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**Child Care and Development Fund (CCDF) Plan
for
State/Territory Oregon**

FFY 2025 – 2027

Version: Amendment 1

Plan Status: Approved as of 2025-11-14 18:12:07 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

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.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Department of Early Learning and Care**
 - ii. Street Address: **700 Summer St NE**
 - iii. City: **Salem**
 - iv. State: **Oregon**
 - v. ZIP Code: **97301**
 - vi. Web Address for Lead Agency: **www.oregon.gov/delc**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Alyssa**
 - ii. Lead Agency Official Last Name: **Chatterjee**
 - iii. Title: **Early Learning System Director**
 - iv. Phone Number: **971-283-1271**
 - v. Email Address: **alyssa.chatterjee@delc.oregon.gov**

1.1.2 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. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Alyssa**

- ii. CCDF Administrator Last Name: **Chatterjee**
 - iii. Title of the CCDF Administrator: **Early Learning System Director**
 - iv. Phone Number: **9712831271**
 - v. Email Address: **alyssa.chatterjee@delc.oregon.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name: **Jordan**
 - ii. CCDF Co-Administrator Last Name: **Pargeter**
 - iii. Title of the CCDF Co-Administrator: **Child Care and Development Fund Administrator**
 - iv. Phone Number: **9712186182**
 - v. Email Address: **jordan.pargeter@delc.oregon.gov**
 - vi. 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.**

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. 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 Entity establishing CCDF program rules

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.

Check one of the following:

- a. All program rules and policies are set or established by the State or Territory. (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:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).

- Other. Identify the entity and describe the policies the entity can set:
 - ii. Sliding-fee scale is set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
 - iii. Payment rates and payment policies are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
 - iv. Licensing standards and processes are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
 - v. Standards and monitoring processes for license-exempt providers are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
 - vi. Quality improvement activities, including QIS, are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
 - vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
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CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[]	[x]	[x]	[x]	<p>[x] Describe: The Oregon Department of Human Services (ODHS), which is the TANF agency, is responsible for eligibility determinations for Employment Related Day Care (ERDC), Oregon's primary CCDF-funded child care assistance program. Eligibility for Head Start and Early Head Start Partnership contracted slots are also conducted through ODHS. Contracted school districts determine eligibility for the Teen Parent Program.</p> <p>Child Care</p>

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					Resource & Referral agencies approve ERDC-eligible families for the Baby Promise program and provide additional support through CCDF quality dollars to contracted providers to increase supply and quality for infant and toddler care.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Describe: The Lead Agency contracts with 211info, a community services referral organization, to support families in locating child care. 211info also provides other valuable referrals to families such as housing assistance, food assistance, and medical care.
Who issues payments?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who operates the quality improvement activities?	[x]	[]	[x]	[x]	<p>[x] Describe: Portland State University/Oregon Center for Career Development in Childhood Care and Education administers the career lattice and the Oregon Registry. Western Oregon University and The Research Institute provides central coordination of CCR&Rs, Oregon's Spark (Quality Recognition and Improvement System) administration and administers incentives and reimbursements for basic health and safety classes</p>

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					<p>for child care providers.</p> <p>The Lead Agency also has a team which assesses children with disabilities within their child care setting to authorize an additional high needs subsidy add-on rate to care. The high needs rate is in addition to the special needs rate. They also provide training, technical assistance, and support to communities for serving children with special needs or disabilities.</p>

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. 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.

a. Tasks to be performed.

[x] Yes. If yes, describe: The Lead Agency holds an interagency governmental agreement with the Oregon Department of Human Services to conduct eligibility determinations for the Employment Related Day Care program, Oregon’s primary CCDF-funded subsidy program. Eligibility for Head Start and Early Head Start Partnership contracted slots are also conducted through ODHS. Subsidy payments for all CCDF subsidy programs are currently made through an interagency agreement with ODHS, however this will change in the future with the development of a new Provider Management Platform within the Lead Agency. In addition, the interagency agreement demonstrates that ODHS staff conduct error rate reviews for improper payment, collection of overpayments, and administration/facilitation of hearings.

The Lead Agency monitors implementation of eligibility determination and program integrity activities through a written interagency agreement with the Oregon Department of Human Services. Performance is assessed 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; 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 is piloting a new contracted care child care 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 the cost of providing quality child care to infants and toddlers in underserved regions and populations. 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 provide 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 administers the career lattice and the Oregon Registry. Western Oregon University and The Research Institute provides central coordination of CCR&Rs, Oregon's Spark (Quality Recognition and Improvement System) administration and administers incentives and reimbursements for basic health and safety classes for child care providers.

Inclusive Partners, which is part of the Lead Agency, assesses children with disabilities within their child care setting to authorize an additional high needs subsidy add-on rate to care. 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.

The Lead Agency contracts with 211info, a community services referral organization, to support families in locating child care. 211info also provides other valuable referrals to families such as housing assistance, food assistance, and medical care.

No. If no, describe:

b. Schedule for completing tasks.

Yes. If yes, describe: **The interagency agreement held between the Lead Agency and contracted entities outline the required deadlines and timeframes for the above listed elements for which contracted entities are responsible to complete.**

No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

Yes. If yes, describe: **The interagency agreements held between the Lead Agency and contracted entities outline the allocated CCDF dollars for the above listed elements for which contracted entities are responsible to complete.**

No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

Yes. If yes, describe: **The interagency agreements held between the Lead Agency and contracted entities outline the indicators and key performance measures for the above listed elements for which the contracted entities are responsible to complete.**

No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The Lead Agency meets on a regular basis with contracted entities to review the above listed elements of contract agreements and CCDF administration.**

- IAA activities with ODHS are monitored via bi-weekly meetings between ODHS and DELC leadership.
- Baby Promise contractors are communicated with on a monthly basis, more as needed.
- Teen Parent Contracts and Head Start/Early Head Start contracted slots we will begin having contracts that are 2 year rather than annual - so last through the biennium.
- o Head Start/Early Head Start contracted slot contractors are met with every 3 months.

- o **Teen Parent Contractors are met with annually at a minimum, and more as needed.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.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) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The 16 regional Early Learning Hubs are the state's entity for bringing together community partners and interested parties, 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 representatives of local government are utilized to target outreach to provide services within the state plan.

- a. 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 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 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 April 2024 meeting. The Lead Agency presented the draft plan at a high level to the Early Learning Council for review and comment during their April meeting.

- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The 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 subsidies.**

The CCDF plan preprint and high level topics of the state plan were provided to this group in April 2024 to consult on specific policy topics. In addition, the Lead Agency meets monthly with the Tribal CCDF Administrators of the 9 Tribes sharing borders with Oregon to discuss coordination and consultation on licensing, quality, rate-setting, and other issues. The CCDF Tribal Administrators provided their feedback both for the CCDF state plan and Lead Agency strategic plan in both the December 2023 and January 2024 meetings and this information was used to provide consultation on the plan. Information regarding the public comment process was shared with CCDF Tribal Administrators as well as other community partners in April 2024.

- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The Lead Agency created its first strategic plan in the winter and spring of 2024. CCDF state planning engagement efforts were completed in tandem with the strategic planning process to receive a comprehensive view of Oregon’s early childhood and education system from a current state and future state lens. Other entities and community partners consulted throughout the CCDF and strategic plan engagement process include: DELC staff, families, child care providers (all types), Child Care Resource & Referral agencies, Early Childhood Equity Fund Grantees, the Early Learning Equity Engagement Committee, Early Learning Hubs, Early Learning Advocates, Healthy Families Oregon, Oregon After School and Summer for Kids Network (Oregon ASK), CCDF Tribal Administrators, Early Learning Advocates, the Oregon Child Care Research Partnership, the State Interagency Coordinating Council, the Oregon Sustaining Partnership, Healthy Families Oregon, Baby Promise grantees, Preschool Promise grantees, and Oregon Prenatal to Kindergarten grantees.**

1.3.2 Public hearing process

Lead Agencies must 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.

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.

- i. Date of the public hearing: **6/5/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **4/11/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
 Yes.
 No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc.

Include specific website links if used to provide notice. **Information about the public hearing was shared via the bi-weekly Child Care Newsletter, through the Lead Agency’s social media, and on the Public Meeting Calendar at <https://www.oregon.gov/transparency/Pages/Public-Meetings.aspx>. It was also shared on the bi-weekly Early Learning Advocates call, with the provider unions, with the Early Learning Council, and with Lead Agency staff to share with their contacts.**

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The public hearing was held virtually and open for attendance to anyone in Oregon.**
- vi. Describe 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.): **Oregon’s draft CCDF state plan was posted for public viewing on May 1, 2024 on the Lead Agency’s website alongside past state plans and amendments here: <https://www.oregon.gov/delc/about-us/pages/state-plans.aspx>**

In addition, three information sessions are being held in mid-May to help break down the high level content of the state plan draft so the public could understand where to find information within the draft to provide their own public comment.

- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The public comment period was held May 1, 2024, through June 7, 2024. The Lead Agency received three public comments which will be viewable on DELC's website (<https://www.oregon.gov/delc/about-us/pages/state-plans.aspx>). Key themes emerged primarily around coming into full compliance with the new CCDF Final Rule requirements and recommendations effective April 30, 2024. At this time, Oregon has requested a waiver for enrollment-based payment, prospective payment, and expansion of grants and contracts, and intends to come into compliance by August 1, 2026. Additional analysis is required to determine implementation of optional rule recommendations. The Lead Agency will continue to communicate with community partners to ensure their feedback is considered and that collaboration is continued for the benefit of the early care and education workforce and Oregon families.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **<https://www.oregon.gov/delc/about-us/pages/state-plans.aspx>**
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.

- i. Working with advisory committees. Describe: **The Lead Agency consults with the Early Learning Council prior to implementation of any drafts or amendments to Oregon’s CCDF State Plan.**
- ii. Working with child care resource and referral agencies. Describe: **Information regarding initial CCDF plan drafts and plan amendments are shared with Child Care Resource & Referral agencies statewide.**
- iii. Providing translation in other languages. Describe:
- iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe: **The Lead Agency makes approved plans and plan amendments available on their website and shares updates through Facebook, LinkedIn, and Instagram accounts.**
- v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **Information about updates to the state plan are shared at bi-weekly Early Learning Advocate meetings and through the bi-weekly Child Care Update newsletter.**
- vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **Representatives from Oregon ASK receive updates at the bi-weekly Early Learning Advocates meetings.**
- vii. Direct communication with the child care workforce. Describe: **Child care providers can subscribe the bi-weekly Child Care Update newsletter and follow the Lead Agency on social media.**
- viii. Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent’s ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent’s work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency’s eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents’ employment, education, or job training activities to comply with the Lead Agency’s or designated local entity’s requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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, Lead Agencies 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).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **Oregon has implemented presumptive eligibility through 'priority processing.'** This means families with a child in foster care can receive up to three months of benefits based upon their statement while waiting for formal verification. These families are not required to complete an interview with an eligibility worker, speeding up the eligibility process. If eventual verification does not meet subsidy requirements, these months are not collected as overpayments, but benefits do not extend for a full twelve months, per federal presumptive eligibility guidelines.
 - ii. Leveraging eligibility from other public assistance programs. Describe: **Oregon's Employment Related Day Care (ERDC) program has income eligibility limits set to align with the Supplemental Nutritional Assistance Program (SNAP) to allow families to access services more easily. The ERDC program has leveraged families receiving SNAP to recruit families who appear to be eligible for the child care subsidy based on income, age of child, and participation in employment or education. Families receiving services through the Temporary Assistance for Needy Families (TANF) program can become eligible for ERDC through a simplified application process. Additionally, families who have applied for other programs through Oregon's integrated eligibility system, called ONE, can utilize existing applications and verification sources within two months when applying for ERDC.**
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **Oregon utilizes an integrated eligibility system called ONE, which houses multiple self-sufficiency and safety net programs. This allows families to apply through a singular portal and application for multiple services. This also allows families to submit requests and changes for multiple programs at one time. Currently the ONE system does not yet have the capabilities built to coordinate eligibility and ensure each child receives 12 months of eligibility. Changes to the ONE system will be required to implement this eligibility requirement as an element of the 2024 final rule, and Oregon is working to establish a plan for implementation. Any changes to the ONE system require working with other state agency partners that have programs in the integrated system.**

- iv. Self-assessment screening tools for families. Describe:
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations:
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
- Yes.
- No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
- Yes. If yes, describe the policies: **TANF families have a simplified eligibility process. They are eligible for ERDC benefits, but still must meet income eligibility, immunization, citizenship/qualified non-citizen requirements of the child, and asset limit requirements. More information can be found in 2.2.2 below.**
- No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/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. Leveraging eligibility from other public assistance programs.
 - ix. Other. Describe: **Oregon's ONE eligibility system was designed to send advance notice to providers of families' pending redeterminations, however there are some improvements needed for this practice to function properly and consistently. Providers receive advance notice of any applicable mid-certification benefit closures as well as their own two-year re-evaluations for subsidy payment, which are mailed by the Direct Pay Unit.**
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- Yes. If yes, describe the policies:

No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, 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 (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

- ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **A child meets the Special Needs requirement when they require a level of care over and above the norm for their age due to physical, behavioral, or mental disability. The disability must be verified by a medical professional or the receipt of SSI.**

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

No.

Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

- d. How does the Lead Agency define the following eligibility terms?

- i. "residing with": **A member of the household that generally lives together with or without the benefit of a dwelling. If a child lives with different caretakers during the month, they are a member of both households. Individuals are not residing in the same household where a landlord-tenant relationship exists. An individual**

may be absent from the household for 30 days or more and still be in the household if the individual is absent because of education, training, or employment including long-haul truck driving, fishing, or active duty in the U.S. armed forces, if they are absent to care for an emergent need of an individual related to illness, injury or death, or if they are reasonably anticipated to return within 90 days. This includes caretakers who are in residential alcohol or drug treatment for up to 90 days. (Oregon Administrative Rule 414-175-0015)

- ii. “in loco parentis”: In place of the parent; may include a stepparent, foster parent, guardian, or legal guardian who is responsible for the care, control, and supervision of a child.

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
 - i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search.
 - viii. Other. Describe: **Families are considered eligible for child care subsidy services if they are on leave from work or school due to medical leave to care for themselves or a child in their home. They may or may not be receiving income at the time of application.**
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
 - i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.

- v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Other. Describe: **Training required in order to maintain current employment is considered job training and can be covered by child care hours authorized for the employment. Families receiving TANF services may qualify for ERDC based upon their activities, which may include job training.**
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.
 - v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.
 - vii. Study time.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe: **For teen parents aged 20 and below, completion of high school diploma and/or GED through high school or secondary school. For those age 21 and higher or for pathways outside of high school diploma and/or GED, coursework must lead to job-related knowledge or skills attainment at an institution of higher education approved to receive federal financial aid.**
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
 - Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- Work. Describe:
 - Job training. Describe:
 - Education. Describe:
 - Combination of allowable activities. Describe:

Other. Describe:

- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

Yes.

No. If no, describe the additional work requirements:

- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: 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 Lead Agency’s protective services definition.

No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

Children in foster care.

Children in kinship care.

Children who are in families under court supervision.

Children who are in families receiving supports or otherwise engaged with a child welfare agency.

Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

Children whose family members are deemed essential workers under a governor-declared state of emergency.

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe: **Families receiving Temporary Assistance for Needy Families (TANF) benefits are eligible for child care coverage via CCDF regardless of qualifying activities, to provide more stability to very low-income families at risk of extreme poverty and to support work, training, education, and family well-being activities as a whole. Children in these families are considered in our definition of 'children who receive or need to receive protective services,' a change that occurred in July 2023.**

Families with Child Welfare involvement are eligible for services regardless of activity or income as of July 1, 2025, via the passage of House Bill 2683. Please note that a waitlist is presently in place and current budgetary restrictions do not allow waiving of income requirements while a waitlist is in place, however families in this population do qualify to bypass the waitlist and all activity requirements.

- g. 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?

No.

Yes.

h. 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.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2	6971.53	47.70	3525.00
3	8611.89	51.60	4442.00
4	10252.25	52.30	5359.00
5	11892.61	52.80	6275.00

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above

85% SMI.

Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
2			
3			
4			
5			

- iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.
- Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.
- No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. Gross wages or salary.
- ii. Disability or unemployment compensation.
- iii. Workers’ compensation.
- iv. Spousal support, child support.
- v. Survivor and retirement benefits.
- vi. Rent for room within the family’s residence.
- vii. Pensions or annuities.
- viii. Inheritance.
- ix. Public assistance.
- x. Other. Describe: **Other countable income sources as outlined in Oregon Secretary of State Administrative Rule 414-175-0035.**

d. What is the effective date for these income eligibility limits? **03/01/2025**

e. 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, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?

LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2025**

Other. Describe:

- f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://acf.gov/ocs/policy-guidance/liheap-im2025-02-federal-poverty-guidelines-and-state-median-income-estimates>

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

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

- i. Average the family's earnings over a period of time (e.g., 12 months).
Identify the period of time **12 months for occasions of irregular fluctuations in earnings.**
- ii. Request earning statements that are most representative of the family's monthly income.
- iii. Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **Income too infrequently or irregularly to be reasonably anticipated or received as a one-time payment is considered lump sum income and is excluded from income calculations.**

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
 Yes.
 No. If no, describe:
- 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:

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. Eligibility determination? If checked, describe: **Priority processing allows families experiencing homelessness who apply for child care assistance to start receiving benefits immediately. It allows 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**

caretaker has 45 days to supply the required verification. When the immunization requirement is not met, families are given 45 days to show they are moving forward with gaining the appropriate immunizations, medical/non-medical exemption. An interview is not required if a family qualifies for priority processing because they are experiencing houselessness or have a current foster child in need of care.

- b. Eligibility redetermination? If checked, describe: **Priority processing can be applied at recertification if a family reapplied late for benefits, after their case had already closed. Typically, it is not needed for families who reapply 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.**

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant identity. Describe how you verify: This is verified by ODHS, the agency responsible for determining eligibility. Verifying identity is confirmed through any of the following photo ID, other identification, wage stubs, birth certificate, or other documentation.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant’s relationship to the child. Describe how you verify: The Lead Agency does not require a relationship to the child receiving subsidy, only that the applicant has care and control of the child needing care. Self-attestation is accepted unless another caretaker is claiming the child for other program benefits.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	<p>Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: A child’s information is verified at initial application and reviewed at redetermination. Immigration status, a child must be a citizen or meet immigration status requirements. The agency accepts self-attestation for those claiming to be a US born citizen or an undocumented status. Other citizenship or immigration statuses will require a review of the birth certificate, lawful permanent residency card, certificate of naturalization, or other documentation. No further verification is needed when a change in status is reported. For children enrolled in programs subject to Head Start Performance standards and supported by both Head Start funds and CCDF, parents can 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.</p>
[x]	[x]	<p>Work. Describe how you verify: Work and/or job training is verified by wage stubs, employer letter, W-2 forms, online sources, or by a phone conversation with the employer at certification, redetermination, and when the family reports 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.</p>
[x]	[x]	<p>Job training or educational program. Describe how you verify: Student status is verified by school registration, current class schedule, and federal financial aid award letter. The financial aid award letter or https://studentaid.gov/fafsa-app/FSCsearch is used 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. For caretakers age 20 or younger they can participate in any High School or GED completion program and are not limited to attending an institution approved to receive federal financial aid.</p>

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Family income. Describe how you verify: Wage stubs, award letters, employer letters, tax documentation, self-employment records, and online sources are used to verify family income.
[x]	[x]	Household composition. Describe how you verify: ODHS 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.
[x]	[x]	Applicant residence. Describe how you verify: Applicant residence is self-reported at application.
[]	[]	Other. Describe how you verify: N/A

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- 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”:** Both the provider and place where care is provided meet the Lead Agency’s health, safety, and provider requirements defined in administrative rules. The care must accommodate the parent’s work or school schedule, and 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, school or JOBS activity site 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 outlined in the Lead Agency’s rules, 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 expense to the parent is less than 10% of the family’s 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:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“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, called the Special Needs Rate. Children may also qualify for additional payments on top of the Special Needs Rate based on individualized assessment in their child care setting through the Inclusive Partners Program, called the High Needs Rate.**
- e. **“Families with very low incomes.” Children in families with incomes under 200% of the Federal Poverty Level who are receiving or transitioning off TANF cash benefits are considered families with very low income.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

- a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	[]	[]	[]	[x]	[]	[x] Describe: 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.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Families with very low incomes	[x]	[x]	[x]	[]	[]	<p>[x] Describe: Copayments are waived for families with one individual receiving TANF benefits, families with income under 100% FPL, families with at least one caretaker who has lost employment (either temporarily or permanently), or with one caretaker on medical leave from employment. Families receiving services through the TANF program may bypass the ERDC waitlist when it is in effect.</p>

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children experiencing homelessness, as defined by CCDF	[x]	[]	[]	[]	[]	<p>[x] Describe: An individual who is experiencing a lack of a fixed, regular, and adequate nighttime residence. This includes, but is not limited to, individuals who are living in an emergency or transitional shelter, sharing housing with others due to loss of housing or economic hardship, or staying in a motel, campground, hotel, car, park, public place, tent, trailer, or other similar settings.</p>

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Families receiving TANF are exempt from the ERDC waitlist, their copay is waived, they are also exempt from the employment or education participation requirements. Families receiving services through the TANF program may bypass the ERDC waitlist when it is in effect.

a. Does the Lead Agency define any other priority groups?

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **New applicants will be placed on the Child Care Waitlist for ERDC unless any member of the ERDC filing group meets at least one exemption listed in the following paragraphs:**

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

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

The caretaker is currently working with Child Welfare as part of a Child Protective Services (CPS) assessment or open case and Child Welfare has determined the use of child care will prevent removal of the child from their home, allow a child to be returned home, or allow for placement of the child with a relative or with an adult whom the child or the family of the child has an established relationship;

Determined eligible for Temporary Assistance to Domestic Violence Survivors (TA-

DVS) program benefits from the state of Oregon in the current month or at least one of the preceding three months;

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

Families enrolled in Oregon Prenatal to Kindergarten 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. Young parents (age 20 or younger) are allowed qualify for ERDC when participating in any High School or GED completion program without needing to attend an institution eligible to receive federal financial aid.

Baby Promise contracted slots are used to prioritize care for infants and toddlers. Baby Promise enrollment processes prioritize historically underserved or underrepresented populations defined as: African American, Asian and Pacific Islander, emergent bilingual children, geographically isolated, immigrants and refugees, migrant families and/or families working in agricultural sector, Latinx, Tribal nations and communities, children with developmental delays and disabilities, children of incarcerated parents/parental figures, and/or children experiencing homelessness and engagement with the foster care system.

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness 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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Oregon has implemented enrollment during a grace period through 'priority processing.'** This is also treated as presumptive eligibility. This means families experiencing homelessness can receive up to three months of benefits based upon their statement while waiting for formal verification. These families are not required to complete an interview with an eligibility worker, speeding up the eligibility process. If eventual verification does not meet subsidy requirements, these months are not collected as overpayments, but benefits do not extend for a full twelve months.

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.

b. Describe the grace period for each population below and how it allows them 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.

i. Provide the policy for a grace period for:

Children experiencing homelessness: **Per Oregon Administrative Rule 414-175-0005, '(8) A filing group that is experiencing homelessness or requires child care for a current foster child may receive "priority processing." For purposes of this rule, "priority processing" means the benefits may be open for up to three months while pending for verification of income, work schedule, verification of immunization records, or a copy of the medical or non-medical exemption form during the application period.'**

Children who are in foster care: **Per Oregon Administrative Rule 414-175-0005, '(8) A filing group that is experiencing homelessness or requires child care for a current foster child may receive "priority processing." For purposes of this rule, "priority processing" means the benefits may be open for up to three months while pending for verification of income, work schedule, verification of immunization records, or a copy of the medical or non-medical exemption form during the application period.'**

ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

Yes.

No. If no, describe:

c. 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: **The period for immunization is based upon the Oregon Health Authority's (OHA) administrative rules. ODHS provides information for the local public health departments to develop a plan. ODHS workers provide information and assistance applying for medical program benefits, if needed. The Lead Agency works closely with the Oregon Health Authority (OHA) to support licensed child care compliance**

with immunization laws. OHA contacts the Lead Agency if a child care program has not submitted required immunization verifications.

The Lead Agency 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 the Lead Agency. The Lead Agency will then follow up again to support compliance. At the point of the program receiving a letter from OHA, The Lead Agency 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.

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.
 - iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.
 - vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe: **Websites are available in 10 languages apart from English. ODHS staff have access to translation and interpretation services for any language that may be required. ODHS policies allow all staff who pass language competency testing to receive a bilingual pay differential. There are minimum bilingual staffing levels, but no top end restriction to the number of bilingual staffing levels.**

The Lead Agency aims to provide all vital licensing and provider documents in the five primary languages (English, Spanish, Russian, Traditional Chinese, and Vietnamese), and posts them to the website. The Lead Agency also provides a staff contact that users can call if they need additional ADA or language support. The Lead Agency employs bilingual staff and strives to hire staff fluent in the five

languages listed above.

The Lead Agency utilizes a translation process for important documents and communications around complaints, provides interpretation for public meetings, and contracts with Language Link at the state level to provide services in languages without available translation and/or interpretation services. Google translate provides basic web page translation for the DELC primary site and DELC News website. In addition, the following statement is posted on DELC websites:
☑ You are entitled to language assistance services and other accommodations at no cost. If you need help in your language or other accommodations, please contact the Child Care Licensing Division (CCLD) at 503-947-1400.☑

State of Oregon websites are designed by a third-party vendor and are formatted to meet Web Content Accessibility Guidelines (WCAG) 2.1 AA, Section 508 of the U.S. Rehabilitation Act of 1973, and the Plain Language Act of 2010.

- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.
 - v. Partnerships with State and local programs and associations focused on disability- related topics and issues.
 - vi. 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.
 - vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
 - ix. Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness 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. Describe: **211info (statewide referral for child care and other social services).**
- b. 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.
 - i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Agency collaborated with the coordinator of the McKinney-Vento program at the Oregon Department of Education to create a self-study training to learn how to enroll and assist families experiencing homelessness. This self-study is titled “Serving Families Experiencing Homelessness” and is 1 hour in length in the core knowledge category of Families and Community Systems (FCS). The training is located here: www.oregon.gov/delc/providers/CCLD_Library/CCLD-0586-SFEH-Self-Guided-Training-EN.pdf .**
 - ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Description for Serving Families Experiencing Homelessness Training: “Sometimes all it takes is a series of unfortunate events and no safety net to quickly make a once thriving family lose their home. Whether this is occurring to a family that is new to your program or an existing family in your child care setting, homelessness has a devastating impact on families and their young children. This training will provide early learning professionals with an introduction to families experiencing homelessness and strategies to provide compassionate care during this traumatic time for these children and their families.”**
Individuals who complete this training also come away with identifying the name and contact information for their McKinney -Vento Liaison. There is a questionnaire at the end of the training. If the individuals pass the quiz to receive a certificate and credit in ORO for the training.
The Lead Agency encourages all staff who work with families to take this training.

In addition, eligibility staff at ODHS are required to take the "Eligibility Essentials" and "ERDC Eligibility" trainings. Each section covers how the agency defines homelessness, how to have a discussion about a family's living arrangements, and how to appropriately code it on ONE. Additional trainings around trauma-informed care through a poverty reduction lens are provided to Family Coaches, who work with families receiving TANF and those experiencing domestic violence.

The Lead Agency passed new rules allowing providers to care for children experiencing homelessness prior to receiving immunization records, enrollment forms and other written parental permissions, thus reducing barriers for families. OAR 414-305-022 (2) A certified child care center may provide care for children who are in foster care or experiencing homelessness while parents/guardians are taking necessary

actions to comply with immunization requirements of the center. OAR 414-305-0230 (6) If a family served by a certified child care center is experiencing homelessness, the center must make efforts to follow OAR 414-305-0230 (1) through (5). If a certified child care center is unable to acquire written parental permissions, permissions may be received verbally, when documented by the certified child care center, or electronically, such as through a text message or e-mail.

2.5 Promoting Continuity of Care

Lead Agencies must consider children’s development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **Child care benefits are approved for 12 months, and the certification period can be extended up to 15 months if a parent or caretaker lost employment or went on medical leave in the final months of their certification period. This allows the parent or caretaker to return to work or find new employment before needing to recertify their benefits. Parents or caretakers on medical leave from employment are allowed to certify or recertify their benefits. They are considered to have met the work requirements based on their current employment from which they are on medical leave. Reporting changes that would close benefits are limited to reporting income over the exit limit, moving out of state, and if there is no longer an eligible child or an eligible parent/caretaker in the ERDC group**

Notification of an upcoming ERDC renewal is sent to families 45 days prior to the renewal date to allow families time to schedule a renewal interview. This timeline allows the majority of ERDC renewals to be completed timely, limiting disruption to care.

Parents can report when their children need a higher level of care than is typical. Once the need is verified, the Lead Agency will make additional payments to the provider on behalf of the child. The Inclusive Partners program also offers support and training for providers. These additional supports and payments allow providers to support the child's healthy development.

Oregon's enrollment, change reporting, and renewal policies are designed to ensure that children can remain in a stable child care situation appropriate for children's developmental stages during unforeseen and temporary changes in household circumstances.

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- 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 Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and

- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

Yes.

No. If no, describe: **Oregon received a preliminary notice of potential non-compliance on July 24, 2023; this was sent as a result of monitoring findings. Oregon remains out of compliance in the following areas with a plan to come into compliance by a tentative planned date of April 2026:**

1. Because Oregon backdates eligibility to support families from the first of the month in which a request for assistance is made, benefits may not always cover an entire 365 period from when eligibility is determined. Oregon plans to maintain this backdating policy as it is family-friendly, however our solution is to extend certifications to 15 months rather than 12 from the first of the month of the family's date of request.

2. The CCDF Final Rule added an additional clarification that Oregon has discovered a need to improve. Oregon does not currently approve a full twelve months of eligibility for additional siblings or children added to an ERDC case mid-certification; because Oregon determines eligibility on a per family basis, the child is added through the remainder of the eligibility period. This was not an area in which Oregon was able to request a waiver through the CCDF Final Rule, as it was stated that this was a clarification in policy rather than a change in policy requirements. Oregon is combining this policy change as well as the policy change previously listed to extend certifications out a full 15 months in the event of a new child being added to the case mid-certification, with a tentative release date of April 2026.

Oregon utilizes an integrated eligibility system called ONE, which houses multiple self-sufficiency and safety net programs. This allows families to apply through a singular portal and application for multiple services. This also allows families to submit requests and changes for multiple programs at one time. Currently the ONE system does not yet have the capabilities built to coordinate eligibility and ensure each child receives 12 months of eligibility on a per-child basis. Changes to the ONE system will be required to implement this eligibility requirement as an element of the 2024 final rule, and Oregon is working to establish a plan for implementation. Any changes to the ONE system require working with other state agency partners that have programs in the integrated system.

Oregon will remain out of compliance with the 12-month eligibility for both of the items listed above until the CR is completed (tentatively April 2026.) This will go in our appendix once it is available.

- b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?
 1. 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.
 2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.

3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe: **Oregon has already submitted evidence that we meet this requirement and therefore this question should still remain 'yes,' originally sent fall 2023, sent again winter 2024, and re-submitted August 2024.**

Marking as 'no' per federal request but should be corrected to 'yes.'

c. Are the policies different for redetermination?

No.

Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

Yes. The Lead Agency continues assistance.

No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:

iii. If no, how long is the job-search period where a family can continue assistance

(must be at least 3 months)?

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

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.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

iii. A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Benefits are closed at the end of the month following the report of the change in state residence as long as the change is reported before the 15th of the month. Changes reported after the 15th of the month do not take effect until the end of the following month. This policy can be found in Oregon Administrative Rule 414-175-0011: "(2) ERDC benefits may be terminated mid-certification only if one of the following occur:**

(a) There is no longer an eligible child or no longer an eligible caretaker in the need group pursuant to OAR 414-175-0020;

(b) Benefits were determined in error; or

(c) A Caretaker or Authorized Representative in the Need Group requests to terminate their ERDC benefits."

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **While families are not issued an Intentional Program Violation, in instances where it is determined that the family never should have been eligible due to fraudulent information, the family's case is closed mid-certification to not accrue overwhelming overpayments due back to the state.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

Yes.

No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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:

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

- a. Not applicable. 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 question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **Families may earn up to 85% SMI during their**

certification period and at recertification.

- i. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: **Families must report if they earn above 85% SMI during their certification period and at recertification.**
- c. 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. If checked, provide the following information:
- i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold 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:
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
 - v. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children’s development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family’s lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **Oregon passed legislation in 2021 through House Bill 3073 which limited copays to no more than 7% of a family's income.**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?
 Yes.
 No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?
 Yes.
 No. If no, describe how the sliding fee scale is set:
- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1						
2	1763.00	5.00	0.28	3524.99	10.00	0.28
3	2221.00	5.00	0.23	4441.99	15.00	0.34
4	2680.00	5.00	0.19	5358.99	20.00	0.37
5	3138.00	5.00	0.16	6274.99	25.00	0.40

- c. What is the effective date of the sliding-fee scale(s)? **03/01/2025**
- d. Provide the link(s) to the sliding-fee scale(s):
https://www.oregon.gov/delc/programs/pages/copays-billing.aspx?utm_source=ODHS&utm_medium=egov_redirect&utm_campaign=https%3A%2F%2Fwww.oregon.gov%2Fdhs%2Fassistance%2Fchild-care%2Fpages%2Fcopayments.aspx
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment?
- 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 does not provide a barrier and promotes affordability and access for families: **The child care rates are set roughly at the 80th percentile of the most recent Oregon Market Price Study (2022). This, in combination with the highest copay being set at 2.6% of a family’s income, means that families have at least an additional 4.4% of their income that can be put toward child care costs before it is considered above the definition of 7% being affordable child care. A family of 2 with their income just above the threshold for the highest copay tier would have \$3,833 in income and a \$100 copay. If they had a preschool aged child in the highest costing care in Oregon (a Certified Centers in Rate area A) would qualify for \$1,500 based on the maximum rates (\$1,400 subsidy + \$100 copay). The family would still have \$168.31 they could put toward the cost of care and remain at no more than 7%. This would allow the family to**

have access to over 90% of all available child care slots in their area. This family's income could increase by \$1327.99 per month and they would not see an increase in copay.

Child care providers are private businesses, therefore the Lead Agency cannot tell them whether or not they can charge above subsidy rates for families. This has always been the case in Oregon. Any difference in the provider's price and the subsidy amount is negotiated between the provider and the family; they may choose to offer the family a scholarship and waive this amount, but if they do not, the state does not involve itself in these arrangements. Limiting providers' ability to charge above the subsidy amounts would result in fewer providers being willing to accept subsidy payments at all, inhibiting upon parent choice and access to a broad range of child care options.

- 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: **Complete data is not available. Providers are instructed to complete their billings with their actual charges, but often they complete the billing with the ERDC maximum amount, not reporting additional charges. Providers have the option of charging additional amounts to families.**

The 2022 Rate Area Report conducted by Oregon Child Care Research Partnership (OCCRP) reported the following: In Oregon, current licensed rate maximums [subsidy reimbursement rates] are adequate to purchase approximately 65% of toddler slots statewide. Of the 9,081 toddler slots in market care statewide, 5,906 are at facilities that charge prices at or below the current licensed rate maximums. This also varies by type of care with the current maximum rate able to purchase 68% of slots for small home-based, 62% of slots for centers, and 72% of slots for large home-based care. Toddler prices are used as they were found to be closest to the combined price, and most representative of all age group prices. Toddler prices were also used as the basis for grouping price data in previous studies.

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. The fee is a dollar amount and (check all that apply):
 - The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after a certain number of children.

The fee is per family.

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

Other. Describe: **The copay is set using a tiered system based on FPL levels with all families under 100% FPL having their copay waived and copays gradually increasing as the family income surpasses certain FPL thresholds.**

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

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

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

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

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

The fee is per family.

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

Other. Describe:

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

No.

Yes.

If yes, check and describe those additional factors below:

i. Number of hours the child is in care. Describe:

ii. Quality of care (as defined by the Lead Agency). Describe:

iii. Other. Describe:

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. Other. Describe: **Oregon does not count all income types when calculating eligibility or copay amounts. Clarification for which income types are excluded from income calculation can be found here:**

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=310874>

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. Families experiencing homelessness.
- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy:
- vii. Families meeting other criteria established by the Lead Agency. Describe the policy: **The following families have their copay waived: families receiving TANF, on medical leave or who have lost employment (either temporary or permanently), families participating in Head Start, Early Head Start Partnerships, Teen Parent Program, and Baby Promise contracted slots.**

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies 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.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. 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, public comment, and reports to the Lead Agency: **While insurance is not a requirement to receive subsidy payments, it is a requirement to receive quality enhancements through Baby Promise. The cost of insurance policies, especially for family child care and in-home providers has become a barrier. In Oregon these providers are being charged \$10,000 per year or more or being denied coverage for required policy limits.**

The Legislative Child Care Task Force commissioned the Oregon Child Care Research Partnership to interview parents and providers on their experience accessing child care assistance in November 2020. Some of the barriers identified by providers included: providers receiving payments at the end of the month, the high copays for families, the level of state reimbursements, the complexity of the application process for providers, and the lack of an online billing option. End-of-month payments, high copays, the level of state reimbursements have been recently addressed with updated policy reflected in this plan. The full report can be found at:
https://health.oregonstate.edu/sites/health.oregonstate.edu/files/earlylearners/pdf/research/barriers_to_accessing_child_care_subsidies_in_oregon_corrected_november2020.pdf

Some providers have also vocalized being overwhelmed or dissuaded by having ERDC rules and procedures to follow in addition to licensing and grant rules and requirements. Historical late payments and the administrative burden of current state systems also discourage some providers from participating.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.

- d. Describe 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; family child care homes; or in-home providers: **An interview is conducted during the determination process for the ERDC program. During the interview the eligibility work will discuss child care options with the family. If a family does not have a child care provider selected, they direct the family to 211info to be given information around the full range of child care provider options. For Baby Promise, when a parent is enrolled in the ERDC program, they are connected with their local CCR&R who provides the list of Baby Promise Providers and assists in matching families with providers. Families eligible for ERDC receive a Child Care Fact Sheet upon approval, which directs them to 211info, the organization which provides consumer education around locating child care and other valuable services to families throughout Oregon.**
- e. Describe what information is included on the child care certificate: **The child care certificate outlines the following information and is sent to child care providers each month prior to care being provided: contact information for the Direct Pay Unit (where billings are processed), child care certificate voucher number for providers to inquire on payment status, family case number and case name, subsidy provider number and provider type, provider name and mailing address, phone number to report changes, billing dates, family copay amount, child name, date of birth, and age group, and family's authorized child care hours. Additionally, an automatic approval notice is issued to the family the business day after benefits is approved. It includes the certification period, copayment amount, authorized child care hours, income, and household size. For the Baby Promise Program, the "certificate" is the Employment Related Day Care (ERDC) voucher received by the provider for a family's eligible care (referenced above).**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care 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, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC

for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? **October through December 2022**
- b. ACF pre-approved alternative methodology.
- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- iii. 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.**
 - iv. Local child care program administrators: **Child care program administrators were included on the Market Price Study advisory committee.**
 - v. 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.**
 - vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **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.**
 - vii. Other. Describe: **Members of the Oregon Child Care Research Partnership group, represented by researchers and staff from multiple agencies, and other early learning partners, were consulted on methodology.**
- d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? **3/10/2023**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **October through December 2022.**
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The study universe includes all child care facilities in the priced child care market. The majority of family, friend, and neighbor caregivers have a prior relationship with the parent; thus, if they do charge a price, it is not established at arm's length; the price is likely to be influenced by the prior relationship. The vast majority of family, friends, and neighbors are not part of the priced child care market. Also excluded from the priced market were parent co-ops, programs that do not charge parents a fee, such as Head Start, and programs using sliding-scale fee structures. The Child Care Resource and Referral (CCR&R) database, Find Child Care Oregon, managed by Oregon's CCR&R Central Coordination at Western Oregon University remains**

Oregon’s most current, comprehensive, and reliable data source for market prices.

The statewide CCR&R database of child care facilities is an aggregate of data from 15 local CCR&R agencies representing all counties in Oregon. CCR&Rs are regional entities funded by the Early Learning Division to recruit and retain child care businesses, both home and center-based, to help build the supply of high-quality child care across Oregon. Each CCR&R is contracted to provide services in one of 15 regions. Most local CCR&Rs are housed within a larger parent agency, such as a community action program or a community college. All Oregon CCR&Rs are members of Central Coordination of the Oregon Child Care Resource & Referral, which provides statewide leadership and collaboration through responsive technical assistance and Find Child Care Oregon database management.

Given that almost all centers and small and large home-based care are captured in the Child Care Resource and Referral (CCR&R) database, this database was used for the 2022 Market Price Study. The Early Learning Division’s Office of Child Care licensing database was not considered because it is not designed to capture facility price data, although it was merged with the CCR&R database prior to data collection and analysis to ensure that all facilities were included. The licensing database was also utilized post-data collection by the university researchers to confirm data were current and accurate. The Oregon Department of Human Services (ODHS) provider database contains data on facilities that serve families who receive ODHS child care subsidies. Some of these providers are enrolled with a CCR&R and/or regulated by the Office of Child Care. Many ODHS listed providers, however, provide care only for family members or friends who receive ODHS subsidies for child care. These facilities probably would not otherwise provide care or do not meet the arm’s length criteria, and thus, are not part of the priced child care market.

In contrast to licensing and ODHS provider databases, the majority of facilities in the CCR&R database offer care in the priced child care market. The CCR&R database was also used in the 1992, 1994, 2000, 2002, 2004, 2006, 2008, 2010, 2012, 2014, 2016, 2018, and 2020 Oregon market price studies and has proven to be an accurate source of complete price data across Oregon communities.

- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **Child Care Resource & Referral database, Find Child Care Oregon.**
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Data are valid if they measure what they are intended to measure. The market price study findings are considered valid to the extent that the facilities from which price data are collected represent all facilities with child care prices. Factors that affect the representativeness of market price study findings include response rate, completeness of data, geographic representativeness, and currency of the data. On each of these validity indicators, the CCR&R 2022 database was assessed to be**

valid.

Specifically:

Response Rate. Of the total 4,780 facilities that were active as of December 2022, 4,048 (85%) met the definition of a priced child care market. Of those defined as market care, 3,111 (77%) provided full-time price data. Of those with full-time prices, 88% had usable prices that had been updated within a six-month period for a final sample size of 2,752 providers. This is a similar response rate to past years and aligns with best practice recommendations.

Data Completeness. Data were very complete with limited missing data for critical variables for facilities that met the definition of a priced child care market. For example, of the sample of market care facilities (4,048), price data were reported for 77% of the facilities. Approximately 23% had no price data, including 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.

Geographic Representativeness. The CCR&R database included facility price information gathered across all 36 Oregon counties. By any measure, the geographic detail and sample size are adequate to represent the population of Oregon facilities who offer care in the priced child care market. **Data Currency.** Price and capacity data were updated by the state's CCR&Rs from October to December 2022. Price data were based on the current prices that facilities offered in the marketplace at that current point in time. Of facilities with full-time price data, 86% met a standard of three-month currency and 87% met the standard of six-month currency that is used in this report. The CCR&R database provides data that is relevant to policy decision-making and facilitates comparison of market prices over time. Use of the CCR&R database provides a financially feasible source of price data that is large enough and comprehensive enough to reliably produce prices at both local and state levels. CCR&R data have been used in previous market price surveys both in Oregon and in other states.

Consistency in data source facilitates comparing market prices over time. Use of existing datasets, such as the CCR&R database, decreases the costs and thus increases the feasibility of periodic data collection and analysis. Further, the CCR&R staff are well connected with their communities which leads to more accurate data collection, such as knowing how to best get ahold of different facilities (e.g., phone vs. email) and having staff who speak multiple languages to communicate with facilities.

Additionally, the CCR&R database reflects the complexity of the child care market. Less complexity would oversimplify the market and the findings. However, complexity is often confusing. It falls to the analysis to ensure that findings related to key policy variables can be easily understood and interpreted. More information can be found within the 2022 Market Price Study analysis located at

https://health.oregonstate.edu/sites/health.oregonstate.edu/files/early-learners/pdf/research/2022_oregon_market_price_study_-_main_report.pdf

- vi. What is the percent of licensed or regulated child care centers responding to the survey? **58.00**
 - vii. What is the percent of licensed or regulated family child care homes responding to the survey? **80.00**
 - viii. Describe if the survey conducted in any languages other than English: **The data were collected by the CCR&Rs who have staff who speak multiple languages. 82% of the responses were collected in English, 14% in Spanish, 3% in Russian and <1% in other languages (Arabic, Cantonese, Mandarin, Chinese, Somali, and Vietnamese.**
 - ix. Describe if data were analyzed in a manner to determine price of care per child: **The price per child care slots was calculated by weighting the reported prices by facility capacity. To estimate facility capacity, the maximum number of children desired by the facility is used rather than regulated capacity, as many programs do not enroll to their legal capacity. Total age-group capacity was defined as the total capacity for a given age group-infants, toddlers, preschool-age, school-age school year, or school-age summer. For center and large home-based care, age group capacity was used to weight care prices. Weighting prices by capacity was most important for centers, which varied extremely by size. Total age group capacity data for were used because: (1) it was possible to collect data on total age group capacity for centers and large home-based care and (2) age group capacity used in conjunction with the prices of that age group most accurately reflected weighted priced for that particular age group.**

For center and large home-based care with missing age capacity data, age group capacity was estimated by calculating the proportion of total capacity from the available age group capacity data. For small home-based providers, total capacity regardless of age of child served, was used to weight care prices. Unlike center and large home-based care that are licensed for a set capacity for each age group, small home-based providers are licensed for a total capacity (with some restrictions such as not more than two children under age two.)
 - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **Given the adequate response rates across the state, the universe of providers was analyzed, and sampling weights were not used.**
- e. Price variations reflected.
- The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.
- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The 2022 Market Price Study identified the geographic distribution of prices across the state. Oregon Department of Human Services**

(ODHS) seeks to set its allowable maximum subsidy rates so that families eligible for child care subsidies have access comparable to other families in the general population. The Child Care Development Fund (CCDF) Final Rule benchmark for equal access is defined as subsidy rates that are set at the 75th percentile of the market price within a geographically defined area.

To estimate variation prices the following steps were taken:

Step 1 - to determine which age group prices were most representative of all age group prices. Using small home-based, center, and large home-based care data for each zip code area, a combined average price for infant, toddler, and preschool age care was calculated and compared to the average prices for each separate age group. Toddler prices were found to be closest to the combined price, and most representative of all age group prices. Thus, toddler prices were selected as the basis for grouping zip codes by price data. Toddler prices were also used as the basis for grouping price data in previous studies.

Step 2 was to determine the predominant mode (hourly, daily, weekly, monthly) used by facilities for each type of care. Selecting the predominant mode by type of care is important because it produces the largest sample size in which to conduct the cluster analysis. Monthly was the prominent pricing mode for all types of care in 2022, see Methodological Issues section for more information. Thus, the cluster analysis used monthly prices for all types of care and age groups.

Step 3 involved calculating the 75th percentile for toddler prices in each zip code area using small home-based, center, and large home-based toddler price data using price data weighted by child care slots to get a 'slot price'. This data was used to run the cluster analysis in a statistical software program. Various clusters and cluster methods were performed, and results were evaluated for the best model fit. Based on the results of the analyses, three clusters (1-3) were selected for small home-based care and four clusters (1-4) for center and large home-based care. Higher number clusters represent higher prices and vice versa for lower cluster numbers.

Step 4 used the results from Step 3 to determine the range of prices, by type of care, for each of the clusters. The cluster procedures were repeated for infant and preschool-age group prices to compare to the toddler price results determined in step 3 to validate the toddler price clusters. Once the zip codes were divided into preliminary clusters by type of care and age group, a series of tests and visual inspection of maps was done to make sure that, based on price data, the updated clusters appeared valid or if adjustments were needed.

Step 5. Finally, a critical step was to smooth the clustering toward geographical consistency. Price consistency within geographic boundaries (ex. cities/towns) was desired to avoid 'islands' of price discrepancy in most cases given that child care markets are made up of parents and providers who have access to one another.

Step 6 was to review the geographic price clusters with the advisory committee.

Upon approval, these clusters were then used as the basis for all subsequent price analyses. As described earlier, an analysis of prices by zip code was used to identify similar child care markets across geographies. The result was the identification of three clusters (1 – lowest prices to 3 – highest prices) for small home-based providers, and four clusters (1 – lowest prices to 4 – highest prices) for centers and large home-based care.

- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **As described in the steps in the section above, the steps to define the price variation by geography were estimated separately for each type of care. This allowed prices to be disaggregated by the type of care so as to test how prices vary not only by geography, but also by the type of care.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **As described in step 1 of section I, variation in prices by the age of child was examined in step 1 by type of care, and again in step 4, when cluster analyses were run across age groups.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The Rate Area Findings Report (formerly known as the Supplement Report) has been produced to support making the transition from geographically grouping prices based on the current three subsidy rate areas to grouping prices in the clusters that appear to better represent the current market. This report describes how child care prices vary by age group, type of care, and Oregon’s current subsidy rate areas. Analyzing data by the existing three rate areas allows us to compare 2022 market prices with the maximum payment rates currently used by the Oregon Department of Human Services (ODHS). This report illustrates that the three rate areas are no longer a valid representation of how market prices group geographically as provider pricing practices have changed. This report is to be used as a tool alongside the 2022 Market Price Study Report, which used statistical clustering to define price cluster across the state. More information can be found here.**
https://health.oregonstate.edu/sites/health.oregonstate.edu/files/early-learners/pdf/research/2022_oregon_market_price_study_-_rate_area_report.pdf

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child’s age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Oregon Department of Early Learning and Care (the Lead Agency), contracted with Prenatal to Five Fiscal Strategies (P5FS) to update the state’s child care cost model. The Oregon Child Care Cost Model uses a similar methodology to the Provider Cost of Quality Calculator but is customized to the state context. The original model was developed under a contract with the Center for American Progress and P5FS and was used to inform Oregon’s FY 2022-2024 CCDF State Plan Narrow Cost Analysis.**
- b. In the Lead Agency’s analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The Oregon Child Care Cost Model includes variations for provider type, covering licensed child care centers, registered family homes, certified family homes, license-exempt homes and license-exempt centers. The model also includes variation by age of child, aligned with Oregon’s licensing definitions, and variation by program size. The model does not include geographic variation in the cost estimate due to the data sources for key cost drivers (salaries and benefits) being defined at a single statewide level. Salary data collected when the cost model was developed in 2021 found no significant variations in teacher salaries by region and the higher salary data used in the model is also defined only at a single statewide level.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The Oregon Child Care Cost model uses Oregon’s child care licensing regulations as the definition of the base level of quality (or regulated subsidy regulations for license-exempt settings). The study team who supported development of the original model reviewed the regulations and identified the key cost drivers associated with meeting each standard. These key cost drivers were discussed with the Technical Work Group when the model was originally developed and informed by data collection with Oregon child care providers. These assumptions were reviewed again prior to updating the model for this plan cycle with a Technical Workgroup comprised of the Lead Agency, P5FS, and Oregon State University (OSU) research partners.**

In the model, Oregon’s Administrative Rules set forth by the Child Care Licensing Division are used to determine the ratio and group size assumptions, the required training, and the materials and physical space required to meet the needs of children in the program. The base-level staffing model for centers is based on the typical staffing model identified through provider surveys and interviews conducted when the model was originally developed and meets Oregon's regulations. Annual training/professional development is included at 15 hours per teaching staff member per year in licensed programs. In license-exempt programs, 3 hours per year per person is included for training/professional development. Default data from the PCQC is used to determine values for nonpersonnel expenses, including classroom materials. Occupancy costs are based on 35 square foot per child of indoor space (as required by Oregon licensing rules) and an additional 30 square foot per child to account for shared space in the building. Nonpersonnel expenses in

license-exempt programs are based on data collected during the original 2021-2022 study, adjusted for inflation.

Salary assumptions at the base level of quality are informed by data collected by the Lead Agency's licensing division in 2022 and analyzed by OSU. This data provides a minimum and maximum hourly pay for lead teachers in Certified Center programs. These values were built into a salary scale developed by P5FS and OSU to inform the model, with minimum values aligned with initial steps in Oregon's Professional Development Registry and maximum values aligned with the higher steps. Salaries for other positions in the program were calculated up or down from the lead teacher salary, based on data collected by P5FS across several states, including Oregon, to account for the varying responsibilities of different positions in the program.

In the family child care setting, an annual salary is built into the model for the provider/owner. While many home-based providers do not pay themselves a salary, the Oregon Child Care Cost Model includes a salary to ensure the cost estimates for home-based care incorporate the need for provider/owners to make a living, and not rely solely on what is left over after all expenses have been paid. In the Oregon model, the provider/owner in a certified or registered home receives the same hourly rate as a lead teacher in a center, but the annual salary is based on a 55-hour work week, for a total of 2,860 hours per year. This is based on data collected from providers for the original model about the number of hours per week the program is open and the hours they work. In license-exempt homes, the provider/owner earns minimum wage based on 40 hours per week.

Benefits are included at the base level in the model for licensed providers, in recognition of the need for providers to offer a competitive compensation package. At the base level, the model includes 10 days paid sick leave and 10 days paid leave as well as a contribution to health insurance, matching the original Oregon cost model and align with national defaults. Paid time off is accounted for as a cost in the model by including the cost of a floater or substitute to cover while the employee is on leave. The cost of the employer contribution to health insurance is based on 2022 data (most recent available) from the Kaiser Family Foundation for the average employer contribution to employee health insurance in Oregon. These benefits apply in both the licensed child care center and licensed home-based models.

Default scenarios were created for each setting and vetted by the Technical Workgroup. In the center-based programs, the default scenario includes 4 classrooms, serves infants, toddlers, preschoolers, and school-age children, and has a total capacity of 68 at the base level and 66 at the higher-quality level. The certified family home setting uses a default capacity of 14 children, including 5 school-age children. The registered family home setting uses a default capacity of 10 children, including 4 school-age children. The license-exempt home uses a default capacity of 3 children.

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The Oregon Child Care Cost Models use quality standards for Baby Promise and Preschool Promise as the definition of higher quality in licensed programs. For the original model, the cost model study team reviewed the standards for Baby Promise and Preschool Promise and identified the key cost drivers associated with meeting these standards. These key cost drivers were discussed with the original Technical Work Group and agreement was reached on the default assumptions that would be included in the model. These assumptions were reviewed again by the Technical Workgroup prior to updating the model for this plan cycle. The following adjustments are made in the model to account for higher quality:**

The group size for preschoolers is reduced from 20 at licensing to 18 under Preschool Promise. Other ratio and group size assumptions remain the same.

An additional 20 hours of professional development is included annually for all staff and an additional 5 hours per month for home-based providers participating in a Focused Child Care Network. The cost of a floater or substitute is included to cover the time that staff are engaged in professional development.

Two family-teacher conferences annually are included at the Baby/Preschool Promise level. The model includes time for the teacher to prepare and lead the conference, with the cost of a floater or substitute included to maintain ratios/group size while the teacher is leading a conference.

Planning release time is included to provide teachers with dedicated time to plan lessons and analyze data. For lead teachers in a child care center and provider/owners in a home-based program, 1.5 hours per day is included in the model. An additional 0.5 hours per day is included for assistant teachers. The cost of this time is accounted for through a substitute or floater to cover the classroom while the teachers are engaged in planning.

The cost of a developmental screening is included for all children at the higher quality level, based on data from the PCQC. The cost model also includes higher salaries at the Baby Promise and Preschool Promise level. This recognizes the need to increase compensation to recruit and retain educators with higher credentials and experience. The Preschool Promise guidelines include a target salary scale which all providers participating in the program are expected to work towards. This salary scale is included in the cost model and represents a 32-50% increase on salaries under the base scenario, depending on the job position.

In license-exempt settings, the higher-quality definition is based on requirements for these programs to receive the enhanced rate offered by the Lead Agency. Under this scenario, license-exempt providers must complete additional training requirements. In the cost model this is realized as an additional 6 hours per year for training/professional development.

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The Lead Agency used the Oregon Child Care Cost Model to estimate the true cost to provide licensed child care and to meet higher quality standards as defined by Baby Promise and Preschool Promise. The tables linked below show the gap between Oregon's current CCDF payment rates and the estimated cost of care, based on the cost model at both the base level and the higher-quality level. 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, license-exempt centers and license-exempt family homes. Because the cost model provides statewide costs, the results are also compared to an average subsidy rate. Costs and subsidy amounts are based on full-time care for infants, toddlers, and preschoolers. School-age costs 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. Oregon's rate-setting is determined through a Collective Bargaining process with our child care provider unions to ensure equity and accountability in subsidy rates.**

The tables available on DELC's website (<https://www.oregon.gov/delc/about-us/pages/state-plans.aspx>) present the results of the narrow cost analysis, with comparisons of the monthly cost of care to the current subsidy rates. Note, the gap indicates by how much subsidy is under/over the cost of care. A negative gap number noted with parenthesis indicates the subsidy rate is less than the estimated cost of care. A positive gap number indicates the subsidy rate is more than the estimated cost of care.

In looking at the statewide cost of care and the average subsidy, the findings are as follows for the base level of health and safety and quality requirements:

Certified Centers (meeting licensing standards)

Infants: **-\$427 per month**
Toddlers: **-\$258 per month**
Preschool: **-\$85 per month**
School Age: **-\$24 per month**

License-Exempt Centers (meeting enhanced rate standards):

Infants: **-\$293 per month**
Toddlers: **-\$146 per month**
Preschool: **+\$6 per month**
School Age: **-\$26 per month**

Certified Family Homes (meeting licensing standards):

Infants: **+\$21 per month**
Toddlers: **-\$76 per month**
Preschool: **-\$218 per month**
School Age: **+\$7 per month**

Registered Family (meeting licensing standards):

Infants: -\$309 per month
Toddlers: -\$388 per month
Preschool: -\$437 per month
School Age: -\$61 per month

License-exempt homes (meeting enhanced rate standards):

Infants: -\$60 per month
Toddlers: -\$134 per month
Preschool: -\$181 per month
School Age: -\$ per month

Rates are determined through a collective bargaining agreement with union-represented child care providers. The next bargaining session is set to occur in the winter/spring of 2025.

Oregon is currently working towards implementing alternative methodology for subsidy rate setting, to complement the market rate survey. The narrow cost analysis results provide an initial insight into the true cost of care and the subsidy rates necessary to cover this cost.

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report 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 prior to conducting the MRS or ACF pre-approved alternative methodology.

a. 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 by responding to the questions below.

- i. Provide the date the report was completed: **3/10/2023**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **4/11/2023**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available:
<https://health.oregonstate.edu/early-learners/research/oregon-child-care-market-price-study-2022>
- iv. Describe how the Lead Agency considered partner views and comments in the

detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The market price study advisory committee included 20 individuals representing state agency partners, university partners, advocacy organizations, child care providers, and central and local CCR&R directors and staff. The committee was formed during the summer before the 2022 data collection process and met to review and provide input into the data collection process in early fall 2022.**

The committee then met again during the data collection process (late fall 2022) to discuss data collection progress and worked together to develop supports to improve response rates and communicate challenges and successes from the field. The committee then met again in winter 2023 to review final dataset, celebrate success of high response rate, and provide input on which results need to be included in the final report and how to communicate results so report is a useful tool for all decision-makers. Finally, a fourth meeting was held in early Spring 2023 to review and provide input into the final report draft and gather reflections on the process to inform future Market Price Study efforts.

The Lead Agency makes the Market Price Study widely available by sharing it in our monthly Child Care Update newsletter as well as sharing the report at the Bi-weekly Early Learning Advocates meetings and at Provider Information sessions. We also share the link to the Market Price Study on the Lead Agency website.

4.3 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 and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates 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 provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?
 Yes.

- i. If yes, check if the Lead Agency:
 - Sets the same payment rates for the entire State or Territory.
 - Sets different payment rates for different regions in the State or Territory.
 - No.
 - ii. If no, identify how many jurisdictions set their own payment rates:
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **1/1/2024**
 - c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Monthly rates divided by 4.3.**

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a ii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. 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 families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

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. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	1997.00 Per Month	48.66	464.42	80.00	1705.00	1755.00	1935.00		
Family Child Care for Infants (6 months)	1809.00 Per Month	63.48	420.70	80.00	1650.00	1650.00	1750.00		
Center Care for Toddlers (18 months)	1997.00 Per Month	51.15	464.42	80.00	1705.00	1755.00	1935.00		
Family Child Care for Toddlers (18 months)	1809.00 Per Month	67.13	420.70	80.00	1650.00	1650.00	1750.00		
Center Care for Preschoolers (4 years)	1500.00 Per Month	56.65	348.84	80.00	1270.00	1350.00	1450.00		
Family Child Care for Preschoolers (4 years)	1466.00 Per Month	66.06	340.93	80.00	1275.00	1275.00	1365.00		
Center Care for School-Age (6 years)	1100.00 Per Month	56.29	255.81	90.00	475.00	533.00	650.00		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for School-Age (6 years)	1150.00 Per Month	64.96	267.44	80.00	1000.00	1000.00	1000.00		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	1350.00 Per Month	48.66	313.95	90.00	855.00	893.00	973.00		
Family Child Care for Infants (6 months)	1067.00 Per Month	63.48	248.14	65.00	950.00	1000.00	1200.00		
Center Care for Toddlers (18 months)	1350.00 Per Month	51.15	313.95	90.00	855.00	893.00	973.00		
Family Child Care for Toddlers (18 months)	1067.00 Per Month	67.13	248.14	65.00	950.00	1000.00	1200.00		
Center Care for Preschoolers (4 years)	1020.00 Per Month	56.65	237.21	90.00	680.00	730.00	860.00		
Family Child Care for Preschoolers (4 years)	933.00 Per Month	66.06	216.98	79.00	750.00	850.00	860.00		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for School-Age (6 years)	860.00 Per Month	56.29	146.28	90.00	200.00	200.00	270.00		
Family Child Care for School-Age (6 years)	800.00 Per Month	64.96	186.05	78.00	700.00	750.00	750.00		

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **Baby Promise Program Providers who are subcontracted with the local CCR&R receive additional funds each month for each child enrolled in a Baby Promise slot during the 12-month contractual period. The additional funds provide for food, formula, diapers, wipes, and any other supplies provided to families for the care of their infant/toddler. In addition to supplies the additional funding makes up the yearly estimated cost of care for an infant/toddler in a high-quality full day, full year program. For the Baby Promise Program add-on rates vary between geographic area (Coastal southern Oregon, central Oregon, and Multnomah County (northern central Oregon). The rates also differ between provider type (family home care, center care, and license exempt care (such as Head Start).**

Children who qualify for the ERDC special needs rate may also qualify for an add-on amount called the High Needs Rate. The High Needs Rate is determined through an individualized assessment of the child’s needs for additional supports in child care as

compared to same aged peers. The supplement is paid to the provider with the intention that it will be used to fund additional accommodations, staffing or training recommended by the Child Care Specialist that completed the assessment. It is re-evaluated annually, upon request or when additional needs are identified.

No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

Yes.

No. Tiered or differential rates are not implemented.

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:

i. Differential rate for non-traditional hours. Describe:

ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe: **The infant rate is applied to older children with a documented special need. This is paid as a Special Needs Rate. Additionally, if a child requires a much higher than average level of care the High Needs rate is applied after an assessment is completed by Inclusive Partners.**

iii. 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:

iv. 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:

v. Differential rate for higher quality, as defined by the Lead Agency. Describe: **Part of the additional monthly payment for Baby Promise includes funds for high-quality care. Licensed providers can receive a higher payment for full time care after they have received a 3-, 4- or 5-star rating in the state's Quality -Recognition and Improvement System, known as Spark. Spark is currently being redesigned and the criteria for Spark incentive payment will be revised.**

vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

vii. If applicable, describe any additional add-on rates that you have besides those identified above. **License-exempt providers can receive an enhanced rate of pay by taking additional classes.**

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

Yes. If yes, describe: **The child care providers are asked to submit a billing with their payment rates each month. The system will issue a payment based on the maximum ERDC rate or the child care provider's rate, whichever is lower.**

[] No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency’s methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **Oregon rates were last set in January 2024 based on the 2022 Market Rate Study. At that time the majority of the rates were set at or above the 80th percentile. 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. Oregon’s policies allow child care assistance to cover registration/enrollment fees. The Lead Agency also has the flexibility to cover any other mandatory fees, defined as fees required for the child to enroll in or continue attending care.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **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. Their input and advocacy directly impact the percentile(s) to which rates are set based upon the last Market Rate Study. The rates are set at or above the 75th percentile of the Market Rate Study to ensure that rates adequately account for health, safety, quality, and staffing requirements under CCDF.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Oregon is in the process of moving toward the use of an alternative rate methodology rate-setting structure, however at this time, rates are still negotiated with child care provider unions via the collective bargaining process based upon the most recent Market Rate Study (2022). The narrow cost analysis (results available at <https://www.oregon.gov/delc/about-us/pages/state-plans.aspx>) is compared to rates via the Market Rate Study.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The Lead Agency offers incentive payments to child care providers participating in Spark, Oregon’s QRIS, at a three-star rating or higher. The payments are per child per month for any child receiving ERDC subsidy full-time at that program:**

Star Rating.....	Amount
3.....	\$54
4.....	\$72
5.....	\$90

In addition, providers may receive quality payments for registration/enrollment fees, for High Needs payments as assessed by the Inclusive Partners program for children with disabilities, and for the cost of caring for infants and toddlers via the Baby Promise program.

- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child’s authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child’s authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child’s authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

Yes. If yes, describe:

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency’s payment practice that ensures timely payment for that provider type: **The Lead Agency currently allows providers to bill via their child care billing form/voucher at the beginning of the month for the total number of hours a child is scheduled to be in care for the month with no limitation on absent days. Payment in advance of care is a generally accepted payment practice in Oregon, but due to limitations with the current provider pay system, the Lead Agency is unable to make payments to providers in advance of or at the beginning of the delivery of child care services. The general timeframe for processing billing forms is approximately 3-4 business days upon receipt of a completed child care billing form.**

Oregon submitted a waiver for implementation of prospective payments on May 6, 2024.

b. Does the Lead Agency pay based on authorized enrollment for all provider types?

Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: **Oregon moved toward enrollment-based payment in January 2023, when a policy change was made to approve families for either a part-time or full-time child care authorization for their eligibility period. This also expanded allowable uses of child care during the certification period, delinking initially qualifying activities from families' use of child care throughout the 12-month certification period.**

Despite these advancements, however, limitations to Oregon's current provider payment system do not allow for full enrollment-based payment as providers still have to bill on a monthly basis for scheduled hours of care/enrollment status. This is an area that the state is working to resolve through the development of a new provider management platform. The current provider pay system will pay providers based on the hours they report providing care, not on a full-time or part-time slot. Providers may still be paid the full-time amount if they bill over 136 hours per month for their scheduled hours of care to be provided, which is considered full-time.

Oregon submitted a waiver for implementation of full enrollment-based payment on May 6, 2024.

4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

Yes.

No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis: **Beginning January 1, 2023, families are approved for child care hours on a part-time or full-time basis. If their eligible activities - either from employment, education, or job training as defined in former sections - are less than 20 hours per week, the family**

is eligible for 20 hours per week of child care assistance (plus an additional 25% travel time). This will pay out at a part-time monthly rate. If their eligible activities are greater than 20 hours but less than 40 hours per week, they are approved for a full-time allocation of hours at 40 hours per week (plus an additional 25% travel time). Families may use their child care hours for qualifying activities as well as any other activities that support family well-being, and these are not defined by the Lead Agency.

Families receiving TANF are eligible for ERDC. All families receiving TANF and ERDC together receive a minimum of the part-time authorization of hours. Families who require more than part-time hours to complete their employment, job search, education, or family well-being activities need to request full-time hours from their ODHS worker. Hourly payments are made if the provider bills as such. Providing hourly payments enables 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. Head Start contracted slots are paid at the full-time monthly rate.

Oregon received a preliminary notice of non-compliance related to this item from the Office of Child Care on July 24, 2023. Ongoing discussions with Region X have occurred around this topic, as the ability of providers to be able to bill hourly supports family, friend, and neighbor care and aligns to these generally accepted payment practices, as well as for drop-in and back-up care. Without the option for providers to bill hourly, there would be severe limitations on Oregon's budgetary ability to offer back-up or drop-in care options for families, restricting access and limiting their ability to maintain employment or other activities to support family well-being. Guidance is provided about how to bill within the provider guide in accordance with the provider's preferred billing method.

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

Yes. If yes, identify the fees the Lead Agency pays for: **Oregon covers registration fees for all provider types. 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 Lead Agency's Child Care Assistance Program Office. 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.**

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how 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, and the dispute-resolution process: **Providers receive an approval notice when they are approved to receive subsidy payments. All providers receive a copy of DELC 7492 Child Care Provider Guide within 45 days of approval, 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 DELC 7494.

- d. Describe how 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: **The provider is mailed a notice 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.**
- e. Describe the Lead Agency’s timely appeal and resolution process for payment inaccuracies and disputes: **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 Lead Agency’s Direct Pay Unit will issue 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.**

Providers will need to request an adjustment within 6 months of payment, unless it was an administrative error, for it to be processed. Most adjustments are processed and issued within 48 hours to 4 business days of the request. If a determination to process an adjustment cannot be reached, the Direct Pay Unit can contact the Lead Agency’s CCAP team 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.

- f. Other. Describe any other payment practices established by the Lead Agency:

4.4.3 Payment practices and parent choice

How do the Lead Agency’s payment practices facilitate provider participation in all categories of care? **The Lead Agency does not have separate payment practices for different provider types, with the exception of the allowance of a part-time monthly rate for license-exempt providers. This may be reviewed for changes in the future to better align to enrollment-based payment for all provider types but has traditionally followed generally accepted payment practices for license-exempt provider types billing by hour for care provided/scheduled. The Lead agency allows all provider types to receive payments at the beginning of the month for scheduled care which supports providers and equal access.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF’s core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:
The Lead Agency contracts with CCR&Rs to administer these sub-contracts. For Baby Promise contracted slots, cost per child amounts are individually negotiated with the local CCR&Rs and programs based upon provider type, estimated cost of care based on provider budgets and region. Providers indicate that these payments have stabilized their business.

The Teen Parent Program currently serves children in 21 school districts around the state as well as through 1 Head Start agency. The teen parent contractors serve the parenting teens who have been identified and referred to them through their own school district processes. Many of the teen parent contractors have onsite child care centers that teens can use, some also subcontract out if the school does not have an onsite center or the teen chooses to use another provider.

The Lead Agency holds contracts with Head Start providers (typically centers) as well as Early Head Start partnership home-based care providers. If a family is eligible for ERDC, they can use any provider eligible to receive ERDC subsidy payments. Contracted slots in the Head Start program are approved for full-time hours. Head Start and Early Head Start polices prioritize children with disabilities, with a goal of at having 10% of the children in each program who qualifies for Early Intervention Services. The Lead Agency contracts support this goal by paying the Special Needs Rate or High Needs Rate to providers for qualifying children. The High Needs rate is available to all children receiving ERDC, including those served by contracts, and is paid with CCDF quality dollars on top of the subsidized rate.

The Lead Agency also provides contracted slots for apprenticeships through the Bureau of Labor and Industry (BOLI), funded with BOLI state general funds.

Oregon is unclear as to whether its current grants and contracts meet the intent of the newly released CCDF final rule and has requested a waiver on May 6, 2024 to provide extra time (through August 2026) in the event that they do not.

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

If no, skip to question 4.5.2.

- i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

Children with disabilities. Number of slots allocated through grants or

contracts: **All three Oregon regions served by Baby Promise prioritize children with disabilities. The total number of slots currently budgeted for are approximately 190; however, the number of slots specifically for children with disabilities is unable to be provided at this time.**

Head Start and Early Head Start polices prioritize children with disabilities, with a goal of at having 10% of the children in each program who qualifies for Early Intervention Services. The Lead Agency contracts support this goal by paying the Special Needs Rate or High Needs Rate to providers for qualifying children. The High Needs rate is available to all children receiving ERDC, including those served by contracts, and is paid with CCDF quality dollars on top of the subsidized rate.

Infants and toddlers. Number of slots allocated through grants or contracts: All three Oregon regions served by Baby Promise serve infants and toddlers. The total number of slots currently budgeted for are approximately 190. All of these slots qualify as infant and toddler.

Children in underserved geographic areas. Number of slots allocated through grants or contracts: All three Oregon regions served by Baby Promise are identified as underserved. The total number of slots currently budgeted for are approximately 190. All of these slots qualify as children in underserved geographic areas.

Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

School-age children. Number of slots allocated through grants or contracts:

Children experiencing homelessness. Number of slots allocated through grants or contracts:

Children in urban areas. Percent of CCDF children served in an average month: Baby Promise is in one urban area of Oregon, and currently that region is budgeted to enroll 60 slots.

Children in rural areas. Percent of CCDF children served in an average month: Baby Promise is in 2 rural areas of Oregon, there are 130 slots available between the two regions.

Other populations. If checked, describe: Teen Parents and Oregon Prenatal to Kindergarten (OPK) and Head Start Programs for extended work hours. The OPK and Head Start contracts are used to provide extended hours or program year for children enrolled in OPK and Head Start so that children from families with working parents are able to access these programs.

- ii. **If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? For Baby Promise contracted slots (cost per child amount above subsidy/direct service dollars) is negotiated with the local CCR&Rs and programs based upon available rate data, quality measures, services provided, and provider type. Cost per child varies between regions.**

Head Start contracts and Teen Parent contracts are paid at the center rate as negotiated through the collective bargaining process, informed by the Market Price Study. There are currently three head start contracts. There are a total of 144 contracted slots between the three contractors.

4.5.2 Care in the child’s home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

Yes.

No.

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

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe: **Provider must be at least 18 years of age.**
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. 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.) Describe:
- v. Restricted to care for children with special needs or a medical condition. Describe:
- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents’ needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: **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 dataset was used to conduct an analysis of child care supply by provider type, age of care and geography thus allowing for the identification of communities experiencing shortages.

In addition to OCCRP's biennial analysis of the child care supply, which covers all regulated child care available that receive public funding (), DELC uses administrative data to compare all funded slots awarded by DELC or Federal Head Start to estimate of eligible children in each county. This analysis is done yearly, for children from birth to 2 (infant and toddler), children from 3-4 years old (preschool aged), and overall, for children from birth to 4 years old. The saturation goal for the percentage of eligible children with access to a publicly funded slot is 80%. Estimates of eligible children are drawn from census data, defined as children living under 200% of the Federal Poverty Level, for the purposes of the analysis.

- ii. Method of tracking progress: **OCCRP biennial analysis of child care supply in Oregon.**
 - iii. What is the plan to address the child care shortages using family child care homes **For infant and toddler care, the Lead Agency is implementing the Baby Promise Program in which qualified providers, subcontracted through the local CCR&R, may offer slots to eligible families for full time, full year care at a set monthly rate for 12 months. Baby Promise Program Providers are a range of provider types including family child care homes. One goal of the Baby Promise Program is to ensure family choice through program design that is suitable for a variety of program types and mixed delivery. Family child care homes may subcontract for the number of slots that best fit their program. A family child care home may choose to have as few as one Baby Promise slot if that fits their design best.**
 - iv. What is the plan to address the child care shortages using child care centers? **For infant and toddler care, the lead Agency is implementing the Baby Promise Program in which qualified providers, subcontracted through the local CCR&R, may offer slots to eligible families for full time, full year care at a set monthly rate for 12 months. Baby Promise Program Providers are a range of provider types including family child care centers. The Baby Promise program is structured such that a variety of provider types may participate. This provides families with a variety of choices when choosing care that best fits their needs.**
- b. In different regions of the State or Territory:
- i. Data sources used to identify shortages: **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 2022 analysis found that there were 1,339 Certified Centers with a capacity to serve 70,842 children. This represented an increase in capacity of 2,176 children from the 2020 capacity. The analysis also determined that many Oregon families with children aged 0-5 years live in a child care desert. Almost all counties (35 of 36) are child care deserts for infants and toddlers and half of the counties (18 of 36) are child care deserts for preschool age children.

- ii. Method of tracking progress: **OCCRP biennial analysis of child care supply in Oregon.**
 - iii. What is the plan to address the child care shortages using family child care homes? **CCR&Rs (Child Care Resource and Referral agencies) are responsible for designing, identifying, planning, and implementing innovative strategies to increase the supply of infant, toddler, preschool, and School-Age child care within the CCR&R region. They partner with culturally specific or other community-based organizations (CBOs) to connect with a diverse set of communities in terms of racial/ethnic, cultural, and language identities in order to recruit new Child Care Providers. Additionally, they subcontract to leverage CBO relationships with communities of color to recruit providers of color. The Lead Agency utilizes results from the supply report conducted by OCCRP to strategize on how to address shortages in family child care homes. Oregon is also contracting with First Children Finance to provide business supports to potential and existing providers, and is presently conducting an Oregon Early Childhood Education Collaborative to design a plan to further bolster supply of all provider types.**
 - iv. What is the plan to address the child care shortages using child care centers? **CCR&Rs (Child Care Resource and Referral agencies) are responsible for designing, identifying, planning, and implementing innovative strategies to increase the supply of infant, toddler, preschool, and School-Age child care within the CCR&R region. They partner with culturally specific or other community-based organizations (CBOs) to connect with a diverse set of communities in terms of racial/ethnic, cultural, and language identities in order to recruit new Child Care Providers. Additionally, they subcontract to leverage CBO relationships with communities of color to recruit providers of color. The Lead Agency utilizes results from the supply report conducted by OCCRP to strategize on how to address shortages in child care centers. Oregon is also contracting with First Children Finance to provide business supports to potential and existing providers, and is presently conducting an Oregon Early Childhood Education Collaborative to design a plan to further bolster supply of all provider types.**
- c. In care for special populations:
- i. Data sources used to identify shortages: **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 2022 analysis found that there were 1,339 Certified Centers with a capacity to serve 70,842 children. This represented an increase in capacity of 2,176 children from the 2020 capacity. The analysis also determined that many Oregon families with children aged 0-5 years live in a child care desert. Almost all counties (35 of 36) are child care deserts for infants and toddlers and half of the counties (18 of 36) are child care deserts for preschool age children.

- ii. Method of tracking progress: **OCCRP biennial analysis of child care supply in Oregon.**
- iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency identifies families receiving TANF as a special population. Outreach materials were created for Family Coaches at ODHS to provide TANF families with information about how friend and family members can become license-exempt Family, Friend, and Neighbor child care providers.**
- iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency identifies families receiving TANF as a special population. Outreach materials were created to encourage already licensed child care providers, including centers, to become listed and approved to receive subsidy payments.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **The Baby Promise Program is implemented in underserved regions of Oregon. The Lead Agency contracts with CCR&Rs to who then subcontract 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 support and technical assistance to improve the quality of infant and toddler care. All geographic areas in Oregon are underserved for infants and toddlers. CCR&Rs exist within these areas and employ infant/toddler specialists to work within those communities.**

Infant Toddler Specialists work with providers interested in or already serving infants and

toddlers to increase capacity for infants and toddlers across Oregon. They do this via individualized technical assistance, support with the licensing process, as well as by providing infant and toddler specific training opportunities needed to become licensed to serve that population. They support providers in receiving the professional development necessary to advance in the Oregon Registry, as well as supports for providers interested in increasing quality by means of engaging in the quality recognition and improvement system (Spark). They engage with providers around goals related both to quality infant toddler care, as well as quantity of infant toddler care and are knowledgeable about additional grants and funding opportunities available to providers within their communities.

OPK/Head Start contracts are used to increase the supply of care that meets the needs of families.

- b. Infants and toddlers. 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 introduction to Registered Family Programs orientations, and through other trainings and recruitment events.

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. The Lead Agency is contracting with CCR&Rs for the Baby Promise Program. The CCR&Rs 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 support and technical assistance to improve the quality of infant and toddler care.

Focused Child Care Networks are cohorts of early childhood educators and leaders that have applied to participate in an intensive professional learning opportunity that combines training, peer learning, exploration of problems of practice and share promising practices in the field. The network leads that work for child care resource and referral programs help early educators to set goals to increase quality of their programs and provides individualized visits to each program to support achievement of their goals. The child care networks serve children in underserved areas as well as special populations. Oregon has networks with early educators that speak other languages than English, an African American network, networks focused on infants and toddlers, business acumen, serving children with disabilities, and networks in rural areas of Oregon.

Some of the networks use the Spark framework (Oregon's QRIS) to support continuous quality improvement. Infant Toddler Specialists are embedded within community-based Child Care Resource and Referral agencies. They have a specific focus on supporting educators working with infants and toddlers. They host focused networks of infant and toddler educators and leaders, as well as providing targeted relationship-based technical assistance around topics related to caring for infants and toddlers. In addition, infant toddler specialists work with providers interested in serving infants and toddlers to support them in the process of becoming licensed to care for that age group. They also work with existing infant and toddler providers who would like to increase their capacity.

- c. Children with disabilities. Describe: Inclusive Partners promotes inclusive practices

through technical assistance related to potential accommodations and adaptations to support children with disabilities. Technical assistance is offered to providers to better assist them in caring for children with specialized needs and for children receiving subsidy payments. The Inclusive Partners program can conduct assessments in individualized child care settings to determine whether an additional payment on top of the ERDC special needs rate should be authorized. This add-on payment to standard subsidy is called a High Needs payment which is intended to help providers offset potential additional costs of caring for that child, allowing them to do things like pay for additional equipment, environmental supports, or adaptations, hire extra staffing, attend additional professional development opportunities, etc. Oregon will use the support Inclusive Partners offers to encourage child care providers to care for children with disabilities. We are also working on bolstering our current Head Start and Early Head Start contracts, which prioritize serving children with disabilities.

- d. Children who receive care during non-traditional hours. Describe: **Baby Promise Program Providers are required to offer full time full year care with the flexibility to offer care during non-traditional hours. Additionally, Focused Child Care Networks are open to providers who provide this type of care. Child Care Resource & Referral offices work with providers to provide supports at times that fit their unique scheduling needs.**

Oregon supports family, friend, and neighbor care providers through collaboration with the FFN provider union to ensure that the needs of these providers is taken into account when setting subsidy policies. The Lead Agency works with CCR&Rs to uplift the needs of these providers to become listed for ERDC payment. Families often rely upon FFN care during non-traditional hours and this is a strategy the Lead Agency utilizes in order to support the supply of these providers. Work is being conducted through a redesign of the Spark QRIS system as well, with one of the legislatively required incentives passed with House Bill 3073 to consider a financial boost for providers willing to provide care during non-traditional hours.

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **Enrollment processes for the Baby Promise Program include prioritization of historically underserved or underrepresented populations defined as: African American, Asian and Pacific Islander, emergent bilingual children, geographically isolated, immigrants and refugees, migrant families and/or families working in agricultural sector, Latinx, Tribal nations and communities, children with developmental delays and disabilities, children of incarcerated parents/parental figures, children experiencing homelessness and engagement with the foster care system.**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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.

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 access to high-quality programs. **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 percentage 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. Based on data across the state, the Lead Agency is contracting with CCR&Rs for the Baby Promise Program to address areas that have significant concentrations of poverty and do not have access to high-quality programs. The CCR&Rs 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 support and technical assistance to improve the quality of infant and toddler care.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to [Lead Agencies](#) to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. 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.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each [Lead Agency](#) identifies and defines its own categories of care. OCC does not expect [Lead Agencies](#) to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **A Certified Child Care Center is defined as a child care facility that is certified to provide care and education of children, generally in a commercial or nonresidential setting, that is not a Certified Family Programs child care home.**

Certified School-Age Centers is defined as a child care center that provides care only for School-Age children eligible to be enrolled in kindergarten or above in the next school year, and which does not include night care as defined by these rules, in a nonresidential setting.

Certified Outdoor Nature Based (ONB) Child Care Programs are defined as child care programs that care for preschool through school aged children in a primarily outdoor natural space utilizing a curriculum philosophy in which nature is central to children's learning and development. ONB programs do not include night care as defined by rule.

Certified School-Age Centers, Certified Child Care Centers, and ONB Programs 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, protection from hazards, health, sanitation, background checks, staff qualifications, record keeping, enrollment, emergency preparedness response planning and practice, guidance and discipline, nutrition, premises/outdoor safety, safe sleep for infants, if applicable, and transportation.

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 the program's policies and procedures, 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, directors, program leaders, program coordinators, and aide II staff.

In January of 2023, DELC promulgated rules specifically for Certified School-Age Centers.

These rules address the unique needs of children ages 5 through 12 and eliminate rules that are not relevant to the age group (health and safety requirements for infants, toddlers, and preschool-age children). Some key differences between these rule sets: Supervision can be by sight or sound; reduced schedule and activity planning when children are only in care after school; modifications to education and experience for qualified staff; flexibility in how information is shared/available to families; considerations for programs that do not have direct control over their physical spaces (such as operating in a public-school cafeteria).

Rules for Certified Outdoor Nature Based Child Care programs became effective in July 2025 and include the training and qualifications as Certified Child Care Center directors, teachers, and aide staff, with the addition of nature education specific training for directors and teachers, and additional staff qualifications and competencies, depending on the programming of the specific ONB Program.

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

- b. Identify the family child care 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. The provider's children ages 10 and younger are included in the capacity of the home.**

"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 Family Programs home. This license type has a maximum of 10 children including the provider's own children who are under 10 years of age. Additionally, because certified families typically care 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 annually.

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, emergency preparedness response planning and practice, nutrition, lead testing of water, transportation safety, and care of children with special needs. Additionally, because certified families typically care 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 annually.

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

c. Identify the in-home providers subject to licensing: **N/A**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Oregon has two, typically center-based, categories of care that are exempt from licensing but still CCDF-eligible providers.**

Preschool Recorded Programs are not required to be licensed but may be CCDF-eligible if also going through an inspection to become a Regulated Subsidy Programs program. While typically center-based, programs operating under the preschool four hours or less a day exemption they may be home-based rather than center-based.

Regulated Subsidy Programs: Center-Based Programs receiving child care subsidy payments through the ERDC program may be operated by the public school district, political subdivision or governmental agency or a Preschool Recorded Program.

ii. 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. **Recorded Preschool Programs must: (1) Provide care for only preschool-age children (36 months until the summer months prior to being eligible to enroll in kindergarten. (2) No child can be onsite more than 4 hours per day and (3) the program must be primarily educational. Recorded Programs may choose to become acknowledged as Regulated Subsidy Programs in order to eligible to receive CCDF funds.**

Regulated Subsidy Programs: Center-Based Programs may be operated by the public school district, political subdivision or governmental agency or a Preschool Recorded Program (If Preschool Recorded, the program must meet the

requirements listed in section 5.1.2.b.i). Regulated Subsidy Programs does not have restrictions on the number of hours per day. Specific ratios include: Six weeks through 23 months of age, the minimum number of staff to children is one to four. The maximum number of children in a group is eight. 24 months through 35 months of age, the minimum number of staff to children is one to five. The maximum number of children in a group is 10. 36 months of age to attending kindergarten, minimum number of staff to children is one to 10. The maximum number of children in a group is 20. Attending kindergarten and older, the minimum number of staff to children is one to 15. The maximum number of children in a group is 30. In a mixed-age group of children, the number of staff and group size shall be determined by the age of the youngest child in the group.

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Both program types, when accepting federal child care subsidies from DELC, 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. They also must comply with CCDF training requirements including the director and staff members who work with children in care and volunteers who may have unsupervised access to children. The pre-service trainings include Introduction to Child Care Health & Safety, Recognizing and Reporting Child Abuse and Neglect, pediatric CPR & First Aid training. After approval, they must complete 6 hours of ongoing education each two-year period.**

All training must be accepted by the Oregon Center for Career Development and be part of OCCD's 10 Core Knowledge Categories. Two hours must be in Human Growth and Development, two of the hours in Understanding & Guiding Behavior. The individual can self-select the category(ies) of the final two hours.

- b. License-exempt family child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **A family provider is exempt from licensing if: caring for three or less children at a time, if the children they care for are all from one family, or if they are related to all children in care within the fourth degree per Oregon Revised Statute 329A.250.**
 - ii. 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 provider is exempt from licensing if caring for three or less children at a time, if the children they care for are all from one family, or if they are related to all children in care within the fourth degree per Oregon Revised Statute 329A.250. There is no age, ratio, length of day, or other factors applicable to this exemption to licensing.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **When accepting federal child care subsidies from DELC, these home-based providers 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.

Non-relative providers are required to complete pre-service trainings which include Introduction to Child Care Health & Safety, Recognizing and Reporting Child Abuse and Neglect, Infant/Toddler CPR & First Aid training. After approval, they must complete 6 hours of ongoing education each two-year period.

All training must be accepted by the Oregon Center for Career Development and be part of OCCD's 10 Core Knowledge Categories. Two hours must be in "Human Growth and Development", two of the hours in "Understanding & Guiding Behavior". The individual can self-select the category(ies) of the final two hours. Relative providers must complete the Introduction to Child Care Health & Safety as a pre-service training.

- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **A non-relative provider would be considered Regulated Subsidy Programs, even though care is provided in the child's home.**
 - ii. 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 provider is exempt from licensing if caring three or less children at a time, if the children they care for are all from one family, or if they are related to all children in care within the fourth degree per Oregon Revised Statute 329A.250. There is no age, ratio, length of day, or other factors applicable to this exemption to licensing.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **When accepting federal child care subsidies from DELC, these home-based providers 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. In-home providers have the same training requirements as providers who care for children outside of the child's home and their requirements are determined by if the provider is a relative or non-relative Regulated Subsidy Programs provider.**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **A child who is 6 weeks to 12 months of age.**
- b. Toddler. Describe: **A child who is 12 months of age to 36 months of age. A younger toddler is a child who is 12 months of age to 24 months of age; an older toddler is a child who is 24 months of age to 36 months of age.**

For subsidy payment purposes, the "older toddler" definition applies.

- c. Preschool. Describe: **A child who is at least 36 months of age but not yet eligible to be enrolled in kindergarten or above, before the first day of the current school year.**
- d. School-Age. Describe: **A child eligible to be enrolled in kindergarten or above on before the first day of the current school year. This includes the months from the end of the prior school year to the start of the kindergarten school year.**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:

- i. Infant.

Ratio: 1:4

Group size: 8.

- ii. Toddler.

Ratio: For centers initially licensed after July 15, 2001: 1:4 for young toddlers; 1:5 for older toddlers.

For centers with initial certification on or before July 15, 2001: Infant through 30 months: 1:4.

Group size: For centers initially licensed after July 15, 2001: Young toddler: 8; Older toddlers: 10.

For centers with initial certification on or before July 15, 2001: 8.

- iii. Preschool.

Ratio: For centers initially licensed after July 15, 2001: 1:10.

For centers with initial certification on or before July 15, 2001: Includes children 30 months until eligible for kindergarten at a ratio of 1:10.

For outdoor nature-based centers, 1:8.

Group size: 20.

For outdoor nature-based centers, 16.

- iv. School-Age.
 - Ratio: **1:15**
 - For outdoor nature-based centers, 1:10.**
 - Group size: **30.**
 - For outdoor nature-based centers, 20.**
- v. Mixed-Age Groups (if applicable).
 - Ratio: **Mixed Age Ratio table may be used if 16 or fewer children are present at the center and is based on the ages and number of children in care. Ratios must meet the requirements for the youngest age group in the mixed classroom.**
 - Group size: **Group sized must meet the requirements for the youngest age group in the mixed classroom.**
- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
 - i. Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant:
 - iii. Toddler:
 - iv. Preschool:
 - v. School-Age:
 - vi. Mixed-Age Groups:
- c. Licensed CCDF family child care home providers:
 - i. Infant (if applicable)
 - Ratio: **1:4 in Certified Family Child Care. Registered Family Child Care allows for 2 children under age 2 in care. The maximum total ratio is 1:10. The Providers own children count in ratio up to age 10.**
 - Group size: **For Certified Family Child Care Home, are the maximum group size is the licensed capacity of the home, which can not exceed 16 children. For Registered Family Child Care Home the maximum group size is 10.**
 - ii. Toddler (if applicable)
 - Ratio: **In Certified Family Child Care the ratio is 1:4 for toddlers aged 12 months to 24 months, 1:10 for toddlers aged 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. The Provider’s own children count in ratio up to age 10.**

Group size: For Certified Family Child Care Home are the maximum group size is the licensed capacity of the home, which can not exceed 16 children. For Registered Family Child Care Home the maximum group size is 10.

iii. Preschool (if applicable)

Ratio: **1:10** in Certified Family Child Care Home. In Registered Family Child Care the provider may care for 6 preschool children, which includes 2 children under age 2, in a group size of 10. For both Certified and Registered Family Programs child care homes the Providers own children count in ratio up to the age of 10 years old.

Group size: For Certified Family Child Care Home are the maximum group size is the licensed capacity of the home, which can not exceed 16 children. For Registered Family Child Care Home the maximum group size is 10.

iv. School-Age (if applicable)

Ratio: **1:15** in a Certified Family Child Care Home. **1:10** in Registered Family Child Care Home. The provider's own children count in ratio up to age 10.

Group size: For Certified Family Child Care Home are the maximum group size is the licensed capacity of the home, which can not exceed 16 children. For Registered Family Child Care Home the maximum group size is 10.

v. Mixed-Age Groups

Ratio: **Ratios must meet the requirements for the youngest age group in the mixed classroom.**

Group size: **16** for Certified Family Child Care Home. **10** for Registered Family Child Care Home.

d. Are any of the responses above different for license-exempt family child care homes?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **Exempt family home providers may not care for more than three children unless the children are from one family or are related to all children in care. The provider's children do not count as child care children.**

Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

- ii. Toddler (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
- iii. Preschool (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
- iv. School-Age (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
- v. Mixed-Age Groups (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**

f. Are any of the responses above different for license-exempt in-home care?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **A provider is exempt from licensing if caring for three or less children at a time, if the children they care for are all from one family, or if they are related to all children in care. There is no age, ratio, length of day or other factors applicable to this exemption to licensing.**

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

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 (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **A licensed center’s teachers must be at least 18 years of age and have at least 750 hours of qualifying experience in the same age level (infants/toddlers, preschool or School-Age children), or one year or 1,500 hours of qualifying teaching experience in a Registered Family or Certified Family child care, or a minimum of 9 quarter college credits in applicable courses, or an Associate’s degree in early childhood education or a related field, or a state or nationally recognized credential (e.g. CDA).**

A School-Age teacher must be 18 years of age and have 60 hours experience working in the classroom and 20 clock hours of training in the last five years (five hours in each of 4 different core knowledge categories), or at least 240 hours of qualifying experience working with School-Age children in the last five years in a comparable program, or at least an associate degree in a related field.

A licensed School-Age Center program leader must be at least 18 years of age and

have 60 hours of experience working in the program and completion of 20 clock hours of training focused on School-Age care in the last 5 years, or at least 240 hours of qualifying work experience, or at least an associate degree in a related field, or at least a Step 6 in the Oregon Registry.

A certified Outdoor-Nature Based program teacher must be 18 years of age and have completed 10 hours or one college quarter credit of nature-based education and have additional specific qualifications, depending on the age group they are assigned to work with. For preschool age children, a teacher must have at least 750 hours of teaching experience with preschool age children, 250 of which must be in an outdoor education environment; 1,500 hours of qualifying teaching experience in a Registered Family or Certified Family child care; a minimum of 9 college quarter credits in applicable courses; at least an associate's degree in an applicable field; a state or nationally recognized credential (e.g., CDA); or at least a Step 6 in the Oregon Registry. For school age children, a teacher must have 60 hours of experience working in the ONB program and completion of 20 clock hours of training focused on School-Age care in the last 5 years; at least 240 hours of qualifying work experience, 80 of which must in an outdoor education environment; at least an associate's degree in a related field; or at least a Step 6 in the Oregon Registry.

- 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: A licensed center director must be 21 years of age and if the center has a capacity of 20 or fewer children must have a minimum of 1 year as a provider at a certified child care center, or for any size program, must have training or experience in management and supervision of adults (as evidenced by 7 college credit hours in business administration or management or 70 training hours in program management or 300 hours of documented experience); and knowledge of child development for the ages served in the center (a minimum of 7 college quarter credit hours or 70 training hours or 600 additional hours of teaching experience with children the same age as those in the center); or documentation of step 9 on the Oregon Registry.

A licensed School-Age Center program coordinator must be at least 21 years of age, meet initial training requirements, and must have knowledge of child development for School-Age children as evidenced by a combination of references, education, experience or training, or completion of 20 clock hours of training focused on School-Age care within the last 5 years.

A certified Outdoor Nature-Based Program director must be 21 years of age, have completed 20 hours or 2 college quarter credits of nature-based education training, 250 hours of work experience in an outdoor education environment and, if the program has a capacity of 20 or fewer children must have a minimum of 1 year as a provider at a certified child care center, or for any size program, must have training or experience in management and supervision of adults (as evidenced by 7 college credit hours in business administration or management or 70 training hours in program management or 300 hours of documented

experience); and knowledge of child development for the ages served in the center (a minimum of 7 college quarter credit hours or 70 training hours or 600 additional hours of teaching experience with children the same age as those in the center); or documentation of step 9 on the Oregon Registry.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **A Certified Family child care home provider shall be at least 18 years of age if the facility is certified for 12 children; or at least 21 years of age if the facility is certified for more than 12 children; and have at least 1,500 hours of experience in at least three-hour blocks, within a 36 month period with a group of children in an on-going group setting. Such a setting includes a kindergarten, preschool, child care center, certified or registered family child care, Head Start program or equivalent; 20 semester credits or 30 quarter credits of training in a college or university in early childhood education or child development; documentation of at least a step 6 in the Oregon Registry. . If the provider’s teaching experience is based on registered family child care, the maximum capacity of the home will be limited to 12. Prior to applying to be certified for up to 16 children, the provider must complete 1,500 hours of operation as a certified family child care facility with a capacity of 12 or fewer children..**

A Registered Family child care provider must be at least 18 years of age and have attended the Introduction to Registered Family child care part one and part two trainings; have completed courses on recognizing and reporting child abuse and neglect, and safe sleep practices; have current pediatric first aid and CPR certification, food handler’s certification; Foundation for Learning child development training; and have completed the Introduction to child care health and safety class.

c. Licensed, regulated, or registered in-home care (care in the child’s own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child’s own home) including any variations based on the ages of children in care: **N/A**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. **The director, staff who care for children, and volunteers or those with unsupervised access to children in care must complete the Introduction to Child Care Health and Safety, Recognizing and Reporting Child Abuse and Neglect, and Infant/Toddler CPR and First Aid pre-service trainings.**

They must complete 6 hours of ongoing education every two years.

Per OAR 414-175-0080(7), requirements to receive subsidy also include:

(b) Be 18 years of age or older and meet all of the following:

- (A) Be enrolled in and not suspended from the Central Background Registry or be in an approved status by the Department;
- (B) Have competence, sound judgment and self-control when working with children; and
- (C) Be mentally, physically and emotionally capable of performing duties related to child care.

- b. License-exempt home-based child care. The non-relative providers must complete the Introduction to Child Care Health and Safety, Recognizing and Reporting Child Abuse and Neglect, and Infant/Toddler CPR and First Aid pre-service training. Relative providers must complete the Introduction to Child Care Health and Safety as a pre-service training.

Per OAR 414-175-0080(7), requirements to receive subsidy also include:

(b) Be 18 years of age or older and meet all of the following:

- (A) Be enrolled in and not suspended from the Central Background Registry or be in an approved status by the Department;
- (B) Have competence, sound judgment and self-control when working with children; and
- (C) Be mentally, physically and emotionally capable of performing duties related to child care.

- c. License-exempt in-home care (care in the child’s own home). The non-relative providers must complete the Introduction to Child Care Health and Safety, Recognizing and Reporting Child Abuse and Neglect, and Infant/Toddler CPR and First Aid pre-service training. Relative providers must complete the Introduction to Child Care Health and Safety as a pre-service training.

Per OAR 414-175-0080(7), requirements to receive subsidy also include:

(b) Be 18 years of age or older and meet all of the following:

- (A) Be enrolled in and not suspended from the Central Background Registry or be in an approved status by the Department;
- (B) Have competence, sound judgment and self-control when working with children; and
- (C) Be mentally, physically and emotionally capable of performing duties related to child care.

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers 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. 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 by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers’ standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: : **Certified Centers:**

OAR 414-305-0370(1)(c) A certified child care center must ensure that all staff, including substitutes, receive an orientation within the first 10 days of hire and before staff have unsupervised access to children. An orientation must include, but is not limited to: The prevention and control of infectious diseases;

OAR 414-305-1020(1)(d) A certified child care center must have and follow written procedures for handling injuries that are made known to all staff, including: Standard precautions to handle potential exposure to blood and other potentially infectious fluids (also see OAR 414-305-0850(4), Maintenance and Sanitation);

OAR 414-305-0850(4)(a-e) A certified child care center must immediately clean up any spills of bio contaminants, such as urine, feces, blood, saliva, nasal discharge, eye discharge, and other bodily fluids as follows: (a) Staff must use disposable, nonporous gloves when handling bio contaminants; (b) Surfaces must be cleaned and disinfected; (c) Blood-contaminated material must be disposed of in a plastic

bag with a secure tie or container with a disposable liner; (d) Gloves must be removed immediately after use, placed in a tied, sealed, or otherwise closed plastic bag and discarded immediately; and (e) Hands must be washed after using and disposing of the gloves.

OAR 414-305-1010(2)(a-b) A certified child care center must not accept a child into care who: (a) Is diagnosed as having or being a carrier of a child care restrictable disease, as defined in Oregon Health Authority administrative rules, except with the written approval of the public health administrator or licensed health care provider; or (b) Has one or more of the following symptoms of illness, except with the written approval of the public health administrator or licensed health care provider: (A) Fever over 100.4°F. A child with a fever over 100.4°F may return if fever free for 24 hours without the aid of medication. (B) able. A child with diarrhea may return 48 hours after diarrhea resolves or with written clearance from a licensed healthcare provider. (C) Vomiting at least one time, where there is no explanation for the vomiting. A child who vomits without explanation may return 48 hours after the last episode of vomiting or with written clearance from a licensed healthcare provider. (D) Severe or persistent coughing. A child with severe or persistent coughing may return after symptoms are improving for 24 hours or with written clearance from a licensed healthcare provider. (E) Unusual yellow color to skin or eyes. A child with unusual yellow

color to skin or eyes may return to care with written clearance from a licensed healthcare provider. (F) Open sores or wounds discharging bodily fluids. A child with open sores or wounds discharging bodily fluids may return to care after rash is resolved, when sores and wounds are dry or can be completely covered with a bandage, or with written clearance from a licensed health care provider. (G) Stiff neck and headache with one or more of the symptoms listed above; Uncharacteristic lethargy, decreased alertness, increased irritability, increased confusion, or a behavior change that prevents active participation in usual school activities. A child with any of the above symptoms may return to care when symptoms resolve, return to normal behavior, or with written clearance from a licensed health care provider. (I) Difficulty breathing or abnormal wheezing. A child with difficulty breathing or abnormal wheezing may return to care after symptoms are improving for 24 hours. (J) Complaints of severe pain. A child with complaints of severe pain may return to care after symptoms are improving. (K) Eye lesions that are severe, weeping, or pus filled. A child with eye lesions that are severe, weeping, or pus filled may return to care after symptoms resolve or with written clearance from a licensed healthcare provider

OAR 414-305-1010(3)(a-e) If a child who has been admitted into care shows signs of illness, as described in this rule, a certified child care center must: (a) Separate the child from the other children in a location where the child can be seen and heard by staff and carefully observed at all times. (b) Notify the parent to remove the child from the center as soon as possible. (c) Until the parent arrives, provide the child with an individual cot, mat, or bed that can be easily cleaned and disinfected after use. (d) Give extra attention to handwashing and sanitation

including cleaning and disinfecting toys, equipment, and surfaces used by the ill child immediately after the child leaves. (e) Keep disposable items and used linens in a closed container in the isolation area until cleaned or thrown away OAR 414-305-1010(4)(a-c) If any child, staff member or volunteer has a restrictable disease, as defined in Oregon Health Authority, Public Health Division Chapter 333, Division 19 Investigation and Control of Diseases: General Powers And Responsibilities, a certified child care center must: (a) Immediately report the incident or illness to the local health department; (b) Follow the health department's recommendations on exclusion and readmission of children and staff; and (c) Post a notice for the parents of all children who attend the center

Certified ONB programs:

OAR 414-320-0370(1)(c) requires that a certified ONB program must ensure that all staff, including substitutes, receive an orientation within the first 10 days of hire and before staff have unsupervised access to children. The orientation must include, but is not limited to: the prevention and control of infectious diseases.

OAR 414-320-1020(1)(d) A certified ONB program must have and follow written procedures for handling injuries that are made known to all staff, including: Standard precautions to handle potential exposure to blood and other potentially infectious fluids (also see OAR 414-320-0850(5), Maintenance and Sanitation).

OAR 414-320-0850(5)(a-e) A certified ONB program must immediately clean up any spills of bodily fluids, such as urine, feces, blood, saliva, nasal discharge, eye discharge, and other bodily fluids as follows: (a) Staff must use disposable, nonporous gloves when handling bio contaminants; (b) Surfaces must be cleaned and disinfected; (c) Blood-contaminated material must be disposed of in a plastic bag with a secure tie or container with a disposable liner; (d) Gloves must be removed immediately after use, placed in a tied, sealed, or otherwise closed plastic bag and discarded immediately; and (e) Hands must be washed after using and disposing of the gloves.

OAR 414-320-1010(2)(a-b) A certified ONB program must not accept a child into care who: (a) Is diagnosed as having or being a carrier of a child care restrictable disease, as defined in Oregon Health Authority administrative rule OAR 333-013-0010, except with the written approval of the public health administrator or licensed health care provider; or (b) Has one or more of the following symptoms of illness, except with the written approval of the public health administrator or licensed health care provider: (A) Fever over 100.4°F. A child with a fever over 100.4°F may return if fever free for 24 hours without the aid of medication. (B) Diarrhea. A child with diarrhea may return 48 hours after diarrhea resolves or with written clearance from a licensed healthcare provider. (C) Vomiting at least one time, where there is no explanation for the vomiting. A child who vomits without explanation may return 48 hours after the last episode of vomiting or with written clearance from a licensed healthcare provider. (D) Severe or persistent coughing. A child with severe or persistent coughing may return after symptoms are improving for 24 hours or with written clearance from a licensed healthcare provider. (E) Unusual yellow color to skin or eyes. A child with unusual yellow color to skin or eyes may return to care with written clearance from a licensed healthcare provider. (F) Open sores or wounds discharging bodily fluids. A child with open sores or wounds discharging bodily fluids may return to care after rash is resolved, when sores and wounds are dry or can be completely covered with a bandage, or with written clearance from a licensed health care provider. (G) Stiff neck and headache with one or more of the symptoms listed above; Uncharacteristic lethargy, decreased alertness, increased irritability, increased confusion, or a behavior change that prevents active participation in usual school activities. A child with any of the above symptoms may return to care when symptoms resolve, return to normal behavior, or with written clearance from a licensed health care provider. (I) Difficulty breathing or abnormal wheezing. A child with difficulty breathing or abnormal wheezing may return to care after symptoms are improving for 24 hours. (J) Complaints of severe pain. A child with complaints of severe pain may return to care after symptoms are improving. (K) Eye lesions that are severe, weeping, or pus filled. A child with eye lesions that are severe, weeping, or pus filled may return to care after symptoms resolve or with written clearance from a licensed healthcare provider.

OAR 414-320-1010(3)(a-e) If a child who has been admitted into care shows signs of illness, as described in this rule, a certified ONB program must: (a) Separate the child from the other children in a location where the child can be seen and heard

by staff and carefully observed at all times. (b) Notify the parent to remove the child from the premises as soon as possible. (c) Until the parent arrives, provide the child with an individual cot, mat, or bed that can be easily cleaned and disinfected after use. (d) Give extra attention to handwashing and sanitation

including cleaning and disinfecting toys, equipment, and surfaces used by the ill child immediately after the child leaves. (e) Keep disposable items and used linens in a closed container in the isolation area until cleaned or thrown away.

OAR 414- 320-1010(4)(a-c) If any child, staff member or volunteer has a restrictable disease, as defined in Oregon Health Authority, Public Health Division Chapter 333, Division 19 Investigation and Control of Diseases: General Powers And Responsibilities, a certified ONB program must: (a) Immediately report the incident or illness to the local health department; (b) Follow the health department’s recommendations on exclusion and readmission of children and staff; and (c) Post a notice for the parents of all children who attend the program.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes :**

OAR 414-360-0270(3) A provider must immediately notify the Oregon Health Authority of a known case, in individuals associated with the certified family child care, of a child care-restrictable disease, as defined in Oregon Administrative Rule, OAR 333-019-0010.

OAR 414-360-0270(6)(c) A provider must notify parents upon child pick-up of: A child care restrictable disease or infestation exposure from a caregiver or another child;

OAR 414-360-0270(9) A provider must have a method for notifying families when any child or caregiver has a child care restrictable disease, as defined in Oregon Administrative Rule or food poisoning (also see OAR 414-360-1010, Illness);

OAR 414-360-0300(7) (4) Any caregiver known or appearing to have a child care restrictable disease, as defined in OAR 333-019-0010, a symptom of physical illness as described in OAR 414-360-1010(1)(b)(A) through (K), or mental incapacity that poses a threat to the health or safety of children shall be relieved of their duties.

OAR 414-360-1010(1) (1) A provider must not accept a child into care who: (a) Is diagnosed as having or being a carrier of a child care restrictable disease, as defined in Oregon Health Authority administrative rules, except with the written approval of the public health administrator or licensed health care provider; or (b) Has one or more of the following symptoms of illness, except with the written approval of the public health administrator or licensed health care provider: (A) Fever over 100.4°F. A child with a fever over 100.4°F may return if fever free for 24 hours without the aid of medication. (B) **Diarrhea**, which means three or

more watery, bloody, or loose stools in 24 hours, the sudden onset of loose stools, or a child is unable to control bowel function when previously able. A child with diarrhea may return 48 hours after diarrhea resolves or with written clearance from a licensed healthcare provider. (C) Vomiting at least one time, where there is no explanation for the vomiting. A child who vomits without explanation may return 48 hours after the last episode of vomiting or with written clearance from a licensed healthcare provider. (D) Severe or persistent coughing. A child with severe or persistent coughing may return after symptoms are improving for 24 hours or with written clearance from a licensed healthcare provider. (E) Unusual yellow color to skin or eyes. A child with unusual yellow color to skin or eyes may return to care with written clearance from a licensed healthcare provider. (F) Open sores or wounds discharging bodily fluids. A child with open sores or wounds discharging bodily fluids may return to care after rash is resolved, when sores and wounds are dry or can be completely covered with a bandage, or with written clearance from a licensed health care provider. (G) Stiff neck and headache with one or more of the symptoms listed above (H) Uncharacteristic lethargy, decreased alertness, increased irritability, increased confusion, or a behavior change that prevents active participation in usual school activities. A child with any of the above symptoms may return to care when symptoms resolve, return to normal behavior, or with written clearance from a licensed health care provider. (I) Difficulty breathing or abnormal wheezing. A child with difficulty breathing or abnormal wheezing may return to care after symptoms are improving for 24 hours. (J) Complaints of severe pain. A child with complaints of severe pain may return to care after symptoms are improving. (K) Eye lesions that are severe, weeping, or pus filled. A child with eye lesions that are severe, weeping, or pus filled may return to care after symptoms resolve or with written clearance from a licensed healthcare provider.

414-360-1010(2) If a child who has been admitted into care shows signs of illness, as described in this rule, a provider must: (a) Separate the child from the other children in a location where the child can be supervised by caregivers and carefully observed at all times; (b) Notify the parent to remove the children from care as soon as possible; and (c) Until the parent arrives, provide the child with an individual cot, mat, or bed that can be easily cleaned and disinfected after use.

OAR 414-360-1010(3) If any child, caregiver or volunteer has a restrictable disease, as defined in Oregon Health Authority, Public Health Division Chapter 333, Division 19 Investigation and Control of Diseases: General Powers And Responsibilities, a provider must: (a) Immediately report the incident or illness to the local health department; (b) Follow the health department's recommendations on exclusion and readmission of children and caregivers; and (c) Post a notice for the parents of all children who attend the home.

OAR 414-360-0660(3) A provider must wash, rinse, and disinfect the following immediately after use: (d) Any surface contaminated with bodily fluids.

OAR 414-360-0850(3) A provider must keep all garbage and bodily fluids waste in non-absorbent, easily washable containers with tight-fitting lids.

Oar 414-360-0850(7) A provider must immediately clean up any spills of bodily fluids, such as urine, feces, blood, and vomit as follows: (a) Caregivers must use disposable, nonporous gloves when handling bodily fluids; (b) Surfaces must be cleaned and disinfected; (c) Blood-contaminated material must be disposed of in a tied or sealed plastic bag and discarded immediately; (d) Gloves must be removed immediately after use, placed in a tied, sealed, or otherwise closed plastic bag and discarded immediately; and (e) Hands must be washed after using and disposing of the gloves.

Registered Family Child Care Homes:

OAR 414-210-0270(3) A provider must immediately notify the Oregon Health Authority of a known case, in individuals associated with the home, of a child care-restrictable disease, as defined in Oregon Administrative Rule, OAR 333-019-0010.

OAR 414-210-0270(6) A provider must notify parents upon child pick-up of: (c) A child care restrictable disease or infestation exposure from a caregiver or another child;

OAR 414-210-0270(9) A provider must have a method for notifying families when any child or caregiver has a child care restrictable disease, as defined in Oregon Administrative Rule, or food poisoning (also see OAR 414-210-1010, illness);

OAR 414-210-0300(4) Any caregiver known or appearing to have a child care-restrictable disease, as defined in OAR 333-019-0010, a symptom of physical illness as described in OAR 414-210-1010(1)(b)(A) through (K), or a mental incapacity that poses a threat to the health or safety of children shall be relieved of their duties.

Oar 414-210-1010(1) A provider must not accept a child into care who: (a) Is diagnosed as having or being a carrier of a child care restrictable disease, as defined in Oregon Health Authority administrative rules, except with the written approval of the public health administrator or licensed health care provider; or (b) Has one or more of the following symptoms of illness, except with the written approval of the public health administrator or licensed health care provider: (A) Fever over 100.4°F. A child with a fever over 100.4°F may return if fever free for 24 hours without the aid of medication. (B) Diarrhea, which means three or more watery, bloody, or loose stools in 24 hours, the sudden onset of loose stools, or a child is unable to control bowel function when previously able. A child with diarrhea may return 48 hours after diarrhea resolves or with written clearance from a licensed healthcare provider. (C)Vomiting at least one time, where there is

no explanation for the vomiting. A child who vomits without explanation may return 48 hours after the last episode of vomiting or with written clearance from a licensed healthcare provider. (D) Severe or persistent coughing. A child with severe or persistent coughing may return after symptoms are improving for 24 hours or with written clearance from a licensed healthcare provider. (E) Unusual yellow color to skin or eyes. A child with unusual yellow color to skin or eyes may return to care with written clearance from a licensed healthcare provider. (F) Open sores or wounds discharging bodily fluids. A child with open sores or wounds discharging bodily fluids may return to care after rash is resolved, when sores and wounds are dry or can be completely covered with a bandage, or with written clearance from a licensed health care provider. (G) Stiff neck and headache with one or more of the symptoms listed above. (H) Uncharacteristic lethargy, decreased alertness, increased irritability, increased confusion, or a behavior change that prevents active participation in usual school activities. A child with any of the above symptoms may return to care when symptoms resolve, return to normal behavior, or with written clearance from a licensed health care provider. (I) Difficulty breathing or abnormal wheezing. A child with difficulty breathing or abnormal wheezing may return to care after symptoms are improving for 24 hours. (J) Complaints of severe pain. A child with complaints of severe pain may return to care after symptoms are improving. (K) Eye lesions that are severe, weeping, or pus filled. A child with eye lesions that are severe, weeping, or pus filled may return to care after symptoms resolve or with written clearance from a licensed healthcare provider.

OAR 414-210-1010(2) If a child who has been admitted into care shows signs of illness, as described in this rule, a provider must: (a) Separate the child from the other children in a location where the child can be supervised by caregivers and carefully observed at all times; (b) Notify the parent to remove the children from care as soon as possible; and (c) Until the parent arrives, provide the child with an individual cot, mat, or bed that can be easily cleaned and disinfected after use.

OAR 414-210-1010(3) If any child, caregiver or volunteer has a restrictable disease, as defined in Oregon Health Authority, Public Health Division Chapter 333, Division 19 Investigation and Control of Diseases: General Powers And Responsibilities, a provider must: (a) Immediately report the incident or illness to the local health department; (b) Follow the health department's recommendations on exclusion and readmission of children and caregivers; and (c) Post a notice for the parents of all children who attend the home

OAR 414-210-0660(3) A provider must wash, rinse, and disinfect the following immediately after use: (d) Any surface contaminated with bodily fluids.

OAR 414-210-0850(5) A provider must immediately clean up any spills of bodily fluids, such as urine, feces, blood, vomit, and other bodily fluids as follows: (a) Caregivers must use disposable, nonporous gloves when handling bodily fluids; (b)

Surfaces must be cleaned and disinfected; (c) Blood-contaminated material must be disposed of in a tied or sealed plastic bag and discarded immediately; (d) Gloves must be removed immediately after use, placed in a tied, sealed, or otherwise closed plastic bag and discarded immediately; and 414-210-0860 Fire Protection Rules for Registered Family Child Care | CCLD-0086 | page 49 (e) Hands must be washed after using and disposing of the gloves.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs:**

OAR 414-180-0015(22)(b) A provider shall not admit or retain in care, except with the written approval of the local health office, a child who: (A) Is diagnosed as having or being a carrier of a child care restrictable disease, as defined in Oregon Health Authority administrative rule; or (B) Has one of the following symptoms or combination of symptoms or illness; (i) Fever over 100°F, taken under the arm; (ii) Diarrhea (more than one abnormally loose, runny, watery or bloody stool); (iii) Vomiting; (iv) Nausea; (v) Severe cough; (vi) Unusual yellow color to skin or eyes; (vii) Skin or eye lesions or rashes that are severe, weeping, or pus-filled; (viii) Stiff neck and headache with one or more of the symptoms listed above; (ix) Difficult breathing or abnormal wheezing; or (x) Complaints of severe pain.

OAR 414-180-0015(22)(c) A child who, after being admitted into child care, shows signs of illness, as defined in this rule, whenever possible will be separated from the other children, and the parent(s) notified and asked to remove the child from the child care facility as soon as possible

OAR 414-180-0020(8) Bio-contaminants including but not limited to bodily fluids and blood shall be disposed of in a manner that prevents exposure to children

OAR 414-180-0015(14) The provider must comply with local, state and federal laws related to immunizations, child care restrictable diseases, child safety systems and seat belts in vehicles, bicycle safety, civil rights laws, and the Americans with Disabilities Act.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: i.

OAR 414-180-0015(22)(b) A provider shall not admit or retain in care, except with the written approval of the local health office, a child who: (A) Is diagnosed as having or being a carrier of a child care restrictable disease, as defined in Oregon Health Authority administrative rule; or (B) Has one of the following symptoms or combination of symptoms or illness; (i) Fever over 100°F, taken under the arm; (ii) Diarrhea (more than one abnormally loose, runny, watery or bloody stool); (iii) Vomiting; (iv) Nausea; (v) Severe cough; (vi) Unusual yellow color to skin or eyes; (vii) Skin or eye lesions or rashes that are severe, weeping, or pus-filled; (viii) Stiff neck and headache with one or more of the

symptoms listed above; (ix) Difficult breathing or abnormal wheezing; or (x) Complaints of severe pain.

OAR 414-180-0015(22)(c) A child who, after being admitted into child care, shows signs of illness, as defined in this rule, whenever possible will be separated from the other children, and the parent(s) notified and asked to remove the child from the child care facility as soon as possible

OAR 414-180-0020(8) Bio-contaminants including but not limited to bodily fluids and blood shall be disposed of in a manner that prevents exposure to children

OAR 414-180-0015(14) The provider must comply with local, state and federal laws related to immunizations, child care restrictable diseases, child safety systems and seat belts in vehicles, bicycle safety, civil rights laws, and the Americans with Disabilities Act.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: "i. OAR 414-180-0015(22)(b) A provider shall not admit or retain in care, except with the written approval of the local health office, a child who: (A) Is diagnosed as having or being a carrier of a child care restrictable disease, as defined in Oregon Health Authority administrative rule; or (B) Has one of the following symptoms or combination of symptoms or illness; (i) Fever over 100°F, taken under the arm; (ii) Diarrhea (more than one abnormally loose, runny, watery or bloody stool); (iii) Vomiting; (iv) Nausea; (v) Severe cough; (vi) Unusual yellow color to skin or eyes; (vii) Skin or eye lesions or rashes that are severe, weeping, or pus-filled; (viii) Stiff neck and headache with one or more of the symptoms listed above; (ix) Difficult breathing or abnormal wheezing; or (x) Complaints of severe pain.

OAR 414-180-0015(22)(c) A child who, after being admitted into child care, shows signs of illness, as defined in this rule, whenever possible will be separated from the other children, and the parent(s) notified and asked to remove the child from the child care facility as soon as possible

OAR 414-180-0020(8) Bio-contaminants including but not limited to bodily fluids and blood shall be disposed of in a manner that prevents exposure to children

OAR 414-180-0015(14) The provider must comply with local, state and federal laws related to immunizations, child care restrictable diseases, child safety systems and seat belts in vehicles, bicycle safety, civil rights laws, and the Americans with Disabilities Act.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: See Certified School-Age standards for licensed programs, and if the program is exempt from licensing, see Regulated Subsidy Programs standards.

Certified School-Age Centers:

OAR 414-310-0330(1)(c) A School-Age Center must ensure that all staff, including

substitutes, receive an orientation within the first 10 days of hire and before staff have unsupervised access to children. An orientation must include, but is not limited to: The prevention and control of infectious diseases;

OAR 414-310-0560(1)(d) A School-Age Center must have and follow written procedures for handling injuries that are made known to all staff, including: Standard precautions to handle potential exposure to blood and other potentially infectious fluids(see OAR414- 310-0490 Maintenance and Sanitation);

OAR 414-310-0490(3) A School-Age Center must immediately clean up any spills of bio contaminants, such as urine, feces, blood, saliva, nasal discharge, eye discharge, and other bodily fluids as follows: (a) Staff must use disposable, nonporous gloves when handling bio contaminants; (b) Surfaces must be cleaned and disinfected; (c) Blood-contaminated material must be disposed of in a plastic bag with a secure tie or container with a disposable liner; (d) Gloves must be removed immediately after use, placed in a tied, sealed, or otherwise closed plastic bag and discarded immediately; and (e) Hands must be washed after using and disposing of the gloves.

OAR 414-310-0550(2)(a-b) A School-Age Center must not accept a child into care who: (a) Is diagnosed as having or being a carrier of a child care restrictable disease, as defined in Oregon Health Authority administrative rules, except with the written approval of the public health administrator or licensed health care provider; or (b) Has one or more of the following symptoms of illness, except with the written approval of the public health administrator or licensed health care provider: (A) Fever over 100.4°F. A child with a fever over 100.4°F may return if fever free for 24 hours without the aid of medication; (B) Diarrhea, which means three or more watery, bloody, or loose stools in 24 hours, the sudden onset of loose stools, or a child is unable to control bowel function when previously able. A child with diarrhea may return 48 hours after diarrhea resolves or with written clearance from a licensed healthcare provider; (C) Vomiting at least one time, where there is no explanation for the vomiting. A child who vomits without explanation may return 48 hours after the last episode of vomiting or with written clearance from a licensed healthcare provider; (D) Severe or persistent coughing. A child with severe or persistent coughing may return after symptoms are improving for 24 hours or with written clearance from a licensed healthcare provider. (E) Unusual yellow color to skin or eyes. A child with unusual yellow color to skin or eyes may return to care with written clearance from a licensed healthcare provider; (F) Open sores or wounds discharging bodily fluids. A child with open sores or wounds discharging bodily fluids may return to care after rash is resolved, when sores and wounds are dry or can be completely covered with a bandage, or with written clearance from a licensed health care provider; (G) Stiff neck and headache with one or more of the symptoms listed above; (H) Uncharacteristic lethargy, decreased alertness, increased irritability, increased confusion, or a behavior change that prevents active participation in usual school activities. A child with any of the above symptoms may return to care when symptoms resolve, return to normal behavior, or with written clearance from a licensed health care provider; (I) Difficulty breathing or abnormal wheezing. A

child with difficulty breathing or abnormal wheezing may return to care after symptoms are improving for 24 hours; (J) Complaints of severe pain. A child with complaints of severe pain may return to care after symptoms are improving; (K) Eye lesions that are severe, weeping, or pus filled. A child with eye lesions that are severe, weeping, or pus filled may return to care after symptoms resolve or with written clearance from a licensed healthcare provider

OAR 414-310-0550(3)(a-e) If a child who has been admitted into care shows signs of illness, as described in this rule, a Certified School-Age Centers must: (a) Separate the child from the other children in a location where the child can be seen and heard by staff and carefully observed at all times. (b) Notify the parent to remove the child from the center as soon as possible. (c) Until the parent arrives, provide the child with an individual cot, mat, or bed that can be easily cleaned and disinfected after use. (d) Give extra attention to handwashing and sanitation including cleaning and disinfecting toys, equipment, and surfaces used by the ill child immediately after the child leaves. (e) Keep disposable items and used linens in a closed container in the isolation area until cleaned or thrown away

OAR 414-310-0550(4)(a-c) If any child, staff member or volunteer has a restrictable disease, as defined in Oregon Health Authority, Public Health Division Chapter 333, Division 19 Investigation and Control of Diseases: General Powers And Responsibilities, a certified child care center must: (a) Immediately report the incident or illness to the local health department; (b) Follow the health department's recommendations on exclusion and readmission of children and staff; and (c) Post a notice for the parents of all children who attend the center.

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Certified School-Age OAR 414-310- 0200(1)**, the center must comply with Oregon Health Authority's administrative rules (see OAR 333-050- 0040) relating to the immunization of children. If a child is enrolled in a public or private elementary school, immunizations are not required to be documented by the child care facility.

Certified Centers: 414-305-0225 (1) A certified child care center must comply with Oregon Health Authority's administrative rules (see OAR 333-050-0040) relating to the immunization of children. If a child is enrolled in a public or private elementary school, immunizations are not required to be documented by the child care facility. **(2)** A certified child care center may provide care for children who are in foster care or experiencing homelessness while parents/guardians are taking necessary actions to comply with immunization requirements of the center.

**Outdoor Nature-Based Programs:
Oregon Administrative Rule 414-320-0225, Immunizations**

- (1) A certified ONB program must comply with Oregon Health Authority’s administrative rules (see OAR 333-050-0040) relating to the immunization of children. If a child is enrolled in a public or private elementary school, immunizations are not required to be documented by the child care facility.
- (2) A certified ONB program may provide care for children who are in foster care or experiencing homelessness while parents/guardians are taking necessary actions to comply with immunization requirements of the certified ONB program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**
Oregon Administrative Rule 414-360-0225(1) A provider must comply with Oregon Health Authority’s administrative rules (see OAR 333- 050-0040) relating to the immunization of children. If a child is enrolled in a public or private elementary school, immunizations are not required to be documented by the child care facility. **(2)** A provider may provide care for children who are in foster care or experiencing homelessness while parents/guardians are taking necessary actions to comply with immunization requirements of the certified family child care.

Registered Family Child Care Homes:
414-210-0225(1) A provider must comply with Oregon Health Authority’s administrative rules (see OAR 333- 050-0040) relating to the immunization of children. If a child is enrolled in a public or private elementary school, immunizations are not required to be documented by the child care facility. **(2)** A provider may provide care for children who are in foster care or experiencing homelessness while parents/guardians are taking necessary actions to comply with immunization requirements of the facility.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **OAR 414-175-0080(7) (n)** Inform a parent of the need to obtain immunizations for a child and have a completed, up-to-date Oregon shot record called the "Certification of Immunization Status" (CIS) form, or a non-medical or medical Exemption form, on file for each child in care.

OAR 414-180-0015(14) The provider must comply with local, state, and federal laws related to immunizations, child care restrictable diseases, child safety systems and seat belts in vehicles, bicycle safety, civil rights laws, and the Americans with Disabilities Act.

New Regulated Subsidy Programs providers are provided a resource packet with additional information on immunizations, safety, sanitizing and a variety of other topics.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

OAR 414-175-0080(7) (n) Inform a parent of the need to obtain immunizations for a child and have a completed, up-to-date Oregon shot record called the "Certification of Immunization Status" (CIS) form, or a non-medical or medical Exemption form, on file for each child in care.

OAR 414-180-0015(14) The provider must comply with local, state, and federal laws related to immunizations, child care restrictable diseases, child safety systems and seat belts in vehicles, bicycle safety, civil rights laws, and the Americans with Disabilities Act.

New Regulated Subsidy Programs providers are provided a resource packet with additional information on immunizations, safety, sanitizing and a variety of other topics.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **OAR 414-175-0080(7) (n) Inform a parent of the need to obtain immunizations for a child and have a completed, up-to-date Oregon shot record called the "Certification of Immunization Status" (CIS) form, or a non-medical or medical Exemption form, on file for each child in care.**

OAR 414-180-0015(14) The provider must comply with local, state, and federal laws related to immunizations, child care restrictable diseases, child safety systems and seat belts in vehicles, bicycle safety, civil rights laws, and the Americans with Disabilities Act.

New Regulated Subsidy Programs providers are provided a resource packet with additional information on immunizations, safety, sanitizing and a variety of other topics.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **See Certified School-Age Standards for licensed programs, and if the program is exempt from licensing, see Regulated Subsidy Programs standards.**

Certified School-Age Centers:

OAR 414-310-0200(1) The center must comply with Oregon Health Authority's administrative rules (see OAR 333-050- 0040) relating to the immunization of children. If a child is enrolled in a public or private elementary school, immunizations are not required to be documented by the child care facility.

- 5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers:**

OAR 414-305-0630 (1) In addition to safe equipment (OAR 414-305-0620), a certified child care center must follow safe sleep practices for infants to reduce the risk of sudden unexpected infant death (SUID) as follows: (a) While sleeping, infants must be monitored frequently to ensure they are breathing, not overheated, not in distress, and do not need assistance. (b) Infants must be placed on their backs on a flat, firm, non-inclined surface for sleeping. (c) Infants who can roll from back-to-front or back-to-side may remain in the sleep position they assume. (d) Except for a plain pacifier, there must not be any items (e.g., pacifier clips, bottles, toys, pillows, stuffed animals, blankets, bumpers) in or attached to the crib, portable crib or play yard. (e) Infants must not have their heads or faces covered by items such as blankets or linens at any time. (f) There must not be any items (e.g. blankets, tents, sheets) placed over the top or on the sides of a crib, portable crib or play yard. (g) Items that may cause suffocation or strangulation such as headwear (e.g. hoods, hats, headbands), bibs, necklaces, and garments with ties or drawstrings must be removed from the infant and sleep equipment prior to laying an infant down to rest. (h) Swaddling or other clothing or covering that restricts the infant's arm or leg movement is prohibited at all times, even if the child is not sleeping. (i) Weighted blankets, weighted clothing, or other weighted objects must not be placed on or near the sleeping infant. (j) If the caregiver is engaged in an activity with child care children and is carrying a sleeping infant in a structured infant carrier, the caregiver must move the infant to a safe sleep surface as soon as the activity is finished. (k) A caregiver may hold a sleeping infant provided the caregiver can immediately observe, see, or feel any signs of distress. The caregiver must be awake, alert, and focused on the infant; and (l) If an infant arrives asleep in a car seat or falls asleep in a place other than their crib, portable crib or play yard, the caregiver must immediately move the infant to an appropriate sleep surface. (2) Alternative sleep positions may only be used with an OCC approved exception request, which must include a medical reason and instructions from a physician.

OAR 414-305-0370(1)(g) & (3)(b) Orientation and Initial Training (1) A certified child care center must ensure that all staff, including substitutes, receive an orientation within the first 10 days of hire and before staff have unsupervised access to children. An orientation must include, but is not limited to (g): Safe sleep practices and prevention of shaken baby syndrome and abusive head trauma; (3)(b): A certified child care center's staff and substitutes, with the exception of cooks, must: b) If the center is certified to care for infants, complete the Safe Sleep for Oregon Infants training within the first 30 days of hire and prior to having unsupervised access to infants.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR 414-360-0630(1) (1) In addition to safe equipment (OAR 414-360-0620), a provider must follow safe sleep practices for infants to reduce the risk of sudden unexpected infant death (SUID) as follows: (a) While sleeping, infants must be monitored frequently to ensure they are breathing, not overheated, not in

distress, and do not need assistance. (b) Infants must be placed on their backs on a flat, firm, non-inclined surface for sleeping. (c) Infants who can roll from back-to-front or back-to-side may remain in the sleep position they assume. (d) Except for a plain pacifier, there must not be any items (e.g., pacifier clips, bottles, toys, pillows, stuffed animals, blankets, bumpers) in or attached to the crib, portable crib or play yard. (e) Infants must not have their heads or faces covered by items such as blankets or linens at any time. (f) There must not be any items (e.g. blankets, tents, sheets) placed over the top or on the sides of a crib, portable crib or play yard. (g) Items that may cause suffocation or strangulation such as headwear (e.g. hoods, hats, headbands), bibs, necklaces, and garments with ties or drawstrings must be removed from the infant and sleep equipment prior to laying an infant down to rest. (h) Swaddling or other clothing or covering that restricts the infant's arm or leg movement is prohibited at all times, even if the child is not sleeping. (i) Weighted blankets, weighted clothing, or other weighted objects must not be placed on or near the sleeping infant. (j) If the caregiver is engaged in an activity with child care children and is carrying a sleeping infant in a structured infant carrier, the caregiver must move the infant to a safe sleep surface as soon as the activity is finished. (k) A caregiver may hold a sleeping infant provided the caregiver can immediately observe, see, or feel any signs of distress. The caregiver must be awake, alert, and focused on the infant; and (l) If an infant arrives asleep in a car seat or falls asleep in a place other than their crib, portable crib or play yard, the caregiver must immediately move the infant to an appropriate sleep surface.

OAR 414-360-0370 (1) Prior to being issued an initial certificate, a provider must complete: (c) Safe Sleep for Oregon's Infants;

OAR 414-360-0370(3) A provider must ensure that all caregivers, including substitutes: (a) Receive an orientation within the first 10 business days of working in the home and before caregivers have unsupervised access to children. An orientation must include, but is not limited to: (F) Safe sleep practices, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; (b) Complete the following within 30 days of beginning work in the home and prior to having unsupervised access to children: (C) Safe Sleep for Oregon's infants.

OAR 414-360-600(8) All caregivers must take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

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Registered Family Child Care Homes:

OAR414-210-0630(1) In addition to safe equipment (OAR 414-210-0620), a provider must follow safe sleep practices for infants to reduce the risk of sudden unexpected infant death (SUID) as follows: (a) While sleeping, infants must be monitored frequently to ensure they are breathing, not overheated, not in distress, and do not need assistance. (b) Infants must be placed on their backs on a flat, firm, non-inclined surface for sleeping. (c) Infants who can roll from back-to-

front or back-to-side may remain in the sleep position they assume. (d) Except for a plain pacifier, there must not be any items (e.g., pacifier clips, bottles, toys, pillows, stuffed animals, blankets, bumpers) in or attached to the crib, portable crib or play yard. (e) Infants must not have their heads or faces covered by items such as blankets or linens at any time. (f) There must not be any items (e.g. blankets, tents, sheets) placed over the top or on the sides of a crib, portable crib or play yard. 414-210-0650 Diaper Changing and Toileting Rules for Registered Family Child Care | CCLD-0086 | page 36 (g) Items that may cause suffocation or strangulation such as headwear (e.g. hoods, hats, headbands), bibs, necklaces, and garments with ties or drawstrings must be removed from the infant and sleep equipment prior to laying an infant down to rest. (h) Swaddling or other clothing or covering that restricts the infant's arm or leg movement is prohibited at all times, even if the child is not sleeping. (i) Weighted blankets, weighted clothing, or other weighted objects must not be placed on or near the sleeping infant. (j) If the caregiver is engaged in an activity with child care children and is carrying a sleeping infant in a structured infant carrier, the caregiver must move the infant to a safe sleep surface as soon as the activity is finished. (k) A caregiver may hold a sleeping infant provided the caregiver can immediately observe, see, or feel any signs of distress. The caregiver must be awake, alert, and focused on the infant; and (l) If an infant arrives asleep in a car seat or falls asleep in a place other than their crib, portable crib or play yard, the caregiver must immediately move the infant to an appropriate sleep surface.

OAR 414-210-0370 (1) When a person submits a new application for registration as a registered family child care, CCLD shall, prior to approving the registration, receive evidence from the applicant that the person has completed: (d) Safe Sleep for Oregon's Infants;

OAR 414-310-0370(3) A provider must ensure that prior to having unsupervised access to children, substitute providers: (a) Receive an orientation. An orientation must include, but is not limited to: (F) Safe sleep practices, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; (b) Complete the following: (C) Safe Sleep for Oregon's infants;

OAR 414-210-600(8) All caregivers must take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (15) The following safe sleep practices must be followed: (a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets, and playpens must

comply with current Consumer Product Safety Commission (CPSC) standards; (b) Bassinets may only be used until the infant is able to roll over on their own; (c) Each mattress shall: (A) Fit snugly; and (B) Be covered by a tightly fitting sheet. (d) A clean sheet shall be provided for each child; (e) Infants must be placed on their backs on a flat surface for sleeping; (f) While on the child care premises, if an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface; (g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest; (h) There shall be no items in the crib, portable crib, bassinet or playpen with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers); (i) Swaddling or other clothing or covering that restricts the child's movement is prohibited; (j) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and (k) Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival at the child care facility and placed on an appropriate sleep surface.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (15) The following safe sleep practices must be followed: (a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets, and playpens must comply with current Consumer Product Safety Commission (CPSC) standards; (b) Bassinets may only be used until the infant is able to roll over on their own; (c) Each mattress shall: (A) Fit snugly; and (B) Be covered by a tightly fitting sheet. (d) A clean sheet shall be provided for each child; (e) Infants must be placed on their backs on a flat surface for sleeping; (f) While on the child care premises, if an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface; (g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest; (h) There shall be no items in the crib, portable crib, bassinet or playpen with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers); (i) Swaddling or other clothing or covering that restricts the child's movement is prohibited; (j) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and (k) Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival at the child care facility and placed on an appropriate sleep surface.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (15) The following safe sleep practices must be followed: (a) Each infant shall sleep in a crib, portable crib, bassinet or playpen with a clean, non-absorbent mattress. All cribs, portable cribs, bassinets, and playpens must comply with current Consumer Product Safety Commission (CPSC) standards; (b)

Bassinets may only be used until the infant is able to roll over on their own; (c) Each mattress shall: (A) Fit snugly; and (B) Be covered by a tightly fitting sheet. (d) A clean sheet shall be provided for each child; (e) Infants must be placed on their backs on a flat surface for sleeping; (f) While on the child care premises, if an infant falls asleep in a place other than their crib, portable crib, bassinet or playpen, the provider must immediately move the infant to an appropriate sleep surface; (g) No child shall be routinely left in a crib, portable crib, bassinet or playpen except for sleep or rest; (h) There shall be no items in the crib, portable crib, bassinet or playpen with the infant, except a pacifier (e.g. bottles, toys, pillows, stuffed animals, blankets, bumpers); (i) Swaddling or other clothing or covering that restricts the child's movement is prohibited; (j) Clothing or items that could pose a strangulation hazard (e.g. teething necklaces, pacifier attachments, clothing drawstrings) are prohibited; and (k) Car seats are to be used for transportation only. Children who are asleep in a car seat must be removed upon arrival at the child care facility and placed on an appropriate sleep surface.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not applicable since out of school programs only provide care for children who are eligible to attend kindergarten or above in public school.**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers:**

OAR 414-305-1030 (1) Before a certified child care center gives a child any prescription or non-prescription medication, including, but not limited to, pain relievers, cough syrup, and nose drops, the center must: (a) Have a signed, dated, written authorization by the parent(s) on file (also see OAR 414-305-0230, Parental Permissions); (A) For chronic medical conditions, a certified child care center may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers. (B) Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child. (b) Ensure that the original container is labeled with the name of the medication, dosage, and directions for administration and storage. (A) For prescription medication, the label must include the child's name, the date the prescription was filled, the prescribing physician's name, and length of time to give the medication. (B) If parent instructions differ from the container instructions, a certified child care center must have a licensed physician's written instructions for that medication. (C) Medication must not be administered after the expiration date. (D) Any medication provided by the parents must be labeled with the child's name. (c) Ensure that cleaned and sanitized medication measuring devices are

used when providing medication to a child care child, if applicable. (2) A certified child care center must immediately document any medication administered, listing the name of the child, type of medication, date, time, and dosage given, any side effects exhibited by the child, and the signature of the person administering the medication. (3) A certified child care center must inform parent(s) daily of all medications administered to their child. (4) If medication is provided by the parent, a certified child care center must administer medication only to the child for whom it is intended and follow the directions on the label. (5) A certified

child care center must ensure that all medications are inaccessible to children, with child-resistant caps when available, and stored away from food. (a) If only stored out-of-reach of children, the medication bottle or package must be stored in a container with a tight-fitting lid. (b) Emergency medicine may be placed in an unlocked container that is kept out of reach of children while inside the facility. (6) A certified child care center must keep medications requiring refrigeration in a separate tightly-covered, leakproof container clearly marked "medication" and inaccessible to children.

ONB Programs:

OAR 414-320-1030, Medications:

- (1) Before a certified ONB program gives a child any prescription or non-prescription medication, including, but not limited to, pain relievers, cough syrup, and nose drops, the certified ONB program must:
 - (a) Have a signed, dated, written authorization by the parent(s) on file (also see OAR 414-320-0230, Parental Permissions);
 - (b) For chronic medical conditions, a certified ONB program may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers.
 - (c) Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child.
 - (d) Ensure that the original container is labeled with the name of the medication, dosage, and directions for administration and storage.
 - (e) For prescription medication, the label must include the child's name, the date the prescription was filled, the prescribing physician's name, and length of time to give the medication.
 - (f) If parent instructions differ from the container instructions, a certified ONB program must have a licensed physician's written instructions for that medication.
 - (g) Medication must not be administered after the expiration date.
 - (h) Any medication provided by the parents must be labeled with the child's name.
 - (i) Ensure that cleaned and sanitized medication measuring devices are used when providing medication to a child care child, if applicable.
- (2) A certified ONB program must immediately document any medication administered, listing the name of the child, type of medication, date, time, and dosage given, any side effects exhibited by the child, and the signature of the person administering the medication.

- (3) A certified ONB program must inform parent(s) daily of all medications administered to their child.
- (4) If medication is provided by the parent, a certified ONB program must administer medication only to the child for whom it is intended, and follow the directions on the label.
- (5) A certified ONB program must ensure that all medications are inaccessible to children, with child-resistant caps when available, and stored away from food.
 - (a) If only stored per OAR 414-320-0100 (26)(d), the medication bottle or package must be stored in a container with a tight-fitting lid.
 - (b) Emergency medication may be kept with a staff member. Emergency medication may not be left unattended at any time.
- (6) A certified ONB program must keep medications requiring refrigeration in a separate tightly-covered, leakproof container clearly marked "medication" and inaccessible to children. A certified ONB programs may use coolers and reusable water-activated cooling packs for medication storage if the medication's manufacturer directions require the medication to be stored at a temperature below the indoor or outdoor temperature. Coolers must contain an accurate thermometer, as outlined in OAR 414-320-1100 (8)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR 414-360-1030 (1) Before a provider gives a child any prescription or non-prescription medication, including, but not limited to, pain relievers, cough syrup, and nose drops, the provider must: Have a signed, dated, written authorization by the parent(s) on file (also see OAR 414- 360-0230, Parental Permissions); (A) For chronic medical conditions, a certified family child care may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers. (B) Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child. (b) Ensure that the original container is labeled with the name of the medication, dosage, and directions for administration and storage. (A) For prescription medication, the label must include the child's name, the date the prescription was filled, the prescribing physician's name, and length of time to give the medication. (B) If parent instructions differ from the container instructions, a certified family child care must have a licensed physician's written instructions for that medication. (C) Medication must not be administered after the expiration date. (D) Any medication provided by the parents must be labeled with the child's name. (c) Ensure that cleaned and sanitized medication measuring devices are used when providing medication to a child care child, if applicable. (2) A provider must immediately document any medication administered, listing the name of the child, type of medication, date, time, and dosage given, any side effects exhibited by the child, and the signature of the person administering the medication. (3) A provider must inform parent(s) daily of all medications administered to their child. (4) If medication is provided by the parent, a certified family child care must administer medication only to the child for whom it is

intended, and follow the directions on the label. (5) A provider must ensure that medication is stored through one of the following methods: (a) Under a child safety device or child safety lock; or (b) In a locked room. (c) Emergency medicine may be placed in an unlocked container that is kept out of reach of children while inside the home. (6) Emergency medication may either be inaccessible to children as defined in OAR 414-360- 0100(21) or kept with a caregiver.

Registered Family Child Care Homes

Oar 414-210-1030 (1) Before a provider gives a child any prescription or non-prescription medication, including, but not limited to, pain relievers, cough syrup, and nose drops, the provider must: (a) Have a signed, dated, written authorization by the parent(s) on file (also see OAR 414-210- 0230, Parental Permissions); (A) For chronic medical conditions, a registered family child care may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers. (B) Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child. (b) Ensure that the original container is labeled with the name of the medication, dosage, and directions for administration and storage. (A) For prescription medication, the label must include the child's name, the date the prescription was filled, the prescribing physician's name, and length of time to give the medication. (B) If parent instructions differ from the container instructions, a registered family child care must have a licensed physician's written instructions for that medication. (C) Medication must not be administered after the expiration date. (D) Any medication provided by the parents must be labeled with the child's name. (c) Ensure that cleaned and sanitized medication measuring devices are used when providing medication to a child care child, if applicable. (2) A provider must immediately document any medication administered, listing the name of the child, type of medication, date, time, and dosage given, any side effects exhibited by the child, and the signature of the person administering the medication. (3) A provider must inform parent(s) daily of all medications administered to their child. (4) If medication is provided by the parent, a provider must administer medication only to the child for whom it is intended, and follow the directions on the label. (5) A provider must ensure that medication is stored through one of the following methods: (a) Under a child safety device or child safety lock; or 414-210-1050 Care of Children with Specific Needs Rules for Registered Family Child Care | CCLD-0086 | page 57 (b) In a locked room. (6) Emergency medication may either be inaccessible to children as defined in OAR 414-210- 0100(19) or kept with a caregiver. (7) A provider must keep medications requiring refrigeration in a separate tightly-covered, leakproof container clearly marked "medication" and inaccessible to children

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (41) Prescription and non-prescription medication shall only be given to a child if the provider has written authorization from the parent. (42) Prescription and non-prescription medications must be properly labeled and stored. (43) Non-prescription medications or topical substances must be labeled with the child's name. (44) Prescription medications must be in the original container and labeled with the child's name, the name of the drug, dosage, directions for administering, and the physician's name. (45) Medication requiring refrigeration must be kept in a separate, tightly covered container, marked "medication," in the refrigerator. (46) Parents must be informed daily of any medications given to their child or any injuries their child has had.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (41) Prescription and non-prescription medication shall only be given to a child if the provider has written authorization from the parent. (42) Prescription and non-prescription medications must be properly labeled and stored. (43) Non-prescription medications or topical substances must be labeled with the child's name. (44) Prescription medications must be in the original container and labeled with the child's name, the name of the drug, dosage, directions for administering, and the physician's name. (45) Medication requiring refrigeration must be kept in a separate, tightly covered container, marked "medication," in the refrigerator. (46) Parents must be informed daily of any medications given to their child or any injuries their child has had.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (41) Prescription and non-prescription medication shall only be given to a child if the provider has written authorization from the parent. (42) Prescription and non-prescription medications must be properly labeled and stored. (43) Non-prescription medications or topical substances must be labeled with the child's name. (44) Prescription medications must be in the original container and labeled with the child's name, the name of the drug, dosage, directions for administering, and the physician's name. (45) Medication requiring refrigeration must be kept in a separate, tightly covered container, marked "medication," in the refrigerator. (46) Parents must be informed daily of any medications given to their child or any injuries their child has had.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For Licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.**

Certified School-Age Centers:

OAR 414-310-0570 (1) Before a School-Age Center gives a child any prescription or non-prescription medication, including, but not limited to, pain relievers, cough syrup, and nose drops, the center must:

(a) Have a signed, dated, written authorization by the parent(s) on file (also see OAR 414-310-0210, Parental Permissions);

(A) For chronic medical conditions, a School-Age Center may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers.

(B) Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child.

(b) Ensure that the original container is labeled with the name of the medication, dosage, and directions for administration and storage.

(A) For prescription medication, the label must include the child's name, the date the prescription was filled, the prescribing physician's name, and length of time to give the medication.

(B) If parent instructions differ from the container instructions, a School-Age Center must have a licensed physician's written instructions for that medication.

(C) Medication must not be administered after the expiration date.

(D) Any medication provided by the parents must be labeled with the child's name.

(c) Ensure that cleaned and sanitized medication measuring devices are used when providing medication to a child care child, if applicable.

(2) A School-Age Center must immediately document any medication administered, listing the name of the child, type of medication, date, time, and dosage given, any side effects exhibited by the child, and the signature of the person administering the medication.

(3) A School-Age Center must inform parent(s) daily of all medications administered to their child.

(4) If medication is provided by the parent, a School-Age Center must administer medication only to the child for whom it is intended and follow the directions on the label.

(5) A School-Age Center must ensure that all medications are stored in a manner that prevents use or access by children. When available, child-resistant caps must be used. Medications must be stored away from food.

(a) Emergency medicine may be placed in an unlocked container that is kept out of reach of children while inside the facility.

(b) Emergency medicine may not be stored in the child's personal belongings while inside the facility unless the center obtains written parental consent to permit children who have asthma to carry their own inhalers or children who are at risk of anaphylaxis to carry their own epinephrine and use them as directed.

(6) A School-Age Center must keep medications requiring refrigeration in a separate tightly-covered, leakproof container clearly marked "medication" and inaccessible to children.

(7) If using nonmedical items including, but not limited to sunscreen, a School-Age Center does not need to document application but must:

(a) Have annual written parental authorization;

(b) Use only as needed and according to manufacturer's instructions;

- (c) Inform parents of the type of sunscreen used if provided by the center;
- (d) Label the item with the child’s name if provided by the parent, and use only for that child;
- (e) Not use aerosol sunscreen products; and
- (f) Allow children to apply sunscreen to themselves with direct staff supervision and written parental approval.

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers**

OAR 414-305-1030 (1) Before a certified child care center gives a child any prescription or non-prescription medication, including, but not limited to, pain relievers, cough syrup, and nose drops, the center must: (a) Have a signed, dated, written authorization by the parent(s) on file (also see OAR 414-305-0230, Parental Permissions); (A) For chronic medical conditions, a certified child care center may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers. (B) Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child. (7) If using nonmedical items including, but not limited to sunscreen, a certified child care center does not need to document application but must: (a) Have annual written parental authorization.

ONB Programs

(1) Before a certified ONB program gives a child any prescription or non-prescription medication, including, but not limited to, pain relievers, cough syrup, and nose drops, the certified ONB program must:

(a) Have a signed, dated, written authorization by the parent(s) on file (also see OAR 414-320-0230, Parental Permissions);

(b) For chronic medical conditions, a certified ONB program may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers.

(c) Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child.

(7) The application of sunscreen and diaper cream does not need to be documented, but a certified ONB program must:

(a) Have annual written parental authorization

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes**

OAR 414-360-1030 (1) Before a provider gives a child any prescription or non-

prescription medication, including, but not limited to, pain relievers, cough syrup, and nose drops, the provider must: Have a signed, dated, written authorization by the parent(s) on file (also see OAR 414- 360-0230, Parental Permissions); (A) For chronic medical conditions, a certified family child care may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers. (B) Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child.

OAR 414-360-1030 (8) The application of sunscreen and diaper cream does not need to be documented, but a provider must: (a) Have annual written parental authorization;

Registered Family Child Care Homes:

OAR 414-210-1030 (1) Before a provider gives a child any prescription or non-prescription medication, including, but not limited to, pain relievers, cough syrup, and nose drops, the provider must: Have a signed, dated, written authorization by the parent(s) on file (also see OAR 414- 360-0230, Parental Permissions); (A) For chronic medical conditions, a certified family child care may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers. (B) Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child.

OAR 414-210-1030 (8) The application of sunscreen and diaper cream does not need to be documented, but a provider must: (a) Have annual written parental authorization;

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not applicable.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (41) Prescription and non-prescription medication shall only be given to a child if the provider has written authorization from the parent.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (41) Prescription and non-prescription medication shall only be given to a child if the provider has written authorization from the parent.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **See Certified School-Age standards for licensed programs, and if the program is exempt from licensing, see Regulated Subsidy Programs standards.**

Certified School-Age Centers

OAR 414-310-0570 (1) Before a School-Age Center gives a child any prescription or non-prescription medication, including, but not limited to, pain relievers, cough syrup, and nose drops, the center must:

(a) Have a signed, dated, written authorization by the parent(s) on file (also see OAR 414-310-0210, Parental Permissions);

(A) For chronic medical conditions, a School-Age Center may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers.

(B) Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers: OAR 414-305-0220 (1) A certified child care center must obtain the following information for each child, in paper or electronic format, prior to the first day of attendance that includes the parent’s signature: (k) A written care plan for any child must be readily accessible to those caring for children with chronic health issues or specific care needs such as allergies, previous serious illnesses or injuries, and medications prescribed for continuous, long-term use (also see OAR 414-305-1050, Care of Children with Specific Needs**

OAR 414-305-0260(3) A certified child care center must post the following items in classrooms where they are easily visible to personnel and parents unless the rule specifically states otherwise: (d) The menu and children’s dietary restrictions, known allergies, and nutrition requirements in a location easily accessible for staff but not available to those who are not parents or guardians of the enrolled child. Rather than posting in a classroom, a certified center may post this information in areas where food is served;

OAR 414-305-0270(5) (5) A certified child care center must immediately notify parents or an emergency contact if the parent cannot be reached and document if their child: (d) Has experienced any suspected allergic reactions, as well as the ingestion of or contact with the allergen even if a reaction did not occur;

OAR 414-305-1010(5) A certified child care center must develop a written care plan at the time of enrollment, or when an allergy is identified, for each enrolled child who has an allergy that poses a threat to the child’s health, safety, and

wellbeing. The plan must include instructions regarding the allergen and steps to be taken to avoid the allergen; signs and symptoms of an allergic reaction; and a detailed treatment plan including the names, doses, and methods of prompt administration of any medication in response to allergic reactions. In addition: (a) The parent must be notified immediately of any suspected allergic reactions or if the child consumed or came in contact with the allergen, even if a reaction did not occur; (b) If epinephrine is administered, emergency medical services must be contacted immediately, and, Child Care Licensing Division must be notified within 24 hours; (c) All staff involved in care of the child must be trained on the written care plan; (d) Specific food allergies must be shared with all staff that prepare and serve food; and (e) A list of each child's allergies should be easily accessible for staff but not visible to those who are not parents or guardians of the enrolled child.

OAR 414-305-1050 When caring for a child who has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who requires health and related services of a type or amount beyond that required by children generally, a certified child care center must have a written care plan that includes: (6) Allergies;

ONB Programs

OAR 414-320-1010, Illness

(5) A certified ONB program must develop a written care plan at the time of enrollment, or when an allergy is identified, for each enrolled child who has an allergy that poses a threat to the child's health, safety and wellbeing. The plan must include instructions regarding the allergen and steps to be taken to avoid the allergen; signs and symptoms of an allergic reaction; and a detailed treatment plan including the names, doses, and methods of prompt administration of any medication in response to allergic reactions. In addition:

(a) The parent must be notified immediately of any suspected allergic reactions or if the child consumed or came in contact with the allergen, even if a reaction did not occur;

(b) If epinephrine is administered, emergency medical services must be contacted immediately, and DELC must be notified by 5:00pm the next business day;

(c) All staff involved in care of the child must be trained on the written care plan;

(d) Specific food allergies must be shared with all staff that prepare and serve food; and

(e) A list of each child's allergies should be easily accessible for staff but not visible to those who are not parents or guardians of the enrolled child.

OAR 414-320-1050, Care of Children With Specific Needs:

When caring for a child who has, or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition, and who requires health and related services of a type or amount beyond that required by children generally, a certified ONB program must have a written care plan. The written care plan must include the following, when applicable:

(6) Allergies;

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR 414-360-0270(4) A provider must immediately notify parents or an emergency contact if the parent cannot be reached and document if their child:
(d) Has experienced any suspected allergic reactions, as well as the ingestion of or contact with the allergen even if a reaction did not occur;

OAR 414-360-0320 (10) A caregiver substituting for the provider must: **(e)** Be familiar with and able to be responsive to the needs of children in care including individual children’s allergies, plans of care, and any specific needs;

OAR414-360-1010 (4) A provider must develop a written care plan at the time of enrollment, or when an allergy is identified, for each enrolled child who has an allergy that poses a threat to the child’s health, safety and wellbeing. The plan must include instructions regarding the allergen and steps to be taken to avoid the allergen; signs and symptoms of an allergic reaction; and a detailed treatment plan including the names, doses, and methods of prompt administration of any medication in response to allergic reactions. In addition: **(a)** The parent must be notified immediately of any suspected allergic reactions or if the child consumed or came in contact with the allergen, even if a reaction did not occur; **(b)** If epinephrine is administered, emergency medical services must be contacted immediately, and, CCLD must be notified by 5:00pm the next business day; **(c)** All caregivers involved in care of the child must be trained on the written care plan; **(d)** Specific food allergies must be shared with all caregivers that prepare and serve food; and **(e)** A list of each child’s allergies should be easily accessible for caregivers but not visible to those who are not parents or guardians of the enrolled child.

OAR 414-360-1050 When caring for a child who has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who requires health and related services of a type or amount beyond that required by children generally, a certified child care center must have a written care plan that includes: **(6)** Allergies;

Registered Family Child Care Homes:

OAR 414-205-0270(4) A provider must immediately notify parents or an emergency contact if the parent cannot be reached and document if their child:
(d) Has experienced any suspected allergic reactions, as well as the ingestion of or contact with the allergen even if a reaction did not occur;

OAR 414-210-1010 (4) A provider must develop a written care plan at the time of enrollment, or when an allergy is identified, for each enrolled child who has an allergy that poses a threat to the child’s health, safety and wellbeing. The plan

must include instructions regarding the allergen and steps to be taken to avoid the allergen; signs and symptoms of an allergic reaction; and a detailed treatment plan including the names, doses, and methods of prompt administration of any medication in response to allergic reactions. In addition: (a) The parent must be notified immediately of any suspected allergic reactions or if the child consumed or came in contact with the allergen, even if a reaction did not occur; (b) If epinephrine is administered, emergency medical services must be contacted immediately, and, CCLD must be notified by 5:00pm the next business day; (c) All caregivers involved in care of the child must be trained on the written care plan; (d) Specific food allergies must be shared with all caregivers that prepare and serve food;

OAR 414-360-1050 When caring for a child who has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who requires health and related services of a type or amount beyond that required by children generally, a certified child care center must have a written care plan that includes: (6) Allergies;

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (25) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider and parents, and, if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (25) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider and parents, and, if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (25) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider and parents, and, if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For Licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy**

Programs.

Certified School-Age Centers

OAR 414-310-0550 (5) A School-Age Center must develop a written care plan at the time of enrollment, or when an allergy is identified, for each enrolled child who has an allergy that poses a threat to the child’s health, safety, and wellbeing. The plan must include instructions regarding the allergen and steps to be taken to avoid the allergen; signs and symptoms of an allergic reaction; and a detailed treatment plan including the names, doses, and methods of prompt administration of any medication in response to allergic reactions. In addition,

- (a) The parent must be notified immediately of any suspected allergic reactions or if the child consumed or came in contact with the allergen, even if a reaction did not occur;**
- (b) If epinephrine is administered, emergency medical services must be contacted immediately, and, Office of Child Care must be notified within 24 hours;**
- (c) All staff involved in care of the child must be trained on the written care plan;**
- (d) Specific food allergies must be shared with all staff that prepare and serve food; and**
- (e) A list of each child’s allergies should be easily accessible for staff but not visible to those who are not parents or guardians of the enrolled child.**

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers: OAR 414-305-0210 (2) A certified child care center’s written plan must clearly define roles and responsibilities for all staff in an emergency and identify the center’s procedures for:** (d) Responding to health and safety emergencies or suspected abuse of children, staff, volunteers, or family members occurring while they are on the premises of the center;
(e) Notifying emergency authorities, including the poison control center, when necessary; (i) Responding to serious illness, serious injury or death of a child or staff
(k) Addressing the needs of individual children, including children with disabilities or other specific needs, and children with chronic medical conditions; (l) Ensuring children’s emergency contact information and medical authorization and staff emergency contact information is accessible during and after an emergency; **OAR 414-305-1010(5) (a) The parent must be notified immediately of any suspected allergic reactions or if the child consumed or came in contact with the allergen, even if a reaction did not occur;**
(b) If epinephrine is administered, emergency medical services must be contacted immediately, and, Child Care Licensing Division must be notified within 24 hours;
(c) All staff involved in care of the child must be trained on the written care plan;
(d) Specific food allergies must be shared with all staff that prepare and serve

food; and

A list of each child's allergies should be easily accessible for staff but not visible to those who are not parents or guardians of the enrolled child.

ONB Programs

OAR 414-320-0210

- (1) A certified ONB program must have a written plan for emergency preparedness that ONB program staff will follow, unless otherwise instructed by emergency personnel.
- (2) The emergency preparedness plan must be specific to the certified ONB premises and able to be implemented during hours of operation.
- (3) The emergency preparedness plan must address the following in all emergencies:
 - (b) Addressing the needs of individual children, including children with disabilities or other specific needs, and children with chronic medical conditions;
- (4) The emergency preparedness plan must address procedures for:
 - (d) Medical emergencies, such as: serious illness, serious injury or death of a child or staff, including what the certified ONB program staff will do if a staff member has an emergency to ensure children are not left unsupervised;

OAR 414-320-1010, Illness

- (5) A certified ONB program must develop a written care plan at the time of enrollment, or when an allergy is identified, for each enrolled child who has an allergy that poses a threat to the child's health, safety and wellbeing. The plan must include instructions regarding the allergen and steps to be taken to avoid the allergen; signs and symptoms of an allergic reaction; and a detailed treatment plan including the names, doses, and methods of prompt administration of any medication in response to allergic reactions. In addition:
 - (a) The parent must be notified immediately of any suspected allergic reactions or if the child consumed or came in contact with the allergen, even if a reaction did not occur;
 - (b) If epinephrine is administered, emergency medical services must be contacted immediately, and DELC must be notified by 5:00pm the next business day;

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR 414-360-0210 (1) A provider must have a written plan for emergency preparedness that addresses evacuation, relocation, shelter-in-place and lockdown procedures, and responding to medical emergencies and other incidents. The plan must be followed, unless otherwise instructed by emergency personnel. (2) The plan must include the provider's procedures for: (h) Responding to serious illness, serious injury or death of a child or caregiver; (j) Addressing the needs of individual children, including children with disabilities or other specific needs, and children with chronic medical conditions;

OAR 414-360-0270(4) A provider must immediately notify parents or an emergency contact if the parent cannot be reached and document if their child:
(d) Has experienced any suspected allergic reactions, as well as the ingestion of or contact with the allergen even if a reaction did not occur;

OAR414-360-1010 (4) A provider must develop a written care plan at the time of enrollment, or when an allergy is identified, for each enrolled child who has an allergy that poses a threat to the child’s health, safety and wellbeing. The plan must include instructions regarding the allergen and steps to be taken to avoid the allergen; signs and symptoms of an allergic reaction; and a detailed treatment plan including the names, doses, and methods of prompt administration of any medication in response to allergic reactions. In addition: **(a)** The parent must be notified immediately of any suspected allergic reactions or if the child consumed or came in contact with the allergen, even if a reaction did not occur; **(b)** If epinephrine is administered, emergency medical services must be contacted immediately, and, CCLD must be notified by 5:00pm the next business day;

Registered Family Child Care Homes

OAR 414-210-0210 (1) A provider must have a written plan for emergency preparedness that addresses evacuation, relocation, shelter-in-place and lockdown procedures, and responding to medical emergencies and other incidents. The plan must be followed, unless otherwise instructed by emergency personnel. **(2)** The plan must include the provider's procedures for: **(h)** Responding to serious illness, serious injury or death of a child or caregiver; **(j)** Addressing the needs of individual children, including children with disabilities or other specific needs, and children with chronic medical conditions;

OAR 414-210-0270(4) A provider must immediately notify parents or an emergency contact if the parent cannot be reached and document if their child:
(d) Has experienced any suspected allergic reactions, as well as the ingestion of or contact with the allergen even if a reaction did not occur;

OAR 414-210-1010 (4) A provider must develop a written care plan at the time of enrollment, or when an allergy is identified, for each enrolled child who has an allergy that poses a threat to the child’s health, safety and wellbeing. The plan must include instructions regarding the allergen and steps to be taken to avoid the allergen; signs and symptoms of an allergic reaction; and a detailed treatment plan including the names, doses, and methods of prompt administration of any medication in response to allergic reactions. In addition: **(a)** The parent must be notified immediately of any suspected allergic reactions or if the child consumed or came in contact with the allergen, even if a reaction did not occur; **(b)** If epinephrine is administered, emergency medical services must be contacted immediately, and, CCLD must be notified by 5:00pm the next business day;

iii. All CCDF-eligible licensed in-home care. Provide the standard::

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0050 (3) The provider shall report to CCLD: (c) Any serious injury or incident, as defined in OAR 414-180-0010(21) within 5 calendar days after the occurrence.

414-180-0015(25) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider and parents, and, if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan.

Plans and responses to emergencies due to food allergies is a topic covered in the required training, "Introduction to Child Care Health and Safety".

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (25) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider and parents, and, if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan.

OAR 414-180-0050 (3) The provider shall report to CCLD: (c) Any serious injury or incident, as defined in OAR 414-180-0010(21) within 5 calendar days after the occurrence.

414-180-0015(25) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider and parents, and, if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan.

Plans and responses to emergencies due to food allergies is a topic covered in the required training, "Introduction to Child Care Health and Safety".

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0015 (25) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider and parents, and, if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan.

OAR 414-180-0050 (3) The provider shall report to CCLD: (c) Any serious injury or incident, as defined in OAR 414-180-0010(21) within 5 calendar days after the occurrence.

414-180-0015(25) If a child with allergies is enrolled who needs a specific plan for

caring for that child, such a plan shall be developed in writing between the provider and parents, and, if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan. Plans and responses to emergencies due to food allergies is a topic covered in the required training, "Introduction to Child Care Health and Safety".

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.**

Certified School-Age Centers

OAR 414-310-0550 (5) (a) The parent must be notified immediately of any suspected allergic reactions or if the child consumed or came in contact with the allergen, even if a reaction did not occur;
(b) If epinephrine is administered, emergency medical services must be contacted immediately, and, Office of Child Care must be notified within 24 hours;
(c) All staff involved in care of the child must be trained on the written care plan;
(d) Specific food allergies must be shared with all staff that prepare and serve food; and
(e) A list of each child's allergies should be easily accessible for staff but not visible to those who are not parents or guardians of the enrolled child.

414-180-0015(25) If a child with allergies is enrolled who needs a specific plan for caring for that child, such a plan shall be developed in writing between the provider and parents, and, if necessary, outside specialists. All caregivers who come in contact with that child shall be fully aware of the plan. Plans and responses to emergencies due to food allergies is a topic covered in the required training, "Introduction to Child Care Health and Safety".

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **OAR 414-305-0840(1) A certified child care center must ensure that all toxic or potentially dangerous items, such as cleaning supplies and equipment, poisonous and toxic materials, and flammable and corrosive materials, are inaccessible to children, as defined in OAR 414-305-0100(24). (a) Toxic substances must be stored separately from medication, food service equipment, and food supplies. (b) Sanitizing and disinfecting solutions must be inaccessible to children. (c) Products including toxic substances must be stored and used according to the manufacturer's instructions, including not storing products near heat sources. (d) Products must be stored in the original labeled containers. Any smaller containers or solutions mixed by staff must be labeled with the contents of the container. (2) When an**

environmental concern or potentially harmful environmental pollutants are identified, a certified child care center must evaluate and work collaboratively with appropriate agencies to mitigate the concern. (3) A certified child care center must take steps to prevent children's exposure to the following if they exist on the premises: (a) Lead based paint. Any building or play structure constructed before 1978 that has peeling, flaking, chalking, or failing paint must be tested for lead. If lead-based paint is found, the center must contact the Oregon Health Authority within five working days and follow their required procedures for remediation of the lead hazard. (b) Plumbing and fixtures containing lead or lead solders; (c) Asbestos; (d) Toxic mold; and (e) Other identified toxins or hazards. (4) A certified child care center and staff must recognize, address, or remove potentially dangerous items and situations, using protective barriers to prevent children's access, if needed. A certified child care center must: (a) Inspect the indoor and outdoor play areas and equipment daily for hazards, such as missing parts or broken equipment, sharp edges, splinters, and trash; (b) Ensure open containers of water such as bathtubs, buckets, and mop pails are emptied immediately after use. (c) Store personal items belonging to staff members according to applicable rules; (d) Store diaper bags out of children's reach; (e) Securely anchor large, heavy, or unstable objects such as furniture, televisions, bookcases, and wall cabinets into a wall stud with braces, brackets, anchors or wall straps to prevent tipping over; (f) Ensure children under the age of 3 years do not have access to items that have a diameter or overall dimension of one and three quarter (1 ¾) inches or less, such as disc batteries, coins, magnets, toys or parts that may become detached from other equipment or objects; (g) Ensure children under the age of 3 years do not have access to ties, long scarves, necklaces, and boas unless used during a structured learning activity where a staff member is within arm's reach; (h) Ensure sand boxes are free of animal waste and trash; and (i) Ensure that all plastic bags that are large enough to fit over a child's head are inaccessible to children. (5) A certified child care center must not permit any tobacco products such as cigarettes, cigars, and smokeless or vaping devices, illegal drugs, drug paraphernalia, hemp, marijuana, and marijuana infused products, or alcohol on the premises during operating hours or when children are present. This includes:

(a) The playground; (b) Within 10 feet of any entrance, exit, or window that opens

or any ventilation intake that serves an enclosed area; or (c) In any center vehicles or on any field trip. (6) A certified child care center must not permit the possession or storage of guns, firearms, weapons, or ammunition on the center premises at any time. (8) A certified child care center must keep the center free of insects, rodents, and other pests. (a) Automatic insecticide dispensers, vaporizers, or fumigants must not be used. (b) Pest control products must not be applied or used when children are present. After their application, children must not enter the area until indicated by the manufacturer's instructions.

**ONB Programs:
OAR 414-320-0370, Orientation and Initial Training**

(1) A certified ONB program must ensure that all staff, including substitutes, receive an orientation within the first 10 days of hire and before staff have unsupervised access to children. An orientation must include, but is not limited to:

- (d) Premises safety including identification and protection from hazards such as electrical hazards, bodies of water, and vehicular traffic;

OAR 414-320-0840, Prevention and Management of Hazards

(1) A certified ONB program must ensure that all toxic or potentially dangerous items, such as cleaning supplies and equipment, poisonous and toxic materials, and flammable and corrosive materials, are inaccessible to children, as defined in OAR 414-320-0100(26).

- (a) Toxic substances must be stored separately from medication, food service equipment, and food supplies.

- (b) Sanitizing and disinfecting solutions must be inaccessible to children.

- (c) Products including toxic substances must be stored and used according to the manufacturer's instructions, including not storing products near heat sources.

- (d) Products must be stored in the original labeled containers. Any smaller containers or solutions mixed by staff must be labeled with the contents of the container.

(2) When an environmental concern, including potentially harmful environmental pollutants, is identified, a certified ONB program must evaluate and work collaboratively with appropriate agencies to mitigate the concern.

(3) If the certified ONB program operates on a site undergoing remedial work by the Oregon Department of Environmental Quality (DEQ), the certified ONB program must take additional steps to ensure children do not ingest contaminated soil.

(4) A certified ONB program must take steps to prevent children's exposure to the following, if they exist on the premises:

- (a) Lead based paint. Any building or play structure constructed before 1978 that has peeling, flaking, chalking, or failing paint must be tested for lead. If lead-based paint is found, the certified ONB program must contact the Oregon Health Authority within five working days and follow their required procedures for remediation of the lead hazard.

- (b) Plumbing and fixtures containing lead or lead solders;

- (c) Asbestos;

- (d) Toxic mold; and

- (e) Other identified toxins or hazards.

(5) A certified ONB program and staff must recognize, address, or remove potentially dangerous items and situations, using protective barriers to prevent children's access, if determined by DELC to be necessary. A certified ONB program must:

- (a) Inspect the outdoor play areas and equipment daily for hazards, such as missing parts or broken equipment, sharp edges, splinters, and trash. All equipment with broken parts or damage must be repaired as soon as possible and must be inaccessible to children until repairs are made according to the manufacturer's instructions, if available;

- (b) Inspect and mitigate any hazards related to natural materials of a certified ONB program, such as removing broken limbs from climbing trees;

- (c) Visually inspect meeting spaces and outdoor classrooms or other commonly used spaces prior to children arriving. A certified ONB program must have a method of removing or mitigating any hazard on ONB licensed space such as, but not limited to, loose overhead branches, hazardous materials or devices left in public spaces, wildlife, or wildlife droppings;
 - (d) Ensure open containers of water such as bathtubs, buckets, and mop pails are emptied immediately after use;
 - (e) Store personal items belonging to staff members according to applicable rules; and
 - (f) Ensure that all plastic bags that are large enough to fit over a child's head are inaccessible to children.
- (6) A certified ONB program must not permit any tobacco products such as cigarettes, cigars, and smokeless or vaping devices, illegal drugs, drug paraphernalia, hemp, marijuana and marijuana infused products, or alcohol on the premises during operating hours or when children are present. This includes in any certified ONB program vehicles or on any field trips. If the certified ONB program is operated on public land and the law allows members of the public to smoke in the area, the certified ONB program must reasonably protect children from second-hand smoke.
- (7) A certified ONB program must not permit the possession or storage of guns, firearms, weapons, or ammunition on the certified ONB program premises at any time, unless the certified ONB program operates on property containing a residential home and the residential home is under the control of the certified ONB program. In this case, firearms, ammunition, and other potentially hazardous equipment within the home shall be kept under lock, such as a key, combination, or biometric lock. A child safety lock or trigger lock does not meet this requirement. In addition:
- (a) Firearms, pellet or BB guns must be unloaded and kept in areas not used by child care children; and
 - (b) Ammunition shall be stored separately from firearms.
- (8) A certified ONB program operating in natural environments must prevent and manage the children's exposure to toxic or infectious agents, such as potentially toxic animal waste, bee stings, and potentially toxic plants or fungi. When appropriate, certified ONB program staff must check children for ticks.
- (9) A certified ONB program must notify staff, parents, and guardians if pesticides or herbicides are applied on or near the ONB program space.
- (10) A certified ONB program operating on private or public land must work with the owners or park directors or their designees to comply with the following:
- (a) The certified ONB program must take steps to prevent attracting pests including, but not limited to, identifying and removing food and water sources that attract pests.
 - (b) Indoor and outdoor areas in and around the licensed space must be inspected for evidence of potentially hazardous pests. The certified ONB program must document the date and location if evidence is found and take appropriate pest mitigation measures.
 - (c) If pesticides or herbicides are used, except in the case of an emergency such as the discovery of a wasp nest, the certified ONB program must notify the

parents or guardians of enrolled children at least 48 hours before application what pesticide or herbicide will be applied and where it will be applied.

(d) Pesticides or herbicides must not be applied to certified ONB program space when children are present. Children must be excluded from areas where pesticides or herbicides are applied per the pesticide or herbicide manufacturer's instructions.

(11) A certified ONB program must take precautions to protect children from vehicular traffic including but not limited to:

(a) Requiring drop off and pick up only at the curb or at an off-street location protected from traffic; and

(b) Ensuring that any adult who supervises drop-off and loading can see and ensure that children are clear of the perimeter of all vehicles before any vehicle moves.

OAR 414-320-0810, Utilities

(1) A certified ONB program must ensure that children do not have access to heating equipment such as furnaces, fireplaces, stoves, floor and wall furnace grates, steam and hot water pipes, electric space heaters, gas heaters, or cooling equipment such as, air conditioner compressors, and fans.

(2) A certified ONB program's heating equipment must be safe to operate.

(a) Flammable materials including papers, curtains, and furniture must be at least 3 feet from furnaces, fireplaces, or other heating devices, unless manufacture's specifications require a greater distance.

(b) Heating units that involve flame must be vented properly and supplied with a source of combustion air that meets the manufacturer's installation requirements.

(c) Portable electric and gas space heaters must:

(A) Be attended while in use and be off when unattended;

(B) Have an automatic shut off feature for tipping over and overheating

(C) Have protective covering to keep hands and objects away from the electric heating element;

(D) Bear the safety certification mark of a nationally recognized testing laboratory;

(E) Be placed only on the floor;

(F) Be properly vented, as required for proper functioning; and

(G) Be used according to the manufacturer's instructions.

(d) Fireplaces, fireplace inserts, and wood/corn pellet stoves, if used, must:

(A) Have a secure, stable protective safety screen;

(B) Be installed in accordance with the local or regional building code and the manufacturer's installation instructions; and

(C) Be inspected and cleaned annually.

(3) A certified ONB program's electrical system must not pose a risk to children.

(a) Unused electrical outlets accessible to preschool-age children must be tamper-resistant or have outlet covers that are not easily removed by children.

(b) Electrical wiring and power strips with surge protectors must be inaccessible to children.

(c) Electrical cords must be in good working condition, not torn or frayed, and not have any exposed wires.

(d) Extension cords may only be used for a brief, temporary purpose and must

not replace direct wiring.

(e) Electrical products plugged into an outlet near a water source such as a sink, water table, or swimming pool, must use a special outlet called a ground fault circuit interrupter (GFCI).

(4) Except for certified ONB programs that operate on public park land or operate on public school premises, a certified ONB program must comply with all light fixture manufacturers' installation and use requirements, and must ensure compliance with the following requirements:

(a) Light fixtures must have shatter-resistant light bulbs, covers, or both;

(b) Lights or light fixtures used indoors must be designed for indoor use only;

(c) Lights or light fixtures used outdoors must be designed for outdoor use only;

(d) Free standing lamps must be attached or secured to prevent tipping; and

(e) Halogen lamps and bulbs are prohibited.

(5) A certified ONB program must not use carpet in food preparation areas or restrooms.

OAR 414-320-0860, Fire Protection

(1) Certified ONB programs receiving a fire safety inspection or consultation as referenced in OAR 414-320-0130, Application Process, must follow the requirements and recommendations of the fire code official.

(2) Certified ONB programs utilizing indoor space for any purpose, to include emergency shelter, must comply with the requirements of the Oregon Structural Specialty Code.

(3) To ensure a safe environment for children in care, a certified ONB program must comply with all applicable fire safety requirements. A certified ONB program must also comply with the following:

(a) Combustible materials, which include, but are not limited to, gasoline, natural gas, diesel, fuel, propane, rags soaked in combustible materials, oils, chemicals, or solvents, must be properly discarded pursuant to requirements of the local jurisdiction and the currently adopted Oregon Fire Code, removed from the premises, or properly stored in closed containers specifically designed to hold such combustible materials and not be accessible to children in care. Gasoline and diesel fuels may be stored in plastic containers designed for that purpose.

(b) Furnaces and other heating devices:

(A) Paper, rubbish, or other combustible materials must be at least three feet from furnaces, fireplaces, campfires, or other heating devices, unless manufacturer specifications require a greater distance.

(B) An appliance or heating device that has a surface capable of burning a child or reaching 110 degrees Fahrenheit must be inaccessible to children in care unless a certified ONB program activity involves such appliances or devices and children are supervised at all times during the activity.

(c) Open flame devices, candles, matches, and lighters:

(A) A certified ONB program must not use open flame devices, other than gas kitchen ranges, camp stove used in compliance with OAR 414-320-1100, Kitchen and Food Service Areas, campfires used in compliance with OAR 414-320-1330, Campfire Activity Supervision and Safety, or the brief supervised use of candles.

(B) Matches, lighters, and other fire starters may only be used by certified ONB program staff and must be kept inaccessible to children.

(d) Portable heaters or fuel-powered generators must not be used on certified ONB program premises during operating hours, unless portable heaters are necessary to keep children warm in cold weather. If the heating device reaches over 110 degrees Fahrenheit, children must be supervised, and children must remain out of reach of the heater to avoid accidental burns.

(e) Chimneys, fireplaces, gas burning fireplaces, wood stoves or similar wood-burning devices and portable outdoor fireplaces must be inspected annually by a state or locally certified inspector, unless the certified ONB program submits to DELC a written statement that the chimney, fireplace, wood stove or similar wood-burning device or portable outdoor fireplace will not be used at any time. ONB programs operating on public land do not have to provide inspection certificates for publicly provided fire pits or wood burning barbeques.

(4) Certified ONB programs must have and maintain at least one working fire extinguisher with a minimum rating of 2A:10 BC in each outdoor classroom.

(a) If additional fire extinguishers are required by the currently adopted Oregon Fire Code, a certified ONB program must have the size, type, and number of fire extinguishers maintained and tested on an annual basis.

(b) Certified ONB programs operating with any approved indoor space or engaging in campfire or outdoor cooking activities must have and maintain working fire extinguishers that are marked with a minimum rating of 2A:10 BC.

(c) Fire extinguishers must be readily available for use in case of an emergency; and

(d) For certified ONB programs operating in a public park location that do not allow the use of fire extinguishers, alternative fire suppression equipment, such as buckets of water must be available.

(5) A certified ONB program must have smoke detectors that are installed, maintained, and tested as required by the fire code official in any approved indoor space.

(6) A carbon monoxide alarm or detector must be installed and tested in accordance with the manufacturer's recommended instructions and located in accordance with the applicable building and/or fire code in any approved indoor space.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR 414-360-0840

(1) A provider must ensure that the following items are inaccessible to children as defined in OAR 414-360-0100(21): (a) All toxic or potentially dangerous items; (b) Cleaning, sanitizing and disinfecting supplies and equipment; (c) Poisonous plants; (d) Tobacco products, smokeless or vaping devices; (e) Alcohol; (f) Flammable materials, including matches and lighters, and corrosive materials; (g) Knives and other sharp objects; and (h) Motorized yard or power tools.

(2) Toxic substances must be stored separately from medication, food service equipment, and food supplies.

(3) Products must be stored in the original labeled containers. Any smaller

containers or solutions mixed by caregivers must be labeled with the contents of the container.

(4) A provider must take steps to prevent children's exposure to the following, if they exist on the premises: (a) Any sources of lead and lead based paint. Painted surfaces must be in good condition, both inside and outside, to avoid exposing children to lead-based paint; (b) Asbestos; (c) Toxic mold; and (d) Other identified toxins and hazards.

(5) A provider must recognize, address or remove potentially dangerous items and situations, using protective barriers to prevent children's access, if needed. Caregivers must: (a) Regularly inspect the indoor and outdoor play areas and equipment for hazards, such as missing parts or broken equipment, sharp edges, splinters, and trash; (b) Ensure open containers of water such as bathtubs, buckets, and mop pails are emptied immediately after use; (c) Ensure sand boxes are free of animal waste and trash; and (d) Ensure that all plastic bags that are large enough to fit over a child's head are inaccessible to children.

(6) A provider must not permit the use of any tobacco products such as cigarettes, cigars, and smokeless or vaping devices, drug paraphernalia, hemp, marijuana and marijuana infused products on the premises during operating hours or when child care children are present. This includes: (a) In the child care home; (b) In the outdoor play area; (c) Within 10 feet of any entrance, exit, or window that opens or any ventilation intake that serves an enclosed area; or (d) In any vehicles where child care children are present or on any field trip.

(7) All marijuana, marijuana derivatives and associated paraphernalia must be stored through one of the following methods: (a) Under a child safety device or child safety lock; or (b) In a locked room

(8) No one shall grow or distribute marijuana on the certified family child care premises.

(9) No one shall consume alcohol on the certified family child care premises during operating hours or when child care children are present.

(10) Firearms, BB guns, pellet guns and arrows must be kept under lock and stored in an area not used by child care children. (a) Ammunition must be stored and locked separately. (b) Firearms, BB guns, and pellet guns must be kept unloaded.

(11) Firearms, BB guns, pellet guns and arrows must be kept under lock, such as a key, combination, or biometric lock and stored in an area not used by child care children. A child safety lock or trigger lock does not meet this requirement.

(12) A provider must keep the home free of insects, rodents, and other pests. (a) Automatic insecticides dispensers, vaporizers, or fumigants must not be used. (b) Pest control products must not be applied or used when child care children are present. After their application, child care children must not enter the area until indicated by the manufacturer's instructions.

(13) A provider must take precautions to protect children from vehicular traffic: (a) Require drop off and pick up only at the curb or at an off-street location protected from traffic; and (b) Assure that any caregiver who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

OAR 414-360-0810(3) All floors of the home used for child care activities must have two exits. (a) One exit on each floor must be a door that exits directly outside to ground level and meets the following requirements: (A) The door may not exit through a garage or carport. (B) The door must be able to be opened from the inside without the use of a key, or special knowledge or effort. (C) The interior pathway leading to the door must not: (i) Be within three feet of a permanently installed cooking appliance; nor (ii) Be required to pass through a storage room or through a room that can be locked to prevent access. (b) The second exit may either be a door that exits directly outside to ground level or an operable window that meets the following requirements: (A) A minimum net clear opening of 5 square feet; (B) A minimum net clear height of 24 inches; (C) A minimum net clear width of 20 inches; (D) The bottom of the opening located no more than 44 inches from the finished floor; and (E) The bottom of the opening located no more than 48 inches off of the ground outside of the home. If higher than 48 inches, steps or a platform must be placed under the window to reduce the distance to 48 inches. (c) All rooms used for child care activities must have two exits. Exits may include: (A) A door leading directly outside to ground level; (B) A door leading to another room or hallway; or (C) A window meeting the requirements identified in OAR 414-360-0810(2)(b).

414-360-0810(8) A provider must ensure that children do not have access to heating equipment such as furnaces, fireplaces, stoves, steam and hot water pipes, and electric space heaters. (9) A certified family child care's heating equipment must be safe to operate. (a) Flammable materials including papers, curtains, and furniture must be at least 3 feet from furnaces, fireplaces, and other heating devices. (b) Fireplaces, fireplace inserts, and wood/corn pellet stoves, if used, must: (A) Have a secure, stable protective barrier; and (B) Be inspected and cleaned annually. (c) Portable electric space heaters must: (A) Be attended while in use and be off when unattended; (B) Have an automatic shut off feature for tipping over and overheating; (C) Have protective covering to keep hands and objects away from the electric heating element; (D) Bear the safety certification mark of a nationally recognized testing laboratory; (E) Be placed only on the floor; (F) Be properly vented, as required for proper functioning; and (G) Be used according to the manufacturer's instruction

OAR 414-360-0860 (1) Doorways, evacuation routes, and exits must be kept free of materials, furniture, equipment and debris to allow unobstructed access to the outdoors. The provider must complete a daily inspection to ensure that evacuation routes are clear and exits, including doors and escape windows, are operable.

(2) Flammable and combustible materials: (a) Must be stored in the original container or a safety container; (b) Must not be stored within 4 feet of furnaces, other flame or heat-producing equipment, or fuel-fired water heaters; and (c) If over a gallon, kept in an unattached building, such as a shed or garage.

(3) Heating and air vents, filters and dryer vents must be cleaned regularly to prevent lint buildup.

(4) Items with open flames must not be used, except for the brief supervised use of candles.

(5) If fire safety concerns are identified during inspection, CCLD staff may consult with the fire code official and after consultation, may request that the fire code official complete a fire life safety inspection.

(6) There must be at least one 2-A-10 BC rated fire extinguisher on each floor of the home, unless the floor is not under the direct control of the provider. (a) Fire extinguishers on floors where child care occurs must be designated on the floor plan required in OAR 414-360-0260(2) and either mounted or stored along the primary evacuation route. Fire extinguishers must be easily accessible and visible. 414-360-0860 Fire Protection Certified Family Child Care Rules | CCLD-0085 | page 55 (b) If fire extinguishers are stored in a cabinet or closet, they must be mounted and there must be a sign indicating that the fire extinguisher is located inside. Obstructions, including furniture, storage of supplies, or any other items shall not be placed in a manner that blocks access to the cabinet or closet. (c) The provider must inspect the fire extinguishers monthly and the inspection must be documented.

(7) Smoke alarms and carbon monoxide detectors must be: (a) Installed on each floor level of the home and in any area where children nap. If installed outside of a room used for napping, it must be located within 6 feet of the doorway to the room; (b) Maintained in operating order; and (c) Tested monthly to ensure they are in working order. The test must be documented.

(8) Fire drills must be practiced monthly at various times during child care operating hours. (a) Fire drills must include a drill using an alternate evacuation route at least once per year. (b) A fire drill must be conducted when required by CCLD during an announced visit. (c) Caregivers must have an alert method (for example, a smoke alarm, strobe light, loud bell or whistle) to warn the occupants of the home of an emergency or drill. (d) A certified family child care must demonstrate efforts to complete full evacuation of caregivers and child care children within three minutes. If unable to evacuate within three minutes, the provider must engage in additional efforts including one or more of the following: (A) Using evacuation cribs, strollers/buggies, or wagons; (B) Providing caregivers with additional training; (C) Giving children specific tasks to complete during the drill, such as holding onto a safety walking rope; (D) Providing children with clear and direct instructions that are age-appropriate about what is happening during the drill; (E) Reviewing and editing emergency plans and evacuation routes; (F) Conducting additional evacuation drills; (G) Incorporating fire safety planning into curriculum; and (H) Other strategies identified by CCLD. (e) One other aspect of the emergency preparedness and response plan in addition to the monthly fire drills shall be practiced at least every other month and must follow the recording requirements listed in OAR 414-360-0860(9).

OAR 414-360-0810 (4) All floors of the home used for child care activities must have two exits. (a) One exit on each floor must be a door that exits directly outside to ground level and meets the following requirements: (A) The door may not exit through a garage or carport. (B) The door must be able to be opened from the inside without the use of a key, or special knowledge or effort. (C) The interior pathway leading to the door must not: (i) Be within three feet of a permanently

installed cooking appliance; nor (ii) Be required to pass through a storage room or through a room that can be locked to prevent access. (b) The second exit may either be a door that exits directly outside to ground level or an operable window that meets the following requirements: (A) A minimum net clear opening of 5 square feet; (B) A minimum net clear height of 24 inches; (C) A minimum net clear width of 20 inches; (D) The bottom of the opening located no more than 44 inches from the finished floor; and (E) The bottom of the opening located no more than 48 inches off of the ground outside of the home. If higher than 48 inches, steps or a platform must be placed under the window to reduce the distance to 48 inches.

(13) A provider must ensure the following home safety measures: (a) Phone service is available in the home during operating hours. (b) Floors must be free of splinters, large unsealed cracks, sliding rugs and other hazards. (c) Windows above the ground floor that are accessible to children preschool-age and younger must be equipped with a lock to prevent opening more than 4 inches. (d) Vertical blinds, continuous looped blinds, and drapery cords must either be out of reach of children or have tension or tie-down devices to hold the cords tight. (e) Indoor platforms and lofts more than 30 inches in height must have protective barriers. (f) A movable barrier, e.g. baby gate, must be placed at the top and/or bottom of all stairways accessible to infants and toddlers. (g) Clear glass panels must be clearly marked at children's eye level.

Registered Family Child Care Homes:

ORAR 414-210-0840 (1) A provider must ensure that the following items are inaccessible to children as defined in ORAR 414-210-0100(19): (a) All toxic or potentially dangerous items; (b) Cleaning, sanitizing and disinfecting supplies and equipment; (c) Poisonous plants; (d) Tobacco products, smokeless or vaping devices; (e) Alcohol; (f) Flammable materials, including matches and lighters, and corrosive materials; (g) Knives and other sharp objects; and (h) Motorized yard or power tools.

(2) Toxic substances must be stored separately from medication, food service equipment, and food supplies.

(3) Products must be stored in the original labeled containers. Any smaller containers or solutions mixed by caregivers must be labeled with the contents of the container.

(4) A provider must take steps to prevent children's exposure to the following, if they exist on the premises: (a) Any sources of lead and lead based paint. Painted surfaces must be in good condition, both inside and outside, to avoid exposing children to lead-based paint; (b) Asbestos; (c) Toxic mold; and (d) Other identified toxins and hazards.

(5) A provider must recognize, address or remove potentially dangerous items and

situations, using protective barriers to prevent children's access, if needed. Caregivers must: (a) Regularly inspect the indoor and outdoor play areas and equipment for hazards, such as missing parts or broken equipment, sharp edges, splinters, and trash; (b) Ensure open containers of water such as bathtubs, buckets, and mop pails are emptied immediately after use; (c) Ensure sand boxes are free of animal waste and trash; and (d) Ensure that all plastic bags that are large enough to fit over a child's head are inaccessible to children.

(6) A provider must not permit the use of any tobacco products such as cigarettes, cigars, and smokeless or vaping devices, drug paraphernalia, hemp, marijuana and marijuana infused products on the premises during operating hours or when child care children are present. This includes: (a) In the child care home; (b) In the outdoor play area; (c) Within 10 feet of any entrance, exit, or window that opens or any ventilation intake that serves an enclosed area; or (d) In any vehicles where child care children are present or on any field trip.

(7) All marijuana, marijuana derivatives and associated paraphernalia must be stored through one of the following methods: (a) Under a child safety device or child safety lock; or (b) In a locked room.

(8) No one shall grow or distribute marijuana on the registered family child care premises.

(9) No one shall consume alcohol on the registered family child care premises during operating hours or when child care children are present.

(10) No one shall possess, use or store illegal controlled substances on the registered family child care premises.

(11) Firearms, BB guns, pellet guns and arrows must be kept under lock, such as a key, combination, or biometric lock. A child safety lock or trigger lock does not meet this requirement. (a) Ammunition must be stored and locked separately. (b) Firearms, BB guns, and pellet guns must be kept unloaded.

(13) A registered family child care must keep the home free of insects, rodents, and other pests. (a) Automatic insecticides dispensers, vaporizers, or fumigants must not be used. (b) Pest control products must not be applied or used when child care children are present. After their application, child care children must not enter the area until indicated by the manufacturer's instructions.

(14) A provider must take precautions to protect children from vehicular traffic: (a) Require drop off and pick up only at the curb or at an off-street location protected from traffic; and (b) Assure that any caregiver who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

OAR 414-210-0810(9) A provider must ensure that children do not have access to heating equipment such as furnaces, fireplaces, stoves, steam and hot water pipes, and electric space heaters. (10) A registered family child care’s heating equipment must be safe to operate. (a) Flammable materials including papers, curtains, and furniture must be at least 3 feet from furnaces, fireplaces, and other heating devices. (b) Fireplaces, fireplace inserts, and wood/corn pellet stoves, if used, must: (A) Have a secure, stable protective barrier; and (B) Be inspected and cleaned annually. (c) Portable electric space heaters must: (A) Be attended while in use and be off when unattended; (B) Have an automatic shut off feature for tipping over and overheating; (C) Have protective covering to keep hands and objects away from the electric heating element; (D) Bear the safety certification mark of a nationally recognized testing laboratory; (E) Be placed only on the floor; (F) Be properly vented, as required for proper functioning; and (G) Be used according to the manufacturer’s instructions.

(14) A provider must ensure the following home safety measures (a) Phone service is available in the home during operating hours. (b) Floors must be free of splinters, large unsealed cracks, sliding rugs and other hazards. (c) Windows above the ground floor that are accessible to children preschool-age and younger must be equipped with a lock to prevent opening more than 4 inches. (d) Vertical blinds, continuous looped blinds, and drapery cords must either be out of reach of children or have tension or tie-down devices to hold the cords tight. (e) Indoor platforms and lofts more than 30 inches in height must have protective barriers. (f) A movable barrier, e.g. baby gate, must be placed at the top and/or bottom of all stairways accessible to infants and toddlers. (g) Clear glass panels must be clearly marked at children’s eye level.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-175-0080(7) (p) Ensure that the home or facility where care is provided meets all of the following standards:

(A) Each floor level used by a child has two usable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a usable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency.

(B) The home or facility has water that is safe for drinking and preparing food (see section (14) of this rule).

(C) The home or facility has a working smoke detector on each floor level and in any area where a child naps.

(D) Each fireplace, space heater, electrical outlet, wood stove, stairway, pool, pond, and any other hazard has a barrier to protect a child. Any gate or barrier may not pose a risk or hazard to any child in care.

(E) Any firearm, ammunition, and other items that may be dangerous to children, including but not limited to alcohol, inhalants, tobacco, and e-cigarette products, matches and lighters, any legally prescribed or over-the-counter medicine, cleaning supplies, paint, plastic bags, and poisonous and toxic materials are kept in a secure place out of a child's reach.

(F) The building, grounds, any toy, equipment, and furniture are maintained in a clean, sanitary, and hazard free condition.

(G) The home or facility has a telephone in operating condition.

(H) No one may smoke or carry any lighted smoking instrument, including e-cigarettes or vaporizers, in the home or facility or within ten feet of any entrance, exit, window that opens, or any ventilation intake that serves an enclosed area, during child care operational hours or anytime child care children are present. No one may use smokeless tobacco in the home or facility during child care operational hours or anytime child care children are present. No one may smoke or carry any lighted smoking instrument, including e-cigarettes and vaporizers, or use smokeless tobacco in motor vehicles while child care children are passengers.

414-180-0025 (3) Floors must be free of splinters, large, unsealed cracks, sliding rugs and other hazards. (4) Potentially aggressive animals must not be in the same physical space as the children. (5) Children shall be protected from fire and safety hazards. Providers must have the following protections in place: (a) All exposed electrical outlets in rooms used by preschool or younger children must have hard-to-remove protective caps or safety devices installed when the outlet is not in use. (b) Extension cords shall not be used as permanent wiring; (c) All appliance cords must be in good condition; (d) Multiple connectors for cords shall not be used; (e) A grounded power strip outlet with a built-in over-current protection may be used; (f) A stable barrier shall be installed to prevent children from falling into hazards, including, but not limited to: fireplaces, heaters and woodstoves that are in use when child care children are present; (g) A secure barrier shall be placed at the top and/or bottom of all stairways accessible to infants and toddlers; (6) The child care facility has a working smoke detector on each floor level and in any area where a child naps. (7) Cleaning supplies, paints, matches, lighters, and any plastic bags large enough to fit over a child's head kept under child-safety lock. (8) Other potentially dangerous items, such as medicine, drugs, sharp knives, and poisonous and toxic materials kept under child-safety lock. (9) Firearms, BB guns, pellet guns and ammunition kept under lock, with ammunition stored and locked separately. Firearms, BB guns and pellet guns must remain unloaded; (10) If any preschool age or younger children are in care, poisonous plants must be kept out of the reach of children; (11) All clear glass panels in doors clearly marked at child level. (12) Each provider must ensure that the child care facility where care is provided meets all of the following standards: (a) Each floor level used by a child has two useable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a useable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency. (b) The child care facility has a working telephone or telephone service in operating condition. (c) Emergency telephone numbers for fire, ambulance, police and poison control and the child

care facility address must be posted in a visible location. (d) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition. (e) Broken toys, furniture and equipment must be removed from areas accessible to children. (13) Wading pools are prohibited for wading.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Regulated Subsidy Programs

OAR 414-175-0080(7) (p) Ensure that the home or facility where care is provided meets all of the following standards:

(A) Each floor level used by a child has two usable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a usable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency.

(B) The home or facility has water that is safe for drinking and preparing food (see section (14) of this rule).

(C) The home or facility has a working smoke detector on each floor level and in any area where a child naps.

(D) Each fireplace, space heater, electrical outlet, wood stove, stairway, pool, pond, and any other hazard has a barrier to protect a child. Any gate or barrier may not pose a risk or hazard to any child in care.

(E) Any firearm, ammunition, and other items that may be dangerous to children, including but not limited to alcohol, inhalants, tobacco, and e-cigarette products, matches and lighters, any legally prescribed or over-the-counter medicine, cleaning supplies, paint, plastic bags, and poisonous and toxic materials are kept in a secure place out of a child's reach.

(F) The building, grounds, any toy, equipment, and furniture are maintained in a clean, sanitary, and hazard free condition.

(G) The home or facility has a telephone in operating condition.

(H) No one may smoke or carry any lighted smoking instrument, including e-cigarettes or vaporizers, in the home or facility or within ten feet of any entrance, exit, window that opens, or any ventilation intake that serves an enclosed area, during child care operational hours or anytime child care children are present. No one may use smokeless tobacco in the home or facility during child care operational hours or anytime child care children are present. No one may smoke or carry any lighted smoking instrument, including e-cigarettes and vaporizers, or use smokeless tobacco in motor vehicles while child care children are passengers.

414-180-0025 (3) Floors must be free of splinters, large, unsealed cracks, sliding rugs and other hazards. (4) Potentially aggressive animals must not be in the same physical space as the children. (5) Children shall be protected from fire and safety hazards. Providers must have the following protections in place: (a) All exposed electrical outlets in rooms used by preschool or younger children must have hard-to-remove protective caps or safety devices installed when the outlet is not in use. (b) Extension cords shall not be used as permanent wiring; (c) All appliance cords must be in good condition; (d) Multiple connectors for cords shall not be used; (e) A grounded power strip outlet with a built-in over-current

protection may be used; (f) A stable barrier shall be installed to prevent children from falling into hazards, including, but not limited to: fireplaces, heaters and woodstoves that are in use when child care children are present; (g) A secure barrier shall be placed at the top and/or bottom of all stairways accessible to infants and toddlers; (6) The child care facility has a working smoke detector on each floor level and in any area where a child naps. (7) Cleaning supplies, paints, matches, lighters, and any plastic bags large enough to fit over a child's head kept under child-safety lock. (8) Other potentially dangerous items, such as medicine, drugs, sharp knives, and poisonous and toxic materials kept under child-safety lock. (9) Firearms, BB guns, pellet guns and ammunition kept under lock, with ammunition stored and locked separately. Firearms, BB guns and pellet guns must remain unloaded; (10) If any preschool age or younger children are in care, poisonous plants must be kept out of the reach of children; (11) All clear glass panels in doors clearly marked at child level. (12) Each provider must ensure that the child care facility where care is provided meets all of the following standards: (a) Each floor level used by a child has two useable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a useable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency. (b) The child care facility has a working telephone or telephone service in operating condition. (c) Emergency telephone numbers for fire, ambulance, police and poison control and the child care facility address must be posted in a visible location. (d) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition. (e) Broken toys, furniture and equipment must be removed from areas accessible to children. (13) Wading pools are prohibited for wading.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-175-0080(7) (p) Ensure that the home or facility where care is provided meets all of the following standards:

(A) Each floor level used by a child has two usable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a usable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency.

(B) The home or facility has water that is safe for drinking and preparing food (see section (14) of this rule).

(C) The home or facility has a working smoke detector on each floor level and in any area where a child naps.

(D) Each fireplace, space heater, electrical outlet, wood stove, stairway, pool, pond, and any other hazard has a barrier to protect a child. Any gate or barrier may not pose a risk or hazard to any child in care.

(E) Any firearm, ammunition, and other items that may be dangerous to children, including but not limited to alcohol, inhalants, tobacco, and e-cigarette products, matches and lighters, any legally prescribed or over-the-counter medicine, cleaning supplies, paint, plastic bags, and poisonous and toxic materials are kept in a secure place out of a child's reach.

(F) The building, grounds, any toy, equipment, and furniture are maintained in a clean, sanitary, and hazard free condition.

(G) The home or facility has a telephone in operating condition.

(H) No one may smoke or carry any lighted smoking instrument, including e-cigarettes or vaporizers, in the home or facility or within ten feet of any entrance, exit, window that opens, or any ventilation intake that serves an enclosed area, during child care operational hours or anytime child care children are present. No one may use smokeless tobacco in the home or facility during child care operational hours or anytime child care children are present. No one may smoke or carry any lighted smoking instrument, including e-cigarettes and vaporizers, or use smokeless tobacco in motor vehicles while child care children are passengers.

414-180-0025 (3) Floors must be free of splinters, large, unsealed cracks, sliding rugs and other hazards. (4) Potentially aggressive animals must not be in the same physical space as the children. (5) Children shall be protected from fire and safety hazards. Providers must have the following protections in place: (a) All exposed electrical outlets in rooms used by preschool or younger children must have hard-to-remove protective caps or safety devices installed when the outlet is not in use. (b) Extension cords shall not be used as permanent wiring; (c) All appliance cords must be in good condition; (d) Multiple connectors for cords shall not be used; (e) A grounded power strip outlet with a built-in over-current protection may be used; (f) A stable barrier shall be installed to prevent children from falling into hazards, including, but not limited to: fireplaces, heaters and woodstoves that are in use when child care children are present; (g) A secure barrier shall be placed at the top and/or bottom of all stairways accessible to infants and toddlers; (6) The child care facility has a working smoke detector on each floor level and in any area where a child naps. (7) Cleaning supplies, paints, matches, lighters, and any plastic bags large enough to fit over a child's head kept under child-safety lock. (8) Other potentially dangerous items, such as medicine, drugs, sharp knives, and poisonous and toxic materials kept under child-safety lock. (9) Firearms, BB guns, pellet guns and ammunition kept under lock, with ammunition stored and locked separately. Firearms, BB guns and pellet guns must remain unloaded; (10) If any preschool age or younger children are in care, poisonous plants must be kept out of the reach of children; (11) All clear glass panels in doors clearly marked at child level. (12) Each provider must ensure that the child care facility where care is provided meets all of the following standards: (a) Each floor level used by a child has two useable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a useable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency. (b) The child care facility has a working telephone or telephone service in operating condition. (c) Emergency telephone numbers for fire, ambulance, police and poison control and the child care facility address must be posted in a visible location. (d) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition. (e) Broken toys, furniture and equipment must be removed from areas accessible to children. (13) Wading pools are prohibited for wading.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.**

Certified School-Age Centers

OAR 414-310-0480 (1) A School-Age Center must ensure that all toxic or potentially dangerous items, such as cleaning supplies and equipment, poisonous and toxic materials, and flammable and corrosive materials, are stored in a manner that prevents use or access by children.

(a) Toxic substances must be stored separately from medication, food service equipment, and food supplies.

(b) Products including toxic substances must be stored and used according to the manufacturer's instructions including not storing products near heat sources.

(c) Products must be stored in the original labeled containers. Any smaller containers or solutions mixed by staff must be labeled with the contents of the container.

(2) A School-Age Center must take steps to prevent children's exposure to the following if they exist on the premises:

(a) Lead based paint. Any building or play structure constructed before 1978 that has peeling, flaking, chalking, or failing paint must be tested for lead. If lead-based paint is found, the center must contact the Oregon Health Authority within 5 working days and follow their required procedures for remediation of the lead hazard;

(b) Plumbing and fixtures containing lead or lead solders;

(c) Asbestos;

(d) Toxic mold; and

(e) Other identified toxins or hazards.

(3) A School-Age Center and staff must recognize, address, or remove potentially dangerous items and situations, using protective barriers to prevent children's access, if needed. A School-Age Center must:

(a) Inspect the indoor and outdoor play areas and equipment daily for hazards, such as missing parts or broken equipment, sharp edges, splinters, and trash; and

(b) Ensure open containers of water used for children's play, such as water tables, are emptied immediately after use.

(4) A School-Age Center must not permit any tobacco products such as cigarettes, cigars, and smokeless or vaping devices, illegal drugs, drug paraphernalia, hemp, marijuana, and marijuana infused products, or alcohol on the premises during operating hours or when children are present. This includes:

(a) The playground;

(b) Within 10 feet of any entrance, exit, or window that opens or any ventilation intake that serves an enclosed area; or

(c) In any center vehicles or on any field trip.

(5) A School-Age Center must not permit the possession or storage of guns, firearms, weapons, or ammunition on the center premises at any time.

(6) A School-Age Center must ensure that all pools and other bodies of water such as hot tubs, spas, ponds, creeks, fountains, ornamental ponds, and rain barrels are

inaccessible to all children.

(a) Pools and hot tubs must be made inaccessible through one of the following methods:

(A) A locking, rigid cover;

(B) A minimum 4 foot high fence that begins at ground level, and all gates and doors that allow access are locked;

(C) Four foot non-climbable sides with pool ladder removed or inaccessible; or

(D) In a locked room or all doors that access the area are locked.

(b) If a body of water is in close proximity but not located on the premises, the center must provide a physical barrier on the property to prevent unsupervised access by children.

(7) A School-Age Center must keep the center free of insects, rodents, and other pests.

(a) Automatic insecticide dispensers, vaporizers, or fumigants must not be used.

(b) Pest control products must not be applied or used when children are present. After their application, children must not enter the area until indicated by the manufacturer's instructions.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers:**

OAR 414-305-0840(7) A certified child care center must prevent access to all pools and other bodies of water such as hot tubs, spas, ponds, creeks, fountains, ornamental ponds, and rain barrels. (a) Pools and hot tubs must be made inaccessible through one of the following methods: (A) A locking, rigid cover; (B) A minimum four foot high fence that begins at ground level, and all gates and doors that allow access are locked; (C) Four foot non-climbable sides with pool

ladder removed or inaccessible; or (D) In a locked room or all doors that access the area are locked. (b) If a body of water is in close proximity but not located on the premises, the center must provide a physical barrier on the property to prevent unsupervised access by children.

OAR 414-305-1300 (1) A certified child care center must have written permission from each child's parent before engaging in any swimming activities.

(2) A certified child care center must provide constant sight and sound

supervision of children around any body of water. (4) In natural bodies of water, such as shallow surf, lakes, rivers, and streams, the center must limit activity to wading by children 36 months of age and older and must not allow

swimming. (5) A certified child care center must not permit children to use or have access to a hot tub, spa, portable wading pool, or other similar equipment.

ONB Programs:

OAR 414-320-0370, Orientation and Initial Training

(2) A certified ONB program must ensure that all staff, including substitutes,

receive an orientation within the first 10 days of hire and before staff have unsupervised access to children. An orientation must include, but is not limited to:
(d) Premises safety including identification and protection from hazards such as electrical hazards, bodies of water, and vehicular traffic;

OAR 414-320-0920, Outdoor Areas

(4) A certified ONB program with outdoor classroom space must create barriers between that space and any immediately adjacent hazardous features, such as a ravine, cliff, or body of water more than two feet deep and six feet in diameter. These barriers may be made by natural materials and must be at least 29 inches tall for certified ONB programs enrolling only preschool-age children and 38 inches tall for certified ONB programs that enroll school-age children. If public property used by a certified ONB programs do not meet these requirements, a certified ONB program must submit and follow supervision plans to be reviewed and approved by DELC.

OAR 414-320-0930, Swimming Pools and Other Water Hazards

(1) A certified ONB program must not use a swimming pool unless it has been licensed by the Oregon Health Authority or delegated agent pursuant to Oregon Health Authority administrative rule Chapter 333, Division 60. (Also see OAR 414-320-0840, Prevention and Management of Hazards regarding access to pools and other bodies of water.)

(a) A swimming pool must not be used if the main drain cover is missing.

(b) Swimming pools must be maintained, cleaned, and sanitized according to manufacturer instructions and Oregon Health Authority or local health jurisdiction guidelines.

(c) When a swimming pool is located on the certified ONB program premises, emergency telephone numbers and the program's address must be posted near an immediately accessible telephone in the pool area.

(2) The following bodies of water must be inaccessible to children in care by using a physical barrier at least four feet tall with a locking mechanism:

(a) Swimming pools when not in use as part of the certified ONB program; and

(b) Uncovered wells, septic tanks, wastewater, wastewater tanks, below grade storage tanks, farm manure ponds, or other similar hazards.

(3) A certified ONB program must not permit children to use or have access to a hot tub, spa, portable wading pool, or other similar equipment. Hot tubs and spas must be secured by a locking cover or physical barrier.

(4) A certified ONB program operating near a natural body of water must provide a physical barrier or physical boundary to adjacent bodies of water pursuant to OAR 414-320-0920(4), Outdoor Areas, and must provide supervision pursuant to OAR 414-320-0500, Supervision of Children.

OAR 414-320-1300, Swimming and Water Activities

(1) A certified ONB program must have written permission from each child's parent before engaging in any swimming or water activities.

(2) A certified ONB program must provide supervision of children around any bodies of water.

(3) A certified ONB program located within a quarter mile of an accessible body

of water must obtain from the parent or guardian a signed water hazard acknowledgement.

(4) For water activities that involve a water depth that is more than 24 inches deep, a certified ONB program must ensure that:

(a) A certified lifeguard must be present and on-duty. A staff member or volunteer may be included in the staff-to-child ratio who is also the on-duty certified lifeguard; and

(b) All children must wear approved water life jackets or approved water life vests.

(5) For each body of water more than 6 feet in width, length, or diameter and when the depth of any portion of the body of water more than 24 inches, a certified ONB program must have immediate access to lifesaving equipment, e.g., a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that is long enough to reach the center of the body of water from the edge of the body of water.

(6) At least one ONB staff member in attendance must be able to swim when children are within one quarter mile of an accessible body of water, such as a park located near a lake or stream regardless of whether or not the children are actively engaging in a water activity.

(7) If children are at or near a moving body of water, an ONB staff member who can swim or a certified lifeguard must be positioned downstream of where the children are playing or otherwise take into account how water moves and their access to the body of water.

(8) If a certified ONB program has on-site swimming or is responsible for off-site swimming, the program's written emergency plan (required by OAR 414-320-0210, Emergency Preparedness and Response) must also include water and swimming safety.

(9) At all times when children are engaged in swimming and wading activities on or off the premises, a certified ONB program must:

(a) Ensure that staff are in or at the water and prepared to enter;

(b) Meet the following staff-to-child ratios:

(A) Preschool-age ☐ 1:6

(B) School-age ☐ 1:10

(C) The age of the youngest child in a mixed-age group determines the staff-to-child ratio.

(c) Verify that all adults counted in the staff-to-child ratios are able to swim if the water is more than 48 inches deep;

(d) Ensure that a certified lifeguard is present and on duty at all times. ONB program staff lifeguards may not count in staff-to-child ratios when more than 10 children are present; and

(e) Review safety rules with children each time they participate.

(10) Children in diapers or toilet training must wear swim pants to lower the risk of contaminating the water.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR414-360-0840 (a) Pools and hot tubs must be made inaccessible through one of the following methods: (A) A locking, rigid cover; (B) A minimum four-foot-high fence that begins at ground level, and all gates and doors that allow access are locked; (C) Four-foot non-climbable sides with pool ladder removed or inaccessible; or (D) In a locked room or all doors that access the area are locked.

(b) For certified family child cares with licensure prior to July 1, 2025, ornamental and natural ponds within the child care outdoor play area must be made inaccessible through one of the following methods: (A) Enclosed by a secure barrier and locked with either a key or a combination lock; (B) A grate on top of a small pond of sufficient strength and rigidity to prevent children from falling into the water. The grate must be locked or secured to prevent removal; or (C) A locked door to the outside area where the pond is located as long as the door is always locked during operating hours and children are not using the outside area where the pond is located.

(c) For certified family child cares with licensure on or after July 1, 2025, ornamental or natural ponds are prohibited in the child care outdoor play area. Certified family child cares licensed prior to July 1, 2025 are prohibited from adding a new ornamental pond or natural pond to the child care outdoor activity area.

OAR414-360-1300 (1) A provider must have written permission from each child's parent before engaging in any swimming activities. (2) A provider must provide constant sight and sound supervision of children around any bodies of water. (3) A provider must not use a swimming pool unless it has been licensed by the Oregon Health Authority or delegated agent pursuant to OAR Chapter 333, Division 60. (Also see OAR 414- 360-0840, Prevention and Management of Hazards regarding access to pools and other bodies of water.) (4) In natural bodies of water, such as shallow surf, lakes, rivers, and streams, a provider must limit activity to wading by children 36 months of age and older and must not allow swimming. (5) A provider must not permit children to use or have access to a hot tub, spa, portable wading pool, or other similar equipment. (6) If a provider has on-site swimming or is responsible for off-site swimming, the provider's written emergency plan (required by OAR 414-360-0210, Emergency Preparedness and Response) must also include pool and swimming safety.

Registered Family Child Care Homes:

OAR 414-210-0840(12)A provider must prevent access to all pools and other bodies of water such as hot tubs, spas, ponds, creeks, fountains, ornamental ponds, rain barrels. (a) Pools and hot tubs must be made inaccessible through one of the following methods: (A) A locking, rigid cover; (B) A minimum four foot high fence that begins at ground level, and all gates and doors that allow access are locked; (C) Four foot non-climbable sides with pool ladder removed or

inaccessible; or (D) In a locked room or all doors that access the area are locked. (b) For registered family child cares with licensure prior to July 1, 2025, ornamental and natural ponds within the child care outdoor play area must be made inaccessible through one of the following methods: (A) Enclosed by a secure barrier and locked with either a key or a combination lock; (B) A grate on top of a small pond of sufficient strength and rigidity to prevent children from falling into the water. The grate must be locked or secured to prevent removal; or (C) A locked door to the outside area where the pond is located as long as the door is always locked during operating hours and children are not using the outside area where the pond is located. (c) For registered family child cares with licensure on or after July 1, 2025, ornamental or natural ponds are prohibited in the child care outdoor play area. Registered family child cares licensed prior to July 1, 2025 are prohibited from adding a new ornamental pond or natural pond to the child care outdoor activity area. (d) If the premises has an unfenced bay, creek or other body of water that is accessible to the child care children, the provider must be physically present with children of all ages while outdoors, or the children must play in a specified area from which the body of water is not accessible.

OAR 414-210-1300 (1) A provider must have written permission from each child's parent before engaging in any swimming activities. (2) A provider must provide constant sight and sound supervision of children around any bodies of water. (3) A provider must not use a swimming pool unless it has been licensed by the Oregon Health Authority or delegated agent pursuant to OAR Chapter 333, Division 60. (Also see OAR 414- 360-0840, Prevention and Management of Hazards regarding access to pools and other bodies of water.) (4) In natural bodies of water, such as shallow surf, lakes, rivers, and streams, a provider must limit activity to wading by children 36 months of age and older and must not allow swimming. (5) A provider must not permit children to use or have access to a hot tub, spa, portable wading pool, or other similar equipment. (6) If a provider has on-site swimming or is responsible for off-site swimming, the provider's written emergency plan (required by OAR 414-360-0210, Emergency Preparedness and Response) must also include pool and swimming safety.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0025(12) (d) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition. (13) Wading pools are prohibited for wading.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0025(12) (d) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free

condition. (13) Wading pools are prohibited for wading.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0025(12) (d) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition. (13) Wading pools are prohibited for wading.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.**

Certified School-Age Centers

OAR 414-310-0480 (6) A School-Age Center must ensure that all pools and other bodies of water such as hot tubs, spas, ponds, creeks, fountains, ornamental ponds, and rain barrels are inaccessible to all children.

(a) Pools and hot tubs must be made inaccessible through one of the following methods:

(A) A locking, rigid cover;

(B) A minimum 4 foot high fence that begins at ground level, and all gates and doors that allow access are locked;

(C) Four foot non-climbable sides with pool ladder removed or inaccessible; or

(D) In a locked room or all doors that access the area are locked.

(b) If a body of water is in close proximity but not located on the premises, the center must provide a physical barrier on the property to prevent unsupervised access by children. OAR 414-310-0680 (1) A School-Age Center must have written permission from each child's parent before engaging in any swimming activities.

(2) A School-Age Center must provide constant sight and sound supervision of children around any body of water. (4) In natural bodies of water, such as shallow surf, lakes, rivers, and streams, activity is limited to wading; swimming is not permitted.

(5) A School-Age Center must not permit children to use or have access to a hot tub, spa, portable wading pool, or other similar equipment.

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers:**

OAR 414-305-0840(9) A certified child care center must take precautions to protect children from vehicular traffic including but not limited to: (a) Require drop off and pick up only at the curb or at an off-street location protected from traffic; and (b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

OARs 414-305-1200, 414-305-1210, 414-305-1220, 414-305-1230, and 414-305-1240 also address a variety of different transportation safety standards.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

414-360-0840 (15) A provider must take precautions to protect children from vehicular traffic:

(a) Require drop off and pick up only at the curb or at an off-street location protected from traffic; and

(b) Assure that any caregiver who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

Registered Family Child Care Homes:

414-210-0840 (14) A provider must take precautions to protect children from vehicular traffic:

(a) Require drop off and pick up only at the curb or at an off-street location protected from traffic; and

(b) Assure that any caregiver who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0025 (21) The provider must take precautions to protect children from vehicular traffic. The provider shall: (a) Require drop off and pick up only at the curb or at an off-street location protected from traffic. (b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0025 (21) The provider must take precautions to protect children from vehicular traffic. The provider shall: (a) Require drop off and pick up only at the curb or at an off-street location protected from traffic. (b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0025 (21) The provider must take precautions to protect children from vehicular traffic. The provider shall: (a) Require drop off and pick up only at

the curb or at an off-street location protected from traffic. (b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For Licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.**

Certified School-Age Centers

OAD 414-310-0480 (8) A School-Age Center must take precautions to protect children from vehicular traffic including but not limited to:

- (a) Require drop off and pick up only at the curb or at an off-street location protected from traffic; and**
- (b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **: Certified Centers (applies to infants, toddlers, and all children in care):**

OAD 414-305-0370 (1) A certified child care center must ensure that all staff, including substitutes, receive an orientation within the first 10 days of hire and before staff have unsupervised access to children. An orientation must include, but is not limited to: (g) Safe sleep practices and prevention of shaken baby syndrome and abusive head trauma; (3) (b) If the center is certified to care for infants, complete the Safe Sleep for Oregon Infants training within the first 30 days of hire and prior to having unsupervised access to infants

OAD 414-305-0360 (1) (b) A certified child care center must verify that all substitutes, prior to being left alone (if qualified to be unsupervised) with children:(b) Complete the CCLD Introduction to Child Care Health and Safety training as required under OAD 414-305-0370(2), Orientation and Initial Training;

OAD 414-305-0710 A certified child care center must not use or threaten to use any of the following prohibited actions even if requested or agreed to by parents:

- (1) Rough or harsh handling of children or use of corporal punishment in any form, including, but not limited to hitting, spanking, slapping, shaking, swatting, throwing, jerking, pinching, biting, or other measures that produce physical pain;**

ONB Programs: applies to all children in care

OAR 414-320-0370, Orientation and Initial Training

(1) A certified ONB program must ensure that all staff, including substitutes, receive an orientation within the first 10 days of hire and before staff have unsupervised access to children. An orientation must include, but is not limited to:
(g) Prevention of abusive head trauma and child maltreatment;

OAR 414-320-0360, Other Staff and Volunteers

(1) A certified ONB program must ensure that substitutes counted in the staff-to-child ratio meet qualifications and initial training requirements for the position they hold.

OAR 414-320-0710, Prohibited Discipline and Actions

A certified ONB program must not use or threaten to use any of the following prohibited actions even if requested or agreed to by parents:

(1) Rough or harsh handling of children or use of corporal punishment in any form, including, but not limited to hitting, spanking, slapping, shaking, swatting, throwing, jerking, pinching, biting, or other measures that produce physical pain;

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes (applies to infants, toddlers, and all children in care):**

OAR 414-360-0370 (1) Prior to being issued an initial certificate, a provider must complete: (a) Introduction to Child Care Health & Safety Training [includes on shaken baby syndrome on child maltreatment]; (c) Safe Sleep for Oregon's Infants;

(3) A provider must ensure that all caregivers, including substitutes: (a) Receive an orientation within the first 10 business days of working in the home and before caregivers have unsupervised access to children. An orientation must include, but is not limited to: (F) Safe sleep practices, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; (b) Complete the following within 30 days of beginning work in the home and prior to having unsupervised access to children: : (A) Introduction to Child Care Health & Safety Training [includes on shaken baby syndrome on child maltreatment]; (C) Safe Sleep for Oregon's infants.

OAR 414-360-0600(8) All caregivers must take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

OAR 414-360-0510 (3) When lifting or moving a child, caregivers must do so in a manner that provides safety and comfort for the child.

OAR 414-360-0710 A provider must not use or threaten to use any of the following prohibited actions even if requested by parents: (1) Rough or harsh handling of children or use of corporal punishment in any form, including, but not limited to hitting, spanking, slapping, shaking, swatting, throwing, jerking, pinching, biting, or other measures that produce physical pain;

Registered Family Child Care Homes:

OAR 414-210-0370(1) When a person submits a new application for registration as a registered family child care, CCLD shall, prior to approving the registration, receive evidence from the applicant that the person has completed: (a) Introduction to Child Care Health & Safety Training [includes on shaken baby syndrome on child maltreatment]; (d) Safe Sleep for Oregon's Infants;

(3) A provider must ensure that prior to having unsupervised access to children, substitute providers: (a) Receive an orientation. An orientation must include, but is not limited to: (F) Safe sleep practices, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; (b) Complete the following: (A) Introduction to Child Care Health & Safety Training [includes on shaken baby syndrome on child maltreatment] (C) Safe Sleep for Oregon's infants;

OAR 414-210-0600(8) All caregivers must take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

OAR 414-210-0510 (3) When lifting or moving a child, caregivers must do so in a manner that provides safety and comfort for the child.

OAR 414-210-0710 A provider must not use or threaten to use any of the following prohibited actions even if requested by parents: (1) Rough or harsh handling of children or use of corporal punishment in any form, including, but not limited to hitting, spanking, slapping, shaking, swatting, throwing, jerking, pinching, biting, or other measures that produce physical pain;

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs (applies to infants, toddlers, and all children in care):**

OAR 414-180-0015 (3) All caregivers shall take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

OAR 414-180-0030 The following behaviors by caregivers are prohibited: (1) Using any form of corporal punishment, including, but not limited to: hitting, spanking, slapping, beating, shaking, pinching or other measures that produce physical pain, or threatening to use any form of corporal punishment. (2) Parental request or permission to use any form of behavior listed in subsection (a) of this section, does not give the provider or substitute provider permission to do so.

OAR 414-180-0090 Any caregiver who has reason to believe that any child has suffered or is currently suffering from abuse (physical injury, mental injury,

neglect that leads to physical harm, sexual abuse and/or exploitation, or threat of harm) must report the information to the Oregon Department of Human Services Child Welfare (ODHS) or to a law enforcement agency. By statute, this requirement applies 24 hours per day.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs (applies to infants, toddlers, and all children in care):**

OAR 414-180-0015 (3) All caregivers shall take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

OAR 414-180-0030 The following behaviors by caregivers are prohibited: (1) Using any form of corporal punishment, including, but not limited to: hitting, spanking, slapping, beating, shaking, pinching or other measures that produce physical pain, or threatening to use any form of corporal punishment. (2) Parental request or permission to use any form of behavior listed in subsection (a) of this section, does not give the provider or substitute provider permission to do so.

OAR 414-180-0090 Any caregiver who has reason to believe that any child has suffered or is currently suffering from abuse (physical injury, mental injury, neglect that leads to physical harm, sexual abuse and/or exploitation, or threat of harm) must report the information to the Department of Human Services Child Welfare (DHS) or to a law enforcement agency. By statute, this requirement applies 24 hours per day.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs (applies to infants, toddlers, and all children in care):**

OAR 414-180-0015 (3) All caregivers shall take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

OAR 414-180-0030 The following behaviors by caregivers are prohibited: (1) Using any form of corporal punishment, including, but not limited to: hitting, spanking, slapping, beating, shaking, pinching or other measures that produce physical pain, or threatening to use any form of corporal punishment. (2) Parental request or permission to use any form of behavior listed in subsection (a) of this section, does not give the provider or substitute provider permission to do so.

OAR 414-180-0090 Any caregiver who has reason to believe that any child has suffered or is currently suffering from abuse (physical injury, mental injury, neglect that leads to physical harm, sexual abuse and/or exploitation, or threat of harm) must report the information to the Department of Human Services Child Welfare (DHS) or to a law enforcement agency. By statute, this requirement applies 24 hours per day.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For license-exempt programs see Regulated Subsidy Programs.**

Certified School-Age Centers:

OAR 414-310-0420 A School-Age Center must not use or threaten to use any of the following prohibited actions even if requested or agreed to by parents: (1) Rough or harsh handling of children or use of corporal punishment in any form, including, but not limited to hitting, spanking, slapping, shaking, swatting, throwing, jerking, pinching, biting, or other measures that produce physical pain;

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers (applies to all children in care):**

Policies:

OAR 414-305-0200 (2) A certified child care center must provide the following written information to parents, staff, and volunteers: (q) Prevention of and duty to report suspected child abuse and neglect;

Notifications:

OAR 414-305-0270 (3) Any staff member who has reason to believe a child has been abused or neglected is required to report the matter immediately to the Oregon Child Abuse Hotline (1-855-503-7233), Department of Human Services Child Welfare, or a law enforcement agency. This requirement applies 24 hours a day. This requirement applies to any suspected physical, sexual, or emotional abuse; child neglect, child endangerment, or child exploitation; inappropriate sexual contact between two or more children; or attempted suicide or threats of suicide by a child.

Training:

OAR 414-305-0370 (2) A certified child care center must ensure staff, including substitutes, complete the following within 30 days of hire and prior to having unsupervised access to children:

(a) Introduction to Child Care Health and Safety [which discusses prevention of child maltreatment]; and

(b) A minimum of 2 hours of OCC approved training on recognizing and reporting child abuse and neglect that is specific to Oregon law.

Prohibited Discipline and Actions:

OAR 414-305-0710 A certified child care center must not use or threaten to use any of the following prohibited actions even if requested or agreed to by parents: (1) Rough or harsh handling of children or use of corporal punishment in any form, including, but not limited to hitting, spanking, slapping, shaking,

swatting, throwing, jerking, pinching, biting, or other measures that produce physical pain; (2) Bind or restrict a child's movement unless permitted under OAR 414-305- 0720, Physical Restraint;

(3) Using unauthorized prescription or non-prescription drugs or chemicals for discipline or to control behavior;

(4) Confining or isolating a child in an enclosed or darkened area (e.g., a locked or closed room, bathroom, closet, or box for punishment);

(5) Withdrawing, denying or forcing food, rest, or toileting;

(6) Forcing or compelling a child to eat or placing soap, food, spices, or foreign substances in the child's mouth;

(7) Exposing a child to extremes of temperature;

(8) Yelling harshly or using profane or abusive language;

(9) Punishing or demeaning a child for toileting accidents or refusing to eat food;

(10) Allowing any form of mental or emotional punishment or verbal abuse, including but not limited to public or private humiliation, name calling, teasing, ridicule, intimidation, making derogatory or sarcastic remarks about a child's family, race, gender, religion, or cultural background, rejecting, frightening, neglecting, or corrupting a child;

(11) Demanding excessive physical exercise, excessive rest, or strenuous postures; or

(12) Requiring a child to remain silent or inactive or removing a child from all activities or the group for excessive periods of time.

ONB Programs:

Applies to all children in care

OAR 414-320-0200, Policies

(2) A certified ONB program must provide the following written information to parents, staff, and volunteers:

(q) Prevention of and duty to report suspected child abuse and neglect;

OAR 414-320-0270, Notifications

(3) Any staff member who has reason to believe a child has been abused or neglected is required to report the matter immediately to the Oregon Child Abuse Hotline (1-855-503-7233), Department of Human Services Child Welfare, or a law enforcement agency. This requirement applies 24 hours a day. This requirement applies to any suspected physical, sexual or emotional abuse; child neglect, child endangerment, or child exploitation; inappropriate sexual contact between two or more children; or attempted suicide or threats of suicide by a child.

OAR 414-320-0370, Orientation and Initial Training

(1) A certified ONB program must ensure that all staff, including substitutes, receive an orientation within the first 10 days of hire and before staff have unsupervised access to children. An orientation must include, but is not limited to:

(g) Prevention of abusive head trauma and child maltreatment;

(l) Procedures for reporting suspected child abuse or neglect.

(2) A certified ONB program must ensure staff, including substitutes, complete the following within 30 days of hire and prior to having unsupervised access to children:

- a. Introduction to Child Care Health and Safety; and
- b. A minimum of 2 hours of DELC approved training on recognizing and reporting child abuse and neglect that is specific to Oregon law.

OAR 414-320-0710, Prohibited Discipline and Actions

A certified ONB program must not use or threaten to use any of the following prohibited actions even if requested or agreed to by parents:

- (1) Rough or harsh handling of children or use of corporal punishment in any form, including, but not limited to hitting, spanking, slapping, shaking, swatting, throwing, jerking, pinching, biting, or other measures that produce physical pain;
- (2) Bind or restrict a child's movement unless permitted under OAR 414-320-0720, Physical Restraint;
- (3) Using unauthorized prescription or non-prescription drugs or chemicals for discipline or to control behavior;
- (4) Confining or isolating a child in an enclosed or darkened area (e.g., a locked or closed room, bathroom, closet, or box for punishment);
- (5) Withdrawing, denying or forcing food, rest, or toileting;
- (6) Forcing or compelling a child to eat or placing soap, food, spices, or foreign substances in the child's mouth;
- (7) Exposing a child to extremes of temperature;
- (8) Yelling harshly or using profane or abusive language;
- (9) Punishing or demeaning a child for toileting accidents or refusing to eat food;
- (10) Allowing any form of mental or emotional punishment or verbal abuse, including but not limited to public or private humiliation, name calling, teasing, ridicule, intimidation, making derogatory or sarcastic remarks about a child's family, race, gender, religion, or cultural background, rejecting, frightening, neglecting, or corrupting a child;
- (11) Demanding excessive physical exercise, excessive rest, or strenuous postures; or
- (12) Requiring a child to remain silent or inactive or removing a child from all activities or the group for excessive periods of time.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes (Applies to all children in care):**

Policies:

OAR 414-360-0200(2)A provider must provide the following written information to parents, caregivers, and volunteers: (h) Prevention of and duty to report suspected child abuse and neglect;

Notifications:

OAR 414-360-0270(2) Any caregiver who has reason to believe a child has been abused or neglected is required to report the matter immediately to the Oregon Child Abuse Hotline (1-855-503-7233), Department of Human Services Child Welfare, or a law enforcement agency. This requirement applies 24 hours a day. This requirement applies to any suspected physical, sexual or emotional abuse; child neglect, child endangerment, or child exploitation; inappropriate sexual contact between two or more children; or attempted suicide or threats of suicide by a child.

Orientation and Initial Training:

OAR 414-360-0370(1) Prior to being issued an initial certificate, a provider must complete: (a) Introduction to Child Care Health & Safety Training; (b) A minimum of two hours of training on child abuse and neglect that is specific to Oregon law;

OAR 414-360-0370(3) A provider must ensure that all caregivers, including substitutes: (a) Receive an orientation within the first 10 business days of working in the home and before caregivers have unsupervised access to children. An orientation must include, but is not limited to: (G) The provider's policies, as required under OAR 414-360-0200, Policies; and (H) Procedures for reporting suspected child abuse or neglect. (b) Complete the following within 30 days of beginning work in the home and prior to having unsupervised access to children: (A) Introduction to Child Care Health and Safety; (B) A minimum of 2 hours of CCLD approved training on recognizing and reporting child abuse and neglect that is specific to Oregon law

Prohibited Discipline and Actions:

OAR 414-360-0710 A provider must not use or threaten to use any of the following prohibited actions even if requested by parents: (1) Rough or harsh handling of children or use of corporal punishment in any form, including, but not limited to hitting, spanking, slapping, shaking, swatting, throwing, jerking, pinching, biting, or other measures that produce physical pain; (2) Bind or restrict a child's movement unless permitted under OAR 414-360-0720, Physical Restraint; (3) Using unauthorized prescription or non-prescription drugs or chemicals for discipline or to control behavior; (4) Confining or isolating a child in an enclosed or darkened area (e.g., a locked or closed room, bathroom, closet, or box for punishment); (5) Withdrawing, denying or forcing food, rest, or toileting; (6) Forcing or compelling a child to eat or placing soap, food, spices, or foreign substances in the child's mouth; (7) Exposing a child to extremes of temperature; (8) Yelling harshly or using profane or abusive language; (9) Punishing or demeaning a child for toileting accidents or refusing to eat food; (10) Allowing any form of mental or emotional punishment or verbal abuse, including but not limited to public or private humiliation, name calling, teasing, ridicule, intimidation, making derogatory or sarcastic remarks about a child's family, race, gender, religion, or cultural background, rejecting, frightening, neglecting, or corrupting a child; (11) Demanding excessive physical exercise, excessive rest, or strenuous postures; or (12) Requiring a child to remain silent or inactive or removing a child from all activities or the group for excessive periods of time.

Registered Family Child Care Homes (applies to all children in care):

Policies:

OAR 414-210-0200(1) A provider must have written information and policies identified in OAR 414-210-0200(1)(a) through (g) and provide them to substitute providers, parents, and volunteers. Information must be provided at the time of enrollment and when information changes (f) Prevention of and duty to report suspected child abuse and neglect;

Notifications:

OAR 414-210-0270(2) Any caregiver who has reason to believe a child has been abused or neglected is required to report the matter immediately to the Oregon Child Abuse Hotline (1-855-503-7233), Department of Human Services Child Welfare, or a law enforcement agency. This requirement applies 24 hours a day. This requirement applies to any suspected physical, sexual or emotional abuse; child neglect, child endangerment, or child exploitation; inappropriate sexual contact between two or more children; or attempted suicide or threats of suicide by a child.

Orientation and Initial Training:

OAR 414-210-0370 (1) When a person submits a new application for registration as a registered family child care, CCLD shall, prior to approving (b) Introduction to Child Care Health & Safety Training; (c) A minimum of two hours of training on child abuse and neglect that is specific to Oregon law;

OAR 414-210-0370(3) A provider must ensure that prior to having unsupervised access to children, substitute providers: (a) Receive an orientation within the first 10 business days of working in the home and before caregivers have unsupervised access to children. An orientation must include, but is not limited to: (G) The provider's policies, as required under OAR 414-210-0200, Policies; and (H) Procedures for reporting suspected child abuse or neglect. (b) Complete the following: (A) Introduction to Child Care Health and Safety; (B) A minimum of 2 hours of CCLD approved training on recognizing and reporting child abuse and neglect that is specific to Oregon law

Prohibited Discipline and Actions:

OAR 414-210-0710 A provider must not use or threaten to use any of the following prohibited actions even if requested by parents: (1) Rough or harsh handling of children or use of corporal punishment in any form, including, but not limited to hitting, spanking, slapping, shaking, swatting, throwing, jerking, pinching, biting, or other measures that produce physical pain; (2) Bind or restrict a child's movement unless permitted under OAR 414-360-0720, Physical Restraint; (3) Using unauthorized prescription or non-prescription drugs or chemicals for discipline or to control behavior; (4) Confining or isolating a child in an enclosed or darkened area (e.g., a locked or closed room, bathroom, closet, or box for punishment); (5) Withdrawing, denying or forcing food, rest, or toileting; (6) Forcing or compelling a child to eat or placing soap, food, spices, or foreign

substances in the child's mouth; (7) Exposing a child to extremes of temperature; (8) Yelling harshly or using profane or abusive language; (9) Punishing or demeaning a child for toileting accidents or refusing to eat food; (10) Allowing any form of mental or emotional punishment or verbal abuse, including but not limited to public or private humiliation, name calling, teasing, ridicule, intimidation, making derogatory or sarcastic remarks about a child's family, race, gender, religion, or cultural background, rejecting, frightening, neglecting, or corrupting a child; (11) Demanding excessive physical exercise, excessive rest, or strenuous postures; or (12) Requiring a child to remain silent or inactive or removing a child from all activities or the group for excessive periods of time.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **OAR 414-180-0030 414-180-0030 (1) The following behaviors by caregivers are prohibited: (a) Using any form of corporal punishment, including, but not limited to: hitting, spanking, slapping, beating, shaking, pinching or other measures that produce physical pain, or threatening to use any form of corporal punishment. (b) Parental request or permission to use any form of behavior listed in subsection (a) of this section, does not give the provider or substitute provider permission to do so.** **OAR 414-180-0090 Compliance with Child Abuse Reporting Requirements Any caregiver who has reason to believe that any child has suffered or is currently suffering from abuse (physical injury, mental injury, neglect that leads to physical harm, sexual abuse and/or exploitation, or threat of harm) must report the information to the Department of Human Services Child Welfare (DHS) or to a law enforcement agency. By statute, this requirement applies 24 hours per day** **OAR 414-175-0080(8) Legally exempt providers must complete the "Introduction to Child Care Health and Safety" two-hour, web-based training prior to Department approval.** **OAR 414-175-0080(12)(a)(B) (B) (12) Legally exempt providers that are not a legally exempt relative to all children in care must meet all of the requirements in this section: (a) Before approval by the Department: (B) Complete the Recognizing and Reporting Child Abuse and Neglect (RRCAN) web-based or classroom training.**

OAR 414-175- 0080 (7) Each provider must: (j) Report suspected child abuse of any child in the provider's care to the child abuse and neglect hotline or a law enforcement agency.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **414-175-0080(8) Legally exempt providers must complete the "Introduction to Child Care Health and Safety" two-hour, web-based training prior to Department approval.**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **414-175-0080(8) Legally exempt providers must complete the "Introduction to Child Care Health and Safety" two-hour, web-based training prior to Department approval.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.**

Certified School-Age Centers (applies to all children in care):

Prohibited Discipline and Actions:

OAR 414-310-0420 A School-Age Center must not use or threaten to use any of the following prohibited actions even if requested or agreed to by parents:

- (1) Rough or harsh handling of children or use of corporal punishment in any form, including, but not limited to hitting, spanking, slapping, shaking, swatting, throwing, jerking, pinching, biting, or other measures that produce physical pain;**
- (2) Bind or restrict a child's movement unless permitted under OAR 414-310-0430;**
- (3) Using unauthorized prescription or non-prescription drugs or chemicals for discipline or to control behavior;**
- (4) Confining or isolating a child in an enclosed or darkened area (e.g., a locked or closed room, bathroom, closet, or box for punishment);**
- (5) Withdrawing, denying or forcing food, rest or toileting;**
- (6) Forcing or compelling a child to eat or placing soap, food, spices, or foreign substances in the child's mouth;**
- (7) Exposing a child to extremes of temperature;**
- (8) Yelling harshly or using profane or abusive language;**
- (9) Punishing or demeaning a child for toileting accidents or refusing to eat food;**
- (10) Allowing any form of mental or emotional punishment or verbal abuse, including but not limited to public or private humiliation, name calling, teasing, ridicule, intimidation, making derogatory or sarcastic remarks about a child's family, race, gender, religion, or cultural background, rejecting, frightening, neglecting, or corrupting a child;**
- (11) Demanding excessive physical exercise, excessive rest, or strenuous postures;**
or
- (12) Requiring a child to remain silent or inactive or removing a child from all activities or the group for excessive periods of time.**

Policies:

OAR 414-310-0170 (p) Prevention of and duty to report suspected child abuse and neglect;

Notifications:

OAR 414-310-0260 (3) Any staff member who has reason to believe a child has

been abused or neglected is required to report the matter immediately to the Oregon Child Abuse Hotline 1-855-503-7233), Department of Human Services Child Welfare, or a law enforcement agency. This requirement applies 24 hours a day. This requirement applies to any suspected physical, sexual, or emotional abuse; child neglect, child endangerment, or child exploitation; inappropriate sexual contact between two or more children; or attempted suicide or threats of suicide by a child.

OAR 414-310-0320 (1) A School-Age Center must verify that all substitutes, prior to being left alone (if qualified to be unsupervised) with children:

(a) Are enrolled in the CBR as required under OAR 414-310-0280, Central Background Registry Enrollment;

(b) Complete the CCLD Introduction to Child Care Health and Safety training as required under Training; and

(c) Have completed a minimum of 2 hours of training on recognizing and reporting child abuse and neglect that is specific to Oregon law within 30 days of employment.

OAR 414-310-0330(2) A School-Age Center must ensure staff, including substitutes, complete the following within 30 days of hire and prior to having unsupervised access to children: (b) A minimum of 2 hours of CCLD approved training on recognizing and reporting child abuse and neglect that is specific to Oregon law.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families

- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions
- xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers:**

OAR 414-305-0840(1) A certified child care center must ensure that all toxic or potentially dangerous items, such as cleaning supplies and equipment, poisonous and toxic materials, and flammable and corrosive materials, are inaccessible to children, as defined in OAR 414-305-0100(25). (a) Toxic substances must be stored separately from medication, food service equipment, and food supplies. (b) Sanitizing and disinfecting solutions must be inaccessible to children. (c) Products including toxic substances must be stored and used according to the manufacturer’s instructions, including not storing products near heat sources. (d) Products must be stored in the original labeled containers. Any smaller containers or solutions mixed by staff must be labeled with the contents of the container.

OAR 414-305-0840(2) When an environmental concern or potentially harmful environmental pollutants are identified, a certified child care center must evaluate and work collaboratively with appropriate agencies to mitigate the concern.

OAR 414-305-0840(3) A certified child care center must take steps to prevent children’s exposure to the following if they exist on the premises: (a) Lead based paint. Any building or play structure constructed before 1978 that has peeling, flaking, chalking, or failing paint must be tested for lead. If lead-based paint is found, the center must contact the Oregon Health Authority within five working days and follow their required procedures for remediation of the lead hazard. (b) Plumbing and fixtures containing lead or lead solders; (c) Asbestos; (d) Toxic mold; and (e) Other identified toxins or hazards.

OAR 414-305-0840(4) A certified child care center and staff must recognize, address, or remove potentially dangerous items and situations, using protective barriers to prevent children’s access, if needed. A certified child care center must: (a) Inspect the indoor and outdoor play areas and equipment daily for hazards, such as missing parts or broken equipment, sharp edges, splinters, and

trash; (b) Ensure open containers of water such as bathtubs, buckets, and mop pails are emptied immediately after use. (c) Store personal items belonging to staff members according to applicable rules; (d) Store diaper bags out of children's reach; (e) Securely anchor large, heavy, or unstable objects such as furniture, televisions, bookcases, and wall cabinets into a wall stud with braces, brackets, anchors or wall straps to prevent tipping over; (f) Ensure children under the age of 3 years do not have access to items that have a diameter or overall dimension of one and three quarter (1 ¾) inches or less, such as disc batteries, coins, magnets, toys or parts that may become detached from other equipment or objects; (g) Ensure children under the age of 3 years do not have access to ties, long scarves, necklaces, and boas unless used during a structured learning activity where a staff member is within arm's reach; (h) Ensure sand boxes are free of animal waste and trash; and (i) Ensure that all plastic bags that are large enough to fit over a child's head are inaccessible to children.

OAR 414-305-0840(5) A certified child care center must not permit any tobacco products such as cigarettes, cigars, and smokeless or vaping devices, illegal drugs, drug paraphernalia, hemp, marijuana, and marijuana infused products, or alcohol on the premises during operating hours or when children are present. This includes: (a) The playground; (b) Within 10 feet of any entrance, exit, or window that opens or any ventilation intake that serves an enclosed area; or (c) In any center vehicles or on any field trip.

OAR 414-305-0840(6) A certified child care center must not permit the possession or storage of guns, firearms, weapons, or ammunition on the center premises at any time.

OAR 414-305-0840(8) A certified child care center must keep the center free of insects, rodents, and other pests. (a) Automatic insecticide dispensers, vaporizers, or fumigants must not be used. (b) Pest control products must not be applied or used when children are present. After their application, children must not enter the area until indicated by the manufacturer's instructions.

ONB Programs:

OAR 414-320-0840, Prevention and Management of Hazards

(1) A certified ONB program must ensure that all toxic or potentially dangerous items, such as cleaning supplies and equipment, poisonous and toxic materials, and flammable and corrosive materials, are inaccessible to children, as defined in OAR 414-320-0100(26).

(a) Toxic substances must be stored separately from medication, food service equipment, and food supplies.

(b) Sanitizing and disinfecting solutions must be inaccessible to children.

(c) Products including toxic substances must be stored and used according to the manufacturer's instructions, including not storing products near heat sources.

(d) Products must be stored in the original labeled containers. Any smaller containers or solutions mixed by staff must be labeled with the contents of the container.

- (2) When an environmental concern, including potentially harmful environmental pollutants, is identified, a certified ONB program must evaluate and work collaboratively with appropriate agencies to mitigate the concern.
- (3) If the certified ONB program operates on a site undergoing remedial work by the Oregon Department of Environmental Quality (DEQ), the certified ONB program must take additional steps to ensure children do not ingest contaminated soil.
- (4) A certified ONB program must take steps to prevent children's exposure to the following, if they exist on the premises:
 - (a) Lead based paint. Any building or play structure constructed before 1978 that has peeling, flaking, chalking, or failing paint must be tested for lead. If lead-based paint is found, the certified ONB program must contact the Oregon Health Authority within five working days and follow their required procedures for remediation of the lead hazard.
 - (b) Plumbing and fixtures containing lead or lead solders;
 - (c) Asbestos;
 - (d) Toxic mold; and
 - (e) Other identified toxins or hazards.
- (5) A certified ONB program and staff must recognize, address, or remove potentially dangerous items and situations, using protective barriers to prevent children's access, if determined by DELC to be necessary. A certified ONB program must:
 - (a) Inspect the outdoor play areas and equipment daily for hazards, such as missing parts or broken equipment, sharp edges, splinters, and trash. All equipment with broken parts or damage must be repaired as soon as possible and must be inaccessible to children until repairs are made according to the manufacturer's instructions, if available;
 - (b) Inspect and mitigate any hazards related to natural materials of a certified ONB program, such as removing broken limbs from climbing trees;
 - (c) Visually inspect meeting spaces and outdoor classrooms or other commonly used spaces prior to children arriving. A certified ONB program must have a method of removing or mitigating any hazard on ONB licensed space such as, but not limited to, loose overhead branches, hazardous materials or devices left in public spaces, wildlife, or wildlife droppings;
 - (d) Ensure open containers of water such as bathtubs, buckets, and mop pails are emptied immediately after use;
 - (e) Store personal items belonging to staff members according to applicable rules; and
 - (f) Ensure that all plastic bags that are large enough to fit over a child's head are inaccessible to children.
- (6) A certified ONB program must not permit any tobacco products such as cigarettes, cigars, and smokeless or vaping devices, illegal drugs, drug paraphernalia, hemp, marijuana and marijuana infused products, or alcohol on the premises during operating hours or when children are present. This includes in any certified ONB program vehicles or on any field trips. If the certified ONB program is operated on public land and the law allows members of the public to smoke in the area, the certified ONB program must reasonably protect children from second-hand smoke.

(7) A certified ONB program must not permit the possession or storage of guns, firearms, weapons, or ammunition on the certified ONB program premises at any time, unless the certified ONB program operates on property containing a residential home and the residential home is under the control of the certified ONB program. In this case, firearms, ammunition, and other potentially hazardous equipment within the home shall be kept under lock, such as a key, combination, or biometric lock. A child safety lock or trigger lock does not meet this requirement. In addition:

- (a) Firearms, pellet or BB guns must be unloaded and kept in areas not used by child care children; and
- (b) Ammunition shall be stored separately from firearms.

(8) A certified ONB program operating in natural environments must prevent and manage the children's exposure to toxic or infectious agents, such as potentially toxic animal waste, bee stings, and potentially toxic plants or fungi. When appropriate, certified ONB program staff must check children for ticks.

(9) A certified ONB program must notify staff, parents, and guardians if pesticides or herbicides are applied on or near the ONB program space.

(10) A certified ONB program operating on private or public land must work with the owners or park directors or their designees to comply with the following:

(a) The certified ONB program must take steps to prevent attracting pests including, but not limited to, identifying and removing food and water sources that attract pests.

(b) Indoor and outdoor areas in and around the licensed space must be inspected for evidence of potentially hazardous pests. The certified ONB program must document the date and location if evidence is found and take appropriate pest mitigation measures.

(c) If pesticides or herbicides are used, except in the case of an emergency such as the discovery of a wasp nest, the certified ONB program must notify the parents or guardians of enrolled children at least 48 hours before application what pesticide or herbicide will be applied and where it will be applied.

(d) Pesticides or herbicides must not be applied to certified ONB program space when children are present. Children must be excluded from areas where pesticides or herbicides are applied per the pesticide or herbicide manufacturer's instructions.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR 414-360-0810(8) A provider must ensure that children do not have access to heating equipment such as furnaces, fireplaces, stoves, steam and hot water pipes, and electric space heaters.

OAR 414-360-0810(9)(b) Fireplaces, fireplace inserts, and wood/corn pellet stoves, if used, must: (A) Have a secure, stable protective barrier; and (B) Be inspected and cleaned annually

(11) A certified family child care's electrical system must not pose a risk to

children. (a) Unused electrical outlets accessible to children preschool-age and younger must be tamper-resistant or have outlet covers that are not easily removed by children.

OAR 414-360-0840 (1) A provider must ensure that the following items are inaccessible to children as defined in OAR 414-360-0100(21): (a) All toxic or potentially dangerous items; (b) Cleaning, sanitizing and disinfecting supplies and equipment; (c) Poisonous plants; (d) Tobacco products, smokeless or vaping devices; (e) Alcohol; (f) Flammable materials, including matches and lighters, and corrosive materials; (g) Knives and other sharp objects; and (h) Motorized yard or power tools.

(2) Toxic substances must be stored separately from medication, food service equipment, and food supplies.

(3) Products must be stored in the original labeled containers. Any smaller containers or solutions mixed by caregivers must be labeled with the contents of the container.

(4) A provider must take steps to prevent children's exposure to the following, if they exist on the premises: (a) Any sources of lead and lead based paint. Painted surfaces must be in good condition, both inside and outside, to avoid exposing children to lead-based paint; (b) Asbestos; (c) Toxic mold; and (d) Other identified toxins and hazards

(5) A provider must recognize, address or remove potentially dangerous items and situations, using protective barriers to prevent children's access, if needed.

Caregivers must: (a) Regularly inspect the indoor and outdoor play areas and equipment for hazards, such as missing parts or broken equipment, sharp edges, splinters, and trash; (b) Ensure open containers of water such as bathtubs, buckets, and mop pails are emptied immediately after use; (c) Ensure sand boxes are free of animal waste and trash; and (d) Ensure that all plastic bags that are large enough to fit over a child's head are inaccessible to children.

(6) A provider must not permit the use of any tobacco products such as cigarettes, cigars, and smokeless or vaping devices, drug paraphernalia, hemp, marijuana and marijuana infused products on the premises during operating hours or when child care children are present. This includes: (a) In the child care home; (b) In the outdoor play area; (c) Within 10 feet of any entrance, exit, or window that opens or any ventilation intake that serves an enclosed area; or (d) In any vehicles where child care children are present or on any field trip.

(7) All marijuana, marijuana derivatives and associated paraphernalia must be stored through one of the following methods: (a) Under a child safety device or child safety lock; or (b) In a locked room.

(8) No one shall grow or distribute marijuana on the certified family child care premises.

(9) No one shall consume alcohol on the certified family child care premises during operating hours or when child care children are present.

(10) Firearms, BB guns, pellet guns and arrows must be kept under lock and stored in an area not used by child care children. (a) Ammunition must be stored and locked separately. (b) Firearms, BB guns, and pellet guns must be kept unloaded

(12) A provider must keep the home free of insects, rodents, and other pests. (a) Automatic insecticides dispensers, vaporizers, or fumigants must not be used. (b)

Pest control products must not be applied or used when child care children are present. After their application, child care children must not enter the area until indicated by the manufacturer's instructions.

OAR 414-360-0850(3) A provider must keep all garbage and bodily fluids waste in non-absorbent, easily washable containers with tight-fitting lids. (a) Garbage and waste must be removed from the premises at least once a week. (b) Non-food, non-hazardous items and items that do not cause offensive odors, such as paper towels, may be disposed of separately from garbage and waste inside the home, in an uncovered container. (c) Garbage and waste containers and outdoor storage areas must be kept clean and minimize the presence of rodents, flies, roaches and other vermin. (d) Outdoor garbage storage must be inaccessible to children.

OAR 414-360-0860 (2) Flammable and combustible materials: (a) Must be stored in the original container or a safety container; (b) Must not be stored within 4 feet of furnaces, other flame or heat-producing equipment, or fuel-fired water heaters; and (c) If over a gallon, kept in an unattached building, such as a shed or garage.

Registered Family Child Care Homes:

OAR 414-210-0810(9) A provider must ensure that children do not have access to heating equipment such as furnaces, fireplaces, stoves, steam and hot water pipes, and electric space heaters.

OAR 414-360-0810(10)(b) Fireplaces, fireplace inserts, and wood/corn pellet stoves, if used, must: (A) Have a secure, stable protective barrier; and (B) Be inspected and cleaned annually

(12) A registered family child care's electrical system must not pose a risk to children. (a) Unused electrical outlets accessible to children preschool-age and younger must be tamper-resistant or have outlet covers that are not easily removed by children.

OAR 414-210-0840 (1) A provider must ensure that the following items are inaccessible to children as defined in OAR 414-210-0100(19): (a) All toxic or potentially dangerous items; (b) Cleaning, sanitizing and disinfecting supplies and equipment; (c) Poisonous plants; (d) Tobacco products, smokeless or vaping devices; (e) Alcohol; (f) Flammable materials, including matches and lighters, and corrosive materials; (g) Knives and other sharp objects; and (h) Motorized yard or power tools.

(2) Toxic substances must be stored separately from medication, food service equipment, and food supplies.

(3) Products must be stored in the original labeled containers. Any smaller containers or solutions mixed by caregivers must be labeled with the contents of the container.

(4) A provider must take steps to prevent children's exposure to the following, if they exist on the premises: (a) Any sources of lead and lead based paint. Painted surfaces must be in good condition, both inside and outside, to avoid exposing children to lead-based paint; (b) Asbestos; (c) Toxic mold; and (d) Other identified toxins and hazards

(5) A provider must recognize, address or remove potentially dangerous items and situations, using protective barriers to prevent children's access, if needed.

Caregivers must: (a) Regularly inspect the indoor and outdoor play areas and equipment for hazards, such as missing parts or broken equipment, sharp edges, splinters, and trash; (b) Ensure open containers of water such as bathtubs, buckets, and mop pails are emptied immediately after use; (c) Ensure sand boxes are free of animal waste and trash; and (d) Ensure that all plastic bags that are large enough to fit over a child's head are inaccessible to children.

(6) A provider must not permit the use of any tobacco products such as cigarettes, cigars, and smokeless or vaping devices, drug paraphernalia, hemp, marijuana and marijuana infused products on the premises during operating hours or when child care children are present. This includes: (a) In the child care home; (b) In the outdoor play area; (c) Within 10 feet of any entrance, exit, or window that opens or any ventilation intake that serves an enclosed area; or (d) In any vehicles where child care children are present or on any field trip.

(7) All marijuana, marijuana derivatives and associated paraphernalia must be stored through one of the following methods: (a) Under a child safety device or child safety lock; or (b) In a locked room.

(8) No one shall grow or distribute marijuana on the certified family child care premises.

(9) No one shall consume alcohol on the certified family child care premises during operating hours or when child care children are present.

(10) No one shall possess, use or store illegal controlled substances on the registered family child care premises.

(11) Firearms, BB guns, pellet guns and arrows must be kept under lock, such as a key, combination, or biometric lock. A child safety lock or trigger lock does not meet this requirement

(13) A provider must keep the home free of insects, rodents, and other pests. (a) Automatic insecticides dispensers, vaporizers, or fumigants must not be used. (b) Pest control products must not be applied or used when child care children are present. After their application, child care children must not enter the area until indicated by the manufacturer's instructions.

ORAR 414-360-0850 (1) The registered family child care home and grounds shall be kept clean and free of litter or rubbish and unused or inoperable equipment, and vehicles. (a) All garbage, solid waste, and refuse must be disposed of regularly, in a safe and sanitary manner. (b) Outdoor garbage storage must be inaccessible to children.

ORAR 414-360-0860 (2) Flammable and combustible materials: (a) Must be stored in the original container or a safety container; (b) Must not be stored within 4 feet of furnaces, other flame or heat-producing equipment, or fuel-fired water heaters; and (c) If over a gallon, kept in an unattached building, such as a shed or

garage.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs:**

OAR 414-180-0025(3) Floors must be free of splinters, large, unsealed cracks, sliding rugs and other hazards.

OAR 414-180-0025(4) Potentially aggressive animals must not be in the same physical space as the children.

OAR 414-180-0025(5) Children shall be protected from fire and safety hazards. Providers must have the following protections in place (a) All exposed electrical outlets in rooms used by preschool or younger children must have hard-to-remove protective caps or safety devices installed when the outlet is not in use. (b) Extension cords shall not be used as permanent wiring; (c) All appliance cords must be in good condition; (d) Multiple connectors for cords shall not be used; (e) A grounded power strip outlet with a built-in over-current protection may be used; (f) A stable barrier shall be installed to prevent children from falling into hazards, including, but not limited to: fireplaces, heaters and woodstoves that are in use when child care children are present; (g) A secure barrier shall be placed at the top and/or bottom of all stairways accessible to infants and toddlers;

OAR 414-180-0025(6) The child care facility has a working smoke detector on each floor level and in any area where a child naps.

OAR 414-180-0025(7) Cleaning supplies, paints, matches, lighters, and any plastic bags large enough to fit over a child's head kept under child-safety lock.

OAR 414-180-0025(8) Other potentially dangerous items, such as medicine, drugs, sharp knives, and poisonous and toxic materials kept under child-safety lock.

OAR 414-180-0025(9) Firearms, BB guns, pellet guns and ammunition kept under lock, with ammunition stored and locked separately. Firearms, BB guns and pellet guns must remain unloaded;

OAR 414-180-0025(10) If any preschool age or younger children are in care, poisonous plants must be kept out of the reach of children;

OAR 414-180-0025(11) All clear glass panels in doors clearly marked at child level.

OAR 414-180-0025(12) Each provider must ensure that the child care facility where care is provided meets all of the following standards: (a) Each floor level used by a child has two useable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a useable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency. (b) The child care facility has a working telephone or telephone service in operating condition. (c) Emergency telephone numbers for fire, ambulance, police and poison control and the child care facility address must be posted in a visible location. (d) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition. (e) Broken toys, furniture and equipment must be removed from areas accessible to children.

OAR 414-180-0025(13) Wading pools are prohibited for wading.

OAR 414-180-0025(14) The provider is responsible for the children in care. At all times the provider must: (a) Be within sight or sound of all children; (b) Be aware of what each child is doing; (c) Be near enough to children to respond when needed.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Regulated Subsidy Programs:

OAR 414-180-0025(3) Floors must be free of splinters, large, unsealed cracks, sliding rugs and other hazards.

OAR 414-180-0025(4) Potentially aggressive animals must not be in the same physical space as the children.

OAR 414-180-0025(5) Children shall be protected from fire and safety hazards. Providers must have the following protections in place (a) All exposed electrical outlets in rooms used by preschool or younger children must have hard-to-remove protective caps or safety devices installed when the outlet is not in use. (b) Extension cords shall not be used as permanent wiring; (c) All appliance cords must be in good condition; (d) Multiple connectors for cords shall not be used; (e) A grounded power strip outlet with a built-in over-current protection may be used; (f) A stable barrier shall be installed to prevent children from falling into hazards, including, but not limited to: fireplaces, heaters and woodstoves that are in use when child care children are present; (g) A secure barrier shall be placed at the top and/or bottom of all stairways accessible to infants and toddlers;

OAR 414-180-0025(6) The child care facility has a working smoke detector on each floor level and in any area where a child naps.

OAR 414-180-0025(7) Cleaning supplies, paints, matches, lighters, and any plastic bags large enough to fit over a child's head kept under child-safety lock.

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OAR 414-180-0025(9) Firearms, BB guns, pellet guns and ammunition kept under lock, with ammunition stored and locked separately. Firearms, BB guns and pellet guns must remain unloaded;

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OAR 414-180-0025(11) All clear glass panels in doors clearly marked at child level.

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OAR 414-180-0025(13) Wading pools are prohibited for wading.

OAR 414-180-0025(14) The provider is responsible for the children in care. At all times the provider must: (a) Be within sight or sound of all children; (b) Be aware of what each child is doing; (c) Be near enough to children to respond when needed.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs:**

OAR 414-180-0025(3) Floors must be free of splinters, large, unsealed cracks, sliding rugs and other hazards.

OAR 414-180-0025(4) Potentially aggressive animals must not be in the same physical space as the children.

OAR 414-180-0025(5) Children shall be protected from fire and safety hazards. Providers must have the following protections in place (a) All exposed electrical outlets in rooms used by preschool or younger children must have hard-to-remove protective caps or safety devices installed when the outlet is not in use. (b) Extension cords shall not be used as permanent wiring; (c) All appliance cords must be in good condition; (d) Multiple connectors for cords shall not be used; (e) A grounded power strip outlet with a built-in over-current protection may be

used; (f) A stable barrier shall be installed to prevent children from falling into hazards, including, but not limited to: fireplaces, heaters and woodstoves that are in use when child care children are present; (g) A secure barrier shall be placed at the top and/or bottom of all stairways accessible to infants and toddlers;

OAR 414-180-0025(6) The child care facility has a working smoke detector on each floor level and in any area where a child naps.

OAR 414-180-0025(7) Cleaning supplies, paints, matches, lighters, and any plastic bags large enough to fit over a child's head kept under child-safety lock.

OAR 414-180-0025(8) Other potentially dangerous items, such as medicine, drugs, sharp knives, and poisonous and toxic materials kept under child-safety lock.

OAR 414-180-0025(9) Firearms, BB guns, pellet guns and ammunition kept under lock, with ammunition stored and locked separately. Firearms, BB guns and pellet guns must remain unloaded;

OAR 414-180-0025(10) If any preschool age or younger children are in care, poisonous plants must be kept out of the reach of children;

OAR 414-180-0025(11) All clear glass panels in doors clearly marked at child level.

OAR 414-180-0025(12) Each provider must ensure that the child care facility where care is provided meets all of the following standards: (a) Each floor level used by a child has two useable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a useable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency. (b) The child care facility has a working telephone or telephone service in operating condition. (c) Emergency telephone numbers for fire, ambulance, police and poison control and the child care facility address must be posted in a visible location. (d) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition. (e) Broken toys, furniture and equipment must be removed from areas accessible to children.

OAR 414-180-0025(13) Wading pools are prohibited for wading.

OAR 414-180-0025(14) The provider is responsible for the children in care. At all times the provider must: (a) Be within sight or sound of all children; (b) Be aware of what each child is doing; (c) Be near enough to children to respond when needed.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Certified School-Age Centers:**

OAR 414-310-0480(1) A School-Age Center must ensure that all toxic or potentially dangerous items, such as cleaning supplies and equipment, poisonous

and toxic materials, and flammable and corrosive materials, are stored in a manner that prevents use or access by children. (a) Toxic substances must be stored separately from medication, food service equipment, and food supplies. (b) Products including toxic substances must be stored and used according to the manufacturer's instructions including not storing products near heat sources. (c) Products must be stored in the original labeled containers. Any smaller containers or solutions mixed by staff must be labeled with the contents of the container.

OAR 414-310-0480(2) A School-Age Center must take steps to prevent children's exposure to the following if they exist on the premises: (a) Lead based paint. Any building or play structure constructed before 1978 that has peeling, flaking, chalking, or failing paint must be tested for lead. If lead-based paint is found, the center must contact the Oregon Health Authority within 5 working days and follow their required procedures for remediation of the lead hazard; (b) Plumbing and fixtures containing lead or lead solders; (c) Asbestos; (d) Toxic mold; and (e) Other identified toxins or hazards.

OAR 414-310-0480(3) A School-Age Center and staff must recognize, address, or remove potentially dangerous items and situations, using protective barriers to prevent children's access, if needed. A School-Age Center must: (a) Inspect the indoor and outdoor play areas and equipment daily for hazards, such as missing parts or broken equipment, sharp edges, splinters, and trash; and (b) Ensure open containers of water used for children's play, such as water tables, are emptied immediately after use.

OAR 414-310-0480(4) A School-Age Center must not permit any tobacco products such as cigarettes, cigars, and smokeless or vaping devices, illegal drugs, drug paraphernalia, hemp, marijuana, and marijuana infused products, or alcohol on the premises during operating hours or when children are present. This includes: (a) The playground; (b) Within 10 feet of any entrance, exit, or window that opens or any ventilation intake that serves an enclosed area; or (c) In any center vehicles or on any field trip.

OAR 414-310-0480(5) A School-Age Center must not permit the possession or storage of guns, firearms, weapons, or ammunition on the center premises at any time.

OAR 414-310-0480(6) A School-Age Center must ensure that all pools and other bodies of water such as hot tubs, spas, ponds, creeks, fountains, ornamental ponds, and rain barrels are inaccessible to all children. (a) Pools and hot tubs must be made inaccessible through one of the following methods: (A) A locking, rigid cover; (B) A minimum 4 foot high fence that begins at ground level, and all gates and doors that allow access are locked; (C) Four foot non-climbable sides with pool ladder removed or inaccessible; or (D) In a locked room or all doors that access the area are locked. (b) If a body of water is in proximity but not located on the premises, the center must provide a physical barrier on the property to prevent unsupervised access by children.

OAR 414-310-0480(7) A School-Age Center must keep the center free of insects, rodents, and other pests. (a) Automatic insecticide dispensers, vaporizers, or fumigants must not be used. (b) Pest control products must not be applied or used when children are present. After their application, children must not enter the area until indicated by the manufacturer's instructions.

OAR 414-310-0480(9) Personal items belonging to staff members must be stored according to applicable rules.

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers:**

OAR 414-305-0850(4)(a-e) A certified child care center must immediately clean up any spills of bio contaminants, such as urine, feces, blood, saliva, nasal discharge, eye discharge, and other bodily fluids as follows: (a) Staff must use disposable, nonporous gloves when handling bio contaminants; (b) Surfaces must be cleaned and disinfected; (c) Blood-contaminated material must be disposed of in a plastic bag with a secure tie or container with a disposable liner; (d) Gloves must be removed immediately after use, placed in a tied, sealed, or otherwise closed plastic bag and discarded immediately; and (e) Hands must be washed after using and disposing of the gloves.

ONB Programs:

OAR 414-320-0850, Maintenance and Sanitation

(5) A certified ONB program must immediately clean up any spills of bodily fluids, such as urine, feces, blood, vomit, saliva, nasal discharge, eye discharge, or other bodily fluids as follows:

(a) Staff must use disposable, nonporous gloves when handling bodily fluids;

(b) Surfaces must be cleaned and disinfected;

(c) Blood-contaminated material must be disposed of in a plastic bag with a secure tie or container with a disposable liner;

(d) Gloves must be removed immediately after use, placed in a tied, sealed, or otherwise closed plastic bag and discarded immediately; and

(e) Hands must be washed after using and disposing of the gloves.

(6) A certified ONB program must keep all garbage and bodily fluid waste in non-absorbent, easily washable containers with tight-fitting lids.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR 414-360-0850 (3) A provider must keep all garbage and bodily fluids waste in non-absorbent, easily washable containers with tight-fitting lids. (a) Garbage and waste must be removed from the premises at least once a week. (b) Non-food, non-hazardous items and items that do not cause offensive odors, such as paper towels, may be disposed of separately from garbage and waste inside the home,

in an uncovered container. (c) Garbage and waste containers and outdoor storage areas must be kept clean and minimize the presence of rodents, flies, roaches and other vermin. (d) Outdoor garbage storage must be inaccessible to children.

(7) A provider must immediately clean up any spills of bodily fluids, such as urine, feces, blood, and vomit as follows: (a) Caregivers must use disposable, nonporous gloves when handling bodily fluids; (b) Surfaces must be cleaned and disinfected; (c) Blood-contaminated material must be disposed of in a tied or sealed plastic bag and discarded immediately; (d) Gloves must be removed immediately after use, placed in a tied, sealed, or otherwise closed plastic bag and discarded immediately; and (e) Hands must be washed after using and disposing of the gloves.

Registered Family Child Care Homes

OAR 414-210-0850 (1) The registered family child care home and grounds shall be kept clean and free of litter or rubbish and unused or inoperable equipment, and vehicles. (a) All garbage, solid waste, and refuse must be disposed of regularly, in a safe and sanitary manner. (b) Outdoor garbage storage must be inaccessible to children.

(5) A provider must immediately clean up any spills of bodily fluids, such as urine, feces, blood, vomit, and other bodily fluids as follows: (a) Caregivers must use disposable, nonporous gloves when handling bodily fluids; (b) Surfaces must be cleaned and disinfected; (c) Blood-contaminated material must be disposed of in a tied or sealed plastic bag and discarded immediately; (d) Gloves must be removed immediately after use, placed in a tied, sealed, or otherwise closed plastic bag and discarded immediately; and (e) Hands must be washed after using and disposing of the gloves

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs:**

OAR 414-180-0020(8) Bio-contaminants including but not limited to bodily fluids and blood shall be disposed of in a manner that prevents exposure to children.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs:**

OAR 414-180-0020(8) Bio-contaminants including but not limited to bodily fluids and blood shall be disposed of in a manner that prevents exposure to children.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs:**

OAR 414-180-0020(8) Bio-contaminants including but not limited to bodily fluids and blood shall be disposed of in a manner that prevents exposure to children.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **Certified School-Age Centers:**

OAR 414-310-0490(3) A School-Age Center must immediately clean up any spills of bio contaminants, such as urine, feces, blood, saliva, nasal discharge, eye discharge, and other bodily fluids as follows: (a) Staff must use disposable, nonporous gloves when handling bio contaminants; (b) Surfaces must be cleaned and disinfected; (c) Blood-contaminated material must be disposed of in a plastic bag with a secure tie or container with a disposable liner; (d) Gloves must be removed immediately after use, placed in a tied, sealed, or otherwise closed plastic bag and discarded immediately; and (e) Hands must be washed after using and disposing of the gloves.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Certified Child Care Centers:**

Transportation Overview OAR 414-305-1200

(1) If a certified child care center transports children, the center must be in compliance with all applicable state laws, including current vehicle insurance that covers the driver, the vehicle, and all occupants.

(a) If a certified child care center contracts for transportation for children while they are in care, the center is responsible for ensuring the contracted entity meets OCC's transportation requirements including OAR 414-305-1200 through OAR

414-305-1240. The use of public-school transportation on behalf of the certified child care center is exempt from OAR 414-305-1200 through OAR 414-305-1240. (b) Documentation must be maintained as specified in OAR 414-305-0250, Program Records.

(c) A certified child care center must not transport children in vehicles or parts of vehicles not designed for transporting people, such as truck beds, campers, and trailers.

(2) When children are taken on field trips, the center must ensure that:

(a) When children are transported for long distances, the center provides rest and stretch stops as needed;

(b) Staff check a written list of children on the field trip frequently to account for the presence of all children and:

(A) Prior to boarding and exiting the vehicle; and

(B) Any time the group changes locations on site (e.g. when moving from one exhibit to the next);

(c) Each child wears an easily identifiable item, such as a label, shirt or wristband, listing the name and telephone number of the child care center; (d) Caregivers are easily identifiable; and

(e) A notice of field trips, including the date, destination, and estimated times of departure and return, is posted at least 48 hours in advance of a field trip

in a prominent place where parents and others may view it (also see OAR 414-305-0230, Parental Permissions and OAR 414-305-0260, Items Available to View).

Transportation Staffing OAR 414-305-1210

(1) If a driver is the only adult in the vehicle, a certified child care center must ensure that the driver:

- (a) Meets teacher or aide II qualifications and training requirements; and
- (b) Meets additional driver and ratio requirements under OAR 414-305-1210(2) through (3), Transportation Staffing.

(2) A certified child care center must ensure that drivers of a vehicle used to transport children:

- (a) Are at least 21 years of age;
- (b) Have a valid driver's license appropriate for the type of vehicle driven;
- (c) Are certified in first aid and CPR or accompanied by someone with certification;
- (d) Do not have any medical condition or use alcohol, drugs, tobacco or any medication that could compromise driving, supervision, or evacuation abilities;
- (e) Operate the vehicle in a legal and safe manner; and
- (f) Eliminate distractions such as the use of earphones or cell phones.

(3) A certified child care center must ensure that there are sufficient staff to meet the required staff-to-child ratios for each age group of children being transported.

(a) The driver may count in the staff-to-child ratios (also see OAR 414-305-0400,

Staff-to-Child Ratios and Group Size).

(b) One staff member must be at least aide II qualified (also see OAR 414-305-0350 Duties and Qualifications of Aides).

(c) A certified child care center may allow a parent to transport children other than the parent's own children without a qualified staff member present in the

vehicle, only if the parent meets aide II qualifications and transportation requirements as provided in these rules and is enrolled in the CBR.

(4) A certified child care center must provide adequate supervision to protect children during transportation.

(a) A certified child care center's responsibility begins at the pre-arranged pick-up time or when the child is picked up, whichever is earlier, and ends at the pre-arranged drop-off time or when the child is actually dropped off with the person designated by the parent, whichever is later.

(b) A certified child care center must never leave children unattended inside or outside of a vehicle.

(c) A certified child care center must immediately document attendance each time a child enters and exits the vehicle.

Transportation Safety OAR 414-305-1220

(1) A certified child care center must maintain the following items in the vehicle as well as at the center:

- (a) An operable phone;
 - (b) Program information including center name, address, and phone number;
 - (c) Proof of vehicle insurance;
 - (d) A checklist of all children being transported with any pick-up and delivery times and locations;
 - (e) Emergency medical information on each child including parents' contact information, special medical needs, medications, allergies, the name and phone number of the child's doctor, and emergency medical authorization forms;
 - (f) When transporting children with chronic medical conditions (such as asthma, diabetes, or seizures), their emergency care treatment plans, supplies and medication; and
 - (g) A first aid kit that is easily accessible to staff and not children, and with contents specified in OAR 414-305-1020, Injuries).
- (2) A certified child care center must ensure the following safety practices are followed:
- (a) The vehicle doors are locked when the vehicle is moving and when not in use.
 - (b) The motor is turned off, the brake set, and the keys removed whenever the driver leaves the vehicle.
 - (c) No vehicle window, except that of the driver, must be opened to more than 50 percent of its capacity when children are on board.
 - (d) Children's entire bodies must remain in the vehicle.
 - (e) Safe conduct to and from the vehicles and safe off-street loading spaces must be provided.
 - (A) Children must be loaded and unloaded only at the curb or at an off-street area protected from traffic on the same side of the street as the building they will enter.
 - (B) If children must cross a street, they must be accompanied by an adult.
 - (f) Staff must have clear instructions on handling emergency breakdowns and accidents, including vehicle evacuation procedures, supervision of the children, and contacting emergency help.
 - (g) Staff at the center must know the routine arrival and departure times of the vehicle and take action if the vehicle does not return at a scheduled time.
 - (h) Before leaving the vehicle, the driver or the last personnel in the vehicle must inspect all areas of the vehicle to prevent a child from being left in the vehicle.

ONB Programs

OAR 414-320-1200, Transportation Overview

(1) If a certified ONB program transports children, the certified ONB program must be in compliance with all applicable state laws, including current vehicle insurance that covers the driver, the vehicle, and all occupants.

(a) If a certified ONB program contracts for transportation for children while they are in care, the certified ONB program is responsible for ensuring the contracted entity meets DELC's transportation requirements including OAR 414-320-1200 through OAR 414-320-1240. The use of public school transportation on behalf of the certified ONB program is exempt from OAR 414-320-1200 through

OAR 414-320-1240 .

(b) Documentation must be maintained as specified in OAR 414-320-0250 , Program Records.

(c) A certified ONB program must not transport children in vehicles or parts of vehicles not designed for transporting people, such as truck beds, campers, and trailers.

(2) When children are taken on field trips, the certified ONB program must ensure that:

(a) When children are transported for long distances, the program provides rest and stretch stops as needed;

(b) Staff check a written list of children on the field trip frequently to account for the presence of all children and:

(A) Prior to boarding and exiting the vehicle; and

(B) Any time the group changes locations on site (e.g. when moving from one exhibit to the next);

(c) Each child wears an easily identifiable item, such as a label, shirt or wristband, listing the name and telephone number of the ONB program;

(d) Caregivers are easily identifiable; and

(e) A notice of field trips, including the date, destination, and estimated times of departure and return, is posted at least 48 hours in advance of a field trip in a prominent place where parents and others may view it (also see OAR 414-320-0230, Parental Permissions and OAR 414-320-0260, Items Available to View).

OAR 414-320-1210, Transportation Staffing

(1) If a driver is the only adult in the vehicle, a certified ONB program must ensure that the driver:

(a) Meets teacher or aide II qualifications and training requirements; and

(b) Meets additional driver and ratio requirements under OAR 414-320-1210(2) through (3), Transportation Staffing.

(2) A certified ONB program must ensure that drivers of a vehicle used to transport children:

(a) Are at least 21 years of age;

(b) Have a valid driver's license appropriate for the type of vehicle driven;

(c) Are certified in first aid and CPR or accompanied by someone with certification;

(d) Do not have any medical condition or use alcohol, drugs, tobacco or any medication that could compromise driving, supervision, or evacuation abilities;

(e) Operate the vehicle in a legal and safe manner; and

(f) Eliminate distractions such as the use of earphones or cell phones.

(3) A certified ONB program must ensure that there are sufficient staff to meet the required staff-to-child ratios for each age group of children being transported.

(a) The driver may count in the staff-to-child ratios (also see OAR 414-320-0400, Staff-to-Child Ratios and Group Size).

(b) One staff member must be at least aide II qualified (also see OAR 414-320-0350 Duties and Qualifications of Aides).

(c) A certified ONB program may allow a parent to transport children other than the parent's own children without a qualified staff member present in the vehicle, only if the parent meets aide II qualifications and transportation requirements as

provided in these rules, and is enrolled in the CBR.

(4) A certified ONB program must provide adequate supervision to protect children during transportation. A certified ONB program must:

- (a) Never leave children unattended inside or outside the vehicle;
- (b) Immediately document attendance each time a child enters and exits the vehicle; and
- (c) Follow notification requirements listed in OAR 414-320-0270(5)(b) if a child is not at a designated pick-up location.

OAR 414-320-1220, Transportation Safety

(1) A certified ONB program must maintain the following items in the vehicle as well as on the premises of the certified ONB program:

- (a) An operable phone;
- (b) Program information including ONB program name, address, and phone number;
- (c) Proof of vehicle insurance;
- (d) A checklist of all children being transported with any pick-up and delivery times and locations;
- (e) Emergency medical information on each child including parents' contact information, special medical needs, medications, allergies, the name and phone number of the child's doctor, and emergency medical authorization forms;
- (f) When transporting children with chronic medical conditions (such as asthma, diabetes, or seizures), their emergency care treatment plans, supplies and medication; and
- (g) A first aid kit that is easily accessible to staff and not children, and with contents specified in OAR 414-320-1020, Injuries.

(2) A certified ONB program must ensure the following safety practices are followed:

- (a) The vehicle doors are locked when the vehicle is moving and when not in use.
- (b) The motor is turned off, the brake set, and the keys removed whenever the driver leaves the vehicle.
- (c) No vehicle window, except that of the driver, is opened to more than 50 percent of its capacity when children are on board.
- (d) Children's entire bodies remain in the vehicle.
- (e) Safe conduct to and from the vehicles and safe off-street loading spaces is provided.
 - (A) Children must be loaded and unloaded only at the curb or at an off-street area protected from traffic on the same side of the street as the building they will enter; and
 - (B) If children must cross a street, they must be accompanied by an adult.
- (f) Staff must have clear instructions on handling emergency breakdowns and accidents, including vehicle evacuation procedures, supervision of the children, and contacting emergency help.
- (g) Staff at the certified ONB program must know the routine arrival and departure times of the vehicle and take action if the vehicle does not return at a scheduled time.
- (h) Before leaving the vehicle, the driver or the last personnel in the vehicle must inspect all areas of the vehicle to prevent a child from being left in the

vehicle.

ORAR 414-320-1230, Passenger Restraints and Seating

A certified ONB program must meet the following passenger restraint and seating rules to ensure children's safety during transportation:

- (1) The manufacturer's maximum seating capacity for the vehicle is not exceeded;
- (2) Child passenger restraint systems and seat belts must be used according to law, meet federal motor vehicle standards and installed in accordance with the manufacturer's instructions;
- (3) Restraint systems are properly maintained, such as not expired, recalled, or previously involved in a crash;
- (4) Child care children are not permitted to ride in the front seat of a vehicle;
- (5) All adult passengers in a vehicle transporting children, other than a large school bus, must be properly restrained by safety belts before starting the vehicle and at all times the vehicle is in motion; and
- (6) Vehicles that meet the definition of a school bus that transport passengers in wheelchairs must comply with manufacturer's instructions and specifications.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**
 - (1) If a provider transports children, the provider must be in compliance with all applicable state laws, including current vehicle insurance that covers the driver, the vehicle, and all occupants.
 - (2) A provider must not transport children in vehicles or parts of vehicles not designed for transporting people, such as truck beds, campers, and trailers.
 - (3) When children are taken on field trips, a provider must ensure that: (a) Caregivers check a written list of children on the field trip frequently to account for the presence of all children and: (A) Prior to boarding and exiting the vehicle; and (B) Any time the group changes locations on site (e.g. when moving from one exhibit to the next). (b) When 6 or more children are taken on a field trip: (A) Each child must wear an easily identifiable item, such as a label, shirt or wristband, listing the name and telephone number of the certified family child care; and (B) Caregivers are easily identifiable.
 - (4) If firearms and ammunition are stored in the vehicle, they must be stored as specified in ORAR 414-360-0840(11).
 - (5) If the driver is the only adult in the vehicle, a provider must ensure that the driver: (a) Meets assistant II qualifications and training requirements (also see ORAR 414-360-0340(3)); and (b) Meets additional driver and ratio requirements under ORAR 414-360-1200(6) and (7).
 - (6) A provider must ensure that drivers of a vehicle used to transport children: (a) Are at least 18 years of age; (b) Have a valid driver's license appropriate for the type of vehicle driven; (c) Do not have any medical condition or use alcohol, drugs, tobacco or any medication that could compromise driving, supervision, or evacuation abilities; (d) Operate the vehicle in a legal and safe manner; and (e) Eliminate distractions such as the use of earphones or cell phones.

(7) A provider must ensure that there are sufficient caregivers to meet the required caregiver-to-child ratios for children being transported. (a) The driver may also count in caregiver-to-child ratios. (b) One caregiver must be at least assistant II qualified (also see OAR 414-360-0340(3)).

(8) A provider may allow a parent to transport children other than the parent's own children without a qualified caregiver present in the vehicle, only if the parent meets assistant II qualifications and transportation requirements as provided in these rules, and is enrolled in the CBR.

(9) A provider must never leave children unattended inside or outside of a vehicle.

(10) A provider must maintain the following items in the vehicle as well as at the home: (a) An operable phone; (b) Proof of vehicle insurance; (c) Emergency medical information on each child including parents' contact information, special medical needs, medications, allergies, the name and phone number of the child's doctor, and emergency medical authorization forms; (d) When transporting children with chronic medical conditions (such as asthma, diabetes, or seizures), their emergency care treatment plans, supplies and medication; and (e) A first aid kit that is easily accessible to staff and not children, and with contents specified in OAR 414-360-1020(2), Injuries).

(11) A provider must ensure the following safety practices are followed: (a) The vehicle doors are locked when the vehicle is moving and when not in use. (b) The motor is turned off, the brake set, and the keys removed whenever the driver leaves the vehicle. (c) No vehicle window, except that of the driver, must be opened to more than 50 percent of its capacity when children are on board. (d) Children's entire bodies must remain in the vehicle. (e) Safe conduct to and from the vehicles and safe off-street loading spaces must be provided. (A) Children must be loaded and unloaded only at the curb or at an off-street area protected from traffic on the same side of the street as the building they will enter. (B) If children must cross a street, they must be accompanied by an adult.

OAR 414-360-1230 (1) A provider must meet the following passenger restraint and seating rules to ensure children's safety during transportation: (a) The manufacturer's maximum seating capacity for the vehicle is not exceeded; (b) Child passenger restraint systems and seat belts must be used according to law, meet federal motor vehicle standards and installed in accordance with the manufacturer's instructions; (c) Restraint systems are properly maintained, such as not expired, recalled, or previously involved in a crash; (d) Child care children are not permitted to ride in the front seat of a vehicle; and (e) All adult passengers in a vehicle transporting children, other than a large school bus, must be properly restrained by safety belts before starting the vehicle and at all times the vehicle is in motion.

(2) A provider must ensure that all vehicles used for transportation meet the following: (a) Vehicles, including school buses, are in compliance with all applicable state and local motor vehicle laws. (b) If a provider uses vans designed for 10 or more passengers and manufactured prior to 2010: (A) Travel speed may not exceed 50 mph; and (B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by CCLD or on a form provided by the inspector which contains the same information. (c) Vehicles have a current license plate and registration as required

by Oregon state transportation laws, including vehicles driven by volunteers. (d) Vehicles are maintained in good repair and safe operating condition at all times

Registered Family Child Care Homes:

ORAR 414-210-1200(1) If a provider transports children, the provider must be in compliance with all applicable state laws, including current vehicle insurance that covers the driver, the vehicle, and all occupants.

(2) A provider must not transport children in vehicles or parts of vehicles not designed for transporting people, such as truck beds, campers, and trailers.

(3) When children are taken on field trips, a provider must ensure that: (a) Caregivers check a written list of children on the field trip frequently to account for the presence of all children and: (A) Prior to boarding and exiting the vehicle; and (B) Any time the group changes locations on site (e.g. when moving from one exhibit to the next) (b) When 6 or more children are taken on a field trip: (A) Each child must wear an easily identifiable item, such as a label, shirt or wristband, listing the name and telephone number of the registered family child care; and (B) Caregivers are easily identifiable.

(4) If firearms and ammunition are stored in the vehicle, they must be stored as specified in ORAR 414-210-0840(11).

(5) Only the provider or a substitute provider may transport child care children and must meet the following requirements: (a) Have a valid driver's license appropriate for the type of vehicle driven; (b) Do not have any medical condition or use alcohol, drugs, tobacco or any medication that could compromise driving, supervision, or evacuation abilities; (c) Operate the vehicle in a legal and safe manner; and (d) Eliminate distractions such as the use of earphones or cell phones.

(6) A provider may allow a parent to transport children other than the parent's own children without a provider or substitute provider present in the vehicle, only if the parent meets substitute provider qualifications and transportation requirements as provided in these rules, and is enrolled in the CBR.

(7) A provider must never leave children unattended inside or outside of a vehicle.

(8) A provider must maintain the following items in the vehicle as well as at the home: (a) An operable phone; (b) Proof of vehicle insurance; (c) Emergency medical information on each child including parents' contact information, special medical needs, medications, allergies, the name and phone number of the child's doctor, and emergency medical authorization forms; (d) When transporting children with chronic medical conditions (such as asthma, diabetes, or seizures), their emergency care treatment plans, supplies and medication; and (e) A first aid kit that is easily accessible to staff and not children, and with contents specified in ORAR 414-210-1020(2), Injuries).

(9) A provider must ensure the following safety practices are followed: (a) The vehicle doors are locked when the vehicle is moving and when not in use. (b) The motor is turned off, the brake set, and the keys removed whenever the driver leaves the vehicle. (c) No vehicle window, except that of the driver, must be opened to more than 50 percent of its capacity when children are on board. (d) Children's entire bodies must remain in the vehicle. (e) Safe conduct to and from

the vehicles and safe off-street loading spaces must be provided. (A) Children must be loaded and unloaded only at the curb or at an off-street area protected from traffic on the same side of the street as the building they will enter. (B) If children must cross a street, they must be accompanied by an adult.

OAR 414-210-1230 (1) A provider must meet the following passenger restraint and seating rules to ensure children’s safety during transportation: (a) The manufacturer’s maximum seating capacity for the vehicle is not exceeded; (b) Child passenger restraint systems and seat belts must be used according to law, meet federal motor vehicle standards and installed in accordance with the manufacturer’s instructions; (c) Restraint systems are properly maintained, such as not expired, recalled, or previously involved in a crash; (d) Child care children are not permitted to ride in the front seat of a vehicle; and (e) All adult passengers in a vehicle transporting children, other than a large school bus, must be properly restrained by safety belts before starting the vehicle and at all times the vehicle is in motion.

(2) A provider must ensure that all vehicles used for transportation meet the following: (a) Vehicles, including school buses, are in compliance with all applicable state and local motor vehicle laws. (b) If a provider uses vans designed for 10 or more passengers and manufactured prior to 2010: (A) Travel speed may not exceed 50 mph; and (B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by CCLD or on a form provided by the inspector which contains the same information. (c) Vehicles have a current license plate and registration as required by Oregon state transportation laws, including vehicles driven by volunteers. (d) Vehicles are maintained in good repair and safe operating condition at all times.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0025 (19) If a caregiver is transporting children, the caregiver must have a valid driver's license and proof of appropriate insurance. **(20)** The number of children transported shall not exceed the number of seat belts or child safety systems available in the vehicle. **(21)** The provider must take precautions to protect children from vehicular traffic. The provider shall: (a) Require drop off and pick up only at the curb or at an off-street location protected from traffic. (b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves. **(22)** The following vehicles may be used to transport child care children: (a) A vehicle manufactured to carry fewer than ten passengers; (b) A school bus or a multi-function school activity bus; (c) A vehicle manufactured to carry ten or more passengers that was manufactured in 2010 or after; or (d) A vehicle manufactured to carry ten or more passengers that was manufactured before 2010, with the following conditions: (A) Travel speed may not exceed 50 mph;

and (B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by the Department or on a form provided by the inspector which contains the same information. (23) The provider must have a written statement from the parent(s) regarding whether or not the provider is authorized to: (a) Take a child on a field trip or other activity outside the child care facility or participate in any water activity; and (b) Transport a child to or from school or allow a child to bus or walk to or from school or child care facility.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0025 (19) If a caregiver is transporting children, the caregiver must have a valid driver's license and proof of appropriate insurance. (20) The number of children transported shall not exceed the number of seat belts or child safety systems available in the vehicle. (21) The provider must take precautions to protect children from vehicular traffic. The provider shall: (a) Require drop off and pick up only at the curb or at an off-street location protected from traffic. (b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves. (22) The following vehicles may be used to transport child care children: (a) A vehicle manufactured to carry fewer than ten passengers; (b) A school bus or a multi-function school activity bus; (c) A vehicle manufactured to carry ten or more passengers that was manufactured in 2010 or after; or (d) A vehicle manufactured to carry ten or more passengers that was manufactured before 2010, with the following conditions: (A) Travel speed may not exceed 50 mph; and (B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by the Department or on a form provided by the inspector which contains the same information. (23) The provider must have a written statement from the parent(s) regarding whether or not the provider is authorized to: (a) Take a child on a field trip or other activity outside the child care facility or participate in any water activity; and (b) Transport a child to or from school or allow a child to bus or walk to or from school or child care facility.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-180-0025 (19) If a caregiver is transporting children, the caregiver must have a valid driver's license and proof of appropriate insurance. (20) The number of children transported shall not exceed the number of seat belts or child safety systems available in the vehicle. (21) The provider must take precautions to protect children from vehicular traffic. The provider shall: (a) Require drop off and pick up only at the curb or at an off-street location protected from traffic. (b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves. (22) The following vehicles may be used to transport child care children: (a) A vehicle manufactured to carry fewer than ten passengers; (b) A school bus or a multi-function school activity bus; (c) A vehicle manufactured to carry ten or more

passengers that was manufactured in 2010 or after; or (d) A vehicle manufactured to carry ten or more passengers that was manufactured before 2010, with the following conditions: (A) Travel speed may not exceed 50 mph; and (B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by the Department or on a form provided by the inspector which contains the same information. (23) The provider must have a written statement from the parent(s) regarding whether or not the provider is authorized to: (a) Take a child on a field trip or other activity outside the child care facility or participate in any water activity; and (b) Transport a child to or from school or allow a child to bus or walk to or from school or child care facility.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.**

Certified School-Age Centers

OAR 414-310-0210 (1)(e) A School-Age Center must have signed parent permission prior to transporting a child that includes:

- (A) The child’s name;**
- (B) The purpose of transportation;**
- (C) Whether a center or personal vehicle is used and whether the driver is staff or a volunteer; and**
- (D) A specific pick-up and drop-off plan that addresses the location, times, and transfer of supervision.**

Transportation Overview

OAR 414-310-0630

1) If a School-Age Center transports children, the center must follow all applicable state laws, including current vehicle insurance that covers the driver, the vehicle, and all occupants.

(a) If a School-Age Center contracts for transportation for children while they are in care, the center is responsible for ensuring the contracted entity meets CCLD’s transportation requirements including OAR 414-310-0630 through OAR 414-310-0670. The use of public-school transportation on behalf of the School-Age Center is exempt from OAR 414-310-0630 through OAR 414-310-0670.

(b) Documentation must be maintained as specified in OAR 414-310-0240 Program Records.

(c) A School-Age Center must not transport children in vehicles or parts of vehicles not designed for transporting people, such as truck beds, campers, and trailers.

(2) When children are taken on field trips, the center must ensure that:

(a) When children are transported for long distances, the center provides rest and stretch stops as needed.

(b) Staff check a written list of children on the field trip frequently to account for

the presence of all children and:

- (A) Prior to boarding and exiting the vehicle; and
- (B) Any time the group changes locations on site (e.g. when moving from one exhibit to the next)
- (c) Each child wears an easily identifiable item, such as a label, shirt or wristband, listing the name and telephone number of the center;
- (d) Caregivers are easily identifiable; and
- (e) A notice of field trips, including the date, destination, and estimated times of departure and return, is posted at least 48 hours in advance of a field trip in a prominent place where parents and others may view it (also see OAR 414-310-0210 Parental Permissions and OAR 414-310-0250 Items Available to View).

Transportation Staffing

OAR 414-310-0640

- (1) If a driver is the only adult in the vehicle, a School-Age Center must ensure that the driver:
 - (a) Meets Program Leader qualifications and training requirements; and
 - (b) Meets additional driver and ratio requirements under OAR 414-310-0640, Transportation Staffing.
- (2) A School-Age Center must ensure that drivers of a vehicle used to transport children:
 - (a) Are at least 21 years of age;
 - (b) Have a valid driver's license appropriate for the type of vehicle driven;
 - (c) Are certified in first aid and CPR or accompanied by someone with certification;
 - (d) Do not have any medical condition or use alcohol, drugs, tobacco or any medication that could compromise driving, supervision, or evacuation abilities;
 - (e) Operate the vehicle in a legal and safe manner; and
 - (f) Eliminate distractions such as the use of earphones or cell phones.
- (3) A School-Age Center must ensure that there are sufficient staff to meet the required staff-to-child ratios for each age group of children being transported.
 - (a) The driver may count in the staff-to-child ratios (also see OAR 414-310-0360 Staff-to-Child Ratios and Group Size).
 - (b) One staff member must be at least Program Leader qualified (also see OAR 414-310-0300, Program Leaders).
 - (c) A School-Age Center may allow a parent to transport children other than the parent's own children without a qualified staff member present in the vehicle, only if the parent meets Program Leader qualifications and transportation requirements as provided in these rules and is enrolled in the CBR.
- (4) A School-Age Center must provide adequate supervision to protect children during transportation. A School-Age Center must:
 - (a) Never leave children unattended inside or outside the vehicle;
 - (b) Immediately document each time a child enters and exits the vehicle; and
 - (c) Follow notification requirements listed in OAR 414-310-0260(5) if a child is not at a designated pick-up location.

Transportation Safety

OAR 414-310-0650

(1) A School-Age Center must maintain the following items in the vehicle as well as at the center:

- (a) An operable phone;
- (b) Program information including center name, address, and phone number;
- (c) Proof of vehicle insurance;
- (d) A checklist of all children being transported with any pick-up and delivery times and locations;
- (e) Emergency medical information on each child including parents' contact information, special medical needs, medications, allergies, the name and phone number of the child's doctor, and emergency medical authorization forms;
- (f) When transporting children with chronic medical conditions (such as asthma, diabetes, or seizures), their emergency care treatment plans, supplies and medication; and
- (g) A first aid kit that is easily accessible to staff and not to children with contents specified in OAR 414-310-0560, Injuries).

(2) A School-Age Center must ensure the following safety practices are followed:

- (a) The vehicle doors are locked when the vehicle is moving and when not in use.
- (b) The motor is turned off, the brake set, and the keys removed whenever the driver leaves the vehicle.
- (c) No vehicle window, except that of the driver, must be opened to more than 50 percent of its capacity when children are on board.
- (d) Children's entire bodies must remain in the vehicle.
- (e) Safe conduct to and from the vehicles and safe off-street loading spaces must be provided.
- (A) Children must be loaded and unloaded only at the curb or at an off-street area protected from traffic on the same side of the street as the building they will enter.
- (B) If children must cross a street, they must be accompanied by an adult.
- (f) Staff must have clear instructions on handling emergency breakdowns and accidents, including vehicle evacuation procedures, supervision of the children, and contacting emergency help.
- (g) Staff at the center must know the routine arrival and departure times of the vehicle and act if the vehicle does not return at a scheduled time.
- (h) Before leaving the vehicle, the driver or the last personnel in the vehicle must inspect all areas of the vehicle to prevent a child from being left in the vehicle.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Centers:**

Staffing Requirements

OAR 414-305-0300

(3) A certified child care center must ensure that at least one person who has current certification in first aid and Pediatric Cardiopulmonary Resuscitation (CPR) is present in the center at all times, during transportation, and on field trips.

Orientation and Initial Training OAR 414-305-0370

(3) A certified child care center’s staff and substitutes, with the exception of cooks, must:

(a) Have current certification in first aid and pediatric CPR within the first 90 days of hire. On-line CPR training is only acceptable if it includes hands-on instruction. First aid and pediatric CPR must be kept current during employment at the center.

Transportation Staffing 414-305-1210

(2) A certified child care center must ensure that drivers of a vehicle used to transport children:

(c) Are certified in first aid and CPR or accompanied by someone with certification.

ONB Programs:

OAR 414-320-0300, General Staffing Requirements

(3) A certified ONB program must ensure that at least one individual who has current certification in pediatric Cardiopulmonary Resuscitation (CPR) and first aid is present with each group of children at the ONB program at all times, including during transportation, and on field trips.

(4) If a certified ONB program is operating in a location where it would take more than 30 minutes to reach emergency medical care, including the time it would take an emergency responder to walk from the trailhead or parking area to the potential location, there must be at least one staff person certified in wilderness first aid and CPR present with each group of children.

OAR 414-320-0370, Orientation and Initial Training

(3) A certified ONB program’s staff and substitutes, with the exception of cooks, must complete the following within 90 days of hire and prior to having unsupervised access to children:

(a) Have current certification in pediatric CPR and first aid. Online CPR training is only acceptable if it includes hands-on instruction. Pediatric CPR and first aid must be kept current during employment at the certified ONB program.

OAR 414-320-1210, Transportation Staffing

(1) If a driver is the only adult in the vehicle, a certified ONB program must ensure that the driver:

(c) Are certified in first aid and CPR or accompanied by someone with certification;

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR 414-360-0370(1) Prior to being issued an initial certificate, a provider must complete: (d) Current certification in pediatric CPR and first aid. CPR training must have practical hands-on instruction. CPR courses that involve an on-line component with hands-on instruction may be accepted. Strictly on-line CPR training is not acceptable;

(3) A provider must ensure that all caregivers, including substitutes: (c) Complete the following within 90 days of beginning work in the home and prior to having unsupervised access to children: (A) Current certification in pediatric CPR and first aid. On-line CPR training is only acceptable if it includes hands-on instruction. Pediatric CPR and first aid must be kept current during employment at the certified family child care home;

Registered Family Child Care Homes:

OAR 414-210-0370 (1) When a person submits a new application for registration as a registered family child care, CCLD shall, prior to approving the registration, receive evidence from the applicant that the person has completed: (e) Current certification in pediatric CPR and first aid. CPR training must have practical hands-on instruction. CPR courses that involve an on-line component with hands-on instruction may be accepted. Strictly on-line CPR training is not acceptable

(3) A provider must ensure that prior to having unsupervised access to children, substitute providers: (b) Complete the following: (D) Current certification in pediatric CPR and first aid within the first 90 days of hire. On-line CPR training is only acceptable if it includes hands-on instruction. Pediatric CPR and first aid certification must be kept current while working in the registered family child care home;

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs:**

Initially Regulated Subsidy Program providers must take the Introduction to child care health & safety class, provider Orientation part one and two, Recognizing and Reporting Child Abuse and Neglect, and Infant CPR/First Aid Training. RS providers (license exempt non-relative providers) must take a child development

training, Foundation for Learning, through the Oregon Registry within 90 days of becoming approved by ERDC, to remain an approved provider. RS providers will also need to take six additional hours in each two-year period. The six hours include: two hours in Human Growth and Development (HGD), two hours in Understanding and Guiding Behavior (UGB), and providers must complete a one-hour training annually (each year) in Health, Safety & Nutrition (HSN). License exempt facility staff must also take these training courses.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Regulated Subsidy Programs:

Initially Regulated Subsidy Program providers must take the Introduction to child care health & safety class, provider Orientation part one and two, Recognizing and Reporting Child Abuse and Neglect, and Infant CPR/First Aid Training. RS providers (license exempt non-relative providers) must take a child development training, Foundation for Learning, through the Oregon Registry within 90 days of becoming approved by ERDC, to remain an approved provider. RS providers will also need to take six additional hours in each two-year period. The six hours include: two hours in Human Growth and Development (HGD), two hours in Understanding and Guiding Behavior (UGB), and providers must complete a one-hour training annually (each year) in Health, Safety & Nutrition (HSN). License exempt facility staff must also take these training courses.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:
Regulated Subsidy Programs:

Initially Regulated Subsidy Program providers must take the Introduction to child care health & safety class, provider Orientation part one and two, Recognizing and Reporting Child Abuse and Neglect, and Infant CPR/First Aid Training. RS providers (license exempt non-relative providers) must take a child development training, Foundation for Learning, through the Oregon Registry within 90 days of becoming approved by ERDC, to remain an approved provider. RS providers will also need to take six additional hours in each two-year period. The six hours include: two hours in Human Growth and Development (HGD), two hours in Understanding and Guiding Behavior (UGB), and providers must complete a one-hour training annually (each year) in Health, Safety & Nutrition (HSN). License exempt facility staff must also take these training courses.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: For licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.

School-Age Child Care Centers: Staff Records

General Staffing Requirements OAR 414-310-0270

- (1) A School-Age Center must ensure that at least one person who has current certification in first aid and Pediatric Cardiopulmonary Resuscitation (CPR) is present in the center at all times, during transportation, and on field trips.

Orientation and Initial Training 414-310-0330 (3) A school-age center must ensure that staff and substitutes complete the following within 90 days of hire: (a) Current certification in first aid and pediatric CPR. Online CPR training is only acceptable if it includes hands-on instruction. First aid and pediatric CPR must be kept current during employment at the center;

OAR 414-310-0300(2) A Program Leader must: (b) Meet the initial and annual training requirements (also see OAR 414-310-0340, Annual Training and OAR 414-310-0330, Orientation and Initial Training);

OAR 414-310-0310(2) An Assistant Program Leader must: (d) Meet the initial training requirements (also see 414-310-0330, Orientation and Initial Training).

Transportation Staffing OAR 414-310-0640

(2) A School-Age Center must ensure that drivers of a vehicle used to transport children: (c) Are certified in first aid and CPR or accompanied by someone with certification;

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs:**

Initially Regulated Subsidy Program providers must take the Introduction to child care health & safety class, provider Orientation part one and two, Recognizing and Reporting Child Abuse and Neglect, and Infant CPR/First Aid Training. RS providers (license exempt non-relative providers) must take a child development training, Foundation for Learning, through the Oregon Registry within 90 days of becoming approved by ERDC, to remain an approved provider. RS providers will also need to take six additional hours in each two-year period. The six hours include: two hours in Human Growth and Development (HGD), two hours in Understanding and Guiding Behavior (UGB), and providers must complete a one-hour training annually (each year) in Health, Safety & Nutrition (HSN). License exempt facility staff must also take these training courses.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.**

School-Age Child Care Centers:

Staff Records

OAR 414-310-0230

A School-Age Center must maintain current personnel records for each staff, in paper or electronic format, which include: (8) Current first aid and CPR training certificate; (1) A School-Age Center must maintain records that demonstrate

compliance with all rules for 2 years following the record’s creation, such as parent permissions, attendance records, emergency preparedness drills, and pet vaccinations. (a) A School-Age Center may store records off-site that are older than one year, but they must be made available within 48 hours, upon request. A School-Age Center must make all other records available to CCLD at all times. (C) Documentation that the staff has completed an orientation, first aid and CPR training, and food handler certifications, as appropriate.

General Staffing Requirements

OAR 414-310-0270

(3) A School-Age Center must ensure that at least one person who has current certification in first aid and Pediatric Cardiopulmonary Resuscitation (CPR) is present in the center at all times, during transportation, and on field trips.

Orientation and Initial Training

414-310-0330

4) A School-Age Center may count the following initial required staff training toward the 15 clock hours of annual training during the first year of employment. These hours, with the exception of (g) cannot be applied toward the requirement of 8 hours in child development or early childhood education:

(b) First aid and pediatric CPR training; (5) During subsequent years of employment, a School-Age Center may count the following repeated training as part of the 15 clock hours of training:

(a) 5 hours of first aid and pediatric CPR training; (3) A School-Age Center must ensure that staff and substitutes complete the following within 90 days of hire:

(a) Current certification in first aid and pediatric CPR. Online CPR training is only acceptable if it includes hands-on instruction. First aid and pediatric CPR must be kept current during employment at the center;

Transportation Staffing

OAR 414-310-0640

(2) A School-Age Center must ensure that drivers of a vehicle used to transport children: (c) Are certified in first aid and CPR or accompanied by someone with certification;

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Certified Child Care Centers:**

General Staffing Requirements OAR 414-305-0300

(3) A certified child care center must ensure that at least one person who has current certification in first aid and Pediatric Cardiopulmonary Resuscitation (CPR) is present in the center at all times, during transportation, and on field trips.

Orientation and Initial Training OAR 414-305-0370

(3) A certified child care center’s staff and substitutes, with the exception of cooks, must:

(a) Have current certification in first aid and pediatric CPR within the first 90 days of hire. On-line CPR training is only acceptable if it includes hands-on instruction. First aid and pediatric CPR must be kept current during employment at the center.

Transportation Staffing 414-305-1210

(2) A certified child care center must ensure that drivers of a vehicle used to transport children:

(c) Are certified in first aid and CPR or accompanied by someone with certification;

ONB Programs:

OAR 414-320-0300, General Staffing Requirements

(3) A certified ONB program must ensure that at least one individual who has current certification in pediatric Cardiopulmonary Resuscitation (CPR) and first aid is present with each group of children at the ONB program at all times, including during transportation, and on field trips.

(4) If a certified ONB program is operating in a location where it would take more than 30 minutes to reach emergency medical care, including the time it would take an emergency responder to walk from the trailhead or parking area to the potential location, there must be at least one staff person certified in wilderness first aid and CPR present with each group of children.

OAR 414-320-0370, Orientation and Initial Training

(3) A certified ONB program’s staff and substitutes, with the exception of cooks, must complete the following within 90 days of hire and prior to having unsupervised access to children:

(a) Have current certification in pediatric CPR and first aid. Online CPR training is only acceptable if it includes hands-on instruction. Pediatric CPR and first aid must be kept current during employment at the certified ONB program.

OAR 414-320-1210, Transportation Staffing

(1) If a driver is the only adult in the vehicle, a certified ONB program must ensure that the driver:

(c) Are certified in first aid and CPR or accompanied by someone with certification;

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR 414-360-0370(1) Prior to being issued an initial certificate, a provider must complete: (d) Current certification in pediatric CPR and first aid. CPR training must have practical hands-on instruction. CPR courses that involve an on-line component with hands-on instruction may be accepted. Strictly on-line CPR training is not acceptable;

(3) A provider must ensure that all caregivers, including substitutes: (c) Complete the following within 90 days of beginning work in the home and prior to having unsupervised access to children: (A) Current certification in pediatric CPR and first aid. On-line CPR training is only acceptable if it includes hands-on instruction. Pediatric CPR and first aid must be kept current during employment at the certified family child care home;

Registered Family Child Care Homes:

OAR 414-210-0370 (1) When a person submits a new application for registration as a registered family child care, CCLD shall, prior to approving the registration, receive evidence from the applicant that the person has completed: (e) Current certification in pediatric CPR and first aid. CPR training must have practical hands-on instruction. CPR courses that involve an on-line component with hands-on instruction may be accepted. Strictly on-line CPR training is not acceptable

(3) A provider must ensure that prior to having unsupervised access to children, substitute providers: (b) Complete the following: (D) Current certification in pediatric CPR and first aid within the first 90 days of hire. On-line CPR training is only acceptable if it includes hands-on instruction. Pediatric CPR and first aid certification must be kept current while working in the registered family child care home;

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs:**

OAR 414-175-0080

(12) Legally exempt providers that are not a legally exempt relative to all children in care must meet all of the requirements in this section:

(a) Before approval by the Department:

(A) Have an up-to-date, in-person infant and child CPR and first aid certification or have a currently valid waiver of this requirement from the Child Care Resource

and Referral program.

(B) Complete the Recognizing and Reporting Child Abuse and Neglect (RRCAN) web-based or classroom training.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs:**

OAR 414-175-0080

(12) Legally exempt providers that are not a legally exempt relative to all children in care must meet all of the requirements in this section:

(a) Before approval by the Department:

(A) Have an up-to-date, in-person infant and child CPR and first aid certification or have a currently valid waiver of this requirement from the Child Care Resource and Referral program.

(B) Complete the Recognizing and Reporting Child Abuse and Neglect (RRCAN) web-based or classroom training.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs:**

OAR 414-175-0080

(12) Legally exempt providers that are not a legally exempt relative to all children in care must meet all of the requirements in this section:

(a) Before approval by the Department:

(A) Have an up-to-date, in-person infant and child CPR and first aid certification or have a currently valid waiver of this requirement from the Child Care Resource and Referral program.

(B) Complete the Recognizing and Reporting Child Abuse and Neglect (RRCAN) web-based or classroom training.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Regulated Subsidy Programs:**

OAR 414-175-0080

(12) Legally exempt providers that are not a legally exempt relative to all children in care must meet all of the requirements in this section:

(a) Before approval by the Department:

(A) Have an up-to-date, in-person infant and child CPR and first aid certification or have a currently valid waiver of this requirement from the Child Care Resource and Referral program.

(B) Complete the Recognizing and Reporting Child Abuse and Neglect (RRCAN) web-based or classroom training.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible

providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers (applies to all children in care):**

OAR 414-305-0200(2) A certified child care center must provide the following written information to parents, staff, and volunteers: (q) Prevention of and duty to report suspected child abuse and neglect;

OAR 414-305-0370 (2) A certified child care center must ensure staff, including substitutes, complete the following within 30 days of hire and prior to having unsupervised access to children:

(a) Introduction to Child Care Health and Safety; and

(b) A minimum of 2 hours of OCC approved training on recognizing and reporting child abuse and neglect that is specific to Oregon law.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes (applies to all children in care):**

OAR 414-360-0200(2) A provider must provide the following written information to parents, caregivers, and volunteers: (h) Prevention of and duty to report suspected child abuse and neglect;

OAR 414-360-0300(2) All caregivers, including the provider must (f) Report suspected abuse, neglect, and exploitation in accordance with Oregon law (also see OAR 414-360-0270, Notifications);

OAR 414-360-0370(1) Prior to being issued an initial certificate, a provider must complete: (b) A minimum of two hours of training on child abuse and neglect that is specific to Oregon law;

OAR 414-360-0370(3) A provider must ensure that all caregivers, including substitutes: (b) Complete the following within 30 days of beginning work in the home and prior to having unsupervised access to children: (B) A minimum of 2 hours of CCLD approved training on recognizing and reporting child abuse and neglect that is specific to Oregon law;

Registered Family Child Care Homes (applies to all children in care):

OAR 414-210-0200(1) A provider must have written information and policies identified in OAR 414-210-0200(1)(a) though (g) and provide them to substitute providers, parents, and volunteers. Information must be provided at the time of enrollment and when information changes. (f) Prevention of and duty to report suspected child abuse and neglect

OAR 414-210-0370(1) When a person submits a new application for registration as a registered family child care, CCLD shall, prior to approving the registration, receive evidence from the applicant that the person has completed: (c) A minimum of two hours of training on child abuse and neglect that is specific to Oregon law;

(3) A provider must ensure that prior to having unsupervised access to children, substitute providers: (a) Receive an orientation. An orientation must include, but is not limited to: (H) Procedures for reporting suspected child abuse or neglect. (b) Complete the following: (B) A minimum of 2 hours of CCLD approved training on recognizing and reporting child abuse and neglect that is specific to Oregon law;

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-175-0080(7)(j) Report suspected child abuse of any child in the provider's care to the child abuse and neglect hotline or a law enforcement agency. OAR 414-180-0030 The following behaviors by caregivers are prohibited: (1) Using any form of corporal punishment, including, but not limited to: hitting, spanking, slapping, beating, shaking, pinching or other measures that produce physical pain, or threatening to use any form of corporal punishment. (2) Parental request or permission to use any form of behavior listed in subsection (a) of this section, does not give the provider or substitute provider permission to do so. OAR 414-305-0015 (1) The provider must give the children's needs priority, assuring that they get adequate care and attention. (2) The child care facility must be a healthy environment for children. (3) All caregivers shall take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs**

OAR 414-175-0080(7)(j) Report suspected child abuse of any child in the provider's care to the child abuse and neglect hotline or a law enforcement agency. OAR 414-180-0030 The following behaviors by caregivers are prohibited: (1) Using any form of corporal punishment, including, but not limited to: hitting, spanking, slapping, beating, shaking, pinching or other measures that produce physical pain, or threatening to use any form of corporal punishment. (2) Parental request or permission to use any form of behavior listed in subsection (a) of this section, does not give the provider or substitute provider permission to do so. OAR 414-305-0015 (1) The provider must give the children's needs priority, assuring that they get adequate care and attention. (2) The child care facility must be a healthy environment for children. (3) All caregivers shall take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs**

OAR 414-175-0080(7)(j) Report suspected child abuse of any child in the provider's care to the child abuse and neglect hotline or a law enforcement agency. OAR 414-180-0030 The following behaviors by caregivers are prohibited: (1) Using any form of corporal punishment, including, but not limited to: hitting, spanking, slapping, beating, shaking, pinching or other measures that produce physical pain, or threatening to use any form of corporal punishment. (2) Parental request or permission to use any form of behavior listed in subsection (a) of this section, does not give the provider or substitute provider permission to do so. OAR 414-305-0015 (1) The provider must give the children's needs priority, assuring that they get adequate care and attention. (2) The child care facility must be a healthy environment for children. (3) All caregivers shall take appropriate precautions to prevent shaken baby syndrome and abusive head trauma.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.**

Certified School-Age Centers:

Orientation and Initial Training

OAR 414-310-0330 (1) A School-Age Center must ensure that all staff, including substitutes, receive an orientation within the first 10 days of hire and before staff have unsupervised access to children. An orientation must include, but is not limited to:

(a) A review of the rules for Certified School-Age Centers; (2) A School-Age Center must ensure staff, including substitutes, complete the following within 30 days of hire and prior to having unsupervised access to children: (a) CCLD Introduction to Child Care Health and Safety; and (b) A minimum of 2 hours of CCLD approved training on recognizing and reporting child abuse and neglect that is specific to Oregon law.

(3) A School-Age Center must ensure that staff and substitutes complete the following within 90 days of hire:

(a) Current certification in first aid and pediatric CPR. Online CPR training is only acceptable if it includes hands-on instruction. First aid and pediatric CPR must be kept current during employment at the center; and;

(b) The CCLD approved Child Development Training.

- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Certified Centers:**

OAR 414-305-0270 (3) Any staff member who has reason to believe a child has been abused or neglected is required to report the matter immediately to the Oregon Child Abuse Hotline (1-855-503-7233), Department of Human Services Child Welfare, or a law enforcement agency. This requirement applies 24 hours a

day. This requirement applies to any suspected physical, sexual, or emotional abuse; child neglect, child endangerment, or child exploitation; inappropriate sexual contact between two or more children; or attempted suicide or threats of suicide by a child.

ONB Programs:

OAR 414-320-0270, Notifications

(3) Any staff member who has reason to believe a child has been abused or neglected is required to report the matter immediately to the Oregon Child Abuse Hotline (1-855-503-7233), Department of Human Services Child Welfare, or a law enforcement agency. This requirement applies 24 hours a day. This requirement applies to any suspected physical, sexual or emotional abuse; child neglect, child endangerment, or child exploitation; inappropriate sexual contact between two or more children; or attempted suicide or threats of suicide by a child.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Certified Family Child Care Homes:**

OAR 414-360-0270 (2) Any caregiver who has reason to believe a child has been abused or neglected is required to report the matter immediately to the Oregon Child Abuse Hotline (1-855-503-7233), Department of Human Services Child Welfare, or a law enforcement agency. This requirement applies 24 hours a day. This requirement applies to any suspected physical, sexual or emotional abuse; child neglect, child endangerment, or child exploitation; inappropriate sexual contact between two or more children; or attempted suicide or threats of suicide by a child.

Registered Family Child Care Homes:

OAR 414-210-0270(2) Any caregiver who has reason to believe a child has been abused or neglected is required to report the matter immediately to the Oregon Child Abuse Hotline (1-855-503-7233), Department of Human Services Child Welfare, or a law enforcement agency. This requirement applies 24 hours a day. This requirement applies to any suspected physical, sexual or emotional abuse; child neglect, child endangerment, or child exploitation; inappropriate sexual contact between two or more children; or attempted suicide or threats of suicide by a child.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Regulated Subsidy Programs:**

Compliance with Child Abuse Reporting Requirements

OAR 414-180-0090 Any caregiver who has reason to believe that any child has

suffered or is currently suffering from abuse (physical injury, mental injury, neglect that leads to physical harm, sexual abuse and/or exploitation, or threat of harm) must report the information to the Oregon Department of Human Services Child Welfare (ODHS) or to a law enforcement agency. By statute, this requirement applies 24 hours per day.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Regulated Subsidy Programs:**

Compliance with Child Abuse Reporting Requirements

OAR 414-180-0090 Any caregiver who has reason to believe that any child has suffered or is currently suffering from abuse (physical injury, mental injury, neglect that leads to physical harm, sexual abuse and/or exploitation, or threat of harm) must report the information to the Oregon Department of Human Services Child Welfare (ODHS) or to a law enforcement agency. By statute, this requirement applies 24 hours per day.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Regulated Subsidy Programs:**

Compliance with Child Abuse Reporting Requirements

OAR 414-180-0090 Any caregiver who has reason to believe that any child has suffered or is currently suffering from abuse (physical injury, mental injury, neglect that leads to physical harm, sexual abuse and/or exploitation, or threat of harm) must report the information to the Oregon Department of Human Services Child Welfare (ODHS) or to a law enforcement agency. By statute, this requirement applies 24 hours per day.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For licensed programs, see Certified School-Age Centers and for license-exempt programs see Regulated Subsidy Programs.**

Certified School-Age Centers:

OAR 414-310-0260 (3) Any staff member who has reason to believe a child has been abused or neglected is required to report the matter immediately to the Oregon Child Abuse Hotline 1-855-503-7233), Department of Human Services Child Welfare, or a law enforcement agency. This requirement applies 24 hours a day. This requirement applies to any suspected physical, sexual, or emotional abuse; child neglect, child endangerment, or child exploitation; inappropriate sexual contact between two or more children; or attempted suicide or threats of suicide by a child.

- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **All licensed child care providers are required by administrative rule to comply with USDA-CACFP meal patterns and portion sizes.**
- ii. Access to physical activity. Describe: **Certified Centers and Certified School-Age Centers require a minimum amount of physical activity per day based on the age of the children and length of time in care. Daily schedules for Certified Centers, Certified School-Age Centers, and Certified ONB Programs must include physical activity time and must make a variety of developmentally appropriate physical activity equipment available to children. Certified and Registered Family Programs rules both require a balance of active and quiet activities and play materials as well as daily outdoor activities.**
- iii. Caring for children with special needs. Describe: **Certified School-Age Centers, Certified Centers, and certified ONB Program, Certified and Registered Family administrative rules all address caring for children with special needs. The sets of rules require child care programs have a plan of care for any child that has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who requires health and related services of a type or amount beyond that required by children generally The rule specifies what types of information may be included in the plan (medications, allergies, individualized services, modifications, etc.).**
- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe:

Creating a Healthy Climate for Child Development: Certified School-Age Centers, Certified Centers, and certified ONB Program, Certified and Registered Family administrative rules all address Creating a Healthy Climate for Child Development. These rules require staff to communicate and interact with children in a healthy, culturally responsive manner, such as: using a calm tone of voice, using positive language to explain what children can do, greeting children upon arrival, validating children’s feelings, and modelling and teaching social skills.

Guidance and Behavior Policy Requirements. Certified School-Age Centers, Certified Centers, and Certified ONB Program, Certified and Registered Family administrative rules all required that programs develop and implement a behavior and guidance policy. These rules require that the policy include the use of positive guidance to help children develop self-regulation, self-direction, and respect for others through these approaches: (a) Setting and teaching simple, consistent, clear and positive rules and limits that children can understand; (b) Setting up the environment for success with engaging activities that encourage positive behavior and self-regulation; (c) Reinforcing positive behaviors with encouragement and descriptive praise; (d) Taking steps to prevent problems before they occur and explaining safe, natural and logical consequences related to a child’s behavior; (e) Helping children recognize and appropriately express their feelings and understand the feelings of others; (f) Modeling and teaching social skills such as taking turns, cooperation, waiting, treating others kindly, and problem solving; and (g) Redirecting or helping a child change their focus when necessary.

(a) (

ONB Programs:

Outdoor Nature-Based Program rules include additional health and safety rules for certain types of outdoor activities, such as swimming, tool use, campfire activities, and climbing natural features (such as trees).

OAR 414-320-1300, Swimming and Water Activities

(1) A certified ONB program must have written permission from each child's parent before engaging in any swimming or water activities.

(2) A certified ONB program must provide supervision of children around any bodies of water.

(3) A certified ONB program located within a quarter mile of an accessible body of water must obtain from the parent or guardian a signed water hazard acknowledgement.

(4) For water activities that involve a water depth that is more than 24 inches deep, a certified ONB program must ensure that:

(a) A certified lifeguard must be present and on-duty. A staff member or volunteer may be included in the staff-to-child ratio who is also the on-duty certified lifeguard; and

(b) All children must wear approved water life jackets or approved water life vests.

(5) For each body of water more than 6 feet in width, length, or diameter and when the depth of any portion of the body of water more than 24 inches, a certified ONB program must have immediate access to lifesaving equipment, e.g., a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that is long enough to reach the center of the body of water from the edge of the body of water.

(6) At least one ONB staff member in attendance must be able to swim when children are within one quarter mile of an accessible body of water, such as a park located near a lake or stream regardless of whether or not the children are actively engaging in a water activity.

(7) If children are at or near a moving body of water, an ONB staff member who can swim or a certified lifeguard must be positioned downstream of where the children are playing or otherwise take into account how water moves and their access to the body of water.

(8) If a certified ONB program has on-site swimming or is responsible for off-site swimming, the program's written emergency plan (required by OAR

414-320-0210, Emergency Preparedness and Response) must also include water and swimming safety.

- (9) At all times when children are engaged in swimming and wading activities on or off the premises, a certified ONB program must:
 - (a) Ensure that staff are in or at the water and prepared to enter;
 - (b) Meet the following staff-to-child ratios:
 - (A) Preschool-age ☐ 1:6
 - (B) School-age ☐ 1:10
 - (C) The age of the youngest child in a mixed-age group determines the staff-to-child ratio.
 - (c) Verify that all adults counted in the staff-to-child ratios are able to swim if the water is more than 48 inches deep;
 - (d) Ensure that a certified lifeguard is present and on duty at all times. ONB program staff lifeguards may not count in staff-to-child ratios when more than 10 children are present; and
 - (e) Review safety rules with children each time they participate.
- (10) Children in diapers or toilet training must wear swim pants to lower the risk of contaminating the water.

OAR 414-320-1310, Plant Foraging Activities

- (1) A certified ONB program must have written permission from each child's parent before children may consume foraged plant materials.
- (2) All plants gathered by children or staff that are intended to be consumed by children must be clean and safe to eat. The requirements described in OAR 414-320-1130, Food Storage and Preparation, through OAR 414-320-1140, Meals and Snacks, apply to plants gathered by children or staff that are intended to be consumed by children.
- (3) Certified ONB program staff must be able to demonstrate they have the level of knowledge necessary to:
 - (a) Properly identify the different plant species that are native to the area and region where the ONB program is located;
 - (b) Identify and avoid poisonous plants and plants that look similar to

poisonous plants; and

(c) Ensure that plants are harvested during the correct time of year and season.

(4) A certified ONB program must ensure the area where plants are being harvested, for example an adjacent road or field, has not been sprayed with pesticides, herbicides, or other pollutants. If ONB program staff do not know or cannot determine if areas have been sprayed with pesticides, herbicides, or other pollutants, plants should not be harvested from those areas.

(5) Mushrooms and other fungi of any variety must not be touched, picked, harvested, or consumed by children.

(6) A certified ONB program must ensure that children do not touch, pick, harvest, or consume plants without the permission of ONB program staff. Before a child eats any type of wild vegetation, ONB program staff must ensure the vegetation has been approved for consumption by a staff person who is able to correctly identify the source plant. Prior approval by the appropriate ONB program staff person is required even if a child thinks they can correctly identify the plant.

OAR 414-320-1320, Climbing Natural Feature Activities

(1) Certified ONB programs may allow children to climb natural features, including trees and boulders.

(2) Before allowing children to climb natural features, a certified ONB program must follow the program's written policies and procedures to determine the appropriate methods to remove or mitigate the possibility of injury.

(3) To prevent injury to children, a certified ONB program must comply with the requirements described in this subsection.

(a) ONB Staff members must remove hazardous objects and mitigate hazards whenever possible from the surrounding area where children might fall. This includes, but is not limited to, removing rocks and covering sharp edges or potentially harmful protrusions including harmful protrusions or branches that may extend from trees or stumps.

- (b) Before a child or children climb on trees, a certified ONB program must inspect the trees for weak or loose branches or other potential hazards.
- (c) ONB staff members must be able to provide immediate assistance to any climbing child. To ensure adequate supervision and after conducting the benefit risk assessments described in OAR 414-320-0215, it may be necessary for ONB programs to limit the number of children climbing at one time.
- (d) At all times, an ONB staff member must be within reach of the midriff of a child who is climbing a natural feature 30 inches above the ground. A climbing child must not be allowed to climb out of reach of staff.
- (4) For school-age children and activities that involve climbing natural features or challenge courses 48 inches or higher from the ground, certified ONB programs must comply with the requirements described in the American National Standard Institute/Association for Challenge Course Technology (ANSI/ACCT) Challenge Course Standards. ONB program staff that provide climbing and challenge course activities must possess a valid and current Association for Challenge Course Technology (ACCT) Practitioner Certification.

OAR 414-320-1330, Campfire Activity Supervision and Safety

- (1) To engage in a campfire activity, certified ONB programs must comply with this section and have permission from the landowner or park personnel to engage in campfire activities.
- (2) A certified ONB program must have signed written permission for campfire activities from each child's parent or guardian prior to children participating in campfire activities. Parents must be provided a copy of the ONB program's campfire activity policies and procedures.
- (3) Certified ONB program staff must receive training on ONB program campfire policies and procedures before the staff may lead any campfire activity. To ensure the staff are able to properly build and extinguish a fire as described in this section, the ONB program director must observe staff members' ability to properly build and extinguish a fire before the staff

member may lead any campfire activities. Documentation of staff members' training and ability to properly build and extinguish a campfire must be documented per OAR 414-320-0240, Staff Records.

(4) For each campfire activity, a certified ONB program staff member must prepare and retain a record that the safe campfire practices required under this section were followed. Compliance with this subsection may include the creation of a checklist by the certified ONB program that describes the safe campfire practices that were followed before and after each campfire activity.

(5) A certified ONB program must have and properly maintain a fire safety kit near the campfire that contains first-aid supplies made specifically to treat fire related injuries including, but not limited to, a fire blanket and sterile, non-adhesive bandages. ONB program staff must be prepared to smother a fire on a child's clothing or hair using equipment including, but not limited to, water, a fire suppression blanket, or 2A:10 BC fire extinguisher.

(6) A certified ONB program must create a clearly visible boundary at least three feet away from the outer edge of the structure containing the fire. A certified ONB program must ensure that:

(a) The area within the three-foot boundary is clear of tripping hazards such as bags or other materials; and

(b) Seating is outside of the three-foot boundary and arranged so that children and adults may easily move into and out of the seating area.

(7) Prior to any campfire activity, a certified ONB program must use developmentally appropriate teaching practices to ensure children understand safe behavior around a campfire.

(8) Campfires must be built and extinguished according to safe fire practices provided by the U.S. Forest Service. Campfires:

(a) Must not be built during periods of high, very high, or extreme fire danger in the area, or when local authorities have fire restrictions in place;

(b) Must not be more than two feet in diameter;

(c) Must be in a fire pit or structure that is designed for the express purpose of safely containing a campfire including, when applicable, the fire

pit or structure must contain an approved bottom; and

(d) Must not burn materials that release toxic substances, such as chemically treated wood, rubber, or plastics.

(9) Campfires must not be left unattended for any length of time.

(10) Each ONB program group may only have one campfire activity at any time.

(11) Before starting a campfire activity, a certified ONB program must have the necessary equipment and supplies to safely extinguish a campfire. For purposes of this subsection, equipment and supplies include, but are not limited to, sufficient water and a shovel. Fire extinguishers must be kept on-site and comply with the requirements described in OAR 414-320-320-0860, Fire Protection.

(12) While campfires are burning, ONB program staff must remain within the three-foot boundary around the fire to respond to any fire-tending needs and to prevent children from coming into close contact with the fire.

(13) There must be a one-to-one (1:1) staff-to-child ratio for any child within the three-foot boundary around the fire. A staff member must remain within arms' reach of that child and the child may only assist in setting up or tending to the fire in a developmentally appropriate way, such as by placing kindling or small sticks before the fire is started.

(14) Adults and children who tend to the fire must tie back long hair and secure loose clothing to reduce the risk of catching fire.

(15) A certified ONB program must prevent children from:

(a) Entering the three-foot boundary around the campfire without one-to-one supervision; and

(b) Running or pushing within six feet of the edge of the fire-pit.

OAR 414-320-1340, Tool Activity Supervision and Safety

(1) During tool activities, a certified ONB program must comply with all supervision requirements described in this section.

(2) A certified ONB program using developmentally appropriate outdoor nature based tools or equipment as part of their curriculum must make such

tools inaccessible to children when not in use.

(3) Before a child can participate in tool activities, a certified ONB program must obtain written permission from the children's parents or guardians that allows them to participate in such activities.

(4) Power tools may not be used by children and must be kept inaccessible to children.

(5) Folding whittling knives must be equipped with a locking feature to keep knives open when in use.

(6) There must be a one-to-one (1:1) staff-to-child ratio for:

(a) Any preschool-age child who is engaged in a tool activity; and

(b) Any school-age child who is not proficient in using the tool for the activity.

(7) There must be a one-to-three (1:3) staff-to-child ratio for any school-age children who have previously demonstrated proficiency in specific tool use.

(8) Before engaging in and leading a tool activity, staff must be trained in the ONB program's tool use policies and procedures and benefit-risk assessments.

(9) The ONB program director must observe, confirm, and document staff members' ability to properly use ONB tools before the staff member may lead tool use activities.

(10) A certified ONB program must have a first-aid kit near the tool activity that is in compliance with the requirements described in OAR 414-320-1020, Injuries, and is equipped with first-aid supplies made specifically to treat sharp cuts, punctures, or other injuries related to the use of tools.

(11) Prior to any tool use activity, a certified ONB program must use developmentally appropriate teaching practices to ensure children understand and can demonstrate safe tool use. Teaching techniques must include, but not be limited to:

(a) Safe whittling practices, including using a push stroke away from the body and hand holding the piece of wood;

(b) Holding a piece of wood past one's knees, to the side of one's body, or

on the top of a table;

(c) Wearing work or gardening gloves, especially on the hand that is not holding the tool;

(d) Wearing safety goggles and other protective clothing, when appropriate;

(e) Children sitting on their knees with their legs tucked under, sitting cross-legged, or at a table;

(f) Allowing appropriate space between children using tools; and

(g) Demonstrated understanding and proficiency of less risky tools prior to the use of tools that may pose a greater risk.

(12) When using tools, the children must remain in an area designated for tool activities.

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including	[x]	[x]	[x]

immunizations)			
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[x]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[x]	[x]	[x]
g. Emergency preparedness and response planning and procedures	[x]	[x]	[x]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[x]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[x]
j. Pediatric first aid and pediatric CPR (age-appropriate)	[x]	[x]	[]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[x]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[x]	[x]	[]

- m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **N/A**
- n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?
 - No
 - Yes. If yes, describe: **Relative providers as defined by CCDF do not have to take the Recognizing and Reporting Child Abuse and Neglect training or have to have a CPR/First Aid certification on file.**

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

- a. Licensed CCDF center-based providers
 - i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?
 - Yes.
 - No. If no, describe:
 - ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:
 - Annually.
 - More than once a year. If more than once a year, describe:
 - Other. If other, describe:
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Center-based facilities may qualify to receive a differential monitoring abbreviated visit based on meeting specific criteria. Differential monitoring visits may only be used for two consecutive licensing period renewals. On the third licensing period, a full inspection visit is required. Differential monitoring checklists contain the following items: staff/child ratio and group size; supervision; inaccessibility of toxic and hazardous substances; hand-washing, diaper changing procedures, and bathroom routines; discipline practices; outdoor playground safety; emergency procedures and emergency drills; administration of medication; provider/director and staff qualifications; staff training; child abuse reporting; ensuring that CBR enrollment**

is on file for all staff. During the visit, if field staff observe an accumulation of non-serious noncompliance, or any serious noncompliance, field staff may stop and switch to use the full renewal checklist.

No. If no, describe:

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Lead Agency - Child Care Licensing Division Licensing Specialists**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Certified Family child care homes may qualify to receive a differential monitoring abbreviated visit based on meeting specific criteria. Differential monitoring visits may only be used for two consecutive licensing period renewals. On the third licensing period, a full inspection visit is required. Differential monitoring checklists contain the following items: staff/child ratio and group size; supervision; inaccessibility of toxic and hazardous substances; hand-washing, diaper changing procedures, and bathroom routines; discipline practices; outdoor playground safety; emergency procedures and emergency drills; administration of medication; provider/director and staff qualifications; staff training; child abuse reporting; ensuring that CBR enrollment is on file for all staff. During the visit, if field staff observe an accumulation of non-serious noncompliance, or any serious noncompliance, field staff may stop and switch to use the full renewal checklist.**

No. If no, describe:

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Lead Agency - Child Care Licensing Division Licensing Specialists**

c. Licensed in-home CCDF child care providers

- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

No.

Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **N/A**

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers

- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Lead Agency - Child Care Licensing Division Licensing Specialists**

- b. License-exempt CCDF family child care providers
 - i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
 - Annually.
 - More than once a year. If more than once a year, describe:
 - Other. If other, describe:
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Lead Agency - Child Care Licensing Division Licensing Specialists**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child’s home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child’s own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **Regulated Subsidy providers receive one announced visit each year. Health, safety, and fire standards are reviewed using a checklist of all the applicable rules.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers: **Lead Agency - Child Care Licensing Division Licensing Specialists**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. 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 Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

- a. Does the Lead Agency post:
- i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection 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) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
 - iv. Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
- i. Date of inspection.
 - ii. 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: **All health & safety violations are visible on the safety portal. Visit reports are available to download and view. Serious injuries and fatalities are displaying on the program/providers front page on the child care safety portal.**
 - iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **Plans for correction are documented at the time of the visit on the visit report/checklist and in the database. The licensing specialist follows-up to ensure the correction(s) happen in a timely manner. If the violation was serious a compliance verification visit is conducted in person to verify and review the corrections.**
 - iv. A minimum of 3 years of results, where available.
 - v. If any of the components above are not selected, please explain:
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
- i. Provide the direct URL/website link to where the reports are posted:
<https://stage.worklivesystems.com/Login/LoginGuest?AgencyId=34&activetab=SearchCompliances>

The reports are posted by provider, so this must be searched first.
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Visit Reports (health and safety inspections and monitoring inspections) are redacted and uploaded to the child care safety portal within 30 days of completing the visit. The safety portal is monitored by licensing staff, investigative specialists and Managers using a PowerBI report that indicates any visit that does not have a visit report available to view on the portal. See Licensing Manual Section 16E.**

- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
 Yes.
 No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
 Yes.
 No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
 Yes.
 No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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. **The Lead Agency hires the Child Care Licensing Division Licensing Specialists with a minimum of four years of related education and experience. As a part of a comprehensive onboarding process new licensing specialists complete the trainings required of caregivers in Oregon (if not taken previously), spend extensive time shadowing experienced colleagues on visits/inspections, study child care OARs, and take several CCLD internal trainings, which includes a 10-part training on the CCLD licensing manual.**

In addition, Senior Licensing Specialists provide one-on-one training on many aspects of the licensure's role, review and approve reports and redaction of visit forms to ensure accuracy and provide continued support as needed. When the rules are revised licensing staff and investigative staff are provided with training and technical support to understand the new rules and implement changes in Lead Agency inspection forms. New Rule guidance documents are often created to assist field staff and programs with understanding the rules and what compliance looks like.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide 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. **Several factors are considered to determine the facility-to-licensing specialist ratio. The average caseload is 60-70 facilities per licensing specialist. All license types are weighted equally; however, some consideration may be given for:**

Sizes of facility: 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;

Travel in rural areas: Licensing staff members serving in rural areas of the state where extensive travel is required may have lower caseloads;

Language considerations: Staff members who monitor facilities in which the provider may speak a 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 primary language;

Unlicensed program assignments: Considerations to caseload size may be made based on the Regulated Subsidy Programs or recorded program assignments;

Multiple programs: When child care programs in multiple regions have the same owner, managers for those regions will determine if the programs can all be licensed by one member of staff. Factors may include the number of programs, size of the company and geographic distance of the related programs.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **Certified Centers:**

Annual Training

OAR 414-305-0380 (1) A certified child care center must ensure the following training requirements are met for each staff:

- (a) Each certified child care center director, multi-site coordinator, teacher, and aide II must have at least 15 clock hours of formal training or education annually related to child care, of which at least 8 clock hours is in child development and 1 hour is in health, safety, and nutrition (HSN).
- (b) Substitute teachers and substitute aide IIs who provide care for 240 hours or more per licensing year at one or more sites operated by the same organization complete at

least 15 clock hours of annual training or education related to child care, of which at least 8 clock hours is in child development or early childhood education, and 1 hour is in health, safety, and nutrition (HSN).

(c) Certified child care center staff employed less than a year must complete training requirements prorated at 1.25 clock hours for each month worked in the current license period. If the 15 hours of training are pro-rated, the requirement to have 8 hours of training in child development or early childhood education does not apply.

School-Age Centers:

Annual Training

OAR 414-310-0340 (1)A School-Age Center must ensure the following training requirements are met for each staff:

(a) Each School-Age Center program coordinator or program leader must have at least 15 clock hours of formal training or education annually related to child care, of which at least 8 clock hours is in child development and one hour is in health, safety, and nutrition (HSN).

(b) Substitute program leaders who provide care for 60 hours or more per licensing year at one or more site operated by the School-Age Center must complete at least 15 clock hours of annual training or education related to child care, of which at least 8 clock hours is in child development and 1 hour is in health, safety, and nutrition (HSN).

(c) School-Age Center staff employed less than a year must complete training requirements prorated at 1.25 clock hours for each month worked in the current license period. If the 15 hours of training are pro-rated, the requirement to have 8 hours of training in child development does not apply.

OAR 414-310-0350(5) During subsequent years of employment, a School-Age Center may count the following repeated training as part of the 15 clock hours of training:

(a) 5 hours of first aid and pediatric CPR training;

(b) Food handler's training;

(c) Recognizing and reporting child abuse and neglect but only repeated every 3 years

"A certified child care center must ensure the following training requirements are met for each staff: (a) Each certified child care center director, multi-site coordinator, teacher, and aide II

must have at least 15 clock hours of formal training or education annually related to child care, of which at least 8 clock hours is in child development and 1 hour is in health, safety, and nutrition (HSN). SC(1) A certified child care center must ensure the following training requirements are met for each staff:

(a) Each certified child care center director, multi-site coordinator, teacher, and aide II must have at least 15 clock hours of formal training or education annually related to child care, of which at least 8 clock hours is in child development and 1 hour is in health, safety, and nutrition (HSN). This is the Oregon Registry defines the HSN core knowledge category as, Knowledge of basic health, safety, and nutrition principles and practices. Knowledge of child abuse and neglect prevention, identification, reporting procedures, mental health, and therapeutic care. Promoting healthy choices and safety awareness with children."

- b. License-exempt child care centers: **The Oregon Registry defines the HSN core knowledge categories as, Knowledge of basic health, safety, and nutrition principles and practices. Knowledge of child abuse and neglect prevention, identification, reporting procedures, mental health, and therapeutic care. Promoting healthy choices and safety awareness with children. This core knowledge category promotes a variety of health and safety topics.**

License-exempt center staff need to take 6 hours of ongoing training every two years. 2 hours in Human Growth and Development, 2 hours in Understanding and Guiding Behavior, and 2 hours in any of the 10 Core Knowledge Categories. They also must take the Health and Safety training offered by OCCD annually.

- c. Licensed family child care homes: **Registered Family Programs:**

OAD 414-205-0055(2)(c) A training on recognizing and reporting child abuse and neglect will be accepted after five years (and every five years thereafter) as part of the ten clock hours of training required for licensing but will not be accepted as part of the required child development training hours.

OAD 414-205-0055(4) While the Registered Family Programs child care license is active, the provider must maintain current certification in first aid, infant and child CPR, food handler training, and must complete one hour of training in the category of Health, Safety & Nutrition (HSN) during each year of the two-year license period.

The Oregon Registry defines the HSN core knowledge category as, Knowledge of basic health, safety, and nutrition principles and practices. Knowledge of child abuse and neglect prevention, identification, reporting procedures, mental health, and therapeutic care. Promoting healthy choices and safety awareness with children. This core knowledge category promotes a variety of health and safety topics.

Certified Family Programs:

OAD 414-350-0115(3) During the first year of certification and the first year of employment staff may count up to two hours of orientation and their most recent training in first aid and CPR, food handler's and recognizing and reporting child abuse and neglect training, as part of the 15 clock hours of training required in OAD 414-350-0115(2), but may not use these toward the eight hours required in child development or early childhood education.

OAD 414-350-0115(4) During subsequent years of certification and subsequent years of employment staff may count five hours of first aid and CPR training or food handler's training as part of the 15 clock hours of training. Duplicate training on recognizing and reporting child abuse and neglect training can be accepted again after three years, and every three years thereafter towards the 15 clock hours of annual staff training required for licensing. (13) All providers, substitute providers, and Assistant IIs must complete one hour of training in the core knowledge category of Health, Safety, and Nutrition each year.

OAD 414-350-0011(13) All providers, substitute providers, and Assistant IIs must complete

one hour of training in the core knowledge category of Health, Safety, and Nutrition each year.

The Oregon Registry defines the HSN core knowledge category as, Knowledge of basic health, safety, and nutrition principles and practices. Knowledge of child abuse and neglect prevention, identification, reporting procedures, mental health, and therapeutic care. Promoting healthy choices and safety awareness with children. This core knowledge category promotes a variety of health and safety topics.

- d. License-exempt family child care homes: **6 hours every two years are required for ongoing training: 2 of the hours in "Human Growth and Development", 2 hours in "Understanding and Guiding Behavior" and 2 hours in any of the 10 Core Knowledge Categories. They must also complete a Health and Safety training offered by OCCD annually, part of the CCDF Health and Safety Topical Areas, and complete the Child Development training offered by OCCD within 90 days of approval.,**
- e. Regulated or registered in-home child care: **6 hours every two years are required for ongoing training: 2 of the hours in "Human Growth and Development", 2 hours in "Understanding and Guiding Behavior" and 2 hours in any of the 10 Core Knowledge Categories. They must also complete a Health and Safety training, part of the CCDF Health and Safety Topical Areas, offered by OCCD annually and complete the Child Development training offered by OCCD within 90 days of approval.**
- f. Non-regulated or registered in-home child care: **Not applicable**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
 Yes.
 No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.
- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
 Yes.
 No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.
- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?
 Yes.
 No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
 Yes.
 No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.
- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
 Yes.
 No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.
- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?
 Yes.
 No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for

CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

Yes.

No. If no, describe the disqualifying criteria:

- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

Yes.

No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **Lead Agency staff use the results from in state CAN results for a suitability determination which could result in denial.**

- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **The results from the interstate CAN checks may result in a suitability determination which could result in denial.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No. Describe:

- iv. Get completed in a timely manner.

Yes.

No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies 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.

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

Yes.

No. If no, describe: **Oregon currently allows provisional enrollment which allows supervised employment with children while the results of the fingerprint-based FBI criminal check are pending. This is an area which is currently being addressed due to notice of preliminary noncompliance ☒ please see appendix for action plan.**

- b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe: **The Lead Agency receives the in-state criminal background fingerprint-based check at the same time that the Lead Agency receives the fingerprint-based FBI results. Consequently, Lead Agency staff process a name and date of birth**

check through LEDS, a CAN check, and a check of the Oregon Court system before Oregon allows provisional enrollment once the individual has submitted fingerprints, before allowing provisional employment with supervised access to children pending the results of the FBI based fingerprint search. Please see 5.7.12.a.

Oregon was issued a preliminary notice of non-compliance by OCC on 7/23/24 around provisional hiring and fingerprinted background check..

Oregon is still working to come into compliance with element. With the launch of the new Provider Management Platform expected in 2026, Oregon will be able to collect the data around our current provisional hiring practices and determine the best way to come into federal compliance while avoiding disruption to our child care workforce.

Once we have the data available, we will be able to move forward with the necessary changes to statute, rule, and procedure. More information will be provided in the appendix.

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe:

- d. In-state child abuse and neglect registry.

Yes.

No. If no, describe:

- e. Name-based national Sex Offender Registry (NCIC NSOR).

Yes.

No. If no, describe: **The Lead Agency receives the NCIC NSOR results once the FBI based fingerprint check is concluded. Please see 5.7.12.a.**

- f. Interstate criminal background check, as applicable.

Yes.

No. If no, describe: **If an applicant has lived outside of Oregon in the past five years, the Lead Agency allows provisional enrollment pending results of the FBI fingerprint-based search. Please see 5.7.12.a.**

- g. Interstate Sex Offender Registry check, as applicable.

Yes.

No. If no, describe:

- h. Interstate child abuse and neglect registry check, as applicable.

Yes.

No. If no, describe: **Lead Agency staff conduct interstate child abuse and neglect registry checks in all states an applicant has resided in in the past five years. However, the Lead Agency currently grants provisional (or conditional) enrollment while waiting to receive the results from other states as long as the applicant has passed initial checks and has been fingerprinted. Please see 5.7.12.a.**

- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire’s full comprehensive background check?

Yes.

No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

Yes.

No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

Yes.

No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **The repository for Oregon criminal history and sex offender registry checks is the Oregon State Police (OSP). We provide contact information on our website directing other states and individual applicants to inquire directly with OSP. Interstate Child Abuse and Neglect Registry background check are directed to the Adam Walsh Unit at the Oregon Department of Human Services.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

Yes. If yes, describe the current policy.

No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members:

<https://www.oregon.gov/delc/providers/pages/cbr.aspx>

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

- i. Agency name
- ii. Address
- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees
- ix. Is the State a National Fingerprint File (NFF) State?
- x. Is the State a National Crime Prevention and Privacy Compact State?
- xi. If not all boxes above are checked, describe:

- c. Interstate sex offender registry (SOR) check:

- i. Agency name
- ii. Address
- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees
- ix. If not all boxes above are checked, describe: **DELIC pays all fees associated with background checks including out of state CCH and CAN checks. No forms associated with interstate background checks are available on the Lead Agency's website.**

- d. 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. Website
- vii. Instructions
- viii. Forms
- ix. Fees
- x. If not all boxes above are checked, describe: **The interstate forms are not available on the Lead Agency’s website. The background unit sends the applicants out of state materials during the background process and DELC covers all fees associated with the interstate background check.**

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **Relative caregivers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) that do not care for any unrelated children are exempt from licensing, inspections, and ongoing training. These relative caregivers are required to take Introduction to Health and Safety Child Care Training and are exempt from any other trainings.**

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff

retirement benefits.

- v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
- vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
- vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
- viii. Other. Describe: **For the Baby Promise Program, CCR&Rs work closely with Baby Promise Program Providers on their budgets, including compensation, and other benefits for employees to determine a cost per slot that supports recruitment and retention of the work force.**

Starting September 2023, Oregon offers employees paid leave in the form of a new program, Paid Leave Oregon. If someone is eligible for benefits, it means they're able to participate in Paid Leave. Employees who currently work in Oregon and who made at least \$1,000 in Oregon in their base year before they apply for Paid Leave may be eligible for benefits. If you work full time, part time, or for more than one job or employer, it counts. If you're self-employed or an independent contractor, you're not automatically covered—but you can choose coverage.

Tribal governments aren't automatically covered and aren't required to participate but can choose to offer coverage to their employees. Federal government employees aren't eligible for Paid Leave benefits. Elected officials, judges, and holders of public office aren't eligible for Paid Leave benefits. Employees can take up to 12 weeks paid leave in a 52-week period (starting the Sunday before the date their leave begins) for family, medical, or safe leave. If pregnant, in some situations, an employee may be able to take up to 2 more weeks for a total of 14 weeks. Employees can choose when and how to take the time off, as long as they take entire days or weeks. Paid Leave pays employees a percentage of their wages while they're on leave. Paid leave protects an employee's job and role if they've worked for the same employer for at least 90 consecutive days.

- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends.

For the Baby Promise Program subcontractors (providers) are required to compensate staff at competitive and comparable Salary levels with those of other Early Educators in their region serving publicly funded programs. The Baby Promise Program also collects provider budgets to assess compensation for the infant and toddler child care workforce for participating providers.

The passage of House Bill 3073 in the 2021 Oregon Legislative Session required Oregon to plan to move to an alternate rate setting structure based on the cost of quality. The Alternative Rate Methodology Committee formed and drafted a report for the Oregon

legislature in December 2022. Due to the creation of DELC as a new agency, the re-design of Oregon's QRIS (Spark), budgetary constraints, and the development of a new provider management platform, movement to an alternative rate setting structure is ongoing. Oregon has a contract with Prenatal to 5 Fiscal Strategies presently providing technical assistance to Oregon State University, who will eventually conduct future cost modeling to inform Oregon's application to use alternative rate methodology.

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. The Lead Agency and AFSCME CCPT, the union who represents licensed family child care providers in Oregon, are part of a joint labor management committee that is working to determine the steps that may be taken to begin supporting Family Child Care Providers access to high-quality healthcare. The committee will submit a report to state leadership by May 31, 2024, that includes a detailed analysis of total annual cost projections and implementation considerations for health benefits. The Lead Agency does not have any funding secured for this benefit. AFSCME CCPT represented providers currently have access to telehealth benefits through June 30, 2025. AFSCME has an enterprise agreement with a telehealth provider, and the Lead Agency reimburses the union through a reimbursement grant. This benefit was originally funded through \$5M in ARPA dollars. The Lead Agency does not have any additional funding secured for this benefit.

Baby Promise Program Providers work closely with technical assistance partners at their local CCR&R's (with whom they have subcontracted) to carefully construct and review their budgets to determine wages and benefits for themselves and their staff. Guidance documentation for providers encourages them to include paid sick time, personal time, and other benefits for themselves and their staff, further they are required to set wages at competitive and comparable Salary levels with those of other Early Educators in their region serving publicly funded programs. Currently the provider payment system that is utilized to pay child care providers is complex and takes significant effort to update. The agency is in the process of developing a new Provider Management Platform that when implemented will allow for changes in compensation practices including enrollment-based pay. Moving to enrollment-based pay will enable providers to be paid for necessary time off for holidays and professional development.

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. ELSI, which is not funded by CCDF, has a focus on workforce wellness. Activities include analyzing Oregon's SEQUAL report, identifying and developing professional development activities and resources to support workforce wellness. The Research Institute at Western Oregon University, Oregon's Central Coordination state entity for Child Care Resource & Referral Agencies, conducts an annual training assessment for all 15 of the regional CCR&Rs. The results inform the Training and TA plans for universal, targeted, and intensive training for CCR&R staff. These trainings prepare the CCR&Rs to support their local child care providers. Wellness is an important component of the training plans for both CCR&R staff and child care providers.

Additionally, CCR&Rs conduct an annual training assessment for their child care providers in order to plan and design their trainings in response to child care providers' needs. These also incorporate strategies to support the mental health and well-being of the child

care workforce.

The Research Institute at Western Oregon University also administers Child Care Substitute of Oregon (CCSO). While not currently funded by CCDF, this program support workforce wellbeing by providing substitute staff when a provider is ill, on vacation, attending a professional learning event or meetings, or is in need of additional staffing. This program provides up to 50 hours of substitute care for early learning programs, at no cost. This program currently operated in several counties across Oregon, with the goal to continue to employ additional substitutes in each county.

The Oregon Child Care Alliance provides an employee assistance program provided through Canopy Wellness Services although not funded through CCDF, they continue to provide ongoing supports towards the mental health and well-being of child care workforce. This service provides free 1:1 consultation to providers in the shared services program. These consultations are given for multiple counseling services and legal aid.

Infant Toddler Specialists across the CCR&R regions receive training in trauma responsive practices and relationship based professional development supports. They support provider's well-being by meeting with them individually to provide concrete TA support as well as connecting them to other infant and toddler providers within the field in order to decrease isolation and improve cross program connections. Infant Toddler Specialists use a trauma-responsive approach to their work that prioritizes relationships with providers and connection both to mental health resources for themselves and the families they serve.

- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **Local Child Care Resource & Referral Agencies implement several strategies to support providers' recruitment and retention of the child care workforce for their regions. These efforts are a primary focus of their funding and regional strategic plans. In partnership with the regional Early Learning Hubs and other early learning partners, community assessments are conducted to determine the supply of child care vs the need.**

CCR&Rs provide data reports through the state database of child care providers and referrals, Find Child Care Oregon. From these data, strategic plans are developed to target recruitment of needed child care in areas where children and families are furthest from opportunity and high-quality child care. Recruitment efforts include outreach to high schools that offer ECE classes, community colleges, universities, Small Business Development Centers, word of mouth and required training to become regulated are offered at no cost to those entering the field. Retention strategies include a variety of opportunities that are relationship-based, create a sense of connection and belonging, and promote the understanding that child care providers are professionals in a crucially important field for the healthy growth, well-being, and success of Oregon's children. These activities incorporate regular check-ins and professional growth and peer learning and include Focused Child Care Networks, coaching and consultation, trainings that are universal, targeted, and intensive dependent upon need, CCR&R Quality Improvement Specialists who are their main point of contact for questions, guidance, and support.

Child Care Providers also receive a variety of incentives for attending training, participating in Focused Child Care Networks and continual advancement in Spark, Oregon's QRIS and the Oregon Registry, Oregon's Career Lattice. Additional retention strategies include providing Technical Assistance, training/professional development, and consultation to strengthen child care business acumen and support long-term sustainability of both child care businesses and the workforce. Technical Assistance resources and support will be targeted to keep child care businesses open and operating efficiently to retain jobs to keep the child care workforce employed. Partial CCDF funding will be used to contract with First Children's Finance to provide statewide technical assistance, consultation, and virtual professional development opportunities. Additionally, Business Coaches at CCR&Rs, although not directly funded by CCDF, will work with child care business owners to identify recruitment and retention strategies to maintain and build the workforce.

The provision of a 12-month contract for Baby Promise Program Providers offers providers an opportunity to potentially build their businesses, offering an opportunity to hire additional staff. Providers who demonstrate to the community the ability to qualify for and contract for Baby Promise slots are sending a message to families in the community that they are not only stable but offer high quality programming. Further, continued support from CCR&R staff promotes continued growth and development for matters related to business and programming. The Baby Promise Program supports recruitment and retention efforts and offers providers an opportunity to become stable and sustainable over time.

ELSI, which does not get CCDF funds, provides mentorship and other forms of professional development for instructional coaches working in DELC-funded programs, as well as quality specialists who consult with program leaders to improve quality. Cultivate Learning, which does not get CCDF funds, provides access to the Oregon Coaching Companion – another resource for instructional coaches. Although not primarily retention strategies, these activities help recruit and retain technical assistance staff, as lack of support, preparation, and resources may discourage professionals from joining and staying in the early learning workforce. The same may be said for instructional coaching and quality consultation by technical assistance staff: although not primarily retention strategies, they can nevertheless reduce burnout and turnover in the early learning workforce.

Consortia, which are designed to support students seeking degrees and certification in early childhood education, with wrap-around academic, language, and person support, were expanded through a planning grant and subsequent implementation grants. Oregon now has one university and 8 community colleges across the state. In addition to offering students support and a pathway to debt free degrees, consortia have increased program enrollment, course success and graduation rates. These partnerships have had ripple effects, encouraging those, even outside of the consortia, to work together towards better alignment and support for students. A scholarship was created that can be used for working and not yet working students to achieve degrees at community colleges and universities or have their out-of-country degree evaluated, where previously only lower-level degrees were possible, and the student was required to already be working. and passed in the legislature but has yet to be funded. This scholarship has been highly

accessed, and the Lead Agency hopes to use that data to demonstrate the demand and push for funding a HECC scholarship that was passed but unfunded in the legislature.

Portland State University (PSU) who is Oregon's registry and clearinghouse of early childhood training, including approval of trainings and trainers, partnered with National Workforce Registry Alliance to make recommendations for system improvement. The Lead Agency is currently in the process of finalizing the workplan from those recommendations. Possible items include translation of the registry into Oregon's 5 languages and shifting approval processes to invite more trainers, resulting in more training, from a diversity of backgrounds and who speak languages other than English among other changes.

Spark, Oregon's QRIS, is currently being redesigned. Before embarking on the redesign, the Center for the study of Child Care Employment conducted the Supportive Environmental Quality Underlying Adult Learning (SEQUAL) survey and created recommendations to enhance program quality and improve provider well-being. Spark specific recommendations included embedding work environment standards to emphasize their importance and to direct quality improvement resources toward improving conditions. The Lead Agency is exploring how to implement those recommendations with the community-driven Spark redesign team, known as the Spark Accountability Team. One strategy is to shift from one-time Spark support funds to annual or biannual grant awards and to provide guidance to programs on eligible expenses which will include improving provider well-being and workplace conditions. The planning process for implementing this strategy is currently underway.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. CCR&R agencies that subcontract with Baby Promise Providers are required to submit an annual "Shared Services Plan" in which they outline supports provided to Baby Promise Providers and outcomes of trainings provided for them. Baby Promise Providers are supported through CCR&R technical assistance on development of budgets, and other business practices before and during their sub contractual period. The Lead Agency has entered into a contract with First Children's Finance (FCF), a non-profit organization which specializes in technical assistance for child care businesses. Although not funded by CCDF, FCF will interact and provide services which all child care businesses will be able to benefit from. For child care business the following menu of services are available through FCF: business coaching, cohort-based learning opportunities focused on several different business practices and competencies, templates and materials to support effective business practices and access to additional technical assistance to support access to public funding. FCF also supports system building. FCF has developed a statewide child care business ecosystem report, with companion state system recommendations. They have also been contracted to support technical assistance connected to forthcoming public infrastructure grants, which will allow them to set up a state center focusing on Oregon's unique business characteristics. Spark (Oregon's QRIS) currently offers one-time support funds for classroom and program administration materials and professional development. Instead of one-time support funds, we are preparing to offer grants that

providers/programs can apply for annually or biennially to strengthen their practices. During our first stage of the Spark redesign process, families voiced the importance of providers and programs having access to Spark before children are in their care, and we are exploring ways to accommodate their request so programs can start with stronger business practices in place. DELC provided additional FTE funding to several regional Child Care Resource and Referral agencies to employ Business Coaches as part of a Shared Services project. Technical assistance and professional learning supports are offered to Business Coaches through Oregon Child Care Alliance (OCCA). Oregon Child Care Alliance supports child care providers to develop stronger and more sustainable business practices through business coaching, business training, financial management software and other business services. The goal is to help child care providers increase their revenue, solve challenging business problems, and manage what we call the “Iron Triangle” of child care business: 1) full fee collection on time every month; 2) full enrollment; and 3) setting rates that cover the true cost of programming.

Individuals interested in becoming a Registered Family child care provider must complete the Introduction to Registered Family Part 1 and 2. These courses include general information on several child care business topics including: marketing, insurance, record keeping and payment policies.

- b. Check the topics addressed in the Lead Agency’s strategies for strengthening child care providers’ administrative 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.
 - ix. Use of technology in business administration.
 - x. Compliance with employment and labor laws.
 - xi. Other. Describe any other efforts to strengthen providers’ administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **All forms, templates, and guidance documents may be translated into different languages for providers and staff with limited**

English proficiency. Interpretation is offered for meetings in which providers with preferred language preferences are attending. CCR&R staff include bilingual Quality Improvement Specialists and Infant Toddler Specialists to assist child care providers with limited English proficiency in accessing the subsidy system. They strive to hire multi-lingual/bilingual staff to meet the needs of the languages in their regions. The registry houses training for incoming subsidy providers, that training is translated (online, in person and self-study) into the 5 main languages in Oregon. In addition, the study of the registry offered recommendations that the registry should be translated as well. That workplan is currently under development.

- b. Providers and staff 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 Programs 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 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **The Early Learning Council spent a year working with cross-agency partners Oregon Department of Human Services, Oregon Department of Education, Higher Education Coordinating Commission, Oregon Health Authority, Oregon Housing and Community Services and the Lead Agency and hearing from communities, partners, parents, and providers to develop Raise Up Oregon (2024-2028): A Statewide Early Childhood System Plan** Constituents 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. The second edition of Raise Up Oregon highlights the continued commitment to professional development and a robust professional development framework.

No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: **The Early Learning Council spent a year working with cross-agency partners Oregon Department of Human Services, Oregon Department of Education, Higher Education Coordinating Commission, Oregon Health Authority, Oregon Housing and Community Services and the Lead agency and hearing from communities, partners, parents, and providers to develop Raise Up Oregon (2024 - 2028) A Statewide Early Childhood System Plan. Constituents 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.**

No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **DELIC is in the process of adopting the NAEYC Standards and Competencies for Early Educators. The intent of this adoption is to provide common competencies for educators and professional learning for early educators. This process is built into current funding streams to Oregon State University- Early Learning System Initiative, Portland State University-Oregon Center for Career Development and Western Oregon University- the Research Institute. This adoption process is estimated to take three to five years. OSU-ELSI will be conducting a landscape analysis to identify current technical assistance and make recommendations for priorities focuses for technical assistance capacity building.**

Additional activities will include aligning NAEYC Standards and Competencies for Early Educators and Zero to Three Critical Competencies, creating plain language and multi-language supporting documents and creating implementation supports. The framework for trainings will be revised to include guidance for implementation support through consultation and coaching.

For the Baby Promise Program, providers (including Directors, aides, and Early Educators) are required to take the ZERO TO THREE Critical Competencies as part of their subcontract with the CCR&R. Providers are then supported by Infant Toddler Specialists at the CCR&R, who are also trained in the Zero to Three Critical Competencies and engage in Focused Child Care Networks together for ongoing training and support.

Infant Toddler Specialists outside of the Baby Promise Program also receive

training in the ZERO TO THREE Critical Competencies for Infant/Toddler Educators and implement it within their regions both via training and individualized coaching. ELSI, which does not get CCDF funds, is developing coaching supports, including tiered coaching certification, based on DELC-provided framework.

QRIS Observation & Assessment Specialists demonstrate their competency by achieving and maintaining reliability status in one or more observation tools.

Within the early childhood suspension and expulsion prevention program, DELC is working with the Oregon Infant Mental Health Association which will identify and provide professional development on infant and early childhood mental health consultation competencies to DELC-funded infant and early childhood mental health consultants throughout the state.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. CCR&R staff monitor and support Early Educators step level on the Oregon Registry system, providing trainings and professional development for providers to increase step levels. The Professional Development plans for each region are designed based on the training and TA assessments CCR&Rs conduct annually. The results build the strategies for child care providers in each region to meet their needs to advance in their career and access the state's professional development framework.

Portland State University (PSU) who is Oregon's registry and clearinghouse of early childhood training, including approval of trainings and trainers, partnered with National Workforce Registry Alliance to make recommendations for system improvement. The Lead Agency is currently in the process of finalizing the workplan from those recommendations. Possible items include NWRA PER certification and revision of the career lattice to a pathways system among other proposed ideas.

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **While the Lead Agency does not have a singular advisory structure, it works in tandem with a variety of advisory workgroups based on subject matter to ensure lived experience is provided in each topic area. Some of these advisory committees include (but are not limited to): the Oregon Center for Career Development Advisory, the Spark accountability team, the Tribal Advisory Council, the Early Learning Council, and the Early Childhood Equity Advisory Group.**
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Multiple colleges and universities are in discussion around articulation. In addition, most colleges provide credit for prior learning for a CDA.**

Consortia, which are designed to support students seeking degrees and certification in early childhood education, with wrap-around academic, language, and person support, were expanded through a planning grant and subsequent

implementation grants. Oregon now has one university and 8 community colleges across the state. In addition to offering students support and a pathway to debt free degrees, consortia have increased connections between institutes of higher education to share ideas and increase alignment between colleges and with colleges and the participating university. These partnerships have had ripple effects, encouraging those, even outside of the consortia, to work together towards better alignment and support for students. Efforts towards multi region apprenticeship models have also created apprenticeship course specific articulation between the three participating colleges.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits.
The State of Child Care Business Survey assesses business conditions across child care programs throughout the state and is intended to gauge how current economic conditions, workforce issues, and public funding are affecting the child care sector. First Children’s Finance has developed a standard survey, which will collect information about child care business owner/director demographics, well-being, barriers to retention of staff/turnover, enrollment, and fiscal management. The data collected from the State of Child Care Business Survey highlights gaps in business efficiencies and allows systems leaders to gain more insight into the financial and operational challenges child care businesses face statewide.
- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **An Early Learning Degree Pathways scholarship was created that can be used for working and not yet working students to achieve degrees at community colleges and universities or have their out of country degree evaluated, where previously only lower-level degrees were possible, and the student was required to already be working. and passed in the legislature but has yet to be funded. This scholarship has been highly accessed, and the Lead Agency hopes to use that data to demonstrate the demand and push for funding a HECC scholarship that was passed but unfunded in the legislature. One apprenticeship model is in place across 2 colleges in partnership with local Head Starts and several other apprenticeships are in the planning phases.**

b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe: **As a part of the consortia work, Southern Oregon University offers in person and online Saturday Sessions that are University credit bearing workshops based of field identified training needs. These sessions will be offered in Spanish soon as well as Southern Oregon university expands their coursework offerings in general to support Spanish speaking students coming in from the Spanish language community college consortia programs. With consortia planning grants other colleges and Universities experimented with credit bearing conferences that articulated to introductory coursework towards a degree in an**

effort to support providers to see themselves as college and university capable students.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **As a part of the consortia work, Southern Oregon University offers in person and online Saturday Sessions that are University credit bearing workshops based of field identified training needs. These sessions will be offered in Spanish soon as well as Southern Oregon university expands their coursework offerings in general to support Spanish speaking students coming in from the Spanish language community college consortia programs. With consortia planning grants other colleges and Universities experimented with credit bearing conferences that articulated to introductory coursework towards a degree in an effort to support providers to see themselves as college and university capable students.**
- iii. Other. Describe:
 No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **For all Infant Toddler Specialists, the Zero to Three Critical Competencies is specific to the development of infants and toddlers. The Critical Competencies reflect a variety of types of provider settings serving many populations. Participants in the trainings experience different perspectives demonstrated in the curriculum and in the interactions with co-participants. Data describing the impact of these competencies may be found in TA logs, Quality Improvement Plans, and goals set by early educators for themselves, the children they serve, and their curricular programming.**

DELC is in the process of adopting the NAEYC Standards and Competencies for Early Educators. The intent of this adoption is to provide common competencies for educators and professional learning for early educators. This process is built into current funding streams to Oregon State University- Early Learning System Initiative, Portland state University-Oregon Center for Career Development and Western Oregon University- the Research Institute. This adoption process is estimated to take three to five years. OSU-ELSI will be conducting a landscape analysis to identify current technical assistance and make recommendations for priorities focuses for technical assistance capacity building.

Additional activities will include aligning NAEYC Standards and Competencies for Early Educators and Zero to Three Critical Competencies, creating plain language and multi-language supporting documents and creating implementation supports. The framework for trainings will be revised to include guidance for implementation support through consultation and coaching.

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 CCDF 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.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **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 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.**

As discussed above, Oregon's career lattice is in the process of moving to a career pathway model. In its current state the pathway includes college credit, community training credit and a pathway that combines both that span the educational requirement of all roles in care from just starting out in the system to master's and doctorate level education. Movement on the educational pathway is rewarded with one time education awards at 3 different checkpoints in the lattice.

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **In 2016 legislation for the Preschool Promise program required pay parity with kindergarten teachers for program teacher and teacher assistants. The agency adopted salary guideline rules that defined minimum and target salaries for these positions. Then in 2020, the agency updated the salary guidelines (increased) and adopted the same salary guidelines for Oregon Prenatal to Kindergarten program. The salary guidelines are the same for all regions and are based on the highest paid school districts in the state (Multnomah County).**

The passage of House Bill 3073 in the 2021 Oregon Legislative Session required Oregon to plan to move to an alternate rate setting structure based on the cost of quality. The Alternative Rate Methodology Committee formed and drafted a report for the Oregon legislature in December 2022. Due to the creation of DELC as a new agency, the re-design of Oregon's QRIS (Spark), budgetary constraints, and the development of a new provider management platform, movement to an alternative rate setting structure is ongoing.

Oregon has a contract with Prenatal to 5 Fiscal Strategies presently providing technical assistance to Oregon State University, who will eventually conduct future cost modeling to inform Oregon’s application to use alternative rate methodology.

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **In 2016 legislation for the Preschool Promise program required pay parity with kindergarten teachers for program teacher and teacher assistants. The agency adopted salary guideline rules that defined minimum and target salaries for these positions. Then in 2020, the agency updated the salary guidelines (increased) and adopted the same salary guidelines for Oregon Prenatal to Kindergarten program. The salary guidelines are the same for all regions and are based on the highest paid school districts in the state (Multnomah County).**

The passage of House Bill 3073 in the 2021 Oregon Legislative Session required Oregon to plan to move to an alternate rate setting structure based on the cost of quality. The Alternative Rate Methodology Committee formed and drafted a report for the Oregon legislature in December 2022. Due to the creation of DELC as a new agency, the re-design of Oregon’s QRIS (Spark), budgetary constraints, and the development of a new provider management platform, movement to an alternative rate setting structure is ongoing. Oregon has a contract with Prenatal to 5 Fiscal Strategies presently providing technical assistance to Oregon State University, who will eventually conduct future cost modeling to inform Oregon’s application to use alternative rate methodology.

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Lead Agency contracts with the Oregon Child Care Research Partnership (OCCRP) to conduct reports on the state of Oregon’s child care workforce. These reports outline demographics of the workforce, pay and compensation, education and training levels, and retention/turnover rates. In 2016 legislation for the Preschool Promise program required pay parity with kindergarten teachers for program teacher and teacher assistants. The agency adopted salary guideline rules that defined minimum and target salaries for these positions. Then in 2020, the agency updated the salary guidelines (increased) and adopted the same salary guidelines for Oregon Prenatal to Kindergarten program. The salary guidelines are the same for all regions and are based on the highest paid school districts in the state (Multnomah County).**
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **Requirements for the Baby Promise Program include a stipulation that Baby Promise Providers pay staff wages comparable to those of other**

publicly funded programs within their region. Further, providers work with technical assistance staff at the CCR&R to determine budgets that include salaries and benefits. CCR&Rs are also required to provide business trainings through shared services to The Baby Promise Program Providers to assist with ongoing business growth and development. In the current system, movement on the educational pathway is rewarded with one time education awards at 3 different checkpoints in the lattice. Milestone 1 (field entry): \$125 at Step 3 through Step 6 of the Oregon Registry Milestone 2(CDA/equivalent): \$175 at Step 7 through Step 8.5 of the Oregon Registry Milestone 3(AA and above): \$225 at Step 9 or above of the Oregon Registry Education awards.

In 2016 legislation for the Preschool Promise program required pay parity with kindergarten teachers for program teacher and teacher assistants. The agency adopted salary guideline rules that defined minimum and target salaries for these positions. Then in 2020, the agency updated the salary guidelines (increased) and adopted the same salary guidelines for Oregon Prenatal to Kindergarten program. The salary guidelines are the same for all regions and are based on the highest paid school districts in the state (Multnomah County).

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6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **15 hours, 8 specific to child development, 1 hour in Health, Safety and Nutrition annually. Certified Outdoor Nature-Based Child Care programs must complete the same number and category of training hours as licensed child care centers.**
- b. License-exempt child care centers: **6 hours for CCDF license-exempt centers, there is no requirement for non-CCDF license-exempt centers.**
- c. Licensed family child care homes: **Certified Family Programs Child Care: 15 hours, 8 specifics to child development, 1 hour in Health, Safety and Nutrition annually.**

OAR 414-350-0115(13) All providers, substitute providers, and Assistant IIs must complete one hour of training in the core knowledge category of Health, Safety, and Nutrition each year.

Registered Family Programs Child Care: 10 hours over the 2-year license cycle, 1 hour specific to Health, Safety, and Nutrition is required annually.

OAR 414-205-0055(4) While the registered family child care license is active, the provider must maintain current certification in first aid, infant and child CPR, food handler training, and must complete one hour of training in the category of Health, Safety & Nutrition (HSN) during each year of the two-year license period.

- d. License-exempt family child care homes: **For Regulated Subsidy Programs providers they are required to take an ERDC orientation within the first 90 days of becoming approved to receive subsidy payments. They must complete an additional 6 hours of training in each 2 year period. Trainings include: 2 hours in Human Growth and Development & 2 hours in Understanding and Guiding Behavior. 1 hour annually in Health, Safety & Nutrition. Providers must take an annual health and safety training.**
- e. Regulated or registered in-home child care: **N/A**
- f. Non-regulated or registered in-home child care: **For Regulated Subsidy Programs, providers they are required to take an ERDC orientation within the first 90 days of becoming approved to receive subsidy payments. They must complete an additional 6 hours of training in each 2 year period. Trainings include: 2 hours in Human Growth and Development & 2 hours in Understanding and Guiding Behavior. 1 hour annually in Health, Safety & Nutrition in the CCDF topical areas. Providers must take an annual health and safety training.**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **DELIC maintains ongoing intergovernmental grant agreements with each of the nine federally recognized Tribes within its borders through the Oregon Tribal Early Learning Alliance (OTELA). As part of this work, ORS 417.831 directs the Lead Agency to convene a Tribal Advisory Committee to design and make recommendations to the Oregon Early Learning Council on the delivery of early care and education services to tribal communities through the creation of a Tribal Early Learning Hub (known as Oregon Tribal Early Learning Alliance or OTELA).**

With the Oregon Tribal Early Learning Alliance grant, Tribes can make purchases to support early learning and care needs, which may include staff support like training and professional development. The Tribal Advisory Committee has deemed professional development to be a top priority. DELIC maintains additional grant agreements with several Tribes and Tribal organizations through various state funded programs including Oregon Prenatal to Kindergarten, Preschool Promise, and the Early Childhood Equity Fund grant programs. Within the Early Childhood Equity Fund and Oregon Prenatal to Kindergarten grants, professional development and training are allowable expenditures.

The Preschool Promise grant features built-in supports such as coaches and quality improvement specialists, who operate out of the local Child Care Resource and Referral Agencies. DELIC will also contract with the Northwest Native Chamber to provide professional development and technical assistance to current and future tribal child care providers for HB3005 Child Care Infrastructure

Fund. CCR&Rs provides services to the early care and education system in Oregon. They recruit, train, and promote retention of early care and education programs to meet the needs of child care in their regions. CCR&Rs reach out to the Tribal Nations in their regions to promote connection and collaboration.

Proactive collaboration includes Tribal members on the CCR&Rs' Advisory Boards very involved in strategic planning and data collection, recruitment efforts on the reservations based on child care needs, providing training to early care and education programs that are culturally responsive and in locations that are accessible (such as the reservation and/or virtual), and training for CCR&R staff from Tribal members.

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The CCR&Rs hire staff that speak the languages of their child care community. They post their trainings in the ORO training calendar and offer trainings in multiple languages throughout the year in English, Spanish, Chinese, Vietnamese and Russian. CCR&R's offer trainings and designate an age group that each training addresses. The training and the age group is added in the individual's professional development statements in ORO. Trainings delivered by the CCR&R's and the Focused Child Care Networks are designed to meet multiple topics, interest, and areas of professional development growth for the early educators in that region or specific language cohort.**

The Department of Early Learning and Care partnered with ZERO TO THREE to offer Training of Trainers in the ZERO TO THREE Critical Competencies for Infant Toddler Educators to Infant Toddler Specialists and community partners who work with CCR&Rs. As a result of this training, 18 professionals were trained as trainers in the curriculum, including four participants who train in Spanish and one participant who can train in Arabic. The trainers will now be delivering the content over the next year to a diverse group of infant and toddler early educators across the state as a part of the process in becoming a fully certified trainer with ZERO TO THREE.

When CCLD creates required trainings, the training is offered in 5 languages (English, Spanish, Russian, Chinese, and Vietnamese). The images in the trainings reflect educators and children of multiple racial backgrounds. When scenarios are offered in training, names of children, foods, and activities reflect different cultures. Materials and resources provided during the trainings are also offered in these five languages. CCLD also hires staff that speak the languages of the early educators who served in Oregon. These staff often work closely with their counter parts in their regional CCR&Rs and work together to problem solve training needs for early educators.

Inclusive Partners developed two asynchronous trainings in January 2024, one which focuses on the ADA and the other which focuses on helping providers with general best practices in their classrooms. These trainings are available in both English and Spanish and have reach over 2,400

providers so far.

There are 15 regional CCR&Rs providing services to the early care and education system in Oregon. They recruit, train and promote retention of early care and education programs to meet the needs of child care in their regions. Engagement with Tribal Nations vary and range from minimal interaction to proactive collaboration. Proactive collaboration includes Tribal members on the CCR&Rs' Advisory Boards very involved in strategic planning and data collection, recruitment efforts on the reservations based on child care needs, providing training to early care and education programs that are culturally responsive and in locations that are accessible (such as the reservation and/or virtual), and equity training for CCR&R staff from Tribal members. Multnomah CCR&R highlights personal engagement efforts by providing an Indigenous Instructional Coach for Tribal early care and education programs. Linn, Benton, Lincoln CCR&R provides trainings and supports to the 3 Head Starts on the Siletz reservation and worked with Siletz point person to identify early literacy and social emotional strategies as priorities. Marion, Polk, Yamhill CCR&R hired a Grand Ronde Tribal member to provide services to Preschool Promise Programs on the reservation. Clackamas CCR&R is initiating discussions with the Native Wellness Institute for potential partnerships. Every CCR&R reaches out to the Tribal Nations in their regions to promote connection and collaboration. While there is a spectrum of engagement levels and responses, the importance of fostering meaningful relationships with Tribal communities is understood and emphasized.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Information on how and when to make a referral to early intervention/early childhood special education services is provided regularly through local Resource & Referral agencies, Inclusive Partner consultation and other trainings throughout the state. Periodic training on developmental screening with the Ages & stages questionnaire is provided statewide and many children care resource and referral organizations partner with their local early intervention early childhood special education partners to provide in-depth training on supporting child care providers to make referrals to support children's development. In the current version of Spark (Oregon's QRIS), star-rated programs must use information from screenings and assessments to inform program planning and make referrals as needed. When CCRR staff are supporting programs through the Spark process they can inform them of the existing resources and services available for conducting screenings and providing referrals.**

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and

cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency’s early learning and developmental guidelines are:
- i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency’s early learning and developmental guidelines.
- i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency’s early learning and developmental guidelines most recently updated and for what reason? **The most recent update to the guidelines was in 2017, when the Oregon Early Learning and Kindergarten guidelines were released.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **DELIC references all the early learning and developmental guidelines used by and with partners on the page here: <https://www.oregon.gov/delc/providers/pages/professional-standards-competencies.aspx>**

Note that DELIC uses a variety of early learning and developmental guidelines for its programs.

It uses the Head Start Early Learning Outcomes Framework.

Head Start link: <https://eclkc.ohs.acf.hhs.gov/school-readiness/article/head-start-early-learning-outcomes-framework>

For programs serving school aged children, DELC uses the Early Learning and Kindergarten Guidelines found at the Oregon Department of Education website here:
<https://www.oregon.gov/ode/students-and-family/Transitioning-to-Kindergarten/Pages/Early-Learning-and-Kindergarten-Guidelines.aspx>

For Infant and Toddler programs funded by DELC the Zero to Three Critical Competencies are identified, the Zero to Three Institution link found here:
<https://www.zerotothree.org/resource/zero-to-three-critical-competencies-for-infant-toddler-educators/>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The various early learning and developmental frameworks chosen by DELC are used in in different contexts depending on the provider type and ages of children served by the provider, and in some cases, providers may choose a framework that best meets their needs. For example, in Early Head Start classrooms with Baby Promise Program slots, the provider is already using the Head Start Early Learning Outcomes Framework. At present, DELC’s early learning guidelines do not include guidelines for birth through three, so the Lead Agency utilizes Head Start’s Early Learning Outcomes Framework for this population.**

In addition to using this framework Early Educators are also trained in the Zero to Three Critical Competencies (via their contracting agency, the CCR&R) in order to broaden their practice with infants and toddlers, deepen their knowledge of child development and provide a framework for engaging in technical assistance (via coaching, Focused Child Care Networks, and Communities of Practice with Agency content area specialists, CCR&R technical assistants, and colleagues in the field. A Family Home Provider with a mixed age group and Baby Promise Program Slots will be required to use Zero to Three with infants and toddlers and may choose to use a different developmental framework with older children. Center based facilities transitioning children from one classroom to another may also use more than one developmental framework both to understand growth and development, and to assist co-staff in determining readiness of children for transition to new settings as they grow.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide 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.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated: **Raise Up Oregon is Oregon’s five-year strategic plan for its early childhood system and the second edition was adopted by the Early Learning Council in the fall of 2023. 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, supporting home visiting system programs, social emotional health, improving cross-sector relationships, uplifting community-based organizations and building additional opportunities for the workforce for accreditation and the attainment of degrees.**

The Early Learning Council conducts an annual review of progress towards the implementation of Raise Up Oregon, and based on findings from that assessment, identifies priority goals for the next one - two years. These priorities were released in October 2023.

In 2023, the Lead Agency, Western Oregon University, and Community Wealth Partners successfully completed the first stage of the redesign process, statewide engagement, for

Oregon's QRIS (Spark). Forty-five diverse families and providers from across the state were employed as researchers on three listening teams that gathered information from their communities on how to improve Spark via surveys, interviews, and focus groups. They listened to over 2,600 families and providers, then analyzed their data and created specific recommendations for Spark as well as Oregon's early learning system at large. Sixteen members from this group formed a new team, called the Spark Accountability Team who are now focused on integrating the recommendations into specific high-level design concepts that will help inform how Spark will operate to improve the quality of child care.

In partnership with the Spark Accountability Team, the Lead Agency sets performance measures, collects data, and creates an improvement plan each biennium to ensure Spark (Oregon's Quality Recognition & Improvement System) is equitably supporting all participants and providing families with relevant information that helps them choose care that aligns with their needs and priorities. This team will continue to meet regularly as an ongoing accountability partner. The Lead Agency conducted robust engagement with community partners to create its first agency Strategic Plan and identifying priorities as a state around where and how quality dollars should be spent. Through a six month period, the lead agency has consulted and met with community partners, program grantees, and parents to identify their critical needs and support. The feedback was collected, analyzed, and used to develop the goals, objectives, and strategies of its first strategic plan. In addition, the feedback collected was used to develop and inform the lead agency's policy option packages for the 2025-27 biennium.

The State of Child Care Business Survey assesses business conditions across child care programs throughout the state and is intended to gauge how current economic conditions, workforce issues, and public funding are affecting the child care sector. First Children's Finance has developed a standard survey, for all licensed child care business owners and directors (RF, CF, CC). They will be consulted via an annual survey and through voluntary focus groups. The data collected from the State of Child Care Business Survey highlights gaps in business efficiencies and allows systems leaders to gain more insight into the financial and operational challenges child care businesses face across various provider types and geographies. Their answers will be used to provide insight into the experiences they have faced that impact the quality of their programming. Both qualitative and quantitative data will be collected to evidence quality improvement recommendations that support child care business acumen and quality programming practices.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **Priorities identified by the Early Learning Council for quality improvement for early care and education through the Raise Up Oregon Second Edition and lead agency's Strategic plan development assessment include: ensuring that children and families have access to affordable, early learning and care that meets their needs; building an early childhood system that is representative of all children and their families, and elevates community voice and empowers families; honoring and recognizing the sovereignty of the nine federally recognized Tribal Nations sharing borders with Oregon state and ensuring strong government to government relationships to benefit**

Tribal communities; ensuring that all families with infants and toddlers are supported and have access to care that meets their needs; 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; trainings for caring for infants and toddlers; develop policies and supports to reduce expulsion and suspension of infants, toddlers and preschoolers in early care and education settings; 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 practices and spaces for children with developmental delays and disabilities in child care as well as public preschool; and support culturally responsive kindergarten transition practices and curricula from infants through the early grades.

The full Raise Up Oregon Progress Report can be found at the following link:
https://www.oregon.gov/delc/about-us/RUO_Documents/Raise_Up_Oregon-WEB-1117.pdf

Summary of findings for FCF State of Child Care Business Survey: The summary of the findings for First Children’s Finance State of Child Care Business Survey will be available in the Summer of 2024 and will include recommendations for quality improvement strategies to support statewide child care business acumen and sustainability.

During the statewide engagement stage of the Spark redesign process, families and providers generated over 26 recommendations, some of which extend beyond the Spark system. They urged the Lead Agency to prioritize enhancing child care availability and affordability, especially in agricultural areas and child care deserts, by supporting providers’ well-being through financial incentives, retention bonuses, and increased funding for subsidized care and salaries. Families desire access to child care resources and support in their primary language, including the ability to communicate with their child’s caregiver.

To increase professional development opportunities, especially on supporting immigrant and refugee families, and children experiencing trauma and disabilities. They also advocated for more professional development in languages other than English, including more advanced content.

The more Spark-specific recommendations centered around creating an accessible and simplified process for showcasing each program’s unique strengths in many languages, including assistance with documentation of evidence. Offering more strength-based and linguistically-specific coaching, replacing star ratings with something like badges that are meaningful to families (e.g., child safety and well-being, inclusive, LGBTQIA+ friendly, dual language), and offering ongoing resources and financial support for providing responsive care and education.

Lastly, there was a call to increase family awareness and confidence in the Spark system through a variety of methods including a multilingual platform that includes detailed program profiles with verified evidence of each program’s competencies and practices.

The listening teams consisted of individuals from diverse backgrounds, including those who identify as immigrants from various countries, Black, Indigenous, and People of Color, as well as Queer, Muslim, and multi-generational families. They worked across different environments—rural, suburban, and urban areas in Oregon—and the providers/educators held various roles in child care and education settings (Head Start, Tribal Head Start, public-funded, faith-based, home-based, center-based, licensed and license-exempt). Their community outreach involved listening in multiple languages, including, but not limited to Spanish, English, and Russian, and their reports highlighted experiences from marginalized groups. Recommendations varied but often included increasing the availability of child care in agricultural areas, extending child care hours, and fostering inclusive spaces for LGBTQ+ families. Focusing on promoting health, safety, and well-being; improving communication and partnerships between families and providers; and supporting professionals with culturally and linguistically tailored approaches emerged as their key goals for quality improvement. However, each recommendation is not tied specifically to one population or provider type.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **Links to Oregon's Quality Progress Reports and expenditure reports are available on the Lead Agency's public website: <https://www.oregon.gov/delc/about-us/pages/state-plans.aspx>**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

- i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Consortia, which are designed to support the existing early childhood workforce, with wrap-around academic, language, and person supports, were expanded through a planning grant and subsequent implementation grants. Oregon now has one university and 8 community colleges across the state. In addition to offering students support and a pathway to debt free degrees, consortia have increased program enrollment, increased course success and graduation rates and created strong connections between institutes of higher education to share ideas and increase alignment between colleges and with colleges and the participating university. These partnerships have had ripple effects, encouraging those, even outside of the consortia, to work together towards better alignment and support for**

students. A scholarship was created that can be used for working and not yet working students to achieve degrees at community colleges and universities or have their out of country degree evaluated, where previously only lower level degrees were possible, and the student was required to already be working. and passed in the legislature but has yet to be funded. This scholarship has been highly accessed, and the Lead Agency hopes to use that data to demonstrate the demand and push for funding a HECC scholarship that was passed but unfunded in the legislature. Portland State University (PSU) who is Oregon's registry and clearinghouse of early childhood training, including approval of trainings and trainers, partnered with National Workforce Registry Alliance to make recommendations for system improvement. The Lead Agency is currently in the process of finalizing the workplan from those recommendations. Possible items include translation of the registry into Oregon's 5 languages, shifting language and processes to offer professional development credit for coaching, CoPs and mentoring, more automatic processes to reduce the burden on providers, NWRA PER certification and revision of the career lattice to a pathways system among other proposed ideas. Through an agreement with PSU, they also subcontract with Oregon ASK to support PD for out of school time programs.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Oregon Early Learning Council and the Lead Agency are using the research-based, culturally, and linguistically appropriate Head Start Early Learning Outcomes Framework. 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. The Head Start Early Learning Framework emphasizes the key skills, behaviors, and knowledge that programs must foster in children ages birth through 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 guide describes teaching practices, shows practices in early learning settings (including home-based), and offers a framework for reflection on and improvement of effective practices. In working with programs, the Lead Agency uses the Head Start Early Learning Outcomes Framework as its reference point for expectations, professional development, and service delivery. When the Oregon Early Learning Council adopted the Head Start Early Learning Outcomes Framework: Ages Birth through 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 on early care and education and the Oregon Department of Education taking the lead on kindergarten. 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 sometime in 2025-2026. New investments in infant and toddler programming (Baby Promise and Oregon Prenatal to Kindergarten) and the Birth through Five Literacy Plan support the revision of the Early Learning and Kindergarten Guidelines to incorporate infant and toddler standards, racial identity development, and physical education.

iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Spark, Oregon's QRIS, is undergoing a community-driven redesign, transitioning from a quality rating and improvement system to a quality recognition and improvement system. This shift will empower programs to highlight their strengths and help families identify the most suitable care for their child. The redesign process consists of four stages: (1) statewide engagement, (2) redesign, (3) implementation, and (4) assessment. The first stage and part of the second stage were funded by the Preschool Development Grant and the subsequent stages will be funded by state and CCDF funds.**

iv. Improving the supply and quality of child care services for infants and toddlers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Baby Promise Program Providers, who hold subcontracts with their local CCR&Rs, receive additional monthly funds (quality improvement) that allow them to budget for increased training for Early Educators in infant/toddler development, plan for in-service activities related to infant toddler care, and invest in assessment and curricular materials for infants and toddlers. The CCR&R that subcontracts with the Baby Promise Providers employ an Infant Toddler Specialist specifically to provide technical assistance to those programs, their director/administrator, staff, and other Early Educators who work regularly with children enrolled in Baby Promise slots. These Infant Toddler Specialists or their Quality Improvement counter parts at the CCR&R also lead Focus Child Care Networks that Baby Promise Program Provider (directors and staff) are required to participate in.**

The Department of Early Learning and Care supports supply and quality of child care services for infants and toddlers in a variety of ways. The Department supports high quality training of trainers in curriculum directly related to quality of care for infants and toddlers, these include Pyramid Model for Infants and Toddlers, ZERO TO THREE Critical Competencies for Infants and Toddlers, Trauma Responsive Care for Infant and Toddler Care Providers, among others. In addition, Infant Toddler Specialists within CCR&R programs support high quality care via individualized technical assistance, both virtually and on-site with early care programs. They provide training specific to infants and toddler care and host networks of infant and toddler providers. These efforts also contribute to supply building via combatting burnout by trauma informed practices and opportunities for connection for early care providers. As well as supporting programs who are interested in increasing infant and toddler slots by engaging with them around the

licensing process, business practices, and tenets of high-quality infant and toddler care practices.

- v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Quality Improvement Specialists provide technical assistance, training consultation, coaching and support to child care providers. They reach all forms of Oregon’s mixed delivery system of child care and can respond to needs. This includes creating environments, structuring play, and best practices in care.**

Infant Toddler Specialists provide Technical Assistance to Early Educators and Early Learning Programs serving infants and toddlers, The Infant Toddler Specialist is a specialized Quality Improvement Specialist position focused on increasing the availability and quality of infant and toddler care in the Region via a trauma-informed, relationship based approach. Infant Toddler Specialists meet with early educators and leaders to determine the type of support needed to support early educator well-being, relationship-based care practices, and quality/supply of infant and toddler care. They then support those providers to move towards their goals while celebrating their successes along the way. Infant Toddler Specialists are key to providing support to the early learning and care workforce specifically working with the birth to three population.

Baby Promise Infant Toddler Specialists may also hold the title Baby Promise Coach provide Technical Assistance to Early Educators and Early Learning Programs who are sub-contracted as Baby Promise Providers serving infants and toddlers ages 6 weeks – 3 years. The Baby Promise Infant Toddler Specialist is a specialized Quality Improvement Specialist position focused on increasing the availability and quality of infant and toddler care in Baby Promise Regions via a trauma-informed, relationship-based approach, and using the Zero to Three Critical Areas. Baby Promise Infant Toddler Specialists meet with early educators and leaders to determine the type of support needed to support early educator well-being, relationship-based care practices, and quality/supply of infant and toddler care. They then support those providers to move towards their goals while celebrating their successes along the way. Baby Promise Infant Toddler Specialists are key to providing support to the early learning and care workforce specifically working with the birth to three population. Baby Promise Infant Toddler Specialists facilitate Focused Child care Networks, sometimes organized by provider type, sometimes for a group of Baby Promise Providers.

Baby Promise Family Navigators works directly with families seeking slots with Baby Promise providers. The Family Navigator creates communications with local agencies to provide the community with knowledge of the Baby Promise Program. Further the Family Navigator works with local ODHS eligibility and case workers to assist families with the process of navigating the online system, providing documentation, handling changes in a family's needs, and matching families with the Baby Promise Provider of their choice. The Baby Promise Family Navigator

collects data to provide to the agency.

The Baby Promise Manager manages the grant with the agency, and the sub-contracts with the Baby Promise Providers. The manager administrates the intake of new providers in the region, collects data from providers, manages program requirements for providers and staff, and handles all reporting to the agency. In addition, the Baby Promise Manager may handle invoicing, attendance sheets, and other state reporting as required by the agency.

Baby Promise Quality Improvement Specialists provide a variety of supports and guidance to Baby Promise Providers. They may provide training on business acumen such as budget creation or using software for child care businesses. They also support continuous quality improvement using the Baby Promise Guidebook for Providers. The position may intersect with the Infant Toddler Specialist/Coach depending upon the types of providers in a region, the needs of providers within the region, and organization of focus child care networks. In some regions the Baby Promise Quality Improvement Specialist may work specifically with directors and administrative staff on program development, some data collection, and setting goals, reviewing data, and assisting in re-directing practice to achieve high quality early care and education in Baby Promise Programs.

Preschool Promise Quality Specialists consult with Preschool Promise program leaders. Using the PSP Quality Requirements Playbook, they support continuous quality improvement and programs reaching their goals. This is a specialized position focused on increasing the individualized system of supports to set goals, review data on Early Learning Program and child-level outcomes, and alter practice to achieve continuous High Quality early care and education in the implementation of Preschool Promise. Preschool Promise Instructional Coaches provide ongoing and intensive Technical Assistance through Practice Based Coaching to early educators and Early Learning Programs serving Preschool Inclusion Specialists help providers and families understand the benefits of inclusive programs and practices, advocate for inclusive spaces within their communities, and support all children by utilizing foundational pyramid practices. Empower providers to meet the needs of all children. Business Coaches provide support and guidance to child care providers on business acumen that promotes successful child care businesses. Through cohorts, business coaches address the **Iron Triangle** of child care business: 1) full fee collection on time every month; 2) full enrollment; and 3) setting rates that cover the true cost of programming.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Child Care Licensing Division staff routinely conduct necessary inspections of licensed child care facilities using checklists that monitor health and safety requirements per state regulation. In addition to routine inspection, staff conduct increased monitoring of facilities that are challenged with maintaining compliance with health and safety**

requirements, provide technical assistance at every routine inspection, and conduct compliance verification visits to verify compliance after a serious violation has occurred. If non-serious violations are observed (i.e., violations that do not pose a serious risk of harm to a child), in addition to providing technical assistance and ensuring understanding of rule, CCLD staff will confirm that corrections are achieved either at the time of their visit or by tracking follow up measures in an agreed-upon timeline. CCLD proceeds with enforcement mechanisms (such as civil penalty, licensure suspension, revocation, and denial), as appropriate. Additionally, CCLD has initiated a pilot project of conducting Focus Visits, which are intended to provide supplemental, focused supports to facilities. CCLD investigates all complaints of allegations of regulatory violations.

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The child care safety portal is a resource for parents and families to check on the safety and quality of licensed child care programs in Oregon. The portal lets families search for a child care provider and view their licensing history over a period of time in the same location. Spark, Oregon's QRIS, includes a team of observation and assessment specialists. They conduct classroom observations using the Environment Rating Scale (ERS) and the Classroom Assessment Scoring System (CLASS) and provide summary reports and scores to support continuous quality improvement. The Lead Agency plans to explore other observation tools that assess different aspects of program practices and may expand offerings.**

- viii. Accreditation support.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Spark participating programs can utilize support and incentive funds to pursue and maintain accreditation.**

- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Baby Promise Program Providers receiving additional monthly quality funds are required to adhere to CACFP nutritional guidelines, provide food and formula for children enrolled in Baby Promise slots, and complete developmental screenings for Baby Promise children. The current version of Spark, Oregon's QRIS, includes several standards related to supporting children's development (including cognitive, language, physical, social, and emotional), health, nutrition, and physical activity. The standard most directly related to mental health requires programs to provide families with information about community resources including health, mental health, services for children with disabilities, and social services.**

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

- a. 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 and results of the coordination: **Coordination goals of the Early Learning Council include: equitable access to quality early learning and development programs; honoring and recognizing tribal sovereignty and creating a strong government-to-government relationship with Tribal Nations, 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.**

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 Department of Early Learning and Care, Oregon Department of Education, Oregon Department of Human Services, the Oregon Health

Authority, and Higher Education Coordinating Council 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.

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 underrepresented in accessing strong services and support. 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://www.oregon.gov/delc/about-us/Pages/raise-up-oregon.aspx>) and is updated on a periodic basis.

Through this collaboration, the Lead Agency has gained a deeper understanding of how to engage with Tribal Nations. For example, DELC has initiated discussions on vital issues such as funding, compliance, policy and program development, legislation, and rule changes related to the tribes through a structured tribal consultation process. Additionally, the Lead Agency has a clearer comprehension of the needs within tribal communities and the systemic obstacles they encounter. Consequently, DELC is addressing these challenges by considering non-competitive funding avenues, revising or creating new policies and procedures that better accommodate the unique requirements of the tribes, and striving to respect tribal sovereignty within the Lead Agency's strategic framework. With direction from the TAC, DELC is also supporting the tribal perspective in adjusting the existing Tribal Early Learning Hub statute. DELC and the tribes are in the early stages of developing a new Tribal Early Learning Plan and Fund, which would replace the Tribal Early Learning Hub. This necessary change will enhance the respect for tribal sovereignty and strengthen the government-to-government relationship with the tribes. It will support tribal self-determination more effectively, allowing Tribal Nations to allocate spending in areas that are most needed or desired in their communities.

As a result of this coordination, 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 and ongoing progress and development of Raise Up Oregon, the cross-sector early childhood plan for Oregon.

This website provides the latest results from the work: <https://www.oregon.gov/delc/about-us/Pages/raise-up-oregon.aspx>, and is updated on a periodic basis.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The Lead Agency strives to maintain positive relations with the nine federally recognized tribes sharing borders with Oregon state. To reach this goal, the Lead Agency seeks tribal consultation on a regular basis to listen to concerns and**

make improvements on the system according to tribal input.

The Lead Agency's coordination with Tribes includes meetings such as regular CCDF Tribal Administrators Gatherings, quarterly Government to Government Clusters, and monthly Tribal Advisory Committee meetings.

The Lead Agency's CCDF Administration and Office of Tribal Affairs staff meet with CCDF Tribal Administrators regularly.

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 Lead Agency'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.

The Lead Agency's Director and Office of Tribal Affairs staff participate in SB 770 Cluster Meetings. Senate Bill 770, passed in 2001 and entered into statute as ORS 182.162, requires state agencies to promote communications between the agencies and the tribes of Oregon.

The Lead Agency participates in the Education Cluster and the Health and Human Services Cluster. The Legislative Commission on Indian Services established a Health and Human Services Cluster to meet quarterly with the tribes of Oregon to address intergovernmental and tribal issues. OHA is the lead agency for these meetings, which also includes Oregon Housing and Community Services, Oregon Department of Veterans Affairs, Oregon Department of Business and Consumer Services, Oregon Department of Early Learning and Care, and other agencies. The Government-to-Government Education cluster also meets quarterly with the nine Tribes. The Oregon Department of Early Learning and Care, Oregon Department of Education, Teacher Standards and Practices Commission, Higher Education Coordinating Commission, Educator's Advancement Council, and Youth Development Oregon attend the Education Cluster meetings, which are convened by the Governor's Office.

SB 770 meetings allow both administrators from various state agencies and Tribal Representatives to meet quarterly and work on issues together to maintain a cooperative relationship with the Tribes. These meetings are an outcome of Executive Order from the Governor and legislative action, with the expectation that departments within State government form and strengthen relationships with Tribes. Through the Oregon Tribal Early Learning Alliance (OTELA), the Lead Agency maintains ongoing intergovernmental grant agreements with each of the nine federally recognized Tribes within its borders. As part of this work, ORS 417.831 directs the Oregon Department of Early Learning and Care

to convene a Tribal Advisory Committee to design and make recommendations to the Oregon Early Learning Council on the delivery of early care and education services to tribal communities through the creation of a Tribal Early Learning Hub (known as Oregon Tribal Early Learning Alliance or OTELA). The OTELA is separate and distinct from the Early Learning Hubs designated under ORS 417.827. The purpose of OTELA also includes supporting participation in the Lead Agency programs, grants, and services while respecting Tribal sovereignty. The Tribal Advisory Committee has successfully maintained monthly meetings with between 16 and 20 Tribally appointed representatives from the nine Tribes.

The Lead Agency and the TAC are looking at ways to build out additional funding and infrastructure into future legislative concepts. The TAC operates on a consensus basis and endeavors to make sure that all voices are heard in an effort to move away from colonial-influenced government work. There is time to make sure that representatives have time to create partnerships of their own. The Tribal Advisory Committee has been and will continue to be influential in the Lead Agency's decision making.

The Lead Agency also maintains grant agreements with several Tribes and Tribal organizations through various state funded programs. These include Oregon Prenatal to Kindergarten, Preschool Promise, and the Early Childhood Equity Fund grant programs. HB 3198 Early Literacy Initiative Birth-to-Five Grants program will be open to Tribal nations beginning in 2024-2025. The Lead Agency is also contracting with the Northwest Native Chamber to provide professional development and technical assistance to current and future tribal child care providers for HB3005 Child Care Infrastructure Fund.

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **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.**

This coordination occurs through the Early Learning Council and other committees. Lead Agency 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.

The Oregon Early Childhood Inclusion State Leadership team supported increased access to inclusive early learning environments for young children with disabilities by increasing and enhancing inclusive practices across the state. Additionally, please review the latest Raise Up Oregon Second edition and the latest progress reports.

This coordination led to expanded investment in the Oregon Department of Education (ODE) to increase access to and equitable outcomes in Early Intervention/Early Childhood Special Education (EI/ECSE) services for children with developmental delays and disabilities.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start Collaboration Director (HSCO) is involved with a variety of state and federal partners to ensure initiatives, goals, and activities are designed to benefit low-income children from birth to school entry and their families. This includes 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.**

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. Additionally, the Head Start Collaboration Director coordinates with partners on early care and education quality improvement efforts including, but not limited to the reduction/elimination of suspension and expulsion; workforce development, recruitment, and retention; and alignment and connection with the K-12 systems.

Impact and alignment of policy, program design, and implementation approaches for key priorities such as: suspension and expulsion; sustain and expand the number of Oregon Prenatal to Kindergarten/Head Starts funded to provide full-day or full-year services; increase, retain, and sustain a culturally responsive workforce, and increase the programs and services offered and available for infants, toddlers, and their families.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **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.**

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).

The Oregon Health Authority, through the Early Learning Council and RUOAICT, has been coordinating support 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 regularly with representatives from environmental health with the goal of sharing best practices on health, safety and sanitation and helping guide licensing process.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **Coordination on child care programs, services and system operated by the CCDF Lead Agency 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 eligibility determinations for ERDC, the child care subsidy program. The 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.**

The 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. Leadership of the ODHS Self-Sufficiency Program and Lead Agency meet weekly to ensure coordination on child care and TANF policy. The written Interagency Agreement between ODHS and the Lead Agency outlines the coordination between the agencies. Child Care Assistance Program staff meet with all other ODHS self-sufficiency program staff twice a month to review and consult on policies, forms, and processes at Eligibility Work Team meetings. CCAP staff also attend an All Analyst meeting for all ODHS programs and ODHS leadership.

Families can now receive ERDC while also receiving TANF. Family coaches will discuss ERDC eligibility with all families receiving TANF. Access to high-quality stable child care allows TANF families to focus on their employment, education, and family well-being activities. Individuals receiving TANF with a child care need can receive ERDC for a minimum 12-month certification. ERDC for individuals receiving TANF will be certified with a \$0 copay and a part-time hour authorization (108 hours). Those who need more than part-time hours in order to complete eligible activities will be able to receive a full-time authorization of hours. ERDC will remain open for a minimum of 12 months, even if TANF ends. Educational materials have been developed that can be utilized by foster care certifiers and child welfare around ERDC eligibility.

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency 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 support 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 directs Oregon's Prekindergarten program and Preschool Promise, Oregon's mixed**

delivery preschool program; Prekindergarten and child care organized and run by the Lead Agency.

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 the Lead Agency as an operating organization.

The Lead Agency is partnering with the Oregon Department of Education, currently in the pilot process of the newly redesigned Oregon Kindergarten Assessment. In accordance with OAR 551-022-2130 creating a community informed information gathering process at kindergarten to develop an anti-racist information gathering process.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Lead Agency is responsible for child care licensing through the Child Care Licensing Division (CCLD). CCLD coordinates with the Oregon Department of Human Services (ODHS), 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.**

The CCLD leadership participates in a biweekly agency leadership coordination meeting and coordinates internally around child care assistance policies and practices and ensuring health and safety in those settings. CCLD 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 CCLD.

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 the Lead Agency. 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.

- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **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.**

The Lead Agency coordinates with the Oregon Department of Education Child Nutrition programs periodically 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, relying upon one another for policy clarifications, differences between federal law and state rules, etc.

The intent of this coordination is increased communication and collaboration to maximize program participation in CACFP.

- j. 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 and results of the coordination: **The Head Start Collaboration Office and McKinney Vento Coordinator have ongoing communication to partner and coordinate initiating access to services for children and families experiencing houseless instability. These ongoing meetings have supported collaboration and support to McKinney Vento Liaisons. An example of this is the creation of informational materials to support liaisons in their efforts to find and partner with their community early learning and care programs. Additionally, supporting liaisons in identifying families with young children that are eligible for state funded early learning and care programs during conversations with families in the public school system.**

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Lead Agency coordinates with the Oregon Department of Human Services to provide services for families receiving or transitioning from TANF for successful transition to employment and self-sufficiency.**

The Oregon Department of Human Services (ODHS) is the TANF agency. Management and staff from the child care program at the Lead Agency 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.

Families can now receive ERDC while also receiving TANF. Family coaches will discuss ERDC eligibility with all families receiving TANF. Access to high-quality stable child care allows TANF families to focus on their employment, education, and family well-being activities. Individuals receiving TANF with a child care need can receive ERDC for a minimum 12-month certification. ERDC for individuals receiving TANF will be certified with a \$0 copay and a part-time hour authorization (108 hours). Those who need more than part-time hours in order to complete eligible activities will be able to receive a full-time authorization of hours. ERDC will remain open for a minimum of 12 months, even if TANF ends. Educational materials have been developed that can be utilized by foster care certifiers and child welfare around ERDC eligibility.

- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **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.**

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 Lead Agency 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.

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. OHA established continuous health insurance coverage through the Medicaid 1115 waiver which established continuous health coverage for children birth to age six through

the Oregon Health Plan (OHP).

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination:

The Lead Agency works to help ensure the full spectrum of mental health supports for young children through collaboration with the Oregon Health Authority.

The Oregon Health Authority is responsible for a full range of Medicaid-funded mental health services, including prevention services and treatment services. The Oregon Health Authority convenes an Early Childhood Leadership Team meeting of state leaders involved in supporting the mental health of young children. The Lead Agency is involved in these meetings to enhance coordination and collaboration between the Oregon Health Authority and the Lead Agency. The Lead Agency is developing an Infant and Early Childhood Mental Health Consultation model to serve as a resource for early care and education programs seeking support to prevent the use of suspension and expulsion of children birth through five.

Oregon has an Infant-Toddler Mental Health Certificate Program, a program of Portland State University, which provides graduate-level training in infant mental health. The Oregon Health Authority provides scholarships for participants in this program, which supports the growth of the workforce for the Lead Agency's Infant and Early Childhood Mental Health Consultation model. Oregon has an Infant Mental Health Endorsement (IMH-E) and an Early Childhood Mental Health Endorsement (ECMH-E) to recognize and document the development of infant and family professionals across the continuum of infant-toddler and early childhood service providers. With the passage of new legislation to authorize the creation of infant and 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.

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **Use of these systems supports parents as well as providers in accessing services they need.**

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 Lead Agency 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 co-hosts bi-monthly calls with the partners in the Child Care Resource and Referral system to facilitate this coordination. Additionally, consumer education on quality child care information is updated in collaboration with partners in the CCR&R system.

Parents have a 211 system to gain information and support access to child care services, parents receive information and education on quality child care indicators, and providers have timely information on changes to child care licensing, updated profile information in the child care referral database, and support for quality improvement services.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination:
Coordination supports an afterschool network that advances work on connections of partners, supporting policy, and providing professional development.

The Lead Agency provides Oregon ASK with CCDF Discretionary funds as a match for a Charles Stewart Mott Foundation grant. Oregon ASK 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 Oregon ASK, 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, Oregon ASK 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.

Coordination creates advances in connections, policy and professional development through the processes described above. Based on feedback from this collaboration the Lead Agency built a child care licensing rule set for School-Age care that addresses the specific needs of this age group. The Lead Agency has a representative from the Inclusive Partners program attending regular Oregon ASK advisory meetings and the professional learning office is meeting on a quarterly basis with Oregon ASK leadership to discuss opportunities for collaborative partnership and connection between the current professional learning projects statewide.

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **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 Lead Agency 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.**

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.

Effective coordination has occurred between the Lead Agency and Oregon’s statewide emergency public agencies through Lead Agency contribution to the statewide emergency plan.

- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.

- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **Administrative processes that ensure EHS CC partnership agencies are part of the both the state subsidy program and the EHS CC partnership. This coordination results in successful implementation of EHS CC partnerships in Oregon.**
- ii. State/Territory institutions for higher education, including community colleges. Describe: **Coordination facilitates 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.**

The Higher Education Coordinating Council (HECC)

(<https://www.oregon.gov/highered/about/Pages/commissioners.aspx>) 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.

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. Consortia were expanded through a planning grant and subsequent implementation grants. Oregon now has one university and 8 community colleges across the state.

- iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
- iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **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.**

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.

DELIC and OHA leadership staff meet on a monthly basis to enhance the coordination between DELIC and OHA home visiting programming, with a particular focus on the support and coordination of the rolling out of the Universally Offered Home Visiting.

DELIC program leads participate in a group dedicated to supporting the coordination and collaboration across all DELIC, OHA, and ODHS home visiting models. The group, the Home Visiting Collaborative, meets monthly. Recently, the Early Learning Council’s subcommittee on home visiting bolstered the coordination efforts of the collaborative by making them a key part of the Home Visiting Coordination Center that was created from the subcommittee’s findings.

DELIC leadership and staff also serve on the steering committee for the Home Visiting Coordination Center.

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:
- vi. State/Territory agency responsible for child welfare. Describe: **Coordination includes referrals to CCDF subsidy programs for certain categories of families involved in protective services when the ERDC wait list is in effect.**

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.

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 adult 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. Child care provider groups or associations. Describe: **Coordination is done with the goal of working effectively with providers to support their work in the delivery of affordable, equitable, quality child care services.**

Child care resource and referral programs work closely with their local child care provider groups and associations and provide training and technical assistance as necessary. The Early Learning Council includes a provider representative among its 11 members. The Lead Agency routinely includes providers in its Rulemaking

Advisory Committees and consults with providers in the development of its programs and services. There are two child care provider unions who have collective bargaining agreements (CBAs) with Oregon. The American Federation of State, County, and Municipal Employees (AFSCME) Child Care Providers Together (CCPT) Local 132 union represents licensed in-home child care providers (Certified Family Programs and Registered Family Programs), and Service Employees International Union (SEIU) Local 503 represents license-exempt family child care providers. The Lead Agency has a Child Care Labor Liaison who is responsible for ongoing communication and coordination with both unions; including quarterly labor management meetings, resource, and information sharing, and ensuring union participation in Rulemaking Advisory Committees, workgroups, and listening sessions.

This coordination results in multiple methods to serve providers and to partner with them in the development of programming and policy.

- viii. Parent groups or organizations. Describe: Coordination ensures effective parent education services are available.

Children, parents and early learning and care programs benefit when parents take on leadership roles. State and Federal Head Start programs establish policy councils which invite and promote parent leadership and advocacy. The members help lead and make decisions about their Head Start Programs with parent voice as its core. Early Learning Hubs have the following agreements related to parent leadership: Include a Parent Leadership Council within the Hub governance structure, Ensure membership and active engagement in the Parent Leadership Council from families who represent the Hub Coverage Area Priority Population, Participate in ongoing technical assistance with Agency staff and Agency contractors to assure the effective operations of the Parent Leadership Council and the integration of the Parent leadership council within the overall Governance structure for the region, Provide the necessary financial, logistic, and professional learning support and conditions to ensure that Governance and Parent Council members, especially families from Priority Populations, can fully and authentically engage in all phases of the work.

These supports and conditions must include understanding barriers to system goals, designing and implementing strategies, and learning for continuous improvement. Head Start created the Policy Council as a formal leadership and policy-making role for parents. Today, every Head Start and Early Head Start program must have a Policy Council as part of its leadership structure. Through the Policy Council, parents have a voice in decisions about how the program spends money, what children do in their classrooms, and how the program works with community partners." OPK/HS programs are not funded without parent policy council signatures on applications. They act as a central function of leadership for the organization.

Through this coordinated effort, Parents can become more confident, gain skills, and connect with other parents and staff. Program staff learn about the strengths,

interests, and needs of the children, families, and community they serve.

- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds 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, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency 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 pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

- ii. If yes, what does the Lead Agency use combined funds to support, 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? **Oregon utilizes, but does not combine, state general funds designated for child care to support the Employment Related Day Care program through the following initiatives: to support families with incomes above 85% SMI but below 250% FPL, to support families with children who do not meet CCDF citizenship requirements, and to maintain our caseload.**

Oregon also utilizes these funds to provide the Preschool Promise Program, the Oregon Prenatal to Kindergarten program, Healthy Families Oregon, and our Relief Nurseries, none of which are supported by CCDF.

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

- a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: **Oregon utilizes Oregon Prenatal to Kindergarten (OPK) funds for public fund match ☒ this is out of Oregon General Fund.**

Oregon's Match includes OPK, CCLD general funds, and funds from the Working Family Child Care tax credit (state program public funds)

Oregon's MOE includes OPK, Child Care Licensing Division general funds, and ODHS general funds.

No.

- b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

- i. Donated directly to the state.

- ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

No.

- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:
- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
 - The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
 - The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
 - If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

8.3 Coordination with 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 Lead Agency, 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).

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 Lead Agency.

- 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 Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Oregon CCRR system is funded by CCDF through the Lead Agency contracts with statewide and local organizations. It is comprised of fifteen (15) local regional CCRR programs assigned to service delivery areas, and one central coordination agency - The Research Institute at Western Oregon University as the CCR&R State Coordinating Network. Portland State University's Oregon Center for Career Development houses the Career Lattice for child care providers and 211info is 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 in accordance with each community's identified needs for serving vulnerable populations. CCRRs provide training and technical assistance for existing and prospective child care providers and promote retention and supply building through support to the early childhood education workforce. These supports include training, coaching, mentoring, consulting, and advising on professional development and child care business strategies.

The CCRR 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.

CCRRs are a part of Oregon's 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 CCRR 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 (FCCO) 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 CCRR 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 CCRR 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.

CCRR 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. The child care team at 211info provides quality referrals for parents and includes 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 Lead Agency's Child Care Licensing Division (CCLD) phone number and links to the parent safety portal on the Lead Agency 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, regional training assessments and training plans built on the results, 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.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **Oregon Community Foundation and Ford Family Foundation Fund Neighborhood House to be the Oregon Child Care Alliance (OCCA) for a shared services project. DELC funds business coaches in 7 regions to participate with the OCCA. The OCCA builds the curricula for business acumen and the suite of offerings in the shared services alliance and the CCR&Rs that the Lead Agency funds implement focused child care networks working on strong business practices and 1:1 coaching with each of the child care programs signed up for the OCCA.**

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what

reason? **March 2024 Re-branded, updated specific sections: Communication and distribution lists, Child Care Resource and Referral contact info, Early learning hub contact group, DELC directors and managers update info, field staff contact list, CCLD field office staff lists, local and tribal emergency managers list, Oregon emergency management local and tribal emergency manager’s contact info.**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

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

State human services agency.

State emergency management agency.

State licensing agency.

State health department or public health department.

Local and State child care resource and referral agencies.

State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. The plan includes guidelines for the continuation of child care subsidies.

iii. The plan includes guidelines for the continuation of child care services.

iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

Procedures for evacuation.

Procedures for relocation.

Procedures for shelter-in-place.

Procedures for communication and reunification with families.

Procedures for continuity of operations.

Procedures for accommodations of infants and toddlers.

Procedures for accommodations of children with disabilities.

Procedures for accommodations of children with chronic medical conditions.

vi. The plan contains procedures for staff and volunteer emergency preparedness training.

vii. The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:

https://www.oregon.gov/delc/providers/CCLD_Library/Oregon-Early-Learning-

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. 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 during business hours, and the public may leave messages outside of normal business hours. Families making a complaint may request to remain anonymous. Following is the online link for submitting a complaint: <https://www.oregon.gov/delc/families/pages/child-care-safety.aspx#HowToMakeAComplaint>**

There are various places on the Lead Agency's website for families to initiate the complaint process, routed to the URL listed above. Families may also contact the Direct Pay Unit at 1-800-699-9074 during normal business hours to report a complaint regarding a subsidy provider, or e-mail DPU.CustomerService@delc.oregon.gov.

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The Lead Agency aims to provide all vital licensing and provider documents in the five primary languages (English, Spanish, Russian, Traditional Chinese, and Vietnamese), and posts them to the website. The Lead Agency also provides a staff contact that users can call if they need additional ADA or language**

support. The Lead Agency employs bilingual staff and strives to hire staff fluent in the five languages listed above. In addition, the Lead Agency provides a Language and Translation Coordinator and offers language line assistance that a caller can use if they need additional language support.

The Lead Agency utilizes a translation process for important documents and communications around complaints, provides interpretation for public meetings, and contracts with Language Link at the state level to provide services in languages without available translation and/or interpretation services. Google translate provides basic web page translation for the DELC primary site and DELC News website. In addition, the following is posted on the Lead Agency's website: "You are entitled to language assistance services and other accommodations at no cost. If you need help in your language or other accommodations, please contact the Child Care Licensing Division (CCLD) at 503-947-1400."

The DELC websites (Delc-News.org and Oregon.gov/Delc) are designed by a third-party vendor and are formatted to meet Web Content Accessibility Guidelines (WCAG) 2.1 AA, Section 508 of the U.S. Rehabilitation Act of 1973, and the Plain Language Act of 2010. DELC 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. The Oregon.gov website is tested and designed to be accessible by the website platform provider.

- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The Lead Agency's websites meet ADA standards as detailed below and are regularly evaluated for compliance.** Oregon is committed to providing all customers, including individuals with disabilities, equal access to web-based information and services. The Lead Agency is continually engaged in the process of improving the web experience for all users. The primary site is available in English and google translate is available to view the information in 10 other common languages spoken in Oregon. The news site relies on Google Translate and is therefore available in 133 mechanically translated languages.

The Lead Agency's Social Equity Office has a primary charge of operationalizing equity, diversity and inclusion practices in Early Learning and Care programs, policies, and performances. The Social Equity Office serves as front-end accountability structure, helping DELC to be prepared for back-end accountability expectations.

The Oregon Department of Human Services' (ODHS) Office of Equity and Multicultural Services is responsible for service equity communications for subsidy recipients, ensuring programs are available to all qualified Oregonians. More information about the Office of Equity and Multicultural Services can be found () here.

The DELC websites (Delc-News.org and Oregon.gov/DELC) are designed by a third-party vendor and are formatted to meet Web Content Accessibility Guidelines (WCAG) 2.1 AA, Section 508 of the U.S. Rehabilitation Act of 1973, and the Plain Language Act of 2010. DELC 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. The Oregon.gov website is tested and designed to be accessible by the website platform provider.

- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

Yes. If yes, describe: **When the Lead Agency receives a complaint on a licensed child care facility, the process calls for an onsite investigation typically within three business days after the assignment is received by an Investigative Specialist. Investigative Specialists are assigned a complaint visit, which they conduct unannounced at the child care facility. The Investigative Specialists 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 action are appropriate. Most complaints with a valid finding receive a compliance verification monitoring visit.**

A complaint filed with the Direct Pay Unit on a license-exempt provider who receives CCDF is referred to the Child Care Licensing Division within the Lead Agency when there is a health or safety concern. The Investigative Specialist follows the same assignment procedure for responding to the assignment but does not assess a visit finding. The Investigative Specialist will provide a report of observations made and any information gathered to the Child Care Assistance Program Office.

Complaints are received by the Subsidy Suspensions unit from various sources including the Direct Pay Unit (billing and payment processing unit for child care subsidies), Child Welfare, Office of Training Investigations and Safety (OTIS), and the Child Care Licensing Division (CCLD). Child Welfare records are reviewed weekly.

Reports including child safety concerns are reviewed upon receipt to the Subsidy Suspensions Team (SST). Any report of child safety concerns or neglect that did not originate from Child Welfare/OTIS are reported to Oregon Child Abuse Hotline (ORCAH) immediately. Child Welfare/OTIS investigates and responds accordingly, including site visits.

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/OTIS investigations are ongoing, the SST unit may connect with CCLD and OTIS during the investigation to evaluate the situation for potential risks. Because ERDC listing requirements are not identical to licensing requirements, there may be times where SST takes a different enforcement action from CCLD regarding a provider serving child care assistance families. For example, if a provider refused to allow the Lead Agency to conduct a site visit, this could result in a suspension as an ERDC provider where it would not impact the provider's licensure. DELC views a temporary suspension

of subsidy payment to be less severe than termination of a child care provider's license.

Not all ERDC requirements could lead to a suspension. Requirements that can easily be corrected do not result in suspension. When an ERDC health and safety rule violation has occurred, the SST proceeds with a minimum six-month suspension from subsidy care, a failure notice, 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/OTIS) and the provider did not realize they were in violation with ERDC.

[] No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **All complaints are logged into the Child Care Licensing Division (CCLD)'s 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 document their findings within the system. Substantiated 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.**

For license-exempt providers, all complaints are logged, and electronic files are held in the Direct Pay Unit Drive. Complaints are emailed to DELC Suspension Team and CCLD Compliance Specialists if the provider is licensed. Substantiated complaints resulting in the provider being placed in a suspended status are recorded in the Provider Status Tracking System. This system tracks suspended providers within the Oregon Department of Human Services (ODHS) including providers for Aging and People with Disabilities, Intellectual and Developmental Disabilities and Self-Sufficiency Programs.

- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Information on substantiated parent complaints is made available to the public on the Lead Agency's online child care safety portal. All complaints in which the finding result is valid are reported to the public via the Lead Agency's website for a period of five years 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.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;

- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency’s consumer education website homepage:
<https://www.oregon.gov/delc/Pages/default.aspx>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 Yes.
 No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
 Yes.
 No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: **www.oregon.gov/delc/providers/pages/become-a-provider.aspx**
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:
www.oregon.gov/delc/providers/pages/monitoring.aspx
- Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
<https://www.oregon.gov/delc/providers/pages/cbr.aspx>
- Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
<https://www.oregon.gov/delc/providers/Pages/cbr.aspx#CBRIIneligibility>

9.2.3 Searchable list of providers

- The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

Yes.

No. If no, describe:

- ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code:

<https://stage.worklivesystems.com/ReferralUpdate/UpdateReferral/4200830?activetab=SearchPrograms>

- iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:

License-exempt center-based CCDF providers.

License-exempt family child care CCDF providers.

License-exempt non-CCDF providers.

Relative CCDF child care providers.

Other (e.g., summer camps, public pre-Kindergarten). Describe:

- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Specialization or training for certain populations	[x]	[x]	[x]	[x]	[]
Care provided during nontraditional hours	[x]	[x]	[x]	[x]	[]

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i. [x] All licensed providers. Describe: **Parents can search by program type: Baby Promise, Preschool Promise, Preschool, Early Head Start (OPK), Head Start (OPK), School Age Before and After Care, CCI (Multnomah County).** Parents can search by programs that offer financial assistance, programs accepting ERDC subsidy, and program elements including additional lessons, dual languages, language immersion, preschool curriculum, support distance learning, and homework assistance. Parents can search for which programs provide meals or participate in the USDA Food Program, and by which programs provide transportation or are located near public transportation or school bus stops. They can also search for programs that offer specialized care for children with special needs or behavior related needs.
 - ii. [x] License-exempt CCDF center-based providers. Describe: **Parents can search by program type: Baby Promise, Preschool Promise, Preschool, Early Head Start (OPK), Head Start (OPK), School Age Before and After Care, CCI (Multnomah County).** Parents can search by programs that offer financial assistance, programs accepting ERDC subsidy, and program elements including additional lessons, dual languages, language immersion, preschool curriculum, support distance learning, and homework assistance. Parents can search for which programs provide meals or participate in the USDA Food Program, and by which programs provide transportation or are located near public transportation or school bus stops. They can also search for programs that offer specialized care for children with special needs or behavior related needs.
 - iii. [x] License-exempt CCDF family child care providers. Describe: **Parents can search by program type: Baby Promise, Preschool Promise, Preschool, Early Head Start (OPK), Head Start (OPK), School Age Before and After Care, CCI (Multnomah County).** Parents can search by programs that offer financial assistance, programs accepting ERDC subsidy, and program elements including additional lessons, dual languages, language immersion, preschool curriculum, support distance learning, and homework assistance. Parents can search for which programs provide meals or participate in the USDA Food Program, and by which programs provide transportation or are located near public transportation or school bus stops. They can also search for programs that offer specialized care for children with special needs or behavior related needs.
 - iv. [x] License-exempt, non-CCDF providers. Describe: **Parents can search by program type: Baby Promise, Preschool Promise, Preschool, Early Head Start (OPK), Head Start (OPK), School Age Before and After Care, CCI (Multnomah County).** Parents can search by programs that offer financial assistance, programs accepting ERDC subsidy, and program elements including additional lessons, dual languages,

language immersion, preschool curriculum, support distance learning, and homework assistance. Parents can search for which programs provide meals or participate in the USDA Food Program, and by which programs provide transportation or are located near public transportation or school bus stops. They can also search for programs that offer specialized care for children with special needs or behavior related needs.

- v. Relative CCDF providers. Describe:
- vi. Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe:
- b. For what types of child care providers is quality information available?
 - i. Licensed CCDF providers. Describe the quality information: **Spark (QRIS) recognition**
 - ii. Licensed non-CCDF providers. Describe the quality information: **Spark (QRIS) recognition**
 - iii. License-exempt center-based CCDF providers. Describe the quality information: **Oregon Registry Enhanced training recognition**
 - iv. License-exempt FCC CCDF providers. Describe the quality information: **Oregon Registry Enhanced training recognition**
 - v. License-exempt non-CCDF providers. Describe the quality information:
 - vi. Relative child care providers. Describe the quality information:
 - vii. Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education

website. This aggregate data must 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 child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. 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 and licensing status.
 - ii. The total number of deaths of children in care by provider category and 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 and licensing status.
 - v. If any of the above elements are not included, describe:
- b. 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 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 CCLD. The licensed facility may contact their licensing specialist by telephone or email or make notification to Salem Central Office. Regulated Subsidy Programs providers may contact their licensing specialist, or the CCLD to report serious injuries or deaths.**
 - 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.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:

<https://www.oregon.gov/delc/families/Pages/child-care-safety.aspx#ChildAgg>

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

Yes.

No.

Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information:

<https://www.oregon.gov/delc/programs/Pages/child-care-resource-referral.aspx#InOurCommunities>

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

- b. Provide the direct URL/website link to this information:

<https://www.oregon.gov/delc/about-us/pages/contact-us.aspx>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale.

<https://www.oregon.gov/delc/programs/pages/copays-billing.aspx>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **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 other financial support services such as TANF, medical and food assistance and links to child care resources on Lead Agency’s website. Written materials are provided at local ODHS offices.**

The Lead Agency 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 Prenatal to 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.

DELC 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 Recognition and Improvement System) information.

DELC 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 ERDC subsidy payment.

The Find Child Care Oregon child care database’s online search (<https://findchildcareoregon.org>) 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, Categorical ERDC for TANF families, 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.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. 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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe:

9.3.4 Informing families about best practices on child development

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, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The 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 early learning community partners 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, early learning hubs, Oregon Health Authority, The Research Institute at Western Oregon University - the administrator of Spark, Oregon’s Quality Recognition and Improvement System and central coordination of child care resource and referral, Portland State University Oregon Center for Career Development - the administrator for Oregon’s career lattice and workforce registry system, Oregon ASK provides data on out of school time programs, Vroom child development and parenting information at local hub and partner sites, Oregon Department of Human Services - who determines eligibility for ERDC.

The Lead Agency website provides resources directly to parents on kindergarten readiness and brain building in early learning. <https://www.oregon.gov/delc/families/Pages/default.aspx>

Vroom is a brain building program that is shared throughout the early learning hubs. At this time, Vroom is available in 14 different languages. A national community of practice is held quarterly for Vroom Coordinators to convene and share promising practices.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral 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:

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 several standardized training courses through the Child Care Resource and Referral program focused on social and emotional development available to all child care providers. The trainings are: 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.

HB 2166 established the Early Childhood Suspension and Expulsion Prevention Program. Within the statutes there are requirements to expand professional development opportunities on various topics for child care providers. These professional development opportunities will be available and will complement the work of the regional service providers that are under contract to provide infant and early childhood mental health consultation to child care providers that will support the behavioral and mental health of children and adults.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have 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. Describe those policies and how those policies are shared with families, providers, and the general public: In 2021, the Oregon legislature passed HB 2166 and SB 236. HB 2166 established the Early Childhood Suspension and Expulsion Prevention Program (ECSEPP). It calls for increased access to Technical Assistance services and Infant and Early Childhood Mental Health Consultation (IECMHC) for the purpose of preventing the use of suspension and expulsion and reducing disparities in the use of suspension and expulsion. SB 236 establishes a ban on the use of suspension and expulsion, effective July 1, 2026. It also calls for a research study on the use of suspension and expulsion and strategies to prevent the use of suspension and expulsion to be completed by September 2024. The ban on suspension and expulsion will apply to any early learning program that is certified or registered or that receives public funding, making it one of the most expansive bans across the nation.

The ECSEPP is still in development and new services have not yet begun. Information about the program is shared with providers on the Agency website, through the Child Care Update newsletter, and through Provider Information Sessions. The program has convened an Advisory Committee made up of parents, providers, community partners, and advocates from across the early learning system and across the state. This group meets monthly, receives regular progress updates, and actively engages in advisory and co-design discussions on program development. The program has developed administrative rules that establish the purpose of the program and define key terminology

related to the system of support and what constitutes exclusionary practices up to and including suspension and expulsion.

A recent development was the selection of Regional Service Providers, which are regionally-based organizations who will hire and implement IECMHC services. These organizations are beginning with a planning period during which they will conduct community engagement and outreach with providers and community partners in their region. As the program continues to develop and as the effective date of the ban draws closer, the Agency and its partners will engage in intentional and ongoing public awareness activities to ensure that providers and parents are aware of state policies and how to access program supports. Current administrative rules for Certified Centers and certified School-Age programs have increased requirements for behavior and guidance policies as well as how staff interact with children (Creating a Healthy Climate for Child Development). The intent is to incorporate universal strategies that support all children in care. Additionally, both rule sets require child care programs to have extensive care plans for children with specific needs. Care plans can include behavioral and activity modifications, triggers to avoid, and any specific training staff may need to support the child in the care environment. These are preventative strategies to hopefully minimize the use of suspension and expulsion.

Rules require that prior to a Certified Centers or certified School-Age program ending care for a child with a specific need, the program must complete an individualized assessment. The assessment is based on information from parents, professionals knowledgeable about the child's care needs and child care personnel. The assessment must include reasonable accommodations the center made to support the individual child's participation (or why the facility could not make the accommodations); reasonable modifications to their policies and practices to fully integrate the child (or why the facility could not make the modifications); and if applicable any direct threats to the health and safety of others posed by the child's presence.

Though the administrative rules mentioned above are for Certified Centers and certified School-Age programs, the Agency will soon revise its administrative rules for family child care with similar requirements.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: The legislation described in the above question applies only to young children, ages birth through five, and does not address suspension and expulsion of School-Age children.

Current administrative rules for Certified Centers and certified School-Age programs have increased requirements for behavior and guidance policies as well as how staff interact with children (Creating a Healthy Climate for Child Development). The intent is to incorporate universal strategies that support all children in care. Additionally, both rule sets require child care programs to have extensive care plans for children with specific needs. Care plans can include behavioral and activity modifications, triggers to avoid, and any specific training staff may need to support the child in the care environment. These are preventative strategies to hopefully minimize the use of suspension and expulsion.

Rules require that prior to a Certified Centers or certified School-Age program ending care for a child with a specific need, the program must complete an individualized assessment. The assessment is based on information from parents, professionals knowledgeable about the child’s care needs and child care personnel. The assessment must include reasonable accommodations the center made to support the individual child’s participation (or why the facility could not make the accommodations); reasonable modifications to their policies and practices to fully integrate the child (or why the facility could not make the modifications); and if applicable any direct threats to the health and safety of others posed by the child’s presence.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of 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; and,
- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
 Yes.
 No. If no, describe:
- b. Early and Periodic Screening, Diagnosis, and Treatment program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
 Yes.
 No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
 Yes. If yes, include the information provided, ways it is provided, and any partners in

this work:

No. If no, describe: **Parents are referred to 211info, a statewide referral system during their subsidy intake.**

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

Yes.

No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Lead Agency is organized into various divisions to ensure accountability for CCDF expenditures: Policy & Communications, Operations, and Programs & Licensing. Each of these divisions is supervised by a director, with the Executive Learning Director as final authority. Additionally, the Lead Agency holds an Interagency Agreement (IAA) with the Oregon Department of Human Services (ODHS) to conduct eligibility determinations as well as some of the internal controls and program integrity activities for CCDF.**

The Policy & Communications Division is delegated the following duties: Child Care and Development Fund administration, research, government affairs, legal affairs, child care labor relations, subsidy suspensions, communications, and Early Learning Council administration.

The Operations Division is delegated the following duties: budget and accounting, grants management, project management, internal audits, data & analytics, organizational change management, and Direct Pay Unit (DPU). DPU is delegated the responsibility for subsidy payment and provider approval.

The Programs Division is delegated the following duties: child care licensing, professional learning, community systems coordination, Tribal Affairs, Social Equity, quality assurance, and Child Care Assistance Program (CCAP) policy.

CCAP is delegated the responsibility for setting policy for the Lead Agency's subsidy programs. The Lead Agency's IAA with ODHS delegates the following duties: error rate reporting, overpayments and payment recovery, subsidy and provider hearings, fraud investigation, and eligibility determination. CCAP (and the CCDF team on occasion) coordinates with ODHS, on monthly error rate check-ins with the Quality Control Unit, coordination with other Self-Sufficiency Programs for rule-making and programmatic impacts (Eligibility Work Team – twice monthly), a monthly Quality Oversight Board to identify error trends and training needs, Statewide Accuracy Meeting every other month to review programmatic accuracy, and a quarterly gathering between CCAP, the Office of Program Accuracy and Recovery (includes Quality Control, Overpayments, Fraud Investigations), and the Direct Pay Unit. Additionally, CCAP facilitates a monthly presentation for ODHS eligibility workers focused on training, communication of new policies, accuracy, and reducing errors in various program areas.

The Grants Management team coordinates regularly other internal teams such as the Professional Learning and Program teams on deliverable submissions, including but not limited to regular progress reports and project plans to ensure that deliverables and activities have been met prior to payment being made as applicable in written agreements. When necessary, the Grants Management team also works closely with internal programmatic staff to review budgets and expenditure reports/invoices for accuracy and to identify and address any discrepancies prior to payment being made. On an as needed basis, internal programmatic staff coordinate with the Grants Management team to review new requests for expenditures or new activities being proposed for written agreements to ensure that costs are reasonable, necessary, and allowable under the written agreement, applicable rules, laws, and regulations. Agreement managers that manage CCDF funded agreements on the Grants Management team coordinate among each other for CCDF subrecipient fiscal monitoring that occurs each biennium. Coordination assists with streamlining monitoring practices. Finally, the Grants Management team coordinates with the Agency's Procurement team to ensure that applicable federal terms and conditions are applied to each CCDF funded agreement, that subrecipient determinations are completed, and federal award exhibits are added with correct federal award information for subrecipients.

The CCDF team meets with the Budget team on a monthly basis to review CCDF expenditures and projected costs. A budget report is provided to the Lead Agency's ERDC Coordination meeting attendees (includes CCDF, CCAP, DPU, Communications, Research, Legal Affairs, and Child Care Labor Relations). The Grants Management team communicates on an as needed basis with the Budget team to ensure that funds are being charged to the correct index codes and federal fiscal year, that they are obligated and liquidated within federal award timeframes, and that funding is on track to be spent down based on agreement timelines or communicate underspending. In addition, the Grants Management team meets regularly with the CCDF and Budget teams to discuss and review infant/toddler target data collected on specific written agreements. The Grants Management team communicates with the accounting team on an as needed basis if there is an overpayment, payment issue such as a missing payment, or a grantee/contractor needs to return funds to the Agency due to a monitoring finding.

Establishment of checks and balances to identify potential fraud risks.

Describe: Responsibilities are delegated and separated to ensure that authorization of funds is reviewed by another unit. For subsidy purposes, reviews are conducted by the ODHS Quality Assurance Unit, Overpayment Writing Unit and the Data Match Unit that would help bring awareness to potential fraud issues. The Lead Agency’s Grants Management team 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 corrective action plan describing what will be done to ensure the non-compliance does not happen again in the future and communicate internal controls that are currently in place or will be put in place to mitigate future risk. The Lead Agency also reviews all invoices/expenditure reports and Awards Management System (AMS) claims of contractors and grantees for completeness, and any discrepancies that may be present. If there are discrepancies or questionable costs, the Lead Agency works with the contractor/grantee to make corrections and/or gain understanding of expenditures before payments are made.

All expenditures are audited by fiscal staff to ensure they are recorded in the correct activity. CCDF staff, Budget team staff, and Grants staff meet monthly to ensure that activities are coded correctly for quality expenditures, administrative expenditures, and direct services.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including 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 Lead Agency and contracted CCR&Rs for Baby Promise for contracted slots. Lead Agency Contractors and Grantees 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 corrective action 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.

All expenditures are audited by fiscal staff to ensure they are recorded in the correct activity. When there is a question about a particular expenditure, we will reach out to the assigned contract/grant manager for more information. This may also include reaching out to current CCDF Administrator to discuss best practices within CCDF activities.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **State systems are utilized to track expenditures for all contracts and agreements using CCDF. These systems include Awards Management System (AMS), 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 goods/services have been received, items delivered were as specified, price, terms and extensions shown on the vendor’s invoices are corrected.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The DELC Budget team runs ACF-696 reports in a statewide database, receives information from contractors, populates spreadsheets that crosswalk to the Online Data Collection website (Grant Solutions). One person enters and another approves for secondary review. Back-up versions of reports are saved for documentation purposes. The Budget team tracks the match and MOE requirements based upon ACF annual requirements posted online. When necessary, narratives accompany any data entry.**
- d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **Fiscal management is defined as how the accounting structure is setup to track revenue and expenditures related to federal grants, and what internal controls in place to prevent fraudulent activity. The Grants Management team utilizes Agency approved policies and procedures to ensure effective fiscal management practices, including but not limited to policies and procedures for administrative cost limits, indirect cost management for federally funded awards, corrective action for non-compliance, and payment review/approvals. Policies and procedures are available and shared with the entire Agency. The Grants Management team refers to policies and procedures on a regular basis through the agreement administration process.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **Each federal grant has a separate set of accounting codes that are created when the grant is awarded. No federal awards use the same accounting codes. To prevent fraudulent activity, the accounting department uses several different internal controls. First, there is a person who keys revenue or expenditure entries in the financial system, and all of those entries must be released by a different person. These two people have different security levels within the finance system, which is controlled by two accountants, approved by the Department of Administrative Services, and reviewed on a quarterly basis. Another example is: there is one accountant who pulls expenditure data to inform the federal draw of revenue, the Accounting Director approves the draw, and another accountant completes the draw.**

The Lead Agency assesses and monitors the outcomes of our financial management practices through monthly meetings involving CCDF administration, accounting, budgeting, and grants teams, utilizing shared documents and Excel spreadsheets. Additionally, Oregon is subject to audits by the Secretary of State covering all aspects of CCDF spending to guarantee precise tracking and accountability.

- c. How the results inform implementation. Describe: **The internal controls above describe above allow accounting staff to have a clear separation of duties so that there is more review on transactions. In addition, by having separate accounting codes, budget and accounting staff can frequently review and reconcile revenue and expenditures to ensure transactions are allowable under the federal grant and that the grant is spent down in time.**
- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **Approximately 160 vouchers are randomly selected each month for a desk audit by the Oregon Department of Human Services (ODHS). The Overpayment Writing (OWU) conducts 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. DMU will notify workers if potential action is needed. 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 corrective action 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 Awards Management System (AMS) claims of contractors and grantees.

Local districts are able to pull case information from the ONE system to review for eligibility accuracy for ERDC. 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.

DELC Grants Management Office has a workgroup that is creating a risk assessment for all grantees and contractors. The risk assessment will be created and launched in two phases (phase 1: subrecipients of federal funds, and phase 2: all other grantees/contractors). We plan to start communicating this new requirement early June 2025 for the first phase to launch with grantees as an activity July 1, 2025 with a tentative due date of August 31, 2025. The goal is to have all grantees and contractors have a completed RA by the end of the 2025/2027 biennium. There is an entire project plan and timeline that is still being developed but this is a priority and we are working to finalize all subrecipients to start.

- b. The frequency of each risk assessment. Describe: Risk assessments are conducted on a regular basis. Specifically to the activities listed above, the school age report is worked during months that school is in session. Data Match is received quarterly and worked continuously. ODHS lead workers conduct reviews as necessary. Subrecipient monitoring occurs at least once a biennium. Quality Assurance works with local districts to review cases outside of the federal review cycle as needed to address accuracy in the ERDC program. The Secretary of State audits CCDF funding each year.

DELG Grants Management Office has a workgroup that is creating a risk assessment for all grantees and contractors. The risk assessment will be created and launched in two phases (phase 1: subrecipients of federal funds, and phase 2: all other grantees/contractors). We plan to start communicating this new requirement early June 2025 for the first phase to launch with grantees as an activity July 1, 2025 with a tentative due date of August 31, 2025. The goal is to have all grantees and contractors have a completed RA by the end of the 2025/2027 biennium. There is an entire project plan and timeline that is still being developed but this is a priority and we are working to finalize all subrecipients to start.

- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: The Lead Agency uses risk assessment results if a pattern is identified equaling incorrect eligibility decisions and addresses these issues through training or policy updates. The Child Care Assistance Program team, Budget team, and CCDF administration team meet on a monthly basis to review budgetary status and to address any concerns found.

Any results found through audits or other risk assessment activities are analyzed and used to inform program improvement regarding all CCDF expenditures. This includes our grants and contracts to child care providers and other entities, use of quality dollars, etc. This occurs through partnership with CCDF administration and our budgets, accounting, and grants teams.

DELG Grants Management Office has a workgroup that is creating a risk assessment for all grantees and contractors. The risk assessment will be created and launched in two phases (phase 1: subrecipients of federal funds, and phase 2: all other grantees/contractors). We plan to start communicating this new requirement early June 2025 for the first phase to launch with grantees as an activity July 1, 2025 with a tentative due date of August 31, 2025. The goal is to have all grantees and contractors have a completed RA by the end of the 2025/2027 biennium. There is an entire project plan and timeline that is still being developed but this is a priority and we are working to finalize all subrecipients to start.

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: The Lead Agency knows that our risk assessment processes utilized are effective as they continue to highlight instances of incorrect eligibility, delays in processing for our broader CCDF expenditures, and ways in which processes may be improved. Over time, however, these instances are reduced, which is further evidence that these risk assessment processes are effective. That said, the Lead Agency continues to seek ways in

which we may hold ourselves accountable to accurate CCDF expenditures and periodically updates our risk assessment processes to increase communication across teams.

DELC Grants Management Office has a workgroup that is creating a risk assessment for all grantees and contractors. The risk assessment will be created and launched in two phases (phase 1: subrecipients of federal funds, and phase 2: all other grantees/contractors). We plan to start communicating this new requirement early June 2025 for the first phase to launch with grantees as an activity July 1, 2025 with a tentative due date of August 31, 2025. The goal is to have all grantees and contractors have a completed RA by the end of the 2025/2027 biennium. There is an entire project plan and timeline that is still being developed but this is a priority and we are working to finalize all subrecipients to start.

e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **ODHS staff attend eligibility and system training to determine ERDC eligibility and maintain ERDC cases appropriately. The Child Care Assistance Program (CCAP) has a policy email box that is available for staff to reach out to programs for clarification, policy guidance and with questions regarding how to treat difficult cases. CCAP provides a monthly statewide presentation to eligibility staff. Topics addressed to staff change periodically and based on error trends, program integrity is addressed as one of these topics.**

DELC Executive Leadership, CCDF Administration, Policy, Research, Governmental Affairs, Fiscal, Accounting, Budget, and Grants Management all receive training around CCDF program requirements and program integrity. Additionally, the CCDF Administration Team is planning to present to all DELC staff in the spring of 2025 around specifics of CCDF so that the federal requirements are made clearer as a piece of their existing work.
 - ii. Describe how staff training is evaluated for effectiveness: **ODHS conducts Quality Assurance (QA) reviews which address topics that have been trained on. The review results may be used to inform additional training needs or policy clarifications. DELC utilizes federal technical assistance trainings vetted through the Office of Child Care for its CCDF program requirements and program integrity trainings. These trainings will be updated as needed and are followed up by focused conversations around additional TA needs.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results,

risk assessment data) to inform ongoing staff training needs: **Lead Agency staff may use results if a pattern is identified equaling incorrect eligibility decisions and address through training or policy updates.**

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **The Lead Agency 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.**

Policy information is offered to providers in the ERDC Provider Guide (DELC 7492), which is sent to every provider once they are listed and approved. Full mailings of Provider Guides to all approved providers occur when the guide has been updated with new material.

All CCDF-approved providers receive an orientation training which goes over CCDF provider requirements, and provides in-depth instruction regarding how to bill and how the CCDF subsidy program works.

ii. Describe how provider training is evaluated for effectiveness: **The materials are developed in collaboration with CCRR's, CCAP, DPU and Oregon Center for Career Development (OCCD) to ensure effective content.**

The orientation training is evaluated for effectiveness via periodic reviews to ensure policy is up to date, collaboration with the Direct Pay Unit and the Child Care Assistance Program team, and through discussions with child care providers themselves in Child Care Provider Information Sessions and collective bargaining agreements.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Materials are updated on a regular basis using feedback from partners to inform changes.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The State Improper payment report is shared with federal partners and the data from the report is disseminated to ODHS staff determining eligibility. The internal control processes reduce instances that would create errors as they are addressed and corrected through the reported activities.**

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The State Improper Payment Report which includes audit results is shared with federal partners and the data**

from the report is disseminated to ODHS staff determining eligibility.

The internal control processes reduce instances that would create errors as they are addressed and corrected through the reported activities. Quality Assurance review results are used to inform staff for training purposes and any case correction determined is made prior to potentially being pulled in a federal audit. This allows the agency to ensure that families are receiving accurate benefits.

- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **The Oregon Secretary of State office completed an audit of the Child Care Development Fund program for FY23 in April 2024. The Lead Agency received the following findings.**

Retain matching and level of effort support and improve controls over reporting

Compliance Requirement: Reporting; Matching, Level of Effort Type of Finding: Material Weakness; Material Noncompliance DELC will work with the Department of Revenue to substantiate the matching and maintenance of effort numbers for FY 20 to FY 22 and ensure this information is retained appropriately outside beyond just email records. DELC will also update processes and procedures to correctly determine the amount of funding that is available for matching and maintenance of effort requirements, including substantiation from the Department of Revenue to support the matching and maintenance of effort amounts. In addition, DELC will update processes and procedures to ensure that tax credit amounts used in future reports are properly documented and substantiated by the Department of Revenue.

Use restricted indirect cost rate when required Compliance Requirement: Allowable Costs/Cost Principles Type of Finding: Significant Deficiency; Noncompliance DELC will create processes and procedures to ensure expenditures are allowable before a federal draw is completed and that the correct indirect rate is charged. Also, DELC will continue to work with the Oregon Department of Education to determine if any other indirect costs were incorrectly charged and will help make appropriate corrections to ensure federal grants were not overcharged.

Improve controls over payroll Compliance Requirement: Allowable Costs/Cost Principles Type of Finding: Significant Deficiency; Noncompliance DELC will take the following corrective action steps: Human Resources will audit all DELC employee records to ensure that positions descriptions are signed, and in the employee's Workday personnel file. Human Resources will reiterate expectations to managers to ensure that timesheets are reviewed and approved by managers before the deadline each month. Budget will

monitor payroll charges to identify when time has been incorrectly charged. DELC will reimburse the federal agency for the known unallowable costs

Improve controls over family copay and child care hour calculations
Compliance Requirement: Allowable Costs/Cost Principles
Type of Finding: Significant Deficiency; Noncompliance
DELC will take the following corrective action steps. Child Care Assistance Program (CCAP) team will develop training partially focused on error trends found in this report to educate staff on findings and preventative measures. Child Care Assistance Program team will provide case finding information to OPAR for recoupment purposes. Child Care Assistance Program team conducts monthly analyst hours focused on policy changes, error trends and preventative measures for staff. Since the timeframe from the cited cases the CCAP team has presented audits and reviews, error trends, QRG/ETOP reminders, child care hours, ODHS audit and reviews and more. These monthly presentations will continue and include topics around accuracy. DELC will reimburse the federal agency for unallowable costs.

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls 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 and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. 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)).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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:**

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 potentially fraudulent activity and billing. In more egregious situations the agency could choose to prosecute the case criminally. In this case it would be staffed with appropriate Leadership and local district attorneys for appropriateness.

Because the ONE system includes data from various programs, share/match data from other programs is utilized in establishing and preventing intentional program violations.

Results: Between July 2022 and June 2024, two provider caused IPV's were written. We do not currently have the data to disaggregate where the initial referral originated. Between July 2022 and June 2024, 17 cases of suspected provider fraud were referred to the Fraud Investigation Unit, with two Intentional Program violations written.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **A monthly audit of child care for School-Age children is conducted for months when school is in full-time session. The audit reviews child care hours billed for School-Age children to identify improper payments resulting from providers billing for care during the school day. This work results in the opportunity to discover errors earlier in the process, to enhance program integrity and stewardship, and to verify the accuracy of eligibility.**

Referrals are also received from other parts of the agency including the Direct Pay Unit, Fraud Investigation Unit, and branch offices. These are followed up on via the Overpayment Writing Unit.

Data Match Unit (DMU) also works on a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity. DMU will notify workers if potential action is needed.

Because the ONE system includes data from various programs, share/match data from other programs is utilized in establishing and preventing unintentional program violations.

Results: Between July 2022 and June 2024, the Overpayment Writing Unit received 3,999 referrals from reports worked, the Direct Pay Unit, and ODHS Branches and wrote 589 overpayments for a total of \$881,712.24. As of June 2024, ODHS has collected \$ 444,371.97 of the total.

iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice::

b. Run system reports that flag errors (include types).

i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Data Match Unit works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity. DMU will notify workers if potential action is needed.**

A monthly audit of child care for School-Age children is conducted for months when school is in full-time session. The audit reviews child care hours billed for School-Age children to identify improper payments resulting from providers billing for care during the school day.

Other areas of potential program violation are identified outside of system reports.

Results: Between July 2022 and June 2024, two provider caused IPV's were written. We do not currently have the data to disaggregate where the initial referral originated. Between July 2022 and June 2024, 17 cases of suspected provider fraud were referred to the Fraud Investigation Unit, with two Intentional Program violations written.

ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Data Match Unit works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity. DMU will notify workers if potential action is needed.**

A monthly audit of child care for School-Age children is conducted for months when school is in full-time session. The audit reviews child care hours billed for School-Age children to identify improper payments resulting from providers billing for care during the school day.

Other areas of potential program violation are identified outside of system reports.

Results: Between July 2022 and June 2024, the Overpayment Writing Unit received 3,999 referrals from reports worked, the Direct Pay Unit, and ODHS

Branches and wrote 589 overpayments for a total of \$881,712.24. As of June 2024, ODHS has collected \$ 444,371.97 of the total.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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. DMU will notify workers if potential action is needed.**

A monthly audit of child care for School-Age children is conducted for months when school is in full-time session. The audit reviews child care hours billed for School-Age children to identify improper payments resulting from providers billing for care during the school day.

Other areas of agency error are identified outside of system reports.

- c. Review enrollment documents and attendance or billing records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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: 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. In more egregious situations the agency could choose to prosecute the case criminally. In this case it would be staffed with appropriate Leadership and local district attorneys for appropriateness.**

Intentional program violations are initiated via referrals to the Office of Payment Accuracy and Recovery, which houses (in addition to other areas) the Overpayment Writing Unit, Quality Control, Quality Assurance, and Fraud Investigations. Intentional program violations are only 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.

However, review does occur preliminarily through enrollment documents and attendance through a variety of strategies: monthly randomized audits of child care billing forms through OPAR, monthly reports which demonstrate instances in which providers are billing full-time hours when a school age child is typically in school, and through case level reviews by both Quality Control and Quality Assurance. In addition to these initiatives, the Direct Pay Unit may receive referrals of potential fraud or program misuse and refer outward to OPAR for further investigation. All of these initiatives inform better practice to adequately identify and prevent instances of intentional program violations.

Results: Between July 2022 and June 2024, two provider caused IPV's were written. We do not currently have the data to disaggregate where the initial referral originated. Between July 2022 and June 2024, 17 cases of suspected provider fraud were referred to the Fraud Investigation Unit, with two Intentional Program violations written.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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: 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. In more egregious situations the agency could choose to prosecute the case criminally. In this case it would be staffed with appropriate Leadership and local district attorneys for appropriateness.

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However, review does occur preliminarily through enrollment documents and attendance through a variety of strategies: monthly randomized audits of child care billing forms through OPAR, monthly reports which demonstrate instances in which providers are billing full-time hours when a school age child is typically in school, and through case level reviews by both Quality Control and Quality Assurance. In addition to these initiatives, the Direct Pay Unit may receive referrals of potential fraud or program misuse and refer outward to OPAR for further investigation. The Direct Pay Unit also houses a Provider Specialist who reviews random billing forms on a monthly basis and conducts one-on-one technical assistance with providers to ensure billing is completed according to CCDF rules. All of these initiatives inform better practice to adequately identify and prevent instances of unintentional program violations.

Results: Between July 2022 and June 2024, the Overpayment Writing Unit received 3,999 referrals from reports worked, the Direct Pay Unit, and ODHS Branches and wrote 589 overpayments for a total of \$881,712.24. As of June 2024, ODHS has collected \$ 444,371.97 of the total.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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: 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. In more egregious situations the agency could choose to prosecute the case criminally. In this case it would be staffed with appropriate Leadership and local district attorneys for appropriateness.

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However, review does occur preliminarily through enrollment documents through case level reviews by both Quality Control and Quality Assurance. In addition to these initiatives, the Direct Pay Unit may receive referrals of potential fraud or program misuse and refer outward to OPAR for further investigation, or the Child Care Assistance Program may receive an inquiry from eligibility staff pertaining to incorrect billing or payment completed which might suggest agency error. All of these initiatives inform better practice to adequately identify and prevent instances of agency error.

- d. Conduct supervisory staff reviews or quality assurance reviews.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **All completed cases in the fraud unit are reviewed by lead staff and approved through an internal quality control process.**

Random reviews of cases are completed by team lead workers, Quality Assurance staff, or management. Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity. The results of this are that DMU will notify workers if potential action is

needed, and corrective action can be taken to prevent intentional program violations.

Between July 2022 and June 2024, 17 cases of suspected provider fraud were referred to the Fraud Investigation Unit, with two Intentional Program violations written.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **A monthly audit of 160 child care providers for School-Age children is conducted for months when school is in full-time session. The audit reviews child care hours billed for School-Age children to identify improper payments resulting from providers billing for care during the school day.**

Random reviews of any CCDF-funded case is completed by team lead workers, Quality Assurance staff, or management. Enrollment documents, attendance and billing records are gathered, reviewed and either cleared or established as an overpayment.

Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity. The results of this are that DMU will notify workers if potential action is needed, and corrective action can be taken to prevent unintentional program violations.

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- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **A monthly audit of 160 child care providers for School-Age children is conducted for months when school is in full-time session. The audit reviews child care hours billed for School-Age children to identify improper payments resulting from providers billing for care during the school day.**

Random reviews of any CCDF-funded case can be completed by team lead workers, Quality Assurance staff, or management. Enrollment documents, attendance and billing records are gathered, reviewed and either cleared or established as an overpayment.

Data Match Unit also works a variety of federally mandated reports in conjunction with other states to achieve their goal of ensuring program integrity. The results of this are that DMU will notify workers if potential action is needed, and corrective action can be taken to prevent unintentional program violations.

- e. Audit provider records.

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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: 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. In more egregious situations the agency could choose to prosecute the case criminally. In this case it would be staffed with appropriate Leadership and local district attorneys for appropriateness.

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However, review does occur preliminarily through the auditing and review of enrollment documents and attendance through a variety of strategies: monthly randomized audits of child care billing forms through OPAR, monthly reports which demonstrate instances in which providers are billing full-time hours when a school age child is typically in school, and through case level reviews by both Quality Control and Quality Assurance. In addition to these initiatives, the Direct Pay Unit may receive referrals of potential fraud or program misuse and refer outward to OPAR for further investigation. All of these initiatives inform better practice to adequately identify and prevent instances of intentional program violations.

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f. Train staff on policy and/or audits.

i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Staffing with the Child Care Assistance Program team and online trainings are held with fraud investigators. There is a provider team which is a small group of investigators who are solely responsible for ERDC provider cases. The results of this staffing mean that investigators are knowledgeable and up to date with current policy and guidelines.**

Additionally, the Child Care Assistance Program team works with the Direct Pay Unit and with eligibility staff statewide to communicate any relevant policy changes to the Employment Related Day Care program which might impact what may be considered an overpayment or liable for potential program violation. The results of this work are that staff are more knowledgeable and know when and when not to write referrals to the Office of Payment Accuracy and Recovery.

The CCDF administrative team has a close relationship with the Child Care Assistance Program team, the Budget team, the Accounting team, the Grants team, the Licensing team, and other program teams across the agency and provides updates on a weekly basis with any changes or clarifications in policy at the federal level. The result of this communication and collaboration is that staff across the entirety of the Lead Agency are well-informed as they conduct their own areas of the work which may pertain to or utilize CCDF funding.

Results: Between July 2022 and June 2024, two provider caused IPV's were written. We do not currently have the data to disaggregate where the initial

referral originated. Between July 2022 and June 2024, 17 cases of suspected provider fraud were referred to the Fraud Investigation Unit, with two Intentional Program violations written.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Staffing with the Child Care Assistance Program team and online trainings are held with fraud investigators. There is a provider team which is a small group of investigators who are solely responsible for ERDC provider cases. The results of this staffing mean that investigators are knowledgeable and up to date with current policy and guidelines.**

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Results: Between July 2022 and June 2024, the Overpayment Writing Unit received 3,999 referrals from reports worked, the Direct Pay Unit, and ODHS Branches and wrote 589 overpayments for a total of \$881,712.24. As of June 2024, ODHS has collected \$ 444,371.97 of the total.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Staffing with the Child Care Assistance Program team and online trainings are held with fraud investigators. There is a provider team which is a small group of investigators who are solely responsible for ERDC provider cases. The results of this staffing mean that investigators are knowledgeable and up to date with current policy and guidelines.**

Additionally, the Child Care Assistance Program team works with the Direct Pay Unit and with eligibility staff statewide to communicate any relevant policy changes to the Employment Related Day Care program which might impact what may be considered an overpayment or liable for potential program violation. The results of this work are that staff are more knowledgeable and know when and when not to write referrals to the Office of Payment Accuracy and Recovery.

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Assistance Program team, the Budget team, the Accounting team, the Grants team, the Licensing team, and other program teams across the agency and provides updates on a weekly basis with any changes or clarifications in policy at the federal level. The result of this communication and collaboration is that staff across the entirety of the Lead Agency are well-informed as they conduct their own areas of the work which may pertain to or utilize CCDF funding.

- g. Other. Describe the activity(ies):
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Oregon Department of Human Services via an interagency agreement with the Lead Agency.**
- 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. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. 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 based on the most recent analysis: **A \$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. After review of referral and case information a potential overpayment is below the threshold, the referral is cleared as non-actionable. If the overpayment meets or exceeds the threshold, an overpayment is established for collection. 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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds. Between July 2022 and June 2024, the Overpayment Writing Unit

received 3,999 referrals, only 589 of which met the threshold and resulted in overpayments written.

- 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 based on the most recent analysis:
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds. In the 2023 calendar year, there were 271 provider overpayments written, out of which 231 repaid the amount owed with payment plan, and 23 were paid in full by the provider sending in a check.

- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Overpayments incurred due to fraud are not eligible for the repayment plan criteria. If the provider is still active with the Department of Early Learning and Care and receiving payments the overpayment is recovered out of subsequent payments at 100%, until the overpayment is satisfied.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Tax intercepts are utilized when a provider is not in an active status with the Department of Early Learning and Care, 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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Wage garnishments are utilized when a provider is not in an active status with the Department of Early Learning and Care, and they have not submitted a payment.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of

CCDF funds. In the 2023 calendar year, 271 overpayments were written. Out of these, 17 were sent to collections to attempt to recoup the funds.

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- viii. Other. Describe the activities and the results of these activities: **A monthly audit of child care for School-Age children is conducted during school months to identify improper payments resulting from providers billing for care during the school day (during months in which school is in full-time session), eligibility workers refer potential client and provider payments and fraud to the Office of Payment Accuracy and Recovery. The Data Match Unit also works on 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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below 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.

- 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 based on the most recent analysis: **A \$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.

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds. Between July 2022 and June 2024, the Overpayment Writing Unit received 3,999 referrals, only 589 of which met the threshold and resulted in overpayments written.

- 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 based on the most recent analysis: **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.**

These activities resulted in Oregon being able to utilize other state data sources to ensure that CCDF funds are spent appropriately. Between July 2022 and June 2024, the Overpayment Writing Unit received 3,999 referrals, only 589 of which met the threshold and resulted in overpayments written.

- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **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. If a provider is inactive then the Office of Financial Services (OFS) sends an invoice to the provider to make a payment or negotiate a payment plan usually for 12 months or less. If the provider does not pay or communicate to create a repayment agreement after a second invoice is sent or the provider fails to meet the repayment agreement, they have signed then OFS refers the account to the Department of Revenue (DOR). The DOR has a variety of options available to recover the funds including Oregon tax offset, payroll or bank account garnishments, repayment plan or asset liens on large overpayments.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds. In the 2023 calendar year, there were 271 provider overpayments written, out of which 231 repaid the amount owed with payment plan, and 23 were paid in full by the provider sending in a check.

- iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **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 within 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. If an improper payment due to an unintentional program violation is found during the course of subrecipient fiscal monitoring or regular, ongoing monitoring of the Lead Agency’s contracts and grants, the contractor or grantee has the option to have subsequent payments reduced until the amount is paid back in full.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Tax intercepts are utilized when a provider is not in an active status with the Lead Agency, 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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Wage garnishments are utilized when a provider is not in an active status with the Lead Agency, 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. If an improper payment due to an unintentional program violation is found during the course of subrecipient fiscal monitoring or regular, ongoing monitoring of the Lead Agency’s contracts and grants, the contractor or grantee has the option to issue a check for the overpayment amount back to the Lead Agency to satisfy the overpayment. Accounts Receivable may create an invoice for tracking purposes and if a need for collections through Oregon Department of Revenue is needed in the event the contractor or grantee does not repay the requested funds.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds. In the 2023 calendar year, 271 overpayments were written. Out of these, 17 were sent to collections to attempt to recoup the funds.

- vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities

based on the most recent analysis: **Wage garnishments are utilized when a provider is not in an active status with the Lead Agency, 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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- viii. Other. Describe the activities and the results of these activities: **A monthly audit of child care for School-Age children is conducted during school months to identify improper payments resulting from providers billing for care during the school day, providers attendance logs are checked against the amount billed and client case record information. Eligibility workers refer potential clients and provider overpayments 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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- d. Does the Lead Agency investigate and recover improper payments due to agency errors?

No.

Yes.

If yes, 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. 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 based on the most recent analysis: **A \$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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds. Between July 2022 and June 2024, the Overpayment Writing Unit received 3,999 referrals, only 589 of which met the threshold and resulted in

overpayments written.

- ii. **[x] 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 based on the most recent analysis: ODHS Office of Financial Services Accounts Receivable Unit will refer provider overpayments to Oregon Department of Revenue if the provider fails to meet a repayment agreement. The Department of Revenue may set repayment agreements, Oregon tax offset or payroll and bank account garnishment. The Department of Revenue may also to asset lines, or they may send the case to an outside collection agency.**

These activities resulted in Oregon being able to utilize other state data sources to ensure that CCDF funds are spent appropriately. Between July 2022 and June 2024, the Overpayment Writing Unit received 3,999 referrals, only 589 of which met the threshold and resulted in overpayments written.

- iii. **[x] Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: 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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds. In the 2023 calendar year, there were 271 provider overpayments written, out of which 231 repaid the amount owed with payment plan, and 23 were paid in full by the provider sending in a check.

- iv. **[x] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: 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 within 12 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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- v. **[x] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: Tax intercepts are utilized when a provider is not in an active status with the Lead Agency, 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.**

These activities resulted in Oregon being able to have clear policies and

procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Wage garnishments are utilized when a provider is not in an active status with the Lead Agency, 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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds. In the 2023 calendar year, 271 overpayments were written. Out of these, 17 were sent to collections to attempt to recoup the funds.

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **Wage garnishments are utilized when a provider is not in an active status with the Lead Agency, 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.**

These activities resulted in Oregon being able to have clear policies and procedures around overpayment collection in the instances of fraud or misuse of CCDF funds.

- viii. Other. Describe the activities and the results of these activities:

- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

- i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis:
- ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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:**

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 Department of Early Learning and Care Child Care Assistance 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 potentially fraudulent activity and billing.

These activities resulted in Oregon being able to have clear policies and procedures around establishing intentional program violations in the instances of fraud or misuse of CCDF funds.

- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **A small portion of the cases are prosecuted criminally. The case is staffed with leadership and approved to present to the local district attorney.**

These activities resulted in Oregon having clear policies and procedures around criminal prosecutions where needed pertaining to sanctions and improper payments.

- iv. Other. Describe the activities and the results of these activities based on the most recent analysis: **Methods for recovering overpayments in the Oregon Department of Human Services self-sufficiency programs (including child care) are established in OAR 461-195-0551.**

These activities resulted in Oregon being able to have clear policies and procedures around establishing collecting overpayments in the instances of fraud or misuse of CCDF funds.

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		