



EARLY LEARNING COUNCIL

May 27, 2026
9:00am – 1:30pm

HYBRID MEETING/ IN-PERSON AND REMOTE: Click here to watch the [livestream](#).
Please note the livestream may take a few minutes after the meeting start time to stream.

Membership

Elizabeth Farrar Campbell, Chair; Katy Brooks; Peter Buckley; Robin Hill Dunbar; Eric Hunter; Margaret Miller; Soobin Oh; Ruby Ramirez; Marie Simonds

Agency Lead Membership

Andrea Bell (OHCS); Ben Cannon (HECC); Alyssa Chatterjee (DELIC); Sejal Hathi, MD (OHA); Liesl Wendt (ODHS); Dr. Charlene Williams (ODE)

Providing Public Comment

Persons wishing to provide public comment during this meeting should contact the Early Learning Council Administrator, Gaby Hernandez, at Gabriela.Hernandez@delc.oregon.gov. Staff respectfully request that you submit written public materials before the time of your testimony. All Early Learning Council meeting materials are posted on the DELC website prior to each meeting. To request a paper copy of the materials due to accessibility reasons, please contact Gaby Hernandez.

Accessibility

DELIC is committed to accessible services for all. Please send requests for accommodations, including interpretation services or other accommodations, at least 48 hours in advance to the Early Learning Council Administrator, Gaby Hernandez, at 971-701-3612 or by email to Gabriela.Hernandez@delc.oregon.gov

Meeting Agenda

- I. **Board Welcome and Roll Call**
Elizabeth Farrar Campbell, Chair, Early Learning Council
- II. **Public Comment**
- III. **Exploring Coordination of Home Visiting Funding**
Supporting documents: [Presentation](#); [Memo – Coordinated Home Visiting Systems](#)
Judy Reidt-Parker, Director, Start Early
- IV. **Home Visiting Funding Panel: Iowa and Washington**
Facilitator: Judy Reidt Parker, Director, Start Early
Cassie Morley, Start Early Washington
Amanda McKee, Iowa Department of Health and Human Services

**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.*



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V. **Break**

VI. **Agency Director Updates**

Alyssa Chatterjee, Dept of Early Learning and Care
Dana Hittle, Oregon Dept of Human Services

VII. **Oregon Early Learning Management System (ELMS) Update**

Supporting documents: [Presentation - Oregon ELMS Update](#)
Kaitlyn Schindler, Oregon ELMS Project Manager

VIII. **Break**

IX. **Administrative Rulemaking**

Supporting Documents: [DELIC Rulemaking Presentation](#); [May 2026 Rulemaking Memo](#); [CAR – Employment Related Day Care](#);

- i. Briefing: **Preschool Promise**
Dayna Jung, Preschool Promise Program Manager
- ii. Action/Vote: **Employment Related Day Care**
Jen Heras, Lead Child Care Assistance Program Analyst

X. **Closing & Adjournment**

Elizabeth Farrar Campbell, Chair

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Coordinated Funding Home Visiting Systems

Why It Matters, and Examples of How It is Done

MAY, 14, 2026

Acknowledgments

Start Early Consulting would like to thank the following individuals and groups for guiding the development and content of this memo by providing national and state context, historical perspective and contributing to the analysis of other state early childhood home visiting systems:

- Rebecca Brown, Center for the Coordination of Oregon's Home Visiting Systems (CCOHVS)
- Cara Copeland, Stately Pine Consulting
- Liz Farrar-Cambell, Chair, Oregon Early Learning Council
- Robin Hill-Dunbar, Ford Family Foundation
- Peg Miller and Peter Buckley, Co-Chairs of Home Visiting Advisory Committee
- Members of the Home Visiting Advisory Committee, Oregon Early Learning Council
- Members of the Home Visiting Action Network, CCOHVS
- Members of the Home Visiting Funding Partnership

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Appendices: Brief History of Home Visiting in Oregon
State Profiles: Iowa, North Carolina, Washington and Wisconsin

Purpose of Memo

The purpose of this memo is to provide Oregon's Early Learning Council with information to support greater understanding of the role, structure and management of funding in a coordinated home visiting system. While a fully coordinated system requires weaving together multiple funding sources to support high quality programming, significant attention must also be paid to the other components of the system. We can think of the funding as the fuel that runs the car, while the infrastructure of a system represents the engine, steering and navigation. Without the infrastructure, fuel alone will not get you to your destination.

Memo Structure

Part I of the memo provides context for the components of a well-designed coordinated home visiting system, and the reasoning for why this is important for the delivery of accessible, family centered services that will support the attainment of larger statewide goals for Oregon's young children and their families. Part II of the memo provides examples of how other states coordinate funding as well as other aspects of their home visiting systems. Lastly, the appendices provide a brief history of home visiting in Oregon, and profiles of four states, informed by interviews with home visiting systems leaders of each state.



Part I: Key Elements of a Coordinated Home Visiting System

A well-designed coordinated home visiting system reduces duplication by aligning workforce policies, intake/referral, outcomes/data systems, and braided funding across models and agencies, and by evaluating both program and system effectiveness toward realizing two-generational health, economic, educational, and early learning goals¹ System governance and decision making is a formal, consensus-oriented approach where state agencies, local governments, and non-state actors (such as community-based organizations, private entities, and residents) jointly engage in decision-making and policy implementation.² Coordination of the system is supported by a neutral state-level organization that convenes and facilitates the feedback loops between the state and regional implementors, conducts access gap analysis and provides data and data dialogue protocols for successful shared governance.³

When building coordinated systems, it is important to pay attention to the standardization paradox: the more rigid a system becomes in pursuit of quality and consistency, the more likely it is to exclude the communities it aims to serve.⁴ The most effective way to balance standards with equity is to distinguish between core components and adaptable peripheries. Core components are the minimum, non-negotiable elements of a program or intervention. These are the active ingredients that are scientifically or theoretically linked to the desired outcomes. The adaptable periphery consists of the structures, delivery methods, and organizational features that can be modified to fit local community needs without undermining the core components.⁵ Each of the components listed below can be designed with both core components and adaptable peripheries represented.

Workforce: A skilled workforce is built and supported through reflective supervision, secondary trauma supports, respectful compensation, unified professional learning under a

¹ Center for Coordinating Oregon's Home Visiting Systems [Home Visiting Systems Theory of Change](#) Portland, Oregon, Portland State University 2024. Retrieved May 5, 2026.

² [How States Structure Early Childhood Governance and Why It Matters](#), Prenatal to Three Policy Impact Center, blog, 03/18/25. Retrieved May 5, 2026.

³ Turner, et al., "[Understanding the Value of Backbone Organizations](#)," Stanford Social Innovation Review, July 2012.

⁴ [Equity at the Center of Implementation](#), Center for the Study of Social Policy., 10/10/2019. Retrieved May 12, 2026.

⁵ Miles, E., Mefferd, E., Schilder, D., Lucas, K., & Norwitt, J. (2024). [Coordinating Services for Families with Children from Birth to Age 5](#). Urban Institute.

shared core competency framework, and a career lattice with a corresponding compensation scale.⁶

Intake and Referral: A no-wrong-door intake and referral system has clear processes with standardized tools, shared technology for eligibility/enrollment/transitions, and closed-loop follow-up to confirm connection to services and to inform gap and performance evaluation.

Outcome Measures and Evaluation: Transparent reporting requirements are aligned with evidence-based services. Cultural, linguistic and geographic responsive program options are verified through landscape analyses and parent surveys. Data is used to guide scaling, identify gaps, allocate resources, and measure coordination and long-term outcomes.⁷

Braided Funding: Multiple distinct funding streams are directed toward shared goals and woven together in contracts while maintaining each source's rules and reporting requirements, improving adaptability to local changes, and shifting the administrative burden of harmonizing policies and procedures upstream to state agencies so providers can focus on service delivery.⁸

Governance: Collaborative decision-making structures are established with diverse representation, accountability, and institutional support to rebalance power, align funding and resources to community needs, and improve efficiency, effectiveness, and equity across programs.⁹

Coordination: A neutral convenor or backbone organization connects disparate home visiting programs by convening cross-sector partners to unify funding and implementation

⁶ National Home Visiting Resource Center, [Home Visiting Yearbook, 2024](#). Retrieved May 10, 2026.

⁷ Health Resources and Services Administration. "Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: [Oregon State Profile](#)." U.S. Department of Health and Human Services. Retrieved May 2, 2026.

⁸ Hubbard, A. and Wallen, M. [Blending and Braiding Early Childhood Program Funding Streams Toolkit: Enhancing Financing for High-Quality Early Learning Programs](#), The Ounce of Prevention, 2013.; Health Resources and Services Administration. "Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program" [Managing Multiple Funding Sources to Support Home Visiting Programs](#). U.S. Department of Health and Human Services.

⁹ Liss, E. (2025). Maximizing impact under any structure: Governance lessons from local early childhood programs. New Practice Lab. <https://files.eric.ed.gov/fulltext/ED676657.pdf>

strategies, facilitate effective data sharing, align policies for improved service delivery, and support development and training of a diverse home visiting workforce.¹⁰



Part II: State Examples of Early Childhood Home Visiting Funding Coordination

Start Early conducted a desk review of state home visiting systems, reviewing state plans, implementation guides and legislative reports. Fourteen (14) states that engage in various aspects of a coordinated early childhood home visiting system were identified as viable examples for Oregon to review. A series of charts provides information on how these states approach the coordination of early childhood home visiting systems with a focus on the components described in Part I of the memo.

¹⁰ Samari, D. and Schmitz, P., [Backbone Leadership Is Different: The Skills and Mindset Shifts Needed for Collective Impact](#), Collective Impact Forum, August 2024

1. State Home Visiting Governance and Funding Strategy

This chart shows how 14 states structure governance, and finance early childhood home visiting systems. Across the states, common patterns include centralized oversight through health or early childhood agencies, regional or local coordination structures, and braided funding models that combine federal MIECHV funds with state funds, Medicaid, TANF, or other sources.

Regional/Local Control: Colorado, North Carolina, and Iowa utilizes local boards, councils or regional hubs to manage planning and implementation.

Centralized Oversight: Connecticut, Kentucky, New Mexico, and Michigan lean toward centralized, state-level accountability and legislative oversight.

Finance Models: Iowa, Minnesota, Washington and Wisconsin braid funding at the state level to reduce the administrative burden for individual programs.

State	Lead Governance Agency	Key Governance Features	Fiscal & Funding Strategy
Colorado	CO Department of Early Childhood	Mandated regional Early Childhood Councils (31 councils) manage local implementation.	Braids MIECHV, State General Funds, and Child Care Development Block Grants (CCDBG).
Connecticut	Office of Early Childhood (OEC)	Centralized cabinet-level agency oversight birth-to-five; mandated accountability legislation.	Utilizes MIECHV and State General Funds.
Illinois	Department of Early Childhood (July 1, 2026)	State general fund IDHS line item; MIECHV funds are currently aligned under the Bureau of Home Visiting. As of July 1, all home visiting will be under the same agency, with anticipated alignment of program standards and funding	Braids MIECHV and state funding; developed specific cost models for braided funding managed at the local level by individual programs.
Iowa	IA Dept. of Health and	Early Childhood Iowa (ECI) local boards represent all 99 counties for planning.	Managed through MIECHV and State General Funds.

	Human Services (HHS)		
Kentucky	Cabinet for Health and Family Services (CHFS)	Operates the HANDS program under state-level accountability legislation.	Funded by MIECHV, Medicaid and state dollars for universal outreach to first-time parents.
Michigan	MI Dept. of Health and Human Services (MDHHS)	Strong emphasis on state-level legislative oversight and accountability reports.	Primarily MIECHV and state general funds.
Minnesota	Minnesota Dept. of Health (MDH)	Consolidates multiple grants into a single grant program.	Blends MIECHV, TANF, and state grants (NFP, EBHV) into a unified fiscal stream. Programs that are eligible to bill Medicaid are required to do so.
New Mexico	Early Childhood Education and Care Dept. (ECECD)	Fully integrated department with a centralized intake and referral portal.	Braids MIECHV, State General Funds, and Medicaid reimbursement.
New York	Council on Children and Families (CCF) / Dept. of Health	Interagency coordination focused on health and early learning data sharing.	MIECHV, state funds, and the First 1000 Days on Medicaid fiscal initiative
North Carolina	NC Dept. of Health and Human Services (NCDHHS)	Multi-sector governance involving local Smart Start public-private partnerships.	MIECHV and state-funded Smart Start initiative.
Pennsylvania	Office of Child Development and Early Learning (OCDEL)	Joint administration between Dept. of Education and Dept. of Human Services.	Integrated state-level office managing education and social service funding streams.

South Carolina	SC First Steps / Children's Trust of SC	Hybrid governance: non-profit leads federal funds; state agency leads local partnerships.	Split fiscal management between SC First Steps (PartC/EI) and Children's Trust (MIECHV).
Washington	Dept. of Children, Youth, and Families (DCYF)	Cross-system data integration, specifically identifying children with special health needs.	MIECHV and State General Funds.
Wisconsin	Dept. of Children and Families (DCF)	Strong partnership with public health (DHS) for alignment on maternal health.	Combination of federal MIECHV and state Family Foundations dollars.

2. State Home Visiting Financing (2025–2026)

This chart shows how the 14 highlighted states currently finance home visiting programs using a mix of federal, state, Medicaid, and other dedicated funding sources. Across the states, common funding foundations include MIECHV, TANF, Title V, and state appropriations, while Medicaid is used in a variety of ways.

Dedicated Revenue Streams: Washington and Colorado stand out for using non-traditional taxes and specialized trust funds to insulate home visiting from general budget fluctuations.

The Medicaid Shift: States like Connecticut and South Carolina are updating reimbursement rates in 2026 to align with the actual cost of high-quality service delivery.

Private-Public Leverage: North Carolina is unique in its statutory requirement for a 10% local private match, which can contribute to community buy-in and fiscal diversification beyond state and federal grants.

Performance-Based Funding: South Carolina is considered a leader in outcomes-based financing, using private investment to scale programs like Nurse-Family Partnership with repayment triggered by proven health improvements. Connecticut has a program rewarding providers for specific qualitative metrics (i.e., reaching underserved communities).

Other Innovative Approaches: Iowa, North Carolina and South Carolina leverage CHIP HSI funds to support specific models that don't fit perfectly into traditional clinical billing.

State	Federal Core Funding	State General Fund & Local Support	Medicaid Financing Approach	Dedicated or Innovative Revenue Approach
Colorado	MIECHV	Nurse Home Visitor Program Fund	Targeted Case Management (TCM)	Child Abuse Prevention Trust Fund transfers
Connecticut	MIECHV	OEC Strategic Investments	State Plan Amendment for coordinated care	Outcome-based rate add-ons
Illinois	MIECHV & Early Head Start	General Fund line items	State Plan Amendment for preventative services	ISBE Prevention Initiative (Education funds). A set aside attached to early childhood block grant requires a % of new dollars go to birth-to-three programming, including home visiting
Iowa	MIECHV & TANF	Early Childhood Iowa (ECI) Local Boards	Targeted Case Management and CHIP HSI	Community-based block grant allocations
Kentucky	MIECHV	General fund used to provide services for families ineligible for Medicaid	State Plan Amendment	Tobacco Master Settlement Agreement funds used at match for Medicaid
Michigan	MIECHV	General Fund appropriation	Home Visiting established as a core State Plan Benefit	School Aid Act (Education-funded) County Millages: Several Michigan counties have passed local property tax millages specifically for early childhood services including home visiting.
Minnesota	MIECHV & TANF	Strong Foundations grants	State statute mandates a flat reimbursement	Early Childhood Family Education (ECFE) levy

			rate for evidence-based home visits provided by public health nurses	
New Mexico	MIECHV	ECECD Cabinet-level funding	1115 Waiver	Tobacco Settlement Permanent Fund
New York	MIECHV & TANF	Multi-agency line items (DOH/OCFS)	First 1,000 Days on Medicaid initiative and 1115 Waiver	Combined social service block grants
North Carolina	MIECHV	Smart Start Appropriation	1115 Waiver, Targeted Case Management and CHIP HSI	Required 10% private/philanthropic local match
Pennsylvania	MIECHV	Community-Based Family Support funds	Home Visiting established as a core State Plan Benefit	Marriage certificate and divorce complaints fees
South Carolina	MIECHV	State First Steps allocations	1915b Waiver Targeted Case Management and CHIP HSI	Pay for Success (Social Impact Bonds)
Washington	MIECHV	Home Visiting Services Account (HVSA)	Maternity Support Services and Infant Case Management	Dedicated Marijuana Tax Account
Wisconsin	MIECHV & TANF	State general fund line item	Prenatal Care Coordination and Child Care Coordination (restricted to high-risk pilots)	Highly structured braided funding stream - the Family Foundations Home Visiting program.

3. State Braided Funding and Contracting Method Comparisons

The following chart details the braided funding sources and contracting methods for the 14 highlighted states. These strategies demonstrate how states coordinate federal and state revenue to support home visiting while managing various local implementation structures.

Fiscal Consolidation: States like Minnesota and New York are increasingly using unified or braided grant applications to reduce the administrative burden on local providers who utilize multiple funding streams.

Regional Intermediaries: Colorado, Iowa, and North Carolina utilize regional or local boards (e.g., ECI or Smart Start) to act as fiscal and governance leads for their respective geographic areas.

Medicaid Integration: Kentucky and New Mexico have established robust Medicaid reimbursement pathways, often requiring state-level policy alignment to ensure home visiting is recognized as a billable health service.

The Single Grant Approach: Minnesota's Strong Foundations model is a leading example of administrative simplification, where three separate funding streams are managed as a single award to local agencies to reduce their reporting burden.

Medicaid Integration: New Mexico and Washington require local providers to become Medicaid-credentialed, effectively braiding clinical health dollars with social support funding to increase the total pool of home visiting resources.

State	Primary Braided Funding Sources	Contract & Procurement Approach	Local Implementing Entities
<p>Colorado</p>	<p>MIECHV, State General Funds, and CCDBG</p>	<p>State contracts with regional hubs and local agencies to drive community-specific delivery. Model intermediaries help local providers navigate multiple funding streams, including MIECHV (federal), state general funds, and private philanthropic dollars.</p>	<p>Early Childhood Councils (31 regions) and Local Implementing Agencies (LIAs).</p>

Connecticut	MIECHV, TANF, and State General Funds	Centralized state-level procurement through the OEC Division of Family Support Services.	Community-based organizations and health care systems.
Illinois	MIECHV, State General Funds	State contracts directly with Local Implementing Agencies (LIAs) but allows local model selection.	Community-based organizations, school districts, health departments, and some hospitals, often utilizing doula enhancements.
Iowa	MIECHV, TANF and State General Funds	Distributed funding via local citizen-led boards that cover all 99 counties.	Early Childhood Iowa (ECI) Local Boards and designated area providers.
Kentucky	Medicaid (HANDS) and State General Funds	State-level authorization for a universal outreach model reimbursed via Medicaid.	Local Health Departments and contracted HANDS provider agencies.
Michigan	MIECHV and State General Funds	Procurement managed through MDHHS Business Service Centers (BSCs) to coordinate regional services.	Local health departments and non-profit counseling contractors.
Minnesota	MIECHV, TANF and State Funds	Unified "Strong Foundations" grant program that consolidates multiple streams into single awards.	County governments, Tribal nations, and Community Health Boards (CHBs).
New Mexico	MIECHV, State General Funds, and Medicaid	Direct state contracts managed by ECECD, utilizing a centralized referral portal for intake.	33 home visiting provider organizations statewide. Highly centralized at the state level

New York	MIECHV, TANF, State Funds, and Medicaid (First 1000 Days)	Interagency contracts targeting specific high-need counties for evidence-based models.	County health departments and non-profits (HFNY/NFP projects).
North Carolina	MIECHV and state-funded Smart Start initiative	Contracts managed through a public-private backbone organization (NCPC) and local partnerships.	Local Smart Start Partnerships and community providers.
Pennsylvania	MIECHV and State Funds	Joint administration by Education and Human Services (OCDEL) to align cross-sector funding.	School districts and community-based social service agencies.
South Carolina	MIECHV and State Funds	A hybrid approach split between a state agency (First Steps) and a non-profit fiscal intermediary.	SC First Steps Local Partnerships and MIECHV-funded LIAs.
Washington	MIECHV and State General Funds	Performance-based contracts managed centrally by the Department of Children, Youth, and Families.	Local community-based providers and specialized health agencies.
Wisconsin	MIECHV, TANF, and State General Funds	Strategic alignment between the Dept. of Children and Families and the Dept. of Health Services.	Local health departments and family resource centers.

4. State Home Visiting Governance Models

This chart describes how the 14 highlighted states organize governance for home visiting systems. It identifies each state’s lead agency, coordinating entity, and key governance features. Across states, common approaches include leadership by health, human services, or early childhood agencies, with coordination handled through state boards, quasi-governmental organizations, or cross-agency partnerships.

Centralized Models: (e.g., CT, NM) Governance is housed within a single cabinet-level agency with direct authority over all funding.

Decentralized/Local Models: (e.g., IA, NC, CO) Governance is shared between state agencies and local boards that identify community needs and contract directly with providers.

Intermediary Models: (e.g., WA, CO) The state agency holds the funds but delegates system management—like systems coordination, professional development, and data dialogues—to a neutral nonprofit intermediary

State	Lead State Agency	Coordinating Entity	Governance Detail
Colorado	CDEC (Dept. of Early Childhood)	Implementation coordination is distributed across several non-profit model intermediaries. These organizations act as the specialized coordinating hubs for their respective evidence-based models.	The Colorado Home Visiting Investment Task Force, advises the state's early learning council.
Connecticut	OEC (Office of Early Childhood)	OEC Strategic Planning Div.	Cabinet-level agency reporting directly to the Governor.
Illinois	IDHS (Dept. of Human Services)	Department of Early Childhood (beginning July 1, 2026)	The Health and Home Visiting Committee advises the state's early learning council.
Iowa	Iowa HHS (Dept. of Health and Human Services)	Early Childhood Iowa (ECI) State Board	Decentralized through 38 Local ECI Area Boards
Kentucky	Dept. for Public Health	Regional Quality Assurance Teams	A statewide network of Local Health Departments
Michigan	Dept. of Health and Human Services	MDHHS Home Visiting Section collaborates with Department of Education	Home Visiting Advisory Committee includes parents and providers.

Minnesota	Dept. of Health & Department of Education	Target Home Visiting Coalition	Shared governance across health and education departments.
New Mexico	Early Childhood Education and Care Dept. (ECECD)	ECECD Home Visiting Unit	Governance centralized at state-cabinet-level status.
New York	NYSDOH (Dept. of Health)	Division of Family Health	Statewide Home Visiting Workgroup includes broad cross-agency stakeholders.
North Carolina	NCDHHS (Dept. of Health and Human Services)	Smart Start (NCPC) & HVPE Collaborative	Smart Start - local partnerships as backbones in each county, MIECHV - managed at state level
Pennsylvania	PA OCDEL (Office of Child Development & Early Learning)	BEISFS (Bureau of Early Intervention Services)	OCDEL is a joint office between the Dept. of Education and Dept. of Human Services.
South Carolina	South Carolina First Steps	SC First Steps Board of Trustees	A public-private partnership authorized by the state
Washington	DCYF (Dept. of Children, Youth, and Families)	Start Early Washington	Public-private partnership between the Department of Children, Youth, and Families (DCYF), Dept. of Health, Start Early Washington and Home Visiting Advisory Committee (HVAC)

Wisconsin	DCF (Dept. of Children and Families)	Family Foundations Program Team	Lead agency DCF works in partnership with the Dept. of Health Services (DHS).
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5. State-to-Local Governance for Home Visiting Systems

The following chart describes the state-to-local governance relationships of 14 states. These structures generally transition from state-level policy and funding oversight to local implementation through regional hubs, county boards, or specialized partnerships.

Regional Consolidation: States like Colorado and Pennsylvania are moving toward regional "hubs" (Councils and ELRCs) to reduce administrative fragmentation.

Citizen-Led Oversight: Iowa and North Carolina utilize citizen-led local boards (ECI and Smart Start) to ensure that funding decisions reflect specific community needs.

Accountability Mandates: New Mexico utilizes statutory frameworks (Accountability Act) to ensure state funding only supports programs meeting rigorous quality standards at the local level.

State	State Lead Agency (Governance)	Local Governance & Implementation Mechanism
Colorado	Department of Early Childhood (CDEC)	Early Childhood Councils are transitioning in 2026 to be the primary local infrastructure, consolidating former coordinating roles to manage regional service delivery.
Connecticut	Office of Early Childhood (OEC)	Local Governance Partners (LGPs) act as community hubs focused on building partnerships and shaping local approaches to family support.
Illinois	Department of Human Services (IDHS)	MIECHV Local Hubs: Regional entities that manage coordinated intake facilitating streamlined access to home visiting within certain regions across different models and funding streams.

Iowa	Dept. of Health and Human Services (HHS)	Early Childhood Iowa (ECI) Local Boards: 38 citizen-led local boards representing all 99 counties develop community plans and allocate local funding.
Kentucky	Cabinet for Health & Family Services (CHFS)	Division of Service Regions operates through regional offices to manage local family support programs.
Michigan	Dept. of Health and Human Services (MDHHS)	MDHHS coordinates with local agencies and community resource centers through the Michigan Home Visiting Initiative
Minnesota	Minnesota Department of Health (MDH)	Local entities, along with Tribal governments and non-profits, receive state/federal formula grants to implement HV services.
New Mexico	Early Childhood Education & Care Dept. (ECECD)	Guided by the Home Visiting Accountability Act, state-funded local providers manage regional caseloads and reporting.
New York	Office of Children & Family Services (OCFS)	Children & Family Trust Fund: Local non-profits and county-based organizations serve as primary implementing partners.
North Carolina	NCDHHS & NC Partnership for Children	Smart Start Local Partnerships: A statewide network of county-based partnerships that coordinate local early childhood health and learning services.
Pennsylvania	Office of Child Development & Early Learning (OCDEL)	Early Learning Resource Centers (ELRCs): 19 regional hubs serve as a single point of contact for families and coordinate local providers.
South Carolina	South Carolina First Steps	County level local nonprofit affiliates manage state-allocated funds and partner with local agencies to deliver home visiting.
Washington	Dept. of Children, Youth, and Families (DCYF)	DCYF contracts directly with local community agencies.
Wisconsin	Department of Children and Families (DCF)	DCF administers funding to a mix of county human service departments, tribal nations, and local non-profits.

6. State Home Visiting Intake and Referral

This chart describes how the 14 highlighted states structure entry, intake, and referral pathways for home visiting and related family support services. It shows each state's primary entry point or system name alongside how intake and referral are organized. Across states, common approaches include centralized hotlines, online portals, coordinated intake hubs, regional entry teams, and directory-based resource systems.

Centralized Intake: Many states (CT, IA, NM, WA) use a single statewide hotline or portal to serve as the front door for all families.

Coordinated Intake (CI): This model (prevalent in IL and NC) focuses on a "hub" system where dedicated workers manage referrals across different agencies to ensure a "no-wrong-door" experience.

Resource Hubs: States like MN and MI use broader 211 or resource-finder systems that integrate home visiting into a wider array of social and health supports.

State	Primary Entry Point / System Name	Intake & Referral Structure
Colorado	Family Support Programs Referral List	A directory-based model where families and providers use a statewide list to find and contact specific program partners.
Connecticut	Help Me Grow (HMG) CT	A centralized point of entry utilizing a toll-free information line with care coordinators who screen for developmental concerns and refer to community services.
Illinois	Illinois Coordinated Intake (CI)	A single point of entry only in specific communities where intake workers assess needs, match families to programs, and track referral outcomes.
Iowa	Iowa Family Support Network (IFSN)	A statewide coordinated intake and referral system with a central portal and hotline for both family support and early intervention services.

Kentucky	Regional Point of Entry (POE)	Referrals are directed to teams at regional offices that determine eligibility and coordinate service plans for families.
Michigan	Michigan 211 / Home Visiting	A centralized system where families answer a few questions online or via 211 to see eligible programs and request contact from home visitors.
Minnesota	Help Me Connect	A statewide resource hub that links families and providers to local public health referral forms and community services.
New Mexico	NM Home Visiting Referral System	A centralized system managed through a web portal and a state-run home visiting
New York	Coordinated Intake & Referral System	A web-based tool for providers and a central hotline used to screen and direct new parents to appropriate services
North Carolina	Wake Connections / HVPE System	Regional coordinated intake portals (e.g., Wake Connections) to capture family needs and link them with a variety of in-home services.
Pennsylvania	Philly Families CAN / Family Centers	County-based coordinated intake and regional Family Center hubs that referrals.
South Carolina	Central Referral Team (CRT) for early intervention Regional Hubs for Children's Trust home visiting services	A hybrid system of centralized intake for early intervention and regional hubs for MIECHV services.
Washington	Help Me Grow Washington and local programs	Provides a centralized resource finder and hotline to help families navigate and access local programs
Wisconsin	MIECHV Coordinated Intake	regional coordinated intake workers assess families and manage the referral pipeline.

7. State Baseline Reporting & Outcome Measures Comparison

This chart describes the baseline reporting and outcome measures the 14 highlighted states apply across all home visiting models. While most states use the federal MIECHV benchmarks as a foundation, several have scaled these requirements to create a universal floor for all state-funded programs.

In states with a universal or statutory baseline like New Mexico, Iowa, and Michigan,, the following measures are typically required regardless of the specific evidence-based model:

Standardized Screenings: Mandated use of specific tools for Maternal Depression (e.g., PHQ-9), Intimate Partner Violence, and Child Development (e.g., ASQ-3).

Health Benchmarks: Reporting on prenatal care, breastfeeding initiation, and up-to-date well-child visits.

Safety Metrics: Tracking of emergency department visits for injuries and substantiated maltreatment.

Educational Alignment: Data on parent-child interaction and reading/literacy activities in the home.

State	Universal Baseline?	Primary Framework & Outcome Focus
Colorado	Yes	Department of Early Childhood (CDEC) maintains a unified reporting system focused on child health, safety, and school readiness for all state-funded HV.
Connecticut	Yes	Office of Early Childhood (OEC) uses standardized performance indicators across all state-funded models, focusing on maternal health and developmental screenings.
Illinois	Partial	Highly standardized for all MIECHV-funded programs. State-only funded programs are being moved toward the same performance measures.
Iowa	Yes	Early Childhood Iowa (ECI) mandates a set of statewide indicators that all local areas and models must report.
Kentucky	Yes	The HANDS program and other models align reporting with state health outcomes and MIECHV standards.

Michigan	Yes	The Michigan Home Visiting Initiative uses a set of Common Indicators required for all state-funded programs.
Minnesota	Yes	Dept. of Health requires standardized screening and outcome reporting across all models.
New Mexico	Yes (Statutory)	The Home Visiting Accountability Act legally requires a common data framework for all programs to track birth outcomes and school readiness.
New York	Yes	Office of Child and Family Services uses a common evaluation framework across most models, measuring positive parenting and economic self-sufficiency.
North Carolina	Yes	Smart Start and the state's MIECHV system share a common set of benchmarks for early childhood health and learning. MIECHV funded programs also report the federally required benchmarks.
Pennsylvania	Yes	Office of Child Development and Early Learning maintains a standard system that collects data on 19 MIECHV-aligned performance indicators from all contracted providers.
South Carolina	Yes	South Carolina First Steps applies a standardized evaluation framework to all models, focusing on child maltreatment and kindergarten entry.
Washington	Yes	Dept. of Children, Youth, and Families uses standardized metrics for well-child visits, safe sleep, and maternal health as a baseline for all programs in its provider network.
Wisconsin	Yes	Dept. of Children and Families applies a comprehensive baseline of 19 performance and system outcomes to all state-supported models.

8. Early Childhood Home Visiting Professional Development Frameworks

This chart describes the early childhood workforce registries and professional development (PD) frameworks across these 14 states. It highlights the specific platforms and features used to support and track the qualifications of professionals in home visiting roles.

National Alignment: Many states (SC, MN, CT) utilize the National Family Support Competency Framework and the "My Career Compass" tool developed by the Institute for the Advancement of Family Support Professionals to standardize home visitor training.

Credentialing: The Home Visitor Child Development Associate (CDA) serves as a common cross-state baseline for professionalizing the workforce.

Specialized Training: Beyond basic orientation, states are increasingly funding enhancement training, such as Infant and Early Childhood Mental Health (IECMH) and specialized screenings like the Ages & Stages Questionnaire (ASQ).

State	Workforce Registry	Professional Development Platform & Notable Features
Colorado	Colorado Shines PD	Employs the Home Visitor Child Development Associate (CDA) credential as a primary benchmark, requiring 120 hours of formal education and 480 hours of professional experience.
Connecticut	Early Childhood Professional Registry	Utilizes a voluntary Core Competency Framework specifically for home visitors, consisting of 150 competencies across 10 domains such as cultural responsiveness and family relationships.
Illinois	Gateways to Opportunity	Features a career lattice that explicitly includes Home Visitor roles. Start Early Professional Learning Network provides specialized state-supported training including Doula Enhancement for Home Visiting.
Iowa	I-PoWeR	Centralizes PD through the AEA Learning Online portal, which offers self-paced training and graduate credit for early childhood professionals in partnership with state agencies.
Kentucky	TRIS (Training Records & Info System)	Requires all early childhood staff to complete a mandatory 6-hour health and safety training within 90 days; TRIS tracks annual training and state certifications.
Michigan	MiRegistry	The Michigan Home Visiting Initiative maintains a specialized PD infrastructure, including a web-based training catalog mapped to established core knowledge areas.

Minnesota	Develop	Offers a Career Compass tool for personalized learning maps. Provides specific state-led training in evidence-based tools like PICCOLO and CUES.
New Mexico	ECLN Portal	Managed by the Early Childhood Education and Care Department (ECECD), which maintains a dedicated home visiting training calendar and online training modules.
New York	The Aspire Registry	Part of the New York Works for Children system, Aspire provides a free professional portfolio to track credentials and register for statewide PD opportunities.
North Carolina	WORKS	PD is heavily integrated with specific models with workforce data linked to statewide MIECHV outcomes dashboards.
Pennsylvania	PA PD Registry	The PA Early Learning Keys to Quality Career Lattice defines professional pathways for home visitors, requiring a CDA or equivalent for Level III advancement.
South Carolina	SC Endeavors	Partners with the Institute for the Advancement of Family Support Professionals to offer digital tools for online skill assessment and training.
Washington	MERIT	Tracks all required health, safety, and foundational training for early learning professionals through its managed education and registry information tool.
Wisconsin	The Registry	Features a Professional Development Approval System (PDASystem) that aligns all training curricula with Wisconsin's Core Competencies and adult learning principles.

9. Workforce Supports: Reflective Supervision and Well-Being

The following chart outlines the reflective supervision, supports available to home visitors in the 14 highlighted states. All states require some form of reflective supervision, many referring to the model specific standards in this category.

Funding Intersections: Many states leverage the Social Services Block Grant (SSBG) and MIECHV to fund professional development and related supports that other funding streams might not cover.

The Parallel Process: There is consensus that a supervisor’s ability to hold a home visitor’s emotions directly impact the visitor’s ability to support a parent.

Standardization: States like Washington and Connecticut are moving toward official endorsements to codify the quality of reflective supervision.

State	Reflective Supervision (RS) Support	Secondary Trauma & Well-being Supports
Colorado	Provides a national registry for endorsed RS/C providers to support infant mental health practitioners.	Conducts safety and risk assessment audits that address burnout and secondary trauma.
Connecticut	Utilizes the CT-AIMH Endorsement® system as the primary driver of a statewide RS structure. Program contracts explicitly state RS time is non-negotiable and cannot be replaced with field visits.	RS is provided by a formally endorsed practitioner. Home visitors use a rating tool to provide feedback on their experience and whether the RS provided is meeting their needs.
Illinois	Programs are required to adhere to model expectations for reflective supervision. There is a minimum number of hours required (72/year; 6 – 8/month). There are specific RS skill/knowledge requirements for home visiting supervisors	Programs are funded to access Infant and Early Childhood Mental Health Consultants (required for IDHS and MIECHV programs, allowed for ISBE programs).
Iowa	State mandates specific staffing structures to ensure supervisors have the capacity for deep reflective work. If the complexity of the families served or the inexperience of the staff warrants more intensive oversight the ratios may be reduced	Offers webinars on managing traumatic stress and practicing cultural humility in family interactions.
Kentucky	Encourages RS through professional development tracks in partnership with child welfare agencies.	Structured supervision models, statewide trauma-informed initiatives, and wellness initiatives managed through partnership with university

Michigan	Integrates RS principles into statewide stakeholder groups like the Child Welfare Partnership Council.	Employs Motivational Interviewing training and multidisciplinary approaches to reduce workforce stress.
Minnesota	Uses a research-based tool to define and measure the active ingredients of a reflective session. A high value is placed on culturally responsive RS.	Provides intensive permanency services focused on trauma, grief, and loss for children and staff.
New Mexico	Utilizes Social Services Block Grant (SSBG) funds to facilitate family support and practitioner training.	Focuses on trauma-informed post-adoption services for families and the providers serving them.
New York	Integrates RS into intensive family service models like ParentCorps.	Established the 2025 Task Force on Adverse Experiences and Trauma Prevention to guide policy.
North Carolina	Leverages centralized care coordination models to screen for provider and family mental health needs.	Participates in the "Listening to Women" (LTW) toolkit focusing on maternal mental health and IPV.
Pennsylvania	Focuses on building "relational leadership" and data-informed support for staff well-being.	Offers tuition support for students to address secondary trauma in child and family services.
South Carolina	Supports family-led organizations through HRSA-funded Family-to-Family (F2F) Health Information Centers.	Provides training in family support services that address historical and secondary trauma.
Washington	Developed the Region X Reflective Supervision Guide to standardize practice across the state.	Implements Learner Centered Coaching (LCC) to help supervisors address staff secondary trauma.
Wisconsin	Promotes RS through treatment foster care and intensive permanency services.	Focuses on building resilience for children and providers via trauma-informed care models.

10. State System Standardization

This chart provides a description of how the 14 highlighted states have approached a baseline or common floor, largely built upon the MIECHV framework. However, states vary significantly in their use of neutral backbone organizations - non-profit or quasi-governmental entities that coordinate the system - versus state-led governance models.

Funding: All states utilize braided funding models, combining federal MIECHV with state general funds, TANF, and often Medicaid.

Outcome Measures: Baseline reporting for all 14 states includes the six federal MIECHV benchmarks: (1) Maternal and Newborn Health, (2) Child Injury/Maltreatment, (3) School Readiness, (4) Domestic Violence, (5) Economic Self-Sufficiency, and (6) Coordination/Referrals.

Workforce Supports: States increasingly utilize a Career Lattice approach, where professional development is tracked through a statewide registry (e.g., Develop in MN, MERIT in WA) to ensure wage parity and advancement.

CQI: Continuous Quality Improvement is typically managed through state-level Learning Collaboratives that use data-driven small tests of change (Breakthrough Series model) to improve family retention and engagement.

State	Governance & Backbone Entity	Intake & Referral Structure	Workforce & CQI Highlights
Colorado	CDEC (Dept. of Early Childhood) acts as lead. The Colorado Home Visiting Coalition provides advocacy and coordination support.	Coordinated through local Early Childhood Councils and regional partnerships.	Uses Colorado Shines PD Information System; CQI focuses on school readiness and health.
Connecticut	Office of Early Childhood (OEC); single cabinet-level lead agency with no external backbone.	Centralized via Help Me Grow CT, acting as the "no-wrong-door" entry point.	Mandates standardized screenings (maternal depression/IPV) as baseline outcomes.
Illinois	Start Early provides professional development, acts as a funding intermediary	Utilizes regional Coordinated Intake (CI) hubs and the CI Assessment Tool	All state-grantees get their core HV and doula training from a single entity - Start Early Professional Learning

	and developer of innovative pilots, and provides policy support in partnership with state agencies.	(CIAT in some regions. Remaining regions manage intake and referral by program.	Network, using a Breakthrough Series CQI model.
Iowa	Early Childhood Iowa (ECI); a public-private partnership backbone.	Centralized via the Iowa Family Support Network and local ECI boards.	Mandatory state certification for all practitioners; unified data tracking across models.
Kentucky	The Governor's Office of Early Childhood serves as the central coordinating entity.	Primary entry through Regional Points of Entry (POE) for family support services.	Tracks all training via the TRIS (Training Records & Info System) registry.
Michigan	Michigan Home Visiting Initiative (MHVI); state-led multi-agency hub.	Coordinated intake pilots in high-risk communities; integration with Michigan 2-1-1.	Workforce supports include the MiRegistry and model-specific fidelity monitoring.
Minnesota	Dept. of Health (MDH); direct state lead for family home visiting.	Referrals managed through local Community Health Boards and Tribal nations.	Monthly CQI Connect and Learn sessions
New Mexico	ECECD (Early Childhood Education & Care Dept.); cabinet-level lead agency.	Centralized AIE (Apply, Interest, Enroll) Portal and a dedicated HV hotline.	Home Visiting Accountability Act mandates common outcomes across all state funds.
New York	NYS Council on Children & Families; state coordinating entity.	Decentralized local intake with moves toward a more coordinated regional system.	Workforce tracked via The Aspire Registry; focuses on maternal mental health outcomes.
North Carolina	Smart Start (NC Partnership for Children); statewide non-profit backbone.	Smart Start Local Partnerships manage community-specific intake and referrals.	Uses the NC WORKS registry; CQI is aligned with Smart Start's accountability system.

Pennsylvania	OCDEL (Office of Child Development & Early Learning); joint state agency.	Entry points through 19 regional Early Learning Resource Centers (ELRCs).	Features a tiered Career Lattice within the PA Professional Development Registry.
South Carolina	SC First Steps; quasi-state backbone created by legislation.	Managed by County First Steps Partnerships that coordinate with local providers.	Partners with the Institute for the Advancement of Family Support Professionals for PD.
Washington	Start Early (backbone) partners with DCYF to manage the HVSA.	Integrates with Help Me Grow WA for local community-based resource matching.	Professional development resources centralized via the MERIT data system.
Wisconsin	Dept. of Children and Families (DCF); direct state agency lead.	Managed through local health departments and tribal nations; move toward CI.	Employs a Statewide CQI Team that conducts monthly Plan-Do-Study-Act cycles.

Conclusion

Taken together, these examples show that effective coordination in early childhood home visiting depends on a clear set of system functions carried out consistently across agencies and communities. States with stronger systems tend to align funding, establish shared outcomes, support a skilled and sustainable workforce, and create intake and referral pathways that are easier for families to navigate. They also balance statewide consistency with local flexibility by defining core components while allowing adaptation to community context, ensuring family directed, culturally and linguistically respectful programming. For Oregon, the key lesson is that building a more coordinated home visiting system will require both structural alignment and shared stewardship—supported by neutral

convening, transparent data use, and governance that centers equity, accountability, and family access.

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Appendices

A Brief History of Oregon's Home Visiting System

Historical Evolution & Infrastructure

Legacy of Care: Oregon's home visiting transitioned from early 20th-century public health nursing into a structured, evidence-based system for maternal and child health in the 1990s, with MIECHV marking the beginning of federal funding for expansion of evidence-based home visiting services in 2010. Oregon has historically been a national leader, with several home visiting models such as Nurse Family Partnerships, Healthy Families Oregon, and Early Head Start for several years prior to the federal investments.

Universal Access: With the 2019 expansion of [Family Connects](#), Oregon became the first state to offer universal newborn home visits. As of May 2026, 13 of Oregon's 36 counties are successfully offering Family Connects. The program continues to expand as part of the state's goal to build a universal, equitable home visiting system. The current service areas include: *Central Oregon:* Crook, Deschutes, and Jefferson; *Willamette Valley:* Benton, Lane, Linn, Polk, and Yamhill; *Portland Metro:* Multnomah and Washington; *Coastal & Southern Oregon:* Lincoln and Douglas; *Eastern Oregon:* Malheur.

Centralized Coordination: Launched in 2024, CCOHVS serves as a neutral backbone to link program models, support alignment of funding and policies, and support equitable practices throughout the systems and within programming—representing decades of both formal and informal cross-agency partnership. A wide network of state and local agencies, home visiting programs and staff, and families and community members work with CCOHVS to ensure equitable access to early childhood home visiting services that meet family needs, characteristics, and strengths. The Early Childhood Home Visiting Theory of Action, developed collaboratively with home visiting partners across the state and informed by the [2024 statewide Home Visiting Landscape Report](#), drives this work.

Cost Modeling & Sustainability

Comprehensive Analysis: Completed in early 2026 by Prenatal to Five Fiscal Strategies, new cost modeling estimates true costs of home visiting services and systems coordination at the state and local levels.

Key Cost Factors: The model incorporates staff salaries, benefits, caseload sizes, supervision ratios, travel, and professional development.

Inclusive Programming: Funding estimates specifically include costs for program-specific infrastructure and linguistically/culturally representative services.

Future Application: This data can be used to structure local program contracts and project the funding required to sustain and expand the system.

Strategic Vision (Raise Up Oregon 2024-2028)

Overarching Goals: The system aims to improve health outcomes for mothers and babies, improve family economic stability, increase family leaders' understanding of child development, and provide early learning experiences for children.

Priority Areas: The statewide strategic plan identifies system coordination, local implementation, and governance as the categories with the highest number of goals. Workforce support and professional learning opportunities are also emphasized.

Collaborative Governance: There is a recognized need for a structure that ensures both family and provider voices are represented at multiple levels of the system.

Home Visiting Specific: Prenatal and early childhood home visiting services are central to this plan, with [18 specific strategies](#) in the plan naming home visiting and the need for improved cross system coordination.

State Profiles: Iowa, North Carolina, Washington and Wisconsin.

Start Early Conducted interviews with home visiting systems leaders in four states, and then created profiles of these states for a deeper dive beyond the information provided in Part II of the memo.

State: Iowa

Date: Monday, April 13, 2026	Interviewee Name(s): Amanda McKee (State funded EC funding CB CAP funding), PJ West, Family Services
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	Program Chief (MCVEE Lead); Alexius Aguiar, Early Childhood TA Manager (State funding/MOE)
Interviewer Name: Megan Turner	Support Staff Name: Judy Reidt-Parker

Overview:

A mix of federal and state funding managed through Early Childhood Iowa. Early Childhood Iowa (ECI) is a state-led partnership between the Department of Health and Human Services and local community boards." (ECI) was established in 1998, originally known as "Community Empowerment". The state initiative has existed for over 25 years, aimed at improving the well-being of children ages 0-5 through local and state partnerships.

Models supported with this funding are:

- Healthy Families America
- Nurse Family Partnership
- Early Head Start
- Parents as Teachers
- Family Development and Self-Sufficiency (FaDSS)

Design, Governance, and Decision Making

The state system governance bodies are the ECI State Board and the Stakeholders Alliance. The State Board provides oversight of state and local efforts while serving as an advisory group to the Iowa legislature and the Governor’s Office. The Stakeholders Alliance provides advice regarding the coordination of early childhood activities in the state and is made up of public and private stakeholders; the Alliance branches into several component groups and subgroups focused on a range of expertise.

The local system consists of 38 area Early Childhood Iowa Boards representing all 99 counties. Each area has a citizen-led board to support activities to promote collaboration and develop systems in the community for young children and their families. In their role, ECI area boards develop a comprehensive community plan that includes data gathered through various assessment processes. This information assists the community in planning, funding, professional development and overall support of early childhood programming in the community.

Over the last three years multiple child and family serving agencies have merged, with most programs sitting under one department- [HHS](#) - and one division - Family Well Being and Protection. HHS works closely with the Iowa Department of Education (IDE), which is

where Part C/IDEA is housed. IDE puts funding into the shared fund that HHS manages for home visiting. This funds state wide coordinated intake. HHS and IDE have letters of Agreement for how the funding is managed.

Many decisions are brought for discussion to the state advisory bodies (see description above). The current structure allows for a lot of flexibility at the local level. The state is working toward a minimum required investment per slot for evidence-based home visiting (\$5,000) and promising practices (\$4,000). There is some push back from local implementers that prevents them from getting the most out of the funding. The State's perspective is that lower amounts per slot result in overloading staff with too many cases, and lower compensation. There has been some cost modeling done using the free version developed by Prenatal to Five Fiscal Strategies. The State is very interested in conducting a more comprehensive cost modeling.

Funding Structure

Key funding streams include the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant, Medicaid, the Title V Maternal and Child Health Block Grant, TANF, state general revenue, and Tobacco Settlement funds. Some of the state funding is part of the ECI funding that can be used for other early childhood programs other than home visiting. Iowa pools these funds and then distributes them either through direct contracts with providers or through the local ECI boards.

Expected Legislative Changes: Current legislative efforts (HF 2712) are aimed at centralizing some of the funding managed at the local systems level under state control to maximize federal funding, specifically the Family First Prevention Services Act. While this bill was advanced through the House committee, it has been slowed down with an amendment requiring a study commission to determine the most efficient way to move the funding to the State's oversight.

Funding Interface

The MIECHV funds are prioritized for the 17 counties identified in the needs. Contracts with local boards and individual providers may include MIECHV and state funds. It's important to pay attention to tracking the allocations. Many contractors are contracted with multiple funding streams, so making sure there's clear guidance around cost allocations and fiscal reporting is important.

There are currently 70 contracts with 44 agencies. Of those 44 agencies, a few are already funded with MIECHV and other sources. There's significant billing and reporting duplication, and HHS is working to standardize reporting, training requirements and overall reducing the administrative burden.

These are annual contracts with the availability to receive same funding for up to three years and can expand to five years. State staff anticipate when local funds are moved to the state (see expected legislative changes described above) there will be a new round of competitive bidding, but currently funds are put out for bid every 5 years.

Data and Accountability - ROI and Outcomes

The outcomes and reporting are aligned to MIECHV standards. State staff perspective is that it's important to collect evidence that tells the story of children and families thriving when they participate in home visiting. The State uses the [DAISEY](#) software system which was designed and is managed by University of Kansas. DAISEY provides reports for monitoring home visits, task timelines and it can track data/outcomes for all the families in the system.

Implementation

State and local funder relationships can be challenging, but everyone tries to stay focused on wanting the best outcomes for children and families. The State did make it non-negotiable that MIECHV standards would be required for all home visiting programs funded with public dollars. Some county foundations support local programs. The state has worked with those funders to simplify the reporting requirements, highlighting that most of what they were looking for could be found in the MIECHV standards. Many programs are isolated because of the rural nature of much of the state – this shared approach reduces the isolation by creating a peer community with shared indicators.

Recent conversations with providers have been around wage parity and equity in service delivery. They have hosted panels of bilingual staff talking about workplace conditions that make them stay – compensation, reflective supervision and supportive supervisors, autonomy and a sense of competence. Another panel of parents – both Spanish speaking and English speaking – talking about what makes participating in the program desirable. The hope is that programs will learn from these events and use the information to make improvements in workplace conditions and service delivery. The State plans to provide guidance on how to ensure linguistically and culturally respectful programming. Additionally, how to support bilingual staff – there is extra time and energy spent by that staff person so the caseload should be lower.

State: North Carolina

Date: Thursday, March 26, 2026	Interviewee Name(s): Greer Cook
Interviewer Name: Megan Turner	Support Staff Name: Judy Reidt-Parker

Overview:

North Carolina operates a diverse and evolving system that is currently shifting from a fragmented collection of programs toward a more unified, statewide coordinated system. The system is characterized by its decentralized governance, a variety of evidence-based models, and recent efforts to pioneer Medicaid-funded home visiting.

Models funded include:

- Family Connects
- Nurse-Family Partnership (NFP)
- Healthy Families America (HFA)
- Parents as Teachers (PAT)
- Early Head Start (EHS)
- Attachment & Biobehavioral Catch Up (ABC)

A key policy priority is the expansion of Family Connects as a universal entry point that feeds into more intensive models like NFP or HFA. However, funding remains a challenge. For the 2024–2025 fiscal year, the state did not renew \$2.5 million in one-time funding previously allocated for the Nurse-Family Partnership, highlighting the ongoing reliance on a mix of non-recurring state funds, federal MIECHV grants, and local Smart Start investments.

Recently there has been a reorganization within the North Carolina Department of Health and Human Services (NCDHHS), creating a Division of Child Well-Being. While it is a division rather than a standalone cabinet-level Department, the reorganization was a massive structural shift designed to end the siloed nature of child services. Launched officially in 2022, it reached a major implementation phase in 2025–2026 with a focus on whole-child health and a total overhaul of the child welfare system.

The DCFW was created by pulling programs out of the Divisions of Public Health, Social Services, and Mental Health. It centralizes four primary pillars:

- Whole Child Health: Houses home visiting, school health, and child behavioral health.
- Early Intervention: Manages the Infant-Toddler Program (Part C of IDEA).
- Food and Nutrition Services: Administers SNAP (FNS).
- Community Nutrition Services: Manages WIC and the Child and Adult Care Food Program.

Design, Governance, and Decision Making

The governance of home visiting in North Carolina is decentralized with three primary entities that manage funding, policy, and implementation.

- NC Department of Health and Human Services (NCDHHS): The Division of Public Health (DPH) serves as the lead agency for the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program (Work, 2014). NCDHHS provides statewide oversight for data collection, federal reporting, and quality assurance for MIECHV-funded sites.
- Smart Start (The North Carolina Partnership for Children): This is a unique statewide public-private initiative that operates through 75 local partnerships covering all 100 counties (Watts, 2023). Local partnerships receive state appropriations and have the autonomy to select and fund home visiting models that meet their specific community needs (Porter, 2010).
- Established as a backbone organization, the HVPE Collaborative acts as a neutral system-building entity. It aims to unify the fragmented landscape of home visiting by aligning standards, professional development, and assessment across all funded models. Its board is a multi-stakeholder body that provides strategic guidance, aiming to create a seamless continuum of support from the prenatal period through age eight, with a family advisory board.

Funding Structure

The two primary funding sources for home visiting in North Carolina, MIECHV and Smart Start, differ significantly in their administration, eligibility requirements, and geographic scope.

MIECHV Funds

The North Carolina Department of Health and Human Services (NC DHHS), specifically the Division of Child and Family Well-Being (DCFV) administers the MIECHV funds. 7 sites that serve 28 counties are currently funded. As of the 2024 Needs Assessment, 64 counties are identified as "high-risk" and eligible for MIECHV-supported services. North Carolina has primarily met federal match requirements using existing state general fund allocations specifically designated for the Nurse-Family Partnership program.

Smart Start Funds

Smart Start is a state-funded initiative - a network of 75 local non-profit partnerships serving all 100 North Carolina counties. The North Carolina Partnership for Children (NCPC) oversees the network, but funding decisions for specific programs are made by Local Partnership Boards. These funds provide flexible funding for early childhood initiatives (0-5 years) based on specific community needs, including child care, health, and family support. Statewide. Smart Start ensures home visiting or parenting education options are available in all 100 counties, filling gaps where federal funding like MIECHV is not present. Smart Start funds can be used for a wider range of models, including promising practices. Under state legislation, local partnerships must spend 70% of their direct service dollars on child care-related activities. Home visiting is funded out of the remaining portion. A local agency might use MIECHV to fund the slots for a Nurse-Family Partnership program while using Smart Start funds to provide supplemental parenting education or to support families that do not meet the strict MIECHV risk criteria.

Funding Interface

In North Carolina, the braiding of home visiting funding occurs at both the state and program levels, but the responsibility for the complex, day-to-day management of these funds falls most heavily on local program providers and Smart Start partnerships. North Carolina's model is highly decentralized, requiring local organizations to piece together multiple funding streams to achieve full sustainability. If a program receives multiple funding streams at state and county levels, they must make sure that cost allocations are clear and attributed to the correct funding source. They must send supporting documentation to the state monitoring staff who approve the expenditures. The burden and risk is fully on the local program.

State-Level: Strategic Braiding & Match Management

- **Federal Match:** The state identifies specific state general fund allocations (notably those directed to the Nurse-Family Partnership) to serve as the required 25% match for federal MIECHV funds.
- **Inter-Agency Blending:** The state also uses Title V (Maternal and Child Health Block Grant) and TANF funds to support the broader system infrastructure, such as state-level training, technical assistance, and data systems.

Program/Local Level: Operational Braiding

The actual heavy lifting of braiding occurs at the community level, primarily through the Smart Start network and local program sites.

Each of the 75 local Smart Start partnerships acts as a fiscal hub. They receive a base allocation of state funds and braid these with:

- **Local County Funds:** Many programs receive supplemental funding from county commissioners.
- **Philanthropic Dollars:** Private grants from local foundations often fill gaps in reach that federal funds cannot cover.
- **Medicaid Reimbursements:** Programs like Family Connects and Nurse-Family Partnership are increasingly navigating the braiding of Medicaid billing for clinical services alongside grant funding for non-clinical home visiting components.

North Carolina's HVPE System Action Plan emphasizes moving more of this burden away from the local program level. The goal is to create a more coordinated funding plan where the state's neutral backbone staff does the work of aligning eligibility and reporting requirements, making it easier for local programs to access a braided pot of money without having to navigate five different reporting systems.

Data and Accountability - ROI and Outcomes

As of 2025–2026, North Carolina has been rolling out a unified HVPE Outcomes Dashboard. This tool is designed to braid data from multiple sources. The ultimate benchmarks for the home visiting system are tied to the state's Healthy North Carolina 2030 objectives, such as reducing the racial disparity in infant mortality and increasing third grade reading proficiency.

Historically, reporting was fragmented by funding stream (e.g., MIECHV vs. Smart Start), but the state is now transitioning to a unified framework led by the Home Visiting and Parenting Education (HVPE) System Collaborative. Under the HVPE System Action Plan, North Carolina is establishing a core set of common outcomes that apply across all program models and funding sources. A combination of programmatic and systems outcomes have been established.

- Targeted Outcomes: Reducing child maltreatment, improving maternal and infant health (specifically infant mortality), enhancing school readiness, and increasing family economic self-sufficiency.
- System Indicators: Tracking reach (percentage of families served), equity (disparities in access), and coordination (success of referrals between agencies).

For programs receiving federal MIECHV funding, North the six federal benchmark areas still apply and are required measures these programs report on.

Because the Smart Start network funds a large portion of non-MIECHV home visiting, there is a Smart Start Community Indicators Dashboard. This dashboard tracks outcomes at the county level, allowing local partnerships to report on specific performance measures (e.g., the percentage of children reaching age-appropriate developmental milestones) that align with state-level health goals.

Implementation

Caseloads vary from 8 to 40 families, with eligibility based on risk factors, income, or universal access. Programs target maternal and child health, developmental concerns, trauma, and family support, emphasizing early intervention and community-wide outcomes.

One of the functions of the state MIECHV staff is to facilitate the NC Home **Visiting Consortium**. Since 2015 – prior to that it was HVPE. They are trying to revitalize the consortium, which fell apart during the pandemic – currently meeting every two months instead of quarterly. The Consortium's primary functions include encouraging coordination between different home visiting models and stakeholders across the state, providing training and educational materials to home visiting professionals and programs, identifying and implementing research-based standards for home visiting services, supporting the development of enhanced referral systems to better connect families with appropriate programs, and conducting research and collecting data to monitor program performance and community impact. This is focused primarily on MIECHV funded programs.

The interface between the NC Home Visiting Consortium and the HVPE is best understood as an integration of on-the-ground expertise into a "neutral backbone" administrative framework. The

HVPE System serves as the overarching governance framework, while the Consortium functions as the primary vehicle for stakeholder engagement and practitioner-led collaboration.

- The HVPE System is the statewide infrastructure designed to coordinate funding, data, and policy across multiple agencies (DHHS, NCPC, etc.). It acts as the backbone that ensures the system is equity-centered and sustainable.
- The Consortium provides the technical and model-specific expertise. It ensures that the policies developed at the HVPE level are practically applicable for the various evidence-based models operating in the field.

The North Carolina Partnership for Children is the parent organization for the HVPE. It facilitates the interface with the Consortium by:

- **Coordinating Workgroups:** The Consortium members often lead or populate the HVPE workgroups focused on specific system pillars, such as Data & Evaluation, Professional Development, and Public Awareness.
- **Neutral Facilitation:** Much like the neutral backbone model used for coordinating systems in other states, the HVPE System uses the Consortium to ensure that no single program model dominates the policy agenda.
-

The two entities interface primarily through three functional channels:

- **Strategic Planning:** The Consortium's historical data and needs assessments directly inform the HVPE System's Strategic Plan, ensuring that the statewide plan reflects the actual capacity and gaps identified by local programs.
- **Braided Funding Oversight:** While the HVPE System manages the high-level braiding of MIECHV and Smart Start funds, the Consortium provides the feedback loop necessary to understand how these funding streams interact at the point of service delivery.
- **Data Integration:** The Consortium supports the HVPE goal of creating a unified data dashboard. By aligning the various data requirements of different models into a more cohesive system, the Consortium helps the HVPE System move toward real-time system performance tracking

Lessons Learned

The interface between the state agency administering the MIECHV funding and the NCPC has been fraught with challenges. The HVPE was launched in 2021, but there were some staffing issues, significant turnover. And then the pandemic stalled everything. The recent reorganization also drew the attention of the state staff away from deeper coordination. Things are picking up again, and hopefully there will be enough time to formalize the structure and not rely on specific individuals to keep the work moving.

A centralized intake system has been a point of conversation for a long time. The state's current implementation of HIPPA policy has caused this to stall. One centralized referral source is the NC Care 360 – it's a great system for practitioners and families but is underfunded.

There needs to be strong fiscal oversight for all sides of the program, not just MIECHV side of things. Programs need to understand the reporting requirements, and the state needs to fully understand

how programs deliver services, what changes they might need to make to be relevant to their community, and how that influences running the program overall.

The site visit from HRSA in 2021 was difficult – COVID created a lot of challenges, including trying to get data from state partners. Due to staff turnover, there was a lack of institutional knowledge that impacted that review. 2024 was the most recent review – 100% rating across the board. That represents a significant effort to improve program management and implementation. Internally the state staff responsible for the MIECHV funds have established a much stronger relationship with the financial department.

State: Washington

Date: 5//2026	Interviewee Name(s): Cassie Morley
Interviewer Name: Megan Turner	Support Staff Name: Judy Reidt-Parker

Overview:

Washington State operates a coordinated, public-private home visiting system designed to support expectant parents and families with young children. This system is centered on the Home Visiting Services Account (HVSA), which serves as the primary funding and coordination vehicle. Established by the state legislature in 2010, the HVSA is a partnership between the public and private sectors and allows the state to braid various funding streams, including federal MIECHV (Maternal, Infant, and Early Childhood Home Visiting) funds, TANF, dedicated cannabis funds, state general funds, and private philanthropic investments.

It is administered by the Department of Children, Youth, and Families (DCYF), the state agency providing governmental oversight, policy direction, and federal grant management. The Department of Health provides the structure for reporting on outcome measures and the related data, and Start Early Washington, a nonprofit partner that acts as the systems convenor, provides technical assistance, coaching, and professional development to local programs.

Service Delivery Models

- Nurse-Family Partnership
- Parents as Teachers (PAT):
- Parent Child +
- Early Head Start
- Family Spirit
- Outreach Doula Program
- Early Steps to School Success

- STEEP

Design, Governance, and Decision Making

Washington's home visiting system is overseen by a triad of organizations, each handling a specific pillar of the system: policy, implementation, and data. The system is managed through a collaborative framework involving three main entities:

- Department of Children, Youth, and Families (DCYF): Acts as the lead fiscal and contracting agency. DCYF is responsible for procuring services through competitive bids, negotiating contracts with local providers, and managing federal (MIECHV) and state funding streams.
- Start Early Washington: Functions as the Implementation Hub. This nonprofit partner provides ground-level support, including technical assistance, coaching program supervisors, and professional development for the workforce. Start Early also engages in policy and advocacy work for home visiting overall as well as the HVSA.
- Department of Health (DOH): Manages data and evaluation. DOH oversees the data collection systems that track family outcomes and ensures the state meets the rigorous performance benchmarks required by federal and state law.

The *Home Visiting Advisory Committee* (HVAC) is mandated by state law to advise the partnership on:

- The equitable distribution of funds to local communities is important.
- Research and system-wide improvements.
- Strategies for workforce development and expanding service capacity.

The HVAC includes a diverse range of stakeholders, including program providers, advocates, and state agency representatives, ensuring that administrative decisions are informed by those directly doing the work. Successful implementation of this committee and its processes have been inconsistent. Primarily, this committee provides advice on the distribution of new home visiting resources.

Funding Structure

Home Visiting Services Account (HVSA) was formed by legislation, DCYF distributes the funding. HVSA acts as a braided account, meaning the administrators can combine diverse types of money into one contract to simplify things for local providers. As of 2026, this includes:

- Federal Funds: Primarily MIECHV grants, TANF,
- State Funds: General Fund appropriations and dedicated accounts (such as the Dedicated Marijuana Account).
- Private Philanthropy: Contributions from private donors and foundations that are leveraged alongside public tax dollars. These funds support the systems coordination work.

Funding Interface

Home Visiting Services Account (HVSA) formed by legislature distributed by DCYF – the state funds give durable flexibility to the system that could lead to changes based on changing demographics, community need, and state priority. In practice, this has not been fully realized in the past decade, plus since the HVSA was created.

Funding streams are braided at the contract level, although enrollment remains specific to each individual source. Because reporting requirements differ across streams, implementation can be complex; to ensure consistency and compliance, many programs apply the most restrictive approach (MIECHV) across the entire program. Some programs manage this complexity by assigning staff to specific funding streams. These operational choices significantly affect caseload and workload expectations, since the most intensive data collection and reporting protocols naturally require more time to complete.

Collaboration with local funding streams (such as county investments) is limited. To address this, Start Early has begun convening a funders' table to bring partners together and surface how disconnected decision-making across funders can create additional administrative burden for providers. Differences in priorities and approaches between state and county offices also shape how home visiting is funded and implemented. Tribal entities are also included in this group. Tribal MIECHV programs may blend federal funds with state and county support.

So far contracts have not been rebid since HVSA was created. Stability great for programs – downsides are that accountability is not well implemented.

Data and Accountability - ROI and Outcomes

The management of data and outcome measures is a collaborative effort between the Department of Children, Youth, and Families (DCYF), the Department of Health (DOH), and Start Early Washington

Washington uses a "hub and spoke" model for data entry:

- Local Systems: Local Implementing Agencies (LIAs) enter day-to-day data into model-specific or state-approved systems, including Flo, DAISY, and Visit Tracker.
- The Data Warehouse: The DOH maintains a centralized SQL Server database that integrates raw data from these various platforms. This allows the state to standardize information across different home visiting models (like Nurse-Family Partnership or Parents as Teachers) without requiring agencies to perform duplicate data entry.
- The 5-Day Rule: To ensure accuracy, home visitors are expected to enter data into their respective systems within five business days of each visit.

The state tracks data across five primary categories to measure the health and impact of the system:

- Demographics: Collected at enrollment to ensure services are reaching priority populations.
- Enrollment & Service Utilization: Tracking visit frequency, duration, and "dosage" of the intervention.

- HVSA Aligned Performance Measures: A set of eight standardized indicators reported every State Fiscal Year (July–June) that measure outcomes like child development screenings and maternal health.
- MIECHV Measures: Programs receiving federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds must track additional benchmarks, such as tobacco cessation referrals and safe sleep practices.
- Performance-Based Contracting Milestones: Data is tied directly to funding, where agencies must meet specific milestones to comply with their HVSA contracts.

Data management is strictly governed by data sharing agreements. Families must provide explicit consent for their identifiable information (like names or Medicaid IDs) to be shared with DOH and DCYF. If a family opts out, their data is typically de-identified or "masked" before it is used for state-level reporting and research.

Implementation

Families have the flexibility to enroll in home visiting services through either a centralized entry point or by contacting local providers directly. The most common centralized route is through Help Me Grow (HMG) Washington. This system is designed to streamline the referral process, so families do not have to navigate multiple eligibility requirements on their own.

- Hotline and Online Forms: Families or providers can call the HMG hotline or use an online referral form.
- Family Resource Navigators: Once a referral is made, a navigator identifies the programs that best fit the family's needs and location, then facilitates the connection to a local home visitor.

Unfortunately, HMG was defunded in the most recent budget passed by the state legislature and will likely stop providing service at the end of the state fiscal year, June 30, 2026. It is unclear what, if anything will replace HMG at the time this profile is written (May 2026).

Families are not required to use the hotline and can reach out directly to LIAs.

- Direct Contact: Many families enroll by contacting local organizations—such as community health clinics, non-profits, or Tribal organizations—that host specific models like Nurse-Family Partnership or Parents as Teachers.
- Provider Referrals: Local doctors or social service providers often refer families directly to a known local home visiting program rather than going through the statewide hotline.

Lessons Learned

Early on, it is important to establish clear definitions of what the state means by home visiting, why it is investing in it, and the values or beliefs that should guide the work. Those definitions can then inform explicit criteria for which models are included in the system—and how the state will handle approaches that do not neatly fit within the funded portfolio. Washington's system also includes some overlap with Early Head Start (EHS): HVSA currently funds two EHS programs, but the broader system is not structured to fully support Early Head Start's home-based model. Relatedly, some

models may be appropriate for professional development, even if they are not included in funding decisions and outcome measurement.

HVSA due to an overhaul and introspection after 10 plus years. We just navigated a ginormous shortfall in the state budget. It seems like an opportunity to clean the house, so speak.

The changes that are needed are not too extreme. A couple of small shifts could really make a difference. Just a few things for examples:

- There are multiple ways for programs to share feedback anonymously or with their name attached for the work Start Early implements, but no feedback loop to state agencies/or the services account.
- When HVSA was created, outcome measures were based on MIECHV subset of data and titled the aligned measures. We learned over time that those requirements do not align well to the models we have chosen to fund. For example, Parent-Child + enrolls at the beginning of two years of age, so their program does not line up with the outcome measures for breastfeeding. It is a clever idea to have the aligned measures – but we need to make sure the outcome measures are a good match for all the models.
- We should also loosen the requirements for which assessment tools are used – it was designed for white people 30 years ago and not culturally respectful for the very families programs are being encouraged to serve.

State: Wisconsin

Date: Tuesday, March 24, 2026	Interviewee Name(s): Terri Enters, State Home Visiting Coordinator
Interviewer Name: Megan Turner	Support Staff Name: Judy Reidt-Parker

Overview:

[Wisconsin Department of Children & Families](#) is the lead agency for child welfare, child care assistance, TANF, child support, emergency assistance/general assistance, and recipient of MIECHV funds. The name of the state home visiting program is [Family Foundations](#).

Models supported with this funding are:

- Healthy Families America
- Nurse Family Partnership
- Early Head Start
- Parents as Teachers
- Family Spirit

Design, Governance & Decision Making:

All funds follow MIECHV requirements for data, outcomes reporting and programming requirements. At 10,000 feet - a pot of money that state agency fiscal staff then determines which of those funds will be used to implement home visiting in each grantee contract. Different timelines are navigated at the state table.

The state does procurement in a 10-year cycle with 9-year renewals. It was determined that this approach to funding stabilizes programs and allows them to do this work to fidelity of their chosen program model more successfully. Grantees are given time to get established, rise to the required standards and engage in continuous quality improvement without the threat of funding removal. The funding is going out for procurement this year. It will be another 10-year contract. All contracted providers will be submitting proposals and being evaluated at the same time, and new providers will be invited to apply as well, with the increase in MIECHV funds.

Transparency is connected to the mechanism for awarding funds. The Department contracts with some regional and local public health departments, very small non-profits, a large hospital system, and with HS/EHS organizations. The local entity that receives the home visiting contract is determined by local community, in response to criteria established by the Department in the RFP. An evidence-based program is required, but it is the community that determines which of the potential five models is most appropriate.

The state has recently been approached by a philanthropic organization wanting to support home visiting. Current conversations are about how these funds can be braided as well. How will a formula for distribution of the funding be developed? Should there be a separate cost center or should the funds be pooled with an existing funding stream (i.e., state funds)?

Funding:

Braided funds are MIECHV, state general funds and TANF. All three of these funding sources are managed by the same agency. The state currently does not use child welfare, CSBG or SSBG funding for home visiting.

There is a conversation currently as to whether Family First dollars could be used for home visiting for a specific type of family served only with those funds. Discussions include how we can slide that funding into the braided funds contracts with providers and manage the reporting requirements of that funding stream. With the way the state manages the braided funds currently, for example, there could be a contract expectation for those funds to serve a specific type of family with a designated reporting code in the data system.

There are some grantees that also have local funding – either from the county or the local United Way. There can be an imbalance of what the program looks like if it is funded only with these local sources because the state funding formula covers materials and operating costs that are not included in the local formulas. Another consideration is the cost allocation methods of grantees. For example, Family Resource Centers may also support home visiting programs. Sometimes there might be questions about how the funding is allocated in these settings. The state provides cost allocation guidance through the contracting methodology. And the fiscal staff is available to help grantees understand what is appropriate to charge to the home visiting system and what needs to be allocated to their other funding sources.

Some providers can be hesitant to jump into federal funding. There's work to be done helping these providers understand because of the braided approach there's flexibility in funding – if one source goes away, the agency can hold grantees together for a much longer time. A most recent example is when a few of WI HS programs got stuck in government funding snafu –it was negotiated that they could spend their MIECHV funds until the Head Start funding came through, so they didn't have to close.

Equitable Distribution:

State funds are also used to fund 6 of 11 federally recognized Tribes. The intentionality to support culturally and linguistically unique communities is represented in efforts to make sure procurement doesn't swing only to agencies experienced in home visiting. Applicants are invited without the expectation that there's years of experience doing this work. It's one of the reasons for the 10-year procurement – give greater opportunity to stabilize and be established in the community over time. With the recent procurement announcement, the state agency has been promoting what home visiting is with enough lead time to help people feel confident in applying. It's important also to not put so many requirements in the contracts that people are afraid they can't live up to the expectations.

Technical assistance is incredibly important as well for an equitable system. It's important to stay in touch with the people doing the work. Technical assistance is a requirement of MIECHV – as well as part of the procurement process. The state agency has a Continuous Quality Improvement lead that supports contracted providers with improvement plans; a Data Quality Coordinator, and fiscal technical assistance available to contracted providers. There are professional learning programs delivered by the state that providers must participate in as well as training for foundational and highly skilled professionals provided by UW-Milwaukee.

Outcomes and Reporting

The outcomes and reporting are aligned to MIECHV standards, as that is the funding stream with the most rigorous requirements. Providers must also demonstrate they are meeting their program affiliate standards. They send a letter demonstrating the status of meeting affiliate standards. WI uses the [DAISEY](#) software system which was designed and is managed by University of Kansas. Utilizing DAISEY does mean that grantees are doing double entry data, but DAISEY provides reports for monitoring home visits, task timelines and it can track data/outcomes for all the families in their system. Every grantee has a data quality plan which is an important part of the work, so data support is included in the cost model – either as part of paid time for home visitors or as a separate position. How this is structured is determined by the grantee.

Cost Savings and Minimizing Complexity

Because of the structure of contracts, and shared language, efficiency moves with ease. For example, relief funds were easy to move through the braided funding structure with a separate cost center and basic contract amendments. It was very efficient and didn't need months to develop new systems for the temporary funding. Grantees aren't on different timelines doing different things which is an efficiency. One benefit to managing the money this way is that they're able to take advantage of all the federal funding available. Because funding is braided, if there are funding increases, those funds can be added quickly to contracts or add new contracts, depending on the amount and funding stream. The state did explore unbraiding funds, and the decision was that it would be burdensome for not just local providers but also for state administrators.

Lessons Learned:

Everything depends on the funds being braided together and their funding sources. MIECHV is the funding source with the greatest number of requirements - building outcomes and reporting around that is important. State staff do some cross checking to ensure they are meeting state and TANF requirements, but overall MIECHV is the lead.



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Exploring Coordination of Home Visiting Funding

Oregon Early Learning Council

May 27, 2026



Components of a Coordinated Home Visiting System

System Governance and Infrastructure

- Collaborative Decision Making
- Neutral Coordinating Organization
- Braided Funding

System Coordination Pillars

- Workforce
- Intake and Referral
- Outcome Measures and Evaluation



14 State Review

Colorado

Connecticut

Illinois

Iowa

Kentucky

Michigan

Minnesota

New Mexico

New York

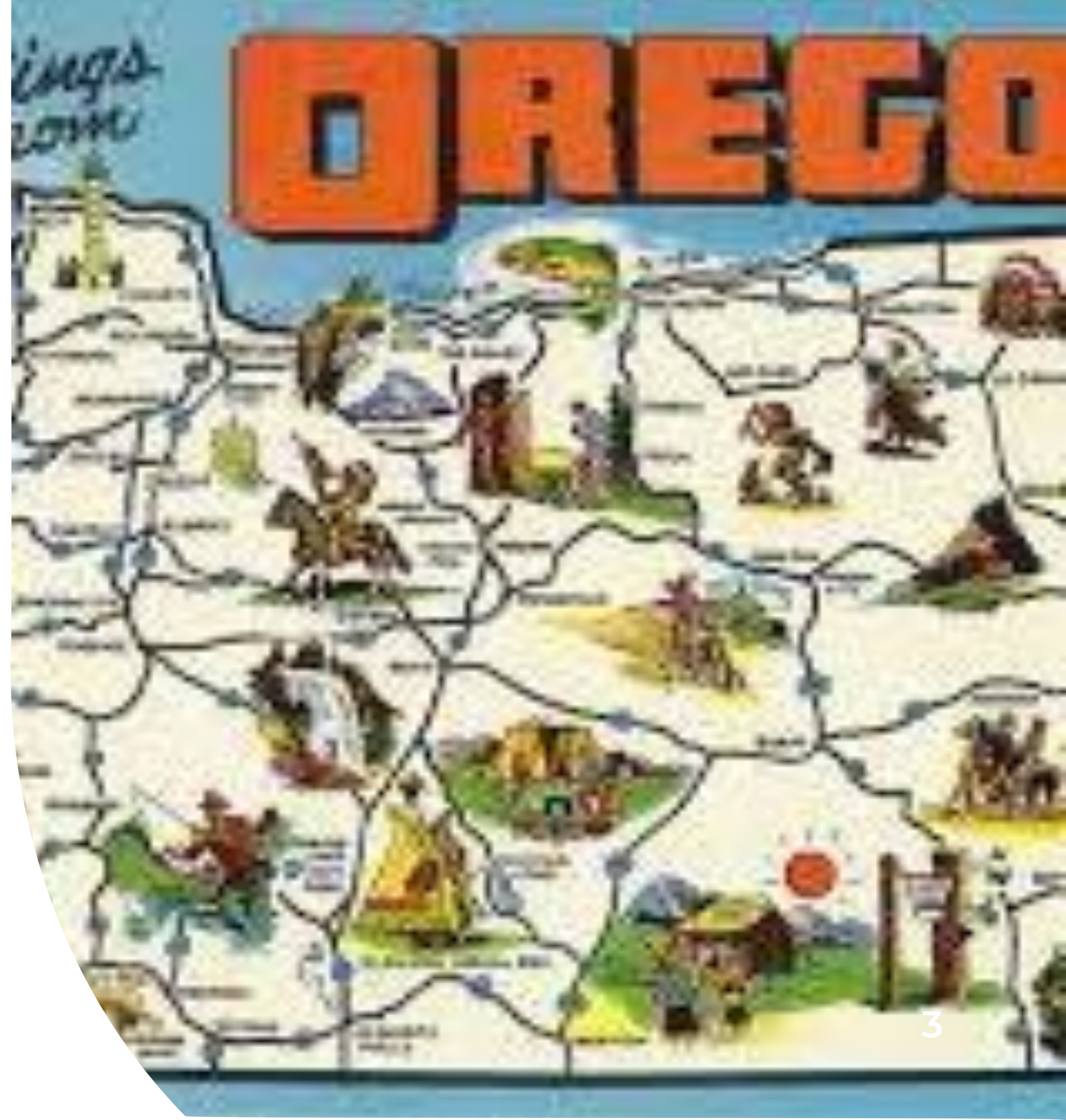
North Carolina

Pennsylvania

South Carolina

Washington

Wisconsin



Panel Presentation

State Panelist Introductions

WASHINGTON



Discussion

Recommended Next Steps



Convene a cross-sector design team to define statewide goals, functions, and outcomes while preserving local flexibility by:

- Clarifying state and local governance roles.
- Defining core standards and local flexibilities.
- Using cost modeling to set realistic funding expectations.
- Aligning braided funding to reduce provider burden.
- Establishing a shared baseline for outcomes and reporting.
- Strengthening statewide intake and referral coordination.
- Strengthening workforce sustainability and retention.
- Centering family leadership and culturally responsive implementation.
- Clarifying CCOHVS expectations for convening, data, coordination, and feedback loop implementation.

Develop a phased implementation plan with near-, medium-, and long-term actions.





Our Vision: Every child has equitable opportunity to reach their full potential to thrive in school and in life.

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Oregon Department of Early Learning and Care

Early Learning Council Oregon ELMS Topic

1. Oregon ELMS Overview (5 min)
2. Benefits for Providers, Families, Individuals, DELC Partners and Staff (10 min)
3. Next Steps & What To Expect (10 min)
4. Discussion Time (20 min)

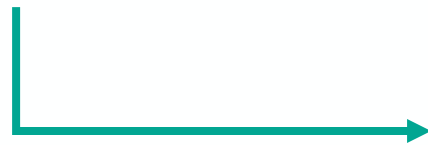


What is Oregon ELMS?

Oregon's Early Learning Management System (Oregon ELMS) is a new online platform that will support child care providers, families, and early learning system partners across Oregon.

Accessible on any device - computer, tablet, or phone.

Launching this year, a milestone in DELC's mission to build a stronger, more equitable early learning system for all Oregon children.



Benefits for Child Care Providers

Oregon ELMS is a self-service portal that will let providers:

- Keep all their information in one place
- Track their licensing status and receive licensing notifications
- Submit renewals
- Bill for subsidy (ERDC) payments and view ERDC notifications
- Pay fees online and get faster payment updates
- Track training requirements
- Get automatic reminders



These changes will save time and cut down on paperwork

Example Scenarios

Current Before Oregon ELMS



Call or email to check application status



Future With Oregon ELMS



Check application status online 24/7



Submit ERDC Paper billing forms by mail, email, or fax



Submit ERDC electronic billing forms online*

Providers will now be able to submit one bill for all children (rather than submitting bills for each family).



Benefits for Families, Staff and Partners

Family Portal

Family Portal Login

username@domain.com

Password

Login

Forgot Password

OR

Add Complaint

Register with Code

- ✓ Self-service portal
- ✓ View registration details from ONE
- ✓ Submit and track applications
- ✓ View documents and billing forms
- ✓ Start provider-family connections and submit requests for placement

Staff & Partners Portal

CMS Login

username@domain.com

Password

Login

Forgot Password

- ✓ Access to consistent information
- ✓ Simplify processes and handoffs
- ✓ Improve data accuracy
- ✓ Streamline tracking and reporting
- ✓ Better cross-agency coordination
- ✓ Easier service coordination across DELC, ODHS, and partners within Oregon's early learning system

Integrated Data in Oregon ELMS

Integrated data is information collected from different sources and brought together into one system. The graphic shows how Oregon ELMS is currently connected to several other systems, which provide updated data every night.



ONE system



SFMA



Fieldprint



US Bank E-Pay



Print Plant



ORO



FCCO



Spark



MS Outlook

Next Steps

- DELC will keep the Early Learning Council informed as Oregon ELMS moves forward — including timeline updates that are actively being refined based on feedback.
- More details on launch timing, training, and implementation will be shared as they are confirmed.
- In the meantime, here's what to expect and how this council can help make it a success.



What to Expect: Training

- Training is planned to occur for staff, partners, providers, and families before Oregon ELMS is available.
- Providers will be able to sign up for Oregon ELMS training through the Oregon Registry Online (ORO) Training Calendar. Free, online, and training hours count toward Program Management in Oregon Registry.

Training Approach

Train the Trainer Model

DELC staff and partners will be trained first and equipped to guide Oregon ELMS users.

Scenario-Based Learning

Realistic scenarios and examples show how tasks will look in Oregon ELMS.

Multiple Training Modalities

A mix of in-person, virtual, and self-directed courses for flexibility.

People Centered Methods

Training content is built around accessibility, inclusion, and adult learning best practices.

Early Learning Council's Role in Making Oregon ELMS a Success

- ✓ Be a visible champion: Share Oregon ELMS updates with relevant groups and organizations in your networks — your endorsement builds trust and drives adoption.
- ✓ Continue aligning across agencies: When agency leaders speak with one voice about Oregon ELMS, staff, providers, and families experience a system that feels coordinated, consistent, and built for them.
- ✓ Share what you're hearing: As Oregon ELMS progresses, bring feedback to DELC — your intel and insights helps us remain informed and course-correct in real time as needed.





Discussion and Q&A Time





Oregon
Tina Kotek, Governor



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MEMORANDUM

To: Early Learning Council Members

From: Gabriela Hernandez, Early Learning Council Administrator

Date: May 27, 2026

Re: Notification of Rulemaking Actions & Presentations

Executive Summary: The purpose of this memo is to update the Early Learning Council (ELC) on the 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 (DELIC) plans to present one **ruleset** for briefing on proposed rules in May. DELIC will present one **ruleset** for action. Please reach out with any questions or concerns about the rulemaking process to Kathy Wai, Rules Coordinator.

The following ruleset will be **presented** for updates on proposed language and community engagement efforts in the May meeting:

- Preschool Promise Program

RULESETS FOR PRESENTATION IN MAY:

PRESCHOOL PROMISE PROGRAM

SUMMARY: We are establishing permanent rules for Preschool Promise to make the program more accessible, consistent, and supportive for families across Oregon—especially low-income families seeking high-quality early learning opportunities. These updates will:

- **Improve enrollment** by simplifying the process and ensuring families receive timely support

The Mission of 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 and care professionals. Our Vision is that all children, families, early care and education professionals, and communities are supported and empowered to thrive.



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Tina Kotek, Governor



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- **Align Preschool Promise with other early learning programs** to create a more coordinated and predictable system
- **Strengthen program implementation** through clearer expectations, streamlined procedures, and equitable access statewide

PROCESS: DELC convened a rules advisory committee (RAC) that met on May 13, 2026 from 5:30 – 7:00pm.

A public hearing will be held on May 20th at 5:00pm and the public comment period is open until June 5th, 2026.

EQUITY ANALYSIS:

OAR 41 4-470-0010 Child and Family Eligibility Criteria

Expanded categorical eligibility and housing adjustment:

The expansion of categorical eligibility and the updated housing adjustment directly reduce administrative barriers for families experiencing poverty, housing instability, and involvement in multiple public systems—conditions that disproportionately affect Black, Indigenous, Latino, and other families of color. By decreasing documentation requirements and aligning eligibility criteria with Oregon Prenatal to Kindergarten (OPK) and other early learning programs, these changes create a more coherent and accessible entry point for families who often face the steepest challenges when applying for free preschool. hurdles.

This alignment supports racial equity by ensuring that families with the highest structural barriers are not excluded due to paperwork, inconsistent criteria, or system siloing.

OAR 414-470- 0040 Minimum Requirements: Preschool Promise Program

Tribal language and culture provisions:

Explicitly affirming that Tribes may incorporate **language preservation and cultural revitalization** into Preschool Promise (PSP) implementation strengthens Tribal sovereignty and supports culturally grounded early learning environments for Native children. This rule change

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recognizes that Tribal language and culture are not supplemental but foundational to Native children's well-being, identity, and educational success.

The process also included a **Dear Tribal Letter** and internal consultation with the **DEL C Office of Tribal Affairs**, demonstrating a commitment to government-to-government engagement and honoring Tribal consultation obligations. These steps reinforce trust and ensure that rulemaking reflects Tribal priorities rather than imposing external definitions of quality or compliance.

OAR 414-470-0060 Waiver Application Process

Waiver flexibility and quality improvement plans:

Allowing waivers beyond the initial years of operation—and requiring quality improvement plans only “**when appropriate**”—creates a more equitable pathway for **small, rural, Tribal, and culturally specific providers** to participate in Preschool Promise. These providers often face structural barriers such as limited staffing, geographic isolation, or the need to integrate culturally specific practices that do not always align neatly with mainstream program standards.

This flexibility supports:

- **Sustained participation** of providers serving communities historically excluded from early learning systems
- **Capacity building** without punitive consequences
- **Culturally responsive program growth**, instead of pushing providers to adopt one-size-fits-all program models

By reducing rigidity and acknowledging diverse provider contexts, the rule change advances racial equity and strengthens the cultural and geographic diversity of the Preschool Promise provider network.

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NEXT STEPS: The Council will vote on the proposed permanent rule adoptions at the June 2026 meeting. If passed, the rule amendments will be permanently effective on __August 1, 2026__.

RULESETS FOR ACTION IN MAY:

EMPLOYMENT RELATED DAY CARE (ERDC)

SUMMARY: DELC is proposing amendments to the Employment Related Day Care ruleset. Various rule amendments update terminology around billings, add definitions, and clarifications around existing policy and procedures. These changes do not impact the program or current processes. Language is being added that will allow DELC the ability to activate or de-active waitlist exemptions when needed to adhere to the allotted budget for the ERDC program. Other changes include clarifying that an ERDC filing group must meet an active exemption to bypass the waitlist, an additional way families can verify they are on medical leave, limiting the reasons why a family can be approved for additional child care hours, and adding two new income sources and how they are treated. Language is being updated to allow direct provider payments to be paid to either a provider or the owner of a certified family facility if a provider designates them to receive the payments. Finally, language is being updated to allow providers to charge ERDC families more than they charge private pay families and the payment made for care is the DELC maximum rates; these are both effective August 1, 2026 to align with the implementation of Oregon ELMS.

PROCESS: DELC convened a rules advisory committee (RAC) that met on April 15, 2026 from 6:00 – 7:00pm with:

- Families;
- Child care providers;
- Subject matter experts;
- Early learning system partners;

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- Community-based organizations, and other community members

A public hearing was held on April 29th, 2026 at 5:00pm and the public comment period was open until 5pm on May 8th, 2026.

EQUITY ANALYSIS:

414-175-0002, 414-175-0011, 414-175-0051, 414-175-0075. 414-175-0035, 414-175-0077

These rule changes are technical, corrective, or clarifying. They reflect current policies, practices, and ONE system functionality, and they will have no racial impacts.

414-175-0010

This rule gives DELC the ability to turn off waitlist exemption reasons if needed to keep the ERDC program within the allotted budget. This will impact all families who would have met an exemption that is inactivated and all child care providers who accept ERDC subsidy payments who may face less subsidy families attending their child care. Since providers in the Other race category and Black providers make up a larger number of the licensed family provider pool, a greater number of providers within these groups could experience the negative financial effect of the ERDC exemptions being shut off for families. This will not impact families who are already receiving ERDC benefits.

414-175-0035

DELC does not have data on the racial population data of those who receive the Military Transitional compensation income or payments from the Youth Experiencing Homelessness Program so it is unknown what populations could be affected by these income types for the purposes of ERDC eligibility.

414-175-0085

Allowing child care providers to charge more for ERDC families than they do for other families will benefit providers. The licensed family provider pool includes higher proportions of providers in the Other race category and Black providers compared to the general population in Oregon. These financial improvements may have a proportionately positive effect on these groups.

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NEXT STEPS: The Council will vote on the proposed permanent rule adoptions in the May 27, 2026 meeting. If passed, the rule amendments will be permanently effective on June 1, 2026.

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Oregon Department of
**Early Learning
and Care**

DELIC Rulemaking

May 27, 2026





Oregon Department of
**Early Learning
and Care**

Proposed Rule Changes to Employment Related Daycare (ERDC)

Jennifer Heras, Child Care Assistance Program Lead Analyst

Early Learning Council



Timeline of Changes

- **Rules Advisory Committee:** April 15, 2026 (6:00 PM - 7:00PM)
- **Presentation to ELC:** April 22, 2026
- **Public Hearing:** April 29, 2026
- **Public Comment Period Ends:** May 08, 2026
- **ELC Vote:** May 27, 2026
- **Rule Change Effective Date:** June 1, 2026

Summary of Proposed Changes

ERDC Rule Changes:

- 414-175-0002; Definitions
- 414-175-0010; Waitlist for ERDC
- 414-175-0011; Certification Period
- 414-175-0023; Requirement to Establish a Child Care Need and Hours Authorizations
- 414-175-0024; Verification Requirements
- 414-175-0035; Specific Financial Requirements
- 414-175-0051; Requirement To Make Copay or Satisfactory Arrangements
- 414-175-0075; Child Care Provider Eligibility Standards, Payment Rates, Payment Limits, and Payable Hours
- 414-175-0077; COVID-19 Provider Payments (REPEAL)
- 414-175-0085; Direct Provider Payments

RAC Members

Proposed Effective Date: June 1, 2026

Name	Organization/Affiliation	Region
Lisa Duffield	Union	Beaverton
Anneliese Sheahan	Union	Gladstone
Natasha Ilys	211Info	Portland
April Paul	Child Care Resource and Referral	Redmond
Kristina Ries	Culturally Specific/Advocate	Portland
Ivy Major-DcDowall	Advocate	Portland
Hang Jones	Culturally Specific/Advocate	Portland
Jorge Martinez	Parents/Families	Beaverton
Alicia Benavidez	Parents/Families	Gold Beach
Rachel Lamet	Child Care Provider	Salem
Jenny McDonald	Child Care Provider	Klamath Falls
Alexia Nice	Child Care Provider	La Grande
DyLynn Robertson	Child Care Provider	Portland
Anne-Marie Holloway	Child Care Provider	Stayton

414-175-0002: Definitions

Purpose/Background

- OAR 414-175-0002 outlines definitions for the ERDC ruleset.

Reason for Change

- Rule is being updated to add definitions. The definition for "disenrollment" is to explain when a child is considered disenrolled from their child care provider for subsidy payment purposes only. The definition for the new "Oregon Early Learning Management System (Oregon ELMS)" is being added as the Department's system for managing child care provider licensing, enrollment, and billing and payment processes.

Impacts of Change

- There are no fiscal impacts with these changes.

414-175-0010: Waitlist for ERDC



Reason for Change

- This rule is being updated to add language that allows DELC to pause waitlist exemption reasons independently of each other. Currently, when the ERDC waitlist is activated, all exemption criteria are active. Only the exemption criteria in effect at the time of application may be used to determine whether an applicant is placed on the waitlist.

Feedback	Rule Updates
<p>RAC</p> <ul style="list-style-type: none">• When and how will the decision be made to pause the TANF bypass?• Participants were appreciative that we had sought authority in statute from legislature to make this change.• Participants expressed concern on pausing the TANF bypass as they are a vulnerable population.	<p>RAC</p> <ul style="list-style-type: none">• Seeking additional clarity to be able to explain when/how this decision will be made, to share with stakeholders.• No update to rule language, explain that this just gives DELC the authority but does not mean this will be implemented.

414-175-0011: Certification Period

Purpose/Background

- OAR 414-175-0011 outlines how long a certification period is, when it can be extended, and when a case can close during the certification period.

Reason for Change

- Rule is being updated to clarify that ERDC benefits may be terminated mid-certification when the family's personal resources exceed the resource limit of \$1,000,000. This aligns rule with policy intent and current ONE system functionality.

Impacts of Change

- There is no fiscal impact. This language is changing rule to better match current functionality.

414-175-0023: Requirement to Establish a Child Care Need and Hours Authorization



Reason for Change

- Rule is being updated to clarify situations where additional child care hours cannot be authorized because an allowable need does not exist. This includes when the caretaker requests additional hours due to inconvenient drop off/pick up times or to secure overnight care when the caretaker is not participating in overnight activities.

Feedback	Rule Updates
<p>RAC</p> <ul style="list-style-type: none">• Appreciation for writing as allowable and defining the times when it should not be allowable• Concern this language would reduce flexibility to authorize overnight, sleep hours, and extra commute time.	<p>RAC</p> <ul style="list-style-type: none">• No rule language was changed.• Clarification was shared that the program will continue to be able issue child care hours for overnight, sleep hours, and extra commute time.

414-175-0024: Verification Requirements



Reason for Change

- Rule is being updated to add that a written or verbal statement from their employer is a valid way that families can verify that they are on medical leave.

Feedback	Rule Updates
<p>RAC</p> <ul style="list-style-type: none">• Participants were concerned on what would happen when employers aren't responsive to a request.• Participants would like to have Paid Leave Oregon verification allowable as well. <p>Public Comment</p> <ul style="list-style-type: none">• Feedback given that this puts burden on families with non-traditional forms of work that cannot easily get employer verification.	<p>RAC</p> <ul style="list-style-type: none">• None needed, other types of documentation from a medical provider can meet this requirement. Paid Leave Oregon allows leave for more than medical reasons and would not be the best verification for our medical leave benefit.

414-175-0035: Specific Financial Requirements



Purpose/Background

- OAR 414-175-0035 outlines specific income sources and how they are counted for the ERDC ruleset.

Reason for Change

- Rule is being updated to state that Military Transitional compensation income will be treated as unearned income for ERDC. This is a new program that a spouse or child of a military member can receive due to dependent abuse. The rule is also being updated to clarify that all payments received through the Youth Experiencing Homelessness Program (YEHP) are excluded for ERDC.

Impacts of Change

- This may have a negative fiscal impact for ERDC families who become eligible for Military Transition compensation. Income will not be counted until recertification. It may have a positive impact for individuals receiving YEHP payments.

414-175-0051: Requirement to Make Copay or Satisfactory Arrangements



Purpose/Background

- OAR 414-175-0051 outlines definitions for the ERDC ruleset for specific requirement to make copay or other arrangements.

Reason for Change

- Rule is being updated to change 'billing form' to 'billing' to be more generic so that the word is inclusive of billings completed through Oregon ELMS. Updating terminology to better align language with the future state of having both electronic and paper billing submission.

Impacts of Change

- There is no fiscal impact.

414-175-0075: Child Care Provider Eligibility Standards, Payment Rates, Payment Limits, and Payable Hours



Purpose/Background

- OAR 414-175-0075 outlines the eligibility standards, payment rates, limits and payable hours for families and child care providers.

Reason for Change

- Rule is being updated to change ‘billing form’ to ‘billing’ to be more generic so that the word is inclusive of billings completed through Oregon ELMS. Updating terminology to better align language with the future state of having both electronic and paper billing submission.

Impacts of Change

- There is no fiscal impact.

414-175-0077: COVID-19 Provider Payments (REPEAL)



Purpose/Background

- OAR 414-175-0077 outlines rules for special provider payments during COVID-19.

Reason for Change

- Rule is being repealed as the payments described in this rule were specific to COVID-19 and are no longer being distributed.

Impacts of Change

- There is no negative fiscal impact.

414-175-0085: Direct Provider Payments

Reason for Change

- Rule is being updated to remove requirement that providers cannot charge ERDC families at a rate higher than they charge private pay families. This is changing due to ELMS functionality that will pay at the ERDC maximum rate regardless of a provider's rate. Language that stated all non-certified center providers would be paid after care is provided is removed. This policy ended July 31, 2021. Language is updated to specify that payments will end for ERDC children when the child has been absent for one full calendar month or the connection to a provider is ended prior to the next month's billing issuance. Rule is being updated to state child care payments are made to provider unless the payment is designated to be paid directly to the owner of a Certified Family facility. This aligns with current practice.

Feedback	Rule Updates
<p>RAC</p> <ul style="list-style-type: none"> • Participants were in support of paying providers the ERDC maximum rates but expressed concern on potential risks related to access to the new system. 	<p>RAC</p> <ul style="list-style-type: none"> • No rule updates needed.



Early Learning Council

May 27, 2026

9:00 a.m. – 1:30 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: May 27, 2026

AGENDA ITEM: Employment Related Day Care Permanent Rule Adoption

ACTION: Adopt permanent rule amendments for the Employment Related Day Care ruleset that will be effective June 1, 2026.

BACKGROUND: DELC is responsible for administering the Employment Related Day Care (ERDC) program. The proposed amendments to these rules reflect business process updates in relation to the new Oregon Early Learning Management System, clarifications, and changes required to maintain the program within budgetary limits.

PROCESS: DELC is proposing to adopt permanent rules for the Employment Related Day Care Program. DELC convened a rules advisory committee on April 15th and held a public hearing on April 29th. The public comment period was open until May 8th. DELC received one public comment.

EQUITY ANALYSIS: There are positive and negative equity impacts identified with these proposed rule changes. Positively, payment changes will allow providers to be paid at the ERDC rate even if their private pay rate is lower. This will positively benefit families and providers in rural areas and providers who have kept their private pay rates at a more affordable rate for families. The licensed family provider pool includes higher proportions of providers in the other race category and Black providers compared to the general population in Oregon. These financial improvements may have a proportionately positive effect on these groups. Changes to allow waitlist bypasses to be paused independently of one another has potentially negative impacts to both families and providers. Pausing waitlist bypass reasons will stop families who otherwise would have met a bypass from being able to access ERDC benefits. Likewise, adding the new income type of Military Transition as countable income could negatively impact families receiving ERDC benefits by increasing their copay at their next ERDC renewal, or by putting the family over the exit limit.

PROPOSED DRAFT MOTION: I move to adopt the proposed permanent rule language amendments for the Employment Related Daycare Program ruleset related to Chapter 414, Division 175 dated May 27, 2026.

CONTACT: Alyssa Chatterjee, Early Learning Systems Director, Department of Early Learning and Care

ENCL:

- [Public Comment Report](#)
- [Hearing Officer Report](#)
- [Appendix A](#)



Summary: Public Comments on Employment Related Day Care (ERDC) Rules (effective June 1, 2026)

Date	Source	Name	Comment	Agency Response
5/4/26	Form response	Kristina Ries	PDF of submitted comment	<p>Waitlist flexibility and budget constraints – This rule provides DELC with the necessary authority to pause ERDC waitlist bypasses independently with sufficient notice. There are no current plans to pause any waitlist exemptions.</p> <p>Child Care Hours and Real-World Schedules – The program currently has flexibility to cover sleep time when a parent is working an overnight shift and to offer additional hours for additional commute time. This ruleset does not alter this flexibility.</p> <p>Verification for Medical Leave and Informal Employment – These changes increase flexibility in the program to accept additional forms of verification of medical leave from employment to include a letter from an employer. Medical documentation from a medical professional will still be acceptable for those who cannot get documentation from their employers.</p> <p>System Implementation Barriers – DELC will provide outreach and training materials related to the Oregon Early Learning Management System. DELC will also continue to maintain traditional options for contact including mail, phone, email, and fax.</p>



Summary: Public Comments on Employment Related Day Care (ERDC) Rules (effective June 1, 2026)

				<p>Role of DELC and Addressing Equity- The agency will consider the racial equity impact of all rules and commit to engaging communities impacted by rules through the Rulemaking Advisory Committee and regular assessment of rules. In alignment with our mission to foster coordinated, culturally appropriate, and family centered services, DELC will continue to communicate when rules are adopted to partners and impacted communities.</p>
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Public Comment on Proposed ERDC Rule Changes (April 2026 RAC Process)

From the perspective of the families I work with, I appreciate the opportunity to provide input on the proposed changes to the Employment Related Day Care (ERDC) program. My comments are informed by direct service experience supporting families navigating homelessness, unstable employment, and complex system barriers.

Waitlist Flexibility and Budget Constraints

I understand that the proposed changes to waitlist flexibility are being driven by significant budget limitations, with current funding insufficient to support the approximately 12,000 families on the waitlist through the end of the biennium. While I recognize the need for fiscal management, the proposal to allow selective activation or deactivation of waitlist exemptions raises serious concerns.

In particular, the potential to pause bypass eligibility for families receiving TANF represents a major shift. These exemptions are not simply administrative categories, they represent families with the highest levels of need and risk. For families experiencing homelessness or economic instability, immediate access to child care is often what allows them to secure and maintain employment, attend required appointments, and stabilize their housing situations.

If these exemptions are turned off, families may be placed in situations where they are expected to meet work or program requirements without access to the child care necessary to do so. I strongly recommend that certain populations, particularly families experiencing homelessness, those connected to TANF, families involved in child welfare, and those fleeing domestic violence, retain guaranteed or protected access to care, even in times of funding constraint.

Additionally, I encourage clear criteria, transparency, and equity guardrails in any decision-making process related to turning exemptions on or off.

Child Care Hours and Real-World Schedules

The proposed limitations on authorized child care hours raise significant equity concerns. Many families, especially those experiencing homelessness or working in low-wage sectors, do not have predictable or traditional schedules.

Families working overnight shifts, variable hours, or jobs requiring significant travel time need flexibility that reflects real-world conditions. Without accounting for transportation, recovery time after overnight shifts, and unpredictable scheduling, families may technically qualify for ERDC but be unable to use it in a way that supports employment and safety.

I recommend explicitly allowing flexibility in authorized hours to account for these realities, including transportation time and recovery time, as part of determining child care needs.

Verification for Medical Leave and Informal Employment

I appreciate the effort to reduce barriers through more flexible verification for medical leave, including the option for verbal employer confirmation. During the RAC meeting, it was

acknowledged that additional consideration may be given to families engaged in cash-based, gig, or informal work, with potential for further language development.

This is a critical area for equity. Many families do not have traditional employment documentation, and without explicit inclusion of informal work arrangements, verification requirements may continue to exclude the very families the program is intended to support.

I encourage the development of clear, consistent guidance that explicitly recognizes nontraditional employment and ensures equitable application across caseworkers.

System Implementation and Access Barriers

The transition to new systems, including ELMS, presents potential risks related to access, technology, and communication. Families already navigating instability may face additional barriers in submitting documentation or maintaining communication with caseworkers.

I encourage the development of robust supports and contingency plans to ensure that system transitions do not create additional delays or unintended loss of benefits.

Role of DELC and Elevation of Equity Concerns

During the RAC meeting, it was stated that the Oregon Department of Early Learning and Care does not view itself as playing an advocacy role, and instead focuses on program administration within existing funding constraints.

Given this framing, I encourage consideration of how equity and access concerns, particularly for families with the highest levels of need, are elevated within decision-making processes. As policies shift in response to budget limitations, it is essential that mechanisms exist to ensure that the impacts on historically underserved communities are fully considered and mitigated.

Closing

These proposed changes represent significant shifts in how families access and maintain child care support. I appreciate the opportunity to provide input and strongly encourage continued engagement with community partners as these policies evolve.

Thank you for your time and consideration.



Oregon

Tina Kotek, Governor



MEMORANDUM

To: Executive Leadership Team, Department of Early Learning and Care
From: Kathy Wai, Administrative Rules and Legislative Coordinator
Date: May 12, 2026
Re: Presiding Officer's Report on Rulemaking Hearing

Proposed Ruleset: OAR 414-175-0002, 414-175-0010, 414-175-0011, 414-175-0023, 414-175-0024, 414-175-0035, 414-175-0051, 414-175-0075, 414-175-0077, 414-175-0085

The Department of Early Learning and Care (DELIC) held a public hearing to receive public comment on a proposed ruleset for the Employment Related Day Care Program. Notice of the hearing was published by the Secretary of State in the April 1, 2026 Oregon Bulletin. Notice was also sent to interested parties and persons who requested notice pursuant to ORS 183.335(7). The hearing was presided over by Kathy Wai.

Hearing Information:

<i>Date</i>	<i>Time</i>	<i>Location</i>
April 29, 2026	5:00 PM	Zoom (Virtual)

Attendees who wished to comment on proposed rules were given the zoom information, informed of procedures for taking comments, and notified that the hearing was recorded. To reduce barriers to participation, registration via zoom was not required and the hearing was live streamed on DELIC's YouTube.

Before receiving comment, staff briefly summarized proposed rules. A recording of the hearing is available on the DELIC website.

Summary of Oral Comments:

Three members of the public attended the public hearing to watch. There was no verbal testimony during the public hearing on the proposed ERDC rules. No persons entered written testimony during the public hearing.



Early Learning Council

May 27, 2026

9:00 a.m. – 1:30 p.m.

Department of Early Learning and Care
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Appendix A:

Proposed Language 414-175-0002; Definitions

The following definitions apply to division 175, unless the context indicates otherwise:

- (1) "Adjusted income" means the amount determined by subtracting income deductions from countable income.
- (2) "Assets" mean income and resources.
- (3) "Authorized representative" means an individual aged 18 years or older or an organization permitted by these rules to act on behalf of an applicant in assisting the applicant with their application, renewal of eligibility, and other ongoing communications with the Department.
- (4) "Basic decision notice" means a decision notice mailed no later than the date of action given in the notice.
- (5) "Budgeting" means the process of calculating the benefit level.
- (6) "Budget month" means the calendar month from which nonfinancial and financial information is used to determine eligibility and benefit level for the payment month.
- (7) "Capital asset" means property that contributes toward earning self-employment income, either directly or indirectly. A "capital asset" generally has a useful life of over one year and a value, alone or in combination, of \$100 or more.
- (8) "Categorically eligible" means eligible for the ERDC program based on the presence of a single factor, or set of factors, except that certain federal requirements apply.
- (9) "Caretaker" means an individual who is responsible for the care, control, and supervision of a child. The status of "caretaker" ends once the individual no longer exercises care, control, and supervision of the child for 30 days.
- (10) "Certification period" means the period for which a caretaker is certified eligible for a program.
- (11) "Child" includes natural, step, and adoptive children. The term "child" does not include an unborn child. A "child" need not have a biological or legal relationship to the caretaker but must be in the care and custody of the caretaker, must meet the citizenship or noncitizen status requirements of OAR 414-175-0021, and must be:
 - (a) Under the age of 18; or
 - (b) Under the age of 19 and in secondary school or vocational training at least half time.



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(12) "Continuing benefit decision notice" means a decision notice that informs a caretaker of the right to continued benefits and is mailed in time to be received by the date benefits are, or would be, received.

(13) "Countable" means that an available asset (either income or a resource) is not excluded and may be considered to determine eligibility.

(14) "Decision notice" means a written notice of a decision by the Department regarding a caretaker's eligibility for benefits in a program.

(15) "Department" means the Department of Early Learning and Care, or its delegate, the Oregon Department of Human Services, in accordance with ORS 327.274 and as described in rule.

(16) "Domestic violence" means the occurrence of one or more of the acts described in subsections (a) to (d) of this section between family members, intimate partners, or household members:

(a) Attempting to cause or intentionally, knowingly, or recklessly causing physical injury or emotional, mental, or verbal abuse.

(b) Intentionally, knowingly, or recklessly placing another in fear of imminent serious physical injury.

(c) Committing sexual abuse in any degree as defined in ORS 163.415, 163.425 and 163.427.

(d) Using coercive or controlling behavior.

(e) As used in this section, "family members" and "household members" mean any of the following:

(A) Spouse;

(B) Former spouse;

(C) Individuals related biologically or by marriage (see section (45) of this rule), or adoption;

(D) Individuals who are cohabitating or have cohabited with each other;

(E) Individuals who have been involved in a sexually intimate or dating relationship; or

(F) Unmarried parents of a child.

(17) "Eligibility" means the decision as to whether an individual qualifies, under financial and nonfinancial requirements, to receive program benefits.

(18) "ERDC" or "Employment Related Day Care" means Oregon's primary child care assistance program for eligible families under this rule set.

(19) "Equity value" means fair market value minus encumbrances.



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(20) "Experiencing homelessness" means an individual in the ERDC filing group who is experiencing a lack of a fixed, regular, and adequate nighttime residence. This includes, but is not limited to, individuals who are:

- (a) Living in an emergency or transitional shelter,
- (b) Sharing housing with others due to loss of housing or economic hardship, or
- (c) Staying in motels, campgrounds, hotels, cars, parks, public places, tents, trailers, or other similar settings.

(21) "Facility" means an individual, group of individuals, or entity that is caring for a child younger than 13 years of age or a child 18 or younger with special needs.

(22) "Fair market value" means the amount an item is worth on the open market.

(23) "Financial institution" means a bank, credit union, savings and loan association, investment trust, or other organization held out to the public as a place receiving funds for deposit, savings, checking, or investment.

(24) "Illegal activity" means an activity that is illegal under either Oregon law or federal law, or both. Working in the marijuana or psilocybin industry is considered an "illegal activity" under this rule.

(25) "Income producing property" means real or personal property that generates income for the financial group. Examples of "income producing property" are:

- (a) Livestock, poultry, and other animals.
- (b) Farmland that is leased or rented to a party outside the financial group and generates income from that lease or rental agreement. This refers to the land itself as a source of income and does not include farmland used in the operation of a farming business that is owned or managed by a member of the financial group.
- (c) Rental homes (including a room or other space in the home or on the property of a member of the financial group), vacation homes, and condominiums.

(26) "Initial month" of eligibility means any of the following:

- (a) The first month a benefit group is eligible for a program benefit in Oregon after a period during which the group is not eligible, or
- (b) The first month a benefit group is eligible for a program benefit after there has been a break in the program benefit of at least one full calendar month. If benefits are suspended for one month, that is not considered a break.

(27) "In-kind income" means income in a form other than money (such as food, clothing, cars, furniture, payments made to a third party, and fringe benefits).

(28) "Legally married" means a marriage uniting two individuals according to:

- (a) The statutes of the state where the marriage occurred;



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- (b) The common law of the state in which the two individuals previously resided while meeting the requirements for common law marriage in that state; or
- (c) The laws of a country in which the two individuals previously resided while meeting the requirements for legal or cultural marriage in that country.
- (29) "Life estate" means the right to property limited to the lifetime of the individual holding it or the lifetime of some other individual. In general, a "life estate" enables the owner of the "life estate" to possess, use, and obtain profits from property during the lifetime of a designated individual while actual ownership of the property is held by another individual. A "life estate" is created when an individual owns property and then transfers ownership to another individual while retaining, for the rest of the individual's life, certain rights to that property. In addition, a "life estate" is established when a member of the financial group purchases a "life estate" interest in the home of another individual.
- (30) "Lodger" means someone who:
- (a) Is living with a caretaker receiving Department benefits;
 - (b) Is not a member of the caretaker's filing group; and
 - (c) Pays the filing group for room and board.
- (31) "Lump-sum income" means earned or unearned income received too infrequently or irregularly to be reasonably anticipated, or received as a one-time payment. "Lump-sum income" includes but is not limited to:
- (a) Retroactive benefits covering more than one month, whether received in a single payment or several payments.
 - (b) Income from inheritance, gifts, winnings, and personal injury claims.
 - (c) Income received less frequently than annually.
- (32) "Marriage" means the union of two individuals who are legally married.
- (33) "Minor parent" means a parent under the age of 18.
- (34) "Nonstandard living arrangement" means each of the following locations:
- (a) Foster care.
 - (b) Residential Care facility.
 - (c) Drug or alcohol residential treatment facility.
 - (d) Shelter for individuals who are homeless or domestic violence shelter.
 - (e) Lodging house if paying for room and board.
 - (f) Correctional facility.
 - (g) Medical institution.
- (35) "Ongoing month" means any month following the initial month of eligibility, if there is no break in the program benefit of one or more calendar months.



Early Learning Council

May 27, 2026

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(36) "ODHS" or "Oregon Department of Human Services" means the Oregon Department of Human Services.

(37) "Oregon ELMS" or "Oregon Early Learning Management System" means the Department's online system used to manage child care provider licensing, enrollment, billing and payments processes.

(3738) "Parent" means the biological or legal parent of a child or unborn child.

(a) If the person who gave birth (parent 1) to the child lives with an individual (parent 2) and either parent 1 or parent 2 claims that parent 2 is the other biological parent of the child or unborn, and no one else claims to be the other biological parent, parent 2 is treated as a parent even if parentage has not been legally established.

(b) A stepparent relationship exists if:

(A) The individual is legally married to the child's biological or adoptive parent; and

(B) The marriage has not been terminated by legal separation, divorce, or death.

(c) A legal adoption erases all prior legal and biological relationships and establishes the adoptive parent as the legal parent. However, the biological parent is also considered a "parent" if both of the following are true:

(A) The child lives with the biological parent; and

(B) The legal parent has given up care, control, and supervision of the child.

(3839) "Payment month" means the calendar month for which benefits are issued.

(3940) "Periodic income" means income received on a regular basis less often than monthly.

(4041) "Primary person" means the filing group member who is responsible for providing information necessary to determine eligibility and calculate benefits. The caretaker is the primary person for ERDC.

(4142) "Real property" means land, buildings, and whatever is erected on or affixed to the land and taxed as "real property".

(4243) "Reimbursement" means money or in-kind compensation provided specifically for an identified expense.

(4344) "Shelter-in-kind" means an agency or individual outside the financial group provides the shelter of the financial group, or makes a payment to a third party for some or all of the shelter costs of the financial group. "Shelter-in-kind" does not include temporary shelter provided by a domestic violence shelter, shelter for individuals who are homeless, or residential alcohol and drug treatment facilities or situations where no shelter is being provided, such as sleeping in a doorway, park, or bus station.



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(4445) "Sibling" means the brother or sister of an individual. "Biologically-related" means they share at least one biological or adoptive parent. "Step" means they are not biologically-related, but are related by the marriage of their parents.

(4546) "Spousal support" means income paid (voluntarily, per court order, or per administrative order) by a separated or divorced spouse to a member of the financial group.

(4647) "Spouse" means an individual who is legally married to another individual.

(4748) "Stable income" means income that is the same amount each time it is received.

(4849) "Standard living arrangement" means a location that does not qualify as a nonstandard living arrangement.

(4950) "Timely continuing benefit decision notice" means a decision notice that informs the caretaker or the authorized representative of the filing group of the right to continued benefits.

(5051) "Trust funds" mean money, securities, or similar property held by an individual or institution for the benefit of another individual.

(5152) "USDA meal reimbursements" mean cash reimbursements made by the Oregon Department of Education for [family daychild](#)-care providers who serve snacks and meals to children in their care.

(5253) "Variable income" means earned or unearned income that is not always received in the same amount each month.

Proposed Language 414-175-0010: Waitlist for ERDC

(1) Eligibility is subject to the availability of funds. The Department may implement a Child Care Waitlist whenever the Department determines that sufficient funding is not available to sustain benefits for all of the applicants requesting ERDC benefits.

(2) The Department may activate or deactivate one or more of the exemption criteria in Section 3 of this rule. At minimum, the Department must allow a 30-day notice on the Department website when deactivating an exemption criteria.

~~(32) The following applicants are subject to placement on the Child Care Waitlist when the Child Care Waitlist is in effect.~~ New applicants will be placed on the Child Care Waitlist ~~for ERDC~~ unless the ERDC filing group meets the income limits in OAR 414-175-0050 and meets at least one [active](#) exemption listed in the following paragraphs:



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(a) Received a partial or full month of cash benefits from the Refugee (REF), State and Family Pre-SSI (SFPSS), or Temporary Assistance to Needy Families (TANF) programs in the state of Oregon in at least one of the preceding three months.

(b) Determined eligible for, and being placed in, a current opening in a Head Start program contracted slot, an Early Head Start Child Care Partnership contracted slot, or a Baby Promise program contracted slot.

(c) The caretaker is currently working with Child Welfare as part of a Child Protective Services (CPS) assessment or open case and Child Welfare has determined the use of child care will:

(A) Prevent removal of the child from their home;

(B) Allow a child to be returned home; or

(C) Allow for placement of the child with a relative or with an adult whom the child or the family of the child has an established relationship.

(d) Determined eligible for Temporary Assistance to Domestic Violence Survivors (TA-DVS) program benefits from the state of Oregon in the current month or at least one of the preceding three months.

(e) Was part of an ERDC filing group with a break in ERDC benefits of no more than two consecutive calendar months.

(43) When the Child Care Waitlist is in effect, the Department must place all applicants who are subject to the Child Care Waitlist under section (2) of this rule on the Child Care Waitlist for future selection. The Department sends these applicants a decision notice of ineligibility for the ERDC program.

(54) Each month, on the basis of an estimate of available funds, an appropriate number of individuals from the Child Care Waitlist are selected on a first-in and first-out basis and invited to apply for ERDC.

(65) After an individual is selected from the Child Care Waitlist, the individual must establish a date of request no later than 45 days after the date on the selection letter. The individual may request child care benefits from the Department:

(a) Without completing a new application, when the previous application is within 45 days of its date of request; or

(b) By submitting a new application for child care benefits to the Department in accordance with OAR 414-175-0005.

(76) The processing time frame for the ERDC application is the same as that specified in OAR 414-175-0005, except that:



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- (a) If the Department does not receive a request for benefits within the deadline to apply, the individual is dropped from the Child Care Waitlist.
- (b) An individual who requests benefits after the 45-day deadline to apply (see section (5) of this rule) will be returned to the Child Care Waitlist.
- (87) The Department may send periodic notices to individuals on the Child Care Waitlist to ensure that the list contains individuals who still want to receive ERDC benefits.
 - (a) The Department shall allow at least 30 days for individuals to respond to the notice.
 - (b) The Department may remove individuals from the Child Care Waitlist who indicate they no longer want ERDC benefits or who do not respond to the notice by the deadline.

Proposed Language **414-175-0011; Certification Period**

- (1) The length of the certification period may not be less than 12 months. In the following situations the certification period may be extended beyond the certification end date:
 - (a) Caretakers in authorized work search and medical leave are limited to no more than three additional months.
 - (b) Caretakers on military transition are limited to no more than six additional months.
 - (c) Caretakers who have entered into a contracted slot with Head Start, Early Head Start or the Early Head Start Child Care Partnership program are limited to no more than eleven additional months.
 - (d) Caretakers who are Categorically Eligible through a determination of TANF eligibility may have their ERDC benefits extended through the end of the TANF benefit period.
- (2) ERDC benefits may be terminated mid-certification only if one of the following occur:
 - (a) There is no longer an eligible child or no longer an eligible caretaker in the need group pursuant to OAR 414-175-0020;
 - (b) The filing group no longer meets the resource limit or exit income limits eligibility standards in accordance with OAR 414-175-0050(1)(b)(B), except for filing groups categorically eligible under Expanded Child Welfare (EXP CW);
 - (c) Benefits were determined in error;
 - (d) A Caretaker or Authorized Representative in the Need Group requests to terminate their ERDC benefits; or
 - (e) No members of the filing group reside in Oregon.



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Proposed Language **414-175-0023; Requirement to Establish a Child Care Need and Hours Authorizations**

- (1) The following is required to establish a child care need:
- (a) Except for as described in (2) below, every caretaker in the filing group must meet one of the following requirements:
 - (A) Receive income from employment. This includes self-employment and employment through a work study program.
 - (B) Participate in education hours, either through:
 - (i) Coursework that leads to a certificate, degree, or job-related knowledge or skills attainment at an institution of higher education approved to receive federal financial aid; or
 - (ii) Participation in a high school education or general equivalency diploma (GED) program. To be eligible under this subparagraph the caretaker must be twenty (20) years of age or younger.
 - (C) Be on medical leave from current employment or education.
 - (b) Except for as described in (2) below, if there are multiple caretakers required to be in the filing group, and one of them does not meet any of the criteria in section (1)(a) above, that caretaker is considered available to provide child care, making the filing group ineligible, except in the following situations:
 - (A) The adult is physically or mentally unable to provide adequate child care. This must be verified pursuant to 414-175-0024.
 - (B) Confirmation is received from the Office of Child Welfare Programs that supervised contact is required between the child and the adult.
- (2) If a child or caretaker is Categorically Eligible for ERDC benefits in accordance with OAR 414-175-0025, sections (1), (3), and (4) of this rule do not apply and the copay is waived.
- (3) When child care is covered and when copays are waived or reduced
- (a) The cost of dependent child care may be paid for by the Department (is covered) when dependent child care is necessary for the caretaker to perform the caretaker's job duties or complete educational hours, including study time.
 - (b) The cost of dependent child care is not covered by the Department when free care is available, such as during school hours for school-age children, unless a child is not attending in-person schooling and is instead participating in distance learning in the following circumstances:
 - (A) Due to medical concerns with the child, a member of the child's household, or a family member with whom the child has frequent contact; or
 - (B) Due to mental health concerns specific to the child.



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(c) Child care is not covered if the nature of the work of the caretaker does not make it necessary for a person other than the caretaker to provide the care. Child care is not covered during a period of time when:

(A) The nature of the work allows the caretaker to provide the care without significantly affecting the work;

(B) The caretaker provides child care in a residence, unless the provider is a certified family home under OAR 414-350-0000 to 414-350-0400 or certified center under OAR 414-305-0100 to 414-305-1620.

(C) The caretaker works for a provider of child care in a residence, unless the provider is a certified family child care home under OAR 414-350-0000 to 414-350-0400 or is a certified center under OAR 414-305-0100 to 414-305-1620.

(d) The cost of dependent child care may continue to be paid for by the Department (is covered) during the certification period with no change to the authorized child care hours or copay amount subject to the following provisions:

(A) When a reduction in work hours occurs, the copay may be adjusted.

(B) When a job loss occurs:

(i) When a caretaker has a permanent job loss from all employment the copay is waived for:

(I) The remainder of the certification period if there are three or more months remaining in the period; or

(II) For up to three months for instances where job loss occurred in months 10 through 12 of the certification period.

(ii) The waiver ends if the caretaker becomes employed.

(iii) Any reason a caretaker is experiencing job loss is a “good cause” reason and qualifies a caretaker for authorized work search.

(C) For military transition:

(i) When a caretaker who is a discharged U.S. military member returns from active duty in a military war zone, the copay is waived for up to six months starting the month after the military member returns home.

(ii) The copay waiver ends at the end of the six month period if the caretaker becomes employed. The copay waiver ends before the end of the six month period if the caretaker returns to active duty.

(D) Under this section child care may be used for work, work search, education hours, military transition activities, or other activities to maintain a part-time or full-time slot at a child care facility.



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(e) In the ERDC program the cost of dependent child care may be paid for by the Department (is covered) at the beginning of the certification period or may continue to be paid for by the Department (is covered) with no change to the authorized child care hours if the caretaker is on medical leave from current employment or education during the certification period. Medical leave includes a Caretaker on leave due to their own condition or to care for a child in the Filing Group.

(A) When a Caretaker is on medical leave the reason for the leave must be verified including diagnosis and prognosis under OAR 414-175-0024, except that parental leave may be authorized for up to three calendar months without medical documentation.

(B) When a caretaker is on medical leave during the certification period and meets section (1) of this rule, the copay is waived starting the month after medical leave begins. The copay waiver:

(i) May not go beyond the last day of the certification period, subject to OAR 414-175-0011.

(ii) Ends at the end of the medical leave period, unless the caretaker is still on medical leave or requires extended parental leave and new verification is received prior to the end of the month noted on the original documentation, or for parental leave without medical documentation, prior to the end of third calendar month.

(f) When a caretaker is on medical leave at the time of initial application or certification, and meets subsection (1) of this rule, the copay may be waived. The copay waiver:

(A) May not go beyond the last day of the certification period, subject to OAR 414-175-0011.

(B) Ends at the end of the medical leave period, unless the caretaker is still on medical leave or requires extended parental leave and new verification is received prior to the end of the month noted on the original documentation, or for parental leave without medical documentation, prior to the end of the third calendar month.

(4) The cost of dependent child care may be paid for (is covered) by the Department, only if all the following are true:

(a) The child is a member of the benefit group and is in the care, control, and custody of an individual in the group.

(b) The provider of child care is not in the filing group.

(c) The provider of child care is not a parent of a child in the filing group.

(5) Child Care Hours Allowances

(a) Unless otherwise specified below, child care hours are determined as follows:

(A) When the allowable child care need totals 20 or fewer weekly hours of dependent child care, 20 weekly hours are allowed.



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(B) When the allowable child care need totals more than 20 but no more than 40 weekly hours of dependent child care, 40 weekly hours are allowed.

(C) When the allowable child care need totals more than 40 weekly hours, up to 75 weekly hours are allowed.

(D) In addition to the weekly hours allowed in paragraphs (5)(a)(A) through (eC), above, study hours will be allowed as follows:

(i) 5 weekly hours for a caretaker who spends less than 12 hours a week in education settings.

(ii) 10 weekly hours for a caretaker who spends 12 or more hours a week in education settings.

(b) For a need group that has been determined Categorically Eligible for ERDC or under Expanded Child Welfare (EXP CW) in accordance with OAR 414-175-0025, child care hours are determined as follows:

(A) 20 weekly hours of child care are allowed.

(B) A caretaker may request additional weekly child care hours. The caretaker must state a reason for needing additional weekly child care hours. ~~Any reason for needing~~ Additional weekly child care hours is sufficient to allow a higher amount of weekly hours in may be authorized in accordance with subsections (5)(a)(B) and (C) above, except ~~that the reason cannot be~~ for the following:

(i) To secure access to a child care facility requiring a child to be in care for more than 25 weekly hours;

(ii) When a caretaker reports the additional hours are needed due to inconvenient drop off or pick up times; or

(iii) To secure overnight care when the caretaker is not participating in overnight activities.

(c) In addition to the hours allowance provided in (5)(a) or (b) above, a need group receives 25% of the weekly hours allowance each week for the purposes of travel or commuting.

(d) Monthly hours allowances are calculated by multiplying the need group's weekly hours allowance by 4.3.

Proposed Language **414-175-0024; Verification Requirements**

(1) Methods of verifying information include the following:

(a) Electronic: Information available and provided to the Department by worker-initiated verification through system access. Electronic verification is the preferred method when information is available.

(b) Self-attestation: Information provided orally or in writing by or on behalf of an individual. Self-attestation is only accepted where indicated below and no other method is required.



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(c) Documentation: Documentary evidence provided by or on behalf of an individual or obtained by the Department from a third party. Documentation is required whenever electronic verification is not available and self-attestation is not allowed. Medical documentation must be written and must contain all the following:

(A) A diagnosis in medical terminology, including an explanation of whether the impairment limits the individual's ability to perform normal functions and, if so, how.

(B) A prognosis, including an expected recovery time frame.

(C) Clinical findings from physical examination, psychiatric evaluation, X-rays, or a laboratory procedure, including specific data supporting diagnosis of a condition that causes disability, either on a medical or psychiatric basis.

(2) Acceptable forms of medical documentation include:

(a) Medical evaluations from licensed physicians, psychiatrists, osteopaths, nurse practitioners, physician assistants, and ophthalmologists.

(b) Vision assessments from ophthalmologists and licensed optometrists.

(c) Mental health evaluations from psychiatrists, licensed or certified psychologists, and psychiatric mental health nurse practitioners.

(d) Supplemental medical and vocational information to augment evaluations from acceptable medical sources, from a licensed social worker, licensed physical or occupational therapist, or licensed nurse practitioner.

(3) The following information must be verified at initial application, recertification, and whenever eligibility for benefits becomes questionable, except as outlined in sections 4, 5 and 6.

(a) Countable income

(b) Special Needs Rate such that a request for the higher rate must be received and the disability must be verified by one of the following:

(A) A physician, nurse practitioner, clinical social worker, or any additional sources in section 2 of this rule.

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

(C) Eligibility for SSI.

(c) Identity of the caretaker(s)

(d) Resources: self-attestation is allowable

(e) Child care need

(f) Second caretaker unable to provide adequate care



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(g) Need for care of child(ren) age 13 or older at the time of application or recertification must be verified by one of the following:

(A) A clinical social worker or any additional sources in section 2 of this rule.

(B) A child's eligibility for SSI

(C) A child being under court supervision

(D) A child's eligibility for foster care payments

(E) Other unique circumstances where the child's safety or the caretaker's ability to work or participate in authorized activities will be significantly compromised if child care is not approved: self-attestation is allowed.

(h) Eligibility for priority processing: self-attestation is allowable.

(i) Caretaker's schedule: self-attestation is allowable.

(j) Immunizations:

(A) Reporting that immunizations are up to date: self-attestation is allowable.

(B) Reporting that an immunization series has started or that requirements are met due to having the medical or non-medical exemption form: documentation is required.

(k) Payment of an unpaid copay

(l) Head Start enrollment

(m) Authorized Medical Leave

(A) Parental leave:

(i) Up to 3 months: self-attestation is allowable.

(ii) More than 3 months: medical documentation is required.

(B) Medical leave for any other reason: medical documentation or verbal or written verification from the caretaker's employer confirming that the caretaker is on medical leave from employment is required.

(4) The following information must be verified during a certification period:

(a) A change in income:

(A) A decrease in income to reduce the copay.

(B) An increase in income due to a new filing group member entering the home.

(C) Income over the income limits in OAR 414-175-0050: self-attestation is allowable.

(b) An increase in child care hours: electronic verification or documentation is required.

(5) For filing groups categorically eligible for ERDC, self-attestation is allowed except as outlined in subsection (3)(j)(B).

(6) For filing groups categorically eligible under Expanded Child Welfare (EXP CW), self-attestation is allowed for child care need, hours and income.



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Proposed Language **414-175-0035; Specific Financial Requirements**

The following assets are countable or excluded for the purposes of evaluating whether the Financial Group meets the income and resource limits in OAR 414-175-0050:

- (1) Achieving a Better Life Experience (ABLE) Act
 - (a) In all programs, funds held in ABLE Act accounts are excluded as resources.
 - (b) Monies withdrawn from ABLE Act accounts are excluded as income if they are used for Qualified Disability Expenses. For purposes of this section, “Qualified Disability Expenses” include, but are not limited to, the following:
 - (A) Education;
 - (B) Housing;
 - (C) Transportation;
 - (D) Employment training and support;
 - (E) Assistive technology and personal support services
 - (F) Health;
 - (G) Prevention and wellness;
 - (H) Financial management and administrative services;
 - (I) Legal fees;
 - (J) Expenses for oversight and monitoring; and
 - (K) Funeral and burial expenses.
 - (c) Funds withdrawn from ABLE Act accounts for purposes other than Qualified Disability Expenses, above, are counted as unearned income.
- (2) Adoption Assistance: Adoption assistance is excluded.
- (3) Agent Orange Settlement Act
 - (a) Benefits from the Agent Orange Settlement Fund made by Aetna Life and Casualty for settling Agent Orange disability claims are excluded.
 - (b) Payments made under the Agent Orange Act of 1991, and issued by the U.S. Treasury through the Department of Veterans Affairs, are counted as unearned income.
- (4) Alaska Permanent Fund Dividend
 - (a) The Alaska Permanent Fund Dividend is issued annually to eligible Alaskan residents who apply for the payment. Out-of-state residents, except military personnel and students who claim Alaska as their residence, are not eligible unless they resided in Alaska and filed for the payment before leaving the state.
 - (b) Alaska Permanent Fund Dividend payments are considered lump-sum income and therefore excluded.
- (5) Animals



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- (a) Animals that are kept as pets or raised as food for the filing group are excluded.
- (b) The treatment of an animal considered income-producing property is covered by section (35) of this rule.
- (6) Annuities
 - (a) For the purposes of section (6):
 - (A) “Actuarially sound” means commercial annuities (see subsection (a)(iv) of this section) that pay principal and interest out in equal monthly installments over the actuarial life expectancy of the annuitant, with no deferral and no balloon payments. For purposes of this definition, the actuarial life expectancy is established by the Periodic Life Table of the Office of the Chief Actuary of the Social Security Administration and, for transactions (including the purchase of an annuity) occurring on or after July 1, 2008, the payout period must be within three months of the actuarial life expectancy, measured at the time of purchase.
 - (B) An annuity does not include benefits that are set up and accrued in a regularly funded retirement account while an individual is working, whether maintained in the original account or used to purchase an annuity, if the Internal Revenue Service recognizes the account as dedicated to retirement or pension purposes.
 - (C) “Child” means a biological or adoptive child who is:
 - (i) Under age 21; or
 - (ii) Any age and meets the Social Security Administration criteria for blindness or disability.
 - (D) “Commercial annuities” means contracts or agreements (not related to employment) by which an individual receives annuitized payments on an investment for a lifetime or specified number of years.
 - (b) An annuity is counted as a resource if the annuity does not make regular payments for a lifetime or specified number of years.
 - (c) Commercial annuities and payments from such annuities are counted as are counted as unearned income to the payee.
 - (d) If an annuity is a countable resource under this rule, the cash value is equal to the amount of money used to establish the annuity, plus any additional payments used to fund the annuity, plus any earnings, minus any regular payments already received, minus any early withdrawals, and minus any surrender fees.
 - (7) Bank Account
 - (a) As used in this rule, a bank account includes a money market account and an account in a financial institution, except that accounts in financial institutions for stocks, bonds, and certificates of deposit (CDs) are covered in section (68) of this rule.
 - (b) Money in a bank account available to one or more members of the financial group is



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counted as a resource in accordance with OAR 414-175-0030 , unless it is excluded under this rule.

(c) In each of the following situations, money in a bank account is excluded as a resource:

- (A) A burial fund if excluded under section (9) of this rule.
- (B) Funds from excluded income if excluded as a resource under OAR 414-175-0030 (4).
- (C) An Individual Education Account if excluded under section (24) of this rule.
- (D) Money for a plan for self-support if excluded under section (55) of this section.
- (E) Proceeds from the sale of a home if excluded as a resource under section (62) of this rule.

(d) Interest and dividends earned on funds in a bank account are counted as unearned income, unless the account is excluded as a resource under section (6)(c) of this rule or under another rule in this chapter of rules.

(8) Black Lung Benefits: Black Lung Benefits paid to miners or their survivors under the provisions of the Federal Mine Safety and Health Act are counted as unearned income.

(9) Burial Arrangements and Burial Fund

(a) The following definitions apply to section (9):

(A) “Burial arrangement” means an agreement with an entity -- such as a funeral agreement (which means an arrangement made with a licensed funeral provider), burial insurance, or a burial trust designating a funeral director as the beneficiary that establishes provisions for payment of an individual’s burial costs. A “burial arrangement” does not include a burial space, which is covered in section (10), or a burial fund.

(B) “Burial fund” means an identifiable fund set aside for an individual’s burial costs. A “burial fund” does not include a burial space, which is covered in section (10), or a burial arrangement.

(C) Burial insurance is considered a form of life insurance and treated in accordance with section (44) of this rule.

(b) The equity value of one prepaid burial arrangement for each member of the filing group is excluded.

(c) A burial fund is counted as a resource.

(d) There is no overpayment for the time period during which the burial arrangement or burial fund existed if the individual:

- (A) Cancels an excluded burial arrangement; or
- (B) Uses an excluded burial fund for any purpose other than burial costs.

(e) If an asset originally used as a burial arrangement or burial fund is converted to other uses, the asset is treated under the other applicable rules.



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(10) Burial Space and Merchandise

(a) For the purpose of this section, burial spaces include conventional gravesites, crypts, mausoleums, urns, niches, burial vaults, and other repositories that are traditionally used for the remains of deceased individuals. Burial spaces also include headstones and the opening and closing of the gravesite, and the reasonable and necessary improvements or additions to such spaces. Burial merchandise includes, but is not limited to, urns, caskets, liners, headstones, markers, plaques and foundations.

(b) The Department excludes as a resource the equity value of all burial space or merchandise for each member of the financial group, except that for burial space and merchandise that serves the same purpose, only one item per individual is excluded.

(11) Cash

(a) In the month of receipt, cash is counted as income, unless the cash qualifies as excluded income in this rule.

(b) After the month of receipt, cash (including cash on hand, cash in a safety deposit box, and cash held by others) is counted as a resource, unless the cash qualifies as an excluded resource in this rule.

(c) Foreign currency that can be converted to U.S. currency is treated in the same manner as cash under this rule. The value of foreign currency is its value in U.S. currency, determined by the current exchange rate.

(d) The treatment of a check is based on the source of the funds.

(12) Child Support and Cash Medical Support

(a) Child support and cash medical support paid by a non-custodial parent for a dependent child or minor parent in the financial group are considered income of the dependent child or minor parent, whether the support is paid voluntarily or in accordance with an order to pay child support.

(b) Child support is considered countable unearned income if it is received by the financial group or is countable under section (40) of this rule. Otherwise, it is excluded.

(13) Contributions

(a) Contributions are monies, not considered gifts or winnings under section (31) of this rule, given voluntarily to a member of a financial group by someone who is not in the group.

(b) Contributions are counted as unearned income.

(14) Coronavirus Aid, Relief, and Economic Security (CARES) Act

(a) Recovery Rebate payments authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) are:

(A) Excluded assets in the month of receipt;



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- (B) Excluded assets for 12 full months starting with the month following the month of receipt, and
- (C) After the 12-month period, the remainder is countable as a resource.
- (b) Federal Pandemic Unemployment Assistance payments authorized by the CARES Act are not Disaster Unemployment Assistance and are treated as follows:
 - (A) Retroactive payments are counted as periodic or lump-sum income; and
 - (B) All other payments are counted as unearned income.
- (c) Federal Pandemic Unemployment Compensation payments authorized by the CARES Act are treated as follows:
 - (A) Federal Pandemic Unemployment Compensation payments are not Disaster Unemployment Assistance; and
 - (B) The payments are excluded assets.
- (15) Corporations and Business Entities
 - (a) The value of stocks or other ownership interest in a corporation is a resource.
 - (b) Resources of the corporation essential to the employment of an individual are excluded. For instance, if the corporation owns equipment used by the individual to produce income for the corporation, the equipment is an excluded resource. If an individual must own stock in the corporation as a condition of working for the corporation, the stock is an excluded resource.
 - (c) Except as provided in OAR 414-175-0030(3)(a), gross income of a corporation is income of an individual if determined to be self-employment as defined in section (81) of this rule and is considered available when the business receives the income. If not self-employment, the income of a corporation is considered income of the business until distributed to the individual.
 - (d) For an expenditure by a business entity or corporation that benefits a principal such as a car or housing payment:
 - (A) The payment is considered available when the expenditure is made.
 - (B) For purposes of this section, a “principal” means an individual with significant authority in a business entity or corporation, including a sole proprietor, a self-employed person, a partner in a partnership, a member or manager of a limited liability company, and an officer or principal stockholder of a closely held corporation.
- (16) Disability Benefits
 - (a) This rule covers public and private disability benefits, except the following:
 - (A) Agent Orange disability benefits (covered in section (3) of this rule).
 - (B) Paid Leave Oregon benefits (covered in section (82) of this rule).
 - (C) Radiation Exposure Compensation Act payments (covered in section (57) of this rule).
 - (D) Social security based on disability or SSI (covered in sections (64) and (65) of this rule).



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- (E) Veterans benefits (covered in section (75) of this rule).
- (F) Workers compensation (covered in section (79) of this rule).
- (b) For each disability payment covered by this section:
 - (A) If received monthly or more frequently, income from employer-sponsored disability insurance is counted as earned income if paid to an individual who is still employed while recuperating from an illness or injury.
 - (B) All payments other than those in subsection (b)(A) of this section are counted as periodic or lump-sum income.
- (17) Disaster Relief
 - (a) As used in section (17) of this rule:
 - (A) A major disaster is any natural catastrophe such as a hurricane or drought, or, regardless of cause, any fire, flood or explosion, which the President determines causes damage of sufficient severity and magnitude.
 - (B) An emergency is any occasion or instance for which the President determines that Federal assistance is needed to supplant State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe.
 - (C) Disaster Unemployment Assistance is emergency assistance authorized under P.L. 100-107 and received by individuals who are unemployed as a result of a major disaster. Individuals receiving Disaster Unemployment Assistance are not eligible for other unemployment compensation and cannot receive both at the same time. Payments are limited to 26 weeks.
 - (b) Except as otherwise stated in sections (d) to (h) of this rule and in OAR 414-175- 0030, payments described in section (c) of this rule are not counted as income or resources when determining eligibility for or benefit levels.
 - (c) This rule applies to each of the following payments if precipitated by an emergency or major disaster:
 - (A) Payments received under the Disaster Relief Act of 1974 (P.L. 93-288, section 312(d)) as amended by the Disaster Relief and Emergency Assistance Amendments of 1988 (P.L. 100-707, Section 105(i)).
 - (B) Disaster assistance comparable to subsection (a) of this section provided by States, local governments, and disaster assistance organizations.
 - (C) Payments from the Federal Emergency Management Agency (FEMA).
 - (D) Individual and Family Grant Assistance program (IFG).
 - (E) Grants or loans by the Small Business Administration (SBA).



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- (F) Voluntary disaster assistance organizations, such as the Red Cross.
- (G) Private insurance payments for losses due to a major disaster such as flood, wind, land movement.
- (d) Government payments designated for the restoration of a home damaged in a disaster are excluded as income or resources in the month of receipt and as a resource in subsequent months, if the household is subject to a legal sanction if the funds are not used as intended.
- (e) Each payment made to farmers under the Disaster Assistance Act of 1988 (P.L. 100-387) for crop losses or failure in a disaster is excluded.
- (f) Income received from public and private organizations by individuals working in disaster relief efforts and funded under a National Emergency Grant by WIA title 1 (P.L. 105-220) is excluded. An individual is eligible under this funding source if he or she is a dislocated worker, a long-term unemployed individual, or is temporarily or permanently laid off as a consequence of the disaster. Eligibility under this funding source is limited to a period of up to six months per disaster.
- (g) Disaster Unemployment Assistance is excluded as both income and a resource.
- (h) Payments for flood mitigation received by a homeowner under the National Flood Insurance Act of 1968 as amended by P.L. 109-64, are not counted as income or resources.
- (18) Dividends, Interest, and Royalties
 - (a) Dividends are counted as unearned income.
 - (b) Interest income is counted as unearned income.
 - (c) Royalties are counted as unearned income, except that royalties are counted as earned income if the individual is actively engaged in the activity from which the royalties are accrued.
- (19) Domestic Volunteer Services Act (VISTA, RSVP)
 - (a) Payments under Title I, VISTA, University Year of Action, and Urban Crime Prevention, are excluded, except for payments are counted as earned income if the total value of all compensation is equal to or greater than compensation at the state minimum wage.
 - (b) Payments are excluded for programs under Title II (National Older Americans Volunteer Programs), which include:
 - (A) Retired Senior Volunteer Program (RSVP) Title II, Section 201.
 - (B) Foster Grandparent Program Title II, Section 211.
 - (C) Older American Community programs.
 - (D) Senior Companion Program.
- (20) Small Business Act (SCORE, ACE): Payments are excluded for programs under 15 USC 637(a)(1) (the Small Business Act), which include:
 - (a) Service Corps of Retired Executives (SCORE); and



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- (b) Active Corps of Executives (ACE).
- (21) Earned Income, including from Other Benefits Programs or Census Bureau Work
 - (a) Earned income of a child is excluded.
 - (b) The income of a temporary employee of the U.S. Census Bureau employed to assist in taking the census is excluded.
 - (c) Fringe benefits received from an employer that the employee does not have the option to take as cash are excluded.
- (22) Earned Income Tax Credit (EITC) and Child Tax Credit
 - (a) There are federal and state earned income tax credit (EITC) programs for low-income families.
 - (A) An EITC may be claimed in one of two ways:
 - (i) At the time an income tax return is filed with the Internal Revenue Service (IRS).
 - (ii) As an advance in the employee's paycheck.
 - (B) The EITC is excluded from assets in the month of receipt and then for a maximum of 12 calendar months starting with the month following the month of receipt of the refund or payment. All funds remaining after the 12-month period are counted as a resource.
 - (b) The Child Tax Credit is determined and administered by the IRS.
 - (A) A Child Tax Credit may be claimed in one of two ways:
 - (i) At the time an income tax return is filed with the IRS.
 - (ii) As monthly advance Child Tax Credit payments from the IRS.
 - (B) The Child Tax Credit is excluded from assets in the month of receipt and then for a maximum of 12 calendar months starting with the month following the month of receipt of the refund or payment. All funds remaining after the 12-month period are counted as a resource.
- (23) Economic Recovery Payment: The \$250 economic recovery payment authorized by the American Recovery and Reinvestment Act of 2009 is excluded income in the month of receipt and an excluded resource in the month of receipt and for the following nine months.
- (24) Educational Income
 - (a) Educational income is income designated specifically for educational expenses. To be considered educational income, the income must be received by one of the following:
 - (A) A student at a recognized institution of post-secondary education. Post-secondary education is education offered primarily to individuals 18 years of age or older. Admission may — but does not necessarily — require a high school diploma or equivalent.
 - (B) A student at a school for individuals with disabilities.
 - (C) A student in a vocational education program.
 - (D) A student in a program that provides for completion of requirements for a secondary



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school diploma or the equivalent.

(b) To determine the amount of educational income to exclude, education expenses listed in the financial aid award letter are used unless one of the following is true:

(A) The student provides verification of amounts different from those listed in the award letter, in which case the verified amounts from the student are used.

(B) The student receives child care benefits — ERDC or other child care subsidies. The amount the student actually pays for child care (including the ERDC copay) is excluded as educational income instead of the amount shown in the award letter.

(C) The student states that actual transportation costs exceed the amount allowed for the expense in the award letter. In that situation, the number of miles to and from school is multiplied by \$0.20. The product or the amount from the award letter, whichever is greater, is excluded.

(c) The following items are excluded:

(A) Educational income authorized by the Carl D. Perkins Vocational and Applied Technology Education Act or Title IV of the Higher Education Act or made available by the Bureau of Indian Affairs (BIA).

(B) All income from educational loans.

(d) The cost of the following items from remaining educational funds (including non Title IV work study, externship, graduate assistantship, graduate fellowship wages, and internship is excluded: tuition, mandatory fees, books and supplies, transportation, required rental or purchase of equipment or materials charged to students enrolled in a specific curriculum, other miscellaneous personal expenses (except room and board), and loan originator fees and insurance premiums required to obtain an educational loan.

(e) After allowing exclusions, the remaining income is treated as follows:

(A) Income received through work study (including work study provided through a VA program or other educational program), fellowships and teaching-assistant positions not excluded by subsection (c) or (d) of this section (24) of the rule is earned income.

(B) Educational income not covered by subsection (e)(A) of this section (24) is prorated over the period it is intended to cover. If the individual has already received the income, the prorated amount is counted monthly beginning with the first month of the period. If the individual has not received the income at the time the determination is made, the prorated income is counted starting in the month the individual expects to receive it.

(f) Educational awards paid under the National and Community Service Trust Act of 1993 (including AmeriCorps) are treated in accordance with section (50) of this rule.

(25) Energy Assistance Payments: All energy assistance payments or allowances made



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under any federal, state, or local law are excluded as income and as a resource.

(26) Family Abuse Prevention Act (FAPA) Payments

(a) Family Abuse Prevention Act (FAPA) payments are court-ordered payments to survivors of domestic violence made under authority of ORS 107.718(1)(h). A payment is considered available when actually received by the survivor of abuse.

(b) The first \$2,500 is excluded; the excess above \$2,500 is counted as a resource.

(27) Filipino Veterans Equity Compensation Fund: The Department excludes from income a payment received by a veteran or the spouse of a veteran who served in the military of the Government of the Commonwealth of the Philippines during World War II and made under the Filipino Veterans Equity Compensation Fund authorized by the American Recovery and Reinvestment Act of 2009.

(28) Floating Homes and Houseboats

(a) Floating homes and houseboats are treated in the same manner as real property under section (58) of this rule.

(b) Floating homes and houseboats are subject to section (32) and (35) of this rule, if applicable.

(29) Food Programs Other Than the SNAP program: The following benefits are excluded:

(a) Benefits from the Special Supplemental Food Program for Women, Infants and Children (WIC), including demonstration projects (coupons exchanged for food at farmers markets) under the Hunger Prevention Act of 1988 (Pub. L. 100-435, section 501).

(b) The value of supplemental food assistance provided to children under the Child Nutrition Act of 1966 (Pub. L. 89-642) and the National School Lunch Act (Pub. L. 79-396, section 12(e), and Pub. L. 94-105).

(c) Nutrition Assistance program benefits received in Puerto Rico, American Samoa or the Commonwealth of the Northern Mariana Islands.

(d) The value of supplemental food assistance provided for seniors in the Senior Farm Direct Nutrition Program (see OAR 333-052-0030) funded by grants from the United States Department of Agriculture.

(e) Benefits from the tribal Food Distribution Program.

(30) Foster Care Payments and Guardianship Assistance Benefits: Payments for foster care and benefits from the Guardianship Assistance program (OAR 413-070-000) are excluded.

(31) Gifts and Winnings

(a) For the purposes of section (31):

(A) "Gifts" are items given to or received by an individual on or for a special occasion, such as a holiday, birthday, graduation, or wedding. "Gifts" are not given or received on a regular



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basis.

(B) “Winnings” are prizes given to an individual in a contest, game of chance, or similar event. “Winnings” in the form of money may be distributed in different payment frequencies, such as monthly, periodically (such as quarterly), or in a single payment.

(b) Gifts and winnings are excluded.

(32) Home

(a) Home defined: A home is the place where the filing group lives. A home may be a house, boat, trailer, mobile home, or other habitation. A home also includes the following:

(A) Land on which the home is built and contiguous property. Property must meet all the following criteria to be considered contiguous property:

(i) It must not be separated from the land on which the home is built by land owned by people outside the financial group.

(ii) It must not be separated by a public right-of-way, such as a road.

(iii) It must be property that cannot be sold separately from the home.

(B) Other dwellings on the land surrounding the home that cannot be sold separately from the home.

(b) Exclusion of home and other property:

(A) For an individual who has an initial month of long-term care or home and community-based care on or after January 1, 2006:

(i) For purposes of this subsection, "child" means a biological or adoptive child who is:

(I) Under age 21; or

(II) Any age and meets the Social Security Administration criteria for blindness or disability.

(ii) The equity value of a home is excluded if the requirements of at least one of the following subparagraphs are met:

(I) The child of the individual or relative dependent on the individual for support occupies the home.

(II) The Spouse of the individual occupies the home.

(III) The equity in the home is \$688,000 or less, and either the individual occupies the home or the home is listed for sale per section (58) of this rule.

(IV) Notwithstanding OAR 414-175-0030(8), the equity in the home is more than \$688,000 and the individual is unable legally to convert the equity value in the home to cash.

(B) For all other filing groups, the value of a home is excluded when the home is occupied by any member of the filing group.

(c) Exclusion during temporary absence: The value of a home is excluded in each of the following situations:



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- (A) For the purposes of this section, “evidence” includes a written statement from a competent individual.
- (B) During the temporary absence of all members of the filing group from the property, if the absence is due to illness or uninhabitability (from casualty or natural disaster), and the filing group intends to return home.
- (33) Housing and Urban Development
- (a) Payments from HUD made to a third party on behalf of the individual are excluded.
- (b) HUD payments made directly to a member of the financial group, except Youth Build Program payments and Family Investment Centers payments, are excluded.
- (c) Escrow accounts established for families participating in the Family Self-Sufficiency (FSS) program sponsored by HUD are excluded.
- (d) Payments related to family investment centers issued under the Cranston-Gonzalez National Affordable Housing Act, Pub. L. No. 101-625, sec. 515, 104 Stat. 4196 (1990), are treated as follows:
- (A) Wages are earned income, and stipends are unearned income.
- (B) Service payments for items such as child care, basic education, literacy, or computer skills training are excluded.
- (34) Income-Producing Sales Contract
- (a) The equity value of an income-producing sales contract is excluded.
- (b) Income received from a sales contract is treated as provided in section (62) of this rule.
- (35) Income Producing Property
- (a) Income from income producing property is counted as follows:
- (A) If a member of the financial group actively manages the property 20 hours or more per week, the income is treated in the same manner as self-employment income (section (81) of this rule).
- (B) If a member of the financial group does not actively manage the property 20 hours or more per week, the income is counted as unearned income with exclusions allowed only in accordance with section (81) of this rule.
- (b) The equity value of income-producing property is excluded.
- (36) Youth Transitions Program Subsidies
- (a) Youth Transitions program subsidies are payments and services provided to children 16 to 20 years of age by the Department. The Youth Transitions program (including the Chafee Housing program) is described at OAR 413-030-0400 to 413-030-0460. The subsidies help the children live independently when their foster care payments are discontinued upon reaching 16 years of age.



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- (b) The subsidies are excluded from income.
- (37) American Indian and Alaska Native Benefits
- (a) In this rule, the names of sovereign tribal nations are often listed as shown in the public law. The Department has also attempted (in parenthesis) to include the names of sovereign tribal nations as they call themselves, if different than the name in the public law. When there is a conflict, the rule provision applies to the Tribe subject to the public law.
- (b) The following benefits or payments are excluded as income and resources.
 - (A) Public Law 84-736: Payments from the distribution of funds held in trust to the Seminole Indians of Florida (The Seminole Tribe of Florida).
 - (B) Public Law 84-926: Payments from the distribution of funds held in trust to the Pueblos of Zia and Jemez Tribes of Florida.
 - (C) Public Law 92-480: Payments from the distribution of funds held in trust to the Stockbridge Munsee Indian Community (Stockbridge Munsee Community) of Wisconsin.
 - (D) Public Law 92-488: Payments from the distribution of funds held in trust to the Burns Indian Colony (Burns Paiute Tribe) in Oregon.
 - (E) Public Law 93-531: Relocation assistance payments to members of the Navajo (Navajo Nation or Dine') or Hopi Tribe.
 - (F) Public Law 94-114, section 6: Distribution of receipts from lands held in trust by the United States for the following tribes:
 - (i) Assiniboine and Sioux Tribes of Montana.
 - (ii) Bad River Band of the Lake Superior Tribe of Chippewa Indians of Wisconsin.
 - (iii) Blackfeet Tribe of Montana.
 - (iv) Cherokee Nation of Oklahoma.
 - (v) Cheyenne River Sioux Tribe of South Dakota.
 - (vi) Chippewa Tribe of Minnesota (Minnesota Chippewa Tribe).
 - (vii) Crow Creek Sioux Tribe of South Dakota.
 - (viii) Devil's Lake Sioux Tribe of North Dakota.
 - (ix) Fort Belknap Indian Community of Montana.
 - (x) Keweenaw Bay Indian Community of Michigan.
 - (xi) Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin.
 - (xii) Lower Brule Sioux Tribe of North Dakota.
 - (xiii) Navajo Tribe (Navajo Nation or Dine') of New Mexico.
 - (xiv) Oglala Sioux Tribe of South Dakota.
 - (xv) Rosebud Sioux Tribe (Sicangu Lakota Oyate, or Burnt Thigh Nation comprised of the Ogalala, Sicangu or Brule, Hunkpapa, Miniconjou, Sicasapa or Blackfoot, Itazipacola, and



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Oohenupa) of South Dakota.

(xvi) Shoshone – Bannock Tribes of Idaho.

(xvii) Standing Rock Sioux Tribe of North Dakota.

(G) Public Law 94-540: Judgment funds distributed to members of the Grand River Bands of Ottawa Indians.

(H) Public Law 95-433: Judgment funds distributed to members of the Confederated Tribes and Bands of the Yakama (formerly Yakima) Indian Nation (comprised of the Yakama Palouis, Pisquouse, Wenatchsahpam, Klikatat, Klingquit, Kow-was-say-ee, Li-was, Skin-pha, Wish-ham, Shyiks, Ocehchotes, Ka-milt-pha, and Se-ap-Cat), or the Apache Tribe of the Mescalero Reservation (Mescalero Apache Tribe).

(I) Public Law 95-498: Receipts derived from trust lands awarded to the Pueblo of Santa Ana and distributed to members of that Tribe.

(J) Public Law 95-499: Receipts derived from trust lands awarded to the Pueblo of Zia and distributed to members of that Tribe.

(K) Public Law 95-608: Indian child welfare payments.

(L) Public Law 96-305: Relocation assistance payments to members of the Navajo (Navajo Nation or Dine') or Hopi Tribe.

(M) Public Law 96-318: Judgment funds distributed to members of the Delaware Tribe of Indians and the absentee Delaware Tribe of Western Oklahoma (Delaware Tribe of Western Oklahoma).

(N) Public Law 96-420: Funds and distributions to members of the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet Indians under the Maine Indian Claims Settlement Act.

(O) Public Law 97-372: Distributions of judgment funds to members of the Shawnee Tribe of Indians (Absentee Shawnee Tribe of Oklahoma (Absentee Shawnee Tribe of Indians of Oklahoma), the Eastern Shawnee Tribe of Oklahoma, and the Cherokee Band of Shawnee descendants).

(P) Public Law 97-376: Judgment funds distributed per capita to members of the Miami Tribe of Oklahoma and the Miami Indians of Indiana (Miami Nation of Indians of Indiana).

(Q) Public Law 97-403: Payments on judgment funds to the Turtle Mountain Band of Chippewa, Arizona.

(R) Public Law 97-408: Payments on judgment funds to the Blackfeet Tribe, Gros Ventre (Aaniiih) Tribe, and Assiniboine (Nakoda) Tribe (Montana) and the Papago (Tohono O'odham Nation) (Arizona).

(S) Public Law 98-64: Payments from judgment funds held in trust by the US Secretary of



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(T) Public Law 98-123: Judgment funds held in trust and per capita and interest payments disbursed to the Red Lake Band of Chippewa Indians (Red Lake Nation or Miskwaagamiwi-Zaagaiganing).

(U) Public Law 98-124: Judgment funds held in trust and per capita and interest payments made to the members of the Assiniboine (Nakoda) Tribe of the Fort Belknap Indian Community (Montana) and the Assiniboine Tribe of the Fort Peck Reservation (Montana).

(V) Public Law 98-432: Judgment funds and income distributed to members of the Shoalwater Bay Indian Tribe.

(W) Public Law 99-130: Per Capita and dividend payment distributions of judgment funds to members of Santee Sioux Tribe (Santee Sioux Nation) of Nebraska, Flandreau Santee Sioux Tribe, Prairie Island Sioux (Prairie Island Indian Community or Tinta Wita), Lower Sioux (Lower Sioux Indian Community or Cansa'yapi) and Shakopee Mdewakanton Sioux Community (Mdewakanton) of Minnesota.

(X) Public Law 99-146, section 6(b): Funds distributed per capita or held in trust for members of the Chippewas of Lake Superior (Lake Superior Chippewa Indians). The funds are distributed to the following reservations:

(i) Wisconsin: Bad River Band of the Lake Superior Tribe of Chippewa Indians of the Bad River Reservation, Lac Courte Oreilles Band of Lake Superior Bands of Chippewa Indians (Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin) of the Lac du Flambeau Reservation, Sokaogon Chippewa Community of the Mole Lake Band of Chippewa Indians, Red Cliff Reservation (Red Cliff Band of Lake Superior Chippewa Indians of Wisconsin), St. Croix Chippewa Reservation (St. Croix Chippewa Indians of Wisconsin).

(ii) Michigan: Keweenaw Bay Indian Community (L'Anse, Lac Vieux Desert and Ontonagon Bands).

(iii) Minnesota: Fond du lac (Fond du Lac Band of Lake Superior Chippewa or Nah-gah-chi-wa-nong) Reservation, Grand Portage (Grand Portage Band of Lake Superior Chippewa, Grand Portage Anishinaabe, or Gichi-Onigaming) Reservation, Bois Fort (Bois Forte Band of Chippewa or Zagaakwaandagowiniwag) Reservation (including Nett Lake, Vermillion Lake and Deer Creek), White Earth (White Earth Nation or Gaa-waabaabiganikaag) Reservation.

(Y) Public Law 99-264: Payments and funds held in trust to the White Earth Band of Chippewa Indians in Minnesota (White Earth Nation or Gaa-waabaabiganikaag) under the White Earth Reservation Land Settlement Act of 1985, Section 16.

(Z) Public Law 99-346 section 6(b)(2): Per capita payments and income from a distribution of funds held in trust to the Saginaw Chippewa Indian Tribe of Michigan.



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- (AA) Public Law 99-377 section 4(b): Per capita payments distributed or held in trust to the Chippewas of Mississippi under Public Law 99-377 Section 4(b), to those with affiliation with the Mille Lacs (Mille Lacs Band of Ojibwe or Misi-zaaga'iganiing), White Earth (White Earth Nation or Gaa-waabaabiganikaag) and Leech Lake (Leech Lake Band of Ojibwe or Gaa-zagaskwaajimekaag) Reservations in Minnesota, and paid by the Indian Claims Commission.
- (BB) Public Law 100-139: Judgment payments disbursed to the Umpqua Tribe Cow Creek Band (Cow Creek Band of Umpqua Tribe of Indians).
- (CC) Public Law 100-383: Per capita restitution payments made to eligible Aleuts (Unangan or Unangax) who were relocated or interned during World War II.
- (DD) Public Law 101-41: Funds, assets or income received from the trust fund established and paid to the Puyallup Tribe (the Puyallup Tribe of Indians or see emboldened word in attachment) of the State of Washington under Section 9(b) of the Puyallup Tribe of Indians Settlement Act of 1989.
- (EE) Public Law 101-503 Section 8(b): Settlement payments, funds distributed or held in trust to members of the Seneca Nation (Seneca Nation of Indians or O-non-dowa-gah) under the Seneca Nation Settlement Act of 1990.
- (FF) Public Law 102-171: Payments to the Aroostook Band (Mi'kmaq Nation) under the Micmac Settlement Act.
- (GG) Public Law 103-116: Settlement funds, income, payments or distributions from Trust Funds to members of the Catawba Indian Tribe (The Catawba Nation or yeh is-WAH h'reh) under the Catawba Indian Tribe of South Carolina Land Claims Settlement Act of 1993.
- (HH) Public Law 103-436: Payments from the Confederated Tribes of the Colville Reservation Grand Coulee Dam Settlement Act (comprised of the Chelan or see emboldened word in attachment, Chief Joseph Band of Nez Perce or wal'wáma, Colville or see emboldened word in attachment, Entiat or see emboldened word in attachment, Lakes or see emboldened word in attachment, Methow or see emboldened word in attachment, Moses-Columbia or see emboldened word in attachment, Nespelem or see emboldened word in attachment, Okanogan or see emboldened word in attachment, Palus or palúspam, Sanpoil or see emboldened word in attachment, and Wenatchi or see emboldened word in attachment).
- (II) Public Law 103-444: Payments made or benefits granted by the Crow Boundary Settlement Act of 1994.
- (JJ) Public Law 105-143: Distributions of judgment funds to the Ottawa and Chippewa of Michigan under the Michigan Indian Land Claims Settlement Act.
- (KK) Public Law 108-270: Per capita distribution of judgment funds to members of the Western Shoshone Indians (Newe).



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- (LL) Public Law 111-291 section 101: Payments from the Tribal Trust Accounting and Management Lawsuits. If the funds are comingled with other funds, the resource is excluded for only 12 months and counted thereafter.
- (MM) Tribal Benefits from timber sales or oil reserves from land held in trust by the Secretary of the Interior.
- (NN) Payments from the Bureau of Indian Affairs from the General Assistance program.
- (c) Educational income from the Bureau of Indian Affairs is treated pursuant to section (24) of this rule.
- (d) The following payments are excluded unearned income:
- (A) Public Law 85-794: Distribution of Per Capita Funds to the Red Lake Band of Chippewa Indians (Red Lake Nation or Miskwaagamiwi-Zaagaiganing) from the proceeds of the sale of timber and lumber on the Red Lake Reservation.
- (B) Public Law 93-134: Indian Judgement Funds Distribution Act payments received from trust or restricted lands under 25 USC 1408.
- (C) Public Law 97-458: Payments received from trust or restricted lands under 25 USC 1408.
- (e) The Department excludes the first \$2,000 of each per capita payment per individual in the financial group and the balance is counted as unearned periodic income of the following payments:
- (A) Public Law 100-411: Per capita payments of claims settlement funds to members of the Coushatta Tribe of Louisiana (The Sovereign Nation of the Coushatta Tribe of Louisiana).
- (B) Public Law 100-581: Judgment funds distributed to members of the Wisconsin Band of Potawatomi (Hannahville Indian Community and Forest County Potawatomi).
- (C) Public Law 101-618: Per capita distributions of settlement funds under the Fallon Paiute Shoshone Indian Tribes Water Rights Settlement Act of 1990 (Toi-Ticutta).
- (f) Public Law 101-277 funds appropriated in satisfaction of judgments awarded to the Seminole and paid by the Indians Claims Commission is counted as follows:
- (A) The Department excludes the first \$2,000 of each per capita payment per individual in the financial group and counts the balance as unearned periodic income.
- (B) These payments are allocated to members of the Seminole Nation of Oklahoma, Seminole Tribe of Florida, the Miccosukee Tribe of Indians of Florida and the independent Seminole of Florida.
- (g) The Department excludes the first \$2,000 of each capita payment per individual in the financial group and counts the balance as unearned periodic income:
- (A) Public Law 94-189: Judgment funds distributed to members of the Sac and Fox Nation.



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- (B) Public Law 98-602: Per Capita distributions of judgment funds to members of the Wyandotte Tribe (Wyandotee Nation, see emboldened word in attachment, or Wanda; consisting of Tionontati, Attignawantan, and Wenrohronon (Wenro)) in Oklahoma and Absentee Wyandotte.
- (h) The following payments are excluded unearned income:
- (A) Public Law 92-254: Distribution of Per Capita Funds by the Blackfeet Tribe and Gros Ventre (Aaniih) Tribe tribal governments to members, which resulted from judgment funds to the Tribes.
- (B) Public Law 103-66: Payments for land held in trust by the Secretary of the Interior under 25 USC 1408.
- (C) Payments from land designated as American Indian or Alaska Native trust land and not addressed elsewhere in this rule.
- (i) For the following payments, the Department excludes the first \$2,000 each year of per capita payments per individual in the financial group and counts the balance as unearned periodic income.
- (A) Public Law 92-203, the Alaska Native Claim Settlement Act payments.
- (B) Public Law 100-241, the Alaska Native Claim Settlement Act Amendment of 1987.
- (j) Public Law 98-500, section 8(b) (Old Age Assistance Claims Settlement Act) payments are excluded in the ERDC program.
- (k) The Department excludes the first \$2,000 of each per capita payment per individual in the financial group and counts the balance as unearned periodic income for the following:
- (A) Public Law 100-580: Funds distributed to the Hoopa Valley Tribe and the Yurok Tribe under the Hoopa-Yurok Settlement Act, and paid by the Indian Claims Commission.
- (B) Public Law 97-436: Per capita distributions of judgment funds to members of the Confederated Tribes (Wascoes, Warm Springs, Paiutes) of the Warm Springs Reservation.
- (l) Tribal payments for child care are treated as follows:
- (A) Provider-direct payments are counted as the provider's earned income.
- (B) All individual-direct payments are excluded.
- (m) Commercial fishing income under one of the Columbia River Fishing Treaties for the Confederated Tribes and Bands of the Yakama (formerly Yakima) Indian Nation (comprised of the Yakama Palouis, Pisquouse, Wenatchsahpam, Klikatat, Klingquit, Kow-was-say-ee, Li-was, Skin-pha, Wish-ham, Shyiks, Ocehchotes, Ka-milt-pha, and Se-ap-Cat), Confederated Tribes of the Warm Springs (comprised of the Wascoes, Warm Springs, and Paiutes), Confederated Tribes of the Umatilla Indian Reservation (comprised of the Cayuse, Umatilla, and Walla Walla), and Nez Perce Tribe (Nimiipuu) is counted as earned income.



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- (n) Tribal-TANF payments are counted in the same manner as TANF program payments under section (56) of this rule.
- (o) All other American Indian or Alaska Native benefit payments distributed by the tribe and not excluded by public law are excluded, including:
 - (A) Profit share or per capita income from tribal casinos.
 - (B) Income derived from fee property (land not held in trust by the Secretary of the Interior), such as timber sales or sale of oil reserves.
 - (C) Public Law 91-259: Payments from the distribution of judgment funds to members of the Confederated Tribes of the Umatilla Indian Reservation (comprised of the Cayuse, Umatilla, and Walla Walla).
 - (p) American Indian or Alaska Native lands held jointly with the tribe, or land that may not be sold without the approval of the Bureau of Indian Affairs (BIA) are excluded resources.
- (38) Individual Development Account (IDA)
 - (a) An Individual Development Account (IDA) is a trust-like savings account established under P.L. 105-285 designed to help low-income individuals save for specified purposes. The individual makes deposits from their earnings, and these are matched by a combination of government and private-sector funds.
 - (b) Deposits from the account holder's earnings are excluded from gross earned income.
 - (c) Matching deposits from government and private-sector funds are excluded from income.
 - (d) The IDA savings account is excluded from resources.
 - (e) Interest earned by the IDA savings account is excluded from income.
 - (f) For patient liability calculations, all income deposited into an IDA savings account is counted as earned income.
 - (g) If an individual makes an emergency withdrawal from the IDA savings account, that income is counted as lump-sum income and therefore excluded.
- (39) Inheritance
 - (a) An inheritance may be received in the form of monies, property, or other assets.
 - (b) An inheritance is excluded.
- (40) In-Kind Income
 - (a) This rule does not apply to shelter-in-kind income. (See section (63) of this rule for shelter-in-kind income).
 - (b) In-kind income that is earned is treated according to the administrative rules on earned income.
 - (c) In-kind income that is unearned (except third-party payments) is treated as follows:
 - (A) Income from court-ordered community service work or bartering is excluded. Bartering is



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the exchange of goods of equal value.

(B) Items such as cars and furniture are treated according to the administrative rule for the specific type of asset.

(d) Unearned third-party payments are treated as follows: Payments made to a third party that should legally be paid directly to a member of the financial group are counted as unearned income.

(e) Payments made to a third party that the payee is not legally obligated to pay directly to a member of the financial group and that the financial group does not have the option of taking as cash, and payments made by the noncustodial parent to a third party that are court-ordered are excluded.

(41) Job Corps

(a) A living allowance payment is counted as earned income.

(b) A readjustment allowance payment is counted as earned income.

(c) A support service payment for an item already covered by the benefits of the benefit group is counted as unearned income. All other support service payments (including clothing allowances) are excluded.

(d) A reimbursement is treated as provided in section (60) of this rule.

(42) Workforce Innovation and Opportunity Act: Payments to individuals made under Title I-B of the Workforce Innovation and Opportunity Act (WIOA) are treated as provided in this rule.

(a) Need-based (stipend) payments are treated as unearned income.

(b) OJT (On-the-Job Training) and work experience payments are counted as earned income.

(c) A support service payment for an item already covered by the benefits of the benefit group is excluded. All other support service payments (including lunch payments and clothing allowances) are excluded.

(d) A reimbursement is treated as provided in section (60) of this rule.

(e) YouthBuild Program payments are excluded.

(43) Life Estate: If a financial group is living in real property while a member holds a life estate in this property, the property is treated as a home pursuant to section (32) of this rule.

(44) Life Insurance

(a) Benefits paid on a life insurance policy are counted as unearned income in the month received.

(A) The Department counts benefits as received upon the death of insured individual or when the insured individual is eligible for and receives accelerated payments before death, such as when the insured individual has a terminal illness.



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(B) When the payment is a lump sum due to the death of the insured individual a deduction is allowed, not to exceed \$1,500, for the cost of the deceased individual's last illness and burial if these costs were not otherwise insured.

(b) Burial insurance that generates a cash surrender value is treated in the same manner that this rule treats life insurance.

(c) Burial insurance that does not generate a cash surrender value is excluded.

(d) When the ownership or beneficiary of a life insurance policy has been irrevocably assigned and designated for burial, it is treated in accordance with section (9) of this rule and is not counted towards the \$1,500 life insurance limit.

(e) The value of the life insurance policy is treated as follows:

(A) All term insurance that has no cash surrender value is excluded.

(B) The cash surrender value of the life insurance policy is excluded.

(45) Loans and Interest on Loans

(a) This rule covers proceeds of loans, loan repayments, and interest earned by a lender. If the proceeds of a loan are used to purchase an asset, the asset is evaluated under the other sections of this rule.

(b) For the purposes of section (45):

(A) "Reverse-annuity mortgage" means a contract with a financial institution under which the financial institution provides payments against the equity in the home that must be repaid when the homeowner dies, sells the home, or moves.

(B) The proceeds of a home equity loan or reverse-annuity mortgage are considered loans.

(c) In order to treat payments as a loan that a member of the financial group receives as a borrower, there must be an oral or written loan agreement. This agreement must state when repayment of the loan is due to the lender.

(d) Payments for a purported loan that do not meet the requirements of subsection (c) of section (45) are counted as unearned income.

(e) When a member of a financial group receives cash proceeds as a borrower from a loan that meets the requirements of subsection (c) of section (45):

(A) Educational loans are treated according to section (24) of this rule.

(B) The loan is excluded. If retained after the month of receipt, the loan proceeds are treated in accordance with section (4) of OAR 414-175-0030.

(46) Lodger Income

(a) Lodger income is the amount a lodger pays the filing group for room (rent) and board (meals).

(b) Lodger income is treated as self-employment income.



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(47) Manufactured and Mobile Homes

(a) Manufactured and mobile homes are treated in the same manner as real property under section (58) of this rule.

(b) Manufactured and mobile homes are subject to sections (32) and (35) of this rule, if applicable.

(48) Military Income: Military income (pay and allowances of a member of a uniformed service) is treated as follows:

(a) Military income is counted as earned income of the member's financial group, except as provided in subsection (a)(ii) of section (48), below.

(b) The portion of military pay and allowances available to the financial group is counted as unearned income if the member is not included in the filing group.

(c) Military Transitional Compensation income paid to the spouse or child of a military member who is **separated** from service due to a dependent abuse offense is counted as unearned income.

(49) Vehicles: All motor vehicles and recreational vehicles are excluded.

(50) National and Community Services Trust Act (NCSTA), including AmeriCorps (other than AmeriCorps VISTA)

(a) The National and Community Service Trust Act (NCSTA) of 1993 (P.L. 103-82) amended the National and Community Service Act (NCSA) of 1990 (P.L. 101-610) that established a Corporation for National and Community Service. The Corporation administers national service programs providing living allowance, educational award, child care, and in-kind benefits.

(b) NCSTA payments, including AmeriCorps (see Section (50) of this rule) are treated as follows:

(A) The living allowance (stipend benefits) is excluded.

(B) Educational awards and in-kind benefits are excluded.

(C) For individuals who are eligible for direct provider payment of child care, the allowance is counted as unearned income. The allowance is excluded only if the individual already pays the provider. The provider may be paid for only the costs not covered by the allowance.

(51) Older Americans Act

(a) Benefits under Title III of the Older Americans Act of 1965 (Nutrition Program for the Elderly) are excluded.

(b) A wage or salary paid under Title V of the Older Americans Act of 1965 (Experience Works, American Association of Retired Persons, National Association for Spanish-Speaking Elderly, National Council on Aging, National Council on Black Aging, National Council of Senior Citizens, National Urban League, U.S. Forest Service) is considered earned income.

(c) Payments under Title V of the Older Americans Act of 1965 that are not a wage or salary



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are excluded.

(52) Pension and Retirement Plans

(a) Pension and retirement plans include the following:

(A) Benefits employees receive only when they retire. These benefits can be disbursed in lump-sum or monthly payments.

(B) Benefits that employees are allowed to withdraw when they leave a job before retirement.

(C) The following retirement plans authorized by section 401 of the Internal Revenue Code of 1986:

(i) Traditional Defined-Benefit Plan.

(ii) Cash Balance Plan.

(iii) Employee Stock Ownership Plan.

(iv) Keogh Plan.

(v) Money Purchase Pension Plan.

(vi) Profit-Sharing Plan.

(vii) Simple 401(k).

(viii) 401(k).

(D) Retirement plans authorized by section 403 of the Internal Revenue Code of 1986 at subsections (a) or (b).

(E) The following retirement plans and annuities authorized by section 408 of the Internal Revenue Code of 1986 at subsections (a), (b), (c), (k), (p), or (q), or at section 408A:

(i) Individual Retirement Annuity.

(ii) Individual Retirement Account (IRA).

(iii) Deemed Individual Retirement Account or Annuity under a qualified employer plan.

(iv) Accounts established by employers and certain associations of employees.

(v) Simplified Employee Pension (SEP).

(vi) Simple Individual Retirement Account (Simple-IRA).

(vii) Roth IRA.

(F) The following retirement plans offered by governments, nonprofit organizations, or unions:

(i) 457(b) Plan.

(ii) 501(c)(18) Plan.

(iii) Federal Thrift Savings Plan under 5 USC 8439.

(G) An annuity purchased by an individual with funds from a plan authorized under subsection (a)(iii), (iv) or (vi) of section (52), above.

(b) An annuitized retirement plan described in subsection (a)(v) of section (52), purchased by



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the spouse, is not considered a retirement plan and is treated in accordance with section (6) of this rule.

(c) Benefits an individual receives from pension and retirement plans are treated as follows:

(A) Monthly payments are counted as unearned income.

(B) All payments not covered by subsection (a) of this section are counted as periodic income or lump-sum income.

(d) The equity value of a pension and retirement plan that allows an individual to withdraw funds before retirement, minus any penalty for early withdrawal, is counted as a resource.

(53) Personal Belongings

(a) Personal belongings are items needed for maintenance and occupancy of the home and personal items found in or near the home that are used on a regular basis, are ordinarily worn or carried by the individual, or otherwise have an intimate relation to the individual. The value of personal belongings is excluded.

(b) Items that otherwise meet the definition of personal belongings but were acquired or are held for their value or as an investment are not personal belongings. The value of such items is counted.

(54) Personal Injury Settlements

(a) Personal injury settlements are excluded.

(b) This rule does not apply to workers compensation payments (see section (79) if this rule for the treatment of those payments).

(55) Plans for Self Support

(a) A plan for self support may be approved by the Social Security Administration or the Oregon Department of Human Services.

(b) Assets listed in an approved plan for self support are excluded.

(56) Program Benefits

(a) An EA payment made directly to the individual is counted as unearned income. Dual payee and provider-direct payments are excluded.

(b) Employment Payments (see OAR 461-001-0025 and 461-135-1270) are excluded.

(c) Payments from ERDC are excluded unless the individual is the provider.

(d) Payments from the MAGI medical (including MAGI-CHIP), OSIPM, QMB, and REFM programs are excluded.

(e) Payments from JPI (see OAR 461-135-1260) are issued as a food benefit and are excluded.

(f) SNAP payments are treated as follows:

(A) The value of a SNAP benefit is excluded.



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- (B) OFSET service payments are excluded.
- (g) Benefits from the GA, OSIP (except OSIPM-ICP), REF, SFPSS, TANF, and tribal-TANF programs are counted as unearned income.
- (h) JOBS, REF, and TANF JOBS Plus support service payments are excluded. For the treatment of JOBS Plus income, see section (21) of this rule.
- (i) Payments and funds held in a contingency fund from OSIPM-ICP (OSIPM-Independent Choices Program) are excluded.
- (j) Pre-TANF program payments are excluded.
- (k) TA-DVS payments are excluded.
- (l) TANF Jobs Plus income is excluded.
- (m) Wages received under the Tribal TANF Jobs programs is excluded.
- (57) Radiation Exposure Compensation Act: Radiation Exposure Compensation Act payments are issued to compensate individuals for injuries or deaths resulting from exposure to radiation from nuclear testing or uranium mining and are excluded.
- (58) Real Property
 - (a) For purposes of this section (58), manufactured and mobile homes and floating homes and houseboats are treated in the same manner as real property.
 - (b) The applicant has the burden of proof of establishing the fair market value of real property. Fair market value may be established by any methodology determined to accurately reflect the fair market value of the real property, including the provision of an appraisal or comparative market analysis performed by an impartial individual who is certified or licensed in the applicable jurisdiction.
 - (c) Real property that is not income-producing or the home of the financial group is treated is excluded.
 - (d) The treatment of real property that is income producing is covered in section (35) of this rule.
 - (e) The treatment of the home of the financial group is covered in section (32) of this rule.
- (59) Refunds
 - (a) The Department excludes the following refunds in the month they are received:
 - (A) Refunds on merchandise that was purchased or received as a gift.
 - (B) Refunds of utility and rental deposits.
 - (b) The Department counts any refund amount remaining after the month of receipt as a resource.
- (60) Reimbursement
 - (a) For the treatment of USDA meal reimbursements, see section (74) of this rule.



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- (b) The reimbursement of a business expense for an individual who is self-employed is treated as self-employment income.
- (c) A reimbursement for child care expenses received from the Department of Early Learning and Care or the Oregon Department of Human Services is excluded. All other reimbursements for child care expenses are counted as unearned income.
- (d) All other reimbursements are excluded.
- (61) Reception and Placement (R&P) and Welcome Corps Grants
 - (a) A Reception and Placement (R&P) grant is a payment made by the United States Department of State through a national refugee resettlement agency to a local resettlement agency, refugee sponsor, or refugee. A Welcome Corps grant is money raised by a private sponsor group on behalf of a refugee. A R&P grant is provided to the resettlement agency. A Welcome Corps Grant is provided by the private sponsor group. The grants are to help with the costs of initial resettlement of a refugee in the United States. Part of the grant is provided to the refugee, usually in the refugee's first three months after arrival, for the refugee's initial resettlement needs and not for ongoing living expenses.
 - (b) A R&P or Welcome Corps grant is excluded from consideration as income or a resource for purposes of determining program eligibility or benefit levels.
- (62) Sale of a Resource: All proceeds from the sale of a resource are excluded as income and as a resource.
- (63) Shelter In-Kind Income
 - (a) Shelter-in-kind payments are excluded, except earned shelter-in-kind is not excluded.
 - (b) A payment for which there is a legal obligation to pay to a member of the financial group that is made to a third party for shelter expenses of a member of the financial group is counted as unearned income.
- (64) Social Security Benefits: Except for Supplemental Security Income (SSI) and death benefits remaining after burial costs, Social Security benefits:
 - (a) All payments other than monthly payments are counted as periodic or lump-sum income, except that the representative payee fee paid by an individual who is required by the Social Security Administration to receive payments through a representative payee is excluded.
 - (b) The amount of the exclusion is limited to the amount authorized by the Social Security Administration.
- (65) Social Security Death Benefit. Money remaining from Social Security death benefits after the payment of burial costs is treated as lump-sum income and therefore excluded.
- (66) Spousal Support. Spousal support is counted as unearned income.
- (67) Supplemental Security Income



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- (a) If an individual is required by law to receive a Supplemental Security Income (SSI) benefit through a representative payee, the representative's fee is excluded.
- (b) A monthly SSI payment is counted as unearned income.
- (c) Lump-sum SSI payments are excluded.
- (68) Stocks, Bonds, and Other Securities
 - (a) The equity value of mutual funds, and securities, including stocks, bonds, educational savings bonds, and certificates of deposit (CDs), is counted as a resource, except that the value of a savings bond issued by the United States Department of the Treasury is excluded during the minimum retention period if the owner has received a denial of a request for a hardship waiver based on financial need.
 - (b) Interest and dividends on items covered by subsection (a) of this section (68) are treated as provided in section (18) of this rule.
- (69) Striker's Benefits. Strikers' benefits are payments made to strikers by their union, whether or not based on the striker's participation in picketing and are counted as unearned income.
- (70) Tax Refund
 - (a) Federal Tax Refunds:
 - (A) If received on or after January 1, 2010, federal income tax refunds are excluded from income and resources in the month of receipt and then for 12 full months starting with the month following the month of receipt of the refund or payment. All funds remaining after the 12-month period are counted as a resource.
 - (B) If received before January 1, 2010, federal income tax refunds are counted as a resource.
 - (b) State tax refunds and property tax refunds, including Elderly Rental Assistance (ERA) are:
 - (A) considered lump-sum income in the month received, and therefore excluded;
 - (B) counted as a resource in the month after the month of receipt.
- (71) Trusts. All trust funds are excluded.
- (72) Unemployment Compensation: Unemployment compensation benefits are treated as follows:
 - (a) Retroactive payments are counted as periodic or lump-sum income.
 - (b) Disaster Unemployment Assistance is treated as provided in section (17) of this rule.
 - (c) All payments not covered under sections (A) and (B) of this subsection (72)(a) are counted as unearned income.
- (73) Uniform Relocation Act. Reimbursements from the Federal Uniform Relocation



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Assistance Act (42 U.S.C. 4621–4625) and from the Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4651–4655) are excluded.

(74) USDA Meal Reimbursement

(a) A USDA meal reimbursement is counted as self-employment income, except for the portion excluded in accordance with subsection (b) of this section (74), below.

(b) The proportionate share of a USDA meal reimbursement for a child in the filing group is excluded.

(75) Veteran's Benefits

(a) Monthly payments are counted as unearned income.

(b) Other payments are counted as periodic or lump sum income.

(c) Educational benefits from the United States Veterans Administration are treated in accordance with subsection (24) of this rule.

(d) A subsistence allowance from a training and rehabilitation program of the United States Veterans Administration is treated as unearned income.

(e) The following payments are excluded:

(A) Payments under 38 USC 1805 to biological children of Vietnam veterans who are born with spina bifida.

(B) Payments under 38 USC 1815 to children with birth defects born to female Vietnam veterans.

(76) Victim's Assistance

(a) Payments to victims of Nazi persecution covered by Public Law 103 286 and payments to victims of crime under 42 U.S.C. 10602 (The Crime Act of 1984) are excluded as income, and amounts retained are excluded as a resource as long as the amounts are not commingled with other funds.

(b) For other types of victim's assistance:

(A) Payments that are considered a reimbursement for a lost item are treated as provided in section (60) of this rule.

(B) Payments for pain and suffering are treated in the same manner as personal injury settlements under section (60) of this rule.

(77) Virtual Currency or Cryptocurrency

(a) As used in this section (77):

(A) "Cryptocurrency" is a type of currency available in virtual or digital form that functions as a medium of exchange with no central banking or regulating authority.

(B) "Day trading" is the buying and selling of cryptocurrency within the virtual market. The cryptocurrency market continuously runs because it is a worldwide market.



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(C) “Mining” is a way to receive cryptocurrency (see subsection (a) of this section) through solving a series of mathematical problems. “Mining” requires a computer, an external hardware setup, and a special computer software program. To receive cryptocurrency through “mining”, multiple people worldwide are attempting to solve a series of complicated mathematical problems via the “mining” software, and each receipt of cryptocurrency could require millions or billions of guesses at mathematical problems. The person to solve the final mathematical problem is the one to receive the cryptocurrency.

(D) “Wallet” is a way to store records of cryptocurrency transactions. Each cryptocurrency is assigned a public address, and when stored in a “wallet” the cryptocurrency is assigned a private key for protection. The cryptocurrency public address and private key are stored on a computer, mobile device, internal or external computer hardware, or a piece of paper and protected by private keys.

(b) Cryptocurrency is treated as follows:

(A) Cryptocurrency received as a payment from an employer is considered earned income.

(B) Cryptocurrency received in exchange for services or products provided may be either considered income from self-employment if the individual meets the self-employed criteria in subsection (81) of this rule or considered earned income.

(C) Cryptocurrency received as a gift is treated in the same manner as a gift in the form of money.

(D) Cryptocurrency received through mining is considered unearned income.

(E) Cryptocurrency received through an online casino is considered winnings (excluded).

(c) The day trading value of cryptocurrency is counted as a resource.

(A) After the month of receipt, cryptocurrency stored in a wallet is counted as a resource.

(B) Cryptocurrency stored in a wallet can be converted to liquid assets and follows the availability of resources rule.

(78) Vocational Rehabilitation Payment

(a) Vocational rehabilitation maintenance payments for food, shelter and clothing are counted as unearned income.

(b) A training allowance or stipend is treated as unearned income.

(c) Educational income not covered under subsection (b) of this section (78), above, is treated as provided in subsection (24) of this rule.

(d) Vocational rehabilitation payments for special itemized needs connected with the evaluation, planning or placement activity are treated as a reimbursement. These payments include payments for:

(A) Child care.



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- (B) Clothing.
- (C) Second residence.
- (D) Special diet.
- (E) Transportation.
- (e) Benefits from the United States Veterans Administration are treated as provided in section (75) of this rule.
- (79) Workers Compensation
 - (a) For workers compensation payments received monthly or more frequently, income from workers compensation is counted as earned income if paid to an individual who is still employed while recuperating from an illness or injury.
 - (b) For payments received less than monthly, income from workers compensation payments is counted as periodic or lump sum income.
- (80) Work-Related Capital Assets, Equipment, and Inventory
 - (a) As used in this rule:
 - (A) "Inventory" means goods that are in stock and available for sale to prospective customers.
 - (B) "Work-related equipment" means property essential to the employment or self-employment of a financial group member. Examples are a tradesman's tools, a farmer's machinery, and equipment used to maintain an income-producing vehicle.
 - (b) A capital asset, other than work-related equipment and inventory, is treated as follows: the equity value of a capital asset is treated according to the rules for the asset.
 - (c) The equity value of work-related equipment is excluded.
 - (d) Inventory is excluded as long as the individual is engaged in self-employment activities.
- (81) Self-Employment Income
 - (a) Self-employment income is income resulting from an individual's business, trade, or profession, rather than from a salary or wage paid by an employer. An individual is considered self-employed if the individual meets the criteria in subsections (b) or (c) of this rule. Except as noted in section (c) of this section (81) when an individual has established a corporation, determine if the individual is self-employed according to section (b) of this section (81). If the individual has more than one self-employment business, trade, or profession, the income from each is determined separately.
 - (b) Except as provided in section (35) of this rule, an individual is self-employed for the purposes of this division of rules if the individual meets the requirements of one or more of the below conditions:
 - (A) Files taxes as self-employed for their business on their personal taxes.



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- (B) Is considered an independent contractor by the business.
- (C) Meets all the following criteria:
 - (i) Is not required by the business to complete an IRS W-4 form;
 - (ii) Is not required to pay federal income tax or FICA payments from their paycheck(s);
 - (iii) Liability or worker's compensation insurance for the individual is not paid by the business;
 - (iv) Meets at least one of the following:
 - (I) Creates or provides the products or services they sell, or
 - (II) Sets the price for the products or services they sell;
 - (v) Is responsible for the business expense and losses; and
 - (vi) Receives profits from the business or could receive profits from the business but the business is not making a profit.
- (c) Notwithstanding section (b) of this section (81):
 - (A) Homecare Workers paid by the Oregon Department of Human Services are not self-employed.
 - (B) Providers considered an employee of an Aging and People with Disabilities, Office of Developmental Disabilities Services, or Oregon Health Authority benefit recipient, such as Independent Choices Program (see OAR 411-030-0100) providers, Personal Support Workers (see OAR 411-375-0000), and Personal Care Attendants (see OAR 410-172-0810) are not self-employed.
- (C) Specific self-employment income types and professionals:
 - (i) All of the following individuals are considered self-employed:
 - (I) Child care providers for the ERDC program;
 - (II) Adult foster home providers (see OAR 411-050-0602) paid by the Oregon Department of Human Services
 - (III) Realty agent.
 - (ii) The following income types are considered self-employment.
 - (I) Selling plasma,
 - (II) Redeeming beverage containers,
 - (III) Foraging items to sell, or
 - (IV) Engage in similar enterprises are considered to be self-employed.
- (d) Self-employment income is counted prospectively to determine eligibility. Self-employment is annualized when it is:
 - (A) Received during less than a 12-month period but is intended as a full year's income.
 - (B) From a business that has operated for a full year and the previous year is representative of what the income and costs will be during the budget month.



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- (e) When determining the amount of countable self-employment income, use gross receipts and sales, including mileage reimbursements, before costs to meet the income limits in OAR 414-175-0050.
- (f) If no member of the financial group has been self-employed for a sufficiently long period to ascertain the costs of self-employment, the costs may be estimated.
- (g) The costs that are permissible to be excluded from self-employment gross sales and receipts include, but not limited to:
- (A) Labor (wages paid to an employee or work contracted out).
 - (B) Materials used to make a product.
 - (C) Interest paid to purchase income-producing property, such as equipment or capital assets.
 - (D) Insurance premiums, taxes, assessments, and utilities paid on income-producing property.
 - (E) Service, repair, and rental of business equipment, including motor vehicles, and property that is owned, leased, or rented.
 - (F) Advertisement and business supplies.
 - (G) Licenses, permits, legal, or professional fees.
 - (H) Transportation costs at 20 cents per mile, if the cost is part of the business expense. Commuting expenses to and from the worksite are not part of the business expense.
 - (I) Charges for telephone service that are a necessary cost for self-employment.
 - (J) Meals and snacks provided by family day care providers for children in their care, except the provider's own children. The actual cost of the meals is used if the provider can document the cost. If the provider cannot document the actual cost, the USDA meal reimbursement rates are used.
 - (K) Materials purchased for resale, such as cosmetic products.
 - (L) For newspaper carriers, the cost of newspapers, bags, and rubber bands.
- (h) The following costs are not permissible to be excluded from self-employment gross sales and receipts:
- (A) Business losses from previous months.
 - (B) Payments on the principal of the purchase price of income-producing real estate and capital assets, equipment, machinery, and other durable goods.
 - (C) Federal, state, and local income taxes, draws or salaries paid to any financial group member, money set aside for personal retirement, and other work-related personal expenses, such as transportation, personal business, and entertainment expenses.
 - (D) Depreciation. For purposes of this section, "depreciation" means a prorated lessening of value assigned to a capital asset (see OAR 414-175-0002) based on its useful life expectancy and initial cost.



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(E) Costs related to traveling to another area to seek business when there is no reasonable possibility of deriving income from the trip.

(F) Interest or fees on personal credit cards.

(G) Personal telephone charges.

(H) Shelter or utility costs associated with the individual's home, except as authorized by subsection (i) of this rule.

(i) The portion of an expense that is for business use only is excluded when items are used for both business and personal purposes, such as automobiles and a residence, including utilities.

(82) Paid Leave Oregon Benefits

(a) Payments from Paid Leave Oregon are counted as unearned income.

(b) Retroactive payments from Paid Leave Oregon are counted as periodic or lump-sum income (see 414-175-0002).

(83) Youth Experiencing Homelessness Program ~~Direct Cash Transfer (DCT) Payments~~ (YEHP): Any payment received through the Youth Experiencing Homelessness Program administered by the Oregon Department of Human Services is excluded when determining countable assets.

~~(a) Youth Experiencing Homelessness Program DCT payments are provided to youth 18 to 24 years of age by the Oregon Department of Human Services. The payments help youth who are experiencing homelessness to establish housing stability and support successful independent living.~~

~~(b) The payments are excluded to determine countable assets.~~

Proposed Language **414-175-0051 Requirement to Make Copay or Satisfactory Arrangements**

(1) The Need Group must use a child care provider who meets the requirements in OAR 414-175-0080 and 414-175-0085.

(2) The caretaker is responsible for paying the copayment to the primary provider of child care unless the Child Care Billing ~~form~~ was sent to the provider showing no copayment.

(3) If the caretaker has only one provider during a month, that provider is the primary provider. If the caretaker uses more than one provider, the caretaker must designate one as the primary provider. Notwithstanding any designation by the caretaker, the Department considers a provider having the copayment amount (not to exceed the caretaker's established copayment amount) deducted from its valid billing statement the primary provider for that period.



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- (4) If the copayment exceeds the amount billed by the primary provider, the Department may treat a different provider as the primary provider or split the copayment among the providers who bill for care.
- (5) The copayment amount due from the caretaker to the provider is the lesser of:
- (a) The copayment amount determined by the Department based on family size and income.
 - (b) The total amount allowed by the Department on a provider claim.
- (6) A provider must notify the Department of an overdue copayment within 60 days after the Department issues payment for the month at issue. A caretaker who fails to pay a copayment to or to make satisfactory arrangements with the primary provider will be ineligible for ERDC benefits upon recertification, except for families categorically eligible for ERDC. A copayment is considered paid under any of the following circumstances:
- (a) On the first day of the month in which the caretaker makes the copayment or makes satisfactory arrangements with the provider.
 - (b) On the first day of the month after three years have lapsed from the date the caretaker failed to make the copayment.
 - (c) On the first day of the month in which the caretaker provides verification that the copayment debt was discharged by a bankruptcy filing.
- (7) The Department will make the payment to a provider if a Child Care Billing ~~form~~ is mailed to the provider prior to the notification described in section (6) of this rule.

Proposed Language **414-175-0075; Child Care Provider Eligibility Standards, Payments Rates, Payment Limits, and Payable Hours**

- (1) The following definitions apply to the rules governing child care rates:
- (a) Infant: For all providers other than licensed (registered or certified) care, a child aged newborn to 1 year. For licensed care, an infant is a child aged newborn to 2 years.
 - (b) Toddler: For all providers other than licensed (registered or certified) care, a child aged 1 year to 3 years. For licensed care, a toddler is a child aged 2 years to 3 years.
 - (c) Preschool: A child aged 3 years to 6 years.
 - (d) School: A child aged 6 years or older.
 - (e) Special Needs Rate (SNR) : A child who meets the age requirement of the program and who requires a level of care over and above what is typically expected for their age due to a physical, behavioral, or mental disability. The disability must be verified in accordance with 414-175-0024.



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- (2) The following definitions apply to the types of care specified in the child care rate charts in subsections (4)(a) through (4)(c) of this rule:
- (a) The Standard Family Rate applies to child care provided in the provider's own home or in the home of the child when the provider does not qualify for the enhanced rate allowed by subsection (b) of this section.
 - (b) The Enhanced Family Rate applies to child care provided in the provider's own home or in the home of the child when the provider meets the training requirements of the Oregon Registry, established by the Oregon Center for Career Development in Childhood Care and Education.
 - (c) The Registered Family Rate applies to child care provided in the provider's own home when the provider meets criteria established by the Child Care Licensing Division.
 - (d) The Certified Family Rate applies to child care provided in a residential dwelling that is certified by the Child Care Licensing Division as a Certified Family Home. To earn this designation, the facility must be inspected, and both provider and facility are required to meet certain standards not required of a registered family provider.
 - (e) The Standard Center Rate applies to child care provided in a facility that is not located in a residential dwelling and is exempt from Child Care Licensing Division Certification rules.
 - (f) The Enhanced Center Rate applies to child care provided in an exempt center whose staff meet the training requirements of the Oregon Registry established by the Oregon Center for Career Development in Childhood Care and Education. Eligibility to receive the enhanced center rate for care provided in an exempt center is subject to the following requirements:
 - (A) A minimum of one staff member for every 20 children in care must meet the Oregon Registry training requirements noted in subsection (b) of this section.
 - (B) New staff must meet the Oregon Registry training requirements within 90 days of hire, if necessary to maintain the trained staff-to-children ratio described in paragraph (f)(i) of this subsection.
 - (C) There must be at least one person present where care is provided who has a current certificate in infant and child CPR and a current American Red Cross First Aid card or an equivalent.
 - (g) An enhanced rate will become effective not later than the second month following the month in which the Department receives verification that the provider has met the requirements of subsection (b) or (f) of this section.
 - (h) The Certified Center Rate applies to child care provided in a certified center, a certified Outdoor Nature Based program or an Alternative Pathway program that is certified by the Child Care Licensing Division.



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- (3) The following provisions apply to child care payments:
- (a) Providers not eligible for the enhanced or licensed rate will be paid at an hourly rate for children in care less than 158 hours per month subject to the maximum full-time monthly rate.
 - (b) Providers eligible for the enhanced or licensed rate will be paid at an hourly rate for children in care less than 136 hours a month, unless the provider customarily bills all families at a part-time monthly rate subject to the maximum full-time monthly rate and is designated as the primary provider for the case.
 - (c) At their request, providers eligible for the enhanced or licensed rate may be paid at the part-time monthly rate if they provide 63 or more hours of care in the month, customarily bill all families at a part-time monthly rate, and are designated as the primary provider for the case.
 - (d) Unless required by the circumstances of the caretaker or child, the Department will not pay for care at a part-time monthly or a full-time monthly rate to more than one provider for the same child for the same month.
 - (e) The Department will pay at the hourly rate for less than 63 hours of care in the month subject to the maximum full-time monthly rate.
 - (f) The Department will pay for absent days each month the child is absent. Absent days can be billed if:
 - (A) It is the provider's policy to bill all families for absent days; and
 - (B) The child was scheduled to be in care, the provider bills for the amount of time the child was scheduled to be in care, and the child has not been absent for a calendar month.
 - (g) Child care providers are eligible to receive an incentive payment upon achieving and maintaining a three star or higher rating with the Quality Rating Improvement System (QRIS), or SPARK program, subject to all of the following provisions.
 - (A) The incentive payment is in addition to the Department maximum rate.
 - (B) A provider may receive an incentive payment for any ERDC child that the Department paid the provider for full-time care (136 hours or more).
 - (C) Providers who are contracted for child care services through the ERDC program are not eligible to receive incentive payments, with the exception of Early Head Start providers.
 - (D) Eligibility for the incentive payment is effective the month after the QRIS rating has been achieved.
 - (E) The incentive payment amount is based on the provider's star QRIS rating as follows:
 - (i) Star Rating.....Amount
 - (ii) 3.....\$54
 - (iii) 4.....\$72
 - (iv) 5.....\$90



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(h) Child care providers eligible for the licensed rate may receive payment from the Department for registration and other fees if they are required by the facility for a child to begin or continue care and the fees are also required of the general public. Fees related to penalties, fines, charges exceeding approved ERDC hours or rates (see section (4) of this rule), or advance payment for cost of care are not eligible for payment.

(A) Child care providers are eligible to receive an additional payment from the Department of 9% of the payment issued for a billing ~~form~~ when all the following are met:

(i) A home-based provider's billing ~~form~~ was processed more than 4 business days after the completed billing ~~form~~ was received by the Department or a center-based provider's billing ~~form~~ was processed more than 7 business days after the completed billing ~~form~~ was received by the Department,

(ii) The provider initiated the request for the additional payment within 30 calendar days of the payment being processed,

(B) Providers request the additional payment using the Department's request process, and

(C) The payment was processed outside the timeframe indicated in subparagraph (A) of this paragraph (i) under circumstances other than exceptional circumstances. "Exceptional circumstances" means circumstances beyond the reasonable control of the Department including:

(i) State declared natural disaster,

(ii) System outages or failure that prevents payment issuance, or

(iii) A cause that originated outside the Department that the Department could not prevent.

(4) Effective March 1, 2026, the following are the child care rates based on the type of provider, the location of the provider (shown by zip code), the age of the child, and the type of billing used (hourly or monthly):

(a) [see attached table]

(b) [see attached table]

(c) [see attached table]

(5) OAR 414-175-0050 establishes ERDC allowable child care cost, and the copay calculation, except for child care under a contract between a Head Start agency and the Department, which is covered under OAR 414-175-0105.

(6) Subject to the provisions in section (9) of this rule, the monthly limit for each child's child care payments is the lesser of the amount charged by the provider or providers and the following amounts:

(a) The monthly rate provided in section (4) of this rule.

(b) The product of the hours of care, limited by section (8) of this rule, multiplied by the hourly



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rate provided in section (4) of this rule.

(7) The limit in any month for child care payments on behalf of a child whose caretaker is away from the child's home for more than 30 days because the caretaker is a member of a reserve or National Guard unit that is called up for active duty is the lesser of the following:

- (a) The amount billed by the provider or providers.
- (b) The monthly rate established in this rule for 215 hours of care.

(8) The number of payable billed hours of care for a child is limited as follows:

(a) The total payable hours of care in a month may not exceed the amounts in paragraphs (a)(A) or (B) of this subsection:

- (A) 125 percent of the number of child care hours authorized under OAR 414-175-0050; or
- (B) The monthly rate established in section (4) of this rule multiplied by a factor of not more than 1.5, determined by dividing the number of hours billed by 215, when the caretaker meets the criteria for extra hours under section (10) of this rule.

(b) For a caretaker who earns less than the Oregon minimum wage, the total may not exceed 125 percent of the anticipated earnings divided by the state minimum wage not to exceed 172 hours (which is full time).

(9) The limit in any month for child care payments on behalf of a child whose caretaker has special circumstances, defined in section (10) of this rule, is the lesser of one of the following:

- (a) The amount billed by the provider or providers; or
- (b) The monthly rate established in section (4) of this rule multiplied by a factor, of not more than 1.5, determined by dividing the number of hours billed by 215.

(10) The limit allowed by section (9) of this rule is authorized once the Department has determined the caretaker has special circumstances. For the purposes of this section, a caretaker has special circumstances when it is necessary for the caretaker to obtain child care in excess of 215 hours in a month to perform the requirements of their employment or training required to keep current employment, not including self-employment. This is limited to the following situations:

- (a) The caretaker's commute time to and from work or education settings exceeds 25 percent of the total authorized child care hours.
- (b) The caretaker has an overnight shift and care is necessary for both shift hours and sleep hours.
- (c) Retroactively effective January 1, 2023, multiple caretakers need care for both shift hours and sleep hours when:
 - (A) There is overlap in the caretakers' reported hours, and
 - (B) At least one caretaker works an overnight shift.



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- (d) The caretaker has a split shift and it is not feasible to care for the child between shifts.
- (e) The caretaker consistently works, participates in education hours, or both, more than 40 hours per week.

(11) Provider payment rates are informed by a cost estimation model and may include financial incentives as outlined in ORS 329A.500(4)(c)(A)-(G).

[ED. NOTE: To view attachments referenced in rule text, click here for PDF copy.]

Proposed language **414-175-0085; Direct Provider Payments**

(1) The Department makes payments on behalf of eligible individuals to the providers they select to care for their children. The payments are made directly to the provider unless the provider designates the payments to go directly to they are designated to be paid directly to the owner of a Certified Family facility. To be eligible for payment, a provider must:

(a) Before August 1, 2026, charge individuals receiving ERDC benefits at a rate no higher than the rate charged other customers;

(b) Provide the Department with their social security number (SSN) or IRS identification number; and

(c) Meet the requirements of OAR 414-175-0080.

(2) Payments to a provider of an individual receiving for ERDC benefits are subject to each of the following limitations:

(ba) Effective August 1, 2026, payment is made for the amount charged to the individual but may not exceed the rate authorized in OAR 414-175-0075.

(eb) No payment will be authorized unless the individual has designated a primary provider.

(ec) No payment will be made for less than one dollar.

(ed) Except as provided otherwise in subsection (fe) of this section, a payment is made only for child care provided on or after the date the designated provider has met the requirements to be listed and paid through the Department.

(fe) A designated child care provider who the Department approves to be listed and paid through the Department may receive payment for child care provided prior to obtaining Department approval if the provider met the other Department requirements and was licensed under OAR 414-205-0000 to 414-205-0170, 414-350-0000 to 414-350-0405, 414-305-0100 to 414-305-1620, or 414-310-0100 to 414-310-0720.

(gf) A caretaker signature is not required on child care billing forms.

(hg) A provider caring for an eligible child may receive ERDC payment may be made in advance for h hours the child is scheduled-enrolled to be in care for the month. Payment will end if:



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- (A) the child's connection to a provider in Oregon ELMS is ended prior to the billing being issued; or
(B) the child has been absent for one full calendar month.

(h) When a provider or owner of a child care site is ineligible to receive payment due to a suspension or IPV:

(A) The Department does not pay any other child care provider for child care at the ineligible provider's individual's site.

(B) The Department does not pay a child care provider for care at another site if the ineligible provider individual is involved in the child care operation unless the Department determines that the reasons the provider individual is ineligible are not relevant to the new site.

~~(3) The Department may issue a payment to an eligible provider during a month for which child care is being provided to meet an unexpected need of the provider related to the care of a covered child. The payment may be made if, without the payment, continued care by the same provider would be jeopardized and the client could not immediately obtain child care from another provider.~~

(43) Child care providers must submit claims through for child care on the appropriate form method. This is either the form designated by the Department or submission through ELMS.

~~(a) The provider is responsible to obtain the appropriate payment form from the Department and to return the completed form to the Direct Pay Unit of the Department; or~~

~~(b) If using the Department tracking system, the provider is responsible to ensure children are checked in and out appropriately and payment requests are submitted through the system~~

~~(54) No payment will be made for:~~

~~(a) a paper claim not received by the Department by the last day of the third month after the form was issued unless the Department determines the provider has good cause for not returning the form timely.~~

~~(b) An electronic claim if the request is not submitted by the 10th of the month following the month care is provided unless the Department determines the provider has good cause for not submitting the electronic claim timely.~~

~~(65) Child care billings forms cannot be issued or reissued more than 12 months from the month that care was provided.~~

Repeal 414-175-0077; COVID-19 Provider Payments

~~The Oregon Department of Human Services (ODHS) shall pay for one-time supplemental payments as follows:~~

~~(1) A provider may only receive one of the payments listed in this subsection.~~

~~(a) In the amount of \$2,312.00 to child care providers who, at the time ODHS completed the data pull on November 13, 2020, met the following criteria:~~



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- ~~(A) Eligible for payment under OAR 414-175-0080,~~
- ~~(B) Designation of a license-exempt standard family or enhanced family provider as identified by a Standard Family Rate provider type or an Enhanced Family Rate provider type, and~~
- ~~(C) Received a payment from the ODHS for child care provided during April, May, June, July, August, September, October, or November 2020.~~
- ~~(b) In the amount of \$2,842.00 to child care providers who, at the time the ODHS completed the data pull on November 13, 2020, met the following criteria:~~
 - ~~(A) Met all criteria in paragraph (A)(i) through (iii) of this subsection, and~~
 - ~~(B) Have not received an Emergency Child Care grant from the Oregon Department of Education, Early Learning Division or ODHS for either phase one or phase two.~~
- ~~(2) In the amount of \$735.00 to child care providers who, at the time the ODHS completed the data pull on June 30, 2021, met the following criteria:~~
 - ~~(a) Eligible for payment under OAR 414-175-0080,~~
 - ~~(b) Designation of a license-exempt standard family or enhanced family provider as identified by a Standard Family Rate provider type or an Enhanced Family Rate provider type, and~~
 - ~~(c) Received a payment from ODHS on or after November 13th, 2020, for child care provided during any month from April 2020 through June 2021.~~
- ~~(3) In the amount of \$1508; funded by Coronavirus Aid, Relief, and Economic Security Act (2020) funds allotted to ODHS in the amount of \$1,740,000; to providers who, at the time ODHS completed the data pull on August 1, 2022, met the following criteria:~~
 - ~~(a) Eligible for payment under OAR 414-175-0080,~~
 - ~~(b) Designation of a license-exempt standard family or enhanced family provider as identified by a Standard Family Rate provider type or an Enhanced Family Rate provider types, and~~
 - ~~(c) Did not receive a stabilization grant payment from the Department of Education, Early Learning Division or ODHS.~~