

# Child Care and Development Fund (CCDF) Plan For Oregon FFY 2022-2024

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## 1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

### 1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Oregon Department of Education, Early Learning Division

Street Address: 700 Summer Street NE Suite 350

City: Salem

State: OR

ZIP Code: 97301

Web Address for Lead Agency: <https://oregonearlylearning.com>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Alyssa

Lead Agency Official Last Name: Chatterjee

Title: Early Learning System Director

Phone Number: 971-283-1271

Email Address: [alyssa.chatterjee@ode.state.or.us](mailto:alyssa.chatterjee@ode.state.or.us)

### 1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Alyssa

CCDF Administrator Last Name: Chatterjee

Title of the CCDF Administrator: Early Learning System Director

Phone Number: 971-283-1271

Email Address: alyssa.chatterjee@ode.state.or.us

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

CCDF Co-Administrator First Name: Lois

CCDF Co-Administrator Last Name: Thawley

Title of the CCDF Co-Administrator: Operations and Policy Analyst

Description of the Role of the Co-Administrator: Review program management and implementation policies and procedures and update as needed. Review the timelines for public hearings and market rate survey or alternative methodology, CCDF Plan amendments, and other requirements.

Phone Number: 503-947-0676

Email Address: lois.thawley@ode.state.or.us

## 1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

**1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.**

- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

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

A. State or territory

Identify the entity:

N/A

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

N/A

C. Other.

Describe:

N/A

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

N/A

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

N/A

C. Other.

Describe:

N/A

iii. Payment rates and payment policies are set by the:

A. State or territory

Identify the entity:

N/A

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

N/A

C. Other.

Describe:

N/A

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

N/A

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

N/A

C. Other.

Describe:

N/A

v. Standards and monitoring processes for license-exempt providers are set by the:

A. State or territory

Identify the entity:

N/A

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

N/A

C. Other.

Describe:

N/A

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory

Identify the entity:

N/A

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

N/A

C. Other.

Describe:

N.A

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

N/A

**1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.**

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

- The Oregon Department of Human Services (ODHS), which is the TANF agency, is also the administrative agency for Employment Related Day Care (ERDC), Oregon's primary CCDF-funded child care assistance program. ODHS is responsible for eligibility determination and issuing payments for ERDC.
- Portland State University/Oregon Center for Career Development in Childhood Care and Education - Administer the career lattice and Oregon's Registry.
- Western Oregon University The Research Institute - Central Coordination of CCR&Rs, Spark (Quality Rating and Improvement System) administration, and administers incentives and reimbursements for basic health and safety classes for child care providers.
- Inclusive Partners - an agreement with Oregon Department of Human Services to assess the need for child care providers to have access to a high needs subsidy rate to care for children with special needs. The high needs rate is in addition to the special needs rate. Inclusive Partners also provides training, technical assistance and support to communities around inclusive practices for serving children with special needs or disabilities.



- 211 - the Lead Agency contracts with 211 to support families in locating child care.

**1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:**

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Lead Agency monitors administration and implementation through a written interagency agreement with the Oregon Department of Human Services. Performance is assessed quarterly by measuring completion of key activities to reach goals and deliverables. The key activities and deliverables are based on CCDF requirements and include activities such as: staff training to improve understanding of the significance of early learning; increasing referrals to other supports such as developmental screening; improving access to foster children and homeless families; increasing participation of licensed programs for CCDF subsidy; and activities to reduce the error rate.

The interagency agreement between the Lead Agency and Oregon Department of Human Services provides CCDF federal funds for direct services to families (ERDC subsidy payments). The agreement between parties details goals based on the CCDF State Plan,

deliverables, targets and dates.

The Secretary of State performs independent audits once every three years on Child Care and Development Fund expenditures, testing eligibility determination, and other federally required audit procedures. A sample of cases are selected based on criteria laid out by the auditor during the entrance conference.

The Lead Agency has also begun piloting a new contracted care child care assistance program, Baby Promise, to build the supply of high-quality care for infants and toddlers through child care assistance contracts. For Baby Promise, the Lead Agency contracts with three CCR&Rs, who then contract with and make payments to the providers. For Baby Promise, grant agreements and the Baby Promise Operations Manual capture requirements and deliverables. Monitoring of Baby Promise is built into the contract agreements with the CCR&R pilot sites. The grants agreements between Lead Agency and the Baby Promise partners provides CCDF federal funds for direct services to families as well as quality activities.

In addition to the two programs listed above, the Lead Agency monitors administration and implementation through written agreements which detail the minimum elements required, with the following entities:

Portland State University/Oregon Center for Career Development in Childhood Care and Education - Administer the career lattice and Oregon's Registry.

Western Oregon University The Research Institute - Central Coordination of CCR&Rs, Spark (Quality Rating and Improvement System) administration, and administers incentives and reimbursements for basic health and safety classes for child care providers.

Inclusive Partners - an agreement with Oregon Department of Human Services to assess the need for child care providers to have access to a high needs subsidy rate to care for children with special needs. The high needs rate is in addition to the special needs rate. Inclusive Partners also provides training, technical assistance and support to communities around inclusive practices for serving children with special needs or disabilities.

211 - contract to support families in locating child care.

**1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).**

**Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.**

The contract for the entity responsible for developing and maintaining the information system for child care facilities includes the following language: Contractor shall not charge a development, licensing or user fee to any state, federal, or local governmental entity when distributing copies of, and transferring or sublicensing rights to, the Work Product to such entity. Contractor may recover costs of transferring or making such Work Product available from the receiving entity. For purposes of Section 8.5, Contractor's exercise of its right to transfer or sublicense according to this Section 8.8 will be considered an activity performed by Contractor under this Contract. Source code for any or all material part of the Deposited Programs is made publicly available by Contractor, with or without additional cost, to other users of comparable software.

**1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).**

**Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.**

The Oregon Department of Education Agency Policy 581-101 outlines agency and employee responsibility for use and disclosure of confidential information. The policy prohibits the

distribution of defined confidential information and requires recommended actions for issues where confidentiality concerns may exist such as servers, desktops, emails, paper files, and data files. Oregon Department of Human Services may use and disclose data in order to accomplish the work of agencies, including for research and public health or health care operations functions. The information must be sufficiently de-identified and the data cannot be used alone or in combination with other available information to identify an individual who is subject to the data. De-identified data is created by removing information from the data set by deleting, redacting or blocking data fields so remaining information cannot reasonably be used to identify a specific individual. Protected health information is not included in any de-identified information. Certain data sets may be used if a data use agreement is in place, and specific identifiers such as name of the individual, an individual's employers, and household member names are removed.

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

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

## Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

### **1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.**

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

The 16 regional Early Learning Hubs are the state's entity for bringing together stakeholders, including local governments, to implement early learning goals. Several Hubs are part of local government and others have local government representatives on their governance councils. The Lead Agency holds weekly consultation meetings with the Early Learning Hubs and these meetings as well as the work described next informs plan development. The Hubs work across multiple sectors, actively collaborating to identify community needs through the Early Care and Education Sector Planning process. Hubs engage leaders to understand barriers to system goals, design and implement strategies, and for continuous quality improvement to achieve positive outcomes for children. Early Learning Hub Sector Plans were reviewed and utilized to develop strategies to engage each region's priority populations in all phases of work. These plans including local government representation are utilized to target outreach to provide services within the state plan.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The Early Learning Council (ELC) is the state advisory council appointed by the Governor, made up of a citizen from each congressional district and representing early care and education, business, health, human services, K-12 and Oregon's Tribal Nations. There are nine voting members and the Governor appointed the Directors of the Early Learning Division (Lead Agency), the Oregon Department of Education, the Oregon

Department of Human Services, the Oregon Health Authority and the Oregon Housing and Community Services as *ex officio* members. These agencies are responsible for oversight of coordinating programs related to early care and education such as Maternal and Child Home Visitation, Medicaid, developmental screening, public health, child welfare, Temporary Assistance for Needy Families, refugee and immigrant services, child care subsidy, licensing, and quality improvement, and public pre-k. The ELC is the state advisory body, informing Early Learning System policy decisions and holding rule-making authority for the Early Learning Division (Lead Agency). The ELC advises the Lead Agency on policy issues, challenges and priorities related to affordable, quality child care and early education programs in Oregon; reviews all Lead Agency rules leading to promulgation; and provides input on policy decisions. In 2018, Early Learning Council adopted *Raise Up Oregon*, Oregon's cross-sector five-year early childhood strategic plan, which the ELC monitors progress towards implementation. The CCDF State Plan was compared with *Raise Up Oregon* and presented to the ELC for review and discussion at its February 2021 meeting. The Lead Agency presented the draft plan to the Early Learning Council for review and comment during their April and May meetings.

[c. Describe, if applicable, how the Lead Agency consulted with Indian tribes\(s\) or tribal organizations\(s\) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.](#)

The Early Learning Division (Lead Agency) and the Oregon Department of Human Services are subject to Oregon Statute 182.162. The statute defines and guides the government-to-government relationship existing between Oregon's nine recognized tribes and the State of Oregon. The government-to-government relationships are organized around various topical areas referred to as "clusters." The education cluster focuses on areas of partnership that expand along the education spectrum from early childhood to college and the health services cluster includes human services and child care subsidy. The CCDF plan was presented to this group with a high level overview to consult on specific policy topics. In addition, the Early Learning Division meets monthly with the Tribal CCDF Administrators of the 9 Oregon Tribes to discuss coordination and consultation on licensing, quality, rate-setting, and other issues. These meetings are facilitated by the Early Learning Division's Tribal Affairs Manager. The CCDF Tribal Administrators were sent the draft plan and the April meeting was used to provide consultation on the plan.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

The Early Learning Division also consulted with the CCR&Rs on emergency preparedness and coordination, workforce development, and continuous quality improvement supports. Additionally, during the COVID-19 emergency, the Early Learning Division sent out various surveys to families, CCR&Rs, Early Learning Hubs, and child care providers. The findings from these surveys guided the development of specific policy areas in the state plan.

**1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).**

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 04/27/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a). 04/01/2021

*Reminder:* Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

The public notice was posted on the agency website and email notification was sent to

stakeholders, child care facilities and contractors on April 1, 2021 and April 15, 2021. Notification was also posted on agency social media pages.  
<https://oregonearlylearning.com/administration/state-plans/>

d) **Hearing site or method, including how geographic regions of the state or territory were addressed.** The hearing was held virtually by the Early Learning Division due to the COVID-19 pandemic. The meeting was hosted on Zoom and was available to watch recorded on YouTube for accessibility and to accommodate the entire geographic area of the state. A Spanish translator was provided.

e) **How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)** The Plan was posted on the Early Learning Division website on April 1, 2021. Notification was electronically broadcasted to early care and education stakeholders. A second notification was issued on April 15, 2021.

f) **How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?** The public had the ability to comment on the Plan via website, email and through multiple engagement activities. All information was reviewed by policy staff, and recommendations for accepting or considering changes were moved to the management team for decision. The Lead Agency sought input from stakeholder groups, including CCR&Rs, Tribal Nations, and the Early Learning Council. Public input from the engagement sessions and was synthesized into a single spreadsheet, which is available to the public on the Lead Agency website. As a result of public input, many corrections and edits were made to the State Plan. Information provided by the public related to statewide policy considerations are reviewed by the Child Care Policy Team as part of the internal policy development process. A majority of the information and feedback from the public is related to desired changes of current state policies. The comments, stored in the public input spreadsheet, inform future policy decisions.

**1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)**

a) **Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is**



posted is changed.

<https://oregonearlylearning.com/administration/state-plans/>

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

N/A

Working with child care resource and referral agencies.

Describe:

All Child Care Resource and Referral partners are notified of the Plan and Plan amendments through the Early Learning Division public notification email system and posted on the Early Learning Division website. Feedback on the plan and the development of effective strategies in professional learning systems was provided during a focus group session with CCR&R programs.

Providing translation in other languages.

Describe:

N/A

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

The Lead Agency provides news and information on its Facebook page and through stakeholder email notification. Information on the draft CCDF Plan, the public hearing and how to provide comments on the plan were posted on the Lead Agency's Facebook page.

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

The Lead Agency has a comprehensive listserv of stakeholders who are provided with notifications of all public hearing and information on the state plan and amendments.

This list includes provider unions, child care resource and referral programs, child care programs, Early Learning Hubs, parenting hubs, and individuals.

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other.

Describe:

N/A

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

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

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

#### **1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).**

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;
- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-

- age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

Coordination Goals: Identifying gaps in services for young children, including child care supply; coordinating local strategies for filling these gaps, with a priority on vulnerable populations; coordinating the provision of comprehensive services. Process: Representatives of general-purpose local government are represented on the Early Learning Hub governing committees. Results: General purpose local government part of solutions in these areas that come from the Early Learning Hubs.

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

Coordination Goals: Coordination goals of the Early Learning Council include: equitable access to quality early learning and development programs; professional development and education for the early learning workforce; P-3 alignment; and identification of and advocacy for state-level policy changes to support family well-being and stability.

Process: The Early Learning Council members are appointed by the Governor to guide efforts in streamlining state programs, as well as to provide policy direction to meet statewide early learning goals. The agency directors of the Oregon Department of Education, Oregon Department of Human Services, the Oregon Health Authority and Oregon Housing and Community Services serve as ex officio members of the Early Learning Council with the goal of aligning comprehensive services for young children with a focus on the goals listed above. Results: The Council provides input on investments in strategically leveraged partnerships to cultivate an aligned and coordinated early childhood system. The Council focuses on strategies to support

children who are over-represented in the academic achievement gap and under-represented in accessing strong services and supports. The Council supports implementation of Raise Up Oregon, the cross-sector early childhood plan for Oregon. This website provides the latest results from the work: <https://oregonearlylearning.com/raise-up-oregon>, and is updated on a periodic basis.

- Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

Coordination Goals: The Lead Agency and Tribal CCDF Administrators share several coordination goals. Among them are: Tribal members have access to state CCDF subsidy, and state funds are used before Tribal CCDF whenever possible; Coordination of state and tribal emergency preparedness and recovery efforts; Access to state systems for CCDF-compliant background checks; Increasing the supply of infant and toddler care; Training and professional development system opportunities for all licensed and license-exempt Tribal CCDF Providers. Processes: The CCDF Co-administrator and the Early Learning Division's Tribal Manager facilitate monthly meetings with Oregon's CCDF Tribal Administrators to coordinate access to child care subsidy, discuss training for tribal child care providers, and to consult on Oregon's CCDF State Plan and amendments. Results: Legislation passed to create a Tribal Early Learning Hub as an additional vehicle for more ongoing consultation and collaboration.

- N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

Coordination Goals: Early Intervention (Part C) and Early Childhood Special Education (Part B, Section 619) is a unit in the Oregon Department of Education and coordinates with the early learning system with the goal of ensuring that children with special needs

have access to the broadest range of inclusive settings and that all early care and education settings are supported to meet the needs of all children, including children with disabilities. Processes: This coordination occurs through the Early Learning Council and other committees. Early Learning Division staff are represented on the State Interagency Coordinating Council required by the Individuals with Disabilities Act, appointed by the Governor, and convened by EI/ECSE. *Raise Up Oregon: An Early Learning Systems Plan* describes strategies coordinating efforts to increase funding and access to services for children with special needs. Early Intervention/Early Childhood Special Education is leading work in partnership with the Lead Agency to expand services to infants and toddlers, and create more opportunities for inclusive early care and education settings. The Director of Early Intervention and Early Childhood Special Education Services is a member of the Raise Up Oregon Agency Implementation Coordination Team, which tracks and coordinates implementation of the state's early childhood strategic plan and was consulted in the development of the CCDF State Plan. Results: Please see latest Raise Up Oregon progress report, referenced above; additionally, the newly passed legislation to create the Department of Early Learning and Care requires additional coordination between the new agency and Part B and Part C.

**v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:**

Coordination Goals: The Head Start Collaboration Director is involved in statewide policy consideration for all child care services and alignment in the state. Extended day and comprehensive services, and continuity of care are an ongoing part of the child care policy work of the Division and the Early Learning Council. Processes: The Head State Collaboration Director engages with other state initiatives and state partners with the goals of ensuring extended day and comprehensive services for children served in Head Start and other early care and education programs, ensuring that there is support for quality in all child care settings, such as through Spark (Oregon's Quality Rating and Improvement System) and the development of a statewide coaching system. The Head Start Collaborative Director also coordinates with partners on early care and education quality improvement initiatives, the reduction/elimination of suspension and expulsion, pay parity, and inclusionary policy. Results: Impact on policy and program design and implementation approaches for key priorities such as suspension and expulsion. Increase in the number of Oregon Prekindergarten/Head Starts funded to provide full-day or full-year services, and increase in the number of state funded Early Head Starts

serving infants and toddlers.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

**Coordination Goals:** Oregon's goals for its child care system are integrated into the State's Health Improvement Plan as a priority area. Goals also include coordination between Licensing and Public Health around areas such as immunization, public health policies and practices, including COVID related policies. **Processes:** The Director of the Oregon Health Authority (OHA) serves as an *ex officio* member of the Early Learning Council. The OHA Public Health Division - Maternal and Child Health Director as well as OHA Office of Health Policy Director are members of the Raise Up Oregon Agency Implementation Coordination Team (RUOAICT). **Results:** The Oregon Health Authority, through the Early Learning Council and RUOAICT, has been coordinating supports for safe sleep practices across culturally diverse communities and across early care and education settings. The State's licensing system and the Oregon Department of Human Services coordinate with state and county public health departments with the goal of providing information and assisting licensed and license-exempt child care facilities to meet immunization requirements across early care and education settings. The child care licensing unit coordinates with public health on child care rules asking for guidance and feedback. Licensing staff meet quarterly with representatives from environmental health with the goal to share best practices on health, safety and sanitation and help guide licensing process.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

**Coordination Goals:** Coordination on child care programs, services and system operated by ELD and TANF and ERDC subsidy program, operated by the Oregon Department of Human Services (ODHS), the state agency responsible for the TANF JOBS program as well as the ERDC, the child care subsidy program. A primary goal of this coordination is to support low-income parents successfully transition from TANF and other workforce development programs to full-time, middle-wage jobs with subsidized child care.

**Processes:** The Deputy Director of ODHS serves as an *ex officio* member of the Early Learning Council. The Program Design Manager for Child Care Policy is a member of the *Raise Up Oregon Agency Implementation Coordination Team*. Staff of the ODHS Self-Sufficiency Program and Early Learning Division meet weekly to ensure coordination on

child care and TANF policy. Results: Individuals leaving TANF with a child care need are automatically enrolled in ERDC. On a local level, the Workforce Development Boards prioritize an integrated service delivery system, and ODHS coordinates availability of CCDF child care funds for adults and dislocated workers transitioning to work from TANF, unemployment and training programs. The Lead Agency and the TANF agency collaborated to ensure that license-exempt providers serving families receiving child care assistance access financial relief during the pandemic.

viii. [State/territory agency responsible for public education, including Prekindergarten \(PreK\). Describe the coordination goals, processes, and results:](#)

Coordination Goals: The Early Learning Division is part of the Oregon Department of Education and coordinates with the Department of Education to ensure prenatal through third grade alignment (P-3). Through this collaboration, a shared vision for P-3 in Oregon which focuses on building capacity and strengthening supports for local P-3 projects throughout the state, has been developed. Coordination goals include developing shared preschool standards, strengthening the state's Kindergarten Entry Assessment, implementing child care licensing standards in the context of schools and developing licensing standards appropriate for school-age programs. For Prekindergarten specifically, the Lead Agency, the Early Learning Division, directs Oregon's Pre-kindergarten program and Preschool Promise, Oregon's mixed delivery preschool program; Prekindergarten and child care organized and run by ELD. Processes: Meetings as established to meet the collaborative partnership for the focus on prenatal through third grade alignment. Prekindergarten and child care coordination occur in the context of ELD as an operating organization. Results: The Governor has tasked the Early Learning Council and the State Board of Education to adopt shared preschool standards. The Oregon Department of Education has convened a workgroup with the Lead Agency to recommend improvements to the Kindergarten Entry Assessment.

ix. [State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:](#)

Coordination Goals: The Lead Agency is responsible for child care licensing through the Office of Child Care. The Office of Child Care coordinates with Oregon Department of Human Services, the Oregon Health Authority, local public health entities and local CCRRs with the goal of supporting health, safety, and continuous quality improvement in early learning settings. Processes: The Office of Child leadership participates in weekly

coordination meetings with other Division staff, as well as with Oregon Department of Human Services (ODHS) staff around child care assistance policies and practices, and ensuring health and safety in those settings. The Office of Child Care also participates in regular meetings with the directors of the local CCRRs to share changes in licensing regulation or licensing practices, as well as to disseminate health and safety information to child care providers. Coordination on these health and safety goals also occurs through the Early Learning Council, which serves as the rules making body for the Office of Child Care. Results: Oregon's licensing approach is connected to critical public health and human services, and its rulemaking is overseen by the Early Learning Council, which is accountable for all core programs, services and systems rulemaking for all of ELD. Through this, the need for further refinement of child care licensing rules has been identified, and the Lead Agency is engaging these partners in those revisions.

x. [State/territory agency responsible for the Child and Adult Care Food Program \(CACFP\) and other relevant nutrition programs. Describe the coordination goals, processes, and results:](#)

Coordination Goals: Coordination goals focus on sharing information maximizing efforts to provide technical assistance to child care providers and to coordinate communication for providers about changes to the licensing, CCDF and CACFP. Processes: The state coordinates with the Oregon Department of Education Child Nutrition programs as well as contractors engaged in administering the Child and Adult Care Food Program to ensure that all eligible child care providers are able to participate. Results: Increased communication and collaboration to maximize program participation in CACFP.

xi. [McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:](#)

Coordination Goals: Assess services to families who are homeless and develop improvement plans that enhance education outcomes for children whose families are experiencing homelessness. Processes: The Oregon Department of Education's State Coordinator for Homeless Education Program and the Early Learning Division co-convene a group with child care policy staff from the Oregon Department of Human Services. Results: Services to families who are homeless are assessed, and continual improvement plans are developed in order to enhance educational outcomes for children whose families are experiencing homelessness.



xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

Coordination Goals: Coordinate services for families transitioning from TANF for successful transition to ERDC child care. Processes: The Oregon Department of Human Services is the TANF agency. Management and line staff from the child care program at the Oregon Department of Human Services coordinate services. The weekly meeting between Lead Agency and ODHS Self-Sufficiency team staff includes the transition of TANF families to ERDC child care assistance as a topic. Results: Families transition from TANF into child care through the ERDC program. Educational materials have been developed that can be utilized by foster care certifiers and child welfare around ERDC eligibility.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

Coordination Goals: The goal of this coordination is to better enhance and align comprehensive services to children and families. The Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA) are responsible for Medicaid and the state Children's Health Insurance Program. Processes: OHA is represented on the Early Learning Council and has joint goals in the *Raise Up Oregon* system plan Child care policy goals are also embedded in the State's Health Improvement Plan. The Early Learning Division is working with statewide Coordinated Care Organizations to identify vulnerable children and families and connect them to high-quality child care and other early learning programs. Results: The Oregon Health Authority is developing an incentive metric for Coordinated Care Organizations focused on improving the social-emotional health of children under the age of six. An integrated model for developing referral and wraparound services for children is being piloted in local communities targeted to children's specific social and health needs.

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

Coordination Goals: Ensure the full spectrum of mental health supports for young children through work of the Lead Agency and the Oregon Health Authority. Processes: The Oregon Health Authority is responsible for mental health. The Lead Agency coordinates with infant/child mental health staff to provide resources and technical

assistance support to the Child Care Resource and Referral system. The Oregon Health Authority is also involved in the coordination for the development of an Infant and Early Childhood Mental Health Consultation model to serve as a resource for early care and education programs seeking support to best serve children. The Oregon Health Authority serves on the steering committee, along with the Early Learning Division and other community partner organizations, that is guiding the development of this model. Results: Oregon has an infant mental health endorsement to recognize and document the development of infant and family professionals across the continuum of infant-toddler service providers. With the passage of new legislation to authorize the creation of early childhood mental health consultation for child care and early learning, and to assure appropriate coordination with OHA, the current result is intensive planning for implementation of the services authorized and funded with the new legislation.

xv. [Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:](#)

Coordination Goals: Use of these systems to support parents as well as providers in accessing services they need. Processes: The Lead Agency funds a comprehensive Child Care Resource and Referral system including 211info and an early childhood education training and professional development system. The partners within the CCRR system coordinate with the Early Learning Division and other partners to ensure that parents have access to updated information on child care, that child care providers receive timely information on changes to child care licensing rules, and that providers have access to support for quality improvements. The Lead Agency hosts bi-weekly calls with the partners in the Child Care Resource and Referral system to facilitate this coordination. Results: Parents have a 211 system to gain information and support access to child care services, and providers have timely information on changes to child care licensing and support for quality improvement services.

xvi. [Statewide afterschool network or other coordinating entity for out-of-school time care \(if applicable\). Describe the coordination goals, processes, and results:](#)

Coordination Goals: Support an afterschool network that advances work on connections of partners, supporting policy, and providing professional development. Processes: The Lead Agency provides OregonASK with CCDF Discretionary funds as a match for a Charles Stewart Mott Foundation grant. OregonASK is a collaboration of public and

private organizations and community members seeking to address common issues and concerns across all expanded learning areas. The combined funds support OregonASK, the statewide afterschool network, to create more high-quality expanded learning opportunities through connecting partners, supporting policy change, and providing professional development. To accomplish this, OregonASK convenes a quarterly meeting for expanded learning providers and partners; provides direct training, technical assistance, and coaching opportunities (including an annual conference) to afterschool and summer programs; actively participates in the statewide STEM Council (science, technology, engineering, math); represents and advocates for the school-age expanded learning workforce at statewide meetings; and provides educational materials to statewide and national policymakers. Results: Advances in connections, policy and professional development through the processes described above. Based on feedback from this collaboration the Lead Agency is developing a child care licensing rule set for school-age care that addresses the specific needs of this age group.

**xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:**

Coordination Goals: The State Office of Emergency Management, working closely with the Public Health Division of the Oregon Health Authority, is the entity responsible for coordination of emergency preparedness and response in Oregon. The Early Learning Division coordinates with the Office of Emergency Management to improve the quality of child care services by providing guidance on the statewide early learning emergency preparedness and response plan and to coordinate efforts with local emergency management personnel to better prepare early learning programs in the event of man-made or natural disaster. Processes: The Lead Agency develops a Continuation of Operations Plans that includes how coordination with the State Office of Emergency Management will operate during an emergency. Results: Effective coordination has occurred between the Lead Agency and Oregon's statewide emergency public agencies through ELD contribution to the statewide emergency plan.

**1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).**

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

Coordination Goals: Oregon Department of Human Services works with Head Start grantees to contract with child care providers participating in the Early Head Start Child Care Partnerships and full-day, full-year Head Start programs to provide high-quality and stable child care to infants, toddlers and preschool children. Processes: Administrative processes that ensure EHS CC partnership agencies are part of the both the state subsidy program and the EHS CC partnership. Results: Successful implementation of EHS CC partnerships in Oregon.

ii. State/territory institutions for higher education, including community colleges

Describe

Coordination Goals: To facilitate access to credential and degree pathways. The Lead Agency has been working with the HECC to ensure great access for the early learning workforce to credential and degree pathways. Processes: Higher Education Coordinating Council (HECC) is a [14-member volunteer commission](#) appointed by the Oregon Governor, with nine voting members confirmed by the State Senate. The Commission develops and implements policies and programs to ensure that Oregon's network of colleges, universities, workforce development initiatives and pre-college outreach programs are well-coordinated to foster student success. The HECC is the primary state entity responsible for ensuring pathways to postsecondary education success for Oregonians statewide, and serves as a convener of institutions and partners working across the public and private higher education arena. The Director of the HECC serves along with the Early Learning System Director as a member of the Governor's Education Cabinet. Results: Oregon has had two successful efforts to ensure early learning professionals, particularly those from minority racial and ethnic groups and individuals who speak English as a second language, are offered supports proven to help students succeed. The Early Learning Professional Development Consortium grant funded by Oregon Department of Education's Network of Quality Teaching and Learning, two consortiums in Southern Oregon and Central Oregon have implemented strategies to connect the Early Learning Workforce with college

credentials, degrees and certificates.

- iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.

Describe

N/A

- iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

Coordination Goals: To assure coordination across the multiple home visiting programs in Oregon, some of which are operated through the Oregon Health Authority and one through the Lead Agency. Processes: The Public Health Division of the Oregon Health Authority implements the Maternal and Child Home Visiting Program, and a representative serves on the Early Learning Council. The Maternal and Child Health Director of the Public Health Division serves as a member of the Raise Up Oregon Agency Implementation Coordination Team. The Lead Agency works with the Public Health Division to ensure coordination across Oregon's home visiting programs, including the programs administered by the Lead Agency. Results: The Oregon Health Authority is in the process of implementing a new Universally Offered Home Visiting Program for the parents of all newborn children. In addition to providing support for parents of newborn children, this program will also screen families for additional needs and refer families to additional services, including the more intensive home visiting services provided by through MIECHV. All of Oregon's home visiting programs are represented on the steering committee for Universally Offered Home Visiting.

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

N/A

- vi. State/territory agency responsible for child welfare.

Describe

Coordination Goals: Coordination includes referrals to CCDF subsidy programs for

certain categories of families involved in protective services when the ERDC reservation list is in effect. Processes: Oregon Department of Human Services - Child Welfare is responsible for child welfare services and the referral pathways were developed in coordination with the ERDC programs. Results: The referrals allow families to access child care subsidy when the care is needed in order to allow a child to remain in the home with their parent, to be placed with a known relative or to be returned home to their parent. The Lead Agency conducts tandem investigations with local child welfare staff for child care facilities where concerns or complaints related to child abuse are presented.

[vii. Provider groups or associations.](#)

[Describe](#)

Coordination Goals: To work effectively with providers to support their work in the delivery of affordable, equitable, quality child care services. Processes: Licensed Family Child Care Providers are represented by AFSCME and licensed-exempt providers serving families using child care assistance by SEIU. The Lead Agency has collective bargaining agreements with both unions, and has regular meetings with both unions to address challenges. The Lead Agency work with the union partners to ensure that information about changes in licensing or opportunities for providers are shared with their members. Child care resource and referral programs work closely with their local child care provider groups and associations and provide training, technical assistance as necessary. The Early Learning Council includes a provider representative among its 8 members. The Early Learning Division routinely includes providers in its Rulemaking Advisory Committees and consults with providers in the development of its programs and services. Results: Multiple methods to serve providers and to partner with them in the development of programming and policy.

[viii. Parent groups or organizations.](#)

[Describe](#)

Coordination Goals: To ensure effective parent education services are available.

Processes: The philanthropic community has invested about \$12.7 million in both parenting education programs and infrastructure to deliver them through community-based programs. The agency in partnership with the Oregon Parenting Education Collaborative support the ongoing establishment, expansion and sustainability of

community-based parenting education programs that deliver evidence-based, culturally, and linguistically specific parenting education programs to families. Results: Public and privately funded effort, now that OPEC receives public resources, to provide support for families that is evidence-based, culturally and linguistically specific for families. These efforts are advancing a statewide training technical assistance center to support parent involvement and the development of early learning parent councils, further advancing parent voice and advocacy for their child's education pathway and to support parent participation in state-level decision-making.

ix. Other.

Describe

N/A

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space,

equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start - Child Care Partnerships:

[https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)

).

### 1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

1) Combine is defined as a Head Start, Early Head Start or Early Head Start Child Care Partnership programs accessing CCDF funds in addition to other federal funds to provide full-day, full-year child care services and wrap around services. 2) Student Success Act State Funds added to the Professional Learning CCDF to support state funded preschool programs through coaching, mentoring, consultation, and professional development to improve quality.

b) Which funds you will combine

Oregon combines 1) federal Head Start and/or Early Head Start funds with CCDF mandatory or discretionary funds and 2) Student Success Act Funds for professional learning with CCDF mandatory or discretionary funds.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

The purpose and outcomes of the combined funds are: 1) Offer full-time child care services for working families; Improve the supply of full-time, high-quality child care services for eligible Head Start families; Allow families access to back-up child care services when Head Start programs are not operating; Provide child care funding in order for Head Start federal funds to support the enhanced services needed for



children and families; and 2) provide continuous quality improvement opportunities through child care resource and referral programs for state funded preschool programs to develop the supply of quality care for children and families experiencing low-income; provide relationship-based professional development, consultation and technical assistance opportunities to program administration; provide relationship-based professional development, coaching and other cohort and focused child care network opportunities to teachers and instructional leaders.

**d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?**

The Oregon Department of Human Services contracts with a limited number of Head Start and Early Head Start grantees by providing funding at a full-time center child care rate for children enrolled in full-day, full-year programs. Student Success Act funding for Professional Learning activities are added to the regional child care resource and referral organizations' contracts to hire additional qualified staff to provide relationship based professional development to publicly funded preschool programs' administrators and teachers.

**e) How are the funds tracked and method of oversight**

Policy and operations analysts from the Oregon Department of Human Services administer contracts with Head Start and Early Head Start, provider tracking and oversight of contract requirements to ensure outcomes are met. The Lead Agency's program and contract administrators provide contract oversight, monitoring and technical support to child care resource & referral organizations to ensure proper use of funds.

**1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?**

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
  - i. If checked, identify the source of funds:  
State General Revenue funds are used to meet the CCDF matching fund requirement.
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
  - i. If checked, are those funds:
    - A. Donated directly to the State?
    - B. Donated to a separate entity(ies) designated to receive private donated funds?
  - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:  
N/A
- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent): 30%

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

The Lead Agency licenses or administers state funded PreK programs. All programs and staff are connected to Oregon's career lattice system through the Oregon Registry to document career pathway achievements for all early learning professionals, and serves as a registry for tracking early educator professional development activities in the core knowledge categories.

1. ODHS contracts with Oregon Prekindergarten programs to provide extended day and extended year services to meet the needs for working families. This collaboration between child care assistance and Oregon Prekindergarten is described in the Interagency Agency Agreement between the Lead Agency and ODHS. Collaboration between child care assistance and Oregon Prekindergarten programs are addressed when needed at the weekly meetings between the Lead Agency and ODHS staff.

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

The Lead Agency administers the state funded Prekindergarten programs Preschool Promise and Oregon Head Start Prekindergarten (OPK). By rule, Preschool Promise providers are required to take into consideration the scheduling needs of working families who need full-time services. Preschool Promise offers a minimum of 6 hours of service per day and are encouraged to provide wrap-around care through private pay, child care assistance, or other programs. Oregon Head Start Prekindergarten programs are required to involve parents in decisions related to hour of service delivery, days in a week, and service calendar. Recent state investments in OPK have allowed more programs to offer full-day options.

e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

The Lead Agency did not reduce its level of effort in Prekindergarten program pursuant to 98.55(h)(a) and 98.15(a)(6). In fact, during the 2019 Legislative Session, Oregon made additional investment in Prekindergarten with the passage of the

Student Success Act.

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

To better meet the needs of working families, Oregon enhanced its Oregon Prekindergarten (OPK) program to include full-day preschool services and expanded its other full-day prekindergarten program, Preschool Promise. Many of the sites and/or providers offer wrap-around or evening child care services through ERDC contracts.

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent): 20%

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

Oregon's Preschool Promise is a mixed delivery preschool model that expands preK services to families within and outside of the Head Start system. The model expands the availability of quality child care to families who choose care in a variety of child care settings and makes investments in non-Head Start programs to increase quality to align with Head Start standards.

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements? N/A

## 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals

of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

**1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.**

Oregon has developed a model for partnering with public and private entities, tribes, and faith-based organizations to leverage service delivery systems for early care and education services:

- Oregon has 16 Early Learning Hubs, each with its own governing body, and sponsored by regional partners including counties, cities, school districts, education service districts. The Early Learning Hubs locally leverage philanthropic and business leaders, as well as nonprofit partners, to expand services to children and families such as professional development for early educators, developmental screening, and kindergarten transition.
- The Oregon Community Foundation supports a number of early care and education efforts statewide. Among those activities are scholarship funds for training and college education for the early learning workforce. Oregon Community Foundation works in tandem with the Early Learning Division to increase the availability of diverse early learning trainers statewide.
- The Ford Family Foundation funds the Southern Oregon Early Learning Professional Development Consortium as a pilot project in Coos, Curry, Douglas, Jackson, Josephine, Klamath, and Lake Counties. This project supports cohorts of early educators in obtaining higher education credentials, certificates and degrees through a collaborative partnership among the region's four community colleges, three child care resource and referral organizations, and one university. The child care resource and referral programs provide relationship-based professional development as navigators and the colleges offer classes that are convenient, affordable, culturally and linguistically responsive, and accessible for the early educators active in the profession.
- For school-age care, the CCDF investment leverages a broad array of partnerships to support school-age care professionals and children under 13 receiving child care subsidies. The funds provided to Oregon ASK match Mott grant funds to support Oregon ASK as the designated State Afterschool Network. In addition, OregonASK is the Oregon affiliate of the National Afterschool Association supporting professionalism in the afterschool workforce. The third national designation is the Oregon Girls Collaborative, the area of focus for this is girls and underrepresented children of color in STEM Education. These designations provide funding opportunities and leverage for special projects and initiatives. Examples include funds from the STEM Next Foundation for the

Million Girl Moonshot project, and the National League of Cities (Reimagine report) and the National Conference of State Legislatures (new summer data). This past year OregonASK has produced several important documents: [State of Access and Equity of Afterschool in Oregon](#), [Reimagine Oregon](#) a report on recovery with four of the nine workforce investment boards and an [Afterschool Return on Investment](#). In addition, under contract with ELD OregonASK created conversations across the state for emergency preparedness. OregonASK provided two online multi-state conferences, facilitated calls for the governor's office and hundreds of providers during the pandemic and worked with the federally funded 21stcclc programs. Oregon ASK also partners with hundreds of individuals and organizations through a partner committee designed to convene all entities involved with creating successful opportunities for school-aged children in out-of-school activities.

- The Portland Children's Levy (grant to Child Care Resource and Referral of Multnomah) increases accessibility to quality child care for parents by awarding additional subsidy for low income working parents and by increasing the quality of child care through business technical assistance and early childhood consultation. Preschool for All (PFA) will give three- and four-year-olds in Multnomah County (home to the City of Portland) access to free, high-quality, developmentally appropriate, culturally responsive preschool experiences. The Lead Agency is working with Multnomah County to ensure coordination between Preschool for All and the other state-funded early care and education programs and resources.
- A number of public-private partnerships also focused on providing resources and supports to providers during the COVID-19 pandemic. In Douglas County, The Ford Family Foundation funded PPE supplies for early educators and worked in partnership with the South Central Child Care Resource & Referral agency to deliver them in non-contact methods. Nike provided funds for PPE and cleaning supplies to early educators in Umatilla, Morrow and Union Counties and partnered with the Blue Mountain Child Care Resource & Referral to distribute them.

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

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

### 1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

The Oregon child care resource and referral system is funded by CCDF through the Lead Agency contracts with statewide and local organizations. It is comprised of fifteen (15) local regional child care resource and referral programs assigned to service delivery areas, and one central coordination agency - The Research Institute at Western Oregon University, Portland State University's Oregon Center for Career Development and 211info, the child care referral call center. This partnership provides: child care referrals to parents seeking child care; recruitment, training, professional development and retention of child care providers; and collection, reporting, maintenance and administration of data related to child care. 211info provides child care referrals, consumer education information on quality child care, and consultation for parents seeking child care. The local child care resource and referral agencies recruit child care providers aligned with the Early Learning Hubs Early Care and Education Sector Plans in accordance with each community's identified needs for serving vulnerable populations. Child care resource and referrals provide training and technical assistance for existing and prospective child care providers, and promote retention and supply building through supports to the early childhood education workforce. These supports include training, coaching, mentoring, consulting and advising on professional development and child care business strategies. The child care resource and referral programs deliver training required to meet state and federal regulations. The programs also support ongoing professional development efforts for continuous quality improvement including assisting child care programs to meet licensing and Spark (Oregon's Quality Rating and Improvement System) standards and implementing focused child care networks that provide education and one-on-one consultation to participating programs to embed learning into practice. Child care resource and referrals are a part of our statewide coaching system providing coaching to Preschool Promise programs in each region. Coaching and consultation services



are provided to all publicly funded Preschool Promise programs through each child care resource and referral with dedicated staff in Quality Improvement Specialist and Quality Coach positions. Each child care resource and referral also has at least one full-time Infant Toddler Specialist working with early care and education programs to increase the quality of care for infants and toddlers in the mixed delivery system. The Research Institute provides support for the child care resource and referral system through coordination of state trainings and providing technical assistance to system partners. Central coordination maintains and administers the Find Child Care Oregon database and provides quarterly reports on the supply and demand for child care services both regionally and in the state. The Oregon Center for Career Development administers Oregon's career lattice, the Oregon Registry. The 15 local child care resource and referral agencies work regionally in partnership with their Early Learning Hub to increase quality of the workforce through advancement in Oregon's career lattice system, the Oregon Registry, and to obtain Spark rating. Two shared measurements between the local child care resource and referral and Early Learning Hubs are increasing number of providers with Spark rating and increasing number of children receiving subsidies in a Spark rated program. 211info is the centralized child care referral call center and is responsible for responding to parents seeking child care that best meets their children's needs. Child care resource and referral programs update the child care provider data in Find Child Care Oregon so that the data that 211info uses for referrals is accurate and up-to-date. Two child care teams at 211info work together to provide quality referrals for parents and include community referrals from the 211info general database, which holds over 30,000 community services. Parents calling for child care referrals can also access community referrals such as WIC, SNAP, health care, housing, etc. dependent on their needs. All parents also receive eligibility information about child care subsidies and how to access them. 211info collects information on referrals for children with special needs to other services, including Section 619 and Part C of the Individuals with Disabilities Education Act. Child care referrals are accessed in a variety of ways. 211info child care consultants are available Monday - Friday, 7:00 am - 11:00 pm and Saturday - Sunday, 8:00 am - 8:00 pm and can respond to calls, emails and texts. Two types of referrals are provided based on parent needs: basic and enhanced. Basic referrals include a minimum of three provider information summaries, consumer education on quality child care and a disclaimer informing parents that provider profiles are referrals and not recommendations. Parents also receive the Early Learning Division's Office of

Child Care phone number and links to the parent safety portal on the Early Learning Division website for researching licensing compliance and complaint information, and information on child care subsidies. Provider information summaries list hours, program attributes, ages and ranges of children served, and other pertinent data. Consumer education includes current research-based quality indicators, an interview checklist for quality, and the types of child care options. Enhanced referrals include a basic referral plus additional information based on the parent's needs. They require more time than basic referrals and support parents in accessing other community services such as WIC, SNAP, housing health care, and TANF. Enhanced referrals apply a comprehensive and holistic approach in assisting parents find child care and other services as needed. The 211info child care team and the local child care resource and referral programs work together to support early care and education providers and parents. Following the no wrong door approach, parents calling the local child care resource and referral programs for child care referrals continue to receive services and then are referred to 211info for any subsequent referrals. The Oregon Center for Career Development manages the state's professional development system which includes the Oregon Registry Online (the professional development database), the Oregon Registry (the career lattice), the Oregon Registry Trainer Program, and scholarships and incentive payments to the workforce. The Research Institute provides central coordination for child care resource and referral programs including communication, technical assistance, and data services to the partners. In addition, The Research Institute administers Spark (Oregon's QRIS), and provides significant technical assistance to all parts of the child care resource and referral system.

## [1.8 Disaster Preparedness and Response Plan](#)

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T.

Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

**1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)**

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

Added content related to the coordination of emergency related activities and collaboration with partner organizations. Added 211info; 211info helps to refer families to available child care options in their area. 211info offers this information in a variety of methods (text, phone, website, etc.). Parents can learn of multiple disaster resources available at the time they seek child care info as well. Added info about Oregon's 2 Week Ready Campaign designed to learn about Oregon's emergency readiness in child care and after school programs and the systems that support them. Included updates to Oregon's Emergency Background checks and Emergency Child Care Facility process. Updated the Early Learning Division's role in coordinating provisions of resources to early learning programs during a state of emergency. Updated the appendix section to include updated contact information.

**1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.**

a. The plan was developed in collaboration with the following required entities:

i. State human services agency

- ii. State emergency management agency
- iii. State licensing agency
- iv. State health department or public health department
- v. Local and state child care resource and referral agencies
- vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
  - i. Procedures for evacuation
  - ii. Procedures for relocation
  - iii. Procedures for shelter-in-place
  - iv. Procedures for communication and reunification with families
  - v. Procedures for continuity of operations
  - vi. Procedures for accommodations of infants and toddlers
  - vii. Procedures for accommodations of children with disabilities
  - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

**1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:**

<https://oregonearlylearning.com/wp-content/uploads/2021/06/Oregon-Early-Learning-Division-Emergency-Preparedness-and-Response-Plan-2021-accessible.pdf>

## 2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

## 2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

### **2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.**

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

Google translate service instantly translates web pages to languages other than English. Statewide, agencies and contractors access the Language Line to provide information to families whose home language is not English.

**2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.**

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

N/A

**2.2 Parental Complaint Process**

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

**2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:**

The Lead Agency's customer service line is staffed by agency personnel during working hours and available to the public to report complaints related to child care facilities or individuals associated with the facility. The customer service line is available 24/7, and the public may leave messages outside of normal business hours, or request to remain anonymous. Following is the online link for submitting a complaint:

<https://oregonearlylearning.com/parents-families/making-a-complaint/>

**2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:**

When the Lead Agency receives a complaint on a licensed child care facility, the process calls for an onsite investigation within three business days. Licensing staff are assigned a complaint visit, which they conduct unannounced at the child care facility. The licensing staff review records, interview staff and review all partner agency reports before assigning a visit finding of "valid," "invalid" or "unable to substantiate." After the finding is assigned, agency management will decide whether additional monitoring or legal actions are appropriate. Most complaints receive a compliance verification monitoring visit. A complaint filed with the Oregon Department of Human Services (ODHS) on a license-exempt provider who receives CCDF is referred to the Early Learning Division Office of Child Care when there is a health or safety concern. The licensing specialist follows the same procedure with additional cross-report of findings results to the ODHS.

Complaints are received by ODHS Child Care Policy unit from various sources including the Direct Pay Unit (billing and payment processing unit for the ODHS child care subsidies), Child Welfare and Office of Child Care. Some complaints are generated internally by



reviewing reports of providers who are potentially over the legal number of children based on payment history or cross matches with provider information and Child Welfare records. The over-number reports are processed monthly and the Child Welfare records are reviewed weekly.

Reports including child safety concerns are reviewed immediately, within one business day of receipt to ODHS Child Care Policy Unit. Any report of child safety concerns or neglect that did not originate from Child Welfare are reported to Child Welfare immediately, within one business day of receipt to ODHS Child Care Policy Unit. Child Welfare investigates and responds accordingly, sometimes including site visits. Reports of billing and payment or record-keeping concerns are referred to the ODHS provider specialist who conduct site visits statewide to review billing and payment policies and offer best practices for subsidy providers. Providers with no current subsidy families receive a note on the provider database not to connect new subsidy families without a review. When subsidy families are actively connected to the provider, an analysis is completed of all documentation available, including record reviews and interviews. When Child Welfare investigations are pending, the Child Care Policy Unit will speak to the assigned worker throughout the investigation and will evaluate the situation for potential risks.

Because ODHS listing requirements are not identical to licensing requirements, there may be times where ODHS takes different enforcement action from the Lead Agency in regards to a provider serving child care assistance families. For example, if a provider refused to allow ODHS to conduct a site visit, this could result in a suspension as an ERDC provider where it would not impact the providers licensure. ODHS views a temporary suspension of subsidy payment to be less severe than termination of a child care provider's license. Not all ODHS requirements could lead to a suspension. Requirements that can easily be corrected do not result in suspension. When an ODHS rule violation has occurred, the policy unit proceeds with a minimum six month suspension from subsidy care, a failure, or a Notice of Awareness. Suspensions are applied when there are clear safety risks. A failed status is used when a violation is easily corrected and can be lifted once the violation is corrected. A Notice of Awareness is used when no safety risk is established, the violation appeared to be unintentional (many times this is a failure to report contact with Child Welfare) and the provider did not realize they were in violation with ODHS rules.

ODHS provides monthly status updates on Regulated Subsidy providers to all of the CCR&Rs. CCR&Rs will temporarily mark ODHS suspended providers for non-referrals on

the Find Child Care Oregon database per the agreement that suspensions are due to a health and safety concern. Once the ODHS provider's suspension is lifted, the CCR&R is alerted and the provider is marked again for referrals.

**2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:**

All complaints are logged into the Early Learning Division Office of Child Care data management system under the licensing record of the child care facility. Agency staff assign complaint visits to investigative specialist staff within the system, and investigative specialist staff report their findings within the system. Substantiated parent complaints are issued "valid" findings and the data management system maintains the records. Valid complaint findings are posted on the agency child care safety portal.

At the Oregon Department of Human Services (ODHS), all complaints are logged and electronic files are held in the shared Program Integrity drive. Supporting documentation is scanned and maintained with the electronic file. Notes are entered onto the first page of the Provider Master screen by individual provider number. Substantiated complaints resulting in the provider being placed in a suspended or failed status are recorded in the Provider Status Tracking System. This system tracks failed and suspended providers within ODHS including providers for Aging and People with Disabilities, Intellectual and Developmental Disabilities and Self-Sufficiency Programs.

**2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:**

Information on substantiated parent complaints are made available to the public on the Early

Learning Divison’s online child care safety portal. All complaints in which the finding result is valid are reported to the public via the Division’s website or by telephone for a period of ten years. All findings that are unable to substantiate are reported on the web and by phone for a period of two years. No invalid complaints are reported to the public.

**2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:**

**<https://oregonearlylearning.com/parents-families/making-a-complaint/>**

**2.3 Consumer Education Website**

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the

CCDF Plan is approved will require a CCDF Plan amendment.

**2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):**

All electronic content and multimedia posted to the Oregon Department of Education (ODE) public websites, generated by ODE web applications, and in web applications provided to ODE by a third-party vendor are designed and formatted to meet the World Wide Web Consortium's (W3C's) Web Content Accessibility Guidelines (WCAG) 2.0 Level AA and the Web Accessibility Initiative Accessible Rich Internet Applications Suite (WAI-ARIA) 1.0 for web content. Consumer-friendly elements include emphasis on plain language, minimal clicks to find information, ADA-compliant site design, and descriptive text on buttons, mobile compatibility, fast load time, and Google translate for languages. The Oregon Department of Human Services (ODHS) uses the Oregon.gov framework and is continually audited for ADA compliance as content changes are made. Content owners and program staff review materials for appropriate language level. An 8th grade reading level is the target for written materials. ODHS websites are available in English and 103 languages. The Oregon.gov website is tested and designed to be accessible by National Information Consortium USA (NICUSA), the website platform provider.

**2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):**

Google translate provides basic web page translation for the Lead Agency. In addition, all vital licensing documents are translated into four primary languages and posted to the website. The Oregon Department of Human Services parent and provider information, including consumer education and training information, is included [on the website](#). At the bottom right-hand corner of the page, the language option can be selected. There are 103 other languages available. Other outreach and consumer education information (via the following forms: Oregon Department of Human Services 0239, Oregon Department of Human

Services 8815, Oregon Department of Human Services 9863 and Oregon Department of Human Services 7485) is available online in English, Spanish, Russian, Vietnamese and Chinese at [this link](#). Families can access the Language Link for translations into 240 plus languages and dialects when necessary.

### **2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:**

The Lead Agency's and Oregon Department of Human Services's (ODHS) websites are ADA-compliant, and new content goes through accessibility evaluation. The ODHS web content is submitted to the Office of Information Systems Web Team to make website updates. The Web Team edits content and layout to ensure ADA compliance. The Web Team requests reports from National Information Consortium USA (NICUSA) listing issues to be resolved. This list is distributed to corresponding content owners for correction. The Oregon.gov framework is continually audited for ADA compliance as content changes are made. The sites are available in English and 103 other languages. The ODHS Office of Equity and Multicultural Services is responsible for service equity, ensuring ODHS programs are available to all qualified Oregonians. More information about the Office of Equity and Multicultural Services can be found [here](#).

### **2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.**

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

<https://oregonearlylearning.com/providers-educators/become-a-provider/licensed-childcare/#overview> ; <https://oregonearlylearning.com/providers-educators/become-a-provider/license-exempt-childcare/>

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

<https://oregonearlylearning.com/providers-educators/become-a-provider/licensed-childcare/#mi>

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<https://oregonearlylearning.com/providers-educators/become-a-provider/licensed-childcare/#bg>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

<https://oregonearlylearning.com/providers-educators/providers-educators/cbr/#CBRineligible>

### **2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?**

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

<https://oregonearlylearning.com/parents-families/child-care-safety-portal-overview>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

License-exempt providers must opt in to be part of the searchable list of child care providers.

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

#### All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training

- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information



- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

- i. All Licensed providers.

Describe

N/A

- ii. License-exempt CCDF center-based providers.

Describe

N/A

- iii. License-exempt CCDF family child care providers.

Describe

N/A

- iv. License-exempt, non-CCDF providers.

Describe

N/A

- v. Relative CCDF providers.

Describe

N/A

**2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.**

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.

Describe

N/A

b) For what types of providers are quality ratings or other indicators of quality available?

- i. Licensed CCDF providers.

Describe the quality information:

Spark (QRIS) rating

- ii. Licensed non-CCDF providers.

Describe the quality information:

Spark (QRIS) rating

- iii. License-exempt center-based CCDF providers.

Describe the quality information:

Spark (QRIS) rating

iv. License-exempt FCC CCDF providers.

Describe the quality information:

Spark (QRIS) rating

v. License-exempt non-CCDF providers.

Describe the quality information:

N/A

vi. Relative child care providers.

Describe the quality information:

N/A

vii. Other.

Describe

N/A

**2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).**

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must

post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

N/A

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

Licensing staff document all violations clearly on every report, including those that resulted in fatalities or serious injuries. Any valid rule violation is also prominently displayed separately as part of a provider's web profile.

- Corrective action plans taken by the state and/or child care provider.

Describe:

Corrective action is documented on the visit reports posted and/or in the observations from findings letters displayed prominently as part of the visit on a provider's portal page.

- A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

**<https://childcaresafetyportal.ode.state.or.us/portal/>**

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

The Lead Agency posts reports within a month of the inspection or monitoring visit.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

Plain language is defined as language that is clear and easy to understand without unnecessarily difficult words and free from jargon. The Early Learning Division Child Care Safety Portal provides an opportunity for feedback:

<https://oregonearlylearning.com/parents-families/childcare-safetyportal#safetyportal>

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

The Child Care Safety Portal prominently displays all inspection results, all non-compliance findings, all valid and unable to substantiate complaint findings, civil penalties, emergency suspensions, and other legal action history. These items are provided clearly in list format as part of each provider's webpage in the portal. There is also a separate location in the header section of each provider's webpage that provides the count of any child fatalities that may have occurred at the child care facility. Monitoring and inspection reports are posted for all visits, either by displaying a scanned PDF, effective 12/30/2019, or by displaying prominently on the provider's webpage observations and findings information from any complaint findings letters sent to providers for valid or unable to substantiate health and safety violations.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

Administrative inaccuracies discovered are corrected by the agency. A verification of the

corrected report is sent to the provider in a superseding letter. The provider may seek to challenge the changes through the agency's findings review process. The process for correcting inaccuracies is outlined in the compliance letter sent to the facility following complaint or monitoring visit. Providers are encouraged to provide a response to any non-compliance issued. The responses are posted on the safety portal.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

-- removal of any violations from the website determined on appeal to be unfounded.

Providers have a right to review any action of decision affecting them. The findings review process is outlined in child care rule. Any child care facility may initiate a first level finding review by submitting a request within 30 days of the compliance letter date. The first level review panel consists of Regional Managers and the Investigations Manager. The panel will review materials submitted by the provider as well as relevant agency records. A written decision is issued by the first level review panel and can uphold or change any of the findings.

If the provider is not satisfied with the result of the first level findings review, a second level review may be requested. The request must be made in writing within 15 calendar days of the date of decision letter sent by the first level review panel. The second level review panel consists of the Field Operations Director and the Legal and Enforcement Director. In addition to submitting written materials, the provider may choose to present their arguments to the panel in person (pre-pandemic) or via telephone.

If the finding is changed by the first or second level review process, it is changed in our data system which then updates our Child Care Safety Portal. The second level review decision is the final review by the agency.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Inspection and monitoring visit history and information on valid complaints and observed non-compliances are posted for a minimum of ten years. Information on complaints resulting in a finding of "unable to substantiate" are posted for a minimum of two years. After ten or 2 years, respectively, the data systems is designed to automatically remove

the record from the website. In the event of a report posting error, Lead Agency staff communicate the error to Lead Agency data staff via email and Lead Agency data staff have the ability to remove the report from the website.

**2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.**

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Licensed child care providers are required to report serious injuries within five calendar days and deaths within 24 hours to the Early Learning Division Office of Child Care. The licensed facility may contact their licensing specialist by telephone or email, or make notification to Salem Central Office. Regulated subsidy providers may contact their licensing specialist, the Office of Child Care Central Office or the Oregon Department of Human Services to report serious injuries or deaths. Child Care injuries and deaths reported to the Oregon Department of Human Services are cross-reported to the Early Learning Division Office of Child Care (Lead Agency) to ensure all instances are posted to the web.

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

The Lead Agency uses the Oregon Department of Human Services definition of "founded child abuse"; the definition of "founded" means there is reasonable cause to believe child abuse or neglect occurred.

iii. The definition of "serious injury" used by the Lead Agency for this requirement.

Serious injury means any of the following: Injury requiring surgery; Injury requiring admission to a hospital; Choking or unexpected breathing problems; Unconsciousness; Concussion; Poisoning; Medication overdose; Broken bone; Severe head or neck injury; Chemical contact in eyes, mouth, skin, inhalation or ingestion; Severe burn; Allergic reaction requiring administration of Epi-Pen; Severe bleeding; Shock or confused state; Near-drowning.

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

**<https://oregonearlylearning.com/parents-families/aggregated-reports/>**

**2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:**



<https://oregonearlylearning.com/parents-families/find-child-care-programs/>. The Parents & Families page of the Early Learning Division Website has a direct link to child care referrals under “Find Child Care.” This link takes a consumer directly to a statewide online search of child care providers or instructions for email, text and telephone contact.

**2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:**

On the “Contact Us” link, the Lead Agency provides an email address for general questions. The email is checked daily by staff and forwarded to an appropriate person for response. There is also a telephone number answered by customer service representatives during business hours and an email address for questions on the Central Background Registry.  
<https://oregonearlylearning.com/contact>.

**2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.**

<https://oregonearlylearning.com/>

## 2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care

providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

**2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.**

The Lead Agency and the Oregon Department of Human Services (ODHS) use multiple methods to share information about child care services and other programs to eligible parents, the general public and child care providers. The ODHS website provides comprehensive information for parents, partners and the public on the child care subsidy program and other financial support services such as TANF, medical and food assistance with links to other resources outside the agency. Written materials are provided at local ODHS offices. The Early Learning Division website provides a wide range of information on early learning services available throughout the state including Relief Nurseries, Head Start, Early Head Start and other state-funded programs, including Baby Promise, Preschool Promise and Oregon Pre-kindergarten programs, Vroom, Healthy Families home visiting programs, and Employment Related Day Care. 211info employs web-based referral and information, including information on child care financial assistance and all other available health- and social service-related resources. Information is available by phone or text in order to accommodate different audiences. Written materials are provided at local ODHS offices specifically designed for parents, for instance, ODHS 0239 Child Care Assistance brochure: an introductory brochure for families not yet receiving child care assistance. It includes basic information about program eligibility and developmental screenings. ODHS 9863 Making the Most of Your Child Care Assistance brochure: for families who are already eligible for the Employment Related Day Care subsidy program offering information about developmental screenings and coverage of child care during authorized work search periods after a job loss, medical leave and student hours for working parents. ODHS 8815 Tips for Choosing Your Child Care Provider sheet: for new and current subsidy families, an easy to follow check list including sample interview questions, observable signs of quality, referral

and Spark (Quality Rating and Improvement System) information. ODHS 7485 Need a Child Care Provider flyer: for new and current subsidy families, explains the benefit of using a provider who is already listed and approved for payment by the ODHS. The Find Child Care Oregon child care database's online search includes information on quality child care indicators, how to look for them and quality checklists when searching for child care. Families applying for benefits with ODHS have the option of choosing from a variety of different safety net programs, and child care is one of the options listed. Families are evaluated for the types of child care subsidies they may qualify for, including ERDC, TANF-related child care, Head Start and Early Head Start contracted slots, Teen Parent contracted slots and Substance Use Disorder related child care. Families applying for SNAP benefits who report an out-of-pocket child care cost are also given information about the Employment Related Day Care program when discussing their benefits with their ODHS worker or interviewing for SNAP benefits.

**2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.**

a. Temporary Assistance for Needy Families program:

Families seeking information on child care are also provided information on TANF. Oregon's child care referrals are conducted primarily through 211info. 211info Child Care provides comprehensive resource and referral information through texts, emails, mail and by telephone. Child care referrals include information on Temporary Assistance for Needy Families Program if the parents' responses demonstrate, interest, the need and possible eligibility. The information is provided verbally if during a phone call and followed up by text, email or mail with attachments and web links that describe TANF services. TANF contact information, information on intake procedures, eligibility, and documents needed to submit an application are sent to the parents. While child care referrals are primarily conducted through 211info, parents will

occasionally call their local Child Care Resource & Referral Agency for child care. The staff respond to referrals following the no-wrong door agreement, and provide the same comprehensive referral services described above. Parents can also seek child care using Find Child Care Oregon website, Oregon's online child care search engine. This site includes links to Oregon Department of Human Services Employment Related Day Care services.

**b. [Head Start and Early Head Start programs:](#)**

211info Child Care provides Head Start and Early Head Start contact information via email, text, mail and telephone on Head Start and Early Head Start Programs to families seeking child care. Parents call, text or email 211info Child Care or do an online web search looking for child care using Find Child Care Oregon website, Oregon's website for online child care searches. 211info Child Care Consultants respond to parents by gathering information on their child care needs. The inquiries screen for possible eligibility for Head Start and Early Head Start. These programs, their service descriptions, contact numbers, information on intake procedures, eligibility, fees if any and documents needed to submit an application are included in referrals for families with young children needing the type of care offered by Head Start and Early Head Start. When parents call their local Child Care Resource & Referral Agency seeking child care, staff provide the same comprehensive referral services described above. Find Child Care Oregon website sorts according to the needs entered by parents and includes type of care, such as Head Start, Early Head Start and other publically funded child care programs. Head Start and Early Head Start programs can include their website links when they enroll in Find Child Care Oregon; these website links are included in their profiles seen by parents. Flyers are provided for Oregon Department of Human Services benefit eligibility workers with Head Start contact information and income limits. These are posted in branch office lobbies and in client interview areas.

**c. [Low Income Home Energy Assistance Program \(LIHEAP\):](#)**

211info Child Care provides information to parents seeking child care about LIHEAP. 211info provides comprehensive resource and referral information through texts, emails, mail and by telephone. Parents seeking child care call 211info Child Care and consultants respond to their requests by gathering information on their child care

needs. Open inquiry questions include screening for other needs, such as housing, employment, utility assistance, food, health care, transportation, etc. Child care referrals include information on Low Income Home Energy Assistance Program dependent upon parents' needs, interests and possible eligibility. The information is provided verbally if during a phone call and followed up by text, email or mail with attachments, web links that describe LIHEAP services, contact information, information on intake procedures, eligibility, and documents needed to submit an application are sent to the parents. When parents call their local Child Care Resource & Referral Agency seeking child care, staff provide the same comprehensive referral services described above. Additionally, the Oregon Department of Human Services provides information and application to families through direct contact and website.

**d. Supplemental Nutrition Assistance Programs (SNAP) Program:**

211info provides comprehensive resource information via website search engine and by telephone. The referral includes service descriptions, contact information, information on intake procedures, eligibility, and documents needed to submit an application. Oregon Department of Human Services applications include options for families to apply for multiple programs at one time. The ERDC reapplication form is combined with a SNAP application for benefits and allows application for SNAP benefits. During eligibility interviews workers will review current benefits with the family and offer to review eligibility for other potential benefits, including SNAP.

**e. Women, Infants, and Children Program (WIC) program:**

Families seeking child care referrals through 211info are also provided information on WIC. 211info Child Care provides comprehensive resource and referral information via text, emails, mail and by telephone. Parents seeking child care call 211info Child Care and consultants respond to their requests by gathering information on their child care needs. Open inquiry questions include screening for other needs, such as housing, employment, utility assistance, food, health care, transportation, etc. Child care referrals include information on Special Supplemental Nutrition Program for Women, Infants and Children dependent upon parents' needs, interests and possible eligibility. The information is provided verbally if during a phone call and followed up by text, email or mail with attachments, web links that describe WIC services, contact information, information on intake procedures, eligibility, and documents needed to

submit an application are sent to the parents. When parents call their local Child Care Resource & Referral Agency seeking child care, staff provide the same comprehensive referral services described above. Additionally, the Oregon Department of Human Services provides information and application to families through direct contact and website.

[f. Child and Adult Care Food Program\(CACFP\):](#)

The child care resource and referral programs provide information on the Child and Adult Care Food Program sponsors. Each CACFP sponsor in the state is a grantee that is administering the USDA food program reimbursements to child care providers and monitoring their compliance with proper meal preparation and documentation. These sponsor organizations support, train and guide child care programs in utilizing the Child and Adult Care Food Program, to certified, registered and regulated subsidy family based child care providers.

[g. Medicaid and Children's Health Insurance Program \(CHIP\):](#)

211info provides comprehensive resource information via website search engine and by telephone. The referral includes service descriptions, contact information, information on intake procedures, eligibility, and documents needed to submit an application.

[h. Programs carried out under IDEA Part B, Section 619 and Part C:](#)

211 provides parents with information on services carried out under IDEA Part, Section 619 and Part C. 211info Child Care Referral team provides comprehensive child care referrals via the Find Child Care Oregon website search engine, calls, texts and emails. The referral process includes gathering information on parent's and children's child care needs, any special needs to consider, subsidy options and other community services that the family may need. The team will then search for child care providers who most closely meet the family's criteria and will also connect them to any other services that have been identified, including Early Intervention/Early Childhood Special Education contacts. The 211info Child Care Referral Team also provides parents with information about Inclusive Partners, a statewide program that supports connecting parents to child care providers who have received specialized training for special needs children and assesses the child care provider's environment to

determine if a higher rate is needed to support the child's care. The child care provider is also offered additional consultation and technical assistance. An additional resource the 211info Child Care Referral Team provides parents is Oregon Family to Family Resource Center, a federally funded Resource Center in Oregon Health & Sciences University, that support families and their children with special needs. In order to stay up to date on all of the resources, the 211info Child Care Referral team receives quarterly training from both Inclusive Partners and Oregon Family to Family Resource Center.

**2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:**

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - parents
  - providers
  - the general public
- any partners in providing this information

**Description:**

The Early Learning Division (Lead Agency) has a strong partnership with the Maternal and Child Health section of the Oregon Health Authority (OHA) who has strategic initiatives to educate parents, the general public, providers and other stakeholders on child development. The Lead Agency also relies on the child care resource and referral system and the Early Learning Hubs to make information about best practices in child development available. Lead Agency coordinates with the Maternal and Child Health section of OHA and the child

care resource and referral programs to make information and research on healthy eating and physical activity available to parents and providers. Lead Agency contracts and/or partners with the following entities to make information about research and best practice in child development available: the child care resource and referral system, Oregon ASK, Early Learning Hubs, OHA, The Research Institute at Western Oregon University – the administrator of Spark, Oregon’s Quality Rating and Improvement System, Portland State University Oregon Center for Career Development - the administrator for Oregon’s professional development system, Vroom contract sites, Oregon Department of Human Services - the administrator of Oregon’s CCDF subsidy program. The Lead Agency website provides resources directly to parents on kindergarten readiness and brain building in early learning. <https://oregonearlylearning.com/kindergarten-ready> The Lead Agency promotes a statewide network of 24 sites to share Vroom with the families they serve through existing programming and partnerships, including home visiting networks, parenting classes, therapy sessions, and more. Vroom is a national early learning initiative that turns everyday activities for parents and caregivers of children ages 0-5 into brain-building opportunities, while also building literacy, math, and cognitive abilities. Vroom consists of a collection of multi-lingual learning tools, such as a free smartphone app that include more than 1,000 such brain-building activities. In addition to these network sites, the Lead Agency has shared Vroom via a series of educational conferences, the states’ child care licensing staff, and partnerships with large statewide entities, including the OHA and WIC. Information is available to parents on the Center for Disease Control and Prevention’s Act Early campaign. Act Early helps parents track their child’s development and provides them with milestones to look for and what to do if their child isn’t meeting those milestones.

**2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include**

- what information is provided,



- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

#### Description:

Oregon's Early Learning Hub system brings together early learning providers, K-12 education, healthcare providers, human and social services, local businesses, and parents and families to allow the development of a system to best meet the needs of children and families in each community. The Hubs make information on social emotional/behavioral mental health and intervention supports available to parents through direct referrals to partners who provide services. This includes early childhood mental health consultants, developmental screening, Head Start, home visiting, and parent education and training. Oregon offers four standardized trainings through the Child Care Resource and Referral program focused on social and emotional development available to all child care providers. The trainings are: Building Blocks for Social Emotional Development; Discovering Potential: Social and Emotional Development of School-age Children; Implementing Developmental Screening Using the Ages and Stages Questionnaire– Third Edition; Teaching Research Assistance to Child Care Providers Serving Children with Special Needs. All programs of the child care resource and referral system in the state are affiliated with the Early Learning Hubs in their regions with access to partners and county services that offer intervention supports to parents and information to child care providers. Multnomah County, the largest populated county in the state, partners with Child Care Resource and Referral Multnomah to provide direct consultation services on early childhood mental health to child care programs.

#### **2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.**

The Early Learning Division is committed to substantially reducing and preventing

suspension, expulsion and other exclusionary practices in early learning settings so that all children have access to, and success in, high quality early learning settings that support kindergarten readiness. The Lead Agency's policy statement articulates recommendations for meeting the training and resource needs to enhance parent and provider knowledge and skill in supporting children's social-emotional development. Information on training and resources are broadly distributed through partners and websites. The state requires providers caring for children receiving child care assistance to have a policy that is communicated to parents on expulsion and suspension.

Oregon Department of Human Services (ODHS) asks all providers to agree to have or develop a policy for removal and suspension of a child from the child care setting and communicate this policy to parents/caregivers. This is included on the provider listing form, the application to become an ODHS paid provider.

## 2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

### 2.5.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

The Lead Agency and the Oregon Department of Human Services (ODHS) use multiple methods to share information about child care services and other programs to parents and the general public. Developmental screening information is included in ODHS outreach materials, including the ODHS 0239 Child Care Assistance and ODHS 9863 Making the Most of Your Child Care Assistance brochures. The ODHS 0239 (recruitment brochure for new applicants) has been widely distributed to community colleges, libraries, Child Care Resource and Referral agencies, 211 Info, SNAP eligible families, the Oregon Employment Department, and other partners. The ODHS 9863 (information for families currently receiving child care benefits) has been distributed to branch offices. Child care providers receive information on conducting developmental screening through the Spark (Oregon's QRIS) process.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

In Oregon, the Oregon Health Plan covers Early and Periodic Screening, Diagnosis, and Treatment. The Early Learning Hubs in Partnership with the Oregon Health Authority provide outreach to parents and child care providers on accessing the Oregon Health Plan. The Oregon Department of Human Services makes parents aware of the Oregon Health Plan and screening services during the eligibility process. Applications and informational brochures are available in branch office lobbies and during desk side interviews.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

The Early Learning Division and the Oregon Department of Human Services (ODHS) partner closely with the Oregon Health Authority (OHA) to provide outreach and information on developmental screening. The ODHS eligibility workers are directed to provide information to families on OHA, Coordinated Care Organizations who provide developmental screening outreach and referral. ODHS 9863 Making the Most of Your Child Care Assistance brochures are also handed out as a resource to families which includes information on the importance of and how to access developmental screenings. Written materials on developmental screening are available at field offices. The ODHS application for services form has questions about family members with a disability and children with special needs. If a parent is having a difficult time finding child care for a child, the eligibility worker is directed to follow up with additional questions and make a referral to the Inclusive Child Care Program. The Inclusive Child Care Program also provides information and referral on development screening.

[https://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/ABCD/Pages/abcd\\_toolkit.aspx](https://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/ABCD/Pages/abcd_toolkit.aspx) .

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

All children in Oregon are eligible to receive developmental screening. Outreach to families and children, including CCDF families, are widespread and include the following activities: Outcome metrics for the Early Learning Hubs include increasing the number of children who receive developmental screening prior to age three. These programs make referrals to services under Section 619 and Part C of the Individuals with Disabilities Education Act. The Oregon Department of Human Services eligibility workers provide information to families on developmental screening. Oregon has an online resource option available for parents and providers on Ages and Stages Questionnaires ( <http://www.asqoregon.com/parentresources.php> ). Oregon Health Authority contracts with pediatricians in all counties to deliver screening services to children (Oregon Health Plan screening). Child care providers participating in the QRIS are trained to conduct the screening or assist parents in conducting the screening and it is a part of program standards for star rated programs to conduct screening.

e) How child care providers receive this information through training and professional development.

Child care resource and referral agencies are partners in providing information to child care providers and parents and provide Ages and Stages Questionnaires training to local providers through the Oregon Center for Career Development. This training is available in English and Spanish.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

[https://oregonearlylearning.com/form\\_sets/screening-tools-workgroup-recommendations-early-learning-council/](https://oregonearlylearning.com/form_sets/screening-tools-workgroup-recommendations-early-learning-council/)

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

### **2.6.1 Certify by describing:**

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

Information on types of child care are posted on the Office of Child Care and the Oregon Department of Human Services (ODHS) website. The ODHS mail a notification to participants detailing the types of child care available and the respective training requirements to assist in their determination to select quality child care settings.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

Internal ODHS document.

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

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

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

### 3.1 Eligible Children and Families

#### 3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a)).

##### **3.1.1 Eligibility criteria: Age of children served**

a) The CCDF program serves children

from birth

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-

care?(658E(c)(3)(B), 658P(3))

- No  
 Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:

Eligibility for a child does not end when they turn 13 or 18, but continues automatically through the end of their 12-month certification if they are age 12 or age 17 at the time of application. A child age 13 to under age 18 who requires a level of care above the norm for their age due to disabilities, emotional or behavioral disorders, behavioral needs, health care needs or safety concerns can qualify for continued ERDC coverage.

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

- No.  
 Yes

and the upper age is 17 at the beginning of their 12-month certification

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

i. "residing with":

"Residing with" is defined as a member of the household group that generally lives together with or without the benefit of a dwelling. If a child lives with different caretakers during the month the child is considered to be a member of both household groups. An individual may be absent from the household for 30 days or more and still be considered a member of the household if the individual is absent: (1) because of education, training, or employment, including long-haul truck driving, fishing, or active duty in the U.S. armed forces;(2) to care for an emergent need of an individual related to illness, injury or death; or (3) reasonably anticipated to return in 90 days. OAR 461-110-0210

ii. "in loco parentis":

In place of the parent; may include, but is not limited to a step-parent, guardian, or



legal guardian.

### 3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

At least one caretaker must receive income from employment, includes self-employment, paid work experience, paid practicum assignments and Federal work study as part of an education program. There are no required minimum work hours. If the amount of subsidy payment is less than the parents' copayment, there is no eligibility." Working also includes job search for those who become unemployed during the ERDC certification period. Caretakers who are newly employed or a current employee and participating in paid mandatory training as part of employment are considered "working" and would meet the requirement for eligibility.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

ODHS covers unpaid training if it is required to maintain the caretaker's current employment (retention activities).

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Caretakers determined eligible for ERDC child care assistance based on employment can receive child care assistance for education that leads to a certificate, degree, or job-related knowledge and skills. The hours approved for education cannot exceed the approved work hours or a combined total of 50 authorized hours per week (40 hours of combined employment and schooling plus 10 hours of "travel time" which also encompasses unpaid break times, study time and homework time), or 215 per month. Families enrolled in Baby Promise are able to count educational or training hours that lead to a certificate, degree, or job-related knowledge and skills. Parents participating

in the Teen Parent contracted child care program are eligible for child care subsidy if the teen parent is attending high school or participating in an approved high school completion program sponsored by a local school district, community college, or certified private school, and the parent requires child care in order to attend and complete a program leading to GED or high school diploma. They qualify based on education alone and there is no work requirement. Teen parents are also eligible for up to 6 months of post-graduation child care if they are already receiving the agency's subsidized child care and require transitional services for one of the following reasons: Employment search; Participation in a vocational education program or post-secondary education which requires a high school diploma or equivalent; job training program, cooperative work experience opportunity or a Bureau of Labor and Industry approved pre-apprenticeship program.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Attending job training has the same limitation of hours as employment as long as the training is paid time. Additional hours can be granted for up to a total of 75 hours a week, 323 hours per month if the paid training and travel time exceeds full time. Working parents receive up to a maximum of 20 hours a week for class time. Authorized class hours cannot exceed the number of hours authorized for employment. Travel time is given by adding 25% to the total number of authorized class and work hours combined.

### 3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No,

If no, describe the additional work requirements.

N/A

### 3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

A child age 13 to 17 at the beginning of their 12-month certification qualifies for child care if they are under court supervision or receiving foster care as defined by rule in OAR 461-120-0510(3).

*Note:* Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No

Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- No
- Yes

### 3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination?

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

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	3862	3283	N/A	N/A
2	5050	4293	4293	85% SMI
3	6238	5303	5303	85% SMI
4	7427	6313	6313	85% SMI
5	8615	7323	7323	85% SMI

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])( 98.16(i)(3)).

N/A

d. SMI source and year. Federal Fiscal Year 2021

[https://www.acf.hhs.gov/sites/default/files/documents/ocs/comm\\_liheap\\_im2002smiattachment\\_fy2021.pdf](https://www.acf.hhs.gov/sites/default/files/documents/ocs/comm_liheap_im2002smiattachment_fy2021.pdf)

*Reminder:* Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

[https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm\\_medium=rss](https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss).

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Multnomah County

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 03/01/2021

g. Provide the citation or link, if available, for the income eligibility limits.

<https://www.oregon.gov/dhs/assistance/child-care/pages/parents.aspx>

### **3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).**

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

Families attest at certification and recertification that they do not have assets exceeding \$1,000,000.

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

N/A

### **3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:**

#### **a. eligibility determination.**

Priority processing allows families experiencing homelessness who apply for child care assistance to start receiving benefits immediately. Priority processing also allows for families applying for care for a foster child to qualify immediately. The caretaker will initially self-report income and work hours. Once the case is open the client is given 45 days to supply any required verification. When the immunization requirement is not met families are given 45 days to show that they are moving forward with gaining the appropriate immunizations or medical/non-medical exemption.

#### **b. eligibility redetermination.**

The priority processing can be applied at recertification if a family reapplied late for benefits, after their case had already closed, but is typically not needed for families who re-apply on time. The recertification process begins 45 days in advance of their 12-month certification period ending when they receive the notice of recertification. This is typically sufficient time for families to obtain the required verification, and therefore would not receive a benefit from priority processing.

**3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care**

## services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

### Describe:

The Oregon Department of Human Services contracts with eight Head Start programs providing child care slots in high-quality care. Agency families with risk factors who receive a Temporary Assistance to Needy Families grant will be served with case management services.

### 3.1.7 Fluctuation in earnings.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.

Other.

Describe:

N/A

**3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.**

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

This is verified by the subsidy agency for new applicants and at redetermination.

Verifying identity is confirmed through photo identification, other identification, wage stubs, birth certificate or other documentation. Applicant identity is used for TANF, SNAP, ERDC and, Baby Promise.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

The Oregon Department of Human Services does not require a relationship to the child receiving subsidy, only that the applicant has care and control of the child needing care.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Required at Initial Determination



Required at Redetermination

Describe:

A child's information is verified at initial application and reviewed at redetermination. Immigration status; child must be a citizen or meet immigration status requirements. If questionable, subsidy agency will review birth certificate, lawful permanent residency card, certificate of citizenship or other documentation. No further verification is needed unless questionable or a change in citizen status is reported. For children enrolled in programs that are subject to Head Start Performance standards and supported by both Head Start and CCDF funds, parents are required to submit verification of Head Start enrollment in lieu of other documentation. For children in contracted programs, a Head Start Eligibility Checklist could be used as verification.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Work and/or job training is verified by wage stubs, employer letter, W-2 forms, online sources or the eligibility worker may have a phone conversation with the employer at certification, redetermination and when the family is reporting a reduction in income to lower the family copayment. Federal work study is verified by wage stubs and financial aid award letter at certification and redetermination. Additional verification may be requested if the client requests an adjustment in benefits during their certification or a new member joins the filing group.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Student status is verified by, school registration, current class schedule, and federal financial aid letter. Federal financial aid letter or <https://fafsa.ed.gov/FAFSA/app/schoolSearch> to verify the institution is approved to receive federal financial aid. This is verified at certification, redetermination or mid-certification if a family requests additional subsidy hours to cover school hours.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Wage stubs, award letters, employer letters, tax documentation (self-employed) and online sources are used to verify family income. This is verified at certification and recertification and applies to TANF, SNAP, Baby Promise, and ERDC subsidy programs.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

The Oregon Department of Human Services checks household composition at certification and recertification by accepting client statement. If it appears questionable other documentation may be requested including rental agreements, parenting time plans/divorce decrees, school records, other program benefits and online sources.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

The Oregon Department of Human Services requires applicants to live in Oregon and must intend to stay in Oregon. This applies to TANF, Baby Promise, and the ERDC subsidy program.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

,N/A

**3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.**

Time limit for making eligibility determinations

Describe length of time:

Agencies have 45 days from the date of a request by an applicant to obtain verification and determine eligibility. The 45-day time period can be extended up to an additional 45 days if the client needs additional time due to circumstances beyond their control.

Track and monitor the eligibility determination process

Other.

Describe:

ODHS strives to meet a same-day/next-day service standard where an applicant is scheduled for an intake interview within 2 days of submitting their application for benefits to the department.

None

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

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

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

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

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a. Identify the TANF agency that established these criteria or definitions: Oregon Department of Human Services

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

i. "Appropriate child care":

(a) both the provider and the place where care is provided meet the Oregon Department of Human Services' health, safety and provider requirements defined in administrative rules; (b) the care accommodates the parent's work schedule; and (c) the care meets the specific needs of the child, such as age, developmental needs and special needs requirements.

ii. "Reasonable distance":

The parent's total travel time from home to the child care provider and the workplace or JOBS activity will be no more than one hour either way unless a longer commute time is customary in the community.

iii. "Unsuitability of informal child care":

The Oregon Department of Human Services requires informal child care providers to meet health and safety standards, including background checks. Care that does not meet the criteria in 'appropriate child care' would be considered unsuitable.

iv. "Affordable child care arrangements":

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

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

i. In writing

ii. Verbally

iii. Other.

Describe:

N/A

d. Provide the citation for the TANF policy or procedure:

OAR 461-135-0075 & 461-130-0310

## 3.2 Family Contribution to Payments

### 3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-payment amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

### 3.2.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
<b>Family Size</b>	<b>Lowest initial or First Tier Income Level</b>	<b>What is the monthly co-payment for a family of this size based on the</b>	<b>What percentage of income is this</b>	<b>Highest initial or First Tier Income Level</b>	<b>What is the monthly co-payment for a family of this size based on the</b>	<b>What percentage of income is this</b>

	(a) where family is first charged co-pay (greater than \$0)	(b) income level in (a)?	(c) co-payment in (b)?	(d) before a family is no longer eligible.	(e) income level in (d)?	(f) co-payment in (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$1453	\$5	.3%	\$4292.99	\$100	2.3%
3	\$1831	\$5	.2%	\$5302.99	\$110	2.0%
4	\$2210	\$5	.2%	\$6312.99	\$120	1.9%
5	\$2588	\$5	.1%	\$7322.99	\$130	1.7%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

Multnomah County

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

c. What is the effective date of the sliding-fee scale(s)? UPdated with 03/01/21 FPL and SMI changes

d. Provide the link(s) to the sliding-fee scale:

<https://erdccalc.dhsoha.state.or.us/>

### 3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional fee is charged after certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

N/A

vii. Other.

Describe:

N/A

b. The fee is a percent of income and (check all that apply):

i. The fee is per child, with the same percentage applied for each child.

ii. The fee is per child, and a discounted percentage is applied for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional percentage is charged after certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

N/A

vii. Other.

Describe:

N/A

**3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).**

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

N/A

b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

c. Other.

Describe:

Families transitioning from TANF benefits may qualify for a waived copay for three months after their TANF benefits close.

**3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.**

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

Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

ODHS will waive copays for families whose income is below 100% FPL at their certification or recertification for the duration of their certification period. Policy is described in OAR 461-155-0150(5)



- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

N/A

- c. Families meeting other criteria established by the Lead Agency. Describe Describe the policy.

There are a number of situations where the copayment is waived. 1) Authorized work Search and Authorized Medical Leave during lapse of employment 461-160-0040(6)(b) & (c); 2) Head Start and Early Head Start Child Care Partnership contracted Slots 461-135-0405; 3) Working TANF families receive child care funded through CCDF and are not assessed a copayment. 4) Families transitioning from TANF benefits receive a waived copay for the first three months following the TANF closure; 5) Baby Promise is a contract slot program and family contributions for eligible children are waived . <https://oregonearlylearning.com/baby-promise#BPfaq>

### **3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.**

#### 3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

**Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.**

a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

The initial eligibility income limit for families is under 85% SMI and is set at 185% FPL. Once a family is determined eligible, the income limit during the 12-month certification period and at redetermination the exit income limit is 85% SMI or 250%

FPL, whichever is higher. Increases in income that occur during an ongoing case do not need to be reported unless the income is at or above the exit income limit. Cases that remain eligible above 85% SMI but under 250% FPL are paid through Oregon state General Funds. 250% FPL exit income was set by Oregon Legislature.

B. Provide the citation for this policy or procedure.

OAR 461-155-0150

The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

N/A

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

N/A

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

N/A

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

N/A

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

N/A

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually

adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

N/A

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

N/A

### 3.3 Increasing Access for Vulnerable Children and Families

#### 3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

### 3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

A child under age 18 at the beginning of the certification period who requires a level of care above the norm for their age, due to disabilities, emotional or behavioral disorders, behavioral needs, or health needs. Child care services are prioritized with higher reimbursement rates.

b) "Families with very low incomes":

Children in families with incomes under 185% of the Federal Poverty Level who are transitioning off TANF cash benefits are considered families with very low income.

### 3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)).

Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

Children experiencing homelessness and families applying for foster children are allowed to enroll in the subsidy program while required documentation is located. This "priority processing" was developed as a way to speed up eligibility for families who may not have immediate access to all required verification. When the ERDC reservation list is implemented, families who meet specific requirements are able to bypass the list. Those able to bypass the reservation list include families transitioning off TANF .

### **3.3.3 List and define any other priority groups established by the Lead Agency.**

Other priority groups who may bypass the reservation list when it is in effect includes families eligible in the current or preceding three months for the Temporary Assistance to Domestic

Violence Survivors grant, children involved with Child Protective Services who have child care as part of their safety plan, families accessing contracted child care slots and families who are reapplying for ERDC after a break in eligibility of less than two calendar months.

Families enrolled in Oregon Prekindergarten and Head Start programs with contracted slots are able to access extended hours of care. The Teen Parent program contracted slots are used to prioritize access for high school students with young children. Baby Promise contracted slots are used to prioritize care for infants and toddlers.

### **3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.**

The other priority groups may bypass the reservation list.

### **3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).**

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

Children experiencing homelessness are given priority processing which allows families to enroll in the subsidy program while required documentation is being located. The caretaker will initially self-report income and work hours. Once the case is open the client is given 45 days to supply any required income verification.

b. Check, where applicable, the procedures used to conduct outreach for children

experiencing homelessness (as defined by CCDF Rule) and their families.

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other

N/A

*Note:* The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

**3.3.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).**

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

Child care assistance is opened immediately for children in families experiencing homelessness who have not yet documented immunization. After the case is open, the family is given 45 days to supply any needed verification. This results in a case being open for 2 to 3 months depending on the date benefits are requested. The time period can be extended. Families who mark "no" to immunization are given up to 3 months to comply with immunization requirements or supply verification of a medical or non-medical exemption. In order to comply with immunization requirements,



families just need to show they are moving forward in the process. This could mean applying for medical insurance, scheduling an appointment or taking the courses required for the non-medical exemption form. The Lead Agency worked in consultation with the Oregon Health Authority to establish the immunization grace period.

[Provide the citation for this policy and procedure.](#)

OAR 461-170-0150 and OAR 461-175-0300

[ii. Children who are in foster care.](#)

Child care assistance is opened immediately for children in foster care who have not yet documented immunization. After the case is open the family is given 45 days to supply any needed verification. This results in a case being open for 2 to 3 months depending on the date benefits are requested. The time period can be extended. Families who mark "no" to immunization are given up to 3 months to comply with immunization requirements or supply verification of a medical or non-medical exemption.

[Provide the citation for this policy and procedure.](#)

OAR 461-170-0150 and OAR 461-175-0300

[b\) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements \(98.41\(a\)\(1\)\(i\)\(C\)\(4\)\).](#)

ODHS will provide information for the family to the local public health to develop a plan. ODHS workers also provide information on how families can apply for medical assistance, if needed. The Office of Child Care (OCC) works closely with the Oregon Health Authority (OHA) to support licensed child care compliance with immunization laws. OHA will contact OCC if a child care program has not submitted required immunization verifications. OCC will contact the licensed child care and provide technical assistance and a referral to OHA for additional support. If compliance is still not achieved, OHA will mail a formal letter to the child care program and provide a copy to OCC. OCC will then follow up again to support compliance. At the point of the program receiving a letter from OHA, OCC will cite the program for being out of compliance with licensing immunization rules. This is a very rare occurrence as the prior attempts at

support are typically successful.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

N/A

## 3.4 Continuity for Working Families

### **3.4.1 Minimum 12-month eligibility.**

#### 3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1); any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

Families determined eligible are given a 12-month certification period. Child care continues to be covered for short-term losses of employment or medical leave, typically for 3 months. Additional time can be allowed if an employer verifies an employee will be called back to work after a layoff, they must give a return to work date which falls within the certification period or up to 3 months past the certification end date (up to a 15-month certification). Changes in income do not need to be reported unless income goes above the program exit income limit or the income change is a reduction and will reduce the family copayment. For ERDC, temporary changes in income resulting in the parent being unable to afford the copayment, families can supply verification of actual income and have their copayment reduced for the month their income decreased. The lower income must result in at least a \$25 reduction in the month's copayment. Child care hours can be increased during the certification period, but not decreased. This supports continuity of care. Caretakers on medical leave, including maternity leave receive a reduced copayment based on income during the leave period. Caretakers who experience a job loss or medical situations will be given up to three months past the certification end date to find new employment or return to work. Teen parent child care contracted slots are approved for a year. If a child turns 13 years of age during the 12-month certification period, the subsidy continues through the end of the certification period. There is no change in the 12-month certification when a family changes residency within Oregon. The above is outlined in Oregon Administrative Rule 461-160-0040.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

Caretakers on medical leave for their own illness from their employment can continue to receive ERDC and use child care benefits. Medical leave must be

verified with a diagnosis, prognosis and expected return to work date. Caretakers on medical leave due to maternity leave receive a standard 3-month Authorized Medical Leave period without being required to submit medical documentation. Any extension of medical leave or non-maternity related leave needs to be verified. Authorized Medical Leave can continue up to a maximum of 3 months beyond the certification end date, or a 15-month certification period. The longest period of time Authorized Medical Leave could be authorized is 14 months.

**Citation:**

OAR 461-160-0040

- ii. Any interruption in work for a seasonal worker who is not working.

**Describe or define your Lead Agency's policy:**

Caretakers on temporary leave from their employment due to a break in seasonal work are allowed a standard 3-month Authorized Work Search period, if they do not have a set return to work date or up to 3 months beyond their certification end date if their employer has a set date for them to return to work. If the employer is unsure of a return to work date they can set a check-in date for the employee to check back with the employer to verify if they are able to return to work. The copayment is waived completely during this period.

**Citation:**

OAR 461-160-0040

- iii. Any student holiday or break for a parent participating in a training or educational program.

**Describe or define your Lead Agency's policy:**

Child care hours are not reduced during the certification period. If schooling ceases for a holiday or break, child care hours remain stable.

**Citation:**

OAR 461-170-0011

OAR 461-160-0040(6)

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

Child care hours are not adjusted down during the certification period. Only an increase in authorized hours can be completed.

Citation:

OAR 461-160-0040

- v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

Child care hours are not adjusted down during the certification period. Only an increase in authorized hours can be completed.

Citation:

OAR 461-160-0040

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

Children remain eligible for benefits through the end of the certification period in which they turn 13 unless they are approved for continued child care benefits due to medical need or safety concerns.

Citation:

OAR 461-120-0510

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

ERDC only requires that a recipient is a resident, defined by the recipient living in Oregon and intending to stay in Oregon.

**Citation:**

OAR 461-120-0010

**c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.**

A non-permanent loss of employment, meaning the client is laid off with an expected return-to-work date. Seasonal employees being called back to work after a break in employment can qualify for more than 3 months of continued child care subsidy when a return-to-work date has been verified by the employer. Periods of medical leave are covered when the caretaker is unable to work. Medical documentation is required except for maternity leave, which is automatically approved for 3 months without requiring medical documentation. For either a temporary layoff or a temporary medical leave, the Authorized Work Search and Authorized Medical Leave periods can be extended beyond 90 days (3 calendar months). The temporary layoff or temporary medical leave can be extended up to 3 months past the end of the 12 month certification period. When a caretaker experiences a permanent job loss, this means the caretaker does not plan to return to the employer, must reapply to return to the employer, or a return-to-work date was not given to the employee. Caretakers are given up to three full months of continued child care subsidy with waived copayment to locate new employment. When new employment is not reported to the subsidy agency by the end of the caretaker's work search period, the case is closed. A work search notification letter with employment resources, a reminder to report new employment and the case closure date is automatically mailed to the caretaker when a permanent job loss is reported. A second letter is automatically mailed to the caretaker in the closure months. OARs 461-160-0040, 461-170-0011, 461-170-0150 and 461-180-0005

**3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.**

**a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)**

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

No.

Yes.

If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

N/A

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

The subsidy agency will terminate assistance prior to the 12th month if the parent has a permanent loss of employment. The 3-month work search period may also extend the certification period for up to a total of 15 months, 3 months beyond the original certification end date. A permanent loss means the caretaker does not plan to return to this employer, and a return-to-work date was not given to the employee. Clients are given up to three full months with waiving the co-pay to locate new employment. When new employment is not reported to the subsidy agency by the end of the client's work search period, the case is closed. A work search notification letter with employment resources, a reminder to report new employment, and the case closure date are automatically mailed to the client when a permanent job loss is reported. A second letter is automatically mailed to the client in the closure month.

A notification is sent to the caretaker explaining the 3-month work search period and their requirement to report any new employment. If new employment is reported within the 3-month work search period or in the month following the closure, the case will remain open or be reopened for the duration of the certification period. The case will revert to the previous co-pay amount unless the family reports that they are earning less income than before; in that case, the co-pay will be reduced once verification is received from the new employment source. Child care hours remain the same or can be increased if verified. If the family has not reported new employment, a secondary closure notice is sent 15 days before the end of the month in which the case is set to close.

**ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:**

Client reports a loss of employment without an expected return-to-work date.

**iii. How long is the job-search period (must be at least 3 months)?**

A minimum of three months. Those reporting an expected return-to-work date that is later than the three month period are granted a longer work search time frame up to the third month after their certification end date.

**iv. Provide the citation for this policy or procedure.**

OARs 461-160-0040, 461-170-0011, 461-170-0150 , 461-120-0010 and 461-180-



0005.

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

i. Not applicable.

ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Define the number of unexplained absences identified as excessive:

N/A

B. Provide the citation for this policy or procedure:

N/A

iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

OAR 461-120-0010

iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

Child care cases can be closed prior to the end of the 12-month eligibility period if it was found that an applicant provided untrue, incomplete or inaccurate information at the point when their eligibility was determined. OAR 461-105-0020.

### **3.4.3 Change reporting during the minimum 12-month eligibility period.**

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No

Yes

b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

i. Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

Income increases over the exit limit, someone moves in or out of the home, someone is no longer working, a break of employment that is expected to last more than 30 days, new employment during work search period, a discharged military member is returning from active duty in a war zone. If a parent reports a break in employment that is less than 30 days, ODHS would not take action on the change. If the break in employment is expected to last more than 30 days, the parent needs to report this change to ODHS. ODHS would then evaluate if the parent qualifies for

Authorized Work Search or Authorized Medical Leave or not. If they do not qualify for one of the extensions, the case would be set to close with timely notification.

- ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

Returned mail, moving without reporting a change in mailing address.

- iii. Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

Changing or adding a provider; a child moving into or out of the home. A child moving out of the home must be reported as this could be the only eligible child on the case and there would be no eligibility for the caretaker once the only eligible child left. Parents/caretakers need to report when a child leaves a household and a provider could not continue to bill for that child unless the new parent/caretaker chooses to apply for child care benefits for the child in their new household.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone
- ii. Email
- iii. Online forms
- iv. Extended submission hours
- v. Postal Mail
- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

Online eligibility system through the ONE client portal.

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Changes in income do not need to be reported unless income goes above the program exit income limit or the income change is a reduction and will reduce the family copayment. Even if increased income is reported and verified, ERDC does not act on this reported change unless it is over the exit income limit. Child care hours can be increased during the certification period, but not decreased. This will allow for continuity of care. Caretakers on medical leave, including maternity leave, receive a reduced copayment based on income during the leave period. Caretakers who experience a job loss or medical situations will be given an extended period of up to three months past the certification end date to find new employment or return to work.

ii. Provide the citation for this policy or procedure.

OARs 461-170-0150, 461-170-0011, 461-160-0040

### **3.4.4 Prevent the disruption of employment, education, or job training activities**

3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy

renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

An application is not required for families receiving TANF to transition over to ERDC. The ODHS eligibility worker collects all of the required information over the phone during an interview with the caretaker. Online income verification or a call to the employer to verify income are offered whenever available to speed up the transition between the TANF and ERDC child care programs.

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible

child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

## 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

### **4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).**

An automatic approval notice is issued to the parent the business day after benefits are approved. It includes the certification period, copayment amount, authorized child care

hours, income and household size.

Child care billing forms, or vouchers, are issued to child care providers automatically through the ODHS Direct Pay Unit. These billing forms are sent out prior to the beginning of the month of care and demonstrate the child's authorized child care hours and copay. Vouchers are issued directly to the child care provider on the 4th business day before the beginning of the month covered on the certificate. The voucher includes the parent and child names, child age category, authorized hours, copay, as well as provider name and type.

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

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

N/A

**4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).**

**a. Describe how parents have access to the full range of providers eligible to receive CCDF:**

Parents are able to access various provider types through the Employment Related Day Care (ERDC) program. These include both licensed and license-exempt providers. In Oregon, 211info maintains information regarding providers who are presently listed and approved through the Oregon Department of Human Services (ODHS), and 211info acts as a referral system for many social services, including child care. Parents may call 211info or access their website online to find out if a provider is currently eligible to receive payment through ODHS. Child Care Resource and Referral agencies also assist in helping providers of all types to become listed and approved for payment through CCDF. Outreach is conducted to send posters, flyers, and other promotional materials to areas frequented by parents, such as schools or libraries, to inform them of the program and the various provider types available.

**b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:**

The data on providers self-reporting willingness to accept families using the state's subsidy program was pulled from the the Find Child Care Oregon database as of March 10, 2021.

**Exempt Center**

- Active ECC Approved FCCO Providers: 652
- Active ECC Providers reporting they are willing to accept ERDC: 187
- Percent Active ECC Providers reporting they are willing to accept ERDC: 28.7%

**Exempt Family**

- Active ECC Approved FCCO Providers: 545
- Active ECC Providers reporting they are willing to accept ERDC: 350
- Percent Active ECC Providers reporting they are willing to accept ERDC: 64.2%

**Certified Family**



- Active ECC Approved FCCO Providers: 839
- Active ECC Providers reporting they are willing to accept ERDC: 671
- Percent Active ECC Providers reporting they are willing to accept ERDC: 80%

#### **Registered Family**

- Active ECC Approved FCCO Providers: 1278
- Active ECC Providers reporting they are willing to accept ERDC: 929
- Percent Active ECC Providers reporting they are willing to accept ERDC: 72.3%

#### **Licensed Center**

- Active ECC Approved FCCO Providers: 966
- Active ECC Providers reporting they are willing to accept ERDC: 640
- Percent Active ECC Providers reporting they are willing to accept ERDC: 66.3%

#### **Total**

- Active ECC Approved FCCO Providers: 4280
- Active ECC Providers reporting they are willing to accept ERDC: 2777
- Percent Active ECC Providers reporting they are willing to accept ERDC: 64.9%

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

The Legislative Child Care Task Force commissioned Oregon Child Care Research Partnership to interview parents and providers on their experience accessing child care assistance. Some of the barriers identified by providers include: providers receiving payments at the end of the month; the high copays for families; the level of the state reimbursements; the complexity of the application process for providers; and the lack of an on-line billing option. End of month payments and high copays have been recently addressed, with updated policy reflected in this plan. The full report can be found: [https://health.oregonstate.edu/sites/health.oregonstate.edu/files/early-learners/pdf/research/barriers\\_to\\_accessing\\_child\\_care\\_subsidies\\_in\\_oregon\\_corrected\\_november2020.pdf](https://health.oregonstate.edu/sites/health.oregonstate.edu/files/early-learners/pdf/research/barriers_to_accessing_child_care_subsidies_in_oregon_corrected_november2020.pdf)

**4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).**

The Oregon Department of Human Services requires CCDF subsidy providers to allow the custodial parent of a child in his or her care to have immediate access to the child(ren) at all times per OAR 416-165-0180(8)(l).

**4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?**

No.

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

a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

N/A

b. Restricted based on the provider meeting a minimum age requirement.

Describe:

Provider must be at least 18 years of age.

c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

N/A

d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

N/A

e. Restricted to care for children with special needs or a medical condition.

Describe:

N/A

- f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

N/A

- g. Other.

Describe:

N/A

#### 4.1.6 Child care services available through grants or contracts.

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

- No. If no, skip to 4.1.7.
- Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots. Baby Promise is currently being piloted in three CCRR regions that cover six Oregon counties.

- Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

Oregon Department of Human Services contracts with Head Start contractors (typically centers) as well as Early Head Start partnership home-based care providers. ODHS also contracts with school districts for teen parents finishing high school. If a family is eligible for Employment Related Day Care, they can use any provider eligible for ODHS payment.

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

For Baby Promise, the Early Learning Division contracts with CCR&Rs. For the Head Start contracts, Oregon Department of Human Services contracts directly with Head Start grantees.

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

Contracted slots in the Head Start program are approved for full-time hours. This currently allows for instances outside existing ERDC eligibility, such as job loss during the contract period.

For Baby Promise contracted slots, cost per child amounts are individually negotiated with the local CCR&Rs and programs based upon quality measures and services provided. An evaluation study of Baby Promise is currently being conducted but early anecdotal responses from providers indicate that these payments have stabilized their business, especially during the COVID-19 pandemic.

#### 4.1.6 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

To increase the supply of care

To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

To increase the supply of care

To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

To increase the supply of care

To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

To increase the supply of care

To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

To increase the supply of care

To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- To increase the supply of care
- To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- To increase the supply of care
- To increase the quality of care

#### Describe

Teen Parents and Oregon Prekindergarten (OPK) and Head Start Programs for extended work hours. The OPK/Head Start contracts are used to provide extended hours or program year for children enrolled in OPK/Head Start so that children from families with working parents are able to access these programs.

#### **4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).**

##### a. In child care centers.

The Oregon Child Care Research Partnership (OCCRP) at Oregon State University (OSU) conducts a biennial analysis of the supply of child care in Oregon. This analysis is based on a dataset constructed by OCCRP. To create this dataset, OCCRP worked with Central Coordination at Western Oregon University. First, licensing data (Child Care Regulatory Information System) and Child Care Resource & Referral (NACCRRAware) databases were merged to ensure all child care facilities were included. Then Central Coordination managed a data update process in which data on capacity and price by age group were collected from all Oregon child care facilities within a four-month period to ensure all data were comparable and current. This analysis looks at supply by provider type, age of care and geography. The 2020 analysis found that there were 1,316 licensed Certified Centers with a capacity to serve 68,675 children. This represented a drop in capacity of 166 children from the 2018 capacity. The analysis also determined that 72% of communities in the state were child care deserts with fewer than 1 regulated

slot for every three children. The gap between supply and demand was greatest for infants and toddlers with every Oregon county meeting the criteria for a child care desert.

**b. In child care homes.**

The OCCRP biennial analysis of child care supply includes licensed Registered and Certified Family child care. The 2020 study estimated that there were 1,589 Registered Family Child Care providers (who can serve up to 10 children) with a capacity to serve 13,866 children and 890 Certified Family Child Care providers (who can serve between 11 and 16 children) with a capacity to serve 11,893 children. The capacity of Registered Family Child Care providers dropped by 1,542 while the capacity of Certified Family Child Care providers increased by 1,160.

**c. Other.**

N/A

**4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.**

**a) Children in underserved areas. Check and describe all that apply.**

**i. Grants and contracts (as discussed in 4.1.6).**

**Describe:**

The Lead Agency is piloting Baby Promise to contract directly with child care providers to build and maintain the supply of high-quality infant and toddler care. Providers participating in Baby Promise also receive supports and technical assistance to improve the quality of infant and toddler care. OPK/Head Start contracts are used to increase the supply of care that meets the needs of working

families.

- ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

N/A

- iii. Start-up funding.

Describe:

N/A

- iv. Technical assistance support.

Describe:

The child care resource and referral programs: Support providers in obtaining a Spark rating by mapping out professional development plans and providing training and technical assistance; Hold conferences specific to populations speaking languages other than English to improve child care quality; Provide trauma informed care training to providers; Provide technical assistance to providers serving infants and toddlers with specialized support provided by the Infant and Toddler Specialists.

- v. Recruitment of providers.

Describe:

The child care resource and referral system actively recruits providers in rural and underserved areas for families accessing child care assistance.

- vi. Tiered payment rates (as in 4.3.3).

Describe:

N/A

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Child care resource and referral programs offer business management and financial strategies.



viii. Accreditation supports.

Describe:

N/A

ix. Child Care Health Consultation.

Describe:

N/A

x. Mental Health Consultation.

Describe:

N/A

xi. Other.

Describe:

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Baby Promise is a contracted slots program designed to serve low-income families in communities struggling to find and keep high quality care for infants and toddlers.

ii. Family Child Care Networks.

Describe:

Focused Family Child Care Networks are cohorts of practitioners with a focus on

supported quality improvement. The child care networks serve children in underserved areas as well as special populations. Oregon has a number of Spanish-speaking networks, an African-American network and a number of networks in more rural areas. The networks' use the Spark framework (Oregon's QRIS), to support continuous quality improvement.

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

The child care resource and referral programs offer training specific to the care of infants and toddlers. They also offer infant/toddler training and technical assistance cohorts for providers to receive targeted supports.

v. Recruitment of providers.

Describe:

Evidence from the most recent Market Price Study verified Oregon has a shortage of infant care across the state. Child care resource and referral programs continually inform providers on the demand for infant care at family child care orientations, overviews and training.

vi. Tiered payment rates (as in 4.3.3).

Describe:

N/A

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

N/A

viii. Accreditation supports.

Describe:

N/A

ix. Child Care Health Consultation.

Describe:

N/A

x. Mental Health Consultation.

Describe:

N/A

xi. Other.

Describe:

Specialized infant/toddler specialists for local child care resource and referral programs. Supporting local schools to develop infant/toddler programs for teen parents.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

N/A

ii. Family Child Care Networks.

Describe:

N/A

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

Inclusive Partners promotes inclusive practices and provides technical assistance to support inclusion through behaviors, accommodations and adaptations to support children with special needs.

v. Recruitment of providers.

Describe:

N/A

vi. Tiered payment rates (as in 4.3.3).

Describe:

N/A

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

N/A

viii. Accreditation supports.

Describe:

N/A

ix. Child Care Health Consultation.

Describe:

N/A

x. Mental Health Consultation.

Describe:

Child Care Resource and Referral of Multnomah County partners with Multnomah

County government to offer consultation for child mental health situations in child care facilities. Oregon funds the Inclusive Partners program through the Oregon Department of Human Services. Staff offer technical assistance to child care providers, train child care resource and referral staff members on principles of inclusive child care, and support inclusive community placements. Inclusive Partners work with parents to assess the best child care environment for children with special needs.

xi. Other.

Describe:

An enhanced reimbursement rate is available for children with special needs, including health needs.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

N/A

ii. Family Child Care Networks.

Describe:

N/A

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

N/A

v. Recruitment of providers.

Describe:

The child care resource and referral system partners are continually providing outreach to providers on the need for child care during non-traditional hours. They attend Job Fairs and resource fairs. They attend parent events, talk about family child care business opportunities and the need for care during non-traditional hours.

vi. Tiered payment rates (as in 4.3.3).

Describe:

N/A

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

N/A

viii. Accreditation supports.

Describe:

N/A

ix. Child Care Health Consultation.

Describe:

N/A

x. Mental Health Consultation.

Describe:

N/A

xi. Other.

Describe:

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

N/A

ii. Family Child Care Networks.

Describe:

N/A

iii. Start-up funding.

Describe:

N/A

iv. Technical assistance support.

Describe:

N/A

v. Recruitment of providers.

Describe:

N/A

vi. Tiered payment rates (as in 4.3.3).

Describe:

N/A

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

N/A

- viii. Accreditation supports.

Describe:

N/A

- ix. Child Care Health Consultation.

Describe:

N/A

- x. Mental Health Consultation.

Describe:

N/A

- xi. Other.

Describe:

The local child care resource and referral programs work in partnership with the Early Learning Hubs to support providers who serve children who exhibit behavioral issues. They offer technical assistance and referrals to appropriate screening entities. The child care resource and referral programs also work in partnership with local governments to improve start-up business challenges for child care facilities.

**4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).**



a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

For subsidy purposes the Lead Agency has been directed by the state legislature to consider any family at or below 250% of the Federal Poverty Limit as low- income. In planning for statewide services, the Lead Agency provides statistical information on the percent of free and reduced lunch in each school catchment area to the Early Learning Hubs as a baseline for program development. Each Early Learning Hub is required to consider available data to identify high pockets of poverty and unemployment when designing and supporting early learning services. State investments prioritize funding to areas with significant concentrations of poverty.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

The Lead Agency works with the Early Learning Hubs to develop Early Care and Education Sector Plans for each of the sixteen Hub regions. The sector plans are posted on the Lead Agency website ( <https://oregonearlylearning.com/administration/what-are-hubs> ). These sector plans use data, including data on concentrations of poverty and unemployment, to identify underserved populations, gaps in early care and education services, and priority populations and areas for directing resources. The Lead Agency uses these sector plans to target resources and to inform funding decisions for early care and education programs, such as Preschool Promise, Early Head Start and Oregon Head Start Prekindergarten.

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

### 4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a

statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08> ). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

#### **4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.**

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

January 2020 - March 2020

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

N/A

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

N/A

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

N/A

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. N/A

**4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2)**

**organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.**

Describe how the Lead Agency consulted with the:

**a) State Advisory Council or similar coordinating body:**

Due to the technical nature of the work, the Lead Agency requested that the Oregon Child Care Research Partnership at Oregon State University create a Market Price Study advisory committee that included center and home-based child care providers, unions, Lead Agency and ODHS staff, and child advocates.

The Early Learning Council as part of its engagement on Oregon's CCDF Plan provided guidance to the Lead Agency on the rate setting and the Market Rate Study, with a particular focus on ensuring that methodology for rate setting and Market Rate Study ensures equal access for rural communities.

Local child care program administrators: Child care program administrators, including a center director and an owner operator of a family child care program, were included on the Market Price Study advisory committee.

**b) Local child care program administrators:**

Child care program administrators were included on the Market Price Study advisory committee.

**c) Local child care resource and referral agencies:**

Child care resource and referral programs are instrumental in developing the protocol for data collection and collecting data for the Market Price Study.

**d) Organizations representing caregivers, teachers, and directors:**

The child care provider union for licensed family child care - the American Federation of State, Municipal and County Employees - were consulted on data collection methodology. The union for license-exempt child care providers, SEIU 503, was also consulted.

**e) Other. Describe:**

Members of the Oregon Child Care Research Partnership group, represented by

researchers and staff from multiple agencies, and other early learning stakeholders, were consulted on methodology.

**4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:**

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

A universe data collection approach was used for the 2020 study. Each of the state's 15 CCR&R staff gathered information from all 36 Oregon counties. Response rate analyses across the counties suggested that sample size of facilities with price data are adequate to represent the population of Oregon facilities who offer care in the priced child care market.

ii. Provide complete and current data:

Data were very complete with limited missing data for critical variables and limited data missing from facilities that did not meet the definition of a priced child care market. For example, of the total sample of facilities (4572), approximately 24% had no full time price data. This 24% included facilities (such as Head-Start programs) who do not directly charge consumers and thus have no prices to report. Other facilities refuse to submit prices for a variety of reasons. Reasons for refusals include complicated, variable pricing structures, or preferring to discuss prices directly with

parents. Overall, the price data were complete for 79% of the facilities in the CCR&R database.

### iii. Use rigorous data collection procedures:

Oregon's CCR&R database remains the most comprehensive and reliable data source for market prices. Given that almost all centers and small and large home-based care are captured in the Child Care Resource and Referral (CCR&R) database, the decision was made to use it for the 2020 market price study. Each CCR&R uses a software program called NACCRRAware. This database allows CCR&R staff to collect and store information on facilities and parents, and to match up parents seeking child care with complementary child care facilities. All facilities that are enrolled with a CCR&R are entered into the database. In addition, Central Coordination conducts monthly merges of CCR&R and Licensing databases are done to ensure completeness of the CCR&R database. For the market price survey, the CCR&Rs contact all facilities within a three-month period to collect current price and capacity data (January 2020-March 2020 for this study). The contacts with facilities occurred through email and phone outreach in multiple languages. Central Coordination checks the data for accuracy as data are being collected and provides TA to staff collecting the data, and then merges all of the data into one large database, from which various statistical reports can be drawn.

### iv. Reflect geographic variations:

As in past studies, the 2020 study analyzed by zip codes across Oregon, detecting patterns of geographic variation around the state. Urban areas and communities with large universities have higher prices than more rural communities in the state. The market study validates the existence of three different small home-based care price clusters and four different center and large home-based child care markets or price clusters in Oregon. Higher cluster numbers represent zip codes with higher prices and vice versa for lower cluster numbers. The clusters were determined by using a statistical method that looks for groups or clusters that occur in the price data and systematically finds the natural breaks between groups.

### v. Analyze data in a manner that captures other relevant differences:

Prices are also analyzed by ages served (infant, toddler, preschool, school-age school year, and school-age summer) and types of care (small home-based care, centers,

and large home-based care). Between 2018 and 2020, small home prices increased by about 12%, large homes by 11% and prices for centers by about 13%. Prices also continue to vary by type of care with small home-based facilities charging the lowest and centers the highest price (although in some regions of the state large home providers prices were just as high as center prices).

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

N/A

#### **4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:**

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

The geographic price analysis identified three geographic market area boundaries that are generally similar to those identified in the previous market rate studies. Geographic rate areas were initially established in the 1992 child care market price study. Geographic groups were determined by combining zip code areas with similar child care prices to create geographic groupings called rate areas (A, B, C). Rate area A represented zip codes with higher prices while the lowest prices were found in rate area C. This method relied on a more hands-on approach than did using a statistical software package to create the groups. It identified groups in the price data by looking for high frequency values and dividing them into groups when there were gaps in prices. In years past, three groups or rate areas tended to work well given the price distributions in Oregon. Each zip code was then assigned to a rate area based on the most common rate area for each pricing mode. A critical step in the process was to smooth the rate areas in order to ensure geographical consistency. If a zip code area was assigned a different rate area than its neighbors, the data were examined to determine whether this

zip code represented a separate market. There are indications that Certified Center and Certified Family providers are beginning to create a small fourth subsection specifically located in western Multnomah County.

b) Type of provider. Describe:

Current rates are collected for all types of licensed child care providers: Registered Family, Certified Family and Certified Centers. Because only a small number of license-exempt providers have published prices, they are not included in the Market Rate Study.

c) Age of child. Describe:

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

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

N/A

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

The Lead Agency contracted with the Center American Progress and P-5 Fiscal Strategies to collect revenue and expense data from Oregon child care providers, and based on that data, to build a Cost of Quality model. To inform the assumptions and data used in the model, the study team convened a Technical Work Group. This work group was comprised of staff from the Oregon Early Learning Division, Oregon Department of Human Services, child care advocates, representatives of licensed child care centers, family child care homes, license-exempt providers, Head Start, and researchers from the University of Oregon. The



Technical Work Group met approximately monthly throughout the duration of the project and was instrumental in supporting provider data collection, advising on model assumptions, and navigating a path forward for the project during COVID-19.

Expense data in the model is based on a combination of data collected from over 1,000 providers across the state through an online survey conducted in Fall 2020, several provider interviews conducted during the same time period, and nationally validated default data from the federal Provider Cost of Quality Calculator (PCQC). The Fall 2020 online survey was administered to all child care providers in the Oregon. This survey collected data on the key cost drivers faced by providers, including staffing patterns, salaries, benefits, and occupancy costs. The survey was distributed in October 2020 and was available to collect responses for four weeks. The survey was available in English, Russian, Chinese, Spanish, and Vietnamese. The survey was distributed via multiple channels, including ELD communications, social media, child care associates, and CCR&Rs.

Over 1,000 completed responses were received, representing 27% of the total licensed child care programs in the state. Responses came from 33 of Oregon's 36 counties, and represented for-profit and non-profit centers (23% of respondents), certified family child care homes (29% of respondents) and registered family child care homes (33% of respondents).

Due to COVID-19, the study team conducted interviews via video calls. Providers were identified through the Technical Work Group and an interview request was sent along with information about the project and anticipated data that would be needed to facilitate the interview. The purpose of the interview stage was to probe deeper on various expense categories and better understand the true cost of providing high-quality child care. For example, the interviews allowed for a deeper understanding of staffing patterns, how programs manage quality-related activities, and the link between compensation and staff recruitment and retention.

Finally, in order to better understand the expenses incurred by license-exempt home-based providers, the study team partnered with SEIU Local 503 to conduct a telephone survey of members providing child care. This survey focused on a more limited set of expense questions than the online provider survey, due to the nature of license-exempt providers and the different regulations they are required to meet. The model provides separate estimates for different types of providers (licensed center, licensed family child care and license-exempt Friend, Family & Neighbor

(FFN) providers serving families using Oregon's child care assistance program). Using the data collected from providers, the model also includes variables for age of children served, size of facilities, staff qualifications and salaries. As described under (c), the model also allows for cost-estimation based on standards of quality defined by Baby Promise and Preschool Promise, Oregon's publicly funded early care and education programs.

The data collection from providers included geographic information and an effort was made to collect data from providers from across the state. However, the data analysis showed relatively limited geographic variation in the cost of providing care, particularly for salaries, so the cost model does not include geography as a variable.

[b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements \(i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements \(98.45 \(f\)\(ii\)\(A\)\).](#)

The study team reviewed Oregon's child care licensing regulations and quality standards for Baby Promise and Preschool Promise to identify the key cost drivers associated with meeting these standards. These key cost drivers were discussed with the Technical Work Group and agreement was reached on the default assumptions that would be included in the model to estimate the cost of meeting these licensing standards and quality requirements.

The cost of quality model uses this data to inform the cost estimates for licensed centers and family child care homes, with child to staff ratios, group size limits and caregiver qualifications being the primary requirements that impact cost. The staffing model for centers is based on the typical staffing model identified through the provider surveys and interviews, and meets Oregon's licensing requirements. Annual training/professional development is included at 15 hours per teaching staff member per year to meet licensing requirements. Additional professional development at higher quality levels can be accounted for in the Quality Variables section of the model, with the cost reflected as the expense of hiring a substitute teacher to cover the classroom while teachers are engaged in training/professional development.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

The models include a variety of quality-related elements that can be manipulated by the user including variables related to the quality standards for Baby Promise and Preschool Promise, Oregon's publicly funded early care and education programs. The model allows for setting quality standards at different levels for staffing patterns, staff qualifications, staff compensation, family engagement, professional development supports, and planning/release time.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

The Lead Agency used the cost of quality model to estimate the true cost providers incur to provide licensed child care. The table below shows the gap between Oregon's current CCDF payment rates and the estimated cost of care, based on the cost model. The tables show the gap at both Group Area A rates and Group Area B rates, with separate tables for certified centers, certified family homes, registered family homes and license-exempt family homes. Costs and subsidy amounts are based on full-time care for infants, toddlers, and preschoolers. School-age cost are based on 60% attendance over the course of a year (accounting for before/after school only during school year) and are therefore compared to the part time subsidy rate. Note, costs are based on current salary data rather than the higher compensation that would help providers recruit and retain staff.

### **Certified Centers**

#### **Cost of quality estimate (monthly):**

**Infants:** \$1,581

**Toddlers:** \$1,378

**Preschoolers:** \$959

**School age:** \$473

#### **Group Area A:**

#### **Subsidy maximum (monthly):**

**Infants:** \$1,415

**Toddlers:** \$1,404

**Preschoolers:** \$1,060

**School age: \$641**  
**Gap between cost and subsidy:**  
**Infants: -\$166**  
**Toddlers: \$26**  
**Preschoolers: \$101**  
**School age: \$168**  
**Group Area B:**  
**Subsidy maximum (monthly):**  
**Infants: \$855**  
**Toddlers: \$26**  
**Preschoolers: \$101**  
**School age: \$168**  
**Gap between cost and subsidy:**  
**Infants: -\$726**  
**Toddlers: -\$593**  
**Preschoolers: -\$279**  
**School age: -\$42**

### **Registered (small) Family Home**

**Cost of quality estimate (monthly):**  
**Infants: \$747**  
**Toddlers: \$747**  
**Preschoolers: \$747**  
**School age: \$489**  
**Group Area A:**  
**Subsidy maximum (monthly):**  
**Infants: \$800**  
**Toddlers: \$750**  
**Preschoolers: \$730**  
**School age: \$458**  
**Gap between cost and subsidy:**  
**Infants: \$53**  
**Toddlers: \$3**  
**Preschoolers: -\$17**  
**School age: -\$31**  
**Group Area B:**  
**Subsidy maximum (monthly):**  
**Infants: \$600**  
**Toddlers: \$555**  
**Preschoolers: \$550**  
**School age: \$383**  
**Gap between cost and subsidy:**  
**Infants: -\$147**

**Toddlers:** -\$192  
**Preschoolers:** -\$197  
**School age:** -\$106

### **Certified (large) Family Home**

**Cost of quality estimate (monthly):**

**Infants:** \$842  
**Toddlers:** \$842  
**Preschoolers:** \$842  
**School age:** \$536

**Group Area A:**

**Subsidy maximum (monthly):**

**Infants:** \$1,254  
**Toddlers:** \$1,140  
**Preschoolers:** \$1,000  
**School age:** \$563

**Gap between cost and subsidy:**

**Infants:** \$412  
**Toddlers:** \$298  
**Preschoolers:** \$158  
**School age:** \$27

**Group Area B:**

**Subsidy maximum (monthly):**

**Infants:** \$750  
**Toddlers:** \$700  
**Preschoolers:** \$650  
**School age:** \$450

**Gap between cost and subsidy:**

**Infants:** -\$92  
**Toddlers:** -\$142  
**Preschoolers:** -\$192  
**School age:** -\$64

### **License-exempt providers (Enhanced rate)**

**Cost of quality estimate (monthly):**

**Infants:** \$998  
**Toddlers:** \$998  
**Preschoolers:** \$998  
**School age:** \$599

**Group Area A:**

**Subsidy maximum (monthly):**

**Infants: \$683**  
**Toddlers: \$656**  
**Preschoolers: \$620**  
**School age: \$450**  
**Gap between cost and subsidy:**  
**Infants: -\$315**  
**Toddlers: -\$342**  
**Preschoolers: -\$378**  
**School age: -\$149**  
**Group Area B:**  
**Subsidy maximum (monthly):**  
**Infants: \$560**  
**Toddlers: \$533**  
**Preschoolers: \$533**  
**School age: \$375**  
**Gap between cost and subsidy:**  
**Infants: -\$438**  
**Toddlers: -\$465**  
**Preschoolers: -\$465**  
**School age: -\$224**

**4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)**

The Lead Agency must make the report with these results widely available no later than 30

days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. 03/26/2021

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The report is posted on the Oregon Department of Human Services.

<https://www.oregon.gov/dhs/ASSISTANCE/CHILD-CARE/Documents/CCMR%202020%20Report.pdf>

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

A study advisory group was created and the report's method and finding were shared. The committee included representatives from Oregon AFSCME & SEIU; a center provider; Early Learning Division (Lead Agency); Advocacy Organization Family Forward; Oregon Department of Human Services; Bobbie Weber, Oregon State University; and CCR&R Central Coordination. Further, the lead research also emailed and consulted with committee members on an individual basis, as well as connected with local stakeholders to check validity of prices in certain regions as the report was finalized.

Stakeholders contributed to analytic decision-making, including decisions on the pricing mode for analyzing and reporting on small home-based providers. Historically, home-based providers in Oregon have primarily charged hourly tuition, but in 2020, almost half of small home providers reported charging monthly tuition.

Committee members provided helpful context that confirmed that this shift was indeed occurring, and why, including that small home-based providers are receiving more business training that encourages monthly rate. With committee member input, the decision was made to stick with hourly prices for this report because hourly was still the predominant mode for now.

Stakeholder input also provided important on-the-ground truth testing of some of the new

findings. In two regions of the state the prices appeared substantially higher than in past market price studies (Deschutes and Hood River Counties). Discussions with local stakeholders in those regions increased confidence in findings showing that the prices had indeed increased significantly.

### 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

#### **4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.**

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative



methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:1415

Full-time weekly base payment rate: 329

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 48

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:1415

Full-time weekly base payment rate: 329

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:1060

Full-time weekly base payment rate: 250

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 47

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:855

Full-time weekly base payment rate: 199

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 62

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:1254

Full-time weekly base payment rate: 292

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:1254

Full-time weekly base payment rate: 292

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 70

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vii. Age of child in what type of licensed child care setting (All rates are full-time) -  
Preschooler (4 years) Family Child Care:

Base payment rate:1000

Full-time weekly base payment rate: 233

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

viii. Age of child in what type of licensed child care setting (All rates are full-time) -  
School-age child (6 years) Family Child Care (Based on full-day, full-year rates that  
would be paid during the summer):

Base payment rate:750

Full-time weekly base payment rate: 174

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Monthly rates are divided by 4.3.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-time care begins at 136 hours of care provided or more per month for licensed and enhanced rate license exempt child care providers. Full-time care for license exempt providers starts at 158 hours per month. 63-135 hours of care provided per month is calculated at the part-time rate for licensed and enhanced rate license exempt providers. The part-time monthly rate is set at 75% of the full time rate.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 01/01/2019

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Multnomah County; Reimbursement rates are subject to collective bargaining with the provider unions that represent licensed family child care and license-exempt family providers serving families receiving child care assistance. The state at the time Oregon submitted its state plan was in collective bargaining with the provider unions. The Lead Agency will submit an amendment to the plan when the updated rates have been finalized.

f. Provide the citation, or link, if available, to the payment rates

<https://www.oregon.gov/dhs/ASSISTANCE/CHILD-CARE/Pages/Rates.aspx>

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

#### 4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

Geographic rate areas were initially established in the 1992 child care market price study. Geographic groups were determined by combining zip code areas with similar child care prices to create geographic groupings called rate areas (A, B, C).

Rate area A represented zip codes with higher prices while the lowest prices were found in rate area C. This method relied on a more hands-on approach than did using a statistical software package to create the groups. It identified groups in the price data by looking for high-frequency values and dividing them into groups when there were gaps in prices. In years past, three groups or rate areas tended to work well given the price distributions in Oregon. Each zip code was then assigned to a rate area based on the most common rate area for each pricing mode. A critical step in the process was to smooth the rate areas in order to ensure geographical consistency. If a zip code area was assigned a different rate area than its neighbors, the data were examined to determine whether this zip code represented a separate market.

b. Type of provider.

Describe:

Provider rates are differentiated by centers and home-based as well as certified, registered, enhanced-exempt and standard-exempt.

c. Age of child.

Describe:

Age categories consist of infants, toddlers, preschool and school-aged.

d. Quality level.

Describe:

QRIS-rated providers receive a higher rate of pay for full-time care.

e. Other.

Describe:

N/A

**4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children**

with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No.

Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

N/A

b. Differential rate for non-traditional hours.

Describe:

N/A

c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

The infant rate is applied to older children requiring a higher than average level of care and the High Needs rate is applied after an assessment is completed by Inclusive Partners.

d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

N/A

e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

N/A

f. Differential rate for higher quality, as defined by the state/territory.

Describe:

N/A

g. Other differential rates or tiered rates.

Describe:

License-exempt providers can receive an enhanced rate of pay by taking additional classes. Licensed providers can receive a higher payment for full time care after they have received a 3-, 4- or 5-star rating in the states Quality Rating and Improvement System.

#### 4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Oregon rates were last set in 2019 based on the 2018 Market Rate Study. At that time

the majority of the rates were set at or above the 7th percentile based on the 2018 Market Rate Study.

Reimbursement rates are subject to collective bargaining with the provider unions that represent licensed family child care and license-exempt family providers serving families receiving child care assistance. The state at the time Oregon submitted its state plan was in collective bargaining with the provider unions. The Lead Agency will submit an amendment to the plan when the updated rates have been finalized.

b) Describe how payment rates are adequate and have been established based on the [most recent MRS or alternative methodology](#) . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Oregon's policies allow child care assistance to cover registration/enrollment fees. ODHS also has the flexibility to cover any other mandatory fees, defined as fees required for the child to enroll or continue attending care. Due to this flexibility, COVID-19 related fees could also be covered. Additionally, during the COVID-19 state of emergency, Oregon expanded absent day policy for child care providers to allow providers to bill for up to 31 absent days if the child was formerly scheduled to be in care and is not in care due to COVID-19. Policies were also expanded to allow providers to bill for COVID-19 related closures.

**4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).**

Providers who have received a Spark rating on Oregon's QRIS are eligible for an additional subsidy payment to support quality. For 3-star programs the additional monthly payment is \$54 per month for each full time child; for 4-star programs, \$72 per month and five-star programs, \$90 per month.



**4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.**

In recognition of the extreme shortage of child care in rural communities, in 2019, Oregon raised all rates for Area C (the most rural of the three geographic areas identified in the Market Rate Study) to the rates for Area B. Oregon has not adjusted its rates since the start of the COVID-19 pandemic.

Reimbursement rates are subject to collective bargaining with the provider unions that represent licensed family child care and license-exempt family providers serving families receiving child care assistance. The state at the time Oregon submitted its state plan was in collective bargaining with the provider unions. The Lead Agency will submit an amendment to the plan when the updated rates have been finalized.

**4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments**

**4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments**

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted

payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

#### **4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.**

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

- i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

Certified child care centers are eligible to bill for anticipated hours of care at the beginning of the month. Centers can submit their billing once the child has attended at least one day at the center for the month. Centers are not charged with an overpayment if the child did not attend the anticipated hours, those hours are to be identified as absent days. Certified centers have an increased number of allowable absent days. Centers can charge up to 30 absent days in a month as long as the child has attended at least one day and the child was anticipated to be at the site. This practice is not currently available for family child care but is being considered.

- ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

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

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

All child care provider types are allowed to claim unlimited absent days per month if a child does not attend for a day when they are scheduled to be in care during the month. The Oregon Department of Human Services can pay for days when a child is absent from care and the child was scheduled to be in care, it is the provider's policy to bill for absent days and the absent time is indicated on the child's attendance log.

ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

N/A

iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

N/A

iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

N/A

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency

provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

The part-time monthly rate applies if the provider has an established part-time monthly rate and the children are in care between 63 and 135 hours per month and the provider is designated as the primary provider for the family case. The part-time monthly rate is 75% of the full time monthly rate. The ERDC program has no minimum requirement for work hours. Paying the part-time monthly rate to providers who could be caring for children as little as 1 hour in a month is not an appropriate payment rate. The Oregon Child Care Market Price Study has shown the hourly rate as the primary mode of billing for most Registered Family Child Care Home providers since 2010 making it a generally accepted payment practice. Many families have more than one provider. Providing hourly payments enable families' better access to needed child care especially during non-traditional work hours and weekends. For these providers, the hourly rate applies when children are in care less than 63 hours per month. The full-time monthly rate applies when children are in care 136 hours or more per month and when the provider is designated as the primary provider for the family case. Contracted slots are paid at the full-time monthly rate.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

In April 2019 Oregon started covering registration fees for all licensed provider types, both center and home-based. Registration fees cover fees required for the child to enroll or continue enrollment in a facility. These must be fees that are also charged to private pay families. Any fees over \$150 per child must be approved by ODHS. There is no limit to the number of registration fees that can be covered per child per year. Fees intended to hold a slot for future use, penalty fees (like late pick up fees) and deposits for payment of future care cannot be covered. Fees can be covered through the TANF Child Care program for families who are transitioning onto the CCDF subsidy program.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

All providers receive a copy of Department of Human Services 7492 Child Care Provider Guide which includes information on payment rates and processes, information on how to correct or dispute a payment amount, overpayment collections, payment timeframes and the union dues deductions for union members. Child Care Providers sign an agreement on page 8 of the listing form DHS 7494.

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de7494.pdf?CFGRIDKEY=DHS%207494,7494,Child%20Care%20Provider%20Listing%20-%20recycle%20prior%20version,de7494.pdf,,,,,,,,,,,,,./FORMS/-,./FORMS/->

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

The Oregon Department of Human Services mails a notice to the provider at the time information is verified for changes to a family or provider eligibility. The notice is sent within one to two business days of the action being taken to close or discontinue an ERDC case.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Providers are given 90 days before a voucher is considered expired and no longer valid for payment for ERDC. When a provider has a good cause for not submitting a billing form within this time frame, the Oregon Department of Human Services Direct Pay Unit will cancel and reissue the voucher for payment. The Direct Pay Unit works with providers, parents and the Oregon Department of Human Services staff to resolve payment inaccuracies or disputes as quickly as possible. Payment adjustments are processed and issued within 24 hours to 4 business days of the request. Most adjustments are processed and issued within 24 hours. If a determination cannot be reached, the Direct Pay Unit and providers can contact the Oregon Department of

Human Services Child Care Policy Unit as another avenue to review the situation. When a family child care provider disagrees with the outcome of a payment dispute a grievance can be filed with the union representing the provider. Non-unionized and unionized providers can contact Governor's Advocacy to receive a secondary review of their dispute.

g. Other. Describe:

N/A

#### 4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

#### 4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

Providers of all types, licensed and license-exempt, are able to receive payment through the Oregon Department of Human Services on behalf of eligible families. Payments are made based on Market Price Study findings which base maximum payment amounts and follow standard billing practices (for example, license-exempt providers typically bill hourly, whereas licensed providers typically bill a part-time or monthly 'slot' amount). Currently, certified centers are able to bill prospectively for anticipated attendance as long as the child was in care one day, and agencies are looking into potential expansion of this policy to additional provider types.

## 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

- a. Limit the maximum co-payment per family.

Describe: .

The ERDC copay is per family and does not increase or decrease based on a family needing or using child care for more of their children. This encourages families to use child care for all of their eligible children.

- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

N/A

- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

The ERDC copay structure begins at 2% of the family's gross income and increases until the copay would equal the family's cost of care, eliminating the potential cliff effect created by increasing income. The copay calculation can be found in OAR 461-155-0150 or a copay estimator is located at

<https://erdccalc.dhsoha.state.or.us/>

d. Other.

Describe:

N/A

**4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?**

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Allowing providers to charge full rates opened more options for families accessing subsidies and greater participation in the subsidy program from child care providers. Oregon's current child care subsidy rates provide access for families to a full range of provider choices.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

Per the 2020 Oregon Child Care Market Price Study: Supplemental Findings 66% of Facilities had rates that were equal to or less than the ODHS licensed rate maximums. 1239 licensed facilities statewide charged a rate equal to or less than the state maximums and 629 facilities charged a rate that was higher than the state maximum rates.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

Parents may have a cost associated with their care above subsidy rates. This is called an overage amount and is negotiated between the parent and provider.

Oregon does cover registration fees necessary to obtain or maintain care. During the COVID-19 state of emergency child care copayments were waived for all



families allowing families greater access to child care than what is currently represented in the Market Price Study.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these

questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

**5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.**

a. Center-based child care.

i. Identify the providers subject to licensing:

"Certified Child Care Center" means: a facility that is certified to care for 13 or more children, or a facility that is certified to care for 12 or fewer children and located in a building constructed as other than a single family dwelling.

**ii. Describe the licensing requirements:**

Certified Centers are required to follow a comprehensive list of licensing requirements that includes all critical areas of child health and safety as required by CCDF.

Licensing requirements cover training, personnel, hazards protection, health, sanitation, background checks, staff qualifications, record keeping, enrollment, emergencies program of activities, nutrition and legal actions.

All staff are required to complete a 2 hour Introduction to Child Care Health and Safety, Recognizing and Reporting Child Abuse and Neglect, Pediatric First Aid/CPR, New staff orientation to program's policies, Safe Sleep training if they work with infants, Food handler's training if they are involved in food prep or serving, or making baby bottles, Annual Health and Safety training, and 15 hours annually of ongoing training hours for teachers, head teachers and directors.

**iii. Provide the citation:**

OAR 414-300-0000 thru OAR 414-300-0415

**b. Family child care. Describe and provide the citation:**

**i. Identify the providers subject to licensing:**

"Certified Family Child Care Home" means: a child care facility located in a building constructed as a single family dwelling that has certification to care for a maximum of 16 children at any one time. "Registered Family Child Care Home" means the residence of the provider, who has a current family child care registration at that address and who provides care in the family living quarters.

This type of care has a smaller capacity than the certified home mentioned above.

This program has a maximum of 10 children including the provider's own children who are under 13 years of age. Additionally, because certified family typically cares for a larger number of children, they employ staff. They have higher qualifications to be the provider, have more required annual training, and must have an environmental health inspection.

**ii. Describe the licensing requirements:**

Family child care homes are required to follow a comprehensive list of licensing requirements that includes all critical areas of child health and safety as required by CCDF. Licensing requirements cover training, provider and staff qualifications, hazards protection, health, sanitation, background checks, staff qualifications, record

keeping, enrollment, emergencies program of activities, nutrition, legal and actions.

iii. Provide the citation:

OAR 414-350-0000 thru OAR 414-350-0405; OAR 414-205-0000 OAR 414-205-0170

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

Care that occurs in the child's home is not subject to licensing.

ii. Describe the licensing requirements:

N/A

iii. Provide the citation:

OAR 414-205-0000(4)(a)

**5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.**

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

The state has two, typically center-based, categories of care that are exempt from licensing but still CCDF-eligible providers. Programs operating primarily as education to preschool-age children for four hours or less a day, and programs operated by a school district, political subdivision of the state, or a government agency. While

typically center-based, programs operating under the preschool four hours or less a day exemption may be home-based rather than center-based.

ii. Provide the citation to this policy:

OAR 414-300-0000(3)(a)(e)

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Both of these program types, when accepting federal child care subsidies from the Oregon Department of Human Services, are regulated by the state, but not licensed. They receive an annual health and safety inspection covering critical health and safety areas as required by CCDF including comprehensive background checks.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

A family child care provider caring for three or fewer children at one time or care that is all from one family, is also legally exempt from licensing.

ii. Provide the citation to this policy:

OAR 414-205-0000(4)(b)(c)(f)

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Those providers who are legally exempt because they are caring for three or fewer children at one time, or children from one family, when accepting federal child care subsidies from the Oregon Department of Human Services, are regulated by the state. They receive an annual health and safety inspection covering critical health and safety areas as required by CCDF, including comprehensive background checks.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

Care provided in the home of the child by an unrelated individual is exempt from licensing as long the provider is caring for three or fewer children, or the children are all from one family.

ii. Provide the citation to this policy:

OAR 414-205-0000(4)(a)(b)(c)

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Those providers legally exempt because they are a non-relative doing care in the home of the child, when accepting federal child care subsidies from the Oregon Department of Human Services, are regulated by the state. They receive an annual health and safety inspection covering critical health and safety areas as required by CCDF including comprehensive background checks.

## 5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

**5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.**

**a. Infant. Describe:**

"Infant" means a child who is at least six weeks of age up to 12 months of age.

**b. Toddler. Describe:**

"Toddler" means a child who is able to walk alone but is under 36 months of age.

"Younger toddler" means a child who is able to walk alone but is under 24 months of age.

Younger toddler ratio is 1:4, group size 8. Older toddler means a child who is 24 months of age but under 36 months of age.

**c. Preschool. Describe:**

"Preschool-Age Child" means a child 36 months of age to eligible to be enrolled in Kindergarten.

**d. School-Age. Describe:**

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

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

**a) Licensed CCDF center-based care**

**i. Infant**

**A. Ratio:**

1:4

B. Group size:

8

ii. Toddler

A. Ratio:

1:5

B. Group size:

10

iii. Preschool

A. Ratio:

1:10

B. Group size:

20

iv. School-age

A. Ratio:

1:15

B. Group size:

30

v. Mixed-Age Groups (if applicable)

A. Ratio:

Ratios must meet the requirements for the youngest age group in the mixed classroom.

B. Group size:

Group sizes must meet the requirements for the youngest age group in the mixed



classroom.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

Exempt child care centers accepting federal child care subsidies are required to maintain the same ratios and group sizes as licensed centers.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

Ratios must meet the requirements for the youngest age group in the mixed classroom.

B. Group size:

Group sizes must meet the requirements for the youngest age group in the mixed classroom.

ii. Infant

A. Ratio:

1:4 in Certified Family Child Care. Registered Family Child Care allows for 2 children under age 2 in care. The maximum ratio is 1:10.

B. Group size:

12 for Certified Family Child Care. Registered Family Child Care allows for no more than 2 children under 2 years of age in a group size of 10.

iii. Toddler

**A. Ratio:**

In Certified Family Child Care the ratio is 1:4 for toddlers age 12 months to 24 months, 1:10 for toddlers age 25 months to 36 months. For Registered Family Child Care, no more than 2 children under 2 years of age in a group size of 10.

**B. Group size:**

12 for Certified Family Child Care. The group size for Registered Family Child Care is 10.

**iv. Preschool**

**A. Ratio:**

1:10 in Certified Family Child Care Home. In Registered Family Child Care the provider may care for 6 preschool children, which includes children under age 2, in a group size of 10.

**B. Group size:**

The group size for Certified Family Child Care is 12. The group size for Registered Family Child Care is 10.

**v. School-age**

**A. Ratio:**

1:15 in a Certified Family Child Care Home. 1:10 in Registered Family Child Care Home

**B. Group size:**

16 for Certified Family Child Care Home. 10 for Registered Family Child Care Home.

**vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.**

Exempt family home providers may not care for more than three children, unless the children are from one family. The provider's children do not count.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

c. Licensed in-home care (care in the child's own home):

i. Mixed Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

N/A

### **5.2.3 Provide the teacher/caregiver qualifications for each category of care.**

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Head Teacher qualifications: Must be at least 18 years of age with a minimum documentation of attaining step 8.5 in the Oregon Registry, or a Bachelor's degree or associates degree in ECE or child development, or completion of 30 quarter college credits and one year of qualifying teaching experience or at least two years of qualifying teacher experience in the applicable age range; or a one year state or nationally recognized credential. Qualifying teaching experience must be with the same age of children as the group they will work with. Teacher qualifications: at least 18 years of age with documentation of attaining step 8 in the Oregon Registry or completion of 30 quarter credits at a college or university in ECE or child development, or one year state or nationally recognized credential, or one year qualifying teaching experience, or 15 quarter credits at a college or university in ECE or child development and six months of qualifying teacher experience. Qualifying teaching

experience must be with the same age of children as the group they will work with.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

The director must be at least 21 years of age with one year training or experience in management and supervision of adults; and knowledge of child development for the ages served in the center or documentation of step 9 on the Oregon Registry or equivalent knowledge evidenced by a combination of professional references, education, experience and training.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

There are no teacher qualifications required for license-exempt centers. All center staff must complete required training prior to having unsupervised access to children.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

**<https://oregonearlylearning.com/childcare-rules/>**

## b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

For Registered Family Child Care Home, the provider must: be 18 years of age or above; have attended Introduction to Registered Family; have completed a course in recognizing and reporting child abuse and neglect and safe sleep practices; have current first aid, CPR, and food handlers certifications; and have completed an introduction class for child care health and safety. In a Certified Family Child Care Home, all of the Registered Family Child Care Home qualifications apply, and the provider must have one year experience as a family child care provider, or experience in center-based setting, or 30 quarter college credits in Early Childhood Education; or documentation of step 8 on the Oregon Registry.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

Exempt family child care providers accepting federal subsidies are required to have first aid, CPR, a course in health and safety standards, a course in recognizing and reporting child abuse and neglect, and a course on child care health and safety.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

**<https://oregonearlylearning.com/childcare-rules/>**

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

In-home CCDF providers are not licensed and do not have qualifications as long as they are caring for no more than three unrelated children or children from one family.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

## 5.3 Health and Safety Standards and Training for CCDF Providers

### 5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)).

Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

### **5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All licensed and license-exempt CCDF provider rules cover prevention and control of infectious disease. All rule sets cover cleaning and sanitation of toys, equipment and furniture. Immunizations meeting the Oregon Health Authority requirements are required by child care licensing rules and required for all types of licensed and license exempt CCDF providers. Rules for sanitation cover caregiver and child handwashing requirements, diaper changing surfaces, building, grounds and garbage.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Rules for child care centers vary from home based care due to use of commercial buildings with different environmental health requirements. Additionally, certified child care centers and certified family child care have an inspection by the environmental health specialist prior to acquiring an initial and renewal license. Registered family and license-exempt do not. Immunization laws in Oregon require that CC and CF report children's immunization status to the Oregon Health Authority, but does not require RF and license exempt to report Variations in rules that cover preventing illness, sanitation, etc. vary to reflect the type of care (homes vs. commercial) and the risk of community or size in capacity. Family child care settings address the health practices around child care children in family beds while child care center settings do not. Examples of health and sanitation variations between CF and RF include: CF has requirements around washing bedding, cleaning an isolation area after a child was sick, bathing procedures, and written procedures around care of animals and accessing emergency care, Certified Center rules go into greater detail and require written procedures for storage and handling of food, diaper changing, handwashing, bathing infants, care of bed linen, hand washing, storage and handling of bottles and infant feeding.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulated Subsidy: OAR 414-180-0015; 414-180-0020;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1904>

Registered Family: OAR 414-205-0100; 414-205-0120

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

Certified Family: OAR 414-350-0180; 414-350-0160

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1909>



Certified Center: OAR 414-300-0220; 414-300-0180

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Child care center: OAR 414-300-0120

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Rules for timelines to complete the training requirement varies in child care settings and some timelines vary by positions and/or unsupervised access to children.

Registered and Certified Family child care providers must complete training prior to obtaining a child care license. Regulated Subsidy providers must complete the training prior to ODHS approval. Staff in child care center settings must complete the training prior to unsupervised access to children and/or working in their position. Aide 1s/Assistant 1s must complete the training within the first 30 days of employment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards change regarding prevention and control of infectious diseases, the rules are updated and all programs receive information mailed, and emailed to them regarding the change(s) in rule in one of the following primary languages: English, Spanish, Russian, Vietnamese, or Chinese. Depending on the severity or response needed, Lead Agency may do any of the following: upload videos; offer virtual and recorded engagement sessions; provide tips or FAQs. The Lead Agency website is updated with the new standards. OCC also creates TA documents to help explain the rule, the rationale, and the practice.

### **5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Safe sleep practices are in rule for all types of care including license-exempt non-relatives caring for children eligible for federal subsidy. This includes rules on sleep furniture, bedding, and placing the infants on their backs for sleeping as well as prohibition on swaddling and restrictive clothing and nothing allowed in the crib with

the infant.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Rules apply to children up to 12 months of age. Prevention of sudden infant death syndrome and the safe sleep practices are the same for all infants in all settings so the rules are identical throughout all rule books. Regulated Subsidy providers have the same standards as licensed providers.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulated Subsidy: OAR 414-180-0015;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1904>

-

Registered Family: OAR 414-205-0055; OAR 414-205-0090;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

Certified Family: OAR 414-350-0220;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1909>

Certified Center: OAR 414-300-0300;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Child care center: OAR 414-300-0120

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Safe Sleep training in child care centers apply only to those facilities licensed to care for infants. This includes the director and any staff who provide care to infants.

Licensed-exempt providers are required to take the OCC-approved health and safety training that covers safe sleep practices. Registered and Certified Family child care providers must complete training prior to obtaining a child care license. Staff in child care center settings must complete the training prior to unsupervised access to and/or working with infants. Aide 1s (if an infant caregiver) and Assistant 1s must complete the training within the first 30 days of employment.

Current safe sleep training focuses on safe sleep practices for infants. The Lead Agency will be updating training to include toddlers and preschool age children with a target implementation date of July, 2022.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards change regarding new information in prevention of sudden infant death syndrome and safe sleep practices, the rules are updated and all programs receive information mailed, and emailed to them regarding the change/s in rule of the following primary languages; English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. Lead Agency also creates technical assistance documents to help explain the rule, the rationale, and the practice. OCC may do a combination of the following: Provide information/rationale and talking points to Licensing Specialists in a training or meeting. Gather support documents for Licensing Specialist to review with programs.

### **5.3.3 Administration of medication, consistent with standards for parental consent.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All types of care require parental consent and labeling with the child's name and a requirement for documenting date, time and dosage amount, and informing the parent of medication being administered. The rules require parental consent on prescription, non-prescription, as well as sunscreen.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Relatives are exempt. All rules regarding administration of medication consistent with parents consent is the same across all types of care. Parents must provide permission, and instructions and must be informed of medication administered. One

variation is in regulated subsidy (licensed-exempt non-relative). In regulated subsidy and registered family programs, medication requiring refrigeration needs to be labeled with the child's name, can be stored in a tightly covered container, and does not have to be locked. Other child care settings have a very similar rule, but the medication must have a child-proof lock or latch while in the refrigerator.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulated Subsidy: OAR 414-180-0015;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1904>

-

Registered Family: OAR 414-205-0100;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

Certified Family: 414-350-0180;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1909>

Certified Center: OAR 414-300-0230;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333> Child

care center: OAR 414-300-0120

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Administration of medication including parental consent is covered in the "Introduction to Child Care Health and Safety" training. Rules for timelines to complete the training requirement varies in child care settings and some timelines vary by positions and/or unsupervised access to children. Registered and Certified Family child care providers must complete training prior to obtaining a child care license. Regulated Subsidy providers must complete the training prior to ODHS approval. Staff in child care center settings must complete the training prior to unsupervised access to children and/or working in their position. Aide 1s/Assistant 1s must complete the training within the first 30 days of employment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards change regarding the administration of medication, the rules are updated and all programs receive information mailed, and emailed to them regarding the change/s in rule of the following primary languages; English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. OCC has also created technical assistance documents to help explain the rule, the rationale, and the practice and Licensing Specialist specialist will receive new information, including the rationale for the new practices in a training or meeting.

### 5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Specific written care plans developed between the provider and the parents are required for children enrolled who have allergies. All staff who come into contact with the child shall be aware of the plan.

The Lead Agency is in the process of updating child care licensing rules and as part of this updating will add more specific language on appropriate response to allergic reactions. The target date for the completion of rule revisions is January, 2023.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

The standard regarding the written care plan for children who are enrolled with food allergies is the same rule throughout all types of care. The variation may be in the actual plan agreed upon by the parent and the child care setting may be somewhat different.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulated Subsidy: OAR 414-180-0015;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1904>

Registered Family: OARs 414-205-0100, 414-205-0130;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>



Certified Family: OARs 414-350-0080; 414-350-0060;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1909>

Certified Center: OARs 414-300-0040, 414-300-0220;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

License Exempt: OAR 461-165-0180

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Certified Center: OAR 414-300-0120

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Registered and Certified Family child care providers must complete training prior to obtaining a child care license. Regulated Subsidy providers must complete the training prior to ODHS approval. Staff in child care center settings must complete the training

prior to unsupervised access to children and/or working in their position. Aide 1s/Assistant 1s must complete the training within the first 30 days of employment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards change regarding prevention of and responses to food allergies, the rules are updated and all programs receive information mailed, and emailed to them regarding the change(s) in rule of the following primary languages: English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. OCC has also created technical assistance documents to help explain the rule, the rationale, and the practice. OCC will use research and practical solutions of prevention and responses to allergies and train Licensing Specialists to be able to relay rationale and understanding as they work in a variety of child care settings.

### **5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Building and physical premises safety rules cover potential safety hazards appropriate to the type of care. All facilities are required to maintain the child care areas in hazard free condition. All facilities are required to have safe drinking water, appropriate room temperatures, protection from electrical fire safety hazards, and smoke detectors. Facilities are not allowed to use wading pools and rules require barriers to eliminate child access to pools, ponds and other bodies of water. Precautions protecting children from vehicular traffic include drop-off and pick-up at the curb or off-street locations protected from traffic.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Rules vary according to whether the facility is a family home or a commercial building. Rules that address safety for 2nd level floors or barriers for fireplaces and woodstoves are addressed in family child care settings, but not addressed in child care center settings.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulated Subsidy: OAR 414-180-0025;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1904>

Registered Family: OARs 414-205-0110, 414-205-0105;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

Certified Family: OARs 414-350-0140, 414-300-0165, 414-350-0250;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1909>

Certified Center: OARs 414-300-0140, 414-300-0160, 414-300-0350;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Certified Center: OAR 414-300-0120

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Building and physical premises safety, including the identification of a protection from hazards, bodies of water, and vehicular traffic topics, are included in the Introduction to Child Care Health and Safety training. Rules for timelines to complete the OCC-approved health and safety training requirement varies in child care settings and some timelines vary by positions and/or unsupervised access to children. Registered and Certified Family child care providers must complete training prior to obtaining a child care license. Regulated Subsidy providers must complete the training prior to ODHS approval. Staff in child care center settings must complete the training prior to unsupervised access to children and/or working in their position. Aide 1s/Assistant 1s must complete the training within the first 30 days of employment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards change regarding building and physical premise safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic, the rules are updated and all programs receive information mailed and emailed to them regarding the change(s) in rule in the following primary languages; English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. OCC has also created technical assistance documents to help explain the rule, the rationale, and the practice. During training and/or meetings, licensing specialists learn the rationale for the safety precautions in building, bodies or water and vehicular traffic to share with programs as they come into contact with child care programs.

### **5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Rules for all types of care require precautions to prevent head trauma and shaken

baby syndrome. Rules also do not allow for any type of child maltreatment behavior that can cause physical or emotional harm. All child care settings are required to have a written policy on guidance and discipline that prohibits maltreatment of children. Prohibited punishment and maltreatment examples are clearly outlined in licensing rules and direct staff to be aware of prohibited punishment, as well as provide positive guidance, redirection, and the setting of clear limits. Prohibited punishment includes, but is not limited to: hitting; slapping; shaking; striking with hand or instrument; pinching; tying, binding or inflicting any other form of corporal punishment; and mental or emotional punishment including, but not limited to: name calling; ridicule; yelling; threats; non-prescription chemical restraints used for discipline or to control behavior; confining a child in an enclosed area (e.g., a locked or closed room, closet, box); forcing or withholding meals, snacks, rest, or necessary toilet use; or belittling a child or forcing them to clean up after toileting accidents.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

The rules that require all child care settings to take appropriate precautions to prevent shaken baby syndrome and abusive head trauma is the same in Registered and Certified homes, child care center settings and Regulated Subsidy (license-exempt non-relative) settings.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

**Regulated Subsidy: OAR 414-180-0030;**

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1904>

**Registered Family: OAR 414-205-0085;**

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

**Certified Family: OAR 414-350-0240;**

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

[n=1909](#)

**Certified Center: OAR 414-300-0330;**

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

**License Exempt: OAR 461-165-0180**

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Certified Center: OAR 414-300-0120

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment are covered in the Recognizing and Reporting Child Abuse training requirement.

Rules for timelines to complete the Recognizing and Reporting Child Abuse training requirement varies in child care settings and some timelines vary by positions and/or unsupervised access to children. Registered and Certified Family child care providers must complete training prior to obtaining a child care license. Regulated Subsidy

providers must complete the training prior to ODHS approval. Staff in child care center settings must complete the training prior to unsupervised access to children and/or working in their position. Aide 1s/Assistant 1s must complete the training within the first 30 days of employment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards change in regards to the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment, the rules are updated and all programs receive information mailed, and emailed to them regarding the change(s) in rule of the following primary languages; English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. OCC has also created technical assistance documents to help explain the rule, the rationale, and the practice.

**5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and**



**volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All sets of rules require child care providers to have an emergency preparedness and response plan meeting the requirements of CCDF rule. The plans must include emergency procedures in the event of evacuations, shelter in place, and lockdown. Evacuation plans must be posted and reunification plans with families must be in place. Facilities must consider and describe accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Practice drills are required.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed child care centers are required to conduct drills more frequently than family-based providers. Child care centers are required to practice fire drills monthly in addition to practicing another aspect of the emergency plan (earthquakes, etc.) every other month. Certified family child care providers must practice any part of the emergency plan once a month. Evacuating the home must be practiced at least 8 times a year. If the certified family child care program is caring for more than 12 children or regularly have more than 4 children under the age of 24 months, they must practice evacuating the home monthly. Registered Family Child Care homes can have up to 2 infants and a smaller group size therefore they must practice parts of the emergency plan at least every other month. Regulated Subsidy programs must practice evacuating to a safe location every other month. Child care centers also require that all staff are familiar with the emergency telephone numbers and procedures. A staff person is designated as the person responsible for retrieving the emergency contact information upon evacuation. Registered Family Child Care settings address the use of second floors of a home for emergency evacuation purposes while child care center rules do not address this. Relatives are exempt.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulated Subsidy: OAR 414-180-0025;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1904>

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Registered Family: OAR 414-205-0110;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

Certified Family: OAR 414-350-0170;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1909>

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Certified Center: OAR 414-300-0170;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

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License Exempt: OAR 461-165-0180;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Certified Center: OAR 414-300-0120;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Emergency preparedness and response planning for emergency topics are covered in the Introduction to Child Care Health and Safety training. Rules for timelines to complete the training requirement varies in child care settings and some timelines vary by positions and/or unsupervised access to children. Registered and Certified Family child care providers must complete training prior to obtaining a child care license. Regulated Subsidy providers must complete the training prior to ODHS approval. Staff in child care center settings must complete the training prior to unsupervised access to children and/or working in their position. Aide 1s/Assistant 1s must complete the training within the first 30 days of employment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards change to rules that address emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, the rules are updated and all programs receive information mailed, and

emailed to them regarding the change(s) in rule of the following primary languages: English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. OCC has also created technical assistance documents to help explain the rule, the rationale, and the practice. Licensing specialists will also be provided with talking points to describe emergency preparedness and healthy responses during emergencies with child care programs who inquire about more information, or when a licensing specialist observes a program could benefit from additional information.

### **5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.**

#### **a. Standard(s)**

**i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

All licensed and exempt CCDF providers are required to appropriately dispose of bio-contaminants and keep hazardous materials under child safety lock.

**ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.**

Registered and Certified child care homes address storage of hazardous materials that might be part of home life such as combustible liquids (paint thinners) while child care center settings don't address this as specifically. A rule regarding disposal of bio-contaminants is identical for licensed child care centers, registered and certified family homes and regulated subsidy homes. All license types as well as regulated subsidy require hazardous materials be stored under child safety lock. Certified center and certified family also specifies these items must be stored away from food service equipment and supplies.

**iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the**

standard(s), including citations for both licensed and license-exempt providers.

Regulated Subsidy: OARs 414-180-0025, 414-180-0020;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1904>

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Registered Family: OARs 414-205-0110, 414-205-0120;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

Certified Family: OARs 414-350-0170, 414-350-0160;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1909>

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Certified Center: OAR 414-300-0170, 414-300-0180;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

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#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Certified Center: OAR 414-300-0120;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Handling and storage of hazardous materials topics are covered in the Introduction to Child Care Health and Safety training. Rules for timelines to complete the training requirement varies in child care settings and some timelines vary by positions and/or

unsupervised access to children. Registered and Certified Family child care providers must complete training prior to obtaining a child care license. Regulated Subsidy providers must complete the training prior to ODHS approval. Staff in child care center settings must complete the training prior to unsupervised access to childr and/or working in their position. Aide 1s/Assistant 1s must complete the training within the first 30 days of employment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards change regarding handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, the rules are updated and all programs receive information mailed, and emailed to them regarding the change(s) in rule in the following primary languages: English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. OCC has also created technical assistance documents to help explain the rule, the rationale, and the practice.

### 5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

If providers transport children, they must meet rules for child safety systems and supervision for all types of licensed and exempt CCDF care. Rules define and restrict use of certain vehicles manufactured to carry 10 or more passengers.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Rules in licensed certified centers address ratios and staff qualifications and training requirements for staff who transport, while registered family and certified family child care settings do not need to address this. In licensed child care centers and certified family child care setting the rules require the children to exit the vehicle on the same side of the street as the building they will enter. Rules for registered Family child care has a slight variation in that children must be dropped off at the curb and assure that children are safe from all moving vehicles as they exit.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulated Subsidy: OAR 414-180-0025;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1904>

Registered Family: OAR 414-205-0110;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

-

Certified Family: OARs 414-350-0250, 414-350-0170;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1909>

-

Certified Center: OARs 414-300-0350, 414-300-0170;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

-

OAR 461-165-0180

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Certified Center: OAR 414-300-0120;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The state does not require any training on precautions in transporting children. However, all licensed types are required to review licensing requirements, including precautions in transporting children, prior to staff conducting transportation duties.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?



Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards addressing precautions in transporting children changes, the rules are updated and all programs receive information by mail and email regarding the change(s) in rule of the following primary languages; English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. OCC has also created technical assistance documents to help explain the rule, the rationale, and the practice.

### **5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All licensed and license-exempt providers are required to have a pediatric first aid and CPR certification. This applies to all directors and caregiving staff members at centers. CPR/First Aid cards must remain current at all times.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Relatives are exempt.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Registered Family: OAR 414-205-0055;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

-  
Certified Family: OAR 414-350-0080;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1909>

Certified Center: OAR 414-300-0060;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

-  
Regulated Subsidy / License Exempt: OAR 461-165-0180;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Certified Center: OAR 414-300-0120;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Rules for timelines to complete the first aid and CPR training requirements vary in child care settings, and some timelines vary by positions and/or unsupervised access to children. Family providers must have the training prior to obtaining a license. In

licensed centers, staff have up to 90 days of orientation to obtain certification. Registered and Certified Family child care providers must complete training prior to obtaining a child care license. Regulated Subsidy providers must complete the training prior to ODHS approval. Staff in child care center settings must complete the training within the first 90 days of employment. Aide 1s/Assistant 1s must complete the training within the first 90 days of employment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards change for First Aid and CPR, the rules are updated and all programs receive information through mail and email regarding the change(s) in rule in the following primary languages: English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. OCC has also created technical assistance documents to help explain the rule, the rationale, and the practice. In addition, OCC will communicate changes with CCR&Rs and other early learning partners who assist and guide the early learning workforce in these trainings.

**5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All caregivers in all settings are required to report any suspected abuse or harm to a child. All individuals in child care setting must complete at least a 2-hour recognizing and reporting child abuse and neglect training based on Oregon law.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations of reporting suspected child abuse and neglect within provider types. The variation is in the timeline that the required training is to be completed. Timelines are detailed below.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Regulated Subsidy: OAR 414-180-0090;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1904>

Registered Family: OAR 414-205-0035;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1906>

Certified Family: OAR 414-350-0050;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1909>

Certified Center: OAR 414-300-0030;

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1908>

License Exempt: OAR 461-165-0180;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Exempt/Subsidy: OAR 461-165-0180;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Certified Center: OAR 414-300-0120;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Rules for timelines to complete the Recognizing and Reporting Child Abuse training requirement varies in child care settings, and some timelines vary by positions and/or unsupervised access to children. Registered and Certified Family child care providers must complete training prior to obtaining a child care license. Regulated Subsidy providers must complete the training prior to ODHS approval. Staff in child care center settings must complete the training prior to unsupervised access to children and/or working in their position. Aide 1s/Assistant 1s must complete the training within the first 30 days of employment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing standards change for recognizing and/or reporting child abuse and neglect, the rules are updated and all programs receive information by mail and email regarding the change(s) in rule in the following primary languages: English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. OCC has also created technical assistance documents to help explain the rule, the rationale, and the practice. Licensing specialists will receive training if and when the rules change so they can provide technical support to the programs and providers they work with.

**5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b**

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Annual training requirements include a minimum number of hours in training in child development which are due at the license renewal. The amount of child development hours required, vary by type of care setting. The following core knowledge categories or topic areas are counted toward meeting the child development training criteria: Diversity; Families and Community Systems; Health, Safety, & Nutrition; Human Growth & Development; Learning Environments & Curriculum; Observation & Assessment; Special Needs; Understanding & Guiding Behavior. Certified center and certified family require eight hours annually at license renewal; registered family requires six hours every two years at license renewal; and regulated subsidy requires two hours in human growth and development and two hours in understanding and guiding behavior at renewal every two years.

Exempt/Subsidy: OAR 461-165-0180;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260714>

Registered Family: OAR 414-205-0055;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260331>

Certified Family: OAR 414-350-0115;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260333>

Certified Center: OAR 414-300-0120;

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=260332>

The Lead Agency is developing trainings on child development that will be added to preservice training requirements with a target implementation date of July, 2022.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

The number of hours of training vary by type of care and position. Regulated Subsidy (RS) providers are required two hours in Human Growth and Development and two hours in Understanding Guiding Behavior at renewal every two years. Registered Family (RF) providers are required to obtain six hours at every two years at renewal, while Certified Family Providers and Child Care centers are required eight hours annually at renewal.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

When licensing standards change in any of the child development sections, the rules are updated and all programs receive information by mail and email regarding the change(s) in rule in the following primary languages: English, Spanish, Russian, Vietnamese, or Chinese. The Lead Agency website is updated with the new standards. OCC has also created technical assistance documents to help explain the rule, the rationale, and the practice.



**5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):**

**a. Licensed child care centers:**

At the annual renewal, staff must show they have received ongoing training hours during the previous licensing period. To show compliance each director, head teacher/teacher must complete a total of 15 annual clock hours of training, which includes: at least 8 hours in Child Development (or any combination of 8 core knowledge categories as listed above); and at least 1 hour in Health, Safety and Nutrition (HSN). These staff must show they have current pediatric CPR/First Aid and food handler training if involved in food prep or serving.

**b. License-exempt child care centers:**

License-exempt child care centers are required to complete at least one hour in Health, Safety and Nutrition annually. By the program's two-year re-evaluation, the program must show six hours of ongoing training. Two of these hours must be in Human Growth and Development; two hours must be in Understanding and Guiding Behavior; and two hours can be in any core knowledge of their choice.

**c. Licensed family child care homes:**

Providers and Assistant 2s in Certified Child Care Homes show they have a minimum total of 15 clock hours annually, which includes at least eight hours in child development and at least one hour in Health, Safety and Nutrition. Registered Family Child Care homes renew every two years. At their renewal, they require a minimum total of 10 clock hours of training, including at least six hours in child development. Programs also acquire at least one hour training annually in Health, Safety and Nutrition training. Both types of licensed homes are to maintain current pediatric first aid, CPR/First Aid, and food handler certifications.

**d. License-exempt family child care homes:**

License-exempt CCDF providers (Regulated Subsidy Providers), must complete CPR/First Aid, recognizing and reporting child abuse and neglect, and Introduction to Child Care Health and Safety training prior to approval. After approval, license-exempt

providers must complete an ODHS orientation and 6 hours of ongoing education; 2 of the 6 hours must be in the Human Growth and Development (HGD), and 2 of the 6 hours must be in Understanding and Guiding Behavior core knowledge categories. Annually, individuals in child care settings must complete at least one hour of training in the core knowledge category Health, Safety, and Nutrition.

**e. Regulated or registered In-home child care:**

License-exempt CCDF providers that provide care in the child's home (Regulated Subsidy Providers), must complete CPR/First Aid, recognizing and reporting child abuse and neglect, and Introduction to Child Care Health and Safety training prior to approval. After approval, license-exempt providers must complete an ODHS orientation and 6 hours of ongoing education; 2 of the 6 hours must be in the Human Growth and Development (HGD), and 2 of the 6 hours must be in Understanding and Guiding Behavior core knowledge categories. Annually, individuals in child care settings must complete at least one hour of training in the core knowledge category Health, Safety, and Nutrition.

**f. Non-regulated or registered in-home child care:**

License exempt providers that may be relatives, that provide child care, must complete a ODHS orientation with 90 days of being approved, and complete the Introduction to Child care health and Safety Training.

**5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)**

**a. Nutrition:**

**Describe:**

All types of licensed care and Regulated Subsidy (license-exempt non-relative) care are required to meet USDA Child and Adult Care Food Program standards. This includes care in the home of the child. Relatives are exempt. OAR 414-300-0270; OAR 414-350-0115; OAR 414-205-0055; OAR 461-165-0180. There are no training requirements for this standard.

**b. Access to physical activity:**

**Describe:**

Rules for all types of care require providers to have physical activities available to children. Certified Child Care Centers and Certified Family Child Care Homes outline specific requirements for running, climbing and other vigorous physical activities. OAR 414-300-0300; OAR 414-300-0320; OAR 414-350-0220; OAR 414-205-0090; OAR 461-165-0180. There are no training requirements for this standard.

**c. Caring for children with special needs:**

**Describe:**

Rule sets for licensed facilities require that if a child with special needs requires a specific plan, the plan shall be developed in writing with the staff and parents. All staff must be fully aware of the plan. OAR 414-300-0120; OAR 414-350-0115; OAR 414-205-0055; OAR 461-165-0180. There are no training requirements for this standard.

**d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).**

**Describe:**

Rules related to Guidance and Discipline: Regulated Subsidy: OAR 414-0180-0030; Registered Family: OAR 414-205-0085; Certified Family: OAR 414-350-0240, OAR 414-300-0330 and rules related to Program of Activities; Regulated Subsidy: OAR:414-180-0040; Registered Family: OAR: 414-205-0090; Certified Family: OAR 414-350-0220; Certified Center: OAR 414-300-0300, OAR 414-300-0320. There are no training requirements for these additional standards

## **5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers**

### **5.4.1 Enforcement of licensing and health and safety requirements.**

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is

not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

OCC licensing staff regulate and monitor OCC licensed Regulated Family, Certified Family, Certified Centers and Regulated Subsidy (license-exempt, non-relative) providers using a checklist that refers to the health and safety standards from each rule book. Unannounced on-site inspections/monitoring visits occur at least once annually for all programs mentioned above. Licensing specialists are able to observe and document that programs meet health and safety practices throughout the early childhood environment. During the health and safety visits, the Licensing Specialist monitors that the rules are being followed through observation or documentation provided by the provider/director. The Licensing Specialist verifies whether or not the provider is in compliance with rules and documents findings on the licensing contact reports and checklists. If it is determined that a rule is not being followed, the program will receive technical assistance, and a corrective action plan. A noncompliance may be cited. All programs receive technical assistance to help them understand rationale for compliance.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

The Oregon Registry Online (ORO) database verifies training for individuals from all types of care. The child care resource and referrals are able to put training directly to an individual's ORO account upon completion of a training. Oregon Center for Career Development's online trainings also show up in each individual's ORO account when completed. Multiple agencies are able to pull up reports in ORO to verify that individuals have completed the training requirements necessary to progress through the enforcement or requirement stages of approval. This includes ODHS for license-exempt providers, OCC for licensing, and Western Oregon University for Spark requirements.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

All rule books contain health and safety requirements, including fire safety. Compliance is verified by the licensing specialist. Child care centers are required to provide proof of

successful completion of fire inspections by the local fire department and an environmental check by the local Health Department or equal representative. Certified Family Homes are also required to successfully pass an environmental inspection. Non-relative exempt CCDF providers (Regulated Subsidy) receive an annual inspection to verify compliance with health, safety, and fire standards. Registered family have a biennial inspection to verify compliance with standards, as well as an annual monitoring visit.

#### **5.4.2 Inspections for licensed CCDF providers.**

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

##### **a. Licensed CCDF center-based child care**

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

The State conducts pre-license inspections for compliance with health, safety and fire standards in each type of licensed child care facility. During the pre-licensure inspection programs learn about additional local and state requirements that will need to be fulfilled prior to licensing being achieved. The program also receives technical assistance about capacity, staffing requirements and qualifications, training

requirements, facility supervision and safety information.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Child Care Centers receive an annual licensing renewal inspection, as well as annual unannounced monitoring inspections. All visits are documented in the OCC's Child Care Regulatory Information System (CCRIS). Each provider and/or director receives documented results in the form of a checklist.

iii. Identify the frequency of unannounced inspections:

- A. Once a year  
 B. More than once a year

Describe:

N/A

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Each center is required to show proof of inspections by the fire marshal and a licensed environmental health specialist. Checklists used for licensing monitoring inspections capture a center's compliance with licensing standards. Inspections include reviewing all required CCDF health, safety and fire standards. Spark rated (Oregon's QRIS) facilities with good compliance history may receive a differential monitoring visit based on key indicator rules. These programs receive the full licensing inspection every three years. In addition to unannounced annual visits, licensing staff members conduct annual renewal visits. Detailed descriptions of the monitoring visit are located in the licensing manuals. Differential monitoring checklist contains all health and safety requirements.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

OAR 414-300-0010, 414-300-0030

## 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

### **b. Licensed CCDF family child care home**

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

The state conducts pre-license inspections for Certified Family (CF) Child Care Homes. CF homes are given information on capacity, staffing requirements and qualifications, training requirements, facility supervision and safety information, and measurements are taken to help determine child care capacity. Registered Family Providers attend a two-part very thorough training on "Introduction to Registered Family Child Care" overview. This pre-license training includes information on compliance with health, safety and fire standards and is presented in partnership by the CCR&R and a Licensing Specialist. After the training is completed the provider may choose to submit an application for licensing. After submitting the application, Registered Family applicants receive a pre-licensure inspection.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

Annual unannounced on-site inspections are conducted for Certified Family Child Care Homes as well as an annual recertification visit. (Certified Child Care Licensing Manual section VIII). Registered Family Child Care Homes receive two unannounced on-site inspections within a two year period in addition to a renewal visit.

iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year

Describe:

N/A

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Spark rated (Oregon's QRIS) facilities with a good compliance history may receive a differential monitoring inspection using a revised checklist. The differential monitoring checklist includes all CCDF health and safety, and fire standards. For facilities qualifying for a differential monitoring inspection, a full inspection must be completed every three years. Registered family is not eligible for a differential monitoring inspection.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

OAR 414-350-0000 through 414-350-0405, OAR 414-205-0000 through 414-205-0170

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for



compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

N/A

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

N/A

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

N/A

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

N/A

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

N/A

#### **5.4.3 Inspections for license-exempt center-based and family child care providers.**

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address

the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

The state conducts an annual announced monitoring visit to ensure compliance with health, safety and fire standards. Differential monitoring is not used.

i. Provide the citation(s) for this policy or procedure

Regulated Subsidy Licensing Manual section V.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

The state conducts an annual on-site announced monitoring visit to ensure compliance with health, safety and fire standards. Differential monitoring is not used.

i. Provide the citation(s) for this policy or procedure

Regulated Subsidy Licensing Manual section V. OAR 414-0180-0005 - 414-180-0090

#### **5.4.4 Inspections for license-exempt in-home care (care in the child's own home).**

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

N/A

b. Provide the citation(s) for this policy or procedure.

N/A

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

N/A

#### **5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).**

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

All licensing specialists are qualified to inspect child care facilities and receive ongoing training in licensing and health and safety requirements. The position description and recruitment process calls for background, education and experience in child development or other relevant regulatory experience. Desired attributes for the licensing specialist position include background and education in child care settings. Current practice is to recruit and retain staff members that reflect cultural and language diversity of the provider population served. The state has bilingual/bicultural licensing staff members that speak Spanish, Russian, Vietnamese, Chinese and English. All new licensing staff are trained in all aspects of the state's licensing requirements through an onboarding plan.

Each field office utilizes at least weekly "huddles", and open staffing meetings to review standards, practices, and align consistent technical assistance and resources to programs.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Licensing specialists are specifically hired because of their background in early childhood education, child welfare, or child development. During their onboarding process, they receive training of all the rules for all types of care. They shadow experienced licensing specialists for each type of visit (renewal, monitor, precertification, compliance verification, technical assistance). They receive training on the agency's practice guidelines for key rules or sections of rules. These guidelines are documents that explain the rules, what it looks like in practice, and the rationale for the rule to support enforcement of licensing the health and safety standards. During onboarding, they also review annotated rules that explain or interpret the rule in more detail. Staff are given more training on specific age appropriate rules such as prepping bottles, safe sleep practices, child supervision, guidance and discipline, and what a program or activities should look like for infants, preschoolers, and school-age children. They also complete webinars from the National Association of Regulatory Agencies as part of their onboarding plan to learn about the theory of regulation and consistent practices. They complete trainings required for licensed programs such as recognizing and reporting child abuse and neglect, safe sleep training and an introductory class to child care health and safety. In the onboarding process they job shadow seasoned licensing staff until they are able to complete the inspections on their own. Once they are ready to complete the visits, they are observed multiple times over several visit types before they are on their own. They meet with lead workers and managers regularly to review rule interpretations and to staff licensing situations. The amount of time it takes before a staff person is approved to conduct visits on their own depends on the type of care they are overseeing as well as the person's background and competency displayed. Ongoing training and oversight during the onboarding period and beyond occurs through manager and lead worker job shadowing, staffings, individual coaching, team meetings and manual reviews with knowledge checks.

c. Provide the citation(s) for this policy or procedure.

Internal onboarding plans held within Lead Agency.

**5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).**

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

A number of factors are considered to determine the facility-to-licensing specialist ratio. The average caseload is 65-80 facilities per licensing specialist. While all license types are weighted equally, there may be some considerations for caseloads that have a considerably high number of large centers due to the length of time needed for oversight. Licensing staff serving in rural areas of the state where extensive travel is required may have lower ratios. Licensing staff members who monitor facilities where the provider may speak a home language other than English may also have a reduced caseload. Wherever possible, the provider (usually a home-based facility), is matched with a licensing specialist who speaks their home language.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

Description of ratio policy located in Registered Family Licensing Manual Appendix P and Certified Child Care Manual Appendix R. The weighted average caseload is 65-80 facilities per licensing specialist.

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

### a. Components of In-State Background Checks

#### i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

ORS 181A.190, ORS 181A.200, OAR 414-061-000-0120, OAR 125-007-0200 to 125-007-0330, OAR 407-007-0200 to OAR 407-007-0370

All other providers eligible to deliver CCDF Services

Citation:

ORS 181A.195, ORS 181A.200, 181A.215, 409.025, 409.027., OAR 125-007-0200 to 125-007-0330

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

ORS 181A, ORS329A.030, OAR 414-061-0000-0120

All other providers eligible to deliver CCDF Services

Citation:

ORS 181A, ORS 329A.030, OAR 407-007-0000-0100

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

ORS 181A.195, ORS 181A.200, 409.025, 409.027. ORS329A.030, OAR 125-007-0200 to 0330, OAR 414-061-0000 to 0120, OAR 407-007-0000 to 0100

All other providers eligible to deliver CCDF Services

Citation:

ORS 181A.195, ORS 181A.200, 409.025, 409.027. ORS329A.030, OAR 125-007-0200 to 0330, OAR 414-061-0000 to 0120, OAR 407-007-0000 to 0100

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check**

**components, ensuring that these requirements are in place for**

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2)



and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

ORS 181A.195, ORS 181A.200, 409.025, 409.027, ORS329A.030, OAR 125-007-0200 to 0330, OAR 414-061-0000 to 0120, OAR 407-007-0000 to 0100

All other providers eligible to deliver CCDF Services

Citation:

ORS 181A.195, ORS 181A.200, 409.025, 409.027, ORS329A.030, OAR 125-007-0200 to 0330, OAR 414-061-0000 to 0120, OAR 407-007-0000 to 0100

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

ORS181A.195, ORS329A.030, OAR 414-061-0000 to 0120

All other providers eligible to deliver CCDF Services

Citation:

ORS181A.195

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check**

**components, ensuring that these requirements are in place for**

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

ORS329A.030 OAR 414-061-0000 to 0120

All other providers eligible to deliver CCDF Services

Citation:

OAR 407-007-0200 to 407-007-370

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

ORS329A.030, OAR 414-061-0000 to 0120

All other providers eligible to deliver CCDF Services

Citation:

OAR 407-007-0200 to 407-007-370

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

ORS329A.030, OAR 414-061-0000 to 0120

All other providers eligible to deliver CCDF Services

Citation:

OAR 407-007-0200 to 407-007-370

### **5.5.2 Procedures for a Provider to Request a Background Check.**

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per  $\text{Å}\text{§}$  98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in  $\text{Å}\text{§}$  98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

The provider/staff member, regardless of provider type, can access the application via our website: <https://oregonearlylearning.com/providers-educators/providers-educatorsnbr/> and can either submit the application electronically or print and mail the application. For providers that have resided outside of the state within five years the Office of Child Care sends the additional instruction and forms to complete the interstate checks based on the state's requirements at the same time the instructions for fingerprinting is sent. The background specialist sends fingerprinting materials to the applicant via email and regular mail containing directions and Fieldprint information which allows the applicant to set up an appointment via Fieldprint's website. Once the applicant

is fingerprinted, the prints are sent to the Oregon State Police (OSP) and processed through their central repository and then through the FBI's system. The Lead Agency receives electronic notification once the results are processed. This process is the same for all three components of the interstate background check. The Lead Agency also accesses the public website for the National Sex Offender Registry to check applicant records for any sex offender history.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Lead Agency does not charge for the background checks; also pays for the fees associated with the fingerprinting process for the FBI check.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Provisional employment allows providers to avoid procedural delays that result in losing qualified staff to other employers while also ensuring that their provisional employees have successfully passed several elements of the required checks prior to approval. We also require that provisionally approved applicants are always supervised by individuals who are actively enrolled in our Central Background Registry.

Prior to being provisionally approved, the lead Agency requires an applicant to pass several background checks and also requires the submission of the applicant's fingerprints to the state repository for the in-state criminal background check and the FBI nationwide criminal background check. The background checks that must be passed for provisional employment include the in-state criminal, child abuse and neglect, and sex

offender registry checks. These checks are conducted by searching using the applicant's name/date of birth and social security number (if available). In Oregon, our state repository simultaneously conducts the fingerprint-based in-state criminal background check and the FBI nationwide criminal background check. ORS 329A.030; 414-061-0020; 414-061-0060; 414-061-0070; 414-061-0075; 414-061-0090. The processing times for these fingerprint-based checks can be very long and thus can negatively impact our providers' ability to fill positions and meet regulatory requirements.

The Lead Agency is confident that the breadth of the checks we conduct prior to granting conditional enrollment, as well as the requirements of conditional enrollment, meets the intent of the regulation to ensure the safety of children while also supporting our providers.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

The provider/staff member can access the application via our website, <https://oregonearlylearning.com/providers-educators/providers-educatorsabr/> and can either submit the application electronically or print and mail the application. For providers that have resided outside of the state within five years they will receive additional instruction and forms from the applicable state in order to complete the interstate checks based on that state's requirements. The background specialist accesses the out of state portal and sends the applicant the applicable state form. Once the authorization form is returned, the Lead Agency continues processing the out-of-state checks and the Lead Agency sends the CPS and criminal records checks for each state listed on the application to the other state's repository. The responding state has thirty (30) days to respond to the inquiry. Based on the information in the reports, the applicant is either approved or denied.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

The Lead Agency requires the staff member to submit a renewal application every five years, either electronically or via mail, which includes all components for the background check process.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Upon notification from the employer that a staff member has been separated from employment (child care related), our database tracks the lapse of employment, after 180 consecutive days, the status in our system is updated to inactive. Upon notification from a prospective employer a background check is required before the prospective staff member's status changes to indicate they can have unsupervised access to child care children.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

**<https://oregonearlylearning.com/providers-educators/providers-educatorsnbr/>**

### **5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.**

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

The Lead Agency conducts background checks, the in-state criminal , child abuse and neglect, and sex offender registry checks. These checks are conducted by searching using the applicant's name/date of birth and social security number (if available) within 2-5 days. The Early Learning Division sends the applicant the instructions for fingerprinting electronically and by mail. The fingerprints are sent via livescan to the Oregon State Police. Oregon State Police conducts an instate and national criminal records check and returns the results to the Early Learning Division electronically within 14 days. The Early Learning Division staff will review the application and results and make a determination on eligibility within 45 days. When enrollment is approved, the system generates an approval letter which is mailed to the individual. When enrollment is or denied, in either system, the applicant is notified via legal notice which is sent certified mail. is informed. The denial notice outlines the reason and specifies the disqualifying crimes and conviction information and includes appeal rights. The Oregon Department of Human Services conducts background checks as quickly as possible for license exempt providers and other subject individuals. An applicant may appeal an eligibility determination, for any reason, through a contested case hearing. The denial notice contains information on how to request a hearing to challenge the eligibility determination. An applicant may appeal an eligibility determination, for any reason, through a contested case hearing. The denial notice contains information on how to request a hearing to challenge the eligibility determination.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

The procedure is the same as above, our state repository conducts the fingerprint-based in-state criminal background check and the FBI nationwide criminal background check simultaneously. The NCIC NSOR check is conducted by the Oregon State Police during

the fingerprint-based criminal checks. The Oregon Department of Human Services conducts background checks as quickly as possible for license exempt providers and other subject individuals. When enrollment is approved or denied in either system, the applicant is informed. The denial notice outlines the reason and specifies the disqualifying crimes and conviction information.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

The Lead Agency has the required processes for all states and territories and submits the appropriate form(s) to the appropriate out of state repository. The Lead Agency conducts background checks as quickly as possible for individuals applying for enrollment in the Central Background Registry. The Oregon Department of Human Services conducts background checks as quickly as possible for license exempt providers and other subject individuals. When enrollment is approved or denied in either system, the applicant is informed. The denial notice outlines the reason and specifies the disqualifying crimes and conviction information and includes appeal rights. An applicant may appeal an eligibility determination, for any reason, through a contested case hearing. The denial notice contains information on how to request a hearing to challenge the eligibility determination. States and Territories may contact the Oregon Department of Human Services, Child Protective Services for child abuse and neglect check information.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

The Lead Agency reviews all required background check components when received. An application is assigned to a background specialist within (1) business day, fingerprint information is sent via email and snail mail within (2) business days. Fieldprint typically has appointments within 48 hours. The out of state authorizations are sent to the applicants at the same time that fingerprinting information is sent. Typically, if there are no criminal or CPS issues, qualified applicants are approved within 45 days. When enrollment is approved, the system generates an approval letter which is mailed to the



individual. When enrollment is denied, the applicant is notified via legal notice which is sent certified mail. The denial notice outlines the reason and specifies the disqualifying crimes and conviction information and includes appeal rights. The Oregon Department of Human Services conducts background checks as quickly as possible for license exempt providers and other subject individuals. In the rare circumstance that we have not received the interstate check results within the 45 day timeframe, we will continue the approval process without the information. However, if we receive potentially disqualifying information after approval we will take appropriate action, ie removal.

**e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.**

The process for an applicant that lives in a state other than Oregon is similar to the Lead Agency's interstate process. The Lead Agency submits the fingerprint card to OSP and the FBI, and completes the out of state check process, however, people living out of state are not eligible for provisional employment in Oregon. The Lead Agency sends the applicant the instructions for fingerprinting electronically and by mail. The fingerprints are sent via livescan to the Oregon State Police. Oregon State Police conducts the national criminal records check and returns the results to the Lead Agency electronically within 14 days. The Lead Agency submits the appropriate form(s) to the appropriate out of state repositories. This process typically takes 45 days or less to complete as the Lead Agency handles these applications the same way applications for people currently living in Oregon are handled. The Oregon Department of Human Services conducts background checks as quickly as possible for license exempt providers and other subject individuals.

**5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.**

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws

of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

### **5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:**

#### **a. Interstate Criminal History Registry Check Procedures**

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency is not the law enforcement entity in the state and has no authority to respond to other states', territories' or out of state tribal requests for Oregon state background check results or to conduct background checks on their behalf. However, Oregon is an NFF state and requesting states can access the information through FBI fingerprinting. See <https://oregonearlylearning.com/administration/state-plans/#leadagencycontact> .

#### **b. Interstate Sex Offender Registry Check Procedures**

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency is not the law enforcement entity in the state and has no authority to respond to other states', territories' or out of state tribal requests for Oregon state background check results or to conduct background checks on their behalf. States and territories may contact the Oregon State Police for state criminal and sex offender checks. The lead Agency provides requesting states with contact information for the Oregon State Police to run sex offender checks. See <https://www.oregon.gov/osp/programs/SOR/Pages/default.aspx>

### c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency is not the Child Abuse and Neglect repository in the state and has no authority to respond to other states', territories' or out of state tribal requests for Oregon state background check results or to conduct background checks on their behalf. States and territories may contact the Oregon Department of Human Resources for state child abuse and neglect registry checks. See <https://www.oregon.gov/DHS/BUSINESS-SERVICES/CHC/Pages/Child-Protective-Services-Checks.aspx>

## 5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead

Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

**Note: The links provided below should be a part of your consumer education website identified in 2.3.11.**

**a. Interstate Criminal Background Check:**

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?

- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://oregonearlylearning.com/administration/state-plans/#leadagencycontacts>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://oregonearlylearning.com/administration/state-plans/#leadagencycontacts>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://oregonearlylearning.com/administration/state-plans/#leadagencycontacts> **Services-Checks.aspx**

**5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent**

**misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).**

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

In addition to crimes listed, felonies and misdemeanors considered crimes against persons are considered. This includes property, including theft, involving fraud or deception, crimes against the state and public justice, public order including firearms, against public health, decency and animals, and major traffic crimes. ORS 181A.190, ORS 181A.200, OAR 414-061-000-0120, OAR 125-007-0200 to 125-007-0330, OAR 407-007-0200 to OAR 407-007-0370.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

The Lead Agency notifies an applicant about the status of their Central Background Registry enrollment (which determines their eligibility to work in a child care program) via email and regular mail. Background checks are conducted in secure areas by staff members with Criminal Justice Information System clearance. No information on individuals is provided to anyone outside the department. The Department of Human Services and the Early Learning Division have processes to appeal the results of background checks through a contested case hearing. (OAR 414-061-0120 and OAR 407-007-0330). All contested case hearings requested for inaccurate information contained within records received from Oregon State Police, the FBI or child protective services must be made through those departments. Any conviction including a felony drug conviction is eligible for a review.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment

(98.43 (e)(2-4).

The Oregon Department of Human Services and the Lead Agency have processes to appeal the results of background checks through a contested case hearing. (OAR 414-061-0120 and OAR 407-007-0330). All contested case hearings requested for inaccurate information contained within records received from Oregon State Police, the FBI or child protective services must be made through those departments. Any conviction including a felony drug conviction is eligible for a review.

### **5.5.8 Appeals Processes for Background Checks**

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
- The Lead Agency must work with other agencies that are in charge of background check



information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

The Oregon Department of Human Services and the Lead Agency have processes to appeal the results of background checks through a contested case hearing. (OAR 414-061-0120 and OAR 407-007-0330). An applicant may appeal the results of a background check and request a contested case hearing by contacting the lead agency in writing, pursuant to ORS 183.413 through 183.470.

All Oregon contested case hearings requested for inaccurate information contained within records received from Oregon State Police, the FBI or child protective services must be made through those departments. The applicant is notified via certified mail that they have been denied admission and the letter contains contested case language indicating that the applicant has the right to appeal the decision.

To challenge the decision from the Lead Agency, the applicant is entitled to request a hearing as provided by the Administrative Procedures Act (chapter 183, Oregon Revised Statutes). The applicant must make a written request to the OCC no later than 60 days from the date the notice was mailed. The request should be sent to the Office of Child Care, 700 Summer St., NE, Suite 350, Salem, OR 97301. The request may also be submitted via fax at (503) 947-1428 or e-mail [occ.hearings@state.or.us](mailto:occ.hearings@state.or.us).

To challenge information from Oregon Department of Human Services, once a denial decision has been made, the provider has 45 days to request a hearing. If the situation has changed that caused the denial, the provider may contact the Background Check Unit for a review of the circumstance.

They can access the form here: <https://www.oregon.gov/dhs/BUSINESS-SERVICES/CHC/Pages/Forms.aspx> .

An applicant may contact the law enforcement agencies directly to challenge the results contained in the criminal background checks. The applicant may contact the state or

federal agency or send a written challenge request to the FBI's Criminal Justice Information Systems Division.

**b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?**

The appeals process is the same for interstate checks as it is for in-state only checks. To challenge the decision from the Lead Agency, the applicant is entitled to request a hearing as provided by the Administrative Procedures Act (chapter 183, Oregon Revised Statutes). The applicant must make a written request to the OCC no later than 60 days from the date the notice was mailed. The request should be sent to the Office of Child Care, 700 Summer St., NE, Suite 350, Salem, OR 97301. The request may also be submitted via fax at (503) 947-1428 or e-mail [occ.hearings@state.or.us](mailto:occ.hearings@state.or.us).

However, if an applicant is disputing results received from other states', the background specialist provides the applicant with the contact information from the other states' responding agency. If the lead agency receives notification that the record has been corrected, then we contact the other state for an updated report and continue the application process.

This information is not on our website.

**c. Interstate Child Abuse and Neglect (CAN) Registry Check:**

The Oregon Department of Human Services and the Lead Agency have processes to appeal the results of background checks through a contested case hearing. (OAR 414-061-0120 and OAR 407-007-0330). An applicant may appeal the results of a background check and request a contested case hearing by contacting the lead agency in writing, pursuant to ORS 183.413 through 183.470.

To challenge the decision from the Lead Agency, the applicant is entitled to request a hearing as provided by the Administrative Procedures Act (chapter 183, Oregon Revised Statutes). The applicant must make a written request to the OCC no later than 60 days from the date the notice was mailed. The request should be sent to the Office of Child Care, 700 Summer St., NE, Suite 350, Salem, OR 97301. The request may also be submitted via fax at (503) 947-1428 or e-mail [occ.hearings@state.or.us](mailto:occ.hearings@state.or.us).

However, if an applicant is disputing results received from other states', the background specialist provides the applicant with the contact information from the other states'

responding agency. If the lead agency receives notification that the record has been corrected, then we contact the other state for an updated report and continue the application process.

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### 5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

N/A

- c. Relative providers must fully comply with all licensing requirements.

### 5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

Relative providers are exempt from licensing and from an inspection by a licensing specialist. However, relative providers are required to self-attest with ODHS to meeting health and safety standards that mirror health and safety standards in registered family child care.

- c. Relative providers must fully comply with all health and safety standard requirements.

### 5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

License-Exempt Relative providers must complete the 2-hour Introduction to Child Care Health and Safety.

- c. Relative providers must fully comply with all health and safety training requirements.

### 5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

N/A

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

### 5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - i. Criminal registry or repository using fingerprints in the current state of residency
  - ii. Sex offender registry or repository in the current state of residency
  - iii. Child abuse and neglect registry and database check in the current state of residency
  - iv. FBI fingerprint check
  - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
  - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
  - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
  - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of

progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

## 6.1 Professional Development Framework

**6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.**

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Oregon's professional standards and competences incorporate ten Core Knowledge Categories that provide the foundation for Oregon's Career Development Systems.

These ten categories are the basis for training required for Oregon Child Care Licensing, Spark (QRIS), and programs that receive Oregon Department of Human Services

subsidies. The core knowledge categories are: Diversity; Families and Community Systems; Health Safety and Nutrition; Human Growth and Development; Learning Environments and Curriculum; Observation and Assessment; Personal Professional Leadership; Program Management; Special Needs; and Understanding Guiding Behavior. These ten areas offer guidance to professionals for providing quality and culturally responsive care and education for children.

**ii. Career pathways. Describe:**

The Oregon Registry: Pathways for Professional Recognition in Childhood Care and Education (career lattice) include Step 1 through Step 12. Each step represents training and education in the Core Knowledge Categories. There are three pathways for moving up in the Oregon Registry. 1) Degree, Credential, Certificate (DCC), 2) College Course Credit (CCC), and 3) Community Based Training (CBT). Oregon is preparing Requests for Proposals to adapt our career pathways and registry to Oregon's vision and transition from Core Knowledge Categories to adopting NAEYC's Early Educator Competencies. Career pathways will then incorporate these competencies in the step advancement. Apprenticeship and other potential models will also be researched and adopted within Career Pathways.

**iii. Advisory structure. Describe:**

The Early Care and Education Committee of the Early Learning Council serves as Oregon's advisory body on early childhood professional development and provides guidance on early learning standards, professional competencies and career pathways. The membership of the Early Care and Education Committee meets the federal Head Start requirements for State Advisory Councils.

**iv. Articulation. Describe:**

Of the 17 community colleges in Oregon, 15 provide credit for prior learning for an Oregon Registry Step 7 or a CDA. The college course credits vary among the community colleges. Typically, an early learning professional could acquire from 8 - 15 credits in early childhood education. Oregon will be expanding the Early Learning Professional Development Consortium throughout the state to model the cohort model pilots in Southern Oregon and Central Oregon. The model builds articulation agreements among community colleges and universities. Additionally, community-based training will include options for obtaining college credits that can be articulated to certificates and degrees.

v. Workforce information. Describe:

Oregon tracks multiple data points on the early learning workforce. Examples of data topics include: numbers of early learning educators and their employment title in the field; numbers of professionals at each step on the Oregon Registry by county; numbers and types of early learning trainers in the Oregon Registry Trainer program; number of attendees to each training event; number of individuals that complete the online trainings that Oregon offers (Introduction to Child Care Part 1, Health and Safety, Department of Human Services Provider Requirements, Recognizing & Reporting Child Abuse and Neglect, Safe Sleep, and the Oregon Early Learning Standards).

vi. Financing. Describe:

The Lead Agency funds organizations to provide professional development services and access to low-cost or free training to the early learning workforce. The statewide child care resource and referral system is a key professional learning system partner that provides free access for providers to Focused Child Care Network training and consultation. The Oregon Center for Career Development in Childhood Care and Education operates the Oregon Registry Pathways for Professional Recognition in Childhood Care and Education programs and creates standardized trainings that are implemented by child care resource and referral programs and other community trainers. The Research Institute at Western Oregon University administers Spark (Oregon's Quality Rating and Improvement System or QRIS) supports continuous quality improvement of early education programs and also offers reimbursement for training expenses incurred by providers for various required trainings. Scholarships are available for child care providers taking college classes or other fee-based trainings through both child care resource and referral agencies and the Oregon Center for Career Development.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

College course credits can be used to achieve a higher step on the Oregon Registry. All



caregivers in licensed facilities have some level of ongoing training required by licensing. This is also true for Regulated Subsidy (license-exempt, non-relative) providers. This ongoing annual training and required content can be used to advance on the Oregon Registry. If individuals achieve an Oregon Registry Step 7, they can present this to their local community college and follow the process for acquiring college course credit.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

**Describe:**

As individuals achieve an Oregon Registry Step 7 or a Child Development Associate Credential, they can present this to their local community college and follow the process for acquiring college course credit. Some child care resource and referral programs across the state have begun to work with and advocate for community colleges to provide credit for providers for trainings at local child care resource and referral programs. The Southern Oregon Early Learning Professional Development Consortium is a pilot project to establish articulation agreements among four Community Colleges and Southern Oregon University to support early educators to obtain an ECE degree. The collaborative partnership includes three child care resource and referral programs providing relationship-based professional development through the Quality Improvement Specialists, who guide the cohorts in work/life/school balance and navigate the college system. Oregon will be expanding this pilot throughout the state over the next two years.

- iii. Other

**Describe:**

N/A

**6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.**

The Early Learning Council spent a year working with cross-agency partners— Oregon Department of Human Services, Oregon Department of Education, Oregon Early Learning

Division, Oregon Health Authority, and Oregon Housing and Community Services— and hearing from communities, partners, parents, and providers to develop *Raise Up Oregon: A Statewide Early Learning Systems Plan*. Stakeholders including parents, early educators, higher education faculty, local regional partners and committees of the Early Learning Council informed the strategies ultimately approved, including Oregon’s professional development framework.

### **6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).**

**Strategies in the Early Learning Professional Learning Systems Plan focus on the ongoing acquisition of skills and knowledge. The Lead Agency is utilizing a framework derived from research and practice in the areas of: recruitment and respect; preparation, degrees and credentials; professional learning; and retention. Within the professional learning plan framework we address each of the corresponding areas:**

- Quality:**
  - Adopt and adapt competencies that build effective skills for early educators including supporting children who have experienced trauma, positive racial identity development, and infant and toddlers**
  - Develop and deliver competency-based, high-quality professional learning for early educators**
  - Provide targeted technical assistance for early childhood leaders**
  - Expand early education consortia approach through child care resource and referral organizations**
  - Design career pathways with early educators to revise Oregon Registry Online**
- Diversity:**
  - Support providers serving priority populations, including providers who represent the culture and languages of the children in the child care resource and referral region, through Focused Child Care Networks**
  - Develop trainers who mirror the demographics, culture, and wisdom of underrepresented communities through The Growing Master Trainer initiative**
  - Engage in conversations with tribal leadership at state and regional levels to respond to professional development needs and to develop flexible approaches when creating system level strategies in consultation, coaching, and regional systems supports.**
- Stability:**
  - Provide financial assistance to licensed and license-exempt providers through their perspective unions to receive college credit**

- Offer incentives allow providers to remain in the child care field who might otherwise leave because of the inability to afford continuing education requirements
- Operate focused child care networks through child care resource and referral programs to support stability for providers in meeting their goals, including, but not limited to: providing quality care, increasing education level, and becoming licensed
- Retention:
  - Provide education awards to incentivize current educators to continue to grow within the field
  - Develop an approach to ongoing advisement to current workforce
  - Provide incentives such as scholarships for trainings, curricula, and classroom materials through Child care resource and referral programs to: reduce barriers to increased education and movement in Spark; and meet requirements to encourage retention
  - Provide post-rating incentive payments through Spark to maintain quality, which is often used to help subsidize staff training and professional development

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

### **6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:**

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

- The knowledge and application of its early learning and developmental guidelines (where applicable); The Early Learning Standards training is available in English and Spanish. The training is online with no fee which provides an incentive for providers to take the training as part of the total hours of annual professional development. Each of the domains in the Early Learning Standards are directly related (translated) to the core knowledge categories of the professional development system. All training accepted to meet training and professional development requirements must meet one of the core knowledge categories.
- its health and safety standards (as described in section 5); Registered family child care providers are required to complete the following training: Introduction to Registered Family (part one online and part two provided by Child Care Resource and Referral programs); Introduction to Child Care Health and Safety; First Aid and CPR; Food Handler's Certification; Recognizing and Reporting Child Abuse and Neglect; Safe Sleep; and ten hours of training every two years. Certified family child care providers are required to complete: Introduction to Child Care Health and Safety; First Aid and CPR; Food Handler's Certification; Recognizing and Reporting Child Abuse and Neglect; Safe Sleep; and 15 hours of training annually. An Assistant 2 must complete: Introduction to Child Care Health and Safety; First Aid and CPR; Food Handler's Certification; Recognizing and Reporting Child Abuse and Neglect (if the facility is licensed for more than 12 children); Safe Sleep; and 15 hours of annual training. Child Care Centers: Teachers and Aide 2s are required to complete: Orientation; Introduction to Child Care Health and Safety; First Aid and CPR; Food Handlers Certification (if they work with food); Safe Sleep; and Recognizing and Reporting Child Abuse and Neglect. In addition, teachers and directors are required to have 15 hours of annual training. Directors and substitute staff are also required to complete the Introduction to Child Care Health and Safety. Child Care Health and Safety training is incorporated into the foundational professional development expectations to become licensed and accept subsidies.
- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).
  - Social-emotional/behavioral and mental health content falls within two core knowledge categories, Human Growth and Development (HGD) and Understanding and Guiding Behavior (UGB). In order to advance in the Oregon Registry following the community-based training pathway, or combination of community-based and college course pathway, an individual must have training hours in Human Growth and Development and Understanding and Guiding Behavior to move beyond a Step 4. In the degree, credential, certificate pathway, and the college course credit

pathway, education hours in Understanding and Guiding Behavior become requirements in higher steps (Step 7 or Step 9).

- The Lead Agency is developing an infant and early childhood mental health consultation model with race, culture and language at the center of the strategies proposed. With significant stakeholder engagement, the proposed model will address professional development and job-embedded professional learning supports that target suspension and expulsion with professional consultants that build skill levels of the early educator and their approach to reducing behavior concerns of children.

### **6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).**

**Oregon's Early Learning Division contracts with programs in the child care resource and referral system to provide training to child care providers in communities throughout the state, including providers supported through the Indian tribes and tribal organizations. The child care resource and referral system routinely conduct outreach activities promoting professional development opportunities to early education and child care providers associated with the Tribes. Examples of these partnerships between child care resource and referral programs and the Tribes follow:**

- In Deschutes County, the child care resource and referral program works with the Warm Springs Tribe to offer training and on request, will provide staff training on the reservation at the child care facility.**
- In Douglas, Klamath and Lake Counties, the South Central Child Care Resource established a partnership with Klamath Tribes to provide technical assistance for the tribal child care center and to provide staff training at no fee in order to complete needed training and professional development.**
- In Coos and Curry Counties, the child care resource and referral program works with the Coquille Tribe and the Confederated Tribes of Coos, Lower Umpqua and Siuslaw. The Coquille Tribal Head Start and Coquille Tribe are included in all training and conference notifications and members have participated in the annual Retreat by the Lake conference. Staff members from the Siletz Tribal Child Care Center – Tenas Ilahee participate in trainings and technical assistance offered by the child care resource and referral program.**
- Coos and Curry and Deschutes, Crook, Jefferson child care resource and referral programs work with the tribes in their region for Baby Promise, the contracted slot and quality improvement program**

**6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:**

**a) with limited English proficiency**

1. Through a variety of connections, orientations, networks and trainings, staff promote subsidy participation and assist in navigating how to be approved for accepting subsidies in the provider's native language. This work includes the following:
  - The Early Learning Division translates all essential child care provider documents into Spanish, Traditional Chinese, Vietnamese and Russian through a translation vendor. Designated staff members who speak the languages fluently proof the materials.
  - Early learning system providers have access to a language line with multiple languages available.
  - The Early Learning Division provides registered family child licensing rules books in English, Spanish, Russian, Vietnamese and Traditional Chinese. The Early Learning Division employs individuals who speak these languages in geographic areas where these languages are prominent.
  - The Early Learning Division works closely with the Immigrant and Refugee Community Organization who access a federal microenterprise development grant to recruit providers and help them establish child care businesses. The providers are from Burma (Myanmar), Somalia, and other countries.
  - Child care resource and referral programs provide services to providers in multiple languages depending on the area or region served throughout the state. Trainings, workshops, focused child care networks, printed materials and other publications are made available in other languages, including Spanish, Russian, Somali, Vietnamese and traditional Chinese.
  - The Introduction to Registered Family, Parts 1 & 2, are available in multiple languages including Spanish, Russian, Vietnamese and Traditional Chinese.
  - All 15 child care resource and referral programs employ individuals who are actively involved in their language community and develop culturally responsive trainings depending on the demographics of their region. Child care resource and referral trainers frequently teach classes in other languages and take extra effort to market the trainings to specific populations. All workshops relate to one or more of Oregon's core knowledge categories and meet Oregon Training and Education criteria.
  - Fourteen of Oregon's standardized trainings are offered in at least one language other

than English. Focused child care networks, organized by child care resource and referral entities, often center around supporting providers who speak the same language. Focused networks will provide training and support in providers' native language, encourage leadership skills and activities, and build communities of support that last well past the end of the direct network services.

- Designated staff enroll new providers in the Find Child Care Oregon database and update vacancies quarterly and program information annually.
- The Oregon Registry provides major documents and training in Spanish and Russian.
- Outreach efforts for recruitment in Spark (Oregon's QRIS) target providers who are further from opportunity and prioritize services for diverse populations in a culturally responsive manner. On a quarterly basis, the Early Learning Division also assesses the numbers of professional development trainings offered in each language through the statewide training calendar. This allows the Early Learning Division to provide technical assistance and information to all early learning organizations.

#### b) who have disabilities

A variety of strategies are used to recruit providers who have disabilities into the subsidy system. Child care resource and referral programs recruit and support child care providers with disabilities by providing professional interpretation and signing for deaf or hearing-impaired providers to enter the field. Supportive activities include Introduction to Registered Family Child Care or the orientation to the subsidy program, as well as ongoing training. The Lead Agency pays for interpreting services. Child care resource and referral programs work to provide appropriate methods of communication to ensure full participation, as well as ADA accommodations.

#### **6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).**

Oregon's trainings are differentiated to allow child care providers to fulfill the requirements while concentrating on a specific group such as infants, school-age, dual-language learners,

or children with developmental delays and disabilities. This enables choices for providers to meet requirements and focus on critical populations of children.

The child care resource and referral system lists the relevant age group for each training and core knowledge category. Through grant contracts with the child care resource and referrals, training is available throughout the state during times and at locations that meet child care providers' needs. These include content areas that provide knowledge and skills for caring for children receiving subsidies, different age groups, children with developmental delays and disabilities and children who are English learners. As Oregon's professional development delivery system, the child care resource and referral trainings are culturally, linguistically and developmentally responsive in both content and instruction, and they offer adult learning practices in theory and application. The child care resource and referral programs are a training resource to early learning programs in all geographic areas in Oregon, including tribal programs and license-exempt providers who accept child care subsidy payment, with concentration on access for English language learners or training in other languages. All standardized trainings adopted by the State are developed in multiple languages.

Additionally, the Inclusive Child Care Program works individually with early learning educators caring for children with special needs. The Inclusive Child Care Program staff go on site to observe and offer technical assistance. The Inclusive Child Care Program staff person also makes arrangements to have one-on-one conversations and gives instruction regarding the best path and adaptation for the child in that environment. Inclusive Child Care Program is also available for phone consultations, technical assistance for both parents and providers, and provide training around supporting children with special needs in care through the child care resource and referral agencies.

**6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).**



a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

Oregon has a self-study training opportunity "Serving Families Experiencing Homelessness." The goal of the training is to help early learning professionals identify and serve families experiencing homelessness or other difficult times. The self-study training is available to all early educators in Oregon and provided on the Lead Agency website. It includes a list of McKinney-Vento liaisons and contact information for each school district in Oregon.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The McKinney-Vento program coordinator at the Oregon Department of Education and the liaisons in each school district assist families that are experiencing homelessness. Staff members of the Lead Agency, the Oregon Department of Human Services and school district liaisons are made aware of the self-study "Serving Families Experiencing Homelessness." The McKinney-Vento program coordinator participates in engagement efforts and presents to early learning audiences on request.

**6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.**

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

Both Oregon's Professional Development System and Spark (Oregon's QRIS) support quality business practices in child care programs. Oregon has an intensive training series, "Build a Business for Certified Family Child Care Programs", offering 60 hours in program management, that also aligns with Spark. This training series provides intensive training and coaching on policies, handbooks, contracts, staffing, accounting and compliance with local laws, to support their small businesses.

The child care resource and referral system provides training and technical assistance to

child care businesses on business practices. Trainings are held in multiple languages across the state, including Spanish, Russian, Vietnamese, Traditional Chinese, and English. Trainings are held in urban and rural settings and designed for different levels. The National Center on Early Childhood Quality Assurance provided a training-of-trainers series to child care resource and referral Quality Improvement Specialists and Infant Toddler Specialists called "Strengthening Business Practices for Child Care Programs". Through this series, child care resource and referral staff were trained to present four modules of business practices content to family and center-based child care providers. The modules are: Budgets, Projections, and Planning; Financial Reports and Internal Controls; Marketing for Child Care Programs; and Staff Recruitment and Retention for Center-Based Child Care Programs. The training content and activities are designed to strengthen early educators' foundational knowledge of sound fiscal management and business operations. These trainings are offered in each child care resource and referral region and are available quarterly in multiple regions with an expectation that trainers will provide the class or the tools associated in group or individualized training opportunities.

Providers participating in Spark have access to business-related resources through a shared services website hosted by The Research Institute at Western Oregon University. Quality Improvement Specialists within each child care resource and referral program work to support child care programs in the Administration and Business Practices domain of Spark while working through their portfolio. Cohorts of providers through the state's focused child care networks are also supported with training and consultation to improve business practices. Spark has an Administrative and Business practice standard domain which is tiered towards an increasing number and depth of best practices for child care businesses.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management

- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

Policy and procedure writing, tax preparation, basic computer skills, business philosophy, ethics, professional conduct, equity, child care contract development, legal issues in child care, increasing quality in child care settings. In Spark, income, expense, and tax records, budget and planning, personnel policies, professional space, personnel performance, self-assessment, adult-child interactions, staff positive working relationships, membership in professional organizations, and comprehensive program evaluation.

### 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

#### 6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

Supporting Children's Social and Emotional Development Birth -5. 4 modules, that are 2.5 hours long. Content includes; The Foundation (attachments, positive relationships); Creating Supportive Environments: Responding to the individual child; Guiding Children's Behavior; CCDF funds were used.

Content: ZERO TO THREE Critical Competencies for Infant Toddler Educators has 18 hours of social and emotional training hours and 12 hours of Cognitive training utilizing CCDF funds for the train the trainer and implementation of trainings in communities. Funded with CCDF, federal PDG & state funds through the Student Success Act.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Mind in the Making Training of Trainers curriculum focused on strengthening the critical executive function skills in children. The training focuses on adults learning and developing processes that help children build skills to manage thoughts, actions and emotions to achieve goals. The skills make it possible to consider alternative perspectives and respond to changing circumstances (cognitive flexibility), to keep information in one's mind so it can be used (working memory), and to resist automatic and impulsive behavior (inhibitory control) so one can engage in goal-directed reasoning and problem solving.

- Trauma-Responsive Care: A Framework for Resiliency in Infant/Toddler Care Training for Trainers. This opportunity will develop a cadre of qualified trainers to provide professional development, tools, and resources on Trauma-

Responsive care to infant/toddler professionals. The training content will focus on strategies for implementation by infant/toddler caregivers to support the social and emotional well-being of children, families, and themselves as early childhood professionals.

- Child care resource and referrals utilize funding to provide regional training opportunities utilizing Collaborative Problem Solving, Circle of Security, and Positive Behavior Interventions and Supports all focused on strategies that caregivers can implement and learn to strengthen their understanding of the child and how their approach supports or does not support the child.
- Early Learning Hubs prioritize trauma informed, inclusion and behavior intervention strategy training based on needs identified in their communities and work in partnership with child care resource and referrals and other early education partners to fill gaps in content
- Funded with CCDF, federal PDG & state funds through the Student Success Act.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

Mind in the Making Training of Trainers curriculum focused on strengthening the critical executive function skills in children. The training focuses on adults learning and developing processes that help children build skills to manage thoughts, actions and emotions to achieve goals. The skills make it possible to consider alternative perspectives and respond to changing circumstances (cognitive flexibility), to keep information in one's mind so it can be used (working memory), and to resist automatic and impulsive behavior (inhibitory control) so one can engage in goal-directed reasoning and problem solving.

OSU's Capacity Building Center is developing curricula aligned with early learning and developmental standards and the NAEYC adopted competencies for early educators.

Child care resource and referral programs offer culturally and linguistically responsive training on curricula, instruction, developmentally appropriate approaches and environmental trainings aligned with the early learning and kindergarten guidelines. These are offered in English, Spanish, Russian, Vietnamese, and traditional Chinese. Funded with CCDF, federal PDG & state funds through the Student Success Act.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

- Coordinated enrollment developing the partnerships within community systems to ensure eligible children have targeted placements to maximize public funds for slots while honoring parental choice
- Parent leadership councils will be developed to increase partnerships and increase pathways for parents to make choices that consider their children's interests and needs.

Funded with CCDF, federal PDG & state funds through the Student Success Act.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

Essential Fellowship Data Dialogues training using tools and collaboration strategies to analyze data, designing small targeted actions for improvement.

Funded with CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

Trauma-informed care training of trainers. Funded with CCDF.

Which type of providers are included in these training and professional development activities?

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

Through the Inclusive Partners program, onsite observations and subsidy assessments are conducted. Additional classroom observations are provided to early educators that request support to serve children with accessibility needs. Inclusive Partners provides training in partnership with child care resource and referral programs throughout the state. Funded with CCDF.

Some child care resource and referrals also have disabilities specialists that are providing training to all child care types. Additionally, every region of child care resource and referral develops a training plan each quarter and utilizes a needs assessment in their region that identifies the training opportunities that child care providers need most. Each quarter, child care resource and referral programs have some offering of training that either addresses serving children with special needs, understanding and guiding behavior, conducting observations and assessments, utilizing screening tools and interacting with special education partners. Early Intervention, Early Childhood Special Education partners in each region are also partnering with child care resource and referrals to conduct trainings for child care providers. These trainings are scheduled by each child care resource and referral



and tracked through the Oregon Registry Online.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

**b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.**

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iv. Other.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**Describe:**

The Early Learning Professional Development Consortium model provides scholarships, incentives and other supports for tuition, books, materials, supplies to assist providers in obtaining their higher education credentials, certificates and degrees.

**6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Measurable indicators of training and professional development of the workforce

1. Number of the Early Learning and Professional Development Consortium within the state
2. Number of participants in cohorts
3. Number of participants taking University classes for Bachelors degree attainment
4. Number of certificates and degrees attained by degree level

Progress on training and professional development of the workforce

1. Expansion of the Early Learning and Professional Development Consortium within the state: Original Early Learning and Professional Development Consortium pilot is in two regions currently; Expansion of the Early Learning and Professional Development Consortium within the state will begin in 2022
2. Number and degree level attained: The Southern Oregon region is currently the only pilot administered by the Early Learning Division and these data reflect this consortium project.

January – December 2020:

1. Number in cohorts: 304
2. Number attended Southern Oregon Traveling Workshops for Bachelors' degree credits: 752
3. Number attained certificates: 32
4. Number attained a degree: 6 AAS

## 6.4 Early Learning and Developmental Guidelines

**6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.**

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Oregon Early Learning Council and Early Learning Division are using the research-based Head Start Early Learning Outcomes Framework.

ii. Developmentally appropriate.

The Oregon Early Learning Council and Early Learning Division are using the research-based Head Start Early Learning Outcomes Framework.

iii. Culturally and linguistically appropriate.

The Oregon Early Learning Council and Early Learning Division are using the research-based Head Start Early Learning Outcomes Framework, which are culturally and linguistically appropriate.

[iv. Aligned with kindergarten entry.](#)

Oregon's early learning guidelines extend through kindergarten. They are structured to strengthen the relationship between early learning and K-12 so that schools are ready for children and children are ready for school.

[v. Appropriate for all children from birth to kindergarten entry.](#)

The Head Start Early Learning Outcomes Framework emphasizes the key skills, behaviors, and knowledge that programs must foster in children ages birth to five to help them be successful in school and life. The effective practice guides provide information about domain-specific teaching practices that support children's progression within the Early Learning Outcomes Framework developmental domains. The guides describe teaching practices, show practices in early learning settings (including home-based), and offer a framework for reflection on and improvement of effective teaching practices. To date, the Early Learning Council formally adopted the preschool component of the Head Start Early Learning Outcomes Framework, and will be adopting the infant-toddler portion by January 2022. However, in working with programs, the Early Learning Division uses the Head Start Early Learning Outcomes Framework as its reference point for expectations, professional development and service delivery.

[vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

When the Oregon Early Learning Council adopted the Head Start Early Learning Outcomes Framework: Ages Birth to Five as Oregon's early learning standards, an alignment was done with the Oregon Department of Education's kindergarten standards, and both the Early Learning Council and the State Board of Education adopted the framework. These jointly adopted standards are implemented in both early care and education as well as kindergarten settings, with the Lead Agency taking the lead on early care and education, and the Oregon Department of Education taking the lead on kindergarten.

[b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.](#)

#### i. Cognition, including language arts and mathematics.

Language and Communication is organized by the goals identified in the Head Start Early Learning Outcomes Framework. The developmental progressions and indicators are also based on those in the Head Start Early Learning Outcomes Framework. The "By the End of Kindergarten" standards are directly from Oregon's Common Core Standards in English Language Arts for Kindergarten. Mathematics in the guidelines is the understanding numbers and quantities, their relationships, and their operations, such as what it means to add to and take away from. Mathematics also includes shapes and their structure, reasoning, measurement, classification, and patterns.

#### ii. Social development.

The Social-Emotional Development domain intersects with the five social-emotional learning competencies identified by The Collaborative for Academic, Social, and Emotional Learning (CASEL): self-awareness, self-management, social awareness, relationship skills, and responsible decision making (Collaborative for Academic, Social, and Emotional Learning, n.d.). Many of the standards outlined in this domain explicitly or implicitly correlate and align with these five competencies.

#### iii. Emotional development.

This domain incorporates elements of emotional, behavioral, and cognitive self-regulation (focus attention, control emotions and manage thinking, behavior and feelings) under a single umbrella to guide practices that support the development of these skills.

#### iv. Physical development.

This domains incorporates elements of perception, motor and physical development.

#### v. Approaches toward learning.

This section focuses on initiative and curiosity, as well as how the child demonstrates initiative, independence, or interest in and curiosity about the world around them. Key aspects of approaches to learning reinforce the child's expression of creativity in thinking and communication and how the child uses imagination in play and interactions with others.

vi. Describe how other optional domains are included, if any:

The Lead Agency is revising the early learning guidelines to include infant and toddler and racial identity development domains.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The Oregon Early Learning Guidelines are updated periodically and are currently being updated to allow for adoption of the infant and toddler standards in the Head Start Framework and to add racial identity development. Formal adoptions are made by the Early Learning Council. Oregon originally issued the Early Learning Guidelines in 2016.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

N/A

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

<https://oregonearlylearning.com/early-learning-kindergarten-guidelines>

#### **6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:**

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

Oregon adheres to the CCDF restrictions on the use of assessments Oregon follows the guiding principles of the use of Early Learning Guidelines and the use of formative assessments to support teachers and providers in tracking children's development in order to guide instruction. The Oregon Early Learning Standards guides the selection of research-based curriculum and offers an assessment tool to guide the selection of valid, reliable, and useful assessments of children's progress. A developmental checklist describes skills, behaviors, and knowledge that indicate children are developing and learning. Oregon's early learning standards are used by programs to guide: choices in curriculum and learning materials; plan daily activities and experiences; inform quality interactions and intentional teaching practices; and select formative assessments.

**6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).**

N/A

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities



supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

**7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).**

*Raise Up Oregon is Oregon's five-year strategic plan for its early childhood system and was adopted by the Early Learning Council in 2018. The plan identifies strategies and actions to improve the quality of early care and education, strengthen the training and professional development supports for the child care workforce, and build additional opportunities for the workforce for accreditation and the attainment of degrees. The Early Learning Council conducts a biennial review of progress towards the implementation of Raise Up Oregon, and based on findings from that assessment, identifies priority goals for the next two years. These priorities were released in January 2021 as part of the Raise Up Oregon Progress Report, 2019-2020. In addition, the Oregon Legislature asked the Early Learning Division to conduct a full review of Oregon's professional learning system for early care and education,*

identify gaps in that system and priority areas for future investment. That report was submitted to the legislature in February 2020 and will serve as the roadmap for building out Oregon's early learning professional development system for the next three years.

**7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.**

Priorities identified by the Early Learning Council for quality improvement for early care and education through the *Raise Up Oregon Progress Report, 2019-2020* assessment include:

- Develop a diverse, culturally responsive, high-quality early care and education workforce through implementation of professional learning pathways; access to post-secondary education; and trainings in social and emotional learning;
- Develop policies and supports to reduce expulsion and suspension of infants, toddlers and preschoolers in early care and education settings;
- Implement the safe sleep campaign across agencies (child welfare, public health, early learning);
- Revise and strengthen the Kindergarten Assessment and Early Learning and Kindergarten Guidelines to ensure that their purpose is clear, they are culturally responsive and support positive child development;
- Improve inclusion for children with developmental delays and disabilities in child care as well as public preschool;
- Support culturally responsive kindergarten transition practices and culturally responsive curricula from infants through the early grades.

The full *Raise Up Oregon Progress Report* can be found at the following link:

[https://oregonearlylearning.com/wp-content/uploads/2021/01/Raise-Up-Oregon-Progress-Report-January-2021\\_1.6.21.pdf](https://oregonearlylearning.com/wp-content/uploads/2021/01/Raise-Up-Oregon-Progress-Report-January-2021_1.6.21.pdf)

## 7.2 Use of Quality Funds

### 7.2.1 Check the quality improvement activities in which the state/territory is investing

- a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

- b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Preschool Development Grant funds support the revision of the Early Learning and Kindergarten Guidelines to incorporate racial identity development, infant and toddler standards, and physical education.

- c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Preschool Development Grant Funds: Oregon QRIS Spark is being redesigned utilizing resources from the Preschool Development Grant to move from a quality rating system to a quality recognition system. A quality recognition system will communicate important information about program quality to parents and the broader ECE community using Quality Recognition Markers .

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

- i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

- j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

N/A

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

### 7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.

b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.

c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Oregon's Quality Rating Improvement System, known as Spark, is a statewide program administered through several contracting agencies. The support component is administered primarily through the child care resource and referral system. The standards, monitoring, program incentives, and process are administered through The Research Institute at Western Oregon University. The professional development system and workforce incentives are administered through Portland State University's Oregon Center for Career Development. The Oregon Department of Human Services administers Provider Incentive Payments to star rated programs in addition to the regular subsidy reimbursement rates. <http://trouw.org/projects/qrisc>

d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available. N/A

e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

N/A

### 7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

N/A

- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

Accredited programs: Oregon has worked with nationally accredited programs to create a crosswalk of the accreditation standards with QRIS standards. The crosswalks are meant to honor the work, improvements, and standards that the programs have achieved through other accreditation to help facilitate participation and success on the QRIS.



c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The Quality Rating and Improvement System has separate measures of quality for family child care and center-based care. Both family child care and center care submit similar evidence of program quality, but the standards are adjusted based on provider type/setting. For instance, center-based care has standards in personnel qualifications specific to head teachers or teachers to be qualified for positions, and family child care has standards for program leader and program assistant as differentiations. Tribal early education programs voluntarily choose to engage in the Quality Rating and Improvement System. Local child care resource and referral programs work closely with each Tribe to develop portfolios to address the quality elements to meet the standards. These individualized engagements ensure that Tribal programs are able to articulate quality elements in the context of Tribal culture and practices.

### **7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.**

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

No

- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
- a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
  - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - d. Programs that meet all or part of state/territory school-age quality standards.
  - e. Other.  
Describe:  
N/A

**7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?**

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
- a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - b. Embeds licensing into the QRIS
  - c. State/territory license is a "rated" license
  - d. Other.  
Describe:  
N/A

**7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.**

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

One-time awards for meeting specific milestones on the Oregon Registry (career lattice "Steps").

**7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Measurable indicators of progress:

- Number of children in Spark-rated programs
- Number of newly rated programs
- Number of Spark-rated programs

Progress in improving quality December 2020:

- 4,779 children in a Spark-rated program at commitment to quality or higher
- 84 newly rated programs
- 56 programs achieved a higher rating
- 698 Spark Star-rated programs

- 45.2% are centers
- 54.8% are family child care

**Programs achieving a higher rating January 2020 - December 2020**

**Center**

- C2Q to 3 Star: 4
- C2Q to 4 Star: 0
- C2Q to 5-Star: 4
- 3-star to 4-star: 1
- 3-star to 5-star: 3
- 4-star to 5-star: 0
- Total: 12

**Certified Family**

- C2Q to 3 Star: 16
- C2Q to 4 Star: 1
- C2Q to 5-Star: 2
- 3-star to 4-star: 1
- 3-star to 5-star: 1
- 4-star to 5-star: 3
- Total: 24

**Registered Family**

- C2Q to 3 Star: 14
- C2Q to 4 Star: 0
- C2Q to 5-Star: 0
- 3-star to 4-star: 0
- 3-star to 5-star: 0
- 4-star to 5-star: 0
- Total: 14

**Head Start**

- C2Q to 3 Star: 0
- C2Q to 4 Star: 0
- C2Q to 5-Star: 4
- 3-star to 4-star:
- 3-star to 5-star:
- 4-star to 5-star:
- Total: 4

**License-Exempt Centers**

- C2Q to 3 Star: 0
- C2Q to 4 Star: 1
- C2Q to 5-Star: 0
- 3-star to 4-star: 1

- 3-star to 5-star: 0
- 4-star to 5-star: 0
- Total: 2

**Total**

- C2Q to 3 Star: 34
- C2Q to 4 Star: 2
- C2Q to 5-Star: 10
- 3-star to 4-star: 3
- 3-star to 5-star: 4
- 4-star to 5-star: 3
- Total: 56

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

### **7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants

and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

Oregon has established Infant-Toddler Specialist positions at every child care resource and referral program in the state. Each specialist operates infant- and toddler-focused child care networks that provide targeted training on quality care for serving children 6 weeks to 3 years of age. The network providers receive enhanced training, technical assistance, and support funds geared towards increasing quality of care. Each region has identified targeted neighborhood or populations to encourage participation of providers serving children furthest from opportunity in those communities.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

1. Child care resource and referral programs provide training on best practices for infants and toddlers and support focused cohort trainings specifically on infant and toddler care. Providers engaged in focused family child care networks



receive intensive technical support to improve the outcomes for all of the unique children in their care including infants and toddlers. Child care resource and referral programs offer business management and financial strategies on infant care. Training on the Ages and Stages Questionnaire and safe sleep, and Child Development Associate cohorts in partnership with Head Start, support increasing knowledge and awareness of developmentally appropriate practices for infants and toddlers. The Oregon Center for Career Development in Childhood Care and Education administers and maintains several standardized curricula. First Connections: Infant & Toddler Development and Care curriculum has 20 sessions for 61 hours of training related to infant and toddler development.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

1. In each of the CCR&Rs throughout the state, an Infant and Toddler Specialist has been hired to support increasing the number of high-quality infant-toddler programs. ZERO TO THREE Critical Competencies Specialists are engaging early educators in providing relational, responsive care for infants and toddlers. Coaching is embedded in the Infant/Toddler Mental Health Credential program. Coaching, training, and consultation on supporting infants and toddlers with special needs is available for parents, providers and child care resource and referral staff in partnership with the Inclusive Child Care Program.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

### **7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

Child Care Resource and Referral programs work in partnership with early intervention for services under Part C of the Individuals with Disabilities Education Act to refer families to services and seek professional development for early educators serving children with disabilities.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

Spark program standards are inclusive of all age groups and program types. In quality improvement and rating, programs must demonstrate practices and submit evidence for each age group. For example, programs must submit curricula used, materials, and CLASS scores for all ages, including infants and toddlers. Spark also utilizes the Ages and Stages Questionnaire.

- Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

The Early Learning Division's Office of Child Care licensing regulations contain specific rules to address health and safety for regulated programs caring for infants and toddlers. This includes rules on program of activities, diapering, eating, breastfeeding, sleeping, hand washing, sanitation, ratios, age appropriate environments, materials and equipment. In addition, those working with infants and toddlers are required to have additional age specific training.

- Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

The Oregon Early Learning Standards has adopted the Head Start Early Learning Outcomes Framework: Ages Birth to Five. A two-hour online training on the guidelines is offered in English and Spanish.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

**The Early Learning Division made transparent, easy-to-understand consumer information about high-quality infant and toddler care available through Vroom, which is a set of tools and messages that empower parents and caregivers to be brain builders with their children, birth through kindergarten entry. Vroom**

**consists of brain-building activities that can be accessed in English and Spanish.**

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

Infant and Toddler Specialists located throughout the state run Focused Child Care Networks to enhance the skills and abilities of Infant and Toddler Educators. In addition to using ZERO TO THREE's Critical Competencies for Infant and Toddler Educators Oregon will be training Infant and Toddler Specialists in the following content in 2021-2022.

1. ZERO TO THREE Critical Competencies Coaching Program.
2. An update and TOT to First Connections Oregon's version of PITC.
3. Relationship-Based Care provided by Region X.
4. Trauma-Informed Care provided by Region X. This work will ensure that rich, relevant, and research based training reaches Infant and Toddler Educators throughout the state.

*Raise Up Oregon: A Statewide Early Learning System Plan* identified prevention of sleep-related infant deaths as a priority for Oregon's early learning system. The Raise Up Oregon Agency Implementation Coordinating Team (RUOAICT) formed a workgroup tasked with developing recommendations for a statewide coordinated effort.

The charge of the workgroup was to:

1. Identify vulnerable populations and risk factors in Oregon for sleep related infant deaths
2. Identify and recommend effective, culturally appropriate prevention strategies

The workgroup met September 2020-February 2021 to develop recommendations.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

Oregon is creating a statewide Infant and Early Childhood Mental Health Consultation model through stakeholder engagement. The model will be developed with race, culture, inclusion and language at the center of the model to ensure that children of color are not disproportionately suspended or expelled. Model will either be piloted with PDG or CCDF funds. If the legislature provides funds, it will be administered by General Fund throughout Oregon regions.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

Oregon has transitioned to a new child care database, "Find Child Care Oregon", through WorkLife Systems. Web searches include comprehensive information on each provider/program, including but not limited to numbers of vacancies, Spark

status, and locations. Planned development includes providers updating their own information, including vacancies by January 1, 2022. Currently data reports can generate numbers of vacancies/slots by age.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.**

Measurable indicators of progress are:

- Number of children enrolled in Baby Promise
- Number of early education programs participating in Baby Promise
- Number of infants and toddlers enrolled in a Spark-rated program
- Number of child care providers participating in infant and toddler trainings
- Number of early educators participating in infant and toddler focused child care networks

Progress as of January 2021:

- Number of children enrolled in Baby Promise
  - 91 children
- Number of early education programs participating in Baby Promise
  - 37 early education programs
- Increased number of infants and toddlers enrolled in a Spark-rated program:
  - Birth - 17 months = 7,480 children
  - 18mo-35mo = 5,241 children
- Number of child care providers participating in infant-and-toddler trainings: 10,673
- Number of early educators participating in infant-and-toddler focused child care networks:
  - Oregon - 84 early educators

## 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

### 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The child care resource and referral system is structured to provide these services:

- 15 regional child care resource and referral programs:
  - recruit and build the supply of child care providers;
  - provide training, professional development and continuous quality improvement opportunities;
  - promote retention of high-quality early care and education providers through focused child care networks, incentives and ongoing engagement;
  - update provider vacancy and child care program information on the Find Child Care Oregon database so that 211info referrals are accurate;
  - work to implement strategies identified in Raise Up Oregon, Oregon's Early Learning Strategic Plan, to reach System Goal #1, Children Arrive Ready for Kindergarten;
  - administer Focused Child Care Networks to support providers from Regulated Subsidy to large center chains that serve children and families furthest from opportunity in their geographic region:
    - The underlying structure of the networks use Spark as a framework to guide providers towards Oregon's indicators of early childhood program quality.
    - The purpose of a network is to increase the quality of care, instill in providers a sense of professionalism, supporting an internalization of continuous quality improvement and instilling the skills that Early Educators need to be successful in their business and support of children and families once they have exited the network.
- The parent referral component of child care resource and referral is fulfilled through a contract with 211info to provide a centralized child care referral system. The child care team utilizes the Find Child Care Oregon database, to provide 3 - 10 high-quality referrals that closely meet the parent and child needs, connect to other community services and child care subsidies as needed and consumer education on



high quality child care indicators.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The measurable indicators of progress for child care resource and referral programs:

- Spark rating movement;
- Number of programs accepting subsidy;
- Number of focused child care networks and number of early educators participating;
- Number, attendance, variety and level of training.

Progress on child care resource and referral indicators:

- Spark rating movement (See Table 1)
- Number of programs accepting subsidy:
  - Spark rated programs accepting subsidy Oct 2019 - September 2020
    - 3-Star: 216
    - 4-Star: 59
    - 5-Star: 110
- Number of focused child care networks and number of early educators participating:  
49 networks with 317 child care providers
- Number, attendance, variety and level of training (See Table 2)

**Table 1: Programs achieving a higher rating January 2020 - December 2020**

Center

- C2Q to 3 Star: 4
- C2Q to 4 Star: 0
- C2Q to 5-Star: 4
- 3-star to 4-star: 1
- 3-star to 5-star: 3
- 4-star to 5-star: 0
- Total: 12

Certified Family

- C2Q to 3 Star: 16
- C2Q to 4 Star: 1
- C2Q to 5-Star: 2
- 3-star to 4-star: 1
- 3-star to 5-star: 1
- 4-star to 5-star: 3
- Total: 24

Registered Family

- C2Q to 3 Star: 14
- C2Q to 4 Star: 0
- C2Q to 5-Star: 0
- 3-star to 4-star: 0
- 3-star to 5-star: 0
- 4-star to 5-star: 0
- Total: 14

Head Start

- C2Q to 3 Star: 0
- C2Q to 4 Star: 0
- C2Q to 5-Star: 4
- 3-star to 4-star: 0
- 3-star to 5-star: 0
- 4-star to 5-star: 0
- Total: 4

License Exempt Centers

- C2Q to 3 Star: 0
- C2Q to 4 Star: 1
- C2Q to 5-Star: 0
- 3-star to 4-star: 1
- 3-star to 5-star: 0
- 4-star to 5-star: 0
- Total: 2

Total

- C2Q to 3 Star: 34
- C2Q to 4 Star: 2
- C2Q to 5-Star: 10
- 3-star to 4-star: 3
- 3-star to 5-star: 4
- 4-star to 5-star: 3
- Total: 56

**Table 2: Set Two/Set Three Levels of Trainings Sessions Offered July 1, 2019 - June 30, 2020**

Number of Events

- English: 828
- Spanish: 115
- Russian: 11

- Vietnamese: 0
- Chinese: 0
- Total: 954

#### Number of Participants

- English: 14,176
- Spanish: 2,029
- Russian: 128
- Vietnamese: 0
- Chinese: 0
- Total: 16,333

## 7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

**7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.**

Describe:

Oregon invests CCDF quality funds to facilitate compliance with child care health and safety requirements:

- Licensing specialists conduct pre-certification visits for prospective child care center facilities to guide compliance with state and federal requirements.
- Office of Child Care licenses and monitors registered and certified child care programs. Office of Child Care also oversees regulated subsidy providers that are accepting CCDF subsidy.

- The child care resource and referral system offers a two-part Introduction to Registered Family Child Care designed to measure interest and commitment and if still interested, orient providers to the rules and to provide extensive resource information.
- The Oregon Center for Career Development offers online training on health and safety (5 languages), Recognizing and Reporting Child Abuse and Neglect (5 languages). The child care resource and referral system offers these trainings in addition to CPR/1st Aid, and ongoing professional development offerings in person and virtually to meet licensing requirements.

**7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?**

- No
- Yes. If yes, which types of providers can access this financial assistance?
- Licensed CCDF providers
  - Licensed non-CCDF providers
  - License-exempt CCDF providers
  - Other

Describe:

N/A

**7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Measurable indicators used to assess compliance with health and safety requirements:

- Percentage of providers subject to licensing regulation that receive on-time monitoring
- Child care providers attending child care resource and referral trainings to meet licensing requirements
- Number of participants completing the Oregon Center for Career Development's online trainings including the number of CCDF providers that have completed the Department of Human Services provider requirements online training
- Percentage of registered, certified child care programs by type and primary language

Progress on meeting health and safety indicators from July 1, 2019 - June 30, 2020:

- Child care providers attending child care resource and referral trainings to meet licensing requirements (see Table 3)
- Number of participants completing the Oregon Center for Career Development's online trainings including the number of CCDF providers that have completed the Oregon Department of Human Services provider requirements online training (see Table 3)
- Percentage of registered, certified child care programs by type and primary language (see Table 4)

**Table 3: Online Training for Licensing Requirements (Number of Providers)**

Early Learning Standards

- English: 864
- Spanish: 85
- Russian: 0
- Vietnamese: 0
- Chinese: 0
- Total: 949

Introduction to Child Care Health & Safety

- English: 9,703
- Spanish: 320
- Russian: 10
- Vietnamese: 3
- Chinese: 13
- Total: 10,049

Recognizing & Reporting Child Abuse and Neglect

- English: 8,647
- Spanish: 309
- Russian: 9
- Vietnamese: 5
- Chinese: 10
- Total: 8,980

Oregon Department of Human Services Requirements

- English: 456
- Spanish: 59
- Russian: 0
- Vietnamese: 0
- Chinese: 0
- Total: 515

Prevention is Better Than Treatment

- English: 14,820
- Spanish: 763

- Russian: 37
- Vietnamese: 12
- Chinese: 11
- Total: 15,643

#### Safe Sleep

- English: 4,061
- Spanish: 215
- Russian: 0
- Vietnamese: 0
- Chinese: 0
- Total: 4,276

#### Introduction to Registered Family Child Care Part 1

- English: 538
- Spanish: 99
- Russian: 1
- Vietnamese: 0
- Chinese: 1
- Total: 639

### **Table 4: Online Training for Licensing Requirements (Percentage of Providers Completing Modules by Type of Care)**

#### Early Learning Standards

- Registered Family: 5%
- Certified Family: 9%
- Center: 45%
- Not Licensed: 41%

#### Introduction to Child Care Health & Safety

- Registered Family: 3%
- Certified Family: 6%
- Center: 33%
- Not Licensed: 58%

#### Recognizing & Reporting Child Abuse and Neglect

- Registered Family: 3%
- Certified Family: 6%
- Center: 35%
- Not Licensed: 56%

#### Oregon Department of Human Services Requirements

- Registered Family: 9%
- Certified Family: 8%
- Center: 26%
- Not Licensed: 57%

#### Prevention is Better Than Treatment

- Registered Family: 5%
- Certified Family: 12%
- Center: 65%
- Not Licensed: 18%

#### Safe Sleep

- Registered Family: 4%
- Certified Family: 11%
- Center: 42%
- Not Licensed: 43%

#### Introduction to Registered Family Child Care Part 1

- Registered Family: 11%
- Certified Family: 8%
- Center: 16%
- Not Licensed: 65%

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

### **7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?**

- No
- Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Using Spark as a framework, Oregon now has a consistent way to evaluate the quality of programs. There are a number of tools for measuring quality and effectiveness including family surveys, child screening and assessments, classroom assessments (CLASS) of adult-child interaction and Environmental Rating Scales in early care and education settings, and family and child engagement measures. Oregon also has a

professional development registry to quantify achievement in education attainment that offers the workforce different pathways to attain proper qualifications and meet workforce-related requirements. Oregon's Early Learning Guidelines are informed by the K-12 Common Core Standards.

**7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.**

Oregon measures progress in the effectiveness of child care programs and services by:

- Number of children enrolled in Spark-rated programs
- Numbers of children receiving child care subsidies in star-rated programs.
- Numbers of participating and star-rated programs
- Oregon's Professional Development Registry reports of early educators' advancement on Registry step levels.

Progress in improving the effectiveness of child care programs and services January 1 - December 31, 2020:

- Number of children enrolled in Spark rated programs: 44,479
- Numbers of children receiving child care subsidies in star rated programs: 4,499
- Numbers of participating and star rated programs: 1,441 participating, 689 Stark rated.
- Oregon's Professional Development Registry report of early educators' advancement on Registry step levels from July 1, 2019 - June 30, 2020: 12,379

## 7.8 Accreditation Support

**7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?**



- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

N/A

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

N/A

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

N/A

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

N/A

- ii. Focused on family child care homes

Describe:

N/A

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

N/A

- ii. Focused on family child care homes

Describe:

N/A

- f. No, the state/territory has no plans for supporting accreditation.

**7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

N/A

## 7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

### a. Infants and toddlers

Oregon has adopted program standards through Spark. With input from stakeholders and specific content experts, the standards have been created to demonstrate high quality for all age groups. Baby Promise, Oregon's contracted slot quality infants and toddler care program, utilizes Spark rating as a requirement for participating early education programs to attain a 4-or 5-Star rating. Children's Learning and Development domain identifies standards that are appropriate to ages of children in the program, including learning environments, adult-child interaction, child-initiated activities, materials, and curricula. The Health and Safety Domain outlines health activities and nutrition that are age-appropriate. Personnel Qualifications domain expects teacher achieve a Step 9 or above (at 5 Star Level) on the Oregon Registry (Oregon's Career) lattice, which is equivalent to an Associates Degree in the field. Professional Development Systems support achieving Spark ratings through the Oregon Registry's choice of pathways to advance in steps. Early Educators can choose between 1) Degree, Credential, Certificate, 2) College Course Credit, and 3) College Course Credit and/or Community-

Based Training pathways. Portland State University's Oregon Center for Career Development manages the online training calendar that displays continual professional development options available at the state and local level that represent Oregon's adapted NAEYC early educator competencies that are the foundations for skill attainment and support advancement on the Oregon Registry and continuous quality improvement. These are foundational trainings for the field and range from topics focused on infant and toddler care, social/emotional development birth to five, preschool and school-age care trainings. Licensing standards align with health and safety standards, and licensing visits monitor and guide early educators to adopt high-quality standards. Licensing rules also address the requirement to follow the USDA food guidelines.

#### **b. Preschoolers**

The same standards adopted through Spark apply for Preschoolers. With input from stakeholders and specific content experts, the standards have been created to demonstrate high quality for all age groups. The Early Learning Council and the State Board of Education are in the process of developing preschool standards that would apply to all publicly funded preschool programs, including locally funded school-administered programs. These preschool standards are scheduled for adoption by January 2022.

#### **c. and/or School-age children.**

Spark standards apply for programs serving school-age children. The standards represent high quality for all age groups.

### **7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Oregon measures progress in efforts to develop or adopt high quality program standards for:

Infants & Toddlers:

- Number of infants enrolled in Baby Promise
- Number of infants and toddlers in Spark rated programs

Preschoolers:

- Number of children enrolled in Preschool Promise
- Number of preschool-aged children enrolled in Spark rated programs

School Age:

- Number of school-age children in Spark rated programs

Progress in efforts to develop or adopt high quality program standards as of December 31, 2020 for:

Infants & Toddlers:

- Number of infants enrolled in Baby Promise as of January 2021: 91 children
- Number of infants and toddlers in Spark-rated programs:
  - Birth – 17 months: 7,840
  - 18 months – 35 months: 5,241

Preschoolers:

- Number of children enrolled in Preschool Promise[MM-E1] as of January 2021: 2,159 children.
- Number of preschool-aged children enrolled in Spark-rated programs:
  - 3 years old: 12,982
  - 4 years old: 9,826

School Age:

- Number of school-age children in Spark-rated programs:
  - 5 years: 5,673
  - 6-11 years: 3,277

## 7.10 Other Quality Improvement Activities

**7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:**

N/A

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

### 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

**8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:**

- a. Verifying and processing billing records to ensure timely payments to providers

**Describe:**

Vouchers are due within 90 days of issuance. All vouchers are reviewed for completeness and potential errors by going through an imaging system. Any billings with missing data including hours, total charge or billing practice (monthly or hourly), or any billings with additional notes from the provider are kicked out for a manual review by a Direct Pay Unit representative. The representative will call the provider to obtain corrected information if possible or return the billing for completion. Often providers will enter an hourly rate in the total charge line (example, \$4.00 instead of \$400.00 for 100 hours of care). The system also recognizes these as potential missing data and they are kicked out for manual review. Payments are typically issued within 4 to 5 business days from the date the completed voucher is received.

For Baby Promise, contracted programs are paid for each enrolled child at the beginning of the month. Invoices and attendance sheets for each child are submitted by the contracted program at the end of the month and are to be submitted before receiving their next payment. The CCR&R verifies that children that they have been paying for are attending the program.

**b. Fiscal oversight of grants and contracts**

**Describe:**

The Lead Agency maintains overall control of expenditures by monitoring performance-based Contracts and Agreements for compliance with federal regulations and negotiated performance targets for all written contracts and agreements that include CCDF. This includes, but is not limited to, contracts for CCR&Rs, for technical assistance to providers through Western Oregon University and Portland State University, and the Interagency Agreement with ODHS. Contracts and Interagency or Intergovernmental Agreements contain language that requires the contractor to certify that federal and state guidelines are followed. Certification language is included in all contracts executed through both the Oregon Department of Human Services and contracted CCR&Rs for Baby Promise for contracted slots. Lead Agency Contractors are required to submit quarterly or semi-annual performance reports on specific performance indicators. The Lead Agency completes subrecipient monitoring at least once a biennium for all contractors and grantees that are determined as subrecipients of federal funds. Subrecipient monitoring includes a section on fiscal oversight to ensure that funds are being managed and expended properly. This process is done through a fiscal audit where the Lead Agency reviews randomly selected months of

fiscal documentation, including general ledgers, receipts, claim information, and any other backup documentation that shows the Lead Agency that an expenditure was allowable under the grant, contract, and federal requirements. If the Lead Agency finds any non-compliance, the contractor or grantee is asked to complete a quality improvement plan describing what will be done to ensure the non-compliance does not happen again in the future. All Contracts that meet Single Audit Act compliance thresholds are required, through contract language, to submit an annual independent audit report. These reports are reviewed to ensure CCDF dollars are clearly identified by CFDA number and there are no major or significant deficiencies regarding the use of those dollars by the sub-recipient.

**c. Tracking systems to ensure reasonable and allowable costs**

**Describe:**

State systems are utilized to track expenditures for all contracts and agreements using CCDF. These systems include EGMS, a grant management system, contract management system and SFMA, the State's accounting system. Costs are monitored to the criteria for the goods/services purchased. Review of any expenditure, encumbrance or obligation by an approving officer includes asking appropriate questions, such as: is this a legal obligation for the state to incur?; Is this obligation a responsible and appropriate use of these funds?; Did the agency receive the goods or services?. Documentation must show that an agency has received proper value, and this may consist of evidence that the good/services have been received, items delivered were as specified, price, terms and extensions shown on the vendor's invoices are corrected.

When school-aged children are attending in-person schooling, ODHS reviews a monthly report of school-aged children with full-time care being billed. The parent's schedule is reviewed to determine if the billing is appropriate. If a determination cannot be made by looking at the parent's schedule, the attendance logs are requested from the provider for review.

**d. Other**

**Describe:**

N/A

**8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:**

- a. Conduct a risk assessment of policies and procedures

Describe:

N/A

- b. Establish checks and balances to ensure program integrity

Describe:

1. Approximately 160 vouchers are randomly selected each month for a desk audit by the Oregon Department of Human Services (ODHS). A monthly audit of child care for school-age children is conducted for months when school is in session. This audit reviews child care hours billed for school-age children to identify improper payments resulting from providers billing for care during the school day. A review is not conducted on providers pulled for review who have had a prior review completed in the previous three months. Any provider who is pulled in the fourth month since their last review would have a review done. Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity. For Baby Promise, monthly payment amounts along with all required ACF 801 data are captured in a database. Lead Agency compares monthly payment amounts by CCR&Rs to subcontracts with providers to ensure proper payment amounts. The Lead Agency and ODHS will partner to complete random audits from each of the CCR&Rs to verify payment and eligibility documentation.

For all Lead Agency written contracts and agreements using CCDF, the CCDF Co-Administrators reviews the contract or agreement to ensure that the use of funds meets CCDF requirements and that other CCDF requirements are followed. The Lead Agency has written fiscal management policies and procedures that are followed and enforced, and audited by the Secretary of State every year. The Lead Agency completes subrecipient monitoring at least once a biennium for all contractors and grantees that are determined as subrecipients of CCDF. Subrecipient monitoring includes a section on fiscal oversight to ensure that funds are being managed and expended properly and that funds are being used according to CCDF. If the Lead Agency finds any non-compliance, the contractor or grantee is asked to complete a quality improvement plan describing what will be done to ensure the non-compliance



does not happen again in the future. The Lead Agency reviews all invoices/expenditure reports and EGMS claims of contractors and grantees.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Local districts are able to pull case information from the ONE system to review for eligibility accuracy. Local offices will implement reviews for various reasons including when new staff come on board, when staff change positions or experience a change in duties. They may also implement reviews if staff are experiencing errors or confusion in certain programs or areas. These reviews are up to the discretion of the local branch office and often vary with staff time. Typically, these are reviews conducted by a manager or lead worker.

d. Other

Describe:

N/A

**8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.**

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

Policy change notices are offered through multiple touch points outside of direct training including newsletters, policy transmittals, monthly statewide meetings with policy for Oregon Department of Human Services (ODHS) field staff (Analyst Hour).

ii. Issue policy manual.

**Describe:**

Policy information is offered to providers in the ODHS Provider Guide (ODHS 7492), which is sent to every provider once they are listed and approved. Parents are also given a Provider Guide when they are approved for Employment Related Day Care. Full mailings of Provider Guides to all approved providers occur when the guide has been updated with new material.

For Baby Promise, two policy manuals exist: one for the CCR&R, and one for the sub-contracted Early Education Programs. The manuals are reviewed and distributed to providers, by the CCR&Rs. They are available in English and Spanish.

iii. Provide orientations.

**Describe:**

Child Care Resource and Referral agencies conduct provider orientations when new providers are listed and approved to receive payment through ODHS.

Providers are required to take the orientation again if they have had a break of one year or more where they were not approved to provide child care through ODHS.

For Baby Promise, newly contracted programs receive an orientation to the program by the local CCR&R.

iv. Provide training.

**Describe:**

ODHS Direct Pay Unit has a Provider Specialist who meets specifically with providers, in person, virtually and over the phone, to provide technical assistance and training on billing practices. ODHS staff attend eligibility and system training to determine ERDC eligibility and maintain ERDC cases appropriately. ODHS child care policy has a policy email box that is available for staff to reach out to policy for clarification, policy guidance and with questions regarding how to treat difficult cases.

For Baby Promise, CCR&Rs hold monthly meetings with contracted programs to review expectations and provide technical assistance.

- v. Monitor and assess policy implementation on an ongoing basis.

Describe:

ODHS and the Lead Agency work together in partnership on implementation of policies created. This is done through ongoing meetings, policy analysis, data review, and stakeholder engagement.

For Baby Promise, a monthly implementation meeting is held with all CCR&Rs and Lead Agency staff. During this meeting, implementation challenges are discussed.

- vi. Meet regularly regarding the implementation of policies.

Describe:

ODHS holds monthly statewide meetings for field staff, including eligibility workers, family coaches, lead workers, Office of Payment Accuracy and Recovery staff, Direct Pay Unit staff and other staff interested in child care policy. These meetings are put on by ODHS policy. They cover various topics and always include an open question and answer time.

- vii. Other.

Describe:

N/A

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices.

Describe:

Policy change notices are offered through multiple touch points outside of direct training including newsletters and policy transmittals. For Baby Promise, policy changes are captured in the policy manuals.

- ii. Train on policy change notices.

Describe:

The Oregon Department of Human Services (ODHS) trains eligibility and family coach staff, child care policy analysts, Quality Assurance staff, branch office leads

through the ODHS - Self Sufficiency training Unit. Training may occur on site, online, or at the ODHS - Self Sufficiency Training Unit. For Baby Promise, changes are reviewed and discussed during monthly implementation meetings with the CCR&Rs.

[iii. Issue policy manuals.](#)

[Describe:](#)

ODHS has a robust policy manual for all programs administered, including Employment Related Day Care. This training is available both publicly as well as internally to staff.

For Baby Promise, two policy manuals exist: one for the CCR&R, and one for the Early Education Program.

[iv. Train on policy manual.](#)

[Describe:](#)

The Self-Sufficiency Training Unit through ODHS provides training on how to utilize the policy manual. This is also completed through in-office trainings through lead workers for new staff. Additionally, ODHS policy analysts conduct monthly Analyst Hour calls to discuss how to understand policies and implementation, often tying back to the policy manual.

For Baby Promise, a monthly implementation meeting is held with all CCR&Rs and Lead Agency staff to train and provide any necessary updates or clarifications.

[v. Monitor and assess policy implementation on an ongoing basis.](#)

[Describe:](#)

ODHS and the Lead Agency work together in partnership on implementation of policies created. This is done through ongoing meetings, policy analysis, data review, and stakeholder engagement.

For Baby Promise, a monthly implementation meeting is held with all CCR&Rs and Lead Agency staff. During this meeting, implementation challenges are discussed.

[vi. Meet regularly regarding the implementation of policies.](#)

**Describe:**

ODHS child care policy analysts present a monthly Analyst Hour call-in/Zoom session with staff across the agency. These sessions are an hour in length and cover various topics, typically focused around program accuracy and areas within policy that have been unclear in the past. Policy analysts also present at statewide meetings as needed for policy updates, such as Benefit Eligibility Specialist Quarterly Meetings.

For Baby Promise, monthly implementation meetings are held with the CCR&Rs. Additionally the CCR&R and contracted providers meet monthly for training and technical assistance.

**vii. Other.**

**Describe:**

N/A

**8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:**

Oregon Department of Education has an internal auditor to provide guidance and assistance in regards to internal control activities. Furthermore, the Oregon Secretary of State's Audit Division performs audits. Furthermore, the Oregon Secretary of State's Audit Division performs financial audits of the ODHS and Lead Agency as part of their Statewide Single Audit of Selected Programs, which includes CCDF federal funds. This audit monitors to CCDF regulations and Oregon's CCDF State Plan.

**8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by**

**the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.**

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

Investigators conduct joint investigations with the Office of Inspector General, Social Security Administration. A cross match of recent Child Welfare reports is made to the active provider base to assure all providers adhere to the Child Welfare requirement to report within 5 days. A Notice of Awareness is leveraged in situations where a failure to report timely did not appear to be an intentional violation. The notice informs the provider of the requirement . With the ONE integrated eligibility system when information is reported for one program it is reported for them all, this reduces the ability to commit fraud across ODHS self sufficiency and Oregon Health Authority medical programs.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

A monthly audit of child care for school-age children is conducted for months when school is in full-time session. This audit reviews child care hours billed for school-age children to identify improper payments resulting from providers billing for care during the school day. Over number reports are run to identify child care provider who are billing for more children than they are legally allowed.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

The Oregon Department of Human Services (ODHS) conducts site visits of

providers who have volunteered or been referred to the Provider Specialist for assistance. The visit includes a review of attendance and billing records, health and safety requirements and ODHS procedures. Provider logs and attendance records are also reviewed with the payment reviews described in section v. of this table.

[iv. Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

ODHS conducts regular Quality Control Reviews of program eligibility and provides staff with feedback and corrective measures. The secondary review of discrepancies can identify client error, potential fraud or administrative error. Any potential fraud is referred to the Fraud Investigation Unit for further review.

[v. Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

Approximately 160 billing forms are randomly selected each month for a desk audit by ODHS. Attendance logs are requested and hours billed are compared against the attendance hours to check for discrepancies and the appropriate usage of the absent hours. Absent hours must be marked clearly on the attendance logs.

[vi. Train staff on policy and/or audits.](#)

[Describe the activities and the results of these activities:](#)

Accuracy Summits are held once every 2 to 4 years. All staff who process eligibility are required to attend. Training is standardized and delivered in person statewide at various locations over a 2 month period. Trainings are specific to current error trends and policy changes. Direct feedback is provided to staff whose cases are reviewed for Quality Control Reviews. Reviewers discuss any errors, preventative tips and corrective action needed. ODHS holds a monthly statewide video conference addressing top error cases to inform staff on errors and necessary corrections while discussing best practices and preventative measures. A Child Care Policy email box is available for all staff. Responses to questions are given within 24 hours and include guidance on where to find policy and Oregon Administrative Rule (OAR) references, examples and other resources. Responses include coaching.

vii. Other

Describe the activities and the results of these activities:

Monthly newsletters such as the On Target and Accuracy in Action are circulated to staff. Skills challenges for intake staff, and Employment Related Day Care staff refreshers based on error trends are offered to assist with ongoing training needs.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

A cross match of recent Child Welfare reports is made to the active provider base to assure that all providers are adhering to the requirement to report any Child Welfare contact within 5 days. A Notice of Awareness is leveraged in situations where a failure to report timely did not appear to be an intentional violation. The notice informs the provider of the requirement. With the ONE integrated eligibility system when information is reported for one program it is reported for them all, this reduces unintentional program violations across ODHS self sufficiency and Oregon Health Authority medical programs.

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

A monthly audit of child care for school-age children is conducted for months when school is in full-time session. This audit reviews child care hours billed for school-



age children to identify improper payments resulting from providers billing for care during the school day. The Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity.

**iii. Review enrollment documents and attendance or billing records**

**Describe the activities and the results of these activities:**

The Oregon Department of Human Services (ODHS) conducts site visits of providers who have volunteered or been referred to the Provider Specialist for assistance. The visit includes a review of attendance and billing records, health and safety requirements and the ODHS procedures. The Provider Specialist helps to identify risky practices, inform about program requirements and offers best practices and resources to help ensure a good understanding and accurate billing. Attendance records are compared to billing records when a benefit month is reviewed through the Office of Payment Accuracy and Recovery for potential overpayment. Approximately 160 billing forms are randomly selected each month for a desk audit by ODHS. Attendance logs are requested and hours billed are compared against the attendance hours to check for discrepancies and the appropriate usage of the absent hours. Absent hours must be marked clearly on the attendance logs.

**iv. Conduct supervisory staff reviews or quality assurance reviews.**

**Describe the activities and the results of these activities:**

ODHS conducts regular Quality Control Reviews of program eligibility and provides staff with feedback and corrective measures. The secondary review of discrepancies can identify client error, potential fraud or administrative error. Any potential fraud is referred to the Fraud Investigation Unit for further review. A Child Care Policy email box is available for all staff to send questions through directly to the Child Care Policy Analyst team. The team will review the case against current policies and send a response. Responses are typically sent within a few hours, but are held to a 24-48 hour standard. Urgent requests are sent to help determine eligibility correctly before certifying a case.

v. Audit provider records.

Describe the activities and the results of these activities:

Approximately 160 billing forms are randomly selected each month for a desk audit by ODHS. Attendance logs are requested and hours billed are compared against the attendance hours to check for discrepancies and the appropriate usage of the absent hours. Absent hours must be marked clearly on the attendance logs.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

ODHS holds a monthly statewide video conference addressing top error cases to inform staff of errors and necessary corrections while discussing best practices and preventative measures.

vii. Other

Describe the activities and the results of these activities:

N/A

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

Investigators conduct joint investigations with the Office of Inspector General, Social Security Administration. With the ONE integrated eligibility system when information is reported for one program it is reported for them all, this reduces

agency errors across ODHS self sufficiency and Oregon Health Authority medical programs.

ii. [Run system reports that flag errors \(include types\).](#)

[Describe the activities and the results of these activities:](#)

A monthly audit of child care for school-age children is conducted for months when school is in full-time session. This audit reviews child care hours billed for school-age children to identify improper payments resulting from providers billing for care during the school day. The Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity. These reports help to identify agency errors.

iii. [Review enrollment documents and attendance or billing records](#)

[Describe the activities and the results of these activities:](#)

The Oregon Department of Human Services conducts site visits of providers who have volunteered or been referred to the Provider Specialist for assistance. The visit includes a review of attendance and billing records, health and safety requirements and the Oregon Department of Human Services procedures. Approximately 160 billing forms are randomly selected each month for a desk audit by ODHS. Attendance logs are requested and hours billed are compared against the attendance hours to check for discrepancies and administrative errors.

iv. [Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

Oregon Department of Human Services conducts regular Quality Control Reviews of program eligibility and provides staff with feedback and corrective measures. A Child Care Policy email box is available for all staff to send questions through directly to the Child Care Policy Analyst team. The team will review the case against current policies and send a response. Responses are typically send within a few hours, but are held to a 24-48 hour standard. Urgent requests are sent to help determine eligibility correctly before certifying a case.

v. [Audit provider records.](#)

Describe the activities and the results of these activities:

N/A

- vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Oregon Department of Human Services holds a monthly statewide video conference addressing top error cases to inform staff of errors and necessary corrections while discussing best practices and preventative measures.

- vii. Other

Describe the activities and the results of these activities:

Monthly newsletters such as the On Target and Accuracy in Action are circulated to staff. Skills challenges for intake staff, and Employment Related Day Care staff refreshers based on error trends are offered to assist with ongoing training needs.

### **8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

- a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

This work is contracted with the Oregon Department of Human Services, Office of Payment Accuracy and Recovery. The Secretary of State also conducts audits.

### **8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

[Describe the activities and the results of these activities:](#)

\$200 minimum overpayment threshold is required for both Oregon Department of Human Services and the Lead Agency to pursue an overpayment back to the agency. During the subrecipient monitoring process that the Lead Agency completes on contractors and grantees identified as subrecipients, if it appears that overpayment may have happened, the Lead Agency notifies the contractor or grantee and researches the possible overpayment by asking questions, reviewing backup documentation, contract/grant requirements, and federal regulations. If the finding is that an overpayment was made due to fraud, the contractor or grantee will be asked to send a check to the Lead Agency for the overpayment amount. Setting a minimum overpayment threshold helps to ensure that the agency is not spending more money on administration costs to collect an overpayment than what the overpayment collection would yield.

- ii. [Coordinate with and refer to the other state/territory agencies \(e.g., state/territory collection agency, law enforcement agency\).](#)

[Describe the activities and the results of these activities:](#)

The Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity, while reducing erroneous benefits and identifying fraud. The Oregon Department of Human Services sends monthly reports to the Department of Revenue to help identify subsidy payments so they cannot also be claimed as out of pocket child care expenses for parents claiming child care tax credits. Sending the data match to the Department of Revenue helps to prohibit subsidy recipients from claiming subsidy paid child care expenses as their own out of pocket child care costs for tax purposes.

- iii. [Recover through repayment plans.](#)

[Describe the activities and the results of these activities:](#)

N/A

- iv. [Reduce payments in subsequent months.](#)

[Describe the activities and the results of these activities:](#)

Overpayments incurred due to fraud are not eligible for the repayment plan criteria. If the provider is still active with the Oregon Department of Human Services and

receiving payments the overpayment is recovered out of subsequent payments at 100%, until the overpayment is satisfied.

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

Tax intercepts are utilized when a provider is not in an active status with the Oregon Department of Human Services and they have not submitted a payment. Accounts Receivable mails two separate notices to the provider. If the provider does not respond or fails to continue making payments a garnishment request is sent to the Oregon Department of Revenue.

vi. Recover through other means.

Describe the activities and the results of these activities:

Wage garnishments are utilized when a provider is not in an active status with the Oregon Department of Human Services and they have not submitted a payment.

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Oregon Department of Human Services Office of Payment Accuracy and Recovery has four units that work together to identify and collect improper payments: Data Match, Fraud Investigations, Overpayment Writing, and Overpayment Recovery. Baby Promise identification of overpayments and recovery is done through direct contact with program contractors. Over payments are usually handled through a reduction in payment for subsequent months of service until the over payment has been recovered.

viii. Other

Describe the activities and the results of these activities:

The Oregon Department of Human Services conducts desk audits each month on approximately 160 randomly selected billing forms. Providers attendance logs are checked against the amount billed and client case record information, monthly audit of child care for school-age children is conducted during school months to identify proper payments resulting from providers billing for care during the school day (during

months in which school is in full-time session), provider records are matched monthly with TANF, SNAP, Medicaid, and child care subsidy client records to identify eligible providers as well as questionable child care payments, eligibility workers refer potential client and provider payments and fraud to the Office of Payment Accuracy and Recovery. The Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity, while reducing erroneous benefits and identifying fraud. The Oregon Department of Human Services has a statewide toll-free number for reporting fraud. This number is publicized in notices sent to child care providers and clients.

#### 8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

\$200 minimum threshold is required for both Oregon Department of Human Services and the Early Learning Division to pursue collection of an overpayment.

Overpayments are investigated through the Office of Payment Accuracy and Recovery and are conducted due to provider/parent referrals, random program integrity audits, and through review of reports. Setting a minimum overpayment threshold helps to ensure that the agency is not spending more money on administration costs to collect an overpayment than what the overpayment collection would yield.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity, while reducing

erroneous benefits and identifying fraud. The Oregon Department of Human Services sends monthly reports to the Department of Revenue to help identify subsidy payments so they cannot also be claimed as out of pocket child care expenses for parents claiming child care tax credits. Sending the data match to the Department of Revenue helps to prohibit subsidy recipients from claiming subsidy paid child care expenses as their own out of pocket child care costs for tax purposes.

[iv. Recover through repayment plans.](#)

[Describe the activities and the results of these activities:](#)

Repayment plans are offered upon request. Providers must have been actively providing care for subsidy families for at least 12 months to be eligible for a repayment plan. The nature of the overpayment cannot be due to provider fraud. Minimum payments of \$50 are required. The balance of the overpayment must be paid off within 10 months.

[v. Reduce payments in subsequent months.](#)

[Describe the activities and the results of these activities:](#)

Providers who meet the repayment plan criteria listed above can have subsequent payments reduced in order to cover the overpayment amount. The same limitations apply where the payment is a minimum of \$50 and the overpayment balance must be satisfied with 10 months. If providers do not meet the repayment plan criteria the overpayment is recovered out of subsequent payments at 100%, until the overpayment is satisfied.

[vi. Recover through state/territory tax intercepts.](#)

[Describe the activities and the results of these activities:](#)

Tax intercepts are utilized when a provider is not in an active status with the Oregon Department of Human Services and they have not submitted a payment. Accounts Receivable mails two separate notices to the provider. If the provider does not respond or fails to continue making payments a garnishment request is sent to the Oregon Department of Revenue.

[vii. Recover through other means.](#)



[Describe the activities and the results of these activities:](#)

Wage garnishments are utilized when a provider is not in an active status with the Oregon Department of Human Services and they have not submitted a payment. Accounts Receivable mails two separate notices to the provider. If the provider does not respond or fails to continue making payments a garnishment request is sent to the Oregon Department of Revenue.

- [viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.](#)

[Describe the activities and the results of these activities:](#)

The Oregon Department of Human Services has a Fraud Investigation Unit with investigators who consider both client and provider overpayments.

- [ix. Other](#)

[Describe the activities and the results of these activities:](#)

The Oregon Department of Human Services conducts desk audits each month on approximately 160 randomly selected billing forms. Providers attendance logs are checked against the amount billed and client case record information, monthly audit of child care for school-age children is conducted during school months to identify proper payments resulting from providers billing for care during the school day, provider records are matched monthly with TANF, SNAP, Medicaid, and child care subsidy client records to identify eligible providers as well as questionable child care payments, eligibility workers refer potential client and provider payments and fraud to the Office of Payment Accuracy and Recovery. The Oregon Department of Human Services has a statewide toll-free number for reporting fraud. This number is publicized in notices sent to child care providers and clients.

[8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.](#)

[d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.](#)

- i. N/A. the Lead Agency does not recover misspent funds due to agency errors.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

\$200 minimum threshold is required for both Oregon Department of Human Services and the Lead Agency to pursue an overpayment. Overpayments are investigated through the Office of Payment Accuracy and Recovery and are conducted due to provider/parent referrals, random program integrity audits, and through review of reports. Setting a minimum overpayment threshold helps to ensure that the agency is not spending more money on administration costs to collect an overpayment than what the overpayment collection would yield.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity, while reducing erroneous benefits and identifying fraud. The Oregon Department of Human Services sends monthly reports to the Department of Revenue to help identify subsidy payments so they cannot also be claimed as out-of-pocket child care expenses for parents claiming child care tax credits. Sending the data match to the Department of Revenue helps to prohibit subsidy recipients from claiming subsidy paid child care expenses as their own out of pocket child care costs for tax purposes.

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

Repayment plans are offered upon request. Providers must have been actively providing care for subsidy families for at least 12 months to be eligible for a repayment plan. The nature of the overpayment cannot be due to provider fraud. Minimum payments of \$50 are required. The balance of the overpayment must be paid off within 10 months.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Providers who meet the repayment plan criteria listed above can have subsequent payments reduced in order to cover the overpayment amount. The same limitations apply where the payment is a minimum of \$50 and the overpayment balance must be satisfied with 10 months. If providers do not meet the repayment plan criteria the overpayment is recovered out of subsequent payments at 100%, until the overpayment is satisfied.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

Tax intercepts are utilized when a provider is not in an active status with the Oregon Department of Human Services and they have not submitted a payment. Accounts Receivable mails two separate notices to the provider. If the provider does not respond or fails to continue making payments a garnishment request is sent to the Oregon Department of Revenue.

vii. Recover through other means.

Describe the activities and the results of these activities:

Wage garnishments are utilized when a provider is not in an active status with the Oregon Department of Human Services and they have not submitted a payment. Accounts Receivable mails two separate notices to the provider. If the provider does not respond or fails to continue making payments a garnishment request is sent to the Oregon Department of Revenue.

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Oregon Department of Human Services Office of Payment Accuracy and Recovery, has four units that work together to identify and collect improper payments: Data Match, Fraud Investigations, Overpayment Writing and Overpayment Recovery. Baby Promise identification of overpayments and recovery is done through direct contact with program contractors. Over payments are usually handled through a reduction in payment for subsequent months of service until the over payment has

been recovered.

ix. Other

Describe the activities and the results of these activities:

**8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:**

a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

N/A

b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

An Intentional Program Violation is established when a provider commits fraud as determined by a state or federal court, by an administrative agency in a contested case, or by a person signing the designated form acknowledging the Intentional Program Violation and waiving the right to an administrative hearing. If the Intentional Program Violation is established in a contested case, the Department initiates the Intentional Program Violation hearing. There is no administrative appeal after a person waives the right to an Intentional Program Violation hearing, and the penalty may not be changed by subsequent administrative action except as follows:

1. A person who waives the right to an Intentional Program Violation hearing may seek relief in court or request a contested case hearing on the sole issue of whether the waiver was signed under duress (see OAR 461-025-0310). If there was a determination that the waiver was signed under duress, the initial Intentional Program Violation penalty is voided, and: if a court determines that a waiver was signed under duress, the court may determine whether an Intentional Program Violation occurred and the amount of penalty; or if an administrative law judge determines that a waiver was signed under duress, the Department may initiate an Intentional Program Violation hearing to determine whether an Intentional Program

Violation occurred and the amount of the penalty.

Child care providers who have incurred an overpayment established as an Intentional Program Violation claim are ineligible for payment as follows: for six months and until the full amount of the overpayment is paid; or permanently, if the Oregon Department of Human Services Child Care Program Manager finds that such ineligibility is in the public interest. Intentional Program Violations are assessed rarely and only in situations where there is repeat fraudulent activity. Providers with an Intentional Program Violation are prohibited from participating in the subsidy program in the future, thereby resulting in no further potential fraudulent activity and billing.

c. Prosecute criminally.

Describe the activities and the results of these activities:

N/A

d. Other.

Describe the activities and the results of these activities:

Methods for recovering overpayments in the Oregon Department of Human Services self-sufficiency programs (including child care) are established in OAR 461-195-0551.

## [Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form](#)

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.