with housing and money is still tight. But I'm not alone, and I have plans in place to get the basics covered for now.
PEOPLE & RESOURCES	• In the past, I was connected to WIC, TANF and SNAP.* **WIC (Women, Infants & Children) and SNAP (Supplemental Nutrition Assistance Program) are food security/ nutrition programs. TANF (Temporary Assistance for Needy Families) is a self-sufficiency program.*	• It was a quick process overall—some back and forth conversations before I was given a list of programs and supports to make sure everything they gave me was right for my needs.	• UPLiFT is helping me build a support system that can talk through challenges with me. • I was able to get on HUD* and Section 8 wait lists. **HUD (Housing & Urban Development) provides housing support and financial assistance.*	• I'm receiving supplies like diapers for my kids. • I'm still receiving WIC, TANF and SNAP while I wait for safe and secure housing.	• I have regular virtual home visits and am receiving supplies and emotional support for my children. • I was also able to find temporary housing and am on the list for a more permanent solution.

SCENARIO: SEEKING PRENATAL & PERINATAL SUPPORT

Composite case study context: I'm new to the community, pregnant and have three other children. I also have a child with special needs and receive some support. We need support related to caring for my newborn, like buying diapers and clothing. We're receiving other support through WIC and TANF, but it's not enough to get everything I need to care for my children. **What motivates me:** I'm kind of wary about reaching out to people, because I'm new to this community, but I need resources.

	CONNECTING WITH UPLIFT	WORKING WITH UPLIFT	GETTING REFERRALS	ACCESSING SUPPORTS	WHAT'S DIFFERENT FOR ME NOW
EMOTIONS					
	• **STRESSED** about my situation. • **FEELING DOWN** before reaching out. • **HAPPY** that my WIC worker could tell me about another support.	• **SO HAPPY** to find out there were resources out there for me.	• I couldn't believe how **EASY** UpLft made some things for me. • It was **SO NICE** for them to call me so I didn't have to do that myself.	• I feel much more **STABLE** and **STEADY**, for both me and my kids. • I feel more **CONFIDENT** that I can get what I need and **NO ONE IS JUDGING ME**.	• **I DON'T FEEL SO ALONE**, having been able to meet other parents.
MY LIVED EXPERIENCE	I had never heard anything about it, but once UPLiFT contacted me and talked about it was amazing; I was thrilled. • I'm new to the community. • COVID-19 has made it difficult to meet others, and I'm feeling isolated.	UPLiFT talked to me and gave me a list of about 12 different phone numbers. She was super clear and helpful. • I talked on the phone with my UPLiFT contact. • It was so easy for them to text me information.	It's not that I want to stay on programs and always need help. But being able to, just for a moment, not have to worry about if that's covered—or if I'm going to be able to have that, or if I can supply that—has really allowed me to focus on things like getting my mental state stable and under control. • My UPLiFT facilitator reached out on my behalf to make my appointments. • The facilitator connected me to parenting classes with other families.	• I wish the parenting classes were in person so I could meet others.	We didn't have anything like this where I lived before [in another state]. It's nice to have a community that cares about other people. I'm glad we have that now. • The resources I have been connected to help my kids meet people too • I have more information about supporting my child with special needs, and keeping them safe and healthy.
PEOPLE & RESOURCES	• I'm connected to WIC and DD services, who referred me to UPLiFT to help connect me with other resources. **WIC (Womeyn, Infants & Children) is a food security/nutrition program. DD (Developmental Disability) services support people with disabilities and their families.*	• When I got referred, UPLiFT got back to me so quickly and with lots of options for resources.	• I have access to help with my electric bill, lots of diapers, and prenatal classes, and someone who calls to check how we're doing.	• I'm looped in with CaCoon,* and they call and check in often to make sure we have everything we need. **CaCoon (CAreCOOrdinatioN) is a home-based public health nurse program that coordinates early childhood care for children with special needs.*	• I've gotten help with diapers and my electric bill, and parenting education • I know I can contact UPLiFT in the future when I need other things.

SCENARIO: SEEKING SUBSTANCE USE TREATMENT & SUPPORT

Composite case study context: I live in the Roseburg area. I recently became single and got out of an abusive relationship. I am in my third trimester of pregnancy and want to get clean and sober. I'm trying to get by on SNAP benefits and part-time work, but with COVID-19, there's just not as many jobs I can do right now.

What motivates me: I need help to become a better person and mother.

	CONNECTING WITH UPLIFT	WORKING WITH UPLIFT	GETTING REFERRALS	ACCESSING SUPPORTS	WHAT'S DIFFERENT FOR ME NOW
EMOTIONS					
	• **WORRIED** about being a first-time parent. • Feeling **SHAME** about my inability to get clean and sober. • **PANICKING** that I wasn't going to be able to find what I needed. • **DETERMINED** to do right by my baby on the way.	• **RELIEVED** and **THRILLED** to know that there were actually resources available to me. • **SURPRISED** that someone was willing and able to help me get what I needed.	• **SKEPTICAL** that I'll actually hear back from anyone. • **DOUBTING** that there will be a spot for me in the treatment program.	• I am so **GRATEFUL** to know that I'm not alone. There are people who can help me, and I can be the mom I want to be.	• I feel more **STABLE** and steady with raising my baby. • I can **HELP** other moms now too.
MY LIVED EXPERIENCE	"I started with a phone call to WIC. From there they got me in touch with UPLiFT to find out what I needed." • Using drugs and alcohol. • Preparing to be a first-time parent.	"They were quick! It was seriously like a day from when I asked for information to when UPLiFT reached out. They were on it." • I heard back from UPLiFT via text and phone right away. • UPLiFT listened to what I needed.	"I remember thinking, *Wow, all this is available to me?* It wasn't as impossible as it sounded. Before that, I didn't know what I was going to do or where I could go for help." • Wanting to get set up with someone to visit me after my baby was born. • Needing to connect with other expecting new moms who are also in recovery.	"I didn't have anywhere to go, but I interviewed [for tx housing program]. They had a bed open so I went there. It was wonderful. Really nice having structure and supportive staff." • I got and have stayed sober! • In addition to treatment, I was going to need resources like diapers that TANF and SNAP don't cover. • I met other moms in recovery.	"I feel really blessed. Look at the people who want to help me. You can't go wrong with all these people in your corner. It gave me a lot of hope." • I got my pediatrician, housing, sober, pretty much everything I needed. Or I was able to get in line for what I needed.
PEOPLE & RESOURCES	• Using WIC and SNAP.* • No family in the area for support. • No friends who also have children.	• I could reach out to some programs, but UPLiFT could reach out to others.	• When I didn't hear back from the sober housing and treatment program, I called UPLiFT again and they were able to get me on the wait list.	• I was able to start using a food pantry more regularly. • I was able to start virtual parenting classes. • My treatment housing program helped me get in to see the pediatrician I wanted and get to appointments. • I started working with a home visiting nurse and later with Healthy Families Oregon.	• I still have a regular home visitor helping me with my child's development. • I join virtual parenting classes online and am looking forward to when we can get together in person.

**WIC (Women, Infants & Children) and SNAP (Supplemental Nutrition Assistance Program) are food security and nutrition programs.*

South Central Early Learning Hub Equity Lens

1. Get on the same page & surface assumptions:

A. What, if any, are our commitments and/or agreements regarding diversity, inclusion, and equity? (example: equity statement, values statements, etc.)

B. What is/are the goal(s) of the decision or program?

C. What are the intended outcomes (of the decision or program)? What does success look like?

D. What assumptions are we making (about people, systems, outcomes, intentions)? Do we need to check any of those assumptions for accuracy?

E. Where is, or might, bias (implicit or explicit) be showing up?

2. Involve stakeholders & engage multiple perspectives:

A. Whose perspectives, vision, and voice are being represented? Whose are missing? Are those who are most impacted and/or historically underserved represented? How will we bring those perspectives to the table?

B. Who has the decision-making power and/or influence? How will those most impacted lead, influence, give input, or guide the decision or policy under review?

C. What data do we need? How will we get it? How are we interpreting the data?

Advancing **equitable outcomes for children and families** in the South Central Early Learning Hub

3. Assess equity impact:

A. Do the affected children and families, who need it most, have needed resources to participate or be successful?

B. Are we supporting the children and families' social and emotional well-being in making this decision?

C. Does the policy, program, practice and/or decision affect, ignore, or worsen existing disparities based on social identity? How? How might we address or mitigate these?

D. What might unintended consequences be? How will we know, or attend to them?

E. Is our approach or strategy actually worsening the situation or causing harm (example: mental or emotional health)?

4. Take action for equity:

A. What are our next steps? What do we need to re-evaluate?

B. What solutions or interventions could eliminate or mitigate the inequities, disparities, or harm that we uncovered?

C. How will we evaluate, and gather information on the impact of the policy, program, practice, or decision that was made?

D. How will this program or decision be communicated? What level of transparency is needed? How will those most impacted be communicated with?

Home Visiting Systems Coordination Systems Survey Summary Year 6 South Central Region

Prepared by Callie Lambarth, Ron Joseph, and Beth Green

Center for Improvement of Child & Family Services

Portland State University

November 17, 2022

The Center for Improvement of Child & Family Services (CCF) at Portland State University integrates research, education and training to advance the delivery of services to children and families. The CCF research team engages in equity-driven research, evaluation and consultation to promote social justice for children, youth, families and communities.

Introduction & Background

The Home Visiting Systems Coordination (HVSC) project aims to create a coordinated home visiting (HV) system that strengthens and benefits all home visiting models as part of each region's birth-to-five early childhood development system. Regions include counties served by First 5 Siskiyou, California; the South Central Early Learning Hub in Douglas, Klamath, and Lake Counties in Oregon; and the South Coast Regional Early Learning Hub in Coos, Curry, and coastal Douglas Counties in Oregon. The long-term goal for the project is to improve outcomes for families and expand each region's capacity to serve more families.

As part of the HVSC project evaluation, members of the Portland State University (PSU) evaluation team at the Center for Improvement of Child & Family Services (CCF) worked with coordinators in each of the project's three regions. The CCF evaluation team distributed the electronic survey to HV System Coordinators, who invited their stakeholders to participate. The survey was available in English and Spanish. The CCF evaluation team also invited survey participants to opt-in to receive a $20 Amazon or Target e-gift card as a thank you for their time.

The HV Systems Survey was developed to gather information about key aspects of the current HV systems, project governance, communication, and collaborative partnerships. The information summarized here shows survey results at baseline and annually thereafter.

Survey Participants

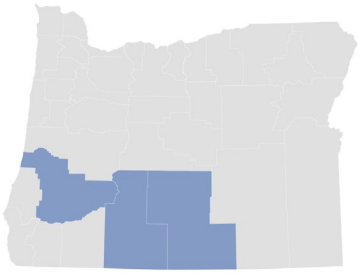
As shown in Table 1a, a total of 69 stakeholders from the three regions participated in the Systems Survey in 2022. This year, South Central participants represented 39% of the total number of respondents.

Table 1a. Count of survey participants in each HVSC region

HVSC Region	Number of Respondents						
	2016 (Baseline)	2017 (Y1)	2018 (Y2)	2019 (Y3)	2020 (Y4)	2021 (Y5)	2022 (Y6)
Siskiyou, CA	10	21	29	19	19	11	19
South Central, OR Lake, Klamath, Douglas Counties	27	32	42	38	33	28	27
South Coast, OR Curry, Coos, coastal Douglas Counties	20	12	17	17	14	13	23
Total	**57**	**65**	**88**	**74**	**66**	**52**	**69**

As shown in Table 1b, the project achieved an overall 70% response rate, based on the number of stakeholders who were invited to participate. The response rate is, however, only an estimate since coordinators know how many people they send the survey to, but the survey can also be forwarded to others to complete, without the coordinator's knowledge.

South Central Region, OR



Backbone Organization

SOUTH-CENTRAL EARLY LEARNING HUB
SERVING DOUGLAS, KLAMATH & LAKE COUNTIES

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Table 1b. Response Rates by Region

HVSC Region	Response Rate						
	2016 (Baseline)	2017 (Y1)	2018 (Y2)	2019 (Y3)	2020 (Y4)	2021 (Y5)	2022 (Y6)
Siskiyou, CA	NR	NR	74%	68%	59%	37%	68%
South Central, OR	NR	NR	81%	75%	87%	62%	52%
South Coast, OR	NR	NR	81%	89%	82%	46%	>90%
Total	**NR**	**NR**	**79%**	**76%**	**76%**	**50%**	**70%**

*"NR" indicates that Response Rate was not reported for 2016 and 2017.

South Central region survey participants worked in programs across sectors. Nearly half of all participants (44%) worked in organizations delivering early childhood home visiting programming.

Table 1c. Type of Program or Organization Represented by Survey Respondents

Type of Program / Organization[1]	Number of Respondents	% of Respondents (n=27)
Early childhood home visiting program	12	44%
Health Care: Public health, hospitals, Coordinated Care Organizations	5	19%
County, Hub, or regional organization	5	19%
Additional types of organizations[2]: Human Services (self-sufficiency, child welfare); Public elementary school or district; Early learning (Head Start, preschool child care); Parenting education	9	33%

For more information about participants, find additional details in Appendix A.

"We are striving to inform all families about available home visiting services in the area."
– Survey Respondent

Overall Home Visiting Systems Coordination

A total of 21 respondents (81%) reported that they participate in the HVSC project leadership, steering committee, or advisory group for their region, in a similar range compared to prior years, with the exception of 2019 which had a lower rate of participation of leadership members.

Table 1d. Leadership & Governance Participation	Number of Respondents	% of Respondents
2016 Survey Participants (n=27)	21	78%
2017 Survey Participants (n=32)	25	78%
2018 Survey Participants (n=41)	36	88%
2019 Survey Participants (n=37)	21	57%
2020 Survey Participants (n=30)	23	77%
2020 Survey Participants (n=28)	21	75%
2021 Survey Participants (n=26)	21	81%

[1] Totals do not equal 100% because respondents can endorse more than one category.
[2] These types of organizations are combined because they had fewer than 5 respondents each.

Figure 1. Survey participants in 2022 continue to reflect a range of lengths of time they have been involved in home visiting systems coordination work.

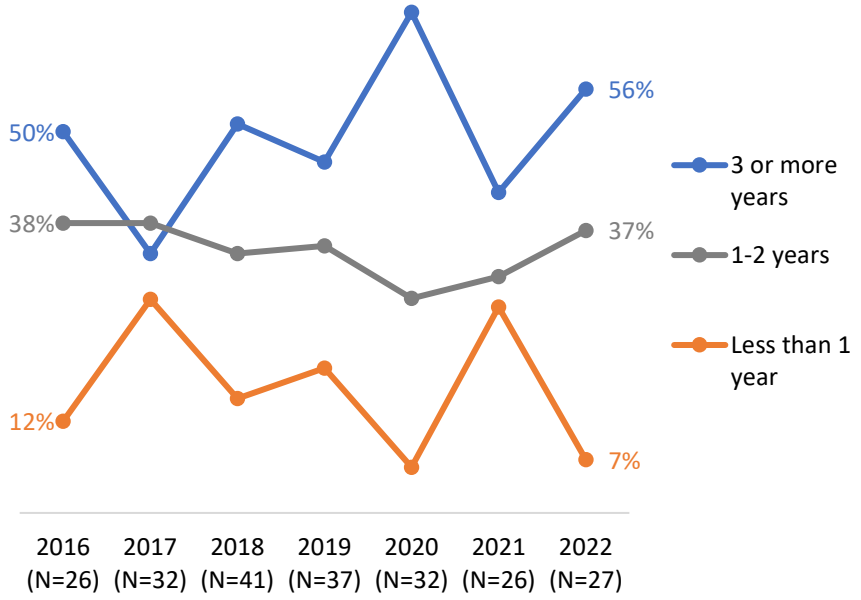
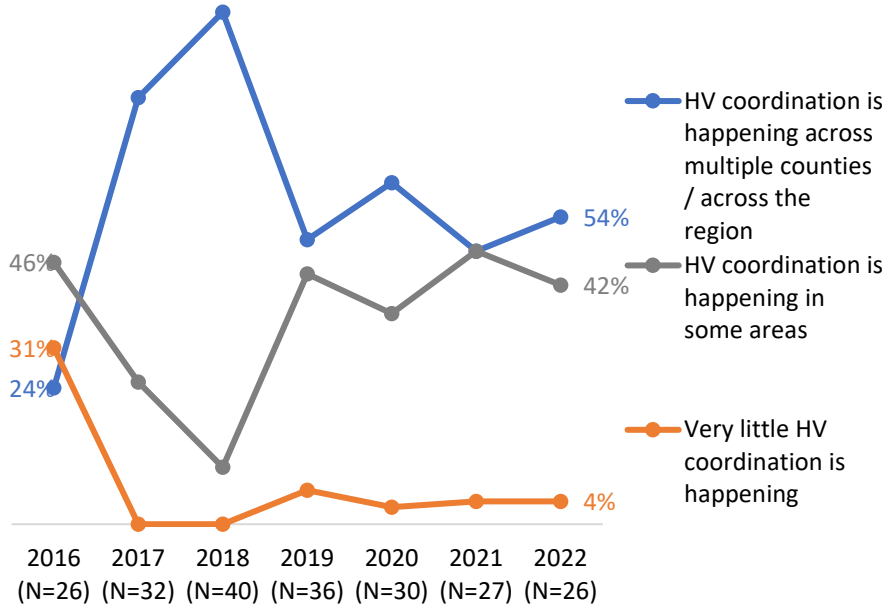


Figure 1 shows the percent of survey respondents who report being involved in home visiting systems coordination. At the start of the HVSC project, half of participants reported being involved for 2 years or less, with the other half who reported being involved in systems coordination work for 3 or more years.

In 2022, slightly more respondents report being involved for 3 or more years, while a similar percent of respondents report being involved for 1-2 years. This suggests that many participants remain involved, while the project also engages new stakeholders over time as well.

Figure 2. Survey participants increasingly report regional coordination, with change occurring unevenly over the course of the project so far.



Compared to the first year of the project, when 24% of survey respondents reported that home visiting coordination was happening across multiple counties in the region, this has remained high, with 54% of survey respondents reporting this in 2022.

Similar rates of respondents report home visiting coordination happening within some areas of the county, while very few respondents felt that very little coordination was happening. These results suggest improved overall home visiting coordination over the course of the project.

Survey Domains

The following tables show the percent of respondents across regions who, on average, "Agree" or "Strongly Agree" with the items that make up each domain. Survey items are grouped into different domains that comprise effective HV collaborative groups and a coordinated HV system. Although there were 27 total survey respondents in 2022, the number of valid responses for each region and domain may vary due to respondents skipping items or reporting they "Don't Know."

Communication & Collaboration

Table 2. Communication & Collaboration Domain (% SA/A[3])	'16	'17	'18	'19	'20	'21	'22
There is effective communication between HV program leadership (e.g., HV supervisors, HV managers) within the region involved in the collaborative.	32%	69%	81%	74%	83%	77%	92%
There is effective communication between HV leaders (e.g., HV supervisors, HV managers) and home visitors within the region involved in the collaborative.	23%	68%	80%	62%	79%	74%	84%
The current HV system provides sufficient networking opportunities between HV providers and programs.	39%	66%	87%	70%	80%	71%	71%
There is a high level of mutual respect and understanding among people and programs involved in the HV systems-building work.	67%	97%	92%	80%	93%	89%	92%

Communication & Collaboration Highlights

Since the start of the project, there has been an upward trend, and more recently, sustained high levels of agreement about effective communication overall across the region, as well as between leadership and direct service providers.

"I hope we can continue to communicate and share information with other agencies about resources and continue to visit and assist families with that information."
– Survey Respondent

[3] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Governance & Planning

Table 3. Governance & Planning Domain (% SA/A[4])	'16	'17	'18	'19	'20	'21	'22
HV program leaders are effective at working together to improve the overall HV system.	52%	90%	92%	88%	93%	89%	96%
HV program leaders have the knowledge about each other's programs that is needed to collaborate successfully.	50%	84%	92%	71%	90%	96%	79%
The group that is working on HV systems-building has a clear action plan that guides the steps for improving the HV system.	39%	97%	92%	76%	90%	83%	96%
The HV collaborative has a shared, common vision.	41%	97%	97%	77%	93%	89%	100%
The HV collaborative has identified early- to mid-term objectives that will set the stage for attainment of longer-term goals.	33%	90%	92%	80%	93%	89%	92%
Members of the HV collaborative have a clear understanding of how system building supports better outcomes for children and families.	43%	94%	92%	81%	90%	92%	92%
People and organizations that are critical to the success of the HV collaborative are actively engaged.	59%	87%	92%	77%	93%	73%	79%

Governance & Planning Highlights

Survey participants largely agreed that those involved in governance and planning for HVSC work have established and maintained a foundation for working together effectively.

The South Central region also has an opportunity to consider how to continue to support program leaders to understand each other's programs and to engage additional people or organizations in the collaborative work.

"It's hard that many of the partners aren't able to attend the monthly meetings / work groups."
– Survey Respondent

[4] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Roles & Responsibilities

Table 4. Roles & Responsibilities Domain (% SA/A[5])	'16	'17	'18	'19	'20	'21	'22
All those involved in the HV systems work have a clear sense of their roles and responsibilities.	48%	86%	87%	72%	83%	87%	86%
The HV collaborative group has ample knowledge of local needs and resources.	48%	83%	97%	83%	97%	92%	91%

Roles & Responsibilities Highlights

Survey participants largely agreed that those involved in HVSC work have clear roles and understand local needs and resources.

Equity

Table 5. Equity Domain (% SA/A[6])	'16	'17	'18	'19	'20	'21	'22
HV programs have effective ways to prioritize services to families.	57%	66%	87%	69%	83%	77%	91%
The HV system currently meets the needs of all families in our region who are interested in services, through HV or connecting to the other family support programs.*	NA	NA	NA	28%	57%	72%	44%
HV programs currently have the capacity to meet the needs of culturally and linguistically diverse families in our community.	17%	38%	44%	28%	54%	48%	52%
HV program staff currently reflect the diversity of families in the region.*	NA	NA	NA	43%	58%	50%	53%

*"NA" indicates that the survey item was not included in prior years, so we report Not Applicable for those time points.

Equity Highlights

Many more survey participants in 2022 agreed that the HV system currently has effective ways to prioritize services to families.

There could be an opportunity for the South Coast region to understand if there are additional ways the project can support programs to effectively prioritize services to families, and to help organizations continue to meet the diverse needs of families in the region.

"We want continued support to assist with recruitment so that HV staff reflect the diversity of families served." – Survey Respondent

"We want to continue working together for funding to support HV wages." – Survey Respondent

[5] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.
[6] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Continuous Program Improvement & Data Use

Table 6. Continuous Program Improvement & Data Use Domain (% SA/A[7])

	'16	'17	'18	'19	'20	'21	'22
The HV collaborative has sought out information from similar initiatives in other communities and continues to gather and share information about effective practices.	39%	93%	87%	71%	89%	91%	100%
The HV collaborative takes time periodically to reflect on what we are learning, including the effectiveness of our collaborative structures and processes.	52%	93%	95%	81%	93%	92%	100%
The HV collaborative has collected and assessed data about the needs and resources for children and families in our region.	60%	76%	94%	85%	92%	83%	96%

CPI & Data Use Highlights

The vast majority of survey participants in 2022 agreed their HVSC work has included ongoing gathering of and reflection on data.

Systems Outcomes

Table 7. Systems Outcomes, Community Awareness Domain (% SA/A[8])

	'16	'17	'18	'19	'20	'21	'22
Families in our community know about HV programs and services.	29%	31%	35%	42%	63%	57%	52%
Families in our community understand the benefits of home visiting.	21%	21%	19%	24%	45%	41%	29%

Community Awareness Highlights

Fewer survey participants in 2022 agreed that families understand the availability and benefits of HV in their communities, which could be related to ongoing challenges posed by COVID-19 conditions.

[7] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.
[8] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Table 7. Systems Outcomes, Community Awareness Domain (% SA/A[8])	'16	'17	'18	'19	'20	'21	'22
Families in our community are skeptical about the idea of HV services. ***Lower means improvement***	55%	70%	68%	68%	44%	57%	59%
Our community has effective ways of "getting the word out" to families about home visiting services.	17%	17%	35%	49%	64%	54%	50%
Staff in other agencies know about HV programs and services.*	NA	NA	NA	52%	93%	71%	74%

*"NA" indicates that the survey item was not included in prior years, so we report Not Applicable for those time points.

"We have been getting out and sharing information and getting people informed and familiar with services and UpLift."
– Survey Respondent

"Information about home visiting services in the county has been getting out to most areas."
– Survey Respondent

Table 8. Systems Outcomes, Coordinated Referral Domain (% SA/A[9])	'16	'17	'18	'19	'20	'21	'22
Our community uses a shared/common referral form to facilitate family access to HV services.	9%	23%	82%	75%	90%	92%	83%
There are clear policies and procedures for obtaining family consent and releases for HV programs.	52%	70%	85%	74%	90%	92%	95%
There are effective ***informal*** referral agreements between/among HV and other programs in our community.	52%	61%	81%	65%	88%	80%	82%

Coordinated Referral Highlights

Survey respondents overall largely agreed that the process for connecting families with supports was effective.

There was also much improvement in establishing MOUs/MOAs.

[9] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Table 8. Systems Outcomes, Coordinated Referral Domain (% SA/A[9])	'16	'17	'18	'19	'20	'21	'22
There are effective ***formal*** referral agreements (i.e., MOU's, MOA's, contracts) between/among HV and other programs in our community.	37%	37%	73%	71%	85%	82%	85%
Issues around family confidentiality are a barrier to a shared HV referral system. ***Lower means improvement***	26%	47%	26%	37%	38%	39%	29%
Current HV program MOUs/MOAs need improvement. ***Lower means improvement***	70%	41%	30%	46%	43%	29%	13%

"We are learning to do a better job of working together and helping each other out with referrals."
– Survey Respondent

"We are seeing increased referrals to our program through UpLift."
– Survey Respondent

Table 9. Systems Outcomes, Professional Development Domain (% SA/A[10])	'16	'17	'18	'19	'20	'21	'22
The HV system effectively shares professional development and training resources.	39%	53%	80%	88%	97%	96%	92%
The HV system has a cross-program professional development and training plan.	22%	31%	66%	71%	83%	83%	82%
There are effective formal professional development and training agreements (i.e. MOU's, MOA's, contracts) between HV programs in our community.*	NA	NA	NA	42%	78%	58%	75%

*"NA" indicates that the survey item was not included in prior years, so we report Not Applicable for those time points.

Professional Development Highlights

The vast majority of survey participants in 2022 agreed that the HV system was effective at sharing professional development resources.

"We were able to have a dual in-person and web-based Lunch & Learn." – Survey Respondent

"Family Resource Facilitators were able to complete Community Health Worker coursework. I am hopeful they will be able to bill the Coordinated Care Organization for their referral services."
– Survey Respondent

[10] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Sustainability

Table 10. Sustainability Domain (% SA/A[11])	'16	'17	'18	'19	'20	'21	'22
HV programs work together to increase funding and support all home visiting programs.	14%	27%	38%	38%	65%	53%	58%
There are multiple sources (e.g., state, federal, private, foundation) of HV program funding in our community.	72%	59%	76%	78%	78%	79%	68%
There is competition between HV programs for resources and funding. ***Lower means improvement***	50%	54%	49%	66%	37%	42%	35%

Sustainability Highlights

Survey respondents reported decreased competition between HV programs for resources and funding.

"The workload has grown during the pandemic and did not slow down. All staff are doing more work and are being spread thinner and thinner. This makes quality work and communicating across programs more difficult. Keeping good communication happening is key to continuing this work."

– Survey Respondent

Reflections on Year 6 of the Project

In addition to the series of scaled survey items, participants also shared their thoughts on key accomplishments of Year 6 of the HVSC project, hopes for the future, and challenges that will need to be addressed.

Key Accomplishments

- Building new and maintaining existing relationships among staff and between programs.
- Sharing and accessing professional development opportunities.
- Increasing awareness of families and community partners of the availability and benefits of HV programs.
- Maintaining and expanding referral data systems and processes.

Hopes for Coming Year

- Continuing work to expand use of coordinated referral system among existing and new community partners.
- Continuing working to engage new partners in the collaborative process on shared work.
- Continuing to build awareness with community partners and families to understand the availability and benefits of HV.
- Working to engage more families in services.

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Thank you to each survey participant for sharing your perspectives and your time.

[11] "% SA/A" is the percent of respondents who reported they Agreed or Strongly Agreed with the item.

Appendix A: Survey Participants, Year 6

Table 11. Type of Roles Represented by Survey Respondents	Number of Respondents	% of Respondents (n=27)
Direct service provider, home visitor, services coordinator, family advocate	8	30%
Program manager	6	22%
Program director	6	22%
Supervisor	5	19%
Program coordinator	3	11%
Parent/caregiver, consumer	1	4%

Table 12. HVSC Project Convenings Attended by Survey Respondents	Number of Respondents	% of Respondents (n=27)
2021 Annual Leadership Gathering	12	44%
2021 Family Voice Journey Mapping Event	15	56%
2020 Annual Leadership Gathering	11	41%
2019 Annual Leadership Gathering	13	48%
2018 Annual Leadership Gathering	10	37%
2017 Annual Leadership Gathering	10	37%
2016 Annual Leadership Gathering	10	37%
2016 Kick-Off Gathering	9	33%
All of the Leadership Gatherings, including Kick-Off	7	26%
2018 Regional professional development gatherings	9	33%
None of the gatherings listed	7	26%

Appendix B: Open-Ended Questions, Full Set of Responses

1. What has been the most important accomplishment of the HV collaborative work in your county or region over the past year?

Coordinated referral efforts

- "Being able to connect families to the resource they need"
- "Continued work at identifying additional partners to the universal referral system"
- "Coordinated referral system and processes"
- "Coordinated resources"
- "Increased referrals"
- "We are learning to do a better job of working together and helping each other out with referrals."
- "We continue to work on being able to share care plans across the Community UpLift portal"
- "Streamlining systems coordination for improved referral system"
- "Successful UpLift"

Community awareness

- "We have been getting out and sharing information and getting people informed and familiar with services and UpLift."
- "Information about home visiting services in the county has been getting out to most areas."
- "We are striving to inform all families about available home visiting services in the area."

Professional development

- "Family Resource Facilitators were able to complete Community Health Worker coursework. I am hopeful they will be able to bill the Coordinated Care Organization for their referral services."
- "Hub staff completing Community Health Worker training and becoming certified"

Other accomplishments

- "Family mapping"
- "Helping families in need"

2. What is the most important thing you hope the HV collaborative work in your county or region can accomplish in the coming year?

Community awareness

- "Additional work in getting word out to families so that they know of the universal referral system. The more our families, know, the more the word will spread."
- "I hope we can continue to communicate and share information with other agencies about resources and continue to visit and assist families with that information."
- "Increase community level knowledge of services"
- "Increasing community awareness"
- "Information about all early child development and home visiting programs reach all areas of the county with clarity about what those services are"
- "Promoting home visiting progams"
- "Successfully inform all families about available HV services in the region"

Coordinated referral efforts

- "Continue to communicate and share information with other agencies to resource and visit and assist families"
- "More transparency in referral system"
- "Universal referral integration"
- "We are seeing increased referrals to our program through UpLift."

Staffing/workforce capacity

- "Be able to serve more families"
- "We want continued support to assist with recruitment so that HV staff reflect the diversity of families served."
- "We want to continue working together for funding to support HV wages."

Sustainability/funding

- "Continue with sharing resources and assisting diverse family needs."
- "I am hopeful that the Family Facilitators may be able to bill the coordinated care organization for their referral services."
- "The ability to bill for services in Douglas County and Lake County"

Professional development

- "More training events for direct service staff"
- "We were able to have a dual in-person and web-based Lunch & Learn. We were able to serve two counties via the in-person and web meeting."

Additional hopes

- "Having all public health agencies join us"
- "Rebuild Lake County advisory committee"

3. What is the biggest barrier or challenge that will need to be addressed in order to move this work forward?

Community awareness

- "Informing all agencies about the available HV services for their clients"
- "Marketing"
- "Messaging that HV programs are not judging your family or lifestyle, does not work for DHS"
- "More education"
- "New legislators understanding the value of home visiting"
- "Not enough publicity"
- "Our new providers don't know enough about the community"

Staffing/workforce capacity

- "Funding and available spots"
- "Pay equity to attract competent HV staff"
- "Recruiting and retaining staff with a living wage"
- "The workload has grown during the pandemic and did not slow down. All staff are doing more work and are being spread thinner and thinner. This makes quality work and communicating across programs more difficult. Keeping good communication happening is key to continuing this work."

Family access

- "Ability to reach back out to families if they do not have phone or access to Internet"
- "Keeping in contact with families and providing assistance with basic needs like transportation and such"
- "Language barriers"

Relationship-building

- "It's hard that many of the partners aren't able to attend the monthly meetings / work groups."
- "People have detached through COVID and COVID restrictions. We lost connections. That is nothing we did, but we have to work through or around"

Coordinated referral efforts

- "Sometimes when a client is referred to HV, the original organization may not get request updates on the families being served."

Other barriers

- "People's time and continued momentum"

4. Is there anything else you want to tell us about the HV collaborative work in your county or region?

- "Awesome and helping so many families!"
- "County is vast in miles, short of staffing to reach out to all small community areas of population"
- "I appreciate the referrals we receive. I believe the system is a great relief to families who are connected."
- "I continue to speak to my leadership about the effectiveness of our Community UpLift closed loop referral system."
- "I think it has helped that with the referral system, families have been able to be connected to services they they may not have been aware of."
- "Keep up the good work, so much yet to be done, but an excellent start!"
- "Keep up the good, important work!"
- "We have come a long way, but have a long way still to go"

Early Childhood Coalition Legislative Updates

Early Learning Council 03.27.24

2024 SESSION OUTCOMES

(See leg tracker for details)

CHILD CARE

- PASSED/FUNDED. **Employment Related Day Care (ERDC)** was funded adequately to address the deficit in this program. The Department of Early Learning & Care will receive $99 million now to address the known shortfall in the program for the existing caseload. The legislature also allocated $72 million in a “special purpose account (SPA)” to be set aside for this program to address any additional deficit, and hopefully to bring some families off the waitlist next year.

- PASSED/PARTIALLY FUNDED. **CHIPs & Child Care (HB 4098A)** Advocates requested an $8 million investment, and legislators have allocated $5 million ($2.5 million from the General Fund and $2.5 million from the Oregon CHIPS Act that passed in 2023).

- NOT PASSED/NOT FUNDED. **Child Care Infrastructure (HB 4158)** was not passed or funded in 2024.

2024 SESSION OUTCOMES

(See leg tracker for details)

EARLY LEARNING

- PASSED/FUNDED. **Birth to 5 Literacy** ($9.4 million in a 2023 SPA) funding was allocated to the Department of Early Learning & Care in HB 5701 (Section 4). Half of this funding will go to the Early Childhood Equity Fund through culturally specific grantees, and half will go to the Kindergarten Partnership Fund through Hubs.

- PASSED/FUNDED. **Early Intervention/Early Childhood Special Education** ($22 million to restore 2023 session cut) funding was allocated to the Department of Education in HB 5701 (Section 2).

- NOT FUNDED. **Early Learning Scholarship Program** ($2.5 million) was not funded in 2024.

2024 SESSION OUTCOMES

(See leg tracker for details)

FAMILY WELL-BEING

- FUNDED! **Relief Nurseries** ($2.7 million) was fully funded in the Joint Addiction & Community Safety Response Committee budget framework! This item is in HB 5204-2, Section 3.

- FUNDED! **Nurse Family Partnership** ($3.2 million, HB 4105) was fully funded in the Joint Addiction & Community Safety Response Committee budget framework! This item is in HB 5204-2, Section 12. HB 4105 is not moving forward, but the needed funding is.

- NOT FUNDED. **Healthy Families Oregon** ($2.7 million) was not funded in 2024.

2024 COALITION OUTCOMES

Advocacy actions we took

- 25 partners signed on to ECC Agenda
- Effective, relevant messaging that caught hold with legislators
- First ECC Legislator Briefing!
  - RAISING HOPE: 2024 Priorities for Children (slides)
- Committee testimony
- Participation & ECC agenda inclusion in partner lobby days
  - Nurse Family Partnership, Oregon Head Start Association, Our Children Oregon, etc.

- What else?

Early Childhood Coalition
2024 Legislative Priorities & Outcomes

The Oregon Legislature has unfinished business from 2023 for young children. Immediate crises in housing and addiction are urgent. Yet the stories of Oregonians and decades of research tell us that these crises are often rooted in trauma experienced in early childhood. Investing in proven services for children prenatally through age 5 and their families improves equitable opportunity now and prevents future challenges. Oregon can't afford to backslide on the progress and promises from previous sessions. In 2024, providers, families, and advocates from across Oregon call on the Legislature to make these urgent investments.

** indicates this is a 2024 priority in Raise Up Oregon Appendix D

Child Care			Raise Up Oregon connections
Employment Related Day Care (ERDC)	Oregon instituted a waitlist in the ERDC program on November 4. If we want families to go to work and school and support children to thrive, we have to end the waitlist with an investment in child care.	$99 million to DELC $72 million SPA	Strategy 2.2.7** Categorical eligibility for TANF Strategy 6.3 Expand categorical eligibility for child care assistance to new populations such as those who are houseless, experiencing domestic violence, and child welfare-involved families 14.2.2 Expand access to child care assistance for families
CHIPS & Child Care	Establish a fund to expand and open new child care in regions receiving state and federal CHIPS Act and provide vouchers for the construction workforce.	$5 million	Strategy 4.1** Build the supply of child care through public-private partnerships involving business, philanthropy, non-profits, and state and local government
Child Care Infrastructure Fund	In 2023, the Legislature passed HB 3005 and provided $50 million in Lottery Bond funding for child care facilities. However, licensed home-based and small center child care providers will be better served by a general fund investment in facilities infrastructure.	NOT FUNDED ($5 million requested)	14.1.1 Develop and implement early learning facilities fund

Early Childhood Coalition
2024 Legislative Priorities & Outcomes

Early Learning			Raise Up Oregon connections
Early Literacy Success	Distribute funding for the Birth through Five Literacy Plan in alignment with the Department of Early Learning & Care Recommendation.	$9.4 million released to DELC	Strategy 2.4.3** Coordinate statewide early literacy initiatives between K-12 and early learning and care 10.1.4** Invest in supporting culturally responsive parenting education opportunities available in multiple languages (Equity Fund) 16.3.4** Develop opportunities, coordinated through the Hubs, for connections between early learning and care and K-12 to foster transition connections for children, families, and educators (Kindergarten Partnership Fund)
Early Intervention/ Early Childhood Special Education	Special Education services for children 0-5 increase school readiness, reduce later costs, and support families to foster life-long success. The program was funded anticipating no growth in caseloads. A $22 million investment would support 5% caseload growth.	$22 million	Strategy 13.1** Increase outreach and completed referrals for Early Intervention/Early Childhood Special Education (EI/ ECSE) Strategy 13.3** Increase the number of children with developmental delays and disabilities receiving services in typical early childhood settings
Early Learning Educator Scholarship Program	Higher education is out of reach for many in early childhood. Yet access to education can increase outcomes for children and economic opportunity for providers. The legislature passed HB 3561 to expand this program, but failed to allocate funds to implement.	NOT FUNDED ($2.5 million requested)	14.5.3** Implement the higher education scholarship program
Family Support			Raise Up Oregon connections
Relief Nurseries	Sustain Relief Nursery operations, continuing to prevent unnecessary foster care for 2300 children and their	$2.7 million	8.2.6** Improve compensation/rates for early learning and care prevention initiatives

Early Childhood Coalition
2024 Legislative Priorities & Outcomes

	families in 38 communities across Oregon.		
Healthy Families Oregon	Advance pay parity for home visitors to stabilize this workforce and the proven services they provide to children and families.	NOT FUNDED ($2.7 million requested)	8.2.6** Improve compensation/rates for early learning and care prevention initiatives 10.2.2** Invest in the expansion of home visiting programs, such as Families First's Parents as Teachers and Nurse-Family Partnership and DELC's Healthy Families Oregon Strategy 10.4** Increase equitable access for the professional development of home visitors
Nurse Family Partnership (NFP)	NFP empowers first time parents facing economic and social barriers by partnering them with a nurse home visitor who works alongside them from prenatal to age 2. This investment will ensure greater stability for services for families.	$3.16 million	10.2.2** Invest in the expansion of home visiting programs, such as Families First's Parents as Teachers and Nurse-Family Partnership and DELC's Healthy Families Oregon

Other items of interest			Raise Up Oregon connections
After school and summer learning	Invest in extended learning and enrichment opportunities for children, including the summer before Kindergarten	$30 million	
Child & Adult Care Food Program (CACFP)	Provide funding to stabilize and expand sponsor organizations that enable participation of home-based child care providers	$660,000	Strategy 7.3.3** Support center-based and family-based Child Care and Adult Food Program.

Early Childhood Coalition
2024 Legislative Priorities & Outcomes

Children's Behavioral Health Workgroup	Create a workgroup to develop recommendations to expand the children's behavioral health workforce, including new pathways into the profession	$200,000 HB 4151	Opportunity to work on Objective 7** All families have access to support for their physical, social, emotional, behavioral, and oral health. Strategy 11.5 Increase the supply of clinical mental health providers who reflect the communities that they serve and are trained in and provide infant early childhood mental health clinical services.
Child Advocacy Centers	Create a line item in the Department of Human Services budget for Children's Advocacy Centers	HB 4140	
Ollie Court	Co-located early learning center and affordable housing project in Eugene	$1.5 million	Strategy 2.8** Co-locate affordable housing and early childhood programs
Clackamas County Children's Commission	Funding to expand Milwauikie Head Start Center ($3.6 million) and for the Marylhurst Center for Children & Families ($1.4 million)	$5 million	Strategy 14.1.1 Develop and implement early learning facilities fund
Housing	Comprehensive housing package	$376 million	Opportunity to work on Objective 9 Affordable housing is available for all families with young children

For more information, contact Dana Hepper, Director of Policy & Advocacy, dana@childinst.org

Oregon Department of
Early Learning
and Care

Child Care Development Fund (CCDF) Updates

Jordan Pargeter, CCDF Administrator
Oregon Dept of Early Learning and Care

Child Care Development Fund (CCDF)

The Child Care and Development Fund (CCDF) is a federal grant from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care to State, Territory, and Tribal grantees. These grantees are referred to as Lead Agencies. CCDF supports Oregon's efforts to provide child care services for low-income families and enhance the quality of child care for all children.

Triennial CCDF Plan Submission

Oregon's engagement efforts for its CCDF state plan for FY25-27 are being done in tandem with DELC Strategic Planning. Information sessions will occur in mid-May and a public hearing on the CCDF State Plan draft will be held early June – more information to come.

- Lead Agencies' CCDF state plans are their applications for federal funds every 3 years.
- The current triennial state plans will expire September 30, 2024.
- Lead Agencies must submit their revised CCDF state plans for submission to federal partners by June 30, 2024. The new CCDF state plan will go into effect October 1, 2024 pending federal approval.
- The draft template Lead Agencies must use to write their CCDF state plans is called the 'CCDF Plan Preprint.'
- These 'plans' will reflect policies in place effective October 1, 2024.

CCDF Final Rule Revision

- In summer 2023, the federal Office of Child Care released a Notice of Proposed Rulemaking regarding the Child Care Development Block Grant Act and opened this NPRM for public comment.
- The final rule has recently been formalized effective April 30, 2024 with considerations from public comment. This final rule revises and clarifies many details within the Child Care Development Block Grant Act, which exists as the authority for the Child Care Development Fund.
- Oregon is still in the process of conducting analysis around potential changes necessary to be implemented with the release of this final rule.
- Lead Agencies have until June 30, 2024 to implement changes or request a 2-year waiver to implement. Due to the nature of many of these revisions and system requirements, Oregon intends to apply for this waiver for the full 2-year period with the intent to implement revisions as we are able.
- More information will follow at the April ELC meeting after DELC has conducted a more thorough analysis on next steps.

White House Fact Sheet

The final rule has three primary goals:

- Caps child care copayments for working families at no more than 7% of a family's income and encourage states to waive copayments for families at or below 150% of the federal poverty level;
- Improves financial stability for child care providers and incentivizes their participation in the CCDF program by ensuring they are paid on-time and based on program enrollment instead of attendance; and,
- Makes it easier for families to access CCDF by encouraging states to accept online applications for CCDF enrollment and to make siblings of children who already receive the subsidy presumptively eligible for benefits.

Resources

- Oregon's current CCDF State Plan: Department of Early Learning and Care : State Plans : About Us : State of Oregon
- CCDF Preprint Template: Draft Child Care and Development Fund (CCDF) Plan for State/Territory (FFY 2025 - 2027) (hhs.gov)
- CCDF Final Rule: Federal Register :: Improving Child Care Access, Affordability, and Stability in the Child Care and Development Fund (CCDF)
- CCDF Final Rule Fact Sheet (White House): FACT SHEET: Vice President Harris Announces Actions to Lower Child Care Costs and Support Child Care Providers | The White House
- Contact for questions: jordan.pargeter@delc.oregon.gov

Oregon
Tina Kotek, Governor

March 27, 2024

Early Learning Council Vote Recording

Motion (time)	Vote (Y – N – E – A)	Dissent
Ruby Ramirez: Motion to adopt the proposed rule language amendments dated March 27, 2024 that adopt OAR 414-330-0100 through 414-330-0600 Barry Ford: Second	10-0-0-0	*n/a*
Ruby Ramirez: Motion to adopt the proposed rule language amendments dated March 27, 2024 that adopt OAR 414-480-0000 through 414-480-0035 Katy Brooks: Second	10-0-0-0	*n/a*

Baby Promise Program Guidebook for Providers

Baby Promise
Oregon Department of Early Learning and Care

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Special Thanks to:

Child Care and Resource Referral Agencies

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Introduction

If you are reading this Guidebook, you are either a current Baby Promise Early Learning and Care Program provider (program participant) or you are considering applying to become one. Caring for our most vulnerable population is a serious undertaking, offering work of value, meaning, and profound joy for those whose calling is to care for and educate babies and toddlers. This Guidebook informs and directs Baby Promise Program Providers of the requirements of the Baby Promise Program.

Like the rest of the country, Oregon is experiencing a true crisis in infant and toddler care, as the state lacks a supply of qualified and prepared early learning and care program options for our youngest children. There are many barriers that Oregon families experience, such as long wait lists, limited choices of providers, and costs of care that rival the cost of college tuition. The Department of Early Learning and Care (DELC) is continuously working towards increasing families' access to care, stabilizing, and strengthening existing early learning and care programming in communities around Oregon.

DELC strives to ensure that children and families have access to high-quality early care and education. Research continues to demonstrate the importance of high-quality early care and education for children's brain development, social-emotional growth, and school readiness skills. To address this issue, DELC launched the Baby Promise Program in March of 2020.

The purpose of the Baby Promise Program is to both increase access to high-quality infant-toddler care (6 weeks to 3 years of age) and to enhance quality in existing Early Learning and Care Programs in Oregon. Baby Promise offers funded slots to children with families who are income eligible for the ERDC program. Over time, Baby Promise will increase the number of high-quality programs and providers serving families with low incomes and provide access and stability for quality Early Learning and Care Programs and providers.

The Baby Promise Program is targeted to serve low-income families in communities struggling to find and keep high-quality care for infants and toddlers. DELC distributes the Baby Promise grant funds to regional organizations or agencies.

The Child Care Resource and Referral agency (CCR&R) is the organization currently designated by DELC in some regions of the state to administer the Baby Promise Program through separate grant agreements. The work of the CCR&R

shall align with the mission of DELC to support all of Oregon's young children and families to learn and thrive. DELC's values include equity, making a positive impact for children and families, dedication, integrity, and collective wisdom – all with the goal of benefiting Oregon children and families and those who serve them. Finally, for children whose families choose or need out of home childcare, it is important that high-quality early care and education options are available and accessible.

Baby Promise Program objectives and principles:

- Baby Promise Program Providers engage with a system of Infant-Toddler Specialists (through CCR&Rs) who provide supports and professional development for networks of Early Learning and Care Programs who are participating in Baby Promise to ensure implementation of quality, relational care.
- CCR&Rs assist programs to support inclusion and equity through individualized strategies to help address the needs of all children.
- DELC and the CCR&R prioritize communities with an extreme shortage of childcare and provide access for priority populations.
- DELC and the CCR&R support programs to meet standards associated with infant and toddler care quality and developmentally appropriate practices that result in high-quality environments and experiences.
- The Baby Promise Program incorporates a mixed-delivery approach to operationalize high-quality early learning experiences in a wide variety of settings. This provides options for family choice.
- The CCR&R aligns with the mission of DELC to support all of Oregon's young children and families to learn and thrive.
- The CCR&R subcontracts with Early Learning and Care Programs in communities, allowing DELC and the CCR&R to be intentional about building sustainable, quality infant and toddler slots over time, address the need to reimburse providers for the true cost of high-quality infant and toddler care, and ensure that salary guidelines are implemented.

Terms and Definitions

This Guidebook is divided into sections that outline Baby Promise's programmatic specifications and reporting requirements necessary for the Baby Promise Program Providers to remain in compliance with the Baby Promise Subcontract.

This Guidebook is intended to help the Baby Promise Program Providers navigate Baby Promise's requirements and assist in the implementation and delivery of high-quality early learning programs. This Baby Promise document will be updated annually. Baby Promise Program Providers will be notified when revisions are made.

If a Baby Promise Program Provider is unable to meet a requirement of the Baby Promise Program before subcontracting as a provider of Baby Promise slots or during the subcontract period as a provider with Baby Promise slots, the participant and the CCR&R representative shall contact the DELC Baby Promise Manager to determine next steps, including whether a waiver, memorandum of understanding, or other appropriate action is needed.

The following terms are important to consider while reading through this Guidebook:

- **MAY** – The word "may" when used in the Guidebook offers the CCR&R and the Program participant options to consider when creating policies and procedures. The word "may" indicate an area where flexibility and problem solving can assist the CCR&R and the program in meeting a requirement.
- **MUST** – The word "must," when used in this Guidebook, indicates a requirement of Baby Promise that is associated with a grant deliverable or health and safety and is mandatory for Baby Promise Program Providers.
- **SHALL** – The word "shall," when used in this Guidebook, indicates how, or using which tools, a requirement of the Baby Promise Program can or will be met.

Definitions

For the purposes of this Guidebook, the term "Baby Promise Program Provider" is a subgrantee of the CCR&R with whom the CCR&R has subcontracted. The terms "Early Learning and Care Program" or "provider" are Early Learning and Care Programs which are businesses with a mission of caring for and educating young children, such as in home childcare providers, childcare facilities serving children of employees, Early Head Start classrooms or centers, or community-based organizations serving young children. For the purposes of this Guidebook, the term "Early Learning and Care Program" or "provider" is such a business and may not be a Baby Promise Program Provider. A "Baby Promise Program Provider" is such a business and a subgrantee of a CCR&R with the Baby Promise Program.

CCR&Rs may subcontract for eligibility and enrollment services with other entities, for example Early Learning Hub or Head Starts. Some enrollment processes outlined in this Manual may include collaboration with other agencies.

A glossary of additional terms and appendices helpful for Baby Promise implementation is included at the end of the Guidebook.

Subcontracting with a CCR&R as a Baby Promise Program Provider

Recruitment and Readiness

Baby Promise Program Providers wishing to subcontract with CCR&Rs must first complete an application and a Readiness Assessment form (can be received and sent via email with CCR&R). After completing and submitting the application and Readiness Assessment, CCR&R staff will contact the program administrator and arrange for a site visit. During the site visit, the CCR&R staff member will complete a Site Visit form, answer questions, and assist program administration with the Baby Promise Application.

Technical assistance given to providers may vary based on a provider's need in preparing to become a Baby Promise Program Provider. Building positive long-term relationships with CCR&R Technical Assistance staff shall require providers to approach CCR&R staff with a growth mindset to ensure the provider receives all the support needed to operationalize business strategies, maintain services, onboard elements of infant toddler care and understanding regular cycles of assessment and growth.

Programs with concerns around culturally specific programming or established practices that may not appear to align with Baby Promise requirements are encouraged to discuss all aspects of their program with the CCR&R. Through working together collaboratively concerns can be understood and addressed.

When the Early Learning and Care Program or provider is ready to subcontract with the CCR&R, and prior to completing a subcontract, the CCR&R will submit the name and license number (if applicable) of the program to DELC for review.

The CCR&R must conduct a thorough, in person orientation with Early Learning and Care Programs when appropriate during the application process including a careful review of the Baby Promise Program Guidebook for Providers.

DELC and the CCR&R must review the Early Learning and Care Program or provider to determine if they meet the participation thresholds for Baby Promise. These thresholds include but are not limited to:

- Ability of the program to conduct itself in a manner aligned with the NAEYC Code of Ethical Conduct
- Ability to comply with USDA Food Program nutritional guidelines.
- Ability to meet minimum Early Educator/teacher qualification.
- No civil penalties in the past 24 months
- No open investigations with DELC and/or partner agencies
- No Serious Violation Findings within the past 24 months, which include:[1]
    - Adults required to be enrolled in the Central Background Registry are present in the program without current enrollment.
    - Children are in imminent danger.
    - Children are not supervised.
    - Extreme unsanitary conditions.
    - Inappropriate guidance and discipline.
    - Multiple or serious fire, health, or safety hazards.
    - Providing care without being licensed with the Child Care Licensing Division (CCLD) as required by rule.
    - Safe Sleep Violations and,
    - There are more children than allowed.
- Spark Rating[1]

Cost Per Child

Baby Promise Program Providers shall work with the CCR&R to develop a cost per child that includes:

- Formula and food.
- Insurance.

[1] Early Learning and Care Programs with a single Serious Violation Finding within the past 24 months may be considered if they can successfully pass the Spark Rating Review Process..

- Personal care items (e.g., Diapers, wipes, diaper cream, and sunscreen);
- Professional development costs.
- Program and classroom materials.
- Rent and utilities.
- Shared services fee; and
- Staffing.

Pre/Post Evaluation

The CCR&R shall conduct on-site observations at the beginning and the end of the subcontract period (yearly). Data from relational and environmental assessments will be used to inform technical assistance, FCCN, Spark, and CoP activities and will be shared with the program and DELC.

Funding Guidelines for Subcontracted Programs Baby Promise Funding

The CCR&R shall create and enter into subcontracts with Baby Promise Program Providers. Pursuant to the terms of the subcontract, the Baby Promise Program Providers shall deliver infant-toddler services according to the defined programmatic and fiscal expectations in accordance with this Guidebook. The CCR&R is required to compensate Baby Promise Program Providers for those services according to the terms of the subcontract. Baby Promise funding is contingent on the actual delivery of Baby Promise services by Baby Promise Program Providers. Baby Promise funding may be used only for the operation and delivery of Baby Promise services.

Annual Budget

Baby Promise Program Providers must submit an annual operating budget outlining the intended use of Baby Promise funds. Baby Promise Program Providers should be advised that the submission of a budget does not constitute CCR&R approval of the expenditures. All categories in the budget shall remain in compliance with this Guidebook and approved by the CCR&R.

A Baby Promise Program Providers shall develop a budget according to the allowable uses and expenses for the Baby Promise program, which may rely on

self-attestation by the Baby Promise Program Providers. All categories in the budget must be in compliance with this Guidebook and approved by the CCR&R. Preliminary budgets shall be submitted to the CCR&R prior to the subcontract being fully executed and annually thereafter.

Expenditure Guidelines

Baby Promise Program Providers shall expend funds provided for Baby Promise solely on the operation and delivery of Baby Promise services and in accordance with the program's annual budget and the subcontract.

Subcontracted Slot Payments

Pursuant to the terms of each subcontract and this Guidebook, the CCR&R shall provide subcontracted slot pre-payments monthly directly to the Baby Promise Program Providers for eligible Baby Promise children.

Allowable Uses of Funds by Subcontracted Baby Promise Providers

Allowable uses of Baby Promise funds for the operation and delivery of Baby Promise services include:

- Associated administrative overhead.
- Coordination of social services for Baby Promise children and families.
- Curriculum materials.
- Diapers, formula, food, and other items for Baby Promise children.
- Early Educator and other direct service personnel (i.e., transportation, food services) compensation and benefits.
- Facilitation of Baby Promise eligible children's transition to prekindergarten; and
- Family engagement activities.
- Materials for the environment.
- Monthly staff meeting materials.
- Paid preparation and planning time for Baby Promise Early Educators.
- Professional and community events.
- Professional development activities.
- Screening and assessment tools.

Prohibited Expenditures for Subcontracted Baby Promise Providers

Baby Promise funds may not be used to supplant other public funding sources, including any state or federal funding. Baby Promise funds must be treated as restricted income and used solely to deliver Baby Promise services. Baby Promise funds may not be used to cover expenses that are not directly related to the Baby Promise Program. Prohibited expenses include the following:

- Bad debts, including losses arising from uncollectible accounts and any related legal costs
- Compensation to the members of the board of directors, if applicable
- Cost of idle facilities unless those costs are related to the Baby Promise Program and the costs of the idle facilities have been approved by the CCR&R and DELC
- Costs associated with the purchase of alcohol, drugs or for any associated use for gambling purposes
- Costs incurred after the subcontract has been terminated
- Costs of amusement or entertainment that do not benefit children in the Baby Promise Program
- Costs of legal, consulting and accounting services arising from claims against the Early Learning and Care Program
- Costs of organization of a nonprofit corporation such as incorporation fees or consultant fees
- Fundraising costs
- Investment management costs
- Non-sufficient funds/overdraft and ATM usage bank charges
- Personal or business loans including finance charges
- Projects or expenditures in excess of five thousand dollars ($5,000), without prior approval
- Public relations consultant fees

- Purchase of vehicles or other transportation equipment
- Religious materials
- Travel expenses that are not directly related to the implementation of the Baby Promise Program

Baby Promise Program Providers will ensure that no Baby Promise funds are used to pay penalties associated with adverse actions imposed by licensing or governmental agencies. Baby Promise funds should be identifiable as separate from other federal and state funds.

Prohibition Against Loans

Baby Promise funding cannot be loaned or advanced to individuals, corporations, organizations, public agencies, or private agencies. Baby Promise funds may not be used as collateral for loans.

Environmental Enhancements

The CCR&R may provide environmental enhancements to Baby Promise Program Providers to increase quality and/or to meet licensing standards or expectations of the Baby Promise Program. These enhancements will be administered after using the partnership readiness assessments, preliminary environmental rating scales, Baby Promise Program Providers Growth and Development Plans (QIS or Quality Improvement Plan) goals, etc.

Screens for children, most battery-operated toys, and restrictive equipment such as saucers and swings are prohibited. For family-based programs, special considerations for high chairs may be appropriate for meal times only, but other accommodations that increase a child's independence and opportunities to interact with peers are preferred.

When selecting enhancements, CCR&Rs must ensure that materials are developmentally appropriate and are sufficient in quantity to allow for play by multiple children.

Baby Promise Program Providers may not sell, trade, or re-distribute enhancements including curriculum, assessment material, or other items. Should a program close or end their subcontract with Baby Promise they must work with the CCR&R to return or re-purpose materials.

Restrictive Equipment

Baby Promise Program Providers shall ensure that restrictive equipment, such as saucers, swings, bouncy chairs, etc., is not used. High chairs may be used during

mealtimes; however, in adherence to a relational model, children must be held during feeding if they are unable to sit safely. Once able to sit independently, it is preferred that children transition to small tables and chairs for interaction purposes with the other children in the program.

Provision of Supplies

Formula, Diapers, Sunscreen, Wipes

The Baby Promise Program Providers must provide formula, diapers, sunscreen, and wipes (for use while the child is physically present at the program facility) to Baby Promise families. These items are provided to Baby Promise families by the program. The program shall obtain written consent from the family to use the product provided by the program and program staff must use the product as specified by the manufacturer. For families with product preferences, providers are encouraged to provide a preference form for families and seek options that are reasonable for both the provider and the family.

Fiscal Reporting Requirements

Annual Independent Audit

Baby Promise Program Providers must submit a copy of their independent, certified audit report and financial statements if they are subject to independent audit requirements. Audit reports must be submitted to the CCR&R within 30 days of receipt. If independent, certified audit reports or financial reports are not required for the Provider, they are not required to submit one.

Access to Records and Other Documentation

The CCR&R and DELC may require access to Early Learning and Care Program records, which may include:

- Attendance and enrollment records.
- Baby Promise Program Providers calendars.
- Bank statements and canceled checks, etc.
- By-laws, if applicable.
- Cash receipts and disbursement books.
- Consent forms.
- Documentation relating to family participation.

- Family handbook.
- General journals.
- General ledgers, invoices, and supporting documents.
- Insurance policies.
- List of current Board of Directors, if incorporated.
- Lists specifying qualifications, dates of hire, and dates of termination.
- Marketing materials.
- Non-paid staff and volunteer sign-in sheets.
- Payroll ledgers and supporting documents; and
- Records of children enrolled in Baby Promise slots.
- Staff time sheets.
- Statements of income and expenses.
- Tax returns.
- Transportation and other related service subcontracts.
- Tuition rates.

Fraudulent Use of Funds

The CCR&R and DELC may use information from other sources to assess the fiscal viability of Baby Promise Program Providers or to make decisions with respect to offering a subcontract or continuing to fund a Baby Promise Program Providers. Misuse of funds may result in the termination of a Baby Promise Program participant subcontract and the denial of future participation in the Baby Promise Program and other publicly funded programs.

Baby Promise Program Providers must ensure that expenses charged to the Baby Promise funding source are not concurrently charged to another program fund source. Baby Promise funds should be identifiable as separate from other federal and state funds. Baby Promise Program Providers must return any funds determined to have been misspent, spent fraudulently, or not in accordance with the expectations of Baby Promise, including reconciling ERDC payments and/or overpayments.

Continued Funding

The Baby Promise Program Providers has no vested right to continue funding for Baby Promise services beyond the end of the subcontract. Any future funding will be conditioned on, among other things, a Baby Promise Program Participant's agreement to Baby Promise Program modifications, should they be required to meet the requirements of the Baby Promise Program.

Insurance Requirements

Baby Promise Program Providers shall maintain the minimum insurance requirements specified in the subcontract with CCR&R. These requirements are designed to support the professional capacity of the program and to provide business owners with a foundational business protection plan while they operate a high-quality publicly funded program. Insurance requirements will be included with each new subcontract yearly. Baby Promise Program Providers are responsible for maintaining business, liability, and transportation insurance, in addition to any other coverage required to participate in the program. In some cases where additional Baby Promise insurance requirements (beyond that of regular business coverage) add significant cost to programs and providers, they may reach out to the CCR&R for possible assistance.

Personnel and Training Requirements for Baby Promise Providers

Early Educator Qualifications

Early Educators participating in Baby Promise shall be prepared and qualified. Minimum qualifications include an Infant Toddler Child Development Associate's (CDA) *or* an associate degree in early childhood education or a related field or Oregon Registry Step 8 or higher, with training or equivalent coursework that includes 12 credits in early childhood development, with focus on infant and toddler development.

Programs with early educators that do not currently meet these qualifications will need to address this issue directly in their continuous growth and development plans.

Salary

To support the retention of highly prepared and qualified staff, Baby Promise Program Providers are required to compensate Early Educators at competitive and comparable salary levels with those of other Early Educators in their region serving publicly funded programs.

Personnel Changes

Any Baby Promise Program Providers' staffing changes shall be reported within 14 calendar days to the CCR&R, and any personnel changes within the CCR&R that impact Baby Promise Programs and providers will be reported to the provider in a timely manner. Note that currently, staff employed by CCR&R hold a variety of titles, including but not limited to:

- Coach
- Family Engagement Specialist
- Infant Toddler Specialist
- Program Manager
- Program Specialist
- Quality Improvement Specialist

Baby Promise Program Providers may work with several staff with various job titles that may change, depending on the job duties assigned by the CCR&R. Roles and responsibilities for support staff may overlap, and it is DELC's expectation that Baby Promise Program Providers and CCR&R staff build positive relationships and share knowledge to provide continuous development of effective practices for staff and children. Baby Promise Program Providers are encouraged to work closely with the CCR&R to understand best the CCR&R's expectations of each agency employee working with the program or provider and their staff.

To seek planned and focused development, the CCR&R, in partnership with Baby Promise Program Providers shall monitor the professional environment and instructional support given to Baby Promise Program Participant's staff. The following conditions shall be present in every program with Baby Promise slots:

Central Background Registry

Baby Promise Program Providers must have documentation of a completed and satisfactory Central Background Registry check on file for all positions within the program. Note that this registry requires fingerprinting. (CBR)

Training and Professional Development

Regular Training and Professional Development Plans

Early Educators in programs with Baby Promise slots are required to have Professional Development Plans (PDP) and participate in at least twenty (20) hours of professional development activities per Program Year. The CCR&R shall assist programs with training and professional development planning. Programs may utilize the resources available at the Oregon Center for Career Development in Childhood Care and Education OCCD or their local CCR&R and Infant Toddler specialist: (Regional CCR&R Information)

Safe Sleep Training

All Baby Promise staff must take the Safe Sleep for Oregon's Infants (SS) Training. Link: Safe Sleep Training

ZERO TO THREE

(Zero to Three) Program staff working directly with children must complete the Zero to Three training offered by the CCR&R within 18 months of hire.

Paid Time Off

Baby Promise Program Providers participating in Baby Promise shall offer program personnel paid time off (sick, personal, vacation) per Oregon Employment Law, BOLI (Bureau of Labor and Industry) rules and guidance, and applicable Collective Bargaining Agreements. Business coaching from the CCR&R will be provided to programs that do not offer paid time off for employees or are developing these policies.

Preparation and Planning Time

Baby Promise Program Providers shall provide Early Educators with a reasonable amount of paid preparation and planning time each week without children present.

Training Costs and Reimbursement to Staff

Baby Promise Program Providers may include in their cost per child calculations reasonable amounts for professional development/training opportunities, substitutes and mileage costs associated with travel to the training opportunities. Mileage and associated per diems will be reimbursed by the program at the current Per Diem Rates.

Child and Family Eligibility for Baby Promise

Eligibility Process

The CCR&R shall identify families that may qualify for Baby Promise Further, the CCR&R shall work closely with the Employment Related Day Care (ERDC) program to identify potential Baby Promise families. The CCR&R shall maintain a waiting list for Baby Promise per the enrollment forms provided by DELC.

Families eligible for Baby Promise slots may choose the Baby Promise Program Providers that best meets their needs. Only families who meet the eligibility thresholds for ERDC will be eligible for Baby Promise. If a family is no longer eligible for ERDC during the sub contractual period with the program, the CCR&R shall not reimburse the program for that family effective as of the date that eligibility is discontinued. In the event that ineligibility is the result of an error, the CCR&R may consult with the DELC Baby Promise Program Manager to determine reimbursement.

Baby Promise Program Providers with waiting lists that include families eligible for ERDC, or currently in care with ERDC, may refer families to the CCR&R for potential placement in a Baby Promise slot or placement on the Baby Promise waiting list held by the CCR&R or Early Learning Hub. Baby Promise Program Providers may not offer, promise, or enroll families in Baby Promise slots. Placement in a Baby Promise slot is the responsibility of the CCR&R.

The CCR&R will work with the program and the family to best meet both parties' needs if a Baby Promise family wishes to change to a provider who is not a Baby Promise provider.

Age Requirement

Children shall be at least six (6) weeks of age and can be served until the child is eligible for preschool (3 years old on or before September 1st of the program year). Some children may be eligible to continue in a Baby Promise slot after turning 3 as outlined in Transition Planning.

Income Eligibility for ERDC

At the time of enrollment in the Baby Promise Program, children must be members of families whose incomes meet the ERDC eligibility thresholds. For more information, visit ERDC Provider Information

Residency Requirement

Children participating in a program with Baby Promise slots must be Oregon residents and residing within Baby Promise counties. Families will continue to be eligible for ERDC benefits for the full 12-month certification even if they move out of the Baby Promise counties unless they meet one of the exceptions outlined above.

Requirements for Hours in Care

Baby Promise slots are designated for families that meet the eligibility criteria. For children who attend less than 85% of their scheduled attendance, the Baby Promise Program Providers and the family will create an attendance support plan to ensure the Baby Promise slot is well utilized. Plans shall be submitted to the CCR&R upon request. Please note that this subsection does not apply to base payment through the ERDC program, only the supplemental payment for Baby Promise.

Transition Planning

A smooth transition ensures each child continues to receive enriching early child development services and that each family continues to receive the support services necessary to promote healthy family development.

To ensure the most appropriate placement and services following participation in Baby Promise, the Program must plan for the transition for each child and family at least six months prior to the child's third birthday (or known transition prior to aging out of a Baby Promise slot). The Program shall consider the child's health status and developmental level; current and changing family circumstances; the availability of other child development services in the community (i.e., ERDC, Preschool Promise, EI/ECSE, and Head Start), and engagement of Early Educators from current and potential transition programs and other partnering organizations.

If the child turns 3 within the program year, they are eligible to receive Baby Promise services until August 31st of that year. If continued placement in a Baby Promise slot is in the best interest of the child and is limited in duration, the CCR&R, on a case-by-case basis, must submit a transition plan to extend care for a child over 3 years of age to DELC for approval. The CCR&R must work with DELC's data gathering systems to ensure that transition planning is tracked.

The CCR&R may work with the Baby Promise Program Providers to facilitate the transition process from a Baby Promise slot into a spot in their current ERDC

subsidy program or into other high-quality programs and support services when the child leaves a Baby Promise slot.

As part of any transition process (from one Baby Promise site to another, from Baby Promise to a community setting, or transition to a publicly funded preschool program or other preschool setting) and upon written request/release of information form from the family, the CCR&R, in partnership with the Early Learning and Care Program, will forward copies of a child's records to the new environment.

Enrollment

Enrollment Process

The Early Learning Hub or CCR&R is responsible for enrolling families with Baby Promise Program Providers. The Early Learning Hub or CCR&R must follow the enrollment process outlined in the DELC provided enrollment forms. The forms provide directions for creating and using wait lists for Baby Promise slots. See the eligibility section for more information.

Inclusionary Practices

Baby Promise Program Providers must develop written enrollment policies to meet the needs of children and families in the community. Enrollment policies must state that the infant-toddler program is open and does not discriminate against a child or family based on race, ethnicity, religion, gender, gender identity, gender expression, sexual orientation, or any other protected class. Written enrollment policies must be verified by the CCR&R, provided to families, and available upon request.

Baby Promise Program Providers offering Baby Promise slots shall comply with and make accommodations for children identified as eligible for special education and/or related services under the Individuals with Disabilities Education Act (IDEA) and the ADA (Americans with Disabilities Act).

Baby Promise Program Providers shall conduct individualized assessments to facilitate the successful integration of children with identified special needs with accommodations and/or modifications. The child's Individualized Family Service Plan (IFSP) and recommendations of the relevant placement committee or team will determine appropriate placement for special education and related services.

Exclusionary Practices

Baby Promise Program Providers shall commit to substantially reducing and preventing suspension, expulsion, and other exclusionary practices in early learning settings. The CCR&R is committed to ensuring all children have access to and are successful in high-quality early learning environments, which support kindergarten readiness skills and social emotional development.

Baby Promise Program Providers caring for children receiving childcare assistance shall have an inclusive policy that is expressly communicated to families and related to anti-exclusionary practices.

The CCR&R shall work closely with Baby Promise Program Providers to provide training and resources needed to enhance family and Early Educator knowledge and skills in supporting children's physical, social, emotional, and cognitive development. The training shall address how Baby Promise Program Providers can make program modifications to prevent a child's removal or exclusion from the early learning and care environment.

Baby Promise Program Providers are prohibited from "trial periods" (a trial period is a period during which the program may expel a child and family). Programs and providers are encouraged to utilize the CCR&R for support if they experience challenges with a family that may require additional facilitation from the CCR&R.

Fees

Baby Promise Program Providers are prohibited from charging families of Baby Promise children any fees (except for late pickup fees) or tuition, including application fees and material or field trip fees. At no cost to the families, Baby Promise Program Providers must provide items such as food (meals), diapers, wipes, formula, diaper cream, and sunscreen to Baby Promise children while the child is physically present at the Baby Promise Program Providers facility.

Scheduling

Program Year

The program year for providers and families begins on September 1 and ends on August 31 each year. This is different from the fiscal year for Baby Promise, which is July 1 to June 30 each year. The schedule of service delivery may vary within the program year, but the hours of direct service requirement shall be satisfied no later than August 31. Actual dates a child may receive care will vary and are dependent upon eligibility criteria, enrollment date, age, etc.

Program Calendar

Baby Promise Program Providers must submit a yearly program calendar for approval by the CCR&R prior to the execution of the Early Learning and Care Program's subcontract and each program year thereafter. Program calendars shall include planned days of service, total direct service hours, holiday closures, vacation closures, and training days. Baby Promise Program Providers must clearly outline late fee policies in program calendar materials. Baby Promise Program Providers must submit any calendar changes to the CCR&R for approval during the sub contractual period.

Hours of Direct Service

Baby Promise Program Providers must provide year-round, full-day services (except for planned days of in-service, holiday closures, vacation closures, training days, or any other planned closures) to support the needs of working families.

Full-day service means the Early Learning and Care Program must accommodate the needs of families by providing direct service hours that range between 8 to 10 hours per day. A Baby Promise Program Providers must offer a minimum of 1800 hours of planned direct service during the Baby Promise program year. The CCR&R must approve planned hours of direct service prior to subcontracting with a program. See the reporting section of this Guidebook for more information on the collection and reporting of direct service hours, and the family and eligibility section of this Guidebook for more information on enrollment and attendance.

Continuity of care is an element of high-quality care for infants and toddlers. The intent of the Baby Promise program is for families enrolled in a Baby Promise slot to remain with the same Program of Early Learning and Care and their primary Early Educator while they are eligible.

Direct service hours may include all instructional time, outdoor gross motor activities, developmentally appropriate mealtimes, and rest time. Family conferences, in-service or training days, educator planning time, and transportation time are not to be included in the hours of direct services. Occasional field trips outside the normal service hours may be counted toward hours of direct service.

Program Closures, Holidays, In-Service, Staff Training, and Vacations

Baby Promise Program Providers shall notify the family and the CCR&R of all scheduled closures when submitting the yearly program calendar prior to executing the subcontract. During the sub contractual period, the program must inform the family and the CCR&R of any additional planned closures at least 30 days prior to a planned closure. Baby Promise Program Providers must notify the CCR&R of unplanned and unscheduled closures as soon as possible. Program closures may impact funding. Programs should work with the CCR&R to understand how closure (planned and unplanned) impacts their program.

Reporting

Technology Requirements

Baby Promise Program Providers must have a suitable and secure computer with appropriate software, printer/scanner, internet, and a valid email address for the administration of the program. All Early Educators caring for Baby Promise children must submit a valid email address to the CCR&R.

Notification of Address Change or Change in Ownership

Baby Promise Program Providers must notify the CCR&R in writing of any change in their mailing address within five (5) days of the change. Baby Promise Program Providers must notify the CCR&R of any proposed change in operating facility address, ownership, or classroom move at least 90 days in advance of the proposed change. The Baby Promise Program Providers shall also notify the CCR&R of any change in location due to an emergency or disaster as soon as is practical.

The CCR&R shall provide written approval or denial of a Baby Promise Program Providers change in location request to determine if Baby Promise funding is continued.

Data Collection

The CCR&R shall collect data for evaluation purposes. As the CCR&R conducts initial site visits to Baby Promise Program Providers to determine readiness, they may also collect photographic and/or video data. The intention of capturing this evidence will be to reflect on the before-and-after impacts of environmental enhancement funds, training, and technical assistance.

Recordkeeping

Baby Promise Program Providers must maintain child and financial records in a secure location to ensure confidentiality and prevent unauthorized access. Baby Promise Program Providers must maintain detailed financial records, including general ledgers, receipts, invoices, and all supporting documentation to track Baby Promise Program Providers' expenditures, etc.

Attendance Data

The CCR&R must review each Baby Promise Program Providers annual attendance data prior to subcontracting with a program following the first year of program participation. Baby Promise Program Providers are required to demonstrate that for the scheduled program calendar year, children in all Baby Promise slots attended an average minimum of 85% attendance of their regularly scheduled planned days on the scheduled program calendar.

Enrollment Reporting

Baby Promise Program Providers must submit a monthly attendance report to the CCR&R. Baby Promise Program Providers must inform the CCR&R immediately in the event a child's family withdraws the child from the program.

Baby Promise Program Providers shall at all times work to maintain full enrollment for each subcontracted slot. The number of subcontracted slots for a program may be reduced if a program chooses not to fill open slots when there are waitlisted families available to fill open slots.

It is the role of the CCR&R staff to consult Baby Promise Program Providers on the number of slots to subcontract for, taking into consideration the many factors that impact community need. CCR&R staff shall work with Baby Promise Program Providers to carefully consider the impact on their business should a slot go unfilled.

Forms

CCR&R staff shall work with Baby Promise Programs who request to use Baby Promise standardized, branded forms or templates. CCR&R staff shall work with DELC to develop such materials when needed. CCR&R staff and Baby Promise programs may request language translation for Baby Promise templates or forms.

Attendance

Policy and Procedure

Baby Promise Program Providers must implement strategies to promote attendance by providing information about the benefits of regular attendance, supporting families to promote the child's regular attendance, and maintaining contact with families when a child first has two or more unexplained absences.

Programs must maintain sign-in sheets or digital attendance records signed by authorized family representatives. Attendance records must be available upon request and meet all regulatory requirements, such as date, arrival times, and departure times for each child.

Within the first 60 days of enrollment in a Baby Promise slot and on an ongoing basis thereafter, Baby Promise Program Providers shall use individual child attendance data to identify families with patterns of unexcused absences that put them at risk of attending less than 85% of the families regularly planned days of care for the month.

If, after 60 days, a family is experiencing multiple unexcused absences, and the Baby Promise Program Providers is unsuccessful in communicating with the family, the Baby Promise Program Providers must inform their enrollment specialist at the CCR&R or Early Learning Hub and request assistance in meeting with the family and the appropriate CCR&R or Early Learning Hub staff member to create an attendance support plan.

For the provider and the CCR&R or Early Learning Hub, the meeting and creation of an attendance support plan provides an opportunity for continuing to build a positive relationship with the family and better understand the families' circumstance.

For the family, the meeting is an opportunity to share barriers with the program, CCR&R, or Early Learning Hub staff and to assist in the identification of potential solutions. The mutual creation of an attendance support plan provides the family an opportunity to better understand the benefits for children when maintaining regular attendance in an Early Learning and Care Program.

The written support plan must include a record of past attendance, identification of barriers, notes on solutions, and an outline that assists the family in meeting attendance goals for the next 60 days by including a calendar that describes the support plan for attendance.

The support plan must be submitted to the CCR&R and may be subject to additional reviews. If the Baby Promise Program Providers and respective family does not adhere to the attendance plan or does not decrease unexcused absences over the second 60-day period, the Baby Promise Program Providers must again inform the CCR&R or Early Learning Hub. The CCR&R or Early Learning Hub shall meet with the Baby Promise Program Providers and the family to determine appropriate next steps, which may include the termination of the respective child's slot in the Baby Promise Program or the loss of a slot for the Baby Promise Program Providers,

Attendance Exceptions

Children with an appointment or absence in relation to an Individual Family Service Plan (IFSP), Foster Care Visitation, medical need such as doctor or dentist appointment, or who are at home due to illness may have their expected attendance adjusted with an excused absence.

Families who must leave the Baby Promise Program for a specified period during Baby Promise hours for a regular appointment related to an Individual Family Service Plan (IFSP), Foster Care Visitation, or medical need may have their expected attendance adjusted with an excused absence.

The CCR&R and Baby Promise Program Providers shall keep in mind the lens of equity as discussed later in this Guidebook. For example, some families do not live or work in the traditional model. Life or work circumstances for some families may include:

- cultural seasons or traditions,
- extended family involvement with children,
- location of parent or guardian(s) home(s),
- nontraditional work,
- seasonal work,
- transportation availability, etc.
- travel time,

Circumstances such as these, and others, may cause barriers for families when planning to meet the attendance requirements in this Guidebook. When a CCR&R or Early Learning Hub enrolls a family, whose circumstances require meeting the attendance requirements listed in this Guidebook with more flexibility, they must

inform the Baby Promise Program Providers upon enrollment and proactively work together to best meet the needs of all parties.

Late Pickup

The parent/Guardian is responsible for late pickup fees per the Baby Program participant's late pick up fee policy. As noted in the Program Calendar section, Baby Promise Program Providers must have regular business hours posted clearly.

Monitoring of Baby Promise Program Providers

Monitoring and Onsite Visits

DELC reserves the right to perform onsite and/or virtual visits of Baby Promise Program Providers at least once per biennium. The CCR&R shall regularly monitor Baby Promise Program Providers on an ongoing basis in the various component areas listed below:

- Evaluation of Baby Promise Program Providers' accommodation for children with special needs.
- Evaluation of Spark star recognition level, and if applicable, progress in a Spark Quality Improvement cycle.
- Review of Baby Promise Program Providers' financial records, accounting procedures and fiscal viability; and
- Review of Baby Promise Program Providers':
    - Family engagement activities.
    - Curriculum.
    - Screening and assessment processes.
    - Licensing records; and
    - Continuous Growth and Development Plans (CQI).
- Review of child records.
- Review of enrollment and attendance records.
- Review of professional development and training goals for Baby Promise Program Providers.

- Score(s) and Summary Reports from observation tools such as the Classroom Assessment Scoring System (CLASS) and/or Environmental Rating Scales (ERS/ITERS-3 and/or FCCERS-3).

The CCR&R shall conduct monthly site visits to the Baby Promise Program Providers when children are present to monitor program quality and compliance with Baby Promise statutes, rules, and operations through announced and unannounced visits. DELC or the CCR&R may conduct quality reviews of Baby Promise Program Providers at any time. The CCR&R is required to report any concerns to the appropriate agency

Health and Safety

Good Standing Requirements

Requirements

At all times, Baby Promise Program Providers must be in compliance with all applicable local, state, and federal laws, rules, and regulations in order to participate in Baby Promise.

It is the responsibility of the Baby Promise Program Providers to maintain a good standing with the Child Care Licensing Division (CCLD) (Licensed Childcare).

For licensed programs, the CCR&R shall work with DELC on an ongoing basis to support Baby Promise Program Providers in maintaining good standing with the Child Care Licensing Division (CCLD) (https://www.oregon.gov/delc/providers/Pages/licensed-childcare.aspx).

Baby Promise Program Providers, who are license, exempt and would like to be Baby Promise Program Providers must meet additional training and safety requirements in order to be approved to provide child care through ERDC, including completing the Regulated Subsidy Child Care Health and Safety Review Checklist. See this link for more information: ERDC Providers

With assistance from the CCR&R the Baby Promise Program Providers shall maintain best practices and understand licensing. The Early Learning and Care Program staff must review the DELC "Observed Serious Health and Safety Policy and Procedures."

The Early Learning and Care Program must do all that is requested to facilitate review by the CCR&R and DELC of an Early Learning and Care Program's licensing record at any time, including by providing the requested documents in

furtherance of this review. Baby Promise Program Providers must report any licensing or compliance violations within two (2) business days to the CCR&R.

The CCR&R is required to assist and support programs when issues with licensing arise, and programs are encouraged to share with the CCR&R if a licensing issue arises for help and support. Those working in early learning at many levels are aware that Issues with licensing may trigger feelings for staff that range from gratitude to fear. Programs are encouraged to work with the partnerships they have built with the CCR&R.

Baby Promise Program Providers must ensure that health and safety requirements are met. The CCR&R may terminate subcontracts with Baby Promise Program Providers for failure to meet good standing requirements, including but not limited to violating any of the health and safety requirements listed below:

- Adults required to be enrolled in the Central Background Registry are present in the program without current enrollment.
- Children are in imminent danger.
- Children are not supervised.
- Extreme unsanitary conditions.
- Inappropriate guidance or discipline.
- Multiple or serious fire, health, or safety hazards.
- Providing care without being licensed with the Child Care Licensing Division (CCLD) as required by rule, etc.
- Safe Sleep Violations.
- There are more children than allowed.

The CCR&R shall notify DELC, outlining the circumstances of their intent to terminate a subcontract prior to official termination.

Programs are encouraged to utilize the Health and Safety Screener developed by Head Start prior to applying to become a Baby Promise site (Head Start Health and Safety Screener)

Staff-Child Ratios

Licensed Baby Promise Program Providers must comply with the staff-child ratios for their license type. License-exempt Baby Promise Program Providers must comply with the ratios described in "Rules for Certified Child Care Centers Table

3A." See the following link for more information: Rules for Certified Child Care Centers. Regarding ratios, Early Head Start/Head Start programs must comply with the Head Start Performance Standards.

Feeding and Eating Practices

Nutritional Services

Baby Promise Program Providers must meet the nutritional needs of the eligible children through participation or adherence to USDA CACFP (USDA CACFP) guidelines or the utilization of recommended practices within Caring for our Children: National Health and Safety Performance Standards Guidelines for Early Learning and Care Program (4th edition).

Programs are not required to participate in the USDA CACFP program. Specifically, Baby Promise Program Providers practices must align with the standards listed above and applicable state licensing standards on safe preparation and storage of snacks and meals, feeding of infants, choking hazards, serving size, self-feeding practices, dietary needs, and allergies. The Program's written care plan, submitted in accordance with the Program's licensing requirements, shall also align with the above standards.

Program practices shall be in the family handbook and menu of meals and snacks shall be posted and provided to families regularly. Families who provide a signed medical (MD signed) or religious statement of need for children's dietary restrictions must be honored. Families who provide a signed medical statement specifying a specific formula brand for their children must be honored.

Baby Promise Program Providers are expected to work with families on food preferences including culturally preferred preferences and to approach collaboration with families with a friendly, empathetic effect, and a desire to honor the families concerns. Providers are encouraged to reach out to the CCR&R for assistance when finding a resolution is needed.

The CCR&R shall provide guidance to programs who need support communicating a process to families who may have allergies, family food preferences, and the creation of written care plans and forms.

Relational Dining

Also known as family-style or communal dining. Baby Promise Program Providers must adopt relational dining practices. This practice involves Early Educators sitting with children during meals in small groups with children serving themselves (when possible) while sharing pleasant conversations. During these shared

experiences, Early Educators shall be modeling appropriate and healthy eating habits, providing supportive guidance on serving sizes, and attuning to hunger and satiation cues.

CCR&Rs are encouraged to guide and support Baby Promise programs' cultural preferences for planning meal times and determining food cost for children. More guidance can be found at Family Style Meal Service in the Child and Adult Care Food Program.

Breast Feeding Policies

Baby Promise Program Providers must have written policies that support and encourage breast-feeding, outline the process for storing breastmilk. and include an appropriate environment that facilitates breast-feeding if the parent chooses to do so onsite. Policies shall be available to families within the family handbook provided by the Baby Promise Program Providers.

Curriculum

Curriculum

Baby Promise Program Providers must always use a curriculum and approach to teaching during the entire program year. The curriculum chosen must meet the requirements of the top tiers of Spark. For information on options for curriculum within the Spark program visit the Spark website (Spark).

Regardless of the curriculum or approach to teaching used, Baby Promise Program Providers must: (a) post a formal daily schedule of indoor and outdoor activities and routines, with opportunity for child-initiated and teacher-directed activities; (b) post activity plans; and (c) make a written curriculum statement available for staff and families.

Screen Time

Television/telephones/movies/social media/projected video or internet content). Baby Promise Program Providers must prohibit the use of all screen time for all children regardless of age. Children learn more effectively and efficiently when interacting with individuals and engaging with their physical and social surroundings. Screen time reduces the quality and quantity of these interactions and therefore is not allowable. Screens may not be used for music, movement, rest time, or any other planned or unplanned activity with children. All staff in the presence of children shall refrain from using screens unless the program requires the use of a device for attendance, meals, or other "real time" administration

related directly to children in care. Photo documentation for portfolios and sharing with parents is permitted.

Religion

Baby Promise Program Providers must not advance any religion during the instructional hours designated for children in Baby Promise slots. Any religious symbols located in or around the classroom do not need to be removed; however, they may not be incorporated or used in the selected curriculum, meals, music, art, story time, or teaching program. Note: religious materials may not be purchased with Baby Promise funds.

Field Trips

Field trips shall be developmentally engaging and appropriate. They must be free and available to all children in Baby Promise slots. Baby Promise funds may be used to provide field trips or other appropriate instructional activities for the children. Field trips must be related to the curriculum and should include a lesson plan demonstrating this connection. Programs are encouraged to share field trip lesson plans with Infant Toddler Specialists and Quality Improvement Specialists during regular meetings.

High-Quality and Baby Promise

High-quality

Observable practices in an Early Learning and Care Program wishing to participate in Baby Promise. Providing high-quality care is foundational to what it means to be a Baby Promise Program Participant, and DELC expects Baby Promise Program Providers and their staff to demonstrate an inquisitive nature and thoughtful reflection when engaging in the development of high-quality care and education. All program staff in Baby Promise Program Providers that subcontract with a CCR&R for Baby Promise slots must engage in continuous, focused growth and development over time as they engage with CCR&Rs and DELC in the cycles of assessing, planning, and goal setting for themselves and the children they serve.

1. "High-quality" is a complex term, with multiple meanings including, but not limited to, the following examples: Raise Up Oregon: A Statewide Early Childhood System Plan (Raise Up Oregon) uses these terms to define high-quality:
    - culturally responsive,

- developmentally appropriate.
- inclusive,

2. Developmentally Appropriate Practice (DAP), a term often used in the early learning profession is defined by the National Association for the Education of Young Children (NAEYC) as:
    - Building on each child's strengths—and taking care to not harm any aspect of each child's physical, cognitive, social, or emotional well-being—educators design and implement learning environments to help all children achieve their full potential across all domains of development and across all content areas.
    - Developmentally appropriate practice recognizes and supports everyone as a valued member of the learning community. As a result, to be developmentally appropriate, practices must also be culturally, linguistically, and ability appropriate for each child. NAEYC DAP
    - Methods that promote each child's optimal development and learning through a strengths-based, play-based approach to joyful, engaged learning. Educators implement developmentally appropriate practice by recognizing the multiple assets all young children bring to the early learning program as unique individuals and as members of families and communities.
3. High-quality early care and education also includes appropriate ratios and group sizes, prepared and qualified educators, family engagement, warm and responsive environments, and individualized instruction. High-quality is not only what is safe for children, but also what is best for children in the many contexts in which we encounter them.

What is your understanding of high-quality? In which of the many components of high-quality listed above do you see your program? Your staff who work with families? What is your philosophy as an Early Learning and Care Program? As you read through this Guidebook, note where this term is used and consider how you may plan to support your staff and families.

There are many aspects to the definition of high-quality. The CCR&R must support the growth and development of high-quality Baby Promise Program Providers. If a program's practices are not aligned with high-quality the CCR&R must take steps to assist in the growth and development of the program utilizing the processes outlined in this Guidebook.

The CCR&R may, with consultation from DELC, place a program on a corrective action plan for failure to adhere to and provide high-quality care. The program must comply with the requirements of the corrective action plan. Ultimately, the CCR&R and DELC will determine if the program is meeting the many elements of high-quality and adhering to the corrective action plan.

Responsive Caregiving

Baby Promise Program Providers shall use responsive caregiving practices. Early Educators shall always be actively anticipating and responsive to the cues and needs of each child. Early Educators shall interact in a sensitive, caring, and dependable manner.

The Early Learning and Care Program shall develop and build responsive caregiving practices through professional development in all areas, including:

- Continuing to develop all program staff who work directly with children to promote children's ability to identify and express their emotions by modeling empathy and assisting children in showing empathy towards their peers.
- Continuing to develop all program staff with the understanding of developmentally appropriate practice and the process of "plan/do/assess" cycle around the tenets of DAP.
- Continuing to develop the skill of narrating what happens to children during routings and activities (for all program staff working directly with children).
- Recognizing and responding appropriately to children's individualized cues.
- Using daily routines and interactions to form a basis for learning.
- Using joint attention (sharing a common focus) with children during routines and activities to demonstrate responsiveness to the child's interests.

Continuity of Care and Primary Caregiving

The practices listed above are essential to support young children forming secure attachments and must be used consistently in classroom settings for children enrolled in a Baby Promise slot. Continuity of care means that children and their caregiver(s) remain together for more than one year, often for the first three years of the child's life. Primary teachers shall be identified for groups of children (when more than one adult is present), as the primary Early Educator.

Primary Early Educators shall be responsible for the daily routines (e.g., feeding, diapering) of each child for whom they provide relationship-based care. In onsite visits with each Early Learning and Care Program, the CCR&R shall use principles and practices within ZERO TO THREE's Critical Competencies for Infant Toddler Caregivers to promote continuity of care through the provision of technical assistance, coaching, and training with Baby Promise Program Providers, and their staff.

Growth and Development of Baby Promise Program Providers

Oregon Recognition and Improvement System

Baby Promise Program Providers must attain a top tier level (currently four or five stars) in Spark, (Oregon's Quality Recognition, and Improvement System). Baby Promise Program Providers must attain a top tier level in Spark to be eligible for Baby Promise slots.

Baby Promise Program Providers will qualify for Spark supports and incentives unless they are also Head Start or Early Head Start Programs.

Please note *that Spark is currently being revised. The revision and its implications for programs participating in Baby Promise will continuously be reviewed. In the future, as the revisions to Spark become available, expectations of Baby Promise will be adjusted accordingly.*

Continuous Growth and Development Plans

Continuous Growth and Development plans (also known as Continuous Quality Improvement Plans). For the purposes of this Guidebook, the term "Continuous Growth and Development Plan (CGDP) will be used in place of the term "Continuous Quality and Improvement Plan" (CQI).

For all Baby Promise Program Providers, program staff must develop a Continuous Growth and Development Plan bi-annually (twice per year) with assigned CCR&R staff. Plans shall include SMARTIE Goals that support the staff member(s) in developing and implementing high-quality practices. Interim steps, including dates when milestones will be reached, must be included in the plan. Baby Promise Program Providers shall determine the dates for their growth and development cycle. These dates (two per year) must be noted in the subcontract with the CCR&R.

Note: *CGD plans are not Professional Development Plans (PDP). Professional Development plans are plans for individual staff members discussed under Personnel and Training Requirements later in this Guidebook.*

Continuous Growth and Development plans may be integrated into a Focused Child Care Network or Spark submission for renewal or rating adjustment. Programs are encouraged to collaborate with CCR&R staff to determine a course of action that best meets their goals for the growth and development of their program.

Regular, continuous Growth and Development plans are an element of high-quality. Utilizing program data and information from families, these plans provide direction for program level growth and development, including the notation of goal attainment and identification and timeline for new goals.

DELC expects Baby Promise Program Providers and their staff to demonstrate an inquisitive nature and thoughtful reflection when completing Growth and Development plans and engage in the cycles of planning, teaching, and assessing for themselves and the children they serve. CCR&R staff must assist Baby Promise Program Providers as they complete such plans.

The CCR&R may, with consultation from DELC, place a program on a corrective action plan for failure to write and adhere to Growth and Development plans. The program must comply with the requirements of the corrective action plan. Ultimately, the CCR&R and DELC will determine if the program meets the many elements of high quality and adheres to the corrective action plan.

Equity and Baby Promise

Equity – Practices in Baby Promise Programs

The Department of Early Learning and Care fosters coordinated culturally appropriate, and family-centered services that recognize and respect the strengths and needs of all children, families, and early learning care professionals.

Further, we (DELC) are committed to dismantling the systems of oppressions that harm and create disparities for communities who are historically and institutionally excluded. We are adopting anti-racist principles, expanding access to services, and ensuring community representation and shared power in agency efforts. We are fostering a culturally responsive environment in which all individuals can experience a sense of belonging as they access programs, services, and resources.

Please review DELC's mission, vision, and values as you reflect on the Baby Promise Program. Equity Commitment

Assisting Oregon's young children and families to learn and thrive, and supporting equity to help address the needs of **all** children and families are part of DELC's mission, vision, and values.

Research indicates that regular attendance in high-quality Early Learning and Care programs has positive impacts for children's attendance later in their academic career. Also, research indicates that intentional time spent with family provides the foundation for healthy attachments and social development for children as they grow and develop.

Understanding the diverse impacts on families by complex systems such as K-12 education, subsidy programs, and emergency response (such as COVID or wildfire) is an element of providing high-quality, equitable care and education to children and families.

Systems are often created to serve many people; thus, sometimes unintentional consequences result for some people attempting to access or use a system. A negative experience with a system sometimes results in trauma that may impact a person's response in other settings with system requirements. Some people perceive a system as punitive rather than supportive, while for others, a system provides a positive structure.

A variety of circumstances may cause barriers for families and Baby Promise Program Providers when planning to meet requirements in this Guidebook. When a CCR&R or Early Learning Hub enrolls a family or subcontracts with an Early Learning and Care Program whose circumstances require meeting requirements listed in this Guidebook with more flexibility, they must carefully consider the relationship between the circumstance and issues of equity.

DELC expects Baby Promise Program Providers and the CCR&R to demonstrate an inquisitive nature and thoughtful reflection when a barrier is presented and work with all parties impacted to determine best outcomes while keeping a focus on the lens of equity.

While it is the responsibility of the Baby Promise Program Providers to thoroughly read, understand, and comply with the expectations outlined in this Guidebook, your CCR&R team is available to answer any questions or concerns the Baby Promise Program Providers may have and to pro-actively support efforts to provide high-quality, equitable, infant-toddler care. DELC is excited about the

opportunity to work with local communities, offer support to encourage growth and development in Early Learning and Care Programs and providers and increase access to relationship based high-quality infant-toddler care.

Family Engagement

Participation

Baby Promise Program Providers shall make opportunities available for families to participate in their child's educational experience and provide opportunities for engagement throughout the year. Baby Promise Program Providers shall communicate regularly with families, offer opportunities to participate in their child's classroom/program, provide suggestions for home and community-based engagement, and link families to community resources. Baby Promise Program Providers shall provide effective strategies for family input in all aspects of the program. Baby Promise Program Providers shall be responsive to the cultural and linguistic backgrounds of the children and families served.

Family Orientations

Baby Promise Program Providers staff must provide an orientation to incoming families for Baby Promise services. The orientation may include CCR&R staff.

Family Handbook

Baby Promise Program Providers must have a family handbook that includes the program's administrative policies, family leadership opportunities, medical policies as addressed in DELC child care licensing, and the program's yearly calendar. The handbook must be provided to families prior to or on the first day of their child's attendance in the program.

Daily Communication

Baby Promise Program Providers have a unique responsibility to the families of infants and toddlers to provide daily communication around caregiving routines such as feeding, sleeping, and diapering/toileting. There shall be a verbal and written component associated with this ongoing connection with families, as well as an opportunity for families to reciprocate as it relates to the rapidly changing needs of their children each day.

Family Conferences

Baby Promise Program Providers must offer, at minimum, three family conferences within the program year. Conferences shall be documented and are

necessary to enhance the knowledge and understanding of both Early Educators and families. This is an opportunity for mutual discussion of the child's interests, preferences, assessments, and progress.

Leadership Opportunity

Baby Promise Program Providers shall inform families and staff of opportunities to participate in leadership roles for the program or at a regional and state level in the early learning field.

Parent/Guardian Information

Parent/Guardian Responsibilities

Baby Promise Program Providers shall ensure that parents/guardians are provided with the DELC provided Parent Information document, which includes the following information:

- The parent/guardian is responsible for communicating with program staff regarding attendance, maintaining contact with families when a child first has two or more unexplained absences, and participating in an attendance plan when required.
- The parent/guardian is responsible for providing true and accurate information to their Early Learning and Care Program, CCR&R, ERDC, and/or DELC.
- The parent/guardian is responsible for reporting changes in their circumstances to the position responsible for Baby Promise eligibility locally within ten (10) business days of becoming aware of the change. Some changes, while not required to be reported, will result in an increased benefit for the family reporting them.
- The parent/guardian is responsible for supplying all requested forms, information, and verification needed to determine eligibility for program and benefits.
- The parent/guardian must cooperate in taking any actions necessary to establish eligibility. They must cooperate with any DELC and/or Office of Inspector General (OIG) fraud investigations by completing any required forms, responding to scheduled interview appointments, and by making requested records or information available. Parents/Guardians who do not cooperate may be determined to be ineligible until they cooperate.

- The parent/guardian must permit the Early Learning and Care Program, the CCR&R or DELC to verify all information/statements on the application and during the interview.
- The parent/guardian must qualify and enroll with ERDC, renew benefits as needed, and provide documentation to ERDC as requested to remain in the Baby Promise Program.

Note: *Changes that may impact Baby Promise eligibility should be reported within ten (10) calendar days via phone, fax, e-mail, mail, or in person to CCR&R and DHS. Some changes may affect Baby Promise eligibility status.*

- The parent is responsible for reporting to the CCR&R within twelve (12) calendar days if their child is no longer enrolled in childcare or moves out of the home.
- The parent is responsible for paying childcare fees to the Early Learning and Care Program, if applicable, for additional children in the household needing care who are not participating in the Baby Promise Program.

Baby Promise services may be terminated if the parent does not comply with program policies. Any violations of responsibility may result in suspension, reduction, or termination of grant services. Please note that Baby Promise is quality support in addition to ERDC subsidy; any change to Baby Promise participation will not impact a family's ERDC eligibility for their 12-month certification period.

Screening and Assessment

Developmental Screening

Baby Promise Program Providers must engage with families to complete the Ages & Stages Questionnaire (ASQ-3) (ASQ) (https://osp.uoregon.edu/) and Ages & Stages Questionnaire: Social-Emotional (ASQ:SE-2) within the first 45 days of a child's enrollment in a Baby Promise Program slot and on an ongoing basis as prescribed by Ages and Stages (Ages and Stages).

The purpose of this tool is to ensure that children are assessed regularly for potential developmental needs that may require additional services and referrals.

The ASQ screenings must be conducted in partnership with families to screen for developmental delays and disabilities the entire time the child is enrolled. Baby Promise Program Providers will ensure that child-screening procedures utilize

appropriate practices for young children and seek additional training. The tool must be completed with the family, shared with the family upon completion, and not completed solely by education staff.

Other screening tools may be appropriate as alternatives to the ASQ-3 or ASQ:SE-2 and may be proposed to the CCR&R for approval to assess a child's individualized needs. The ASQ screenings must be conducted in partnership with families to screen for developmental delays and disabilities during the entire time the child is enrolled. Baby Promise Program Providers will ensure that child-screening procedures utilize appropriate practices for young children and will seek additional training, if necessary.

Baby Promise Program Providers leaders shall work closely with the Infant/Toddler Specialist/Coach and/or Quality Specialist and teaching staff to first perform initial screenings for Baby Promise children and second to assist the program staff in communicating with families using the information from the screening.

The CCR&R must provide follow-up support to ensure that the Program is engaging in regularly planned cycles of developmental screening tools with the children enrolled to increase their understanding and ease of use with the tools with each cycle. The CCR&R shall develop feedback processes with programs to guide the growth and development of both CCR&R staff and Program staff in the use of developmental screenings.

Referral for Evaluation

Baby Promise Program Providers must ensure that they have policies and procedures to refer children for additional specialized screenings and/or assessments. If warranted through screening and additional relevant information, the Baby Promise Program Providers, with the parent's consent, shall refer children to Early Intervention/Early Childhood Special Education (EI/ECSE) as soon as possible. It is critical that the Early Educator, as a primary and trusted relationship with the family, continues to support families through the formal evaluation process and beyond to develop supports and strategies to address each child's developmental needs best.

CCR&R staff shall provide support by connecting the family and provider to the appropriate professional for assessment or screening. They may also assist with follow up information, communications, and support.

Learning and Developmental Assessments for Children

Baby Promise Program Providers must ensure that children in a Baby Promise Program slot are assessed for developmental progress at regular intervals, three times per year, in the following areas: social/emotional, cognitive, physical (gross and fine motor), and communication.

Baby Promise Program Providers are encouraged to complete assessments for all children enrolled in care in addition to children in Baby Promise slots. This type of assessment for young children involves Early Educators documenting specific skills gained by each child using anecdotal observations, portfolio artifacts, and curriculum assessment tools to develop goals for each child and individualize and augment curriculum planning.

Early Educators may maintain and update a portfolio for each child in a Baby Promise Program slot and share the findings from these assessments regularly with families. Any formal assessment instruments used shall be valid, reliable, culturally responsive, competent, developmentally appropriate, and individually administered by trained personnel. Baby Promise Program Providers must submit developmental assessments to the CCR&R or DELC upon request.

Programs that have developed their own assessments shall complete a worksheet demonstrating how their assessment aligns with either Oregon's Early Learning and Kindergarten guidelines (Guidelines) or Head Start Early Learning Outcomes (Outcomes). Baby Promise Program Providers shall submit any developmental assessments to the CCR&R upon request. See the quality supports section of this Guidebook for more information on assessment tools.

Learning and developmental assessments provide foundational information to Early Educators and families. These assessments provide direction for planning for individual children's growth and development and program level growth and development. Assessments are a key element of the teaching cycle.

DELC expects Baby Promise Program Providers and their staff to demonstrate an inquisitive nature and thoughtful reflection when completing assessments for children and utilizing assessment information as they engage in the cycles of assessing, planning, and goal setting for themselves and the children they serve. CCR&R staff must assist Early Educators as they implement learning and development assessments and use the results for continuous growth and development.

The CCR&R shall provide follow up support to ensure the program is engaging in regular learning and developmental assessments for children enrolled and increasing their understanding and ease of use with the tools. The CCR&R shall develop feedback processes with programs to guide the growth and development of both CCR&R staff and Program staff in the use of growth and development assessments for children.

Supports for Baby Promise Providers

Resources

To support the development and implementation of best practices in Early Learning and Care, the CCR&R and the Baby Promise Program Providers shall use these rules and resources to provide high-quality care:

- Business Administration Scales (BAS) – For Family Child Care (Publisher: Kaplan)
- Caring for our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs (4th edition)
- Central Coordination Resource Website (Central Coordination)
- Classroom Assessment Scoring System (CLASS INFANT TODDLER) Infant/Toddler Environmental Rating Scale Revised Edition (ITERS R)
- Classroom Assessment Scoring System (CLASS)
- Family Child Care Environment Rating Scale (FCCERS-R)
- Head Start Program Performance Standards
- Inclusive Partners – (Inclusive Partners) is a statewide program that works to empower Oregon's childcare providers to create environments that encourage full participation for all children. Regardless of provider type or funding stream, Inclusive Partners provides technical assistance, consultation, and support so all children can play, learn, and grow together.
- NAEYC Code of Ethical Conduct
- NAEYC Early Learning Program Accreditation Standards and Assessment Items

- National Center for Pyramid Model Innovations (The Pyramid Model)
- Oregon's Child Care Licensing Division (CCLD) Rules (CCLD)
- Oregon's Early Learning and Kindergarten Guidelines (Early Learning and Kindergarten Guidelines)
- Program Administration Scales (PAS) – For Center Child Care (Publisher: Kaplan)
- Spark, Oregon's Quality Recognition and Improvement System (Spark)
- The Department of Early Learning and Care (DELC)
- Universal Design for Learning Universal Design ECLKC)
- *ZERO TO THREE Critical Competencies for Infant Toddler Educators* (Zero to Three)

Zero TO Three Certified Trainer: *Critical Competencies*

Baby Promise Program Providers staff (directors), and providers (teachers/Early Educators/assistants/aides) who work directly with infants and toddlers must take the Zero to Three Critical Competencies for Infant Toddler Educators within the staff members initial 18 months of employment or within the 18 months of the Program's sub contractual agreement with the CCR&R. Program Providers must work with the CCR&R to determine which staff shall be trained. The CCR&R may request exceptions from DELC when reasonable.

Growth and Development

Baby Promise Program Providers are expected to lead their own growth and development using the list of resources offered above. The CCR&R must work closely with the Baby Promise Program Programs to help them benefit from all the Technical Assistance associated with the above tools and resources, identifying the resources that best meet the program's needs.

Onsite Support

The Baby Promise Program Providers shall facilitate a visit from the CCR&R at least monthly while children are present (the visit shall be outside of rest time). These visits shall include coaching, observations, and pedagogical mentoring from the CCR&R that supports the continuous development of effective practices in the program. Onsite visits may be announced or unannounced. The CCR&R is required to report any serious health and safety concerns to the appropriate agency within 30 days of the visit unless earlier if required by law.

Infant/Toddler Focused Childcare Networks (FCCN) and Communities of Practice (CoP)

All administrators (directors) and teaching staff of Baby Promise Program Providers must participate in an Infant and Toddler Focused Childcare Network. Community of Practice (CoP) groups may also be utilized at a frequency determined by the CCR&R. CoP groups may include program directors, owners, and/or teaching staff.

All program staff in a program with Baby Promise slots shall participate in an FCCN or CoP. Participation shall be determined in collaboration with the CCR&R to meet best the needs of the region and Baby Promise Program Providers. FCCN/CoP activities will be scheduled to support the Baby Promise Program Providers in:

- decreasing Early Educator isolation; and
- Increasing Early Educator knowledge and skills.
- Increasing opportunities for the Baby Promise Program Providers to seek continuous development of effective practices.
- increasing the potential for Early Educators to stay in the field.
- Supporting Early Educators to feel engaged and energized,

Shared Services

Baby Promise Program Providers shall participate in Shared Services to whatever extent specified by the CCR&R on an individual basis. Shared Service plans will be developed regionally to address at least one of the following:

- Increase automation and technological resources that increase the effectiveness of Baby Promise Program Providers.
- Increase business acumen.
- Increase pedagogical leadership and capacity; and
- Reduce the Baby Promise Program Providers administrative burden through centralized support and expertise.

Glossary of Terms

"ADA" refers to the Americans with Disabilities Act, which provides the basis for including children with disabilities in typical child development settings.

"Adult-child ratio" or "Staff-child ratio" is the number of children for whom each child care staff member (or family child care provider) is responsible for supervising.

"Aide or Assistant Teacher" is the person responsible for assisting the Lead Teacher in planning and implementing program curriculum and activities.

"Assessment" The ongoing process that includes observation and provides information about development over time. Systematic, ongoing child assessment provides information about children's development and learning. The process of gathering information, reviewing the information, and then using the information to plan educational activities that are at a level the child can understand.

"Baby Promise" refers to a publicly funded infant-toddler program in Oregon. Baby Promise Program is a publicly funded program that offers free, high-quality care and education for infants and toddlers from low-income families in Oregon.

"CCR&R" refers to the entity described above, that has contracted with the Department of Early Learning and Care to administer the Baby Promise Program and to provide subcontracts to eligible Baby Promise Program Providers.

"Central Background Registry" or "CBR" means CCLD's registry of individuals who have been approved to be associated with a childcare facility in Oregon pursuant to ORS 329A.030 and OAR 414-061-0000 through 414-061-0120.

"**Child Care and Development Fund (CCDF)**" Federal funds that:

- provide financial assistance to low income working families to help pay for childcare.
- improve the quality and safety of childcare and.
- support increasing the supply and availability of childcare for all families.

The grant to CCR&Rs to carry out the purposes of the Baby Promise Program is funded through the CCDF, as referenced in the following sections of the state plan.

- Coordination with relevant systems
- Ensure Access to High-quality Childcare for Low-Income Children
- Ensure Program Integrity and Accountability
- Promote Family Engagement through outreach and Consumer Education
- Recruit and Retain a Qualified and Effective Workforce

- Support Continued Quality Improvement

"CCDF State Plan" Plan designed as a snapshot into current and planned efforts, initiatives and implementation plans for Oregon to meet Federal CCDF Requirements.

"Child Care Licensing Division" "CCLD" means the Child Care Licensing Division in the Department of Early Learning and Care.

"Child Care Provider" or "Provider" or "Early Learning and Care Program" or "Baby Promise Program Participant" means a person or entity that provides care, supervision, and guidance on a regular basis of child, unaccompanied by a parent, guardian, or custodian, during a part of the 24 hours of the day.

"Child Care Resource & Referral (CCR&R)" Local and statewide services including 1) guidance and referrals for families seeking childcare through referrals to 211 info; 2) recruiting, training, and supporting Early Educators to remain in the profession and provide high-quality childcare programs; 3) the collection of information about the local supply of childcare; and 4) community collaboration with Early Learning System partners.

"CLASS™" refers to the Classroom Assessment Scoring System. It is a validated and commonly used assessment that measures the effectiveness of adult/child interactions as well as peer-to-peer interactions. The assessment is used to determine the effectiveness of the emotional and instructional support provided by adults and of the classroom's organization and is also used to predict children's school readiness outcomes.

"Community of Practice" (CoP) The term Community of Practice was first introduced by Jean Lave and Etienne Wenger (1991). A community of practice (CoP) is a group of people (generally peers) who share a concern or passion for something they do. Participants learn how to improve their practice as they interact regularly over time. The goal of each CoP is for participants to connect, share experiences and gain expertise from each other; it is not a time for training, policy/process clarification or general updates. A CoP may include time for focused dialogue, reflections on a shared learning experience, reflective protocols, and sharing of a problem of practice for peer insights and guidance. To support relationships and conversations, Communities of Practice should not be recorded.

"Continuity of Care" Means that children and their caregiver remain together for more than one year, often for the first three years of the child's life.

"Continuum of Care" Multiple types of childcare available to children, including but not limited to, legally license-exempt, license-exempt serving children and families receiving subsidies, family, and center-based licensed care.

"Continuous Quality Improvement" or CQI or Continuous Growth and Development A framework to guide intentional quality improvement in systems and individual organizations. For Early Learning Programs, CQI practices are intended to create a culture in which Early Learning Program directors and staff regularly assess and make improvements to services for children and families. The collaboration of Early Learning Program leaders and staff is expected to build their capacity to identify areas of quality improvement and develop solutions that work for their unique settings and Early Learning Program cultures.

"Contract" or "Subcontract" refers to an individual Baby Promise Program subcontract between the CCR&R and an identified Early Learning and Care Program participating in Baby Promise, or contract between DELC and the CCR&R

"DELC" refers to the agency of the Department of Early Learning and Care. For more information, see DELC.

"DHS" The State of Oregon, Department of Human Services.

"Early Educator" is any person, regardless of licensing title, who provides direct care to children in the Baby Promise Program.

"Early Learning and Care Program" programs caring for infants and toddlers that are any of the following: legally license exempt within school districts, registered family childcare, certified family childcare or certified center programs. Programs also include but are not limited to Relief Nurseries, Early Head Start, Teen Parent Programs and Preschool Promise.

"Early Learning Hub (Hub)" An entity designated under ORS 417.827 and under contract with the Agency to coordinate, fund and monitor certain programs and early learning services in a specific region within the State.

"Early Learning System" Network of services that support early care and education in Oregon.

"Early Learning (Childcare) Workforce" The Early Education Professionals working with, or on behalf of, young children (infants, toddlers, preschoolers and school age children in centers, homes, and schools) and their families with a primary mission of supporting children's development and learning.

"Eligibility" The decision as to whether an individual qualifies, under financial and nonfinancial requirements, to receive program benefits.

"Employment Related Day Care (ERDC)" means Employment Related Day Care benefits which a childcare provider may be approved to receive pursuant to OAR 461-165-0180.

"Enrollment" The process of putting someone onto an official list as ready to attend.

"Family and Child Eligibility" Children must be members of families whose income, at time of enrollment meets eligibility guidelines for ERDC. Children shall be at least six weeks of age, but have not reached their third birthdate, at the time of enrollment.

"Focused Child Care Network (FCCN)" A Focused Child Care Network is a cohort of childcare practitioners who meet frequently with a Quality Improvement Specialist to discuss best practices, access, and share resources, receive training, and encourage progress as they work toward increasing the quality of their programs. The Focused Child Care Networks use Spark, as the framework to support continuous quality improvement.

"Furthest from Opportunity" Historically underserved or underrepresented populations defined as:

- African American
- Asian and Pacific Islander
- Children of Incarcerated Parents/Parental Figures
- Children with Developmental Delays and Disabilities
- Emergent bilingual children
- Geographically Isolated
- Immigrants and Refugees
- Latinx
- Migrant families, and/or families working in agricultural sector
- Tribal nations and communities

Children experiencing homelessness and engagement with the foster care system

"Infant Toddler Specialist" is A Quality Improvement Specialist with expertise and content knowledge for providing support to programs serving infants and toddlers. The Infant Toddler Specialist will lead Focused Child Care Networks specifically working with Early Educators to develop their continuous quality improvement processes, provide professional development, coaching, working with Early Educators to develop their continuous quality improvement processes, and provide professional development, coaching, and other supports to facilitate high-quality care amongst the Early Educators engaged in an FCCN.

"IDEA" refers to the Individuals with Disabilities Education Act. This law governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.

"IFSP" is an individualized family service plan. An IFSP is a quasi-contractual agreement developed for children with disabilities to help, guide, orchestrate, and document specially designed instruction for each student based on his or her unique academic, social, and behavioral needs.

"Lead Teacher" is the person responsible for guiding, implementing, and directing the learning experience of children in the Baby Promise classroom. The Lead Teacher plans, prepares, and implements the daily activities (indoor/outdoor) as they relate to the curriculum and maintains the classroom environment.

"Mixed delivery" This model recognizes that high-quality learning experiences can take place in a wide variety of settings, and families should be able to choose the setting that works best for them and their children. Families will have a wide range of choices of providers in the mixed delivery model. Providers could be, but are not limited to, a childcare provider, Early Head Start programs, Relief Nurseries, Teen Parent Programs, public schools, Preschool Promise programs, education service districts, or community-based organizations.

"National Association for the Education of Young Children" (NAEYC) A professional membership organization that works to promote high-quality early learning for all young children, birth through age 8, by connecting early childhood practice policy, and research.

"Primary Caregiving" This model provides for Early Educators to have primary daily responsibility for the same small group of infants or toddlers. This system creates strong bonds between an educator and child and provides families with a trusted care partnership.

"Professional Development" A continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families. Professional Development encompasses education, training, and Technical Assistance.

"Professional Development Plan" A professional development plan documents the goals, required skill and competency development, and objectives a staff member will need to accomplish to support continuous improvement and career development.

"Parent" means the natural parent, adoptive parent, parent surrogate, legal guardian, or any other adult granted educational decision-making rights by the natural or adoptive parent or a court of competent jurisdiction.

"Residency Requirement" Children participating in the Baby Promise Program must be Oregon residents and residing within Baby Promise pilot counties. Families will continue to be eligible for ERDC benefits for the full 12-month certification even if they move out of the Baby Promise counties.

"Screening" The evaluation or investigation of something as part of a methodical survey, to assess suitability for a particular role or purpose. To provide a snapshot of whether the child's development is on track.

"Shared Services" A concept that focuses on building a strong backbone of support in partnership with Early Learning and Care Programs that enables them to build and sustain strong organizations. The support to Early Learning and Care Programs transform their business practices and automation of billing, accounting, collection of fees, budgeting, and business acumen. This allows the Early Learning and Care Program

"Spark" or "Spark Quality Rating and Improvement System" means the system established through ORS 329A.261 which establishes a set of progressively higher standards used to evaluate the quality of an early learning and development program and to support program improvement.

"Subcontracted Slots" Slots in an Early Learning and Care Program that participates in the Baby Promise Program though a subcontract with the local CCR&R. These Baby Promise slots are for families that are eligible for the ERDC program.

Subcontracted slot payments are paid based on the terms of a subcontract negotiated with each Early Learning and Care Program providing Baby Promise services and are not based upon attendance of the children in the slots.

Family copays will be waived for families participating in the Baby Promise Pilot program and the family receives 12-month continuous protected eligibility for full-time care while in these designated programs. The parent/guardian must be employed for a minimum of 25 hours per week and work hours must match the Early Learning and Care and Program/Providers' business hours.

"Supplant" means to take the place of something that currently exists, e.g., a pre-existing, publicly funded program.

"Supplement" means to add to or augment something that currently exists, e.g., a pre- existing publicly funded program. to be mission-focused and to deliver high-quality early care and education to improve child outcomes for young children.

"Relationship-based Professional Development" Professional Development that includes a culturally and linguistically responsive coach, mentor, advisor and/or navigator, who establishes supportive relationships and works closely with Early Educators in achieving their educational goals and maintaining work/life/school balance.

"Technical Assistance" (TA) Targeted and individualized support by a professional(s) with specific knowledge and skills to develop or strengthen processes, application, or implementation of services for/by the TA recipients. TA may be delivered by an individual or a team, to one individual or a group. TA may be provided face-to-face, via distance methods, or a hybrid of the two. Typical forms of TA include coaching, mentoring, consultation, and Professional Development.

"Zero to Three" (ZtT) A membership-based organization that provides training and resources for professionals focused on child development for infants and toddlers.

Oregon Department of
Early Learning
and Care

DELC Rulemaking

March 2024

Family Child Care (RF/CF) Rule Revision Workgroup

Rulemaking Guiding Principles

Examine and remove barriers to align with feedback from the field

Plain language approach

Align with best practice, when possible

Clarify existing practice

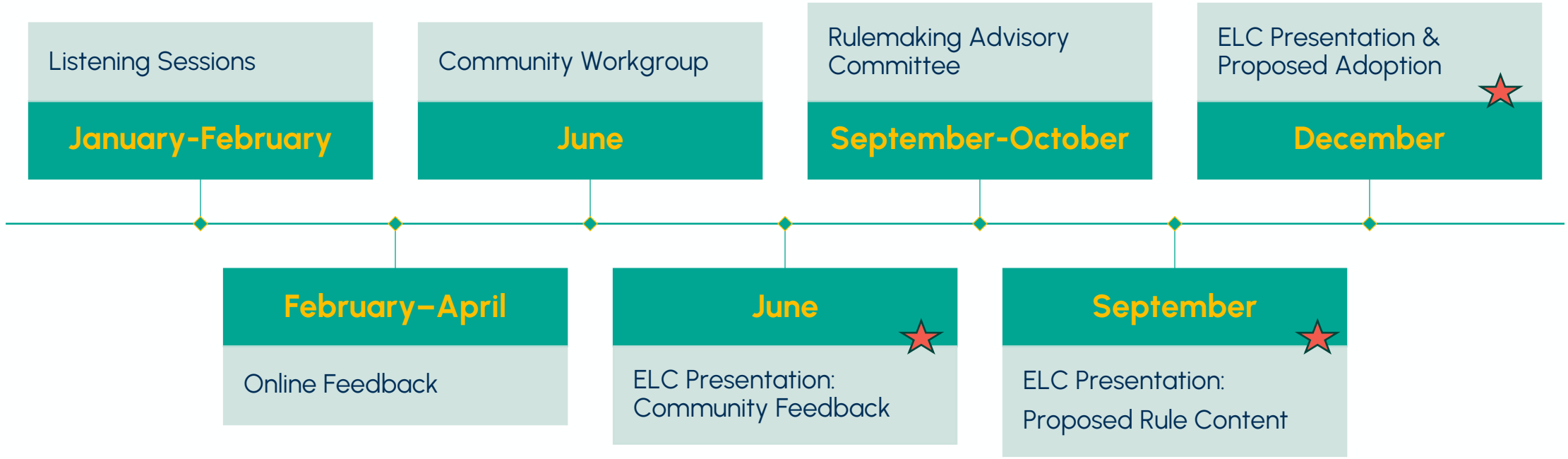
Organize in a logical manner

Create consistency across license types

Engagement Strategies

- ✓ Listening Sessions
- ✓ Online Feedback Form
- ✓ **Community Workgroup**
- ✓ Rulemaking Advisory Committee

FCC Rule Revision Timeline Engagement Milestones



Monthly engagement with AFSCME

Proposed effective date of July 1, 2025

Oregon Department of
Early Learning and Care

Micro-Center Pilot Program

- Proposed Administrative Rules
- Public Feedback and Agency Response
- Next Steps

March 2024
Early Learning Council

Pilot Program Overview

Senate Bill 1040

Definition: A child care program located inside a residential or nonresidential facility that on a regular basis serves a minimum of three and a maximum of 30 children for more than four hours a day.

Purpose: To establish and administer a pilot program to support the development of a sustainable model for micro-centers to provide affordable, high quality early learning opportunities to communities in this state.

Timeline of Pilot Activities

January 2024

RAC Held on Pilot Criteria

March 2024

Present Rules for Adoption

April–May 2024

Application Window

Applicant selection by end of May

June 2024 – June 2025

Conduct Pilot/Collect Data

June–September 2025

Review Data and Consider Recommendations

September 2025

Submit Legislative Report

Micro-Center Pilot Program Ruleset Structure

Rule Content

- Purpose
- Definitions
- Program Eligibility Criteria
- **Application Process**
- **Program Selection Criteria & Participation**
- Program Guidelines

Selection and Priority Criteria

Selection Criteria:

- A total of **three** programs. One program located in each geographic area:
  - Eastern Oregon;
  - The Willamette Valley; and
  - The Oregon coast
- Selected on a first-come, first-served basis

Priority Criteria:

- Located in a communities that have the greatest need for child care, as determined by the department;
- Approved to receive ERDC payments;
- Enrolled or **willing to enroll in CACFP**; and
- Hold satisfactory child care and Central Background Registry compliance history, as determined by the department.

Public Feedback & Response

RAC Feedback	DELC Response
Application Process: Consider the equity impacts of application submissions via mail vs. online, as applications are reviewed on a first-come, first-serve basis.	Amended the rule to include a 2 week (14 days) window prior to any application being reviewed.
Applicant Selection: RAC participants want to ensure that applicants know that any program from across the state can apply even if they feel they don't fall into one of the geographic regions. RAC participants want to know how the geographic regions will be defined.	Regions will generally be defined by placing specific counties into each of the three regions. In the pilot program materials, DELC will clearly identify that programs from anywhere in the state can apply.

Public Feedback & Response

RAC Feedback	DELC Response
Priority Criteria: Consider aligning rule language with statute in terms of enrollment in CACFP	Amended the rule to "enrolled **or willing to enroll in CACFP**"
Priority Criteria: How will DELC determine what areas of the state have the highest need for child care?	DELC will use the Child Care Desert Report, as well as census data, child care licensed slots, and availability of infant and toddler care.
General: RAC participants were seeking additional opportunities to give their perspectives and experiences operating a small capacity program.	Optional surveys for all pilot program applicants.

Next Steps

- Finalize Application and Participant Materials
- Application will be available by the 2nd week in April
- Participant selection and notification made by the end of May
- Pilot will run through June 2025

Baby Promise

Oregon Department of Early Learning and Care

Baby Promise Program Rules & RAC Feedback

Maidie Rosengarden Ed.D.
Baby Promise Program Manager

Baby Promise RAC Feedback

General Feedback outside the scope of this rule set:

- Wages for Early Educators.
- Families struggle to navigate systems such as ERDC.
- Cost of insurance (especially for family home and small providers.)
- Transitioning from Baby Promise to Pre-school - lack of alignment in program hours is hard for working families.
- Cost of care higher than subsidy and costs continue to increase.
- Families who live outside of Baby Promise regions can't access slots (families must reside in zip code of regions).

RAC Feedback - Concepts Addressed

Adjustments to Guidebook & Manual

- Technical Assistance (TA): Depth and breadth of TA needed from CCR&R for operational readiness. Different provider types require significant differences in assistance and time spent with TA – before and during sub contractual period – capacity of CCR&R TA to meet the need.
    - Individualized TA for Providers: Different provider types have different ongoing needs, that don't always line up with other provider's needs or planned TA - increase differentiation in problem identification, solution finding, and support.
- Language accessibility/access to documents: Increase availability of documents in different languages, provide more forms and templates.
- Cultural Responsiveness: Describe processes (and acknowledge realities) for programs such that they can remain culturally responsive, which includes allowing programs to have and honor cultural preferences and meet requirements. Examples include meals, absences, and technical support.


breastfeeding
collaboration
reimbursement
continuity
learning
workers
serving
appreciate
prepared
public
rates
positively
providers
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promise
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equity
great
stable
teachers
provider
programs
coordination
consideration
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protected
cultures
inclusion
environments
opportunity

Oregon Department of
Early Learning
and Care

Rules Audit: Rule Repeals

Child Care Contribution Tax Credit Program Rules, Dependent Care Planning and Development Program Rules, & Migrant and Seasonal Child Care Program Rules

Rules Audit: Overview

- Best Practice that Agency reviews all rules every 5 years
- Agency Name Change and Division Name Changes
- Statutory Updates: Reflect agency changes in the last 10 years
- Citation to other agency rulesets: Are they still accurate citations?

Dependent Care Planning and Development Program Rules

Background: This program ruleset set out the design and administration of child care subsidies before the launch of the Employment Related Day Care (ERDC) program and prior to the ruleset outlining the role of the Child Care Resource and Referral Network. This ruleset outlined the administration of the subsidy program when it was in the Oregon Employment Department.

Need for Repeal: The need for these program rules expired in 2017. Any remaining functions of this ruleset are now covered in the ERDC ruleset and CCR&R ruleset.

Ruleset: OAR 414-100-0000 through 414-100-0020

Migrant and Seasonal Farmworker Child Care Program Rules

Background: The Migrant and Seasonal Farmworker Child Care Program was funded through the Child Care Development Block Grant (CCDBG) and served as a seasonal or as-needed "drop-in" use child care in which families could use their child care subsidy.

Need for Repeal: This program expired in 2017, when the reauthorization of CCDBG mandated that families receiving child care be eligible for subsidy benefits for a full 12 months. The new federal requirements did not allow the Department to administer the program in a way that met the needs of families.

Ruleset: OAR 414-400-0000 through 414-400-0100

Child Care Contribution Tax Credit Program Rules

Background: This program was intended to encourage taxpayers to make contributions to the Child Care Licensing Division (CCLD) by providing a financial return on qualified contributions and by soliciting other contributions.

Need for Repeal: This tax credit expired in 2021. The fund was spent down in 2021.

Ruleset: 414-700-0000 through 414-700-0060

Oregon
Tina Kotek, Governor

Oregon Department of Early Learning and Care

700 Summer Street NE #350
Salem, Oregon 97301
DELC.Info@delc.oregon.gov
Oregon.gov/delc

MEMORANDUM

To: Early Learning Council Members

From: Crys O'Grady, Legal Affairs Manager
Gabriela Hernandez, Early Learning Council Administrator

Date: March 27, 2024

Re: Notification of Rulemaking Actions & Presentations

Executive Summary: The purpose of this memo is to update the Early Learning Council (ELC) on development of rules, including associated community and partner engagement, which the ELC will be previewing and voting on in upcoming meetings.

The Oregon Department of Early Learning and Care (DELC) plans to present **two rulesets** for action in March and **three rulesets** for notice which will be up for vote at the Early Learning Council meeting in April. Please reach out with any questions or concerns about the rulemaking process to Crys O'Grady, Legal Affairs Manager.

The following rulesets will be **voted on** in the March meeting:

- Child Care Licensing Division: Micro-Center Pilot Program Ruleset
- Baby Promise Program Ruleset

The following rulesets will be **presented** for notice in the March meeting:

- Dependent Care Planning and Development Program Ruleset Repeal
- Migrant and Seasonal Child Care Program Ruleset Repeal
- Child Care Contribution Tax Credit Program Ruleset Repeal

Oregon
Tina Kotek, Governor

Oregon Department of Early Learning and Care

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Oregon.gov/delc

RULESETS FOR VOTE IN MARCH:

Microcenter Pilot Proposed Ruleset

SUMMARY: These proposed rules will implement SB 1040 (2023) and create the framework for a Micro-Center Pilot Program. The proposed rules outline the pilot program application process, eligibility and selection criteria, and program guidelines.

PROCESS: DELC convened a Rules Advisory Committee (RAC) with representatives of certified centers and family child care facilities from across the state, particularly those representing centers with a capacity of less than 30 children, union representatives, parents and family members of children in these types of programs, micro-center community advocates or subject matter experts, and other community members on January 30, 2024. Additionally, a public hearing was held on February 26, 2024 at 5PM and public comment was open until March 1, 2024.

As a result of RAC engagement, DELC made slight amendments to the proposed rule language to clarify the application review period, priority criteria & selection, and an optional mechanism for participants to provide feedback through surveys.

EQUITY ANALYSIS: These amendments may have a positive socioeconomic equity impact child care providers in Oregon. The Micro-Center Pilot Program will select and work with small capacity child care programs from across the state to identify their unique barriers to licensing. The pilot will support the development of a sustainable model for micro-centers to provide affordable, high quality early learning opportunities to communities in this state.

NEXT STEPS: The Council will vote on permanent updates to the rule language at the March 27, 2024 ELC meeting. If passed, the rules will be permanently effective on April 1, 2024.

Baby Promise Program Ruleset Proposal

SUMMARY: DELC, formerly ELD at the time of initial administration, began implementing the Baby Promise Program in March 2020 in accordance with ORS 417.784. The Baby Promise Program offers free, high-quality early care and education for infants and toddlers from low-income families in Oregon. Serving children ages six weeks to three years, Baby Promise is a

publicly funded program and complements other early learning programs such as Preschool Promise, Oregon Prenatal to Kindergarten (OPK) programs, and ERDC.

These proposed rules outline the purpose of the program, eligibility for families, roles of Child Care Resource & Referral Agencies in administration of the program, and provider eligibility and program requirements for Baby Promise. The proposed rules act as a framework to guide implementation and administration of the program. DELC is seeking to adopt the program Guidebook and Manual by rule.

PROCESS: DELC convened a Rulemaking Advisory Committee (RAC) that met 3 times in February-March 2024 to advise on the equity and financial impacts of the proposed rule language. DELC held a public hearing on March 11, 2024. The public comment period was open until 5PM on March 15, 2024.

As a result of RAC engagement, DELC made slight amendments to the proposed rule language to clarify the various ways that Child Care Resource and Referral (CCR&Rs) agencies provide technical assistance on best practices of the administration of the Baby Program to providers.

Edits included addressing the need for language translation of guidance documents, offering more detailed guidance for different provider types who may have different needs, providing more resources for CCR&R's and Baby Promise Program Providers, and proactively using language that honors and addresses cultural differences that support culturally responsive programs.

EQUITY ANALYSIS: These proposed rules will likely have will a positive socioeconomic equity impact on families, early care educators, and CRR&Rs. Rule language was evaluated by the RAC for equity impacts to providers, early educators, and families. It is anticipated that the Baby Promise Program will have a positive impact on racial equity in Oregon.
NEXT STEPS: The Council will vote on permanent proposed rule language at the March 27, 2024, ELC meeting. If passed, the rules will be permanently effective on April 1, 2024.

RULESETS FOR PRESENTATION & NOTICE IN MARCH:

Dependent Care Planning and Development Program Ruleset Repeal

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Oregon
Tina Kotek, Governor

Oregon Department of Early Learning and Care

700 Summer Street NE #350
Salem, Oregon 97301
DELC.Info@delc.oregon.gov
Oregon.gov/delc

SUMMARY: Before DELC was established, the Oregon Employment Department administered the Dependent Care Planning and Development Program in accordance with the Child Care Development Fund Block Grant (CCDBG). This program ruleset set out the design and administration of child care subsidies before the launch of the Employment Related Day Care (ERDC) program and the launch of the Child Care Resource and Referral Network. The need for these program rules expired in 2017. Any remaining functions of this ruleset are now covered in the ERDC ruleset and CCR&R ruleset.

PROCESS: DELC performed an audit of the agency's entire rule chapter (414-XXX-XXXX) in the fall of 2023 and noted this division as expired. Due the timeliness of the repeal, DELC will not convene a Rulemaking Advisory Committee (RAC). DELC will hold a public hearing on April 1, 2024. The public comment period is open until 5PM on April 5, 2024.

NEXT STEPS: The Council will vote on the permanent repeal of the rule language at the April 24, 2024, ELC meeting. If passed, the rules will be permanently repealed upon the date of repeal.

Migrant and Seasonal Child Care Program Ruleset Repeal

SUMMARY: Before DELC was established, the Early Learning Division administered the Migrant and Seasonal Child Care Program with federal funding through the Child Care Development Fund (CCDF). The program served as a seasonal or as-needed "drop-in" use child care in which families could use their child care subsidy.

This program expired in 2017, when the reauthorization of CCDBG mandated that families receiving child care be eligible for subsidy benefits for a full 12 months. The new federal requirements did not allow the agency to administer the program in a way that met the needs of families.

PROCESS: DELC performed an audit of the agency's entire rule chapter (414-XXX-XXXX) in the fall of 2023 and noted this division as expired. Due the timeliness of the repeal, DELC will not convene a Rulemaking Advisory Committee (RAC). DELC will hold a public hearing on April 1, 2024. The public comment period is open until 5PM on April 5, 2024.

NEXT STEPS: The Council will vote on the permanent repeal of the rule language at the April 24, 2024, ELC meeting. If passed, the rules will be permanently repealed upon the date of repeal.

Child Care Contribution Tax Credit Program Ruleset Repeal

Oregon
Tina Kotek, Governor

Oregon Department of Early Learning and Care

700 Summer Street NE #350
Salem, Oregon 97301
DELC.Info@delc.oregon.gov
Oregon.gov/delc

SUMMARY: Before DELC was established, the Early Learning Division administered the Child Care Contribution Tax Credit Program at the direction of the Oregon Legislature. This program intended to encourage taxpayers to make contributions to the Child Care Licensing Division (CCLD) by providing a financial return on qualified contributions and by soliciting other contributions.

At the direction of the Legislature, this tax credit expired in 2021 and the fund was spent down by the end of 2021.

PROCESS: DELC performed an audit of the agency's entire rule chapter (414-XXX-XXXX) in the fall of 2023 and noted this division as expired. Due the timeliness of the repeal, DELC will not convene a Rulemaking Advisory Committee (RAC). DELC will hold a public hearing on April 1, 2024. The public comment period is open until 5PM on April 5, 2024.

NEXT STEPS: The Council will vote on the permanent repeal of the rule language at the April 24, 2024, ELC meeting. If passed, the rules will be permanently repealed upon the date of repeal.

Early Learning Council

February 28, 2024
9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
700 Summer St NE, Suite 350
Salem, OR 97301

COUNCIL ACTION REQUEST

Date: March 27, 2024

AGENDA ITEM: Micro-Center Pilot Program Ruleset Adoption

ACTION: Adopt proposed administrative rules to implement SB 1040 (2023) and create the framework for a Micro-Center Pilot Program, effective April 1, 2024.

ISSUE: Due to the passage of SB 1040 (2023), DELC needs to create a ruleset to guide the implementation and administration of a new pilot program called the Micro-Center Pilot Program.

BACKGROUND: OAR 414-330-0100 through 414-330-0600 will implement SB 1040 (2023) and create the framework for a Micro-Center Pilot Program. The proposed rules outline the pilot program application process, eligibility and selection criteria,
and program guidelines.

PROCESS: DELC convened a Rules Advisory Committee (RAC) with representatives of certified centers and family child care facilities from across the state, particularly those representing centers with a capacity of less than 30 children, union representatives, parents and family members of children in these types of programs, micro-center community advocates or subject matter experts, and other community members on January 30, 2024. Additionally, a public hearing was held on February 26, 2024 at 5PM and public comment was open until March 1, 2024.

As a result of RAC engagement, DELC made slight amendments to the proposed rule language to clarify the application review period, priority criteria & selection, and an optional mechanism for participants to provide feedback through surveys.

Please see "Appendix A: Proposed Oregon Administrative Rule language for the Micro-Center Pilot Program" for full rule language text presented.

EQUITY ANALYSIS: These amendments may have a positive socioeconomic equity impact for child care providers in Oregon. The Micro-Center Pilot Program will select and work with small capacity child care programs from across the state to identify their unique barriers to licensing. The pilot will support the development of a sustainable model for micro-centers to provide affordable, high quality early learning opportunities to communities in this state.

PROPOSED DRAFT MOTION:

A) I move to adopt the proposed rule language amendments dated March 27, 2024 that adopt Oregon Administrative Rules 414-330-0100, 414-330-0200, 414-330-0300, 414-330-0400, 414-330-0500, and 414-330-0600.

Early Learning Council

February 28, 2024
9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
700 Summer St NE, Suite 350
Salem, OR 97301

CONTACT: Alicia Gardiner, Director, Child Care Licensing Division, Department of Early Learning and Care

Early Learning Council

February 28, 2024
9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
700 Summer St NE, Suite 350
Salem, OR 97301

Appendix A: Proposed Oregon Administrative Rule language for the Micro-Center Pilot Program

OAR 414-330-0100: Purpose

The purpose of OAR 414-330-0100 through OAR 414-330-0600 is to establish and administer a pilot program to support the development of a sustainable model for micro-centers to provide affordable, high quality early learning opportunities to communities in this state.

OAR 414-330-0200: Definitions

(1) "Applicant" means a person, business entity, or governing body who submits the Micro-Center Pilot Program application.
(2) "CACFP" means the Child and Adult Care Food Program.
(3) "Capacity" means the total number of children in care at the facility or in care away from the facility at any one time.
(4) "Child Care" means the care, supervision, and guidance on a regular basis of a child, unaccompanied by a parent, guardian, or custodial parent, during a part of the 24 hours of the day, with or without compensation.
(5) "CCLD" means Child Care Licensing Division, Department of Early Learning and Care.
(6) "Department" or "DELC" means the Department of Early Learning and Care.
(7) "License" means a certification or registration issued by the Department.
(8) "Micro-Center" means a child care program selected and approved pursuant to these rules that is located inside a residential or nonresidential facility that on a regular basis serves a minimum of three and a maximum of 30 children for more than four hours a day.
(9) "Participant" means an applicant, as defined by these rules, approved to participate in the Micro-Center Pilot Program.
(10) "Technical Assistance" means consultation and advice given to participants to assist them in sustaining the micro-center model.

OAR 414-330-0300: Program Eligibility Criteria

To be considered for eligibility to participate in the Micro-Center Pilot Program, applicants must:
(1) Hold an active license administered by the Department;
(2) Serve a minimum of three children and have a maximum licensed capacity of 30 children; and
(3) Provide child care for more than four hours a day.

OAR 414-330-0400: Application Process
(1) An applicant must submit an original and complete application on forms, either paper or electronic format, provided by the Department.
(2) Applications will be:
(a) Reviewed beginning two weeks (14 days) after opening recruitment.

(b) Scored based on priority criteria (OAR 414-330-0500(b)(A)-(D)) and the order in which the application was received.
(3) Applications will be reviewed on a first come first served basis until three (3) applicants have been selected pursuant to OAR 414-330-0500; been notified of their selection; and confirmed in writing that they will participate in the pilot program.
(a) An applicant selected for participation must confirm participation in the micro-center pilot program within five (5) business days of being notified of their selection.
(b) The application of an applicant who does not confirm participation in the micro-center pilot program within five (5) business days of being notified of their selection will not be reviewed again unless resubmitted. A resubmitted application is considered received on the date it is resubmitted.

OAR 414-330-0500: Program Selection Criteria & Participation
(1) The Department will select three (3) applicants to participate in the Micro-Center Pilot Program as follows:
(a) Select one applicant from each of the following geographic areas, as defined by the Department:
(A) The Oregon coast;
(B) Eastern Oregon; and
(C) The Willamette Valley.
(b) Priority will be given to applicants:
(A) Located in communities that have the greatest need for child care, as determined by the Department;
(B) Approved to receive ERDC payments;
(C) Enrolled or willing to enroll in CACFP; and
(D) Holding satisfactory child care and Central Background Registry compliance history, as determined by the Department.
(2) The Department may select an applicant that does not meet the priority criteria listed in OAR 414-330-0500(1)(b)(A) through (D) if deemed necessary to conduct the pilot.
(3) The Department shall notify applicants of their selection and make available any applicant participation and reporting requirements, including but not limited to:
(a) Interviews with DELC staff;
(b) Surveys;
(c) Meetings with relevant community partners;
(d) On-site visits by Department staff; and
(e) An exit interview upon completion of the micro-center pilot program or applicant's withdrawal.
(4) If a selected applicant withdraws from the micro-center pilot program, the Department will select another applicant from the applicant pool if there are more than 6 months remaining in the pilot.

OAR 414-330-0600: Program Guidelines
(1) The Department will identify exceptions to existing rules for which the intent of the rule may be met in a micro-center in a manner other than as set forth in the applicable rules for the participant's license type and will develop guidelines for how the micro-center can meet the intent in the alternate manner under the exceptions.
(2) A participant must apply for the exceptions identified by the Department and agree to follow the guidelines for meeting the intent of each rule for which an exception is requested.

Early Learning Council

February 28, 2024
9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
700 Summer St NE, Suite 350
Salem, OR 97301

(3) The Department may remove a participant from the Micro-Center Pilot Program if the participant does not apply for the exceptions identified by the Department, does not follow the guidelines for meeting the intent of the rule in an alternate manner, unless the participant is otherwise in compliance with the rule excepted to.

Early Learning Council

February 28, 2024
9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
700 Summer St NE, Suite 350
Salem, OR 97301

COUNCIL ACTION REQUEST

Date: March 27, 2024

AGENDA ITEM: Baby Promise Program Ruleset Adoption

ACTION: Adopt proposed administrative rules to implement and administer the Baby Promise Program, effective April 1, 2024.

ISSUE: DELC has been administering the Baby Promise Program without a ruleset since March of 2020 and to mitigate risk, DELC needs to adopt a ruleset for the program. These proposed rules outline the purpose of the program, eligibility for families, roles of Child Care Resource & Referral Agencies in administration of the program, and provider eligibility and program requirements for Baby Promise. The proposed rules act as a framework to guide implementation and administration of the program. DELC is seeking to adopt the program Guidebook and Manual by rule.

BACKGROUND: DELC, formerly ELD at the time of initial administration, began implementing the Baby Promise Program in March 2020 in accordance with ORS 417.784. The Baby Promise Program offers free, high-quality early care and education for infants and toddlers from low-income families in Oregon. Serving children ages six weeks to three years, Baby Promise is a publicly funded program and complements other early learning programs such as Preschool Promise, Oregon Prenatal to Kindergarten (OPK) programs, and ERDC.

PROCESS: DELC convened a Rulemaking Advisory Committee (RAC) that met 3 times in February-March 2024 to advise on the equity and financial impacts of the proposed rule language. DELC held a public hearing on March 11, 2024. The public comment period was open until 5PM on March 15, 2024.

As a result of RAC engagement, DELC made slight amendments to the proposed rule language to clarify the various ways that Child Care Resource and Referral (CCR&Rs) agencies provide technical assistance on best practices of the administration of the Baby Program to providers.

Please see "Appendix B: Proposed Oregon Administrative Rule language for the Baby Promise Program" for full rule language text presented.

EQUITY ANALYSIS: These proposed rules will likely have will a positive socioeconomic equity impact on families, early care educators, and CRR&Rs. Rule language was evaluated by the RAC for equity impacts to providers, early educators, and families. It is anticipated that the Baby Promise Program will have a positive impact on racial equity in Oregon.

PROPOSED DRAFT MOTION:

A) I move to adopt the proposed rule language amendments dated March 27, 2024 that adopt Oregon Administrative Rules 414-480-0000, 414-480-0010, 414-480-0015, and 414-480-0035.

Early Learning Council

February 28, 2024
9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
700 Summer St NE, Suite 350
Salem, OR 97301

CONTACT: Alyssa Chatterjee, Early Learning Systems Director, Department of Early Learning and Care

Early Learning Council

February 28, 2024
9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
700 Summer St NE, Suite 350
Salem, OR 97301

Appendix B: Proposed Oregon Administrative Rule language for the Baby Promise Program

OAR 414-480-0000: Purpose

The purpose of the Baby Promise Program is to increase and sustain the supply and availability of high-quality infant and toddler care for marginalized families furthest from opportunity.

OAR 414-480-0010: Child and Family Eligibility Criteria
Child and family eligibility criteria is outlined in the Baby Promise Program Operations Manual for CCR&R Entities distributed to Child Care Resource & Referral entities.

OAR 414-480-0015: Baby Promise Program Provider Eligibility and Program Requirements
Effective on April 1, 2024, the Department designates the Baby Promise Program Guidebook for Providers revised 03/2024 to be used for compliance with the Baby Promise Program provider requirements and standards.

OAR 414-480-0035: Administration
Effective on April 1, 2024, the Department designates the Baby Promise Program Operations Manual for CCR&R Entities revised 03/2024 to be used for compliance with the Baby Promise Program administration requirements and standards.

Program Operations Manual for Child Care Resource and Referral Entities

Author:

Maidie Rosengarden Ed.D.

Contributors:

Gwyn Bachtle and The Programs Design and Administration Office, DELC

Dana Bleakney-Huebsch

Jon Reeves and The Professional Learning Systems Office, DELC

Dorothy Spence and The Childcare Assistance Program Team, DELC

Special Thanks to:

Child Care and Resource Referral Agencies

Jordan Pargeter

Table of Contents

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Introduction

This Operations Manual directs current Baby Promise contractors (hereafter known as the Child Care Resource and Referral, or CCR&R). Caring for our most vulnerable population is a serious undertaking, offering work of value, meaning, and profound joy for those whose calling is to care for and educate babies and toddlers.

Like the rest of the country, Oregon is experiencing a true crisis in infant and toddler care, as the state lacks a supply of qualified and prepared early learning and care program options for our youngest children. There are many barriers that Oregon families experience such as long wait lists, limited choices of providers, and costs of care that rival the cost of college tuition. The Department of Early Learning and Care (DELC) is continuously working towards increasing families' access to care and stabilizing and strengthening existing early learning and care programming in communities around Oregon.

DELC strives to ensure that children and families have access to high-quality early care and education. Research continues to demonstrate the importance of high-quality early care and education for children's brain development, social-emotional growth, and school readiness skills. DELC launched the Baby Promise Program in March of 2020 to address this issue.

The purpose of the Baby Promise Program is to both increase access to high-quality infant- toddler care (6 weeks through 3 years of age) and to enhance quality in existing Early Learning and Care Programs in Oregon. Baby Promise offers funded slots to children of families who are income eligible for the ERDC Program. Over time, Baby Promise will increase the number of high-quality programs available to serving families who qualify.

The Baby Promise Program is targeted to serve low-income families in communities struggling to find and keep high-quality care for infants and toddlers. DELC distributes the Baby Promise grant funds to regional organizations or agencies.

The Child Care Resource and Referral Agency (CCR&R) is the organization currently designated by DELC in some regions of the state to administer the Baby Promise Program through separate grant agreements. The work of the CCR&R shall align with the mission of DELC to support all of Oregon's young children and families to learn and thrive. DELC's values include equity, making a positive impact for children and families, dedication, integrity, and collective wisdom – all with the goal of benefiting Oregon children and families and those who serve them. Finally, for children whose families choose or need out-of-home childcare, it is important that high-quality early care and education options are available and accessible.

Baby Promise Program objectives and principles:

- Baby Promise Program Providers engage with a system of Infant-Toddler Specialists (through CCR&Rs) who provide supports and professional development for networks of Early Learning and Care Programs who are participating in Baby Promise to ensure implementation of quality, relational care.
- CCR&Rs align with the mission of DELC to support all of Oregon's young children and families to learn and thrive.
- CCR&Rs assist programs to support inclusion and equity through individualized strategies to help address the needs of all children.
- CCR&Rs subcontracts with Early Learning and Care Programs in communities, allowing DELC and the CCR&R to be intentional about building sustainable, quality infant and toddler slots over time, address the need to reimburse providers for the true cost of high-quality infant and toddler care, and ensure that salary guidelines are implemented.
- DELC and the CCR&R prioritize communities with an extreme shortage of childcare and provide access for priority populations.
- DELC and the CCR&R support programs to meet standards associated with infant and toddler care quality and developmentally appropriate practices that result in high-quality environments and experiences.
- The Baby Promise Program incorporates a mixed-delivery approach to operationalize high-quality early learning experiences in a wide variety of settings. This provides options for family choice.

Terms and Definitions

The Baby Promise Operations Manual is divided into sections that outline the Baby Promise Program's programmatic specifications and reporting requirements necessary for the CCR&R to administer the program in its region. This Manual is intended to help the CCR&R navigate these requirements and direct the implementation and delivery of high-quality services. The Manual will be updated annually. CCR&Rs and Baby Promise Program Providers will be notified when revisions are made.

If a CCR&R is unable to meet a requirement of the Baby Promise Program before contracting with DELC or during the contract period the CCR&R or the Early Learning and Care Program (or provider), the CCR&R shall, pursuant to the terms of its grant agreement, contact the DELC Baby Promise Manager to determine if the need for a waiver, memorandum of understanding, or other appropriate action is necessary to

determine next steps.

If a Baby Promise Program Provider is unable to meet a requirement of the Baby Promise Program before subcontracting with the CCR&R or during the sub contractual period the CCR&R shall, pursuant to the terms of its grant agreement, contact the DELC Baby Promise Manager to determine if the need for a waiver, memorandum of understanding, or other appropriate action is necessary to determine next steps.

The following terms are important to consider while reading through this Manual:

- **MAY** – The word "may" when used in this Manual offers the CCR&R and/or the Baby Promise Program Provider options to consider when creating policies and procedures. The word "may" indicate an area where flexibility and problem solving can assist the CCR&R and the program to meet a requirement.
- **MUST** – The word "must" when used in this Manual, indicates a **requirement** of Baby Promise that is associated with a grant deliverable or health and safety, and is mandatory for Baby Promise Program Providers.
- **SHALL** – The word "shall" when used in this Manual, indicates how, or using which tools, a requirement of the Baby Promise Program can or will be met.

Definitions

For the purposes of this Manual, the term "Baby Promise Program Provider" is a subgrantee of the CCR&R with whom the CCR&R has subcontracted. The terms "Early Learning and Care Program" or "provider" are Early Learning and Care Programs that are businesses with a mission of caring for and educating young children, such as in home childcare providers, childcare facilities serving children of employees, Early Head Start classrooms or centers, or community-based organizations serving young children. For the purposes of this Manual, the term "Early Learning and Care Program" or "provider" is such a business and may not be a Baby Promise Program Provider. A "Baby Promise Program Provider" is such a business **and** a subgrantee of a CCR&R with the Baby Promise Program.

CCR&Rs may subcontract for eligibility and enrollment services with other entities, for example Early Learning Hub or Head Starts. Some enrollment processes outlined in this Manual may include collaboration with other agencies.

A glossary of additional terms and appendices that are helpful for Baby Promise implementation is included at the end of the guidebook.

Recruiting Programs for Baby Promise

Recruitment and Readiness.

The CCR&R must develop a strategy to locate and engage programs in their community. This strategy should include a process for assessing an Early Learning and Care Program's viability as well as developing a cost per child and budget.

The CCR&R shall use the DELC provided forms with Early Learning and Care Programs that seek to apply for Baby Promise subcontracts. The CCR&R shall assist programs wishing to use Baby Promise branded templates or forms through collaboration with the DELC Baby Promise Manager to ensure the language translation process is completed when possible. The CCR&R may request language translation for Baby Promise forms or templates when needed.

Prior to subcontracting with an Early Learning and Care Program, the CCR&R shall submit the name and license number (if applicable) of the program to DELC for review. To be eligible for participation in the Baby Promise Program, Early Learning and Care Programs must be listed with ERDC.

Technical assistance given to providers may vary based on a provider's need in preparing to become a Baby Promise Program Provider. Building positive long-term relationships with CCR&R Technical Assistance staff shall require CCR&Rs to approach providers with a growth mindset to support providers in operationalizing business strategies to maintain services, onboarding elements of infant toddler care, understanding regular cycles of assessment and growth.

The CCR&R must conduct a thorough, in person orientation with Early Learning and Care Programs when appropriate during the application process including a careful review of the Baby Promise Program Guidebook for Providers.

DELC may review Early Learning and Care Programs to determine if they meet the eligibility thresholds for Baby Promise. These thresholds include but are not limited to:

- Ability of the program to conduct itself in a manner aligned with the NAEYC Code of Ethical Conduct
- Ability to comply with USDA Food Program nutritional guidelines.
- Ability to meet minimum Early Educator/teacher qualification.
- No civil penalties in the past 24 months
- No open investigations with DELC and/or partner agencies

- No Serious Violation Findings within the past 24 months, which include:1
    - Adults required to be enrolled in the Central Background Registry are present in the program without current enrollment.
    - Children are in imminent danger.
    - Children are not supervised.
    - Extreme unsanitary conditions.
    - Inappropriate guidance and discipline.
    - Multiple or serious fire, health, or safety hazards.
    - Providing care without being licensed with the Child Care Licensing Division (CCLD) as required by rule.
    - Safe Sleep Violations and,
    - There are more children than allowed.
- Spark Rating1

Cost Per Child

CCR&R must work with Baby Promise Program Providers to develop a cost per child that includes:

- Formula and food
- Insurance
- Personal care items (e.g., Diapers, wipes, diaper cream, and sunscreen)
- Professional development costs
- Program and classroom materials
- Rent and utilities
- Shared services fee
- Staffing

To support the retention of highly prepared and qualified staff, Baby Promise Program Providers are required to compensate Early Educators at competitive and comparable salary levels with those of other Early Educators in their region serving publicly funded programs.

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[1] Early Learning and Care Programs with a single Serious Violation Finding within the past 24 months may be considered if they can successfully pass the Spark Rating Review Process.

Pre/Post Evaluation

The CCR&R shall assess the quality of Baby Promise s participating in Baby Promise. Site observations must occur at the beginning and the end of the subcontract period. Data from relational and environmental assessments must be used to inform technical assistance, FCCN, Spark, and CoP activities, and shared with the program and DELC. Funding Guidelines for Subcontracted Programs

Baby Promise Funding

The CCR&R shall create and enter into subcontracts with Baby Promise Program Providers. The CCR&R will require Baby Promise Program Providers to deliver infant-toddler services according to defined programmatic and fiscal expectations and in accordance with this Manual. Each subcontract shall incorporate the relevant terms of this Manual.

The CCR&R is required to compensate Baby Promise Program Providers for those services according to the terms of the subcontract. Baby Promise funding from the CCR&R pursuant to the terms of the subcontract shall be contingent on the actual delivery of Baby Promise services by Baby Promise Program Providers. Baby Promise funding may be used only for the operation and delivery of Baby Promise services.

Annual Budget

The CCR&R shall require all Baby Promise Program Providers to submit an annual operating budget outlining the intended use of Baby Promise funds. Baby Promise Program Providers should be advised that the submission of a budget does not constitute CCR&R approval of the expenditures.

Baby Promise Program Providers shall develop a budget according to the allowable uses and expenses for the Baby Promise program, which may rely on self-attestation by the provider. All categories in the budget must be in compliance with this Manual and approved by the CCR&R.

Preliminary budgets are submitted to the CCR&R prior to the subcontract being fully executed. The CCR&R shall require the official budget to be completed no later than thirty (30) days after entering into a subcontract and annually thereafter.

Expenditure Guidelines

The CCR&R shall oversee Baby Promise Program Providers to ensure they expend funds provided for Baby Promise solely on the operation and delivery of Baby Promise services and in accordance with the program's annual budget and this Manual.

Subsidy Funds

Funding allocated for the subcontracted slot payments are solely for the direct care of children. The CCR&R cannot claim indirect expenditures on any of the subsidy funds per Child Care Development Block Grant requirements.

Indirect Rate

The CCR&R may take an indirect rate. This rate may vary depending upon the approved indirect rate from the backbone agency.

Subcontracted Slot Payments

Pursuant to the terms of each subcontract and this Manual, the CCR&R shall provide monthly pre-payments for subcontracted slots for eligible Baby Promise children to Baby Promise Program Providers. These payments will not be negatively impacted by minor fluctuations in a child's attendance (see attendance policy).

Prohibition Against Loans

Baby Promise funding cannot be loaned or advanced to individuals, corporations, organizations, public agencies, or private agencies. Baby Promise funds may not be used as collateral for loans.

Allowable Uses of Funds by CCR&Rs

Allowable uses of Baby Promise funds for the operation and delivery of Baby Promise services include, but are not limited to:

- Associated administrative overhead
- Coordination of social services for Baby Promise children and families
- Curriculum materials
- Diapers, formula, food, and other items for Baby Promise children
- Early Educator and other direct service personnel (i.e. transportation, food services) compensation and benefits
- Facilitation of Baby Promise eligible children's transition to prekindergarten
- Family engagement activities
- Materials for the environment
- Monthly staff meeting materials
- Paid preparation and planning time for Baby Promise Early Educators
- Professional and community events
- Professional development activities

- Screening and assessment tools
- Travel expenses; must be directly related to the implementation of the Baby Promise Program

Prohibited Expenditures for CCR&Rs

Baby Promise funds may not be used to supplant other public funding sources including, but not limited to, any state or federal funding. Baby Promise funds must be treated as restricted income and used solely to deliver Baby Promise services. Baby Promise funds may not be used to cover expenses that are not directly related to the Baby Promise Program. Prohibited expenses include, but are not limited to, the following:

- Bad debts, including losses arising from uncollectible accounts and any related legal costs
- Compensation to the members of the board of directors, if applicable
- Cost of idle facilities unless those costs are related to the Baby Promise Program and the costs of the idle facilities have been approved by the CCR&R and DELC
- Costs associated with the purchase of alcohol, drugs or for any associated use for gambling purposes
- Costs incurred after the subcontract has been terminated
- Costs of amusement or entertainment that do not benefit children in the Baby Promise Program
- Costs of legal, consulting and accounting services arising from claims against the Early Learning and Care Program
- Costs of organization of a nonprofit corporation such as incorporation fees or consultant fees
- Fundraising costs
- Investment management costs
- Non-sufficient funds/overdraft and ATM usage bank charges
- Personal or business loans including finance charges
- Projects or expenditures in excess of five thousand dollars ($5,000), without prior approval
- Public relations consultant fees
- Purchase of vehicles or other transportation equipment

- Religious materials
- Travel expenses that are not directly related to the implementation of the Baby Promise Program

The CCR&R must ensure that that no Baby Promise funds are used by Baby Promise Program Providers to pay penalties associated with adverse actions imposed by licensing or governmental agencies. Baby Promise funds should be identifiable as separate from other federal and state funds.

Prohibition Against Loans

Baby Promise funding cannot be loaned or advanced to individuals, corporations, organizations, public agencies, or private agencies. Baby Promise funds may not be used as collateral for loans.

Allowable Uses of Funds by Baby Promise Program Providers

The CCR&R must include these allowable uses of funds in each subcontract with a Baby Promise Program Provider. Allowable uses of Baby Promise funds for the operation and delivery of Baby Promise services include, but are not limited to:

- Associated administrative overhead
- Coordination of social services for Baby Promise children and families
- Curriculum materials
- Diapers, formula, food, and other items for Baby Promise children
- Early Educator and other direct service personnel (i.e. transportation, food services) compensation and benefits
- Facilitation of Baby Promise eligible children's transition to prekindergarten
- Family engagement activities
- Materials for the environment
- Monthly staff meeting materials
- Paid preparation and planning time for Baby Promise Early Educators
- Professional and community events
- Professional development activities
- Screening and assessment tools
- Travel expenses; must be directly related to the implementation of the Baby Promise Program

Prohibited Expenditures for Baby Promise Program Providers

The CCR&R must include these prohibited expenditures in each subcontract with a Baby Promise Program Provider. Baby Promise funds may not be used to supplant other public funding sources including, but not limited to, any state or federal funding. Baby Promise funds must be treated as restricted income and used solely to deliver Baby Promise services. Baby Promise funds may not be used to cover expenses that are not directly related to the Baby Promise Program. Prohibited expenses include, but are not limited to, the following:

- Bad debts, including losses arising from uncollectible accounts and any related legal costs
- Compensation to the members of the board of directors, if applicable
- Cost of idle facilities unless those costs are related to the Baby Promise Program and the costs of the idle facilities have been approved by the CCR&R and DELC
- Costs associated with the purchase of alcohol, drugs or for any associated use for gambling purposes
- Costs incurred after the subcontract has been terminated
- Costs of amusement or entertainment that do not benefit children in the Baby Promise Program
- Costs of legal, consulting and accounting services arising from claims against the Early Learning and Care Program
- Costs of organization of a nonprofit corporation such as incorporation fees or consultant fees
- Fundraising costs
- Investment management costs
- Non-sufficient funds/overdraft and ATM usage bank charges
- Personal or business loans including finance charges
- Projects or expenditures in excess of five thousand dollars ($5,000), without prior approval
- Public relations consultant fees
- Purchase of vehicles or other transportation equipment
- Religious materials
- Travel expenses that are not directly related to the implementation of the Baby

Promise Program

Prohibition Against Loans

Baby Promise funding cannot be loaned or advanced to individuals, corporations, organizations, public agencies, or private agencies. Baby Promise funds may not be used as collateral for loans.

Environmental Enhancements

The CCR&R may provide environmental enhancements to Baby Promise Program Providers to increase quality and/or meet licensing standards or expectations of the Baby Promise Program. The distribution of funds must be conducted in a manner that provides equitable offerings of materials and educational opportunities across programs within a given region. This may result in some programs receiving very little environmental enhancements while others may receive significant investments for multiple years, depending on need.

Enhancements are to support children 6 weeks to 3 years of age and the spaces and educators that serve them. For questions about appropriate expenditures, please consult DELC. Purchases should be made to secure high-quality, lasting materials that are durable and natural in nature.

Screens for children, most battery-operated toys and restrictive equipment such as saucers and swings are prohibited. For family-based programs, special considerations for high chairs may be appropriate for meal times only, but other accommodations that increase a child's independence and opportunities to interact with peers are preferred.

When selecting enhancements, CCR&Rs must ensure that materials are developmentally appropriate and are sufficient in quantity to allow for play by multiple children.

Funds may be used to cover insurance expenses in the following situations:

- For programs providing non-traditional/odd-hour care to off-set the cost of these exceptionally expensive policies
- For significant, unanticipated rate increases to help providers maintain coverage and participation in Baby Promise
- To support newly subcontracted programs in their first year of obtaining insurance coverage at the required thresholds

Additionally, CCR&Rs shall ensure that CCDF fund expenditures align with CCDF requirements, which do not allow construction or the purchase of sectarian materials, for example. Please see the Code of Federal Regulations for more information.

Restrictive Equipment

The CCR&R shall ensure that restrictive equipment such as saucers, swings, bouncy chairs, etc. are not used in Baby Promise Program Providers. High chairs may be used during mealtimes; however, in adherence to a relational model, children must be held during feeding if they are unable to sit safely. Once able to sit independently, it is preferred that children transition to small tables and chairs for interaction purposes with the other children in the program.

Provision of Supplies

Formula, Diapers, Sunscreen, Wipes

The CCR&Rs must ensure that Baby Promise Program Providers provide formula, diapers, sunscreen, and wipes (for use while the child is physically present at the program facility) to Baby Promise families. The program shall obtain written consent from the family to use the product provided by the program and program staff must use the product as specified by the manufacturer. For families with product preferences, providers are encouraged to provide a preference form for families and seek options that are reasonable for both the provider and the family.

Fiscal Reporting Requirements

Baby Promise Program Providers must send the CCR&R funding and expenditure information for the purpose of developing an accurate cost per child and to show that Baby Promise funds were spent as intended and in acceptable expenditure categories. If the CCR&R subcontracts with a sole proprietor (self-employed family childcare provider) the expenditure report will only include business expenses not including payroll. The funding not reported in those categories is considered the sole proprietor's income.

The CCR&R may withhold payments if the fiscal reports are late, not submitted, incomplete, or inaccurate. See Section on Expenditure Guidelines.

Annual Independent Audit

The CCR&R shall require the Early Learning and Care Program to submit a copy of their independent certified audit report and financial statements if they are subject to independent audit requirements. Audit reports must be submitted to CCR&R within thirty (30) days of receipt. If independent, certified audit reports or financial reports are not required for the Provider, they are not required to submit one.

Access to Records and Other Documentation

The CCR&R and DELC may require access to Baby Promise Program Providers records including, but not limited to:

- attendance and enrollment records
- bank statements and canceled checks
- by-laws, if applicable
- cash receipts and disbursement books
- children's assessment documentation
- consent forms
- documentation relating to family participation
- Early Learning and Care Program calendars
- family handbook
- general journals
- general ledgers, invoices and supporting documents
- growth and development plans (staff or program)
- insurance policies
- list of current Board of Directors, if incorporated
- lists specifying qualifications, dates of hire, and dates of termination
- marketing materials
- non-paid staff and volunteer sign-in sheets
- payroll ledgers and supporting documents
- records of children enrolled in the Baby Promise Program
- staff time sheets
- statements of income and expenses
- tax returns
- transportation and other related service subcontracts
- tuition rates

Fraudulent Use of Funds

The CCR&R and DELC may use information from other sources to assess the fiscal viability of the Early Learning and Care Program or to make decisions with respect to offering a subcontract or continuing to fund an Early Learning and Care Program. Misuse of funds may result in termination of Early Learning and Care Program's subcontract and the denial of future participation in the Baby Promise Program and other publicly funded programs.

Baby Promise Program Providers shall ensure that expenses charged to the Baby Promise funding source are not concurrently charged to another program fund source. Baby Promise Program Providers must ensure that no Baby Promise funds are used to pay penalties associated with adverse actions imposed by licensing or governmental agencies. Baby Promise funds should be identifiable as separate from other federal and state funds. Baby Promise Program Providers must return any funds determined to have been misspent, spent fraudulently, or not in accordance with the expectations of Baby Promise.

Continued Funding

The Baby Promise Program Providers has no vested right to continued funding for Baby Promise services beyond the end of its subcontract with the CCR&R. Any future funding will be conditioned on, among other things, the Early Learning and Care Program's agreement to Baby Promise Program modifications, should they be required to meet requirements of the Baby Promise Program.

Fiscal Desk Reviews

DELC reserves the right to perform detailed reviews of fiscal ledgers and receipts of the CCR&R at least once per biennium. Written notification will be provided to the CCR&R prior to the review and will include months to be reviewed and documentation requested.

Insurance Requirements

The terms of the grant agreement (and any amendments thereto) between DELC and the CCR&R shall outline the minimum insurance requirements for the CCR&R and the requirements that must be met by the Baby Promise Program Providers that are awarded Baby Promise slots. These minimum insurance requirements are designed to support the professional capacity of the Baby Promise Program Providers and to provide a foundational protection for the businesses that operate while operating programs that use public funding to support high-quality services.

Baby Promise Program Providers are responsible for maintaining business, liability, and transportation insurance, in addition to any other coverage required to participate in the program as outlined in the yearly subcontracts with the CCR&R. In some cases where additional Baby Promise insurance requirements (beyond that of regular business coverage) add significant cost to programs and providers, they may reach out to the CCR&R for possible assistance.

CCR&R Personnel and Training

CCR&R Personnel Changes

Any CCR&R Baby Promise personnel changes shall be reported within 10 business to DELC. Note that currently, staff employed by the CCR&R hold a variety of titles including but not limited to:

- Coach
- Family Engagement Specialist
- Infant Toddler Specialist
- Program Manager
- Program Specialist
- Quality Improvement Specialist

It is the purview of the CCR&R to make employment related decisions that best suit the CCR&R regarding titles and job duties. Baby Promise Program Providers may work with several staff depending on the job duties assigned by the CCR&R. Roles and responsibilities for support staff may overlap, and it is DELC's expectation that Baby Promise Program Providers and CCR&R staff build positive relationships and share knowledge to provide continuous development of effective practices for staff and children. Baby Promise Program Providers are encouraged to work closely with the CCR&R to best understand the CCR&R's expectations of each CCR&R employee working with the program or provider and their staff.

Personnel

Key functions within the Baby Promise Program must be embedded within positions hired by the CCR&R. The CCR&Rs in Baby Promise regions must have at a minimum one full-time Infant Toddler Specialist, in addition to any other Infant Toddler Specialists employed using funds from their grant. This position must have expertise and content knowledge for providing support to programs serving infants and toddlers. During onboarding, the CCR&R must provide Infant Toddler Specialists with a hard copy of the Oregon Infant Toddler Specialist Practice Guide.

The Infant Toddler Specialist shall lead Focused Child Care Networks (comprised of Baby Promise Program Providers) and potentially Communities of Practice, specifically working with Early Educators or administrators/directors to develop their growth and development processes, provide professional development, individualized on-site coaching, and other supports to facilitate high-quality care amongst Baby Promise

Program Providers. Qualifications

Preferred Qualifications for Baby Promise Infant Toddler Specialists are as follows:

Strong Educational Background in Early Childhood Education
✓ Bachelor's degree in early childhood education, bachelor's degree in a related field and coursework in early childhood education, or a step 10 or higher on the Oregon registry.
Experience Working with Infants and Toddlers
✓ At least two years of experience in an early childhood or youth development program with specific experience working with the age group or focus area of the position.
Ability to Develop and Conduct Training for Early Educators
✓ Oregon Registry Master Trainer
Cultural, Linguistic, and Equity Skills
✓ Culturally competent, able to understand and avoid bias. ✓ Demonstrated skills, education and abilities in anti-bias and cultural competency, ongoing training, and reflective supervision ✓ Ability to meet the cultural and linguistic needs of Early Educators

If current staff or a future applicant does not meet the minimum qualifications set forth in the Grant, the Grantee must communicate this in writing to the Agency and must create a plan of collaboration with the Agency to ensure all individuals meet minimum qualifications within an Agency-determined timeline.

The CCR&R must have a position that fulfills the eligibility, recruitment, selection, and enrollment functions of children in Baby Promise. This position is responsible for reporting monthly and quarterly to DELC.

The CCR&R must have a designated position that fulfills the management and oversight of subcontracts with Baby Promise Program Providers. This position is responsible for administering subcontracted slot payments, maintaining records, billing, and monitoring each Early Learning and Care Program receiving Baby Promise subcontract funds.

Criminal Background Checks

The CCR&R must have documentation of a completed and satisfactory criminal

background check (CBR) on file for all positions associated with Baby

Baby Promise Program Providers

Personnel Changes

Any Baby Promise Program Provider personnel changes shall be reported within 14 calendar days to the CCR&R, and any staffing changes or extended leaves within the CCR&R that impact Baby Promise Programs and providers will be reported to the provider in a timely manner.

To seek planned and focused development, the CCR&R, in partnership with Baby Promise Program Providers, shall monitor the professional environment and instructional support given to Baby Promise participant's staff. The following conditions shall be present in every program with Baby Promise slots:

Training Costs and Reimbursement to Staff

Baby Promise Program Providers may include reasonable amounts for professional development/training opportunities in their cost per child calculations, substitutes and mileage costs associated with travel to the training opportunities. Mileage and associated per diems will be reimbursed at the current state government rates. Per Diem Rates

Early Educator Qualifications

Early Educators participating in Baby Promise must have an Infant Toddler Child Development associate degree, an associate degree in early childhood education, a related degree, *or* Oregon Registry Step 8 or higher with training or equivalent coursework that includes 12 credits in early childhood development with a focus on infant and toddler development. Programs with Early Educators that do not currently meet these requirements will need to directly address this issue in their Continuous Growth and Development Plans.

Salary

To support the retention of highly prepared and qualified staff, Baby Promise Program Providers are required to compensate Early Educators at competitive and comparable salary levels with those of other Early Educators in their region serving publicly funded programs.

Preparation and Planning Time

Baby Promise Program Providers shall provide Early Educators with a reasonable amount of paid preparation and planning time each week, without children present.

Paid Time Off

Baby Promise Program Providers participating in Baby Promise shall offer program personnel paid time off (sick, personal, vacation) per Oregon employment law, BOLI (Bureau of Labor and Industry) rules and guidance, and applicable Collective Bargaining Agreements. Business coaching from the CCR&R will be provided to programs that do not offer paid time off for employees or are developing these policies.

Training and Professional Development

Early Educators in Baby Promise Programs are required to have Professional Development Plans (PDP) and participate in at least twenty (20) hours of professional development activities per Program Year. The CCR&R must establish partnerships with local community colleges and universities to ensure that Early Educators have access to achieve an Infant Toddler Child Development associate degree or other higher education degree.

To improve the quality of instruction in Baby Promise Programs, the CCR&R must monitor the professional environment and instructional support given to Early Learning and Care Program staff. The following conditions may be present in every Baby Promise Program:

Central Background Registry

Baby Promise Program Providers and providers must have documentation of a completed and satisfactory Central Background Registry check on file for all positions within the program. Note that this registry requires fingerprinting.

Safe Sleep Training

All Baby Promise staff must take the Safe Sleep for Oregon's Infants (SS) Training. Link: Safe Sleep Training

Staff Requirement: ZERO TO THREE.

(Zero to Three) Program staff working directly with children must complete the Zero to Three training offered by the CCR&R within 18 months of hire.

Child and Family Eligibility for Baby Promise

Eligibility Process

The CCR&R shall identify families that may qualify for Baby Promise Further, the CCR&R shall work closely with the Employment Related Day Care (ERDC) program to identify

potential Baby Promise families. The CCR&R shall maintain a waiting list for Baby Promise per the enrollment forms provided by DELC.

The CCR&R must work closely with Baby Promise Program Providers to fill open Baby Promise slots. Families eligible for Baby Promise slots may choose the Baby Promise Program Provider that best meets their needs.

Age Requirement

Children in the Baby Promise Program shall be at least six (6) weeks of age and can be served until the child is eligible for preschool (3 years old on or before September 1st of the program year). See the section on transition planning for more detail.

Baby Promise Program Providers with waiting lists that include families that are income eligible, or currently receiving care with ERDC, may refer families to the CCR&R for potential placement in a Baby Promise slot, or placement on the Baby Promise waiting list held by the CCR&R or Early Learning Hub. Baby Promise Program Providers may not offer, promise, or enroll families in Baby Promise slots, Placement in a Baby Promise slot is the responsibility of the CCR&R.

Only families who meet the eligibility thresholds for ERDC will be eligible for Baby Promise. If a family's income no longer meets eligibility thresholds for ERDC during the sub contractual period with the program the CCR&R shall not reimburse the program for that family effective as of the date that eligibility is discontinued. If ineligibility is the result of an error the CCR&R may consult with the DELC Baby Promise Program Manager to determine reimbursement.

The CCR&R will work with the program and the family to best meet both parties' needs if a Baby Promise family wishes to change to a provider who is not a Baby Promise provider. A family or child may lose ERDC eligibility if they have moved out of state, requested their ERDC benefits to close, or exceeded the income threshold.

Income Eligibility for ERDC

At the time of enrollment in the Baby Promise Program children must be members of families whose incomes meet the ERDC eligibility thresholds. For more information visit: ERDC Provider Information

Residency Requirement

Children participating in the Baby Promise Program must be Oregon residents and residing within Baby Promise counties. Families will continue to be eligible for ERDC benefits for the full 12-month certification even if they move out of the Baby Promise pilot counties unless they meet one of the expectations outlined above.

Requirements for Hours in Care

Baby Promise slots are designated for families that meet the eligibility criteria.

Transition Planning

A smooth transition ensures each child continues to receive enriching early child development services and that each family continues to receive the support services necessary to promote healthy family development. The CCR&R must work with DELC's data gathering systems to ensure that all types of transition plans are tracked.

To ensure the most appropriate placement and services following participation in Baby Promise, the Program must plan for the transition for each child and family at least six months prior to the child's third birthday (or known transition before aging out of the Baby Promise Program). The Program shall consider the child's health status and developmental level; current and changing family circumstances; the availability of other child development services in the community (i.e., ERDC, Preschool Promise, EI/ECSE, and Head Start), and engagement of Early Educators from current and potential transition programs and other partnering organizations.

If the child turns 3 within the program year, they are eligible to receive Baby Promise services until August 31st of that year. If continued placement in a Baby Promise slot is in the best interest of the child and is limited in duration, the CCR&R, on a case-by-case basis, must submit a transition plan to extend care for a child over 3 years of age to DELC for approval.

The CCR&R may work with Baby Promise Program/provider and family to facilitate the transition process from Baby Promise into a spot in their current ERDC subsidy program or into other, high-quality programs and support services when the child leaves the Baby Promise Program.

As part of any transition process (e.g. from one Baby Promise site to another, from Baby Promise to a community setting, transition to a publicly funded preschool program or to another preschool setting) and upon written request/release of information from the family, the CCR&R, in partnership with the Early Learning and Care Program, will forward copies of a child's records to the new environment.

Enrollment Processes

Enrollment

The Early Learning Hub or CCR&R is responsible for enrolling families with Baby Promise Program Providers. The Early Learning Hub or CCR&R must follow the enrollment process outlined in the DELC provided enrollment forms. The forms

provide directions for creating and using wait lists for Baby Promise slots. See the eligibility section for more information. Inclusionary Practices

Baby Promise Program Providers must develop written enrollment policies to meet the needs of children and families in the community. Enrollment policies must state that the infant-toddler program is open and does not discriminate against a child or family based on race, ethnicity, religion, gender, gender identity, gender expression, sexual orientation, or any other protected class. Written enrollment policies must be verified by the CCR&R, provided to families, and available upon request.

Baby Promise Program Providers offering Baby Promise slots shall comply with, and make accommodations for, children identified as eligible for special education and/or related services under the Individuals with Disabilities Education Act (IDEA) and the ADA (Americans with Disabilities Act).

The CCR&R must verify that the Early Learning and Care Program conducts individualized assessments to facilitate the successful integration of children with identified special needs with accommodations and/or modifications. The child's Individualized Family Service Plan (IFSP) and recommendations of the relevant placement committee or team will determine appropriate placement for special education and related services.

Exclusionary Practices

Baby Promise Program Providers must commit to substantially reducing and preventing suspension, expulsion, and other exclusionary practices in early learning settings. The CCR&R is committed to ensuring all children have access to and are successful in high-quality early learning environments, which support kindergarten readiness skills and social emotional development.

The CCR&R requires Baby Promise Program Providers caring for children receiving childcare assistance to have an inclusive policy that is expressly communicated to families and related to anti-exclusionary practices.

The CCR&R shall work closely with Baby Promise Program Providers and providers to provide training and resources needed to enhance family and Early Educator knowledge and skills in supporting children's physical, social, emotional, and cognitive development. The training shall address how Baby Promise Program Providers can make program modifications to prevent a child's removal or exclusion from the early learning and care environment.

Baby Promise Program Providers are prohibited from "trial periods" (a trial period is a period during which the program may expel a child and family). Programs are encouraged to utilize the CCR&R for support if they experience challenges with a family

that may require additional facilitation from the CCR&R.

Program Fees

Baby Promise Program Providers are prohibited from charging families of Baby Promise children any fees or tuition (except for late pickup fees). At no cost to the families, Baby Promise Program Providers must provide items such as food (meals, diapers, wipes, formula, diaper cream, and sunscreen) to Baby Promise children while the child is physically present at the Baby Promise Program Providers facility.

Scheduling

Program Year

The Program Year for Baby Promise providers and families begins on September 1 and ends on August 31 each year. This is different than the fiscal year for Baby Promise which is July 1 to June 30 each year. The schedule of service delivery may vary within the program year, but the hours of direct service requirement shall be satisfied no later than August 31. Actual dates a child may receive care will vary and are dependent upon eligibility criteria, enrollment date, age, etc.

Program Calendar

CCR&R must collect and approve program calendars prior to the execution of the Early Learning and Care Program's subcontract, and each program year thereafter. Program calendars must include planned days of service, total direct service hours, holiday closures, vacation closures, and training days. Baby Promise Program Providers must clearly outline late fee policies in program calendar materials. Baby Promise Program Providers must submit to the CCR&R any changes to an accepted program calendar as soon as known to the program. Changes do not need to be submitted to DELC unless it affects required hours of service or changes that affect compliance with the Operations Manual requirements.

Hours of Direct Service

Baby Promise Program Providers must provide year-round, full-day services (except for planned days of in-service, holiday closures, vacation closures, training days, or any other planned closures) to support the needs of working families.

Full-day service means the Early Learning and Care Program must accommodate the needs of families by providing direct service hours that range between 8 to 10 hours per day. Baby Promise Program Providers must offer a minimum of 1800 hours of planned direct service during the Baby Promise program year. The CCR&R must approve planned hours of direct service prior to subcontracting with a program. See the

reporting section of this Manual for more information on the collection and reporting of direct service hours, and the family and eligibility section of this Manual for more information on enrollment and attendance.

Continuity of care is an element of high-quality care for infants and toddlers. The intent of the Baby Promise program is for families enrolled in a Baby Promise slot to remain with the same Program of Early Learning and Care and their primary Early Educator while they are eligible.

Direct service hours may include all instructional time, outdoor gross motor activities, developmentally appropriate mealtimes, and rest time. Family Conferences, in-service or training days, educator planning time, and transportation time are not to be included in the hours of direct services. Occasional field trips outside the normal service hours may be counted toward hours of direct service.

Reporting

Technology Requirements

The CCR&R must ensure that Baby Promise Program Providers have a suitable and secure computer with appropriate software, printer/scanner, Internet, and valid email address for administration of the program. Additionally, the CCR&R must obtain email addresses for all Early Educators caring for Baby Promise children for evaluation purposes.

Recordkeeping

The CCR&R will work with Baby Promise Program Providers to maintain child and financial records in a secure location to ensure confidentiality and prevent unauthorized access. Baby Promise Program Providers must maintain detailed financial records including, but not limited to, general ledgers, receipts, invoices, and all supporting documentation to track Baby Promise Program Providers' expenditures.

Notification of Address Change or Change in Ownership

The CCR&R shall require the Baby Promise Program Providers to notify them in writing of any change in their mailing address within five (5) days of the change. The Baby Promise Program Providers will notify the CCR&R of any proposed change in operating facility address, ownership, or classroom move at least ninety (90) days in advance of the proposed change. The Early Learning and Care Program will also notify the CCR&R of any change in location due to an emergency or disaster as soon as is practical.

The CCR&R shall provide written approval or denial of a Baby Promise Program Participant's change in location request. If the CCR&R denies the request, the Baby Promise subcontract and funding shall be terminated.

Monthly Reports

Following each month of care, CCR&Rs shall submit to DELC (no later than the 20th of the month) a report with elements related to enrollment, hours in care, and transition information for every Baby Promise child who leaves or ages out during the month. Report elements and methods of secure delivery will be communicated by DELC.

Data Collection

The CCR&R shall collect data on behalf of DELC for monitoring and evaluation purposes. As the CCR&R conducts initial site visits to Baby Promise Program Providers and providers to determine readiness they may collect photographic and video evidence of Baby Promise Program Providers. The intention of capturing this evidence will be to reflect on the before-and-after impacts of environmental enhancement funds, training, and technical assistance. DELC will provide an orientation to CCR&R staff for data collection and training on how data is collected.

Attendance Data

The CCR&R must review each Baby Promise Program Providers annual attendance data prior to subcontracting with a program following the first year of program participation. Baby Promise Program Providers are required to demonstrate that for the scheduled program calendar year, children in all Baby Promise slots attended an average minimum of 85% attendance of their regularly scheduled planned days on the scheduled program calendar.

Enrollment Reporting

Baby Promise Program Providers and providers must submit a monthly attendance report to the CCR&R. Baby Promise Program Providers must inform the CCR&R immediately in the event a child's family withdraws the child from the program.

The CCR&R must work with Baby Promise Program Providers to maintain full enrollment in each subcontracted slot. The CCR&R shall include the local Early Learning Hub if additional services, beyond what the CCR&R can provide in that instance, are needed to assist Baby Promise Program Providers in maintaining full enrollment in each subcontracted slot. The number of subcontracted slots for a program may be reduced if a program chooses not to fill open slots when there are waitlisted families available to fill open slots. If the CCR&R does not fill any vacancy within 30 days, an explanation and improvement plan must be submitted to DELC no later than 45 days after the date of vacancy

It is the role of the CCR&R staff to consult with Baby Promise Program Providers on the number of slots to subcontract for, taking into consideration the many factors that impact community need. CCR&R staff shall work with Baby Promise Program Providers

to carefully consider the impact on their business should a slot go unfilled.

Forms

CCR&R staff shall work with Baby Promise Programs who request to use Baby Promise standardized, branded forms or templates. CCR&R staff shall work with DELC to develop such materials when needed. CCR&R staff and Baby Promise programs may request language translation for Baby Promise templates or forms.

Attendance

Policy and Procedure

Baby Promise Program Providers and providers must implement strategies to promote attendance by providing information about the benefits of regular attendance, supporting families to promote the child's regular attendance, and maintaining contact with families when a child first has two or more unexplained absences.

Programs must maintain sign-in sheets or digital attendance records signed by authorized family representatives. Attendance records must be available upon request and meet all regulatory requirements, such as date, arrival times, and departure times for each child.

Within the first 60 days of enrollment in a Baby Promise slot and on an ongoing basis thereafter, Baby Promise Program Providers shall use individual child attendance data to identify families with patterns of unexcused absences. that put them at risk of attending less than 85% of the families regularly planned days of care for the month.

If, after 60 days a family is experiencing multiple unexcused absences, and the Baby Promise Program Providers is unsuccessful in communicating with the family the Baby Promise Program Providers must inform their enrollment specialist at the CCR&R or Early Learning Hub and request assistance in meeting with the family and the appropriate CCR&R or Early Learning Hub staff member to create an attendance support plan.

For the provider and the CCR&R or Early Learning Hub, the meeting and creation of an attendance support plan provides an opportunity for continuing to build a positive relationship with the family and better understand the families' circumstance.

For the family, the meeting is an opportunity to share barriers with program, CCR&R or Early Learning Hub staff, and to assist in the identification of potential solutions. The mutual creation of an attendance support plan provides the family an opportunity to better understand the benefits for children when maintaining regular attendance in an Early Learning and Care Program.

The written support plan must include a record of past attendance, identification of barriers, notes on solutions, and an outline that assists the family in meeting attendance

goals for the next 60 days by including a calendar that describes the support plan for attendance.

The support plan must be submitted to the CCR&R and may be subject to additional reviews. If the respective family does not adhere to the attendance plan or does not decrease unexcused absences over the second 60-day period, the Baby Promise Program Providers must again inform the CCR&R or Early Learning Hub. The CCR&R or Early Learning Hub shall meet with the Baby Promise Program Participant and the family to determine appropriate next steps, which may include termination of the respective child's slot in the Baby Promise Program or the loss of a slot for the Baby Promise Program Participant.

Extended Absence

In the event a child needs to take an extended leave of absence (two weeks or more), Baby Promise Program Providers, in partnership with the family, must submit documentation to CCR&R supporting excused absence to maintain a child's slot in Baby Promise.

Attendance Exceptions

Children with an appointment or absence in relation to an Individual Family Service Plan (IFSP), Foster Care Visitation, medical need such as doctor or dentist appointment, or who are at home due to illness may have their expected attendance adjusted with an excused absence.

Families who must leave the Baby Promise Program for a specified period during Baby Promise hours for a regular appointment related to an Individual Family Service Plan (IFSP), Foster Care Visitation, or medical need may have their expected attendance adjusted with an excused absence.

The CCR&R and Baby Promise Program Providers shall keep in mind the lens of equity as discussed later in this Manual. For example, some families do not live or work in the traditional model. Life or work circumstances for some families may include:

- cultural seasons or traditions,
- extended family involvement with children,
- location of parent or guardian(s) home(s),
- nontraditional work,
- seasonal work,
- transportation availability,
- travel time,

Circumstances such as these, and others, may cause barriers for families when planning to meet the attendance requirements in this Manual. When a CCR&R or Early Learning Hub enrolls a family, whose circumstances require meeting the attendance requirements listed in this Manual with more flexibility, they must inform the Baby Promise Program Providers upon enrollment and proactively work together to best meet the needs of all parties.

Late Pickup

Parent/Guardian is responsible for late pickup fees per the Baby Program Providers late pick up fee policy. As noted in the Program Calendar section, Baby Promise Program Providers must have regular business hours posted clearly.

Monitoring of Baby Promise Program Providers

Monitoring and Onsite Visits

DELC reserves the right to perform onsite and/or virtual monitoring visits at least once per biennium. The CCR&R shall monitor Baby Promise Program Providers in the various component areas listed below. DELC monitoring visits shall include a review of CCR&R monitoring activities:

- Evaluation of Spark star recognition level, and if applicable, progress in a Spark Quality Improvement cycle.
- Evaluation of the Early Learning and Care Program's accommodation for children with special needs
- Monitoring and coaching documentation
- Regular site visit documents
- Review CCR&R's completion of professional development and training goals for Baby Promise Program Providers
- Review of CCR&R and Early Learning and Care Program's financial records, accounting procedures, and fiscal viability
- Review of child records
- Review of Early Learning and Care Program's:
    - Family engagement activities
    - Curriculum

    - Screening and assessment processes
    - Licensing records
    - Continuous Growth and Development Plans or CQI Plans
- Review of enrollment and attendance records
- Score(s) and Summary Reports from observation tools such as the Classroom Assessment Scoring System (CLASS) and Environmental Rating Scales (ERS/ITERS-3 and/or FCCERS-3)

Notification, agendas, and process documents shall be provided to the CCR&R by DELC prior to the visit. The CCR&R shall conduct monthly site visits to the Baby Promise Program Providers when children are present to monitor program quality and compliance with Baby Promise statutes, rules, and operations through announced and unannounced visits. DELC or the CCR&R may conduct quality reviews of Baby Promise Program Providers at any time. The CCR&R is required to report any concerns to the appropriate agency.

Health and Safety

Good Standing Requirements

Requirements

At all times Baby Promise Program Providers must be in compliance with all applicable local, state and federal laws, rules and regulations to participate in Baby Promise.

For licensed programs, the CCR&R shall work with DELC on an ongoing basis to support Baby Promise Program Providers in maintaining good standing with the Child Care Licensing Division (CCLD) (Licensed Childcare).

Early Learning and Care Programs and providers who are license exempt and would like to be Baby Promise Program Providers must meet additional training and safety requirements to be approved to provide child care through ERDC, including completing the Regulated Subsidy Child Care Health and Safety Review Checklist. See this link for more information: ERDC Providers

The CCR&R shall work with the Baby Promise Program Providers and providers to maintain best practices and understand licensing. The CCR&R must review the DELC "Observed Serious Health and Safety Policy and Procedure" with the Program and shall provide a hard copy of the document to the Program.

The CCR&R and DELC reserve the right to, and may, review an Early Learning and Care Program's licensing record at any time. CCR&R will require all Baby Promise Program Providers to report any licensing or compliance violations within two (2) business days.

Baby Promise Program Providers/providers must ensure that health and safety requirements are met. The CCR&R may terminate subcontracts with Baby Promise Program Providers for failure to meet good standing requirements including but not limited to violating any of the health and safety requirements listed below:

- Adults required to be enrolled in the Central Background Registry are present in the program without current enrollment
- Children are in imminent danger
- Children are not supervised
- Extreme unsanitary conditions
- Inappropriate guidance and discipline
- Multiple or serious fire, health, or safety hazards
- Providing care without being licensed with the Child Care Licensing Division (CCLD) as required by rule; etc.
- Safe Sleep Violations
- There are more children than allowed

The CCR&R shall notify DELC outlining circumstances of their intent to terminate a subcontract with a program prior to official termination.

Programs are encouraged to utilize the Health and Safety Screener developed by Head Start prior to applying to become a Baby Promise site (Head Start Health and Safety Screener).

Staff-Child Ratios

Licensed Baby Promise Program Providers must comply with the staff-child ratios for their license type. License exempt Baby Promise Program Providers must comply with the ratios described in "Rules for Certified Child Care Centers Table 3A", See the following link for more information: Rules for Certified Child Care Centers. Regarding ratios, Early Head Start/Head Start programs must comply with the Head Start Performance Standards.

Feeding and Eating Practices

Nutritional Services

The CCR&Rs shall ensure that Baby Promise Program Providers meet the nutritional needs of the eligible children through participation or adherence to USDA CACFP (USDA CACFP) guidelines, or the utilization of recommended practices within Caring for our Children: National Health and Safety Performance Standards Guidelines for Early Learning and Care Program (4th edition).

Programs are not required to participate in the USDA CACFP program. Specifically, Baby Promise Program Providers' practices must align with the standards listed above and applicable state licensing standards on safe preparation and storage of snacks and meals, feeding of infants, choking hazards, serving size, self-feeding practices, dietary needs, and allergies. The Program's written care plan, submitted in accordance with the Program's licensing requirements, shall also align with the above standards.

Program practices shall be in the family handbook, and a menu of meals and snacks shall be posted and provided to families regularly. Families who provide a signed medical (MD signed) or religious statement of need for children's dietary restrictions must be honored. Families who provide a signed medical statement specifying a specific formula brand for their children must be honored.

Baby Promise Program Providers are expected to work with families on food preferences including culturally preferred preferences and to approach collaboration with families with a friendly, empathetic effect, and a desire to honor the families concerns. Providers are encouraged to reach out to the CCR&R for assistance when finding a resolution is needed.

The CCR&R shall provide guidance to programs that need support, communicating a process to families who may have allergies, family food preferences, and the creation of written care plans and forms.

Relational Dining

Also known as family-style or communal dining**.** The CCR&Rs must ensure that Baby Promise Program Providers adopt relational dining practices. This practice involves Early Educators sitting with children during meals in small groups, with children serving themselves (when possible) while sharing pleasant conversations. During these shared experiences, Early Educators shall be modeling appropriate and healthy eating habits, providing supportive guidance on serving sizes, and attuning to hunger and satiation cues.

CCR&Rs are encouraged to guide and support Baby Promise programs' cultural preferences for planning meal times and determining food cost for children. More guidance can be found at Family Style Meal Service in the Child and Adult Care Food Program.

Breast Feeding Policies

The CCR&Rs must ensure that Baby Promise Program Providers have written policies that support and encourage breast-feeding and outline the process for storing breastmilk. and include an appropriate environment that facilitates breast-feeding if the parent chooses to do so onsite. Policies shall be available to families within the family handbook provided by the Baby Promise Program Providers.

Curriculum

Curriculum

Annually, CCR&R must verify that Baby Promise Program Providers use a curriculum and approach to teaching during the entire program year. The curriculum chosen must meet the requirements of the top tiers of Spark. For information on curriculum options within the Spark program, visit the Spark website (Spark).

Regardless of the curriculum or approach to teaching used, Baby Promise Program Providers must: (a) post a formal daily schedule of indoor and outdoor activities and routines, with opportunity for child-initiated and teacher-directed activities; (b) post activity plans; and (c) make a written curriculum statement available for staff and families.

Religion

Baby Promise Program Providers must not advance any religion during the instructional hours designated as Baby Promise Program. Any religious symbols located in or around the classroom do not need to be removed; however, they may not be incorporated or used in the selected curriculum, meals, music, art, story time, or teaching program. Note: religious materials may not be purchased with Baby Promise funds.

Screen Time

Television/telephones/movies/social media/projected video or internet content.The CCR&R must ensure that all Baby Promise Program Providers prohibit the use of all screen time for all children regardless of age. Children learn more effectively and efficiently when interacting with individuals and engaging with their physical and social surroundings. Screen time reduces the quality and quantity of these interactions and therefore is not allowable. Screens may not be used for music, movement, rest time, or any other planned or unplanned activity with children. All staff in the presence of children are expected to refrain from using screens unless the program requires the use of a device for attendance, meals, or other "real time" administration related directly to children in care. Photo documentation for portfolios and sharing with parents is permitted.

Field Trips

Field trips shall be developmentally engaging and appropriate. They must be free and available to all children participating in the Baby Promise Program. Baby Promise funds may be used to provide field trips or other appropriate instructional activities for the children. Field trips must be related to the curriculum and shall include a lesson plan demonstrating this connection. Programs are encouraged to share field trip lesson plans

with Infant Toddler Specialists and Quality Improvement Specialists during regular meetings.

High-Quality and Baby Promise

High-quality

Observable practices in an Early Learning and Care Program wishing to participate in Baby Promise. Providing high-quality care is foundational to what it means to be a Baby Promise Program Providers and DELC expects Baby Promise Program Providers and their staff to demonstrate an inquisitive nature and thoughtful reflection when engaging in the development and continued implementation of high-quality care and education. All program staff in Baby Promise Program Providers that subcontract with a CCR&R for Baby Promise slots must engage in continuous, focused growth and development (an element of high-quality) over time as they engage with CCR&Rs and DELC in the cycles of assessing, planning, and goal setting for themselves and the children they serve.

1. "High-quality" is a complex term, with multiple meanings including, but not limited to, the following examples: Raise Up Oregon: A Statewide Early Childhood System Plan (Raise Up Oregon) uses these terms to define high-quality:
    - culturally responsive,
    - developmentally appropriate.
    - inclusive,
2. Developmentally Appropriate Practice (DAP), a term often used in the early learning profession is defined by the National Association for the Education of Young Children (NAEYC) as:
    - Building on each child's strengths—and taking care to not harm any aspect of each child's physical, cognitive, social, or emotional well-being—educators design and implement learning environments to help all children achieve their full potential across all domains of development and across all content areas.
    - Developmentally appropriate practice recognizes and supports everyone as a valued member of the learning community. As a result, to be developmentally appropriate, practices must also be culturally, linguistically, and ability appropriate for each child. NAEYC DAP
    - Methods that promote each child's optimal development and learning through a strengths-based, play-based approach to joyful, engaged learning. Educators implement developmentally appropriate practice by recognizing the multiple assets all young children bring to the early learning program as unique individuals and as members of families and communities.

3. High-quality early care and education also includes appropriate ratios and group sizes, prepared and qualified educators, family engagement, warm and responsive environments, and individualized instruction. High-quality is not only what is safe for children, but also what is best for children in the many contexts in which we encounter them.

What is the understanding of high-quality within the CCR&R? In which of the many components of high-quality listed above does the CCR&R see itself reflected in the programs it serves? CCR&R staff who work with programs? Philosophy as an agency? As staff read through this Manual, note where this term is used and consider how the agency may plan to support Baby Promise Program Providers components, staff, and families.

Clearly, there are many aspects to the definition of high-quality. The CCR&R must support the growth and development of high-quality within Baby Promise Program Providers. If a program's practices are not aligned with high-quality the CCR&R must take steps to assist in the growth and development of the program utilizing the processes outlined in this Manual.

The CCR&R may, with consultation from DELC, place a program on a corrective action plan for failure to adhere to and provide high-quality care. The program must comply with the requirements of the corrective action plan. Ultimately, the CCR&R and DELC will determine if the program is meeting the many elements of high-quality and adhering to the corrective action plan.

Responsive Caregiving

Baby Promise Program Providers shall use responsive caregiving practices. Early Educators shall at all times be actively anticipating, and be responsive to, the cues and needs of each child. Early Educators shall interact in a sensitive, caring, and dependable manner.

The CCR&R must support responsive caregiving practices within the Early Learning and Care Program through professional development and in all areas including:

- Continuing to develop all program staff who work directly with children to promote children's ability to identify and express their emotions by modeling empathy and assisting children in showing empathy towards their peers.
- Continuing to develop all program staff with the understanding of developmentally appropriate practice and the process of "plan/do/assess" cycle around the tenets of DAP.

- Continuing to develop the skill of narrating what is happening to children during routines and activities (for all program staff who work directly with children).
- Recognizing and responding appropriately to children's individualized cues.
- Using daily routines and interactions to form a basis for learning.
- Using joint attention (sharing a common focus) with children during normally occurring routines and activities to demonstrate being responsive to the child's interests.

Continuity of Care and Primary Caregiving

The practices listed above are essential to support young children in forming secure attachments and must be used consistently in classroom settings for children enrolled in Baby Promise. Continuity of care means that children and their caregiver(s) remain together for more than one year, often for the first three years of the child's life. Primary caregivers must be identified as the primary Early Educator for groups of children (when more than one adult is present).

Primary Early Educators shall be responsible for each child's daily routines (e.g., feeding, diapering) for whom they provide relationship-based care. In onsite visits with Baby Promise Program Providers, the CCR&R shall use principles and practices within ZERO TO THREE's Critical Competencies for Infant Toddler Caregivers to promote continuity of care through the provision of technical assistance, coaching, and training with Baby Promise Program Providers and their staff.

Growth and Development of Baby Promise Providers

Oregon Recognition and Improvement System

The CCR&R must support Baby Promise Program Providers in attaining a top tier level (currently four or five stars) in Spark, (Oregon's Quality Recognition, and Improvement System). Baby Promise Program Providers must attain a top tier level in Spark to be eligible for Baby Promise slots.

Baby Promise Program Providers will qualify for Spark supports and incentives unless they are also Head Start or Early Head Start Programs.

Please note that Spark is currently being revised. The revision and its implications for programs participating in Baby Promise will continuously be reviewed. In the future, as the revisions to Spark become available, expectations of Baby Promise will be adjusted accordingly.

Continuous Growth and Development Plans

For the purposes of this Manual, the term "Continuous Growth and Development Plan (CGDP) will be used in place of the term "Continuous Quality and Improvement Plan" (CQI).

For all Baby Promise Program Providers, program staff must develop a Continuous Growth and Development Plan with assigned CCR&R staff. Plans shall include SMARTIE Goals that support the staff member(s) in developing and implementing high-quality practices. Interim steps, including dates when milestones will be reached, must be included in the plan. These plans must be reviewed and revised bi-annually (twice per program year). Each Baby Promise Program Providers shall provide the CCR&R with the dates of their growth and development cycle. These dates (two per year) must be included in the subcontract for each participating program.

To guide and support Baby Promise Program Providers, the CCR&R must assist in the development of continuous growth and development plans with each program. **Note:** *CGD plans are not Professional Development Plans (PDP). Professional Development plans are plans for individual staff members discussed under Personnel and Training Requirements later in this Manual.*

Continuous Growth and Development plans may be integrated into a Focused Child Care Network or Spark submission for renewal or rating adjustment. Programs are encouraged to collaborate with CCR&R staff to determine a course of action that best meets their goals for the growth and development of their program.

Regular, continuous Growth and Development plans are an element of high-quality. Utilizing program data and information from families, these plans provide direction for program level growth and development including the notation of goal attainment and identification and time line for new goals.

DELC expects Baby Promise Program Providers and their staff to demonstrate an inquisitive nature and thoughtful reflection when completing Growth and Development plans and engage in the cycles of planning, teaching, and assessing for themselves and the children they serve. CCR&R staff must assist Baby Promise Program Providers as they complete such plans.

The CCR&R may, with consultation from DELC, place a program on a corrective action plan for failure to write and adhere to Growth and Development plans. The program must comply with the requirements of the corrective action plan. Ultimately, the CCR&R and DELC will determine if the program meets the many elements of high quality and adheres to the corrective action plan.

Equity and Baby Promise

Equity – Practices in Baby Promise Programs.

The Department of Early Learning and Care fosters coordinated culturally appropriate, and family-centered services that recognize and respect the strengths and needs of all children, families, and early learning care professionals.

Further, we (DELC) are committed to dismantling the systems of oppressions that harm and create disparities for communities who are historically and institutionally excluded. We are adopting anti-racist principles, expanding access to services, and ensuring community representation and shared power in agency efforts. We are fostering a culturally responsive environment in which all individuals can experience a sense of belonging as they access programs, services, and resources.

Please review DELC's mission, vision, and values as you reflect on the Baby Promise Program. See the Equity Commitment for more information.

Assisting Oregon's young children and families to learn and thrive, and supporting equity to help address the needs of **all** children and families are part of DELC's mission, vision, and values.

Research indicates that regular attendance in high-quality Early Learning and Care programs has positive impacts for children's attendance later in their academic career. Also, research indicates that intentional time spent with family provides the foundation for healthy attachments and social development for children as they grow and develop.

Understanding the diverse impacts on families by complex systems such as K-12 education, subsidy programs and emergency response (such as COVID or wild fire) is an element of providing high-quality, equitable, care and education to children and families.

Systems are often created to serve many people; thus, sometimes unintentional consequences result for some people attempting to access or use a system. A negative experience with a system sometimes results in trauma that may impact a person's response in other settings with system requirements. Some people perceive a system as punitive, rather than supportive, while for others a system provides a positive structure.

A variety of circumstances may cause barriers for families and Baby Promise Program Providers when planning to meet the requirements in this Manual. When a CCR&R or Early Learning Hub enrolls a family or subcontracts with an Early Learning and Care Program whose circumstances require meeting requirements listed in this Manual with more flexibility, they must carefully consider the relationship between the circumstance and issues of equity.

DELC expects the CCR&R to demonstrate an inquisitive nature and thoughtful reflection when a barrier is presented and work with all parties impacted to determine best outcomes while

keeping a focus on the lens of equity.

While it is the responsibility of the CCR&R to thoroughly read, understand, and comply with the expectations outlined in this Manual, DELC is available to answer any questions or concerns the CCR&R may have and to pro-actively support efforts to provide high-quality, equitable, infant-toddler care. DELC is excited about the opportunity to work with local communities to encourage growth and development in Early Learning and Care Programs and increase access to relationship based high-quality infant-toddler care.

Family Engagement

Participation

The CCR&R shall assist Baby Promise Program Providers to make opportunities available for families to participate in their child's educational experience and provide opportunities for engagement throughout the year. Baby Promise Program Providers shall communicate regularly with families, offer opportunities to participate in their child's classroom/program, provide suggestions for home and community-based engagement and link families to community resources. Baby Promise Program Providers shall provide effective strategies for family input in all aspects of the program. Baby Promise Program Providers shall be responsive to the cultural and linguistic backgrounds of children and families served.

Family Orientations

The CCR&R must ensure that Baby Promise Program Providers provide an orientation to incoming families for Baby Promise services. CCR&R staff may attend.

Family Handbook

The CCR&R shall ensure that the Baby Promise Program Providers have a family handbook that includes the program's administrative policies, family leadership opportunities, medical policies as addressed in DELC child care licensing, and Baby Promise Program Year calendar. The handbook must be provided to families prior to or on the first day of their child's attendance in the program.

Daily Communication

Baby Promise Program Providers have a unique responsibility to the families of infants and toddlers to provide daily communication around caregiving routines such as feeding, sleeping, and diapering/toileting. The CCR&R shall assist Baby Promise Program Providers to create processes for daily communication. There shall be a verbal and written component associated with this ongoing connection with families and an opportunity for families to share reciprocally as it relates to the rapidly changing needs of their children each day.

Family Conferences

The CCR&R must verify that Baby Promise Program Providers offer, at minimum, three family conferences within the program year. Conferences shall be documented and are necessary to enhance the knowledge and understanding of both Early Educators and families. This is an opportunity for mutual discussion of the child's interests, preferences, assessments, and progress.

Leadership Opportunity

The CCR&Rs shall work with Baby Promise Program Providers to ensure that they inform families and staff of opportunities to participate in leadership roles for the program, or at a regional and state level in the early learning field.

Parent/Guardian Information

Parent/Guardian Responsibilities

The CCR&R shall ensure that all Baby Promise Program Providers provide parents/guardians with the DELC Parent Information document which includes following:

- Meet reporting requirements for ERDC and maintain eligibility per OARS.
- Parent Responsibilities: The parent/guardian is responsible for communicating with program staff regarding attendance, maintaining contact with families when a child first has two or more unexplained absences, and participating in an attendance plan when required.
- The parent/guardian is responsible for providing true and accurate information to their childcare program, CCR&R, and/or the Department of Early Learning and Care.
- The parent/guardian is responsible for reporting changes in their circumstances to the position responsible for eligibility for the Baby Promise Program locally within ten calendar days of becoming aware of the change. Some changes, while not required to be reported, will result in an increased benefit for the family by reporting them.
- The parent/guardian is responsible for supplying all requested forms, information, and verification needed to determine eligibility for program and amount of benefits.
- The parent/guardian must cooperate in taking any actions necessary to establish eligibility. The parent must cooperate with any DELC and/or Office of Inspector General (OIG) fraud investigation by completing any required forms, responding to scheduled interview appointments, and by making requested records or information available. Parents/guardians who do not cooperate may be determined to be ineligible until they cooperate.
- The parent/guardian must permit the childcare program, the CCR&R or DELC to verify all information/statements on the application and during the interview.

Note: Changes that may impact Baby Promise eligibility should be reported within ten (10) calendar days via phone, fax, e-mail, mail, or in person to CCR&R and DHS. Some changes may affect Baby Promise eligibility status.

- The parent is responsible for paying childcare fees to the Early Learning and Care Program, if applicable, for additional children in household needing care who are not participating in the Baby Promise Program.
- The parent is responsible for reporting to the CCR&R within twelve (12) calendar days if their child is no longer enrolled in childcare or moves out of the home.

Baby Promise services may be terminated if the parent does not comply with Baby Promise program policies. Any violations of responsibility may result in suspension, reduction, or termination of grant services. Please note that Baby Promise is a quality support in addition to ERDC subsidy; any change to Baby Promise participation will not impact a family's ERDC eligibility for their 12-month certification period.

Screening and Assessment

Developmental Screening

The CCR&R must ensure that Baby Promise Program Providers are using the Ages & Stages Questionnaire (ASQ-3) (ASQ) and Ages & Stages Questionnaire: Social-Emotional (ASQ: SE-2) within the first 45 days of a child's enrollment in Baby Promise and ongoing as prescribed by Ages and Stages (Ages and Stages).

The purpose of this tool is to ensure that children are assessed regularly for potential developmental needs that may require additional services and referrals.

The ASQ screenings must be conducted in partnership with families to screen for developmental delays and disabilities during the entire time the child is enrolled. Baby Promise Program Providers will ensure that child-screening procedures utilize appropriate practices for young children and will seek additional training; the tool must be completed together with the family, shared with the family upon completion, and not completed solely by education staff.

Other screening tools may be appropriate as alternatives to the ASQ-3 or ASQ:SE-2 and may be proposed to the CCR&R for approval to assess a child's individualized needs. The ASQ screenings must be conducted in partnership with families to screen for developmental delays and disabilities during the entire time the child is enrolled. Baby Promise Program Providers will ensure that child-screening procedures utilize appropriate practices for young children and will seek additional training, if necessary to complete ASQ screenings.

Baby Promise Program Providers leaders shall work closely with the Infant/Toddler Specialist, Coach or Quality Specialist and teaching staff to perform initial screenings for Baby Promise

children and to assist the program staff to communicate with families using the information from the screening.

The CCR&R must provide follow-up support to ensure that the program is engaging in regularly planned cycles of developmental screening tools with the children enrolled to increase their understanding and ease of use with the tools with each cycle. The CCR&R shall develop feedback processes with programs to guide the growth and development of both CCR&R staff and Program staff in the use of developmental screenings.

Referral for Evaluation

The CCR&R shall work with Baby Promise Program Providers to ensure they have policies and procedures to refer children for additional specialized assessment. If warranted through screening and additional relevant information, the Early Learning and Care Program, with the parent's consent, shall refer children to Early Intervention/Early Childhood Special Education (EI/ECSE) as soon as possible. It is critical that the Early Educator, as a primary and trusted relationship with the family, continues to support families through the formal evaluation process and ongoing to develop supports and strategies to best address each child's developmental needs.

CCR&R staff shall provide support by connecting the family and provider to the appropriate professional for assessment or screening. They may also assist with follow up information, communications, and support.

Learning and Developmental Assessments for Children

The CCR&R must ensure that children in the Baby Promise Program are assessed for developmental progress at regular intervals three times per year in the following areas: social/emotional, cognitive, physical (gross and fine motor) development, and communication.

Baby Promise Program Providers are encouraged to complete developmental assessments for all children enrolled in care in addition to children in Baby Promise slots. This type of assessment for young children involves Early Educators documenting specific skills gained by each child using anecdotal observations, portfolio artifacts and curriculum assessment tools to develop goals for each child and individualize and augment curriculum planning.

Early Educators may maintain and update a portfolio for each child in the Baby Promise Program and share the findings from these assessments regularly with families. Any formal assessment instruments used shall be valid, reliable, culturally responsive, competent, developmentally appropriate, and individually administered by trained personnel. Baby Promise Program Providers must submit developmental assessments to the CCR&R or DELC upon request.

Programs that have developed their own assessments shall complete a worksheet demonstrating how their assessment aligns with either Oregon's Early Learning and

Kindergarten guidelines (Guidelines) or Head Start Early Learning Outcomes (Outcomes). Baby Promise Program Providers shall submit any developmental assessments to the CCR&R upon request. See the quality supports section of this Manual for more information on assessment tools.

Learning and developmental assessments provide foundational information to Early Educators and families. These assessments provide direction for planning for individual children's growth and development and for program level growth and development. Assessments are a key element to the teaching cycle.

DELC expects Baby Promise Program Providers and their staff to demonstrate an inquisitive nature and thoughtful reflection when completing assessments for children and utilizing assessment information as they engage in the cycles of assessing, planning, and goal setting for themselves and the children they serve. CCR&R staff must assist Early Educators as they implement learning and development assessments and use the results for continuous growth and development.

The CCR&R shall provide follow up support to ensure the program is engaging in regular learning and developmental assessments for children enrolled and increasing their understanding and ease of use with the tools. The CCR&R shall develop feedback processes with programs to guide the growth and development of both CCR&R staff and Program staff in the use of growth and development assessments for children.

Supports for CCR&Rs and Baby Promise Providers

Resources

To support the development and implementation of best practices in Early Learning and Care, the CCR&R and the Baby Promise Program Providers and providers shall use these rules and resources to provide high-quality care:

- Business Administration Scales (BAS) – For Family Child Care (Publisher: Kaplan)
- Caring for our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs (4th edition)
- Central Coordination Resource Website (Central Coordination)
- Classroom Assessment Scoring System (CLASS INFANT TODDLER) Infant/Toddler Environmental Rating Scale Revised Edition (ITERS R)
- Classroom Assessment Scoring System (CLASS)
- Family Child Care Environment Rating Scale (FCCERS-R)

- Head Start Program Performance Standards
- Inclusive Partners – (Inclusive Partners) is a statewide program that works to empower Oregon's childcare providers to create environments that encourage full participation for all children. Regardless of provider type or funding stream, Inclusive Partners provides technical assistance, consultation, and support so all children can play, learn, and grow together.
- NAEYC Code of Ethical Conduct
- NAEYC Early Learning Program Accreditation Standards and Assessment Items
- National Center for Pyramid Model Innovations (The Pyramid Model)
- Oregon's Child Care Licensing Division (CCLD) Rules (CCLD)
- Oregon's Early Learning and Kindergarten Guidelines (Early Learning and Kindergarten Guidelines)
- Program Administration Scales (PAS) – For Center Child Care (Publisher: Kaplan)
- Spark, Oregon's Quality Recognition and Improvement System (Spark)
- The Department of Early Learning and Care (DELC)
- Universal Design for Learning Universal Design ECLKC)
- ZERO TO THREE Critical Competencies for Infant Toddler Educators (Zero to Three)

Zero to Three Certified Trainer: *Critical Competencies*

The CCR&R shall ensure that the Infant and Toddler Specialist participates in all five ZERO TO THREE: *Critical Competencies for Infant-Toddler Educators* training sessions. The Infant and Toddler Specialist shall complete the requirements outlined by ZERO TO THREE to obtain certification within one year of attending the training. The content of this training is intended to be used with FCCN participants as well as offered within the local community to enhance the quality of infant and toddler care.

Baby Promise Program staff (directors/assistant directors) and providers (teachers/Early Educators/assistants/aides) who work directly with Infants and Toddlers must take the Zero to Three Critical Competencies for Infant Toddler Educators within the staff members initial 18 months of employment or within the first 18 months of the Program's sub contractual agreement with the CCR&R. Program Providers must work with the CCR&R to determine which staff may be trained. The CCR&R may request exceptions from DELC when reasonable.

Growth and Development

Baby Promise Program Providers are expected to lead their own growth and development using the list of resources offered above. The CCR&R must work closely with the Baby

Promise Program Providers and providers to help them benefit from all the Technical Assistance associated with the above tools and resources, identifying the resources that best meet the program's needs.

Onsite Support

The CCR&R shall provide monthly site visits to each Early Learning and Care Program and provider while children are present (the visit shall be outside of rest time). These visits shall include coaching, observations, and pedagogical mentoring that supports the continuous development of effective practices in the program. Onsite visits may be announced or unannounced. The CCR&R is required to report any serious health and safety concerns to the appropriate agency within 30 days of the visit, unless earlier if required by law.

Infant/Toddler Focused Child Care Networks (FCCN) and Communities of Practice (CoP)

All Early Learning and Care Program and provider administrators (directors) and teaching staff must participate in an Infant and Toddler Focused Childcare Network. Community of Practice (CoP) groups may also be utilized at a frequency determined by the CCR&R for program staff. CoP groups may include program directors, owners, and/or teaching staff.

All program staff in a Baby Promise Program shall participate in an FCCN or CoP facilitated by CCR&R staff. Participation shall be determined in collaboration with the CCR&R to meet best the needs of the region and Baby Promise Program Providers. FCCN/CoP activities will be scheduled to support the Baby Promise Program Providers in:

- Decreasing Early Educator isolation and
- Increasing Early Educator knowledge and skills:
- Increasing opportunities for the Baby Promise Program Providers to seek continuous development of effective practices:
- Increasing the potential for Early Educators to stay in the field.
- Supporting Early Educators to feel engaged and energized:

Shared Services

The CCR&R must develop a Shared Services Plan in partnership with their local community. The CCR&R must submit a Shared Services Plan in accordance with the current grant agreement (and any amendments thereto) on a yearly basis using the DELC provided Shared Services form. Baby Promise participating programs shall be offered services that address at least one of the following:

- Increase automation and technological resources that increase the effectiveness of Baby Promise Program Providers.
- Increase business acumen.

- Increase pedagogical leadership and capacity.
- Reduce Early Learning and Care Program administrative burden through centralized support and expertise.

Glossary of Terms

"ADA" refers to the Americans with Disabilities Act, which provides the basis for including children with disabilities in typical child development settings.

"Adult-child ratio" or "Staff-child ratio" is the number of children for whom each child care staff member (or family child care provider) is responsible for supervising.

"Aide or Assistant Teacher" is the person responsible for assisting the Lead Teacher in planning and implementing program curriculum and activities.

"Assessment" The ongoing process that includes observation and provides information about development over time. Systematic, ongoing child assessment provides information about children's development and learning. The process of gathering information, reviewing the information, and then using the information to plan educational activities that are at a level the child can understand.

"Baby Promise" refers to a publicly funded infant-toddler program in Oregon. Baby Promise is a publicly funded program that offers free, high-quality care and education for infants and toddlers from low-income families in Oregon.

"Central Background Registry" or "CBR" means CCLD's registry of individuals who have been approved to be associated with a childcare facility in Oregon pursuant to ORS 329A.030 and OAR 414-061-0000 through 414-061-0120.

"**Child Care and Development Fund (CCDF)**" Federal funds that:

- improve the quality and safety of childcare and.
- provide financial assistance to low income working families to help pay for childcare.
- support increasing the supply and availability of childcare for all families.

The grant to CCR&Rs to carry out the purposes of the Baby Promise Program is funded through the CCDF, as referenced in the following sections of the state plan.

- Coordination with relevant systems
- Ensure Access to High-quality Childcare for Low-Income Children
- Ensure Program Integrity and Accountability
- Promote Family Engagement through outreach and Consumer Education

- Recruit and Retain a Qualified and Effective Workforce
- Support Continued Quality Improvement

"CCDF State Plan" Plan designed as a snapshot into current and planned efforts, initiatives and implementation plans for Oregon to meet Federal CCDF Requirements.

"Child Care Licensing Division" "CCLD" means the Child Care Licensing Division in the Department of Early Learning and Care.

"Child Care Provider" or "Provider" or "Early Learning and Care Program" or "Baby Promise Program Participant" means a person or entity that provides care, supervision, and guidance on a regular basis of child, unaccompanied by a parent, guardian, or custodian, during a part of the 24 hours of the day.

"Child Care Resource & Referral (CCR&R)" Local and statewide services including

1. Guidance and referrals for families seeking childcare through referrals to 211 info.
2. Recruiting, training, and supporting Early Educators to remain in the profession and provide high-quality childcare programs.
3. The collection of information about the local supply of childcare; and 4) community collaboration with Early Learning System partners.

"CCR&R" refers to the entity described above, that has contracted with the Department of Early Learning and Care to administer the Baby Promise Program and to provide subcontracts to eligible Baby Promise Program Providers.

"CLASS™" refers to the Classroom Assessment Scoring System. It is a validated and commonly used assessment that measures the effectiveness of adult/child interactions as well as peer-to-peer interactions. The assessment is used to determine the effectiveness of the emotional and instructional support provided by adults and of the classroom's organization and is also used to predict children's school readiness outcomes.

"Continuity of Care" Means that children and their caregiver remain together for more than one year, often for the first three years of the child's life.

"Continuum of Care" Multiple types of childcare available to children, including but not limited to, legally license-exempt, license-exempt serving children and families receiving subsidies, family, and center-based licensed care.

"Community of Practice" (CoP) The term Community of Practice was first introduced by Jean Lave and Etienne Wenger (1991). A community of practice (CoP) is a group of people (generally peers) who share a concern or passion for something they do. Participants learn how to improve their practice as they interact regularly over time. The goal of each CoP is for participants to connect, share experiences and gain expertise from each other; it is not a time for training, policy/process clarification or general updates. A CoP may include time for

focused dialogue, reflections on a shared learning experience, reflective protocols, and sharing of a problem of practice for peer insights and guidance. To support relationships and conversations, Communities of Practice should not be recorded.

"Continuous Quality Improvement" or CQI or Continuous Growth and Development A framework to guide intentional quality improvement in systems and individual organizations. For Early Learning Programs, CQI practices are intended to create a culture in which Early Learning Program directors and staff regularly assess and make improvements to services for children and families. The collaboration of Early Learning Program leaders and staff is expected to build their capacity to identify areas of quality improvement and develop solutions that work for their unique settings and Early Learning Program cultures.

"Contract" or "Subcontract" refers to an individual Baby Promise Program subcontract between the CCR&R and an identified Early Learning and Care Program participating in Baby Promise, or contract between DELC and the CCR&R

"DELC" refers to the agency of the Department of Early Learning and Care. For more information, see DELC.

"DHS" The State of Oregon, Department of Human Services.

"Early Educator" is any person, regardless of licensing title, who provides direct care to children in the Baby Promise Program.

"Early Learning and Care Program" programs caring for infants and toddlers that are any of the following: legally license exempt within school districts, registered family childcare, certified family childcare or certified center programs. Programs also include but are not limited to Relief Nurseries, Early Head Start, Teen Parent Programs and Preschool Promise. "Early Learning Hub (Hub)" An entity designated under ORS 417.827 and under contract with the Agency to coordinate, fund and monitor certain programs and early learning services in a specific region within the State.

"Early Learning System" Network of services that support early care and education in Oregon.

"Early Learning (Childcare) Workforce" The Early Education Professionals working with, or on behalf of, young children (infants, toddlers, preschoolers, and school age children in centers, homes, and schools) and their families with a primary mission of supporting children's development and learning.

"Eligibility" The decision as to whether an individual qualifies, under financial and nonfinancial requirements, to receive program benefits.

"Employment Related Day Care (ERDC)" means Employment Related Day Care benefits which a childcare provider may be approved to receive pursuant to OAR 461-165-0180.

"Enrollment" The process of putting someone onto an official list as ready to attend.

"Family and Child Eligibility" Children must be members of families whose income, at time of enrollment meets eligibility guidelines for ERDC. Children shall be at least six weeks of age, but have not reached their third birthdate, at the time of enrollment.

"Focused Child Care Network (FCCN)" A Focused Child Care Network is a cohort of childcare practitioners who meet frequently with a Quality Improvement Specialist to discuss best practices, access, and share resources, receive training, and encourage progress as they work toward increasing the quality of their programs. The Focused Child Care Networks use Spark, as the framework to support continuous quality improvement.

"Furthest from Opportunity" Historically underserved or underrepresented populations defined as:

- African American
- Asian and Pacific Islander
- Children experiencing homelessness and engagement with the foster care system
- Children of Incarcerated Parents/Parental Figures
- Children with Developmental Delays and Disabilities
- Emergent bilingual children
- Geographically Isolated
- Immigrants and Refugees
- Latinx
- Migrant families, and/or families working in agricultural sector
- Tribal nations and communities

"Infant Toddler Specialist" is A Quality Improvement Specialist with expertise and content knowledge for providing support to programs serving infants and toddlers. The Infant Toddler Specialist will lead Focused Child Care Networks specifically working with Early Educators to develop their continuous quality improvement processes, provide professional development, coaching, working with Early Educators to develop their continuous quality improvement processes, and provide professional development, coaching, and other supports to facilitate high-quality care amongst the Early Educators engaged in an FCCN.

"IDEA" refers to the Individuals with Disabilities Education Act. This law governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.

"IFSP" is an individualized family service plan. An IFSP is a quasi-contractual agreement

developed for children with disabilities to help, guide, orchestrate, and document specially designed instruction for each student based on his or her unique academic, social, and behavioral needs.

"Lead Teacher" is the person responsible for guiding, implementing, and directing the learning experience of children in the Baby Promise classroom. The Lead Teacher plans, prepares, and implements the daily activities (indoor/outdoor) as they relate to the curriculum and maintains the classroom environment.

"Mixed delivery" This model recognizes that high-quality learning experiences can take place in a wide variety of settings, and families should be able to choose the setting that works best for them and their children. Families will have a wide range of choices of providers in the mixed delivery model. Providers could be, but are not limited to, a childcare provider, Early Head Start programs, Relief Nurseries, Teen Parent Programs, public schools, Preschool Promise programs, education service districts, or community-based organizations.

"National Association for the Education of Young Children" (NAEYC) A professional membership organization that works to promote high-quality early learning for all young children, birth through age 8, by connecting early childhood practice policy, and research.

"Primary Caregiving" This model provides for Early Educators to have primary daily responsibility for the same small group of infants or toddlers. This system creates strong bonds between an educator and child and provides families with a trusted care partnership.

"Professional Development" A continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families. Professional Development encompasses education, training, and Technical Assistance.

"Professional Development Plan" A professional development plan documents the goals, required skill and competency development, and objectives a staff member will need to accomplish to support continuous improvement and career development.

"Parent" means the natural parent, adoptive parent, parent surrogate, legal guardian, or any other adult granted educational decision-making rights by the natural or adoptive parent or a court of competent jurisdiction.

"Residency Requirement" Children participating in the Baby Promise Program must be Oregon residents and residing within Baby Promise pilot counties. Families will continue to be eligible for ERDC benefits for the full 12-month certification even if they move out of the Baby Promise counties.

"Screening" The evaluation or investigation of something as part of a methodical survey, to assess suitability for a particular role or purpose. To provide a snapshot of whether the child's development is on track.

"Shared Services" A concept that focuses on building a strong backbone of support in

partnership with Early Learning and Care Programs that enables them to build and sustain strong organizations. The support to Early Learning and Care Programs transforms their business practices and automation of billing, accounting, collection of fees, budgeting, and business acumen. This allows the Early Learning and Care Program. to be mission-focused and to deliver high-quality early care and education to improve child outcomes for young children.

"Spark" or "Spark Quality Rating and Improvement System" means the system established through ORS 329A.261 which establishes a set of progressively higher standards used to evaluate the quality of an early learning and development program and to support program improvement.

"Subcontracted Slots" Slots in an Early Learning and Care Program that participates in the Baby Promise Program though a subcontract with the local CCR&R. These Baby Promise slots are for families that are eligible for the ERDC program.

Subcontracted slot payments are paid based on the terms of a subcontract negotiated with each Early Learning and Care Program providing Baby Promise services and are not based upon attendance of the children in the slots.

Family copays will be waived for families participating in the Baby Promise Pilot program and the family receives 12-month continuous protected eligibility for full-time care while in these designated programs. The parent/guardian must be employed for a minimum of 25 hours per week and work hours must match the Early Learning and Care and Program/Providers' business hours.

"Supplant" means to take the place of something that currently exists, e.g., a pre-existing, publicly funded program.

"Supplement" means to add to or augment something that currently exists, e.g., a pre-existing publicly funded program.

"Relationship-based Professional Development" Professional Development that includes a culturally and linguistically responsive coach, mentor, advisor and/or navigator, who establishes supportive relationships and works closely with Early Educators in achieving their educational goals and maintaining work/life/school balance.

"Technical Assistance" (TA) Targeted and individualized support by a professional(s) with specific knowledge and skills to develop or strengthen processes, application, or implementation of services for/by the TA recipients. TA may be delivered by an individual or a team, to one individual or a group. TA may be provided face-to-face, via distance methods, or a hybrid of the two. Typical forms of TA include coaching, mentoring, consultation, and Professional Development.

"Zero to Three" (ZtT) A membership-based organization that provides training and

resources for professionals focused on child development for infants and toddlers.