STATE OF OREGON

OFFICE OF GOVERNOR KATE BROWN

Regional Solutions & Early Learning Division

Child Care Workgroup

EXECUTIVE SUMMARY

January 2020

This page intentionally left blank.

Introduction

In January 2019 Oregon State University through the Oregon Child Care Research Partnership released the report "Oregon's Child Care Deserts: Mapping Supply by Age Group, Metropolitan State and Percentage of Publicly Funded Slots" prepared for the Oregon Early Learning Division.

This report found that:

> *"[M]any families with young children live in what experts have defined as a child care desert, a community with more than three children for every regulated child care slot. Using this standard, families with infants and toddlers in every Oregon county live in a child care desert. The picture is only slightly better for families with preschool-age children; families in 25 of 36 counties live in a child care desert."*

Building a strong economy for all of Oregon requires a level of collaboration and integration that goes beyond current practices. The Regional Solutions Program approaches community and economic development by recognizing the unique needs of each region in the state and working at the local level to identify priorities, solve problems, and seize opportunities to get specific projects completed. The goal of the Regional Solutions Program is to align state resources (staff capacity, information, grant funding programs) with other public, private and philanthropic funds to address regional economic and community development priorities. To implement this vision Governor Brown has appointed advisory committees for each of the eleven regions. The committees have two purposes: help coordinators and state agency teams identify high level priorities for community and economic development; and help connect resources from the community to expand the collective capacity to solve problems and seize opportunities. In April 2019 the Central Oregon Regional Solutions Committee identified availability/affordability of child care as a regional priority. Coordinators in other regions also indicated that this issue was a priority in their regions.

As a result, the Regional Solutions Program and Early Learning Division co-convened a state agency workgroup to better understand the state touchpoints and opportunities to support increasing the supply of high quality providers and child care slots. This report summarizes what we learned about the regulatory context related to child care facility construction and licensing, state programs that may support the creation of additional child care slots, child care tax incentives and pilot projects from around Oregon.

The contributors to this report would like to recognize the policy components related to the provision of child care that are included within this analysis. We would like to emphasize that further research into the child care policy arena is necessary and occurring. For example, the need for child care outside of traditional hours is a consideration outside the scope of this report, but vital to successful policy creation.

Workgroup Membership

Leah Horner, Regional Solutions Director/Jobs & Economy Policy Advisor
Annette Liebe, Regional Solutions Coordinator
Raihana Ansary, Regional Solutions Coordinator
Courtney Crowell, Regional Solutions Coordinator
Nate Stice, Regional Solutions Coordinator
Alex Campbell, Regional Solutions Coordinator
Jennifer Purcell, Regional Solutions Coordinator
Jody Christensen, Regional Solutions Coordinator
Sarah Means, Regional Solutions Coordinator
Rebekah Degner, Regional Solutions, Executive Support
Joan Blough, Early Learning Division, Oregon Department of Education
Dawn Taylor, Early Learning Division, Oregon Department of Education
Sara Mickelson, Early Learning Division, Oregon Department of Education
Kirstin Greene, Department of Land Conservation and Development
Scott Edelman, Department of Land Conservation and Development
Theresa Conley, Department of Transportation
Bryan Guiney, Business Oregon
Melisa Drugge, Business Oregon
Jordan B. Kennedy, Public Health Division, Oregon Health Authority
Jessica Nelson, Oregon Employment Department
Ken Ross, Department of Revenue
Danette Benjamin, Department of Revenue
Richard Rogers, Building Codes Division, Department of Consumer Business Services
Glenn Geiger, Deputy State Fire Marshal, Oregon Office of the State Fire Marshal
Jennifer Bell & William Baney, Department of Human Services

Partners

Kathleen Flanagan, The Ford Family Foundation
Anne George, Oregon Community Foundation
Katy Brooks, Bend Chamber
Regan Gray, Family Forward

Table of Contents

Definitions

ADA	Americans with Disabilities Act
BCD	Building Codes Division
BOLI	Bureau of Labor & Industries
CACFP	Child and Adult Care Food Program
CAP	Capital Access Program
CBR	Central Background Registry
CC	Child Care Center
CCDF	Child Care Development Fund
CCR&R	Child Care Resource and Referral
CEF	Credit Enhancement Fund, Oregon
CF	Certified Family Child Care Home
CPR	Cardiopulmonary Resuscitation
DHS	Department of Human Services, Oregon
DLCD	Department of Land Conservation and Development
DPU	Direct Pay Unit
EDLF	Entrepreneurial Development Loan Fund
ELD	Early Learning Department
EOA	Economic Opportunity Analysis
ERDC	Employment Related Day Care
FBI	Federal Bureau of Investigation
FPL	Federal Poverty Limit
JOBS	Job Opportunities & Basic Skills Training
NFPA	National Fire Protection Association
OAR	Oregon Administrative Rule
OCC	Office of Child Care
ODE	Department of Education, Oregon
OED	Employment Department, Oregon
OIB	Oregon Investment Board
ORS	Oregon Revised Statutes
OSFM	Office of State Fire Marshal
OSSC	Oregon Structural Specialty Code
RF	Registered Family Child Care Home
RS	Regional Solutions
SBDC	Small Business Development Center Network
SEA	Self-Employment Assistance Program
SMI	State Median Income
SQTL	Staff Qualifications and Training Logs
STC	Short Time Compensation
SUD	Supplemental Unemployment for Dislocated Workers
TA	Technical Assistance
TANF	Temporary Assistance for Needy Families
TGM	Transportation and Growth Management
TRA	Trade Readjustment Allowances
TUI	Training Unemployment Insurance
UI	Unemployment Insurance
USDA	U.S. Department of Agriculture
WOTC	Work Opportunity Tax Credit
WSDOT	Washington State Department of Transportation

Regulatory Context

Early Learning Division

Oregon Department of Education

The Early Learning Division's (ELD) mission is to support all of Oregon's young children and families to learn and thrive. [1] ELD is an independent division of the Oregon Department of Education; its policy board is the Early Learning Council, a nine member Governor-appointed public board charged with coordinating a cross-sector system at the state level to improve kindergarten readiness.

The ELD is responsible for oversight of a statewide early care and education system. This work includes administration of state and federal early care and education programs such as Preschool Promise, prenatal to age five Oregon Prekindergarten, home visitation programs, Baby Promise, Relief Nurseries, Early Learning Hubs, and professional learning for early childhood educators and caregivers.

As Oregon's child care agency, the ELD is also responsible for the design and implementation of the state's child care work and serves as the lead agency for the federal Child Care Development Fund (CCDF). The child care licensing program ensures the health and safety of children in regulated child care settings across the state, technical assistance to providers to meet child care regulations, and is responsible for providing information to families about the availability of safe and quality child care. Staff members are located in a central office in Salem and in field offices in various parts of the state.

[1] Oregon Department of Education, Early Learning Division. (2019)

Types of Child Care Facilities

Child Care Center (CC)

A facility, usually located in a commercial building, in which children receive care. The number of children allowed depends on the physical size of the facility and the number of qualified staff members. [2] A CC has the ability to staff, and employees are required to meet job related requirements. A CC can provide full day care, seven days a week. At CC licensure is for one year. The rules that apply to child care centers are OAR 414-300-0000 to OAR 414-200-0415.

Registered Family Child Care Home (RF)

A facility in the provider's own home in which up to 10 children receive child care. Of those 10 children, six children may be preschool age or younger, two of the six preschool children may be under 24 months of age. **The provider's own children are included in the number of children in care**. RF licensure is for two years. The rules that apply to registered family child care homes are OAR 414-205-0000 to OAR 414-350-0170.

Certified Family Child Care Home (CF)

A facility in a building constructed as a single family dwelling in which up to 16 children receive child care. The number of children depends on the physical size of the home, provider qualifications, and the number of qualified caregivers. CF licensure is for one year. **The provider's own children are included in the number of children in care**. The rules that apply to certified family child care homes are OAR 414-350-0000 to OAR 414-350-0405.

Continue to next page.

[2] The following ratios apply to CC facilities meeting qualified staff requirements; Newborn to 23 months 1:4 ; 24 - 35 months 1:5; and, 36 months to kindergarten 1:10.

Programs Exempt from Licensing

There are several types of programs that provide care to children that are exempt from licensing by the ELD. **These include:**

- Providing care in the home of the child when all of the children being cared for reside in that home;
- Caring for children that are related within fourth degree (fourth degree relative);
- All of the children are from the same family;
- Care is conducted occasionally care and not more than 70 days a year;
- Caring for fewer than three children at any one time, *not including their own children*;
- A school age program focused on single enrichment for no more than 8 hours a week (e.g. karate class);
- Program that are mostly a group athletic or social activity sponsored by organized club or hobby group (e.g. boy scouts);
- **Parent Cooperatives** – Parents of the children must provide care on a rotating basis and the program cannot operate for more than four hours per day;
- Programs operated by school district, political subdivision of the state or a governmental agency;
- Program where parents of children remain on site (e.g. child care at a health club);
- **Preschool Recorded Program** – Children are between the age of three years old and kindergarten, it is primarily educational, and children not present for more than four hours a day;
- **School Age Recorded** – Youth development activities that do not take the place of a parent's care during the hours that school is not in session.

Continue to next page.

Provider Requirement by Facility Type

Central Background Registry

Enrollment in the Central Background Registry (CBR) is required as part of the licensing process. All child care staff, support staff and administrative staff who may have unsupervised access to children must have a background check completed by OCC and be enrolled in the CBR. Other individuals who are not employed or living in the facility may also be required to be enrolled in the CBR if their presence or role permits unsupervised access to children. Federal and state law requires OCC perform FBI fingerprint based background checks and obtain criminal history on all applicants including a child protective service check in all states where the individual has resided in the past five years. OCC currently subsidizes the CBR enrollment cost.

Certified Child Care Centers

Teacher qualifications:

- 20 credits (semester system) or 30 credits (quarter system) of training at a college or university in specific areas depending on the age group in care; or
- A one year state or nationally recognized credential in the age group in care; or
- One year of teaching experience in a group care setting such as a child care center or preschool; or
- Six months teaching experience in a group care setting AND completion of 10 credits (semester system) or 15 credits (quarter system) as a college or university; or
- Step eight in the Oregon Registry.
- First aid
- Infant/child CPR
- Food Handler's
- Training on recognizing and reporting child abuse and neglect
- OCC health and safety training
- OCC Safe Sleep training

Ongoing training:

- 15 hours annually with at least 8 hours in child development

Registered Family Child Care

Provider must complete prior to licensing:

- Introduction to Registered Family (two part)
- First aid
- Infant/child CPR
- Food Handler's
- Training on recognizing and reporting child abuse and neglect
- OCC health and safety training
- OCC Safe Sleep training

Ongoing training:

- 10 hours every two years with at least 6 hours in child development

Certified Family Child Care

Provider qualifications:

- One year of teaching experience in a setting such as child care center or preschool; or
- One year as a registered family child care; or
- Completion of 20 credits (semester system) or 30 credits (quarter system) of training at a college or university in early childhood education or child development; or
- Step eight in the Oregon Registry.

Provider must complete prior to licensing:

- First aid
- Infant/child CPR
- Food Handler's
- Training on recognizing and reporting child abuse and neglect
- OCC health and safety training
- OCC Safe Sleep training

Ongoing training:

- 15 hours annually with at least 8 hours in child development

Child Care Facilities – *Licensing Procedure*

There are three types of licensing applications. Initial applications are when a facility is opening for the first time. Renewal applications are when a facility is renewing their facility license. Reopen applications are when a facility is either reopening a facility that has been closed, or they are "reopening" at a new address.

CC and CF Initial Applications

Office of Child Care (OCC) provides information materials to prospective applicants for Child Care Center (CC) and Certified Family Child Care Home (CF). When that person has reviewed the material and is ready, they send OCC required permits and proposed floor plan, which OCC staff review. OCC consults with them to determine whether they will likely qualify to provide care, how many children they would be able to care for, any changes they will need to make, etc. If the prospective provider wants to proceed, OCC sends an application packet. During the application process the prospective provider secures sanitation inspection, fire inspection, and has water tested for lead. They submit the application materials, and OCC reviews for prior licensure, any prior concerns, inspection reports, and floor plan. OCC then visits the site to review for licensing. OCC and the applicant discuss health and safety issues and any other issues including non-compliance. OCC checks the facility's staff for qualifications and ensures all background checks are completed (see below for the Central Background Registry).

If the facility has met all health and safety standards, and is only lacking in areas that will not affect children's health and safety, OCC issues a temporary license. This allows the provider to begin operating. OCC also gives the provider information about federal reimbursements for nutritious food, and refers to the Health Department for requirements on communicable disease reporting, immunization, etc. A follow-up visit may occur if children were not present at the licensing visit. When the program review is complete and all deficiencies have been corrected, OCC issues an annual license.

OCC is typically able to respond to requests for precertification visits within two weeks of the receiving the request. The timeframe for receiving a license depends on many factors. OCC cannot issue a license until all city and zoning approval approvals are in place, and fire marshal and environmental health inspections have occurred. This process can take anywhere from four weeks to several months depending on the local jurisdiction and their requirements. More information on infrastructure requirements is discussed later within this report.

RF Initial Applications

Initial inquiries about registered family (RF) child care registration are directed to the local Child Care Resource and Referral (CCR&R). The CCR&R, a state subsidized organization that provides resources to recruit, train, and support child care facilities and work force, gives the prospective provider information about attending a two-part overview session. Part one is available online and done independently. Part two is in-person at the local CCR&R. During this training, prospective providers receive an application packet including information on required trainings and fees, and central background registry (CBR) forms.

Upon receipt of a completed application, OCC reviews for prior licensure and any concerns, verifies enrollment in the CBR, and that training (health and safety, overview classes) have been completed. OCC then visits the site and determines whether the facility meets required health and safety standards. If standards are met, a license is issued. If there are deficiencies, OCC advises the potential provider of the needed corrections and later conducts an additional visit to confirm corrections have been made. OCC also gives them information about federal reimbursements for nutritious food, and refers to the Health Department for requirements on communicable disease reporting, immunization, etc.

A visit can typically be conducted within two weeks of the application submission, if the applicant has completed all required trainings and background checks. From start to finish, a registered family license can be obtained within eight weeks depending on the schedule of required classes, and the responsiveness of the applicant to the background check process.

Renewal Applications

When a provider applies to renew their license, OCC schedules a visit. If OCC receives the application at least 30 days prior to expiration date, the license remains actives until the agency makes a decision. If the application is received less than 30 days before expiration, the license will not extend beyond the expiration date if not yet approved. However, OCC can process such an application as a high priority.

During the visit, OCC goes through the appropriate health and safety checklist for the corresponding type of facility and notes any noncomplying items. OCC reviews sanitation and fire inspections (if required), and records of staff training, qualifications, and CBR enrollment. OCC also reviews children's enrollment records. The visit can occur when the facility is closed, in which case a follow-up program review visit will be scheduled when children are on site.

Consequence for findings of noncompliance depend on severity. Minor violations are noted in writing and result in an informal discussion and

agreement to correct the item. Moderate violations, those that present potential risk, or a significant accumulation of minor issues, are noted in writing, and result in an agreement to correct the items in specific timeframes. Unless corrected during the visit, a follow-up visit (or in some cases photos or other documentation) is used to confirm the correction. If the item is a repeat of a prior violation or significant accumulation of minor violations it will be noted in the OCC database. Moderate violations can delay renewal of a license. Major violations – substantial, clear, serious risk (but not imminent danger) – is noted in writing, entered in the OCC database, and results in a noncompliance letter to provider. A stop-gap correction must be done immediately or, depending on the situation, within 24 hours. OCC and the provider agree to a timeframe to implement a permanent correction, which must be verified with a follow-up visit. The license will not be renewed until the permanent solution is in place.

For CC (child care center) and CF (certified family), majority compliance results in a temporary license, along with a list of needed corrections and timeline. OCC conducts a follow-up visit to verify full compliance. When a facility is in full compliance OCC issues the annual (CC and CF) or two-year (RF) license, and updates the database.

There are nuances depending on the type of facility and violation. Missing training is an example. For a CC or CF that has not completed yearly training, a temporary license will be issued, and the facility will be given 60 days to complete and submit their training. Continued noncompliance can result in additional time to complete, and civil penalties. In contrast, an RF with incomplete training will not be given a temporary license and not renewed until training is complete.

Temporary License

Temporary licenses are only available for CF and CC facilities. RF facility licenses are only renewed once the facility passes the health and safety review visit. The maximum period for temporary license is 180 days.

For CF and CC facilities, the decision to allow a temporary license pending correction of violations depends on several factors, and is largely at the discretion of OCC. Temporary license may be granted if the facility is in majority compliance and has been inspected and approved for temporary operation by the environmental health specialist. A CC may be given temporary license pending the fire safety inspection.

OCC informs the applicant of the specific deficiencies which resulted in a temporary (rather than full) license, and provides technical assistance on how to meet the requirements.

OCC must determine that requirements have been met before issuing an annual license.

Full License

When the facility is in compliance with the rules, it will be issued an annual (CC or CF) or two-year (RF) license. The CF or CC license expires one year from the beginning of the temporary license, if a temporary has been given. The RF license expires two years from the licensing date.

If a facility wants to change the conditions on their license (such as hours of operation or ages of children served), the written request is evaluated by OCC based on the applicable rules. If the conditions of the license are modified, the expiration date on the current license remains the same.

Exceptions

OCC may grant an exception to an individual rule for a specified period of time when a requirement does not apply to the facility, or the intent of the rule can be met by a method not specified in the rule. Using an OCC form, the provider request must include a justification for the requested exception and explanation of how the facility will meet the intent of the rule. OCC will not grant an exception if the requirement is established by statute; OCC will only grant an exception if the health, safety and well-being of children are ensured. OCC may grant the exception as made or with conditions. Exceptions can only be granted with approval from a senior licensing specialist. If granted, OCC prints and sends a new license document showing the exception, and enters the exception in the database.

During license renewal process, OCC reviews any ongoing exception for the facility. In cooperation with the provider OCC determines if the exception is still relevant, and can renew the license with the continued exception.

Continue to next page.

Building & Fire Codes

Building Codes Division

The Building Codes Division (BCD) administers Oregon's Statewide Building Code, which provides uniform standards that ensure newly constructed residential and commercial buildings are safe for citizens to occupy. [3] The state legislature established a "uniform" building code in 1973; the division celebrated the 40th Anniversary of that statewide code in 2013. The division also administers and regulates building laws and rules, and licenses qualified businesses and individuals who work in these trades: electrical, plumbing, boiler and pressure vessel, and elevator.

Mission

To work with Oregonians to ensure safe building construction while promoting a positive business climate within the state.

The BCD provides a range of services to support the people of Oregon, including: adopting a set of construction codes which are applicable throughout the state; licensing construction trades workers, inspectors and businesses; training and certifying building inspectors and building officials; enforcing laws and rules to ensure safe building practices; providing permitting and inspection services; and, collaborating with cities and counties to promote efficient building practices and positive economic development.

Continue to next page.

[3] Information provided by the Dept. of Consumer and Business Services, Building Codes Division (2019)

The Oregon Structural Specialty Code

The Oregon Structural Specialty Code (OSSC) regulates child care facilities in other than dwellings. The Oregon Residential Specialty Code covers one- and two-family dwellings and townhouses. The following sections provide a brief overview of OSSC child care facility requirements as they relate to the following areas:

- Occupancy Classification
- Sprinkler Systems
- Fire/Smoke Alarms
- Accessibility (ADA)

Nomenclature: *The OSSC uses the term "daycare" in place of "child care."*

Considerations for Existing Structures

Additional items for consideration when converting existing commercial space to a child care facility include but are not limited to:

Change of Occupancy

When converting a commercial building or space from say an office (B occupancy classification) to a child care facility (E OR I-4 occupancy classification) a change of occupancy analysis is required which will trigger a review by the local building department. Plans stamped by a design professional (Oregon Architect or Engineer) must be submitted for review and approval by the building department having jurisdiction.

Conformance *(Per OSSC 3408.1)*

"No change shall be made in the use or occupancy of any building that would place the building in a different division of the same group of occupancies or in a different group of occupancies, unless such building is made to comply with the requirements of this code for such division or group of occupancies. Subject to the approval of the building official, the use or occupancy of existing buildings shall be permitted to be changed and the building is allowed to be occupied for purposes in other groups without conforming to all the requirements of this code for those groups, provided the new or proposed use is less hazardous, based on life and fire risk, than the existing use."

For example, if the new occupancy classification requires a sprinkler system and the existing building had none, one would have to retrofit.

Accessibility

As to "accessibility," OSSC Section 3408.1 states: "Unless additions or alterations are made to the building or facility, change in use or occupancy alone shall not require compliance with the provisions of Chapter 11, Accessibility." Any additions would have to fully comply with new accessibility provisions. All renovations, alterations and modifications are subject to the requirements of ORS 447.241 "Standards for renovation, alteration or modification of certain buildings."

This section of statute, AKA "The 25% Rule," requires the removal of architectural barriers for persons with mobility impairments commensurate with the amount of renovation, alteration or modification being undertaken to the "area of primary function." In this application, if renovating the areas of an existing commercial building which were to be used for day care (or the area of primary function), one is required to remove architectural barriers up to the point that the cost exceeds 25 percent of the alteration to the primary function area. In simple terms, if the cost of the alteration to the "area of primary function" was $20,000, one would need to spend an additional $5,000 to remove architectural barriers.

ORS 447.241 provides a priority punch list as follows:

(a) Parking;

(b) An accessible entrance;

(c) An accessible route to the altered area;

(d) At least one accessible rest room for each sex or a single unisex rest room;

(e) Accessible telephones;

(f) Accessible drinking fountains; and,

(g) When possible, additional accessible elements such as storage and alarms.

In choosing which accessible elements to provide under this section, priority shall be given to those elements that will provide the greatest access.

In short, one would remove existing barriers per the priority in statute up to the point that the $5,000.00 was exhausted. For example, if the $5,000.00 was exhausted after providing an accessible Parking Space (item "a"), an accessible entrance (item "b") and an accessible route to the altered area (item "c"), the statute would be satisfied. One would continue down the list of priorities until the 25% pool of money is used up.

Use of Existing Single-Family Dwellings for Child Care Facility

While the base requirement from the State Building Code is that a sprinkler system be installed, local building officials have discretion to approve alternate methods of compliance. For example, depending upon the condition of the existing dwelling, a building official may be willing to accept additional exits, additional smoke alarms and perhaps heat detectors/alarms in lieu of a sprinkler system. Each home under consideration will require individual, site-specific evaluation.

Child Care Facility Classification Overview

1. Group E Educational, Oregon Structural Specialty Code

305.2.0	Descriptions
More than five children older than 2 ½ years of age who receive educational, supervision or personal care services for fewer than 24 hours per day.	

305.2.1	Within places of religious worship
Rooms and spaces within places of religious worship providing such day care during religious functions shall be classified as part of the primary occupancy.	

305.2.2	Five or fewer children
A facility having five or fewer children receiving such day care shall be classified as part of the primary occupancy.	

305.2.3	Five or fewer children in a dwelling unit
A facility such as the above within a dwelling unit and having five or fewer children receiving such day care shall be classified as a Group R-3 occupancy or shall comply with the Oregon Residential Specialty Code.	

903.2.3	Sprinkler System - Group E

1. Throughout all Group E fire areas [4] greater than 12,000 square feet (1115 m2) in area.
2. The Group E fire area is located on a floor other than a level of exit discharge serving such occupancies.

Exception: In buildings where every classroom has not fewer than one exterior exit door at ground level, an automatic sprinkler system is not required in any area below the lowest level of exit discharge serving that area.

[4] **Fire Area:** The aggregate floor area enclosed and bounded by fire walls, fire barriers, exterior walls or horizontal assemblies of a building. Areas of the building not provided with surrounding walls shall be included in the fire area if such areas are included within the horizontal projection of the roof or floor next above.

3. The Group E fire area has an occupant load of 300 or more.

907.2.3	**Fire Alarms or Smoke Alarms - Group E**

A manual fire alarm system is not required for Group E occupancies with an occupant load of 50 or less.

ORS 447.220	**Accessibility (ADA) - General Purpose Statement**

"It is the purpose of ORS 447.210 to 447.280 to make affected buildings in the state accessible to and usable by persons with disabilities, as provided in the Americans with Disabilities Act."

- Group E daycare is included in the definition of "affected building."

Features required to be "Accessible" include:

1. Parking
2. A route to entrances
3. A route throughout the building
4. Hardware, controls
5. Restrooms, grab bars, etc.
6. All common use areas including kitchens

Continue to next page.

2. Group I-4 Institutional, Oregon Structural Specialty Code

308.5 -308.5.5	Descriptions - Institutional Group I-4, day care facilities
This group shall include buildings and structures occupied by more than five persons of any age who receive custodial care [5] for fewer than 24 hours per day by persons other than parents or guardians, relatives by blood, marriage or adoption, and in a place other than the home of the person cared for.	

308.6.1	Classification as Group E
A child day care facility that provides care for more than five but no more than 100 children 2 ½ years or less of age, where the rooms in which the children are cared for are located on a level of exit discharge [6] serving such rooms and each of these child care rooms has an exit door directly to the exterior, shall be classified as Group E.	

308.6.2	Within places of religious worship
Rooms and spaces within places of religious worship providing such care during religious functions shall be classified as part of the primary occupancy.	

308.6.3	Five or fewer persons receiving care
A facility having five or fewer persons receiving custodial care shall be classified as part of the primary occupancy.	

308.6.4	Five or fewer persons receiving care in a dwelling unit
A facility such as the above within a dwelling unit and having five or fewer persons receiving custodial care shall be classified as a Group R-3 occupancy or shall comply with the Oregon Residential Specialty Code.	

[5] **Custodial Care:** Assistance with day-to-day living tasks; such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living. Custodial care includes persons receiving care who evacuate at a slower rate and/or who have mental and psychiatric complications.

[6] **Level of exit discharge:** Typically the ground floor.

903.2.6	Sprinkler System - Group I
An automatic sprinkler system shall be provided throughout buildings with a Group I fire area. **Exception 2:** An automatic sprinkler system is not required where Group I-4 day care facilities are at the level of exit discharge and where every room where care is provided has at least one exterior exit door.	

907.2.6	Fire Alarms or Smoke Alarms - Group I
A manual fire alarm system that activates the occupant notification system in accordance with Section 907.5 shall be installed in Group I occupancies.	

Accessibility (ADA)
Group I-4 day care is included in the definition of "affected building". See statement for Group E above.

Continue to next page.

3. Oregon Residential Specialty Code

R101.2	Descriptions - Scope, Item 2
Allows detached single-family residences to be used for family child care home or foster care in accordance with ORS chapters 418, 443 and 657A.	

Sprinkler System
A residential sprinkler system (NFPA Standard 13D) is required in any single-family dwelling being used for any purpose other than residential. Local building officials may approve an alternate design to the sprinkler system where equivalent protection is provided. *Other purposes invoking the sprinkler system requirements include:* • Daycare • Adult and child foster care • Live-work units

R314.1	Fire Alarms or Smoke Alarms - General
Smoke alarms shall comply with NFPA 72 and Section R314 of the Oregon Residential Specialty Code.	

Accessibility (ADA)
Generally not required.

Oregon State Fire Marshal

The Office of State Fire Marshal (OSFM) delivers community safety services that are comprehensive, effective, and of high value through partnering and collaboration with various agencies and the community. OSFM services are planned, developed, and delivered through collaboration with stakeholders. Each program has performance measures for key mission areas, and each manager works with their staff to develop a biennial work plan to accomplish its goals. Process and outcome improvement is emphasized at all levels in all programs. Employee contributions. All program managers strive for timely response and development of competent, empowered, problem-solving employees. Competent employees are a key component to premier customer service. The success of our agency relies on our employees.

Mission

Protecting citizens, their property, and the environment from fire and hazardous materials.

Continue to next page.

Fire Code Matrix

The following is a matrix overview of applicable Oregon fire codes for child care facilities in non-residential buildings. The building construction features found in Chapters 7, 9 and 10 are maintained by the fire official as approved by the building official at the time of construction.

Note: this list should not be viewed as comprehensive, reflecting all requirements, nor does it attempt to suggest an oversimplification of complex codes or standards.

Category	Requirement	OR Fire Code
General Fire Requirements	Storage of combustible rubbish shall not produce conditions that will create a nuisance or a hazard.	304.2
	Open flames such as from candles and heaters shall not be located on or near decorative material or similar combustible materials.	305.1 308.1.5
Emergency Planning & Preparedness	Provide documentation of compliance based on occupancy specific requirements related to: employee training; emergency evacuation drills; fire safety, evacuation and lockdown plans; and hazard communication.	Chapter 4
Fire Service Features	Fire apparatus access roads shall be provided and maintained.	503.1
	NO PARKING—FIRE LANE signs shall be provided for fire apparatus access roads.	503.3
	Buildings shall be provided with approved address identification	505.1
	A key box to be installed in an approved location if required by the fire department.	506.1
	A water supply capable of supplying the required fire flow for fire protection shall be provided to premises.	507.1
	Identify and maintain access to rooms containing fire protection equipment.	509
Building Services & Systems	Gas appliances to be installed per Oregon Mechanical Specialty Code	603
	Electrical hazards shall be abated.	604.1
	Multiplug adapters are not allowed but “power strips” are acceptable when used per code.	604.4
	Extension cords shall not be a substitute for permanent wiring.	604.5
	Electrical equipment and fixtures (such as appliances) shall be tested and listed by an approved agency (such as “UL”) and installed and maintained in accordance with all instructions (owner’s manual).	604.7
	Portable, electric space heaters shall be permitted to be used in certain occupancies in accordance with this code section.	604.10

Category	Requirement	OR Fire Code
	Type I hood shall be installed above all cooking appliances used for commercial purposes that produce grease vapors. The required automatic fire extinguishing systems protecting commercial cooking systems shall be serviced. All records shall be maintained.	607
Fire & Smoke Construction	The fire-resistance rating of rated construction shall be maintained. Examples: ceiling and wall penetrations repaired. Fire doors not blocked open.	Chapter 7
Decorative Materials & Furnishings	Natural Christmas trees are only allowed in buildings with full fire sprinkler systems.	806
	Educational occupancies shall not use corridors for storage, and must limit artwork in corridors to 20% of the wall area and 50% in classrooms.	807.5.2
Fire Protection Systems	Fire alarm systems, portable fire extinguishers, fire-extinguishing systems, and fire sprinkler systems shall be inspected, tested maintained in an operative condition at all times. Records shall kept as required for the fire official.	Chapter 9
Egress	The means of egress (exiting) shall be maintained.	Chapter 10

Continue to next page.

Section 2

State Support Programs

Oregon Department of Education
Early Learning Division

Baby Promise

A targeted, contract-based program, will reimburse providers for the cost of delivering high quality infant/toddler slots. The program makes care available to families at or below 185 percent of federal poverty, which is about $46,000 annually for a family of four. The ELD is currently piloting Baby Promise with three CCR&Rs in Multnomah County, Coos and Curry Counties, and Central Oregon for a total of 250 slots. This legislative session, HB 2024 passed into law creating a statutory framework to support Baby Promise expansion in future biennia.

Preschool Promise

A publicly funded, high quality, full-day preschool program for families whose incomes are at or below 200 percent of the Federal Poverty Level about $48,000 annually for a family of four. The program currently reaches 1,300 three- and four-year old children and families, allowing for families to choose options in a range of settings, including elementary schools, Head Start programs, licensed center- and home-based child care programs and community-based organizations. During the 2019 legislative session, Preschool Promise received funding through the Student Success Act Early Learning Account, allowing for approximately 2,500 new slots statewide.

Oregon Prekindergarten

Oregon's largest early learning investment. OPK expands the federal Head Start program to reach additional families with incomes at or below 100 percent of the Federal Poverty Level about $24,000 annually for a family of four. Program services include health, early childhood education, parent involvement, mental health, social services, nutrition, and home visitation. Oregon Prekindergarten services are delivered by 28 community-based organizations or public schools across the state, the majority of whom also receive federal Head Start grant funds. During the 2019 legislative session, the legislature made changes to the program to expand investments in OPK for children prenatally through age three, reaching an estimated 1200 additional families. New investments will also enhance existing OPK slots by providing funds for Head Start programs to convert from half day to full day services, and for OPK teachers to receive raises bringing them closer to commensurate pay with public school teachers.

Workforce Development & Professional Learning

The ELD administers child care quality federal investments through the Child Care Development Fund. These resources are primarily utilized to support a regional network of 13 Child Care Resource and Referral (CCR&Rs) agencies across the state. CCR&Rs are responsible for providing a wide variety of program services which include recruiting, training and promoting retention of a high quality, diverse early learning and child care providers. As part of the Student Success Act, ELD received $12.5 million annually to improve its professional learning supports for the early care and education workforce. This includes expanding access to high-quality education and training. ELD will return to the Legislature in the 2020 Session to present a plan to utilize these funds to ensure more early childhood educators and caregivers have access to competency-based training, technical assistance, and access to post-secondary education through scholarships.

Continue to next page.

Department of Human Services

The Department of Human Services (DHS) is Oregon's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity, especially for those who are least able to help themselves. 7

DHS provides direct services to more than 1 million Oregonians each year. These services provide a key safety net for those in our society who are most vulnerable or who are at a difficult place in their life.

Support Programs

Overview Matrix

There are three ways for families to access child care subsidy assistance through DHS.

Program	Acronym	Criteria	Copay	Payment Method
Employment Related Day Care	ERDC	Working Parents not receiving TANF	Copay	Billing issued by Direct Pay Unit (DPU)
Additional Programs				
Job Opportunities & Basic Skills Training	JOBS	May be receiving cash assistance and participating in training or work search programs	No Copay	Billing issued by Direct Pay Unit (DPU)
Temporary Assistance To Needy Families	TANF	Receive cash assistance while working or unemployed-very low income	No Copay	Billing issued by Direct Pay Unit (DPU)

Continue to next page.

[7] https://www.oregon.gov/DHS/ABOUTDHS/Pages/index.aspx

Employment Related Day Care (ERDC) Program

Assists families in accessing quality child care while they are working. ERDC is a subsidy program. This means the family pays a portion of the child care. This amount depends on the family size and income.

Basic Eligibility for ERDC

- Parent or caretaker is employed
- Income is below 185% of the Federal Poverty Limit (FPL)
- Has a child care need for a qualifying child (0-12 or 13-17 with special needs)
- Oregon resident
- Meet citizen/noncitizen requirements (child needing care only)
- Use a DHS approved child care provider

Note: Two parent families need to have work hours that overlap or one of the parents must verify they are unable to provide care due to mental or physical health reasons.

Changes Effective October 1, 2015 – *12 Month Eligibility*

All ERDC cases are opened for no less than 12 months. Temporary changes to employment will not result in immediate closure. Child care may continue for work search, medical leave, or military transition.

Persons in Filing Group (Eligibility)	**ERDC Eligibility Standard** (185% FPL)
2	$2,538
3	$3,204
4	$3,870
5	$4,536
6	$5,202
7	$5,868
8 or more	$6,534

The Spark copay incentives are tiered
$27 is waived to $0
$28 - $200 is lowered by $20 a month
$201 and up is reduced by 10%

All families receiving ERDC have a copay. The lowest copay is $27. The current average copay per family is $275 a month. Copays are calculated using the number of people in the family who must apply together and their combined income. The copay increases as the family income increases.

Note: The copay is calculated by a mathematical formula. Families whose income is at or below 50 percent of the 2007 FPL are assigned the minimum copay or 1.5% of the monthly countable income plus 10% (whichever is higher). For filing groups whose countable income is over 50% of the 2007 FPL, the copay is determined as a percentage of monthly income.

Lower copays when using a Spark provider

When a family chooses to connect a Spark rated provider they qualify for a lower copay. The copay is lowered the month after the provider is connected to their case. Families with the minimum copay will have their copay waived.

Priority Child Care Processing

Homeless families or families applying for child care for a foster child can have child care opened immediately, for a period, while the worker waits for income verification.

Student Child Care

Working parents can apply for additional hours to cover class time if attending a school that is eligible to receive Federal student aid.

Self-employment Coverage

Self-employed hours are eligible for child care.

Higher Exit Income Limit

Once approved for benefits families have a higher income limit for ERDC (250% FPL or 85% SMI whichever is higher)

Exit limit

Once a family is approved for ERDC they qualify to stay on the program until they reach the higher exit limit. This allows families to maintain child care while their income increases and reduces the cliff effect.

ERDC Income Limit after initial Certification & at Recertification

Persons in Filing Group (Eligibility)	Monthly gross income
2	$3,566
3	$4,405
4	$5,244
5	$6,130
6	$7,030
7	$7,930
8 or more	$8,830

Wait List

A wait list is used to maintain the ERDC caseload within the legislatively approved cap (around 8,000 families). When the wait list is in effect, there are exemptions for some families. A family is exempt when they: received ERDC in one of the prior 2 calendar months, have a member who received TANF or Temporary Assistance to Domestic Violence Survivors (TADVS) in one of the prior 3 calendar months, receive a Child Welfare Waiver, or have a child eligible for a current contracted child care slot.

DHS Listed Child Care Providers

The ERDC program provides subsidy payments to a variety of child care providers. This ranges from licensed centers to license-exempt family providers. License-exempt family providers, known as family, friends and neighbor, are instrumental in providing care for children whose parents work irregular shifts and hours. Family, friend and neighbor providers are also the primary source of child care in many of Oregon's child care deserts. Providers are broken down by the following rate categories:

Licensed Care	
Certified Center	Care provided in a facility that is certified.
Certified Family	Care provided in a residential dwelling that is certified.
Registered Family	Child care provided in a residential dwelling that is registered as a Registered Family provider.

License-Exempt Care	
Standard Family	Care provided in the providers own home or in the home of the child when the provider does not qualify for the enhanced or licensed rate.
Enhanced Family	Child care is provided in the provider's own home or in the home of the child, and the provider meets the enhanced rate training requirements.
Standard Center	Care provided in a facility that is not located in a residential dwelling, is exempt from certification rules and staff do not meet requirements for enhanced rate.
Enhanced Center	Child care provided in an exempt center whose staff meets the enhanced rate training requirements.

To become a listed and approved provider with DHS a provider listing form must be completed and submitted to DHS Direct Pay Unit. The provider, any family members age 16 and above and visitors who are in the home during child care hours and have unsupervised access to the children are required to have a criminal and child protective services background check completed as part of the listing process. A person who lived outside the state of Oregon in the past 18 months must have an FBI background check completed (others may be required as well). Background checks for licensed providers are conducted through the OCC and follow OCC rules.

Orientation for License-Exempt Providers

Child care providers exempt from licensing are required to attend an orientation on the DHS processes. This includes listing, billing, payment, provider rights and responsibilities and food program resources available through U.S. Department of Agriculture (USDA).

Enhanced rate trainings are available after the orientation for providers who are interested in pursuing additional training and career advancement. The enhanced rate trainings include CPR/First Aid, Recognizing and Reporting Child Abuse and Neglect "What you can do about child abuse" and food handler certifications. Once the enhanced trainings are completed the provider receives a higher rate of pay.

Provider Requirements

License-exempt child care providers must complete the "Introduction to Child Care Health and Safety" two-hour, web-based training prior to being approved by DHS.

License-exempt providers who are not related to the children in care are also required to be CPR/First Aid certified, take Recognizing and Reporting Child Abuse and Neglect and pass an onsite monitoring visit prior to being approved by DHS. These providers are referred to as Regulated Subsidy providers.

Provider Payments

Payments made to child care providers are made for child care provided on or after the date the provider is in approved listing status or licensed by the OCC. This means the Department does not backdate the child care payment to the family's date of eligibility unless the provider was in approved status or licensed on that date.

Payment Rates

DHS child care providers are paid either an hourly or monthly rate. Licensed providers and enhanced rate providers receive a facility type that allows them to bill a part-time monthly rate as well. Facility types are determined by the

Direct Pay Unit who reviews the provider listing form and verifies licensing status with OCC.

Providers who are licensed with the OCC receive a higher rate of pay than license-exempt or enhances rate providers. License-exempt family providers are at the lower end of the pay rate. License-exempt family providers can take additional classes to become enhanced or licensed. Providers are receive the higher rate the month after all classes are completed. To reach the DHS enhanced rate, classes are offered at no cost to the provider and an hourly stipend is paid for classroom time.

Continue to next page.

Oregon Employment Department

The Oregon Employment Department (OED) has many programs under our mission to support business and promote employment. [8] These programs treat child care businesses with employees as they do other businesses with employees. OED does not have any programs at this time that are focused specifically on child care businesses and providers, early childhood education providers, or child care availability.

The following are programs that could benefit child care businesses in Oregon and the child care workforce:

Self-Employment Assistance Program

The SEA program is an option for Unemployment Insurance claimants who have been identified as likely to run out of benefits before they return to work. Claimants are identified using a computerized mathematical formula called worker profiling. SEA program participants may attend SEA counseling/training and can engage in self-employment activities on a full-time basis. Participants must complete both a written business plan and a market feasibility study. The program operates as a collaborative effort between the Oregon Employment Department, and the Small Business Development Center Network (SBDC).

Trade Adjustment Assistance Program

The Trade Adjustment Assistance program helps workers who have lost their jobs as a result of foreign competition. Certified individuals may be eligible to receive one or more program benefits and services depending on what is needed to return them to employment. The following services may be available based on the availability of federal funds and individual eligibility: reemployment services; job search allowance; relocation allowance; additional unemployment insurance in the form of Trade Readjustment Allowances (TRA); a wage subsidy for re-employed workers aged 50 or older; training (in the classroom, on the job, and through apprenticeships); and a Health Coverage Tax Credit.

[8] Oregon Department of Employment. "OED Summary for Child Care Workgroup." Salem: Jessica Nelson, June 28, 2019. Document.

Training Unemployment Insurance Program

The Training Unemployment Insurance (TUI) program lets eligible dislocated workers attend school and receive Unemployment Insurance benefits at the same time so they can continue to care for their families and obtain employment. The program does not pay for the training itself, but instead removes the work search requirements from your weekly claims while you attend school full time. Extended benefits are available for TUI participants. Supplemental Unemployment for Dislocated Workers (SUD) can provide up to an additional 26 weeks of benefits while you are participating in approved training through the TUI program.

Work Share Oregon Program

When times are tough, Work Share provides Oregon businesses an alternative to layoffs. This newly streamlined program allows employers to leverage unemployment insurance (UI) to subsidize a portion of lost wages for employers whose work time is reduced due to market downturns or other business stressors. Work Share (STC-Short Time Compensation) allows you to keep skilled employees during slow times by reducing work hours. Eligible staff whose hours and wages are reduced, receive a portion of their regular unemployment insurance benefits to compensate for the lost wages.

Work Opportunity Tax Credit

The Work Opportunity Tax Credit (WOTC) is a Federal tax credit designed as an incentive for businesses to hire individuals that consistently face significant barriers to employment. The main objective of this program is to enable the targeted employees to gradually move from economic dependency into self-sufficiency as they earn a steady income and become contributing taxpayers. Participating employers are compensated through a reduced federal income tax liability. WOTC joins other workforce programs that help incentivize workplace diversity and facilitate access to good jobs for American workers.

Continue to next page.

Oregon Department of Land Conservation & Development

The Oregon Department of Land Conservation and Development (DLCD) is a small state agency. We work in partnership with local governments, and state and federal agencies, to address the land use needs of the public, communities, regions, and the state. The Land Conservation and Development Commission (LCDC) provides policy direction for the land use planning program and oversees DLCD operations. [9]

Under the statewide land use planning program, each city and county is called upon to adopt and maintain a comprehensive plan and an implementing zoning code consistent with 19 statewide planning goals. Recognizing that each city and county has unique values and aspirations, our job is to provide planning guidance and technical assistance to help communities plan for their future while considering the needs of the region and the state.

Helping cities and counties address these functions in the context of a wide range of state and local interests requires that we be problem solvers. The department's mission reflects this active role

DLCD Child Care Resources

The DLCD has several resources available to support Oregon cities in planning and providing opportunities for child care opportunities. [10]

Technical Assistance Grants

Each biennium, DLCD has funding available for planning projects throughout the state. The current grant cycle is July 2019 – June 2021 and priority projects include those which provide for planning for economic development. This funding source is often used by jurisdictions to update their Economic Opportunities Analyses (EOA), which can and often do include strategies related to child care to support the workforce. While the program has not previously funded a planning effort related solely to the provision of child care, it is possible that a jurisdiction or region could submit such a proposal for funding consideration.

[9] Oregon Department of Land Conservation and Development Webpage, State of Oregon. July 2019

[10] Oregon Department of Land Conservation and Development. "DLCD Child Care Resources." Salem: Scott Edelman, July 2019. Document.

Direct Technical Assistance

Per Oregon law (ORS 329A.440), registered and certified family child care homes are required to be allowed in all areas zoned for residential or commercial purposes. This means that these are considered residential uses and cannot be prohibited in zones that allow other residential uses. That said, cities are allowed to apply review criteria which could potentially serve as a financial or logistical impediment to establishing such uses. Through the Transportation and Growth Management (TGM) Code Assistance Program, operated in coordination with the Oregon Department of Transportation, cities can receive assistance with a code audit. Reducing barriers to and providing incentives for development of child care facilities within a jurisdictions zoning ordinance can be part of such an audit. In addition, DLCD staff can provide direct assistance to jurisdictions related to how other cities deal with child care in their land use codes.

DLCD is interested in helping ensure cities are aware that in home care must be allowed as a permitted use in all areas zoned for residential or commercial purposes, including single family neighborhoods per ORS 329 A. 440 (). DLCD is updating its model code accordingly and will continue to help make sure this information is readily available to cities and counties.

ORS 329A.440

Application of zoning ordinances to registered or certified family child care homes

(1) A registered or certified family child care home shall be considered a residential use of property for zoning purposes. The registered or certified family child care home shall be a permitted use in all areas zoned for residential or commercial purposes, including areas zoned for single-family dwellings. A city or county may not enact or enforce zoning ordinances prohibiting the use of a residential dwelling, located in an area zoned for residential or commercial use, as a registered or certified family child care home.

(2) A city or county may impose zoning conditions on the establishment and maintenance of a registered or certified family child care home in an area zoned for residential or commercial use if the conditions are no more restrictive than conditions imposed on other residential dwellings in the same zone.

(3) A county may:

(a) Allow a registered or certified family child care home in an existing dwelling in any area zoned for farm use, including an exclusive farm use zone established under ORS 215.203;

(b) Impose reasonable conditions on the establishment of a registered or certified family child care home in an area zoned for farm use; and

(c) Allow a division of land for a registered or certified family child care home in an exclusive farm use zone only as provided in ORS 215.263 (9).

(4) This section applies only to a registered or certified family child care home where child care is offered in the home of the provider to not more than 16 children, including children of the provider, regardless of full-time or part-time status. [Formerly 657A.440]

Note: prior to 2013, this ORS was numbered 657A.440, so it may be referred to by that number in other publications (including the TGM Model Code for Small Cities).

Continue to next page.

Oregon Department of Transportation

The Oregon Department of Transportation (ODOT) began in 1913 when the Oregon Legislature created the Oregon Highway Commission to "get Oregon out of the mud."[11]

Today, we develop programs related to Oregon's system of:

- Highways, roads, and bridges;
- Railways;
- Public transportation services;
- Transportation safety programs;
- Driver and vehicle licensing; and,
- Motor carrier regulation.

In support of the Regional Solutions Child Care Workgroup, the ODOT has several resources to share regarding child care and support for local child care facilities. These resources are listed below and include external grants and an internal program to support child care benefits.

Transportation Growth Management (TGM) Program

The TGM program, in partnership with the DLCD, has a Code Assistance program which helps local governments identify and update regulations to promote efficient land use and transportation. This resource could assist communities looking to update local codes to support development of child care facilities.

The TGM program also offers annual TGM Planning Grants to help local jurisdictions plan for streets and land to lead to more livable, sustainable, and economically vital communities. This grant opportunity can help address the development or retention of child care facilities at a higher level, as an integrated piece of the planning area, whether it be a county, city, or specific corridor.

ODOT Rail & Public Transit Division

The ODOT Rail and Public Transit Division has biennial grant programs supporting local public transportation. Local partners seeking to mitigate

[11] https://www.oregon.gov/ODOT/About/Pages/Mission.aspx

transportation barriers related to accessing child care may coordinate with local public transportation providers in how these grants are implemented. Public transportation providers regularly review and refine their service design in response to community needs and particularly the needs of transportation disadvantaged populations.

Highway Construction Workforce Development Program

The ODOT Office of Civil Rights, in partnership with the Bureau of Labor & Industries (BOLI), offers child care benefits through the ODOT/BOLI Highway Construction Workforce Development Program. The goals of this program are to increase diversity in hiring, increase apprenticeship numbers, and provide resources for training. ORS 184.866 describes the type of services and focus areas in this program. It includes: pre-apprenticeship programs, pre-employment counseling, orientations on the highway construction industry, basic skills improvement classes, career counseling, remedial training, entry requirements for training programs, supportive services and assistance with transportation, child care and other special needs, and job site mentoring and retention services.

Continue to next page.

Business Oregon

Business Oregon is the state's economic development agency.

The Business Oregon Commission oversees the agency's activities to ensure a coherent, integrated approach to economic development and a continuous policy direction that can transcend changes in executive and legislative leadership.

Mission

Business Oregon invests in Oregon businesses, communities, and people to promote a globally competitive, diverse, and inclusive economy.

Vision

Prosperity for all Oregonians.

Business Oregon Support Programs

Credit Enhancement Fund

The Oregon Credit Enhancement Fund (CEF) is a loan insurance program available to lenders to assist businesses in obtaining access to capital.

The fund insures the repayment of loans made by lenders that provide working capital or fixed-asset financing to businesses.

The program:

- Is available to almost any business;
- Can include loans used for fixed assets or working capital;
- Can insure term loans and lines of credit; and,
- Has an enrollment fee typically between 1.25% and 3.5% of the insured amount based on the term and type of the credit facility.

Loan insurance is:

- Typically up to 80% of the loan amount for term loans with a maximum insurance exposure of up to $2,000,000;
- A maximum term that does not exceed the useful life of assets securing the loan or a maximum term of 15 years;
- Typically, up to 75% of the loan for operating lines of credit with a maximum insurance exposure of $1,500,000;
- A maximum initial term of one year for operating lines of credit;

- Available on business term loans and operating lines made by participating financial institutions (banks and credit unions);
- Available for secured loans (usually needing full collateral coverage except for First Loss Collateral Support Insurance);
- And, is subject to other criteria outlined in the CEF Application and Oregon Administrative Rule.

Capital Access Program

The Oregon Capital Access (CAP) Program helps lenders (banks and credit unions) make more commercial loans to small businesses and provides capital for start-up or expansion. The program is designed for non-profit and for-profit businesses seeking funds for most business purposes.

All types of loans and lines of credit are eligible. Lenders build a loan-loss reserve each time they enroll a loan. Contributions to the loan-loss reserve account are matched by Oregon Capital Access Program.

CAP loans:

- Have enrollment fees between 3% and 7% as determined by the financial institution;
- Will receive a match on the enrollment fee of up to $35,000 per borrower; and,
- Have rates and terms for repayment determined by the lender.

CAP loans may not be used to:

- Purchase or improve residential housing;
- Purchase or improve real property not used for business operations;
- Or refinance an existing balance of a non-enrolled loan.

Entrepreneurial Development Loan Fund

The Entrepreneurial Development Loan Fund (EDLF) provides direct loans to help start-ups, micro-enterprises and small businesses expand or become established in Oregon. This fund fills a niche not provided through traditional lending markets.

Participants must meet one, or both, of the following criteria:

- Have revenues of less than $500,000 in the previous 12 months; or
- Be a business owned by a severely disabled person.

Loans are:

- A maximum amount of $75,000 ($100,000 total loans);
- Generally a maximum term and amortization of 5 years; and,
- Fixed interest rate of Prime plus 2%, minimum.

Applications must show that the business:

- Can provide good and sufficient collateral for the loan;
- Possesses a reasonable capacity to repay the loan;
- Meets program equity requirements;
- Is enrolled in small business counseling through Certified Entities; and,
- Meets other criteria outlined in the EDLF Application and Oregon Administrative Rule.

Continue to next page.

Additional Resources for Financial Support

Oregon's Economic Development Districts

Oregon's Economic Development Districts work to provide effective, efficient delivery of economic development services benefiting healthy and sustainable communities and businesses. These districts operate regionally: forging strategies, solutions, and partnerships that achieve clear, quantifiable and tangible results, most of which would not have been feasible for a single local jurisdiction to implement. Like our counterparts nationwide, Oregon's Economic Development Districts manage and deliver an abundance of federal and state programs. Based on local needs and priorities, programs include:

- Entrepreneurial development
- Community and economic development
- Housing
- Small business development finance
- Workforce development

Oregon's Economic Development Districts take a long-term, holistic view of regional community and economic development opportunities and challenges. They recognize the interdependence and cross-cutting relationships between economic development, environmental stewardship, infrastructure upgrades, intermodal transportation systems, affordable and quality housing, a skilled and reliable workforce and many other factors essential to our state's economic competitiveness and strong quality of life.

Oregon Investment Board

The Oregon Investment Board (OIB) provides economic development loans and grants to projects benefiting Oregon counties lying in the Columbia River Gorge National Scenic Area. OIB has made multiple loans to a child care provider to establish, expand and maintain operations, which were ultimately unsuccessful.

Eastern Oregon Border Board - Workforce Mobilization Grant

Grant available to businesses, non-profits, local governments, and educational service providers located in the Border Region. You have to be in the "Border region" which is defined in the statute but basically includes Ontario, Vale, Nyssa, Adrian and Willowcreek.

Used for programs, equipment, facility upgrades, start-up costs, expansion, training, or other products and services identified as necessary to mobilize a workforce.

- Industry letters of support required to support need for the project.
- Preference given to programs targeting current or potential employees living and working or attending school full time in Border Region.
- Applicant will be assessed on capability to account for funds and will be required to report as to the financial status of the grant throughout project.
- Maximum grant for one project is $100,000.
- Grant can only be used for what applicant specified on application, no indirect rate.
- One to one match is required.
- Applications will be accepted annually.

Continue to next page.

Child Care Tax Exemptions & Credits

Department of Revenue

The Oregon Department of Revenue started as the Oregon Tax Commission in 1909.12 The agency has approximately 1,000 employees who help achieve its mission of making revenue systems work to fund the public services that preserve and enhance the quality of life for all citizens. In support of its mission, the agency:

- Administers nearly 40 tax programs, including Oregon's personal income, corporate excise, recreational marijuana, and cigarette and other tobacco tax programs.
- Supervises the state's property tax system and supports county property tax administration.
- Appraises large industrial and centrally assessed properties.
- Administers tax programs for other state agencies and local governments, including the state lodging tax, vehicle privilege and use taxes, local marijuana taxes, and transit district taxes.
- Serves as the primary collection agency for executive branch agencies and state boards and commissions.

Property Tax

ORS 307.145 - Certain Child Care Facilities (Tax Expenditure 2.001)

Allows for an exemption from property tax for the entire, or a portion of property owned by an eleemosynary or religious organization that is used for educational child care. To qualify the child care facility must be certified and regulated by the Office of Child Care at the Department of Education, and the property used in the immediate connection with an educational purpose.

ORS 307.130 - Charitable Organizations (Tax Expenditure 2.083)

Property of nonprofit corporation may be exempted if the corporation is charitable (its primary purpose is charity; its operations further its charitable purpose; and its performance includes gift or giving) and if the corporation occupies and uses the property in a manner that furthers the organization's charitable purpose. Does not require certification by the Office of Child Care as the exemption under ORS 307.145 does, but does require a higher level of charitable activity to qualify.

[12] https://www.oregon.gov/DOR/about/Documents/800-559.pdf

ORS 307.140 - Religious Organizations (Tax Expenditure 2.085)

Property of a religious organization used solely for administration, education, literary, benevolent, charitable, entertainment and recreational purposes by a religious organization may be exempt. This exemption is not likely to be used for a child care facility alone as ORS 307.145 would provide the exemption, but ORS 307.140 may be used in the case of a religious organization that filed for exemption on their entire facility that included an educational child care center. Does not require certification by the Office of Child care.

Income Tax [13]

ORS 315.213 - Contributions to the Office of Child Care (Tax Expenditure 1.425)

Allows an income tax credit to individual or corporation for contributions to this office in the Department of Education. The credit is the lesser of 50% of contribution or the tax liability of the taxpayer. The contributions are used to "improve the quality of child care programs through education awards…" (2019-21 Tax Expenditure Report). Without these funds, Education reports there would be less state funding to help stabilize child care provider wages and improving the quality of child care.

ORS 315.264 - Working Family Household and Dependent Care Credit (Tax Expenditure 1.424)

Individual income tax credit that reimburses low / middle income families with employment related dependent care expenses. The credit is a percentage of the expenses (which are limited to $24k for joint filers and $12k for single filer). The percentage of the credit is limited by adjusted gross income, household size and age of youngest dependent. The credit is also refundable.

Resource: Oregon Tax Expenditure Report

[13] Oregon Department of Revenue. "Child Care Work Group." Salem: Danette Benjamin (Property Tax); Ken Ross (Personal Income Tax), May 17, 2019. Document.

Oregon Collaborations & Pilot Projects

Early Learning Hubs

In 2013, the Oregon Legislature passed House Bill 2013 creating 16 regional and community-based Early Learning Hubs. Hubs are charged with generating partnerships and local conditions that make quality early childhood services more available, accessible and effective for children and families, particularly those who are historically underserved.

The Early Learning Hubs have three specific goals:

- Create an early childhood system that is aligned, coordinated, and family-centered;
- Ensure that children arrive at school ready to succeed; and,
- Ensure that Oregon's young children live in families that are healthy, stable, and attached

Early Learning Hub Regional Information

Below is a map and list of all 16 Early Learning Hubs, with contact information.

Hub Name	Coverage Area	Hub Contact
Blue Mountain Early Learning Hub	Umatilla, Morrow and Union counties	Amy Hoffert 541-966-3165
Clackamas Early Learning Hub	Clackamas County	Annette Dieker 971-420-3528
Early Learning Hub of Central Oregon	Deschutes, Jefferson and Crook counties	Brenda Comini 541-480-8993
Early Learning of Linn, Benton & Lincoln Counties	Linn, Benton and Lincoln counties	Kristi Collins 541-917-4908
Early Learning Multnomah	Multnomah County	Molly Day 503-226-9364 Frances Sallah 503-226-9324
Early Learning Washington County	Washington County	Adam Freer 503-846-4491
Eastern Oregon Community Based Services Hub	Malheur, Baker and Wallowa counties	Kelly Poe 208-230-0648
Four Rivers Early Learning Hub	Hood River, Wasco, Sherman, Gilliam and Wheeler counties	Christa Rude 541-340-0438
Frontier Early Learning Hub	Grant and Harney counties	Donna Schnitker 541-573-6461
Lane Early Learning Alliance	Lane County	Bess Day 541-741-6000 x162
Marion & Polk Early Learning Hub, Inc.	Marion and Polk counties	Lisa Harnisch 503-967-1185
Northwest Early Learning Hub	Tillamook, Columbia and Clatsop counties	Dorothy Spence 503-614-1682
South-Central Oregon Early Learning Hub	Douglas, Lake and Klamath counties	Gillian Wesenberg 541-440-4771
South Coast Regional Early Learning Hub	Coos and Curry counties	Heather Baumer 541 435-7751
Southern Oregon Early Learning Services	Jackson and Josephine counties	Rene Brandon 541-858-6731
Yamhill Early Learning Hub	Yamhill County	Jenn Richter 503-376-7421

Updated: 2/22/2019

Regional Child Care Programs

Baker Early Learning Collaborative

Creating an Early Learning Child care and Nurturing Center in downtown Baker City for infant to preschool ages. Would provide care to employee children, overflow Head Start and other community members. The Baker Early Learning Collaborative has been meeting for over a year and there is a lot of community support for this type of project.

Location:	Baker City, Oregon
Program Contact:	Mark Witty, Baker School District Superintendent
Additional Partners:	Baker School District 5J, Early Learning Collaborative, DHS

Bandon Project

Establishing a day care within walls of a Bandon public school and working on a shared services model to reduce cost of management. The Bandon School Board has made available under-utilized space in an elementary school to a non-profit preschool that emerged from a multi-sector collaboration. South Coast Business Employment Corporation is acting as the host legal entity and funders include Wild Rivers Coast Alliance, Oregon Community Foundation and The Ford Family Foundation. The same collaborative of partners have also received foundation support to create a shared services model to try to reduce the administrative costs of providing child care.

Location:	Bandon, Oregon
Program Contact:	Melissa Metz, CEO, South Coast Business Employment Corporation, (541) 269-2013, ext. 272
Additional Partners:	Wild Rivers Coast Alliance, Bandon School District, Ford Family Foundation, Oregon Community Foundation

Cascade Locks Child Care Improvement

CL school offer limited child care with limited space. They are working to extend hours and quality. Four Rivers Early Learning Hub is also a partner in this work, providing both funding and facilitative leadership support.

Location:	Cascade Locks Elementary School
Program Contact:	Amy Moreland, 541-374-8467
Additional Partners:	Early Learning Hub, Port of Cascade Locks, City of Cascade Locks, Thunder Island Brewing

Central Oregon Child Care Accelerator

A consortium of regional businesses and non-profits, early learning and health organizations, local and state government, and the Bend Chamber are working together to tackle Central Oregon's shortage of child care. In November 2019, the Bend Chamber hired a Child Care Accelerator position to begin work on creating more options for those looking for quality, affordable child care options. The Accelerator will spearhead efforts to pilot new collaborative child care programming and operations between Oregon State University-Cascades and Central Oregon Community College that can be built and replicated throughout the region. To address the funding challenges of developing and expanding child care facilities, the Child Care Accelerator will work with employers, public sector organizations and private investors willing to help offset costs and will lead an effort to help broker collaborative projects that create additional quality and affordable child care and will assist child care providers in understanding and navigating the permitting process to expand or build their own facilities (along with regional partners).

Location:	Central Oregon
Program Contact:	Katy Brooks, Bend Chamber of Commerce, 541-419-9344
Additional Partners:	Employers, Better Together, TRACEs, Pacific Source, NeighborImpact Child Care Resources, Central Oregon Health Council

NW Early Learning Hub: Preschool Expansion Grant (MMT)

The Preschool Expansion Grant (MMT) has led to community conversations and the development of individual county task forces to explore solutions around the lack of high quality child care. Task force partners include County Commissioners, Superintendents, Mayors, Chamber of Commerce, Economic and Small Business, teachers, child care providers, CCO, community colleges, Lower Columbia Hispanic Council, and local partners. Conversations focus on high quality, family needs, equitable work force and economic development, and creating a conversation around how the lack of high quality early childhood settings impacts whole communities.

Location:	Clatsop, Columbia, and Tillamook
Program Contact:	Amy Lovelace and Eva Manderson
Additional Partners:	County Commissioners, Superintendents, Mayors, Chamber of Commerce, Economic and Small Business, teachers, child care providers, CCO, community colleges, Lower Columbia Hispanic Council, and local partners

Bay Area Hospital/SW Oregon Community College

Bay Area Hospital has established, on the SW Oregon Community College campus in Coos Bay, a new child care center. The center will primarily serve hospital employees and their families and also be open to the public. The facility opens in January 2020.

Location:	Coos Bay
Program Contact:	Clay England, Bay Area Hospital, CHRO, 541 269-8409
Additional Partners:	SWOCC, Bay Area Hospital, Ford Family Foundation

Grass Valley/Evergreen Holdings

Hemp company is paying for startup costs for child care in Grass Valley to serve its employees and broader community. Home provider/not facility

Location:	Grass Valley/Sherman County
Program Contact:	Private provider, Evergreen holdings
Additional Partners:	Early Learning Hub

La Grande School District/Hospital Project

Location:	La Grande

Lane Early Learning Alliance

Works to meet the needs of the children and families furthest from opportunity in Lane County by ensuring early childhood system is aligned and coordinated, children are ready for kindergarten, and families are healthy and stable.

Location:	Lane County
Program Contact:	Bess Day, 541-741-6000
Additional Partners:	Eugene 4J, PacificSource, First Place Family Center, United Way of Lane County, Trillium, Lane County, Bethel SD, Creswell SD, CARES, LCC, Cornerstone Community Housing, DHS, Pearl Buck Center, Lane ESD, Springfield Public Schools, Head Start

Continue to next page.

Early Learning Hub of Linn, Benton, and Lincoln Counties

Per the Linn-Benton-Lincoln EL Hub: It surfaced at a recent Willamette Workforce Partnership meeting that the business community is having difficulty finding quality employees due to lack of child care (OSU, hospital system are examples). In a separate process, OSU had just identified it as a barrier to hiring faculty. In response, two different community efforts have emerged. Numerous partners are convening an Early Learning Summit which will convene businesses to discuss community needs and identify strategies. They have also contracted with a local consultant, Heidi McGowan, who helped develop a business plan for a similar issue in Bandon. The US Chamber of Commerce has a toolkit they've recently shared with this group that they're considering using as well - per the Hub Director, the US Chamber of Commerce is developing an economic analysis of the issue in four different states. Apparently, Oregon is one of them. The United Way and Workforce Partnership are both playing leadership roles to address this issue as well.

Location:	Linn, Benton, Lincoln Counties
Program Contact:	Kristi Collins, 541-917-4949
Additional Partners:	Business, early childhood education, parents, K-12, Health, Human and Social Services

Preschool for All Taskforce

Community taskforce headed by Multnomah County Commissioner Jessica Vega Pederson with multiple workgroups to explore feasibility of universal preschool in Multnomah County. Taskforce report released on July 18, 2019 and can be found at here. Taskforce recommendations address program quality and necessary policies, workforce development, infrastructure investments, public funding options and administration needs. Preschool for All Phase 2 began in fall 2019 with strategy for political and public support and community planning for implementation.

Location:	Multnomah County
Program Contact:	Brooke Chilton Timmons
Additional Partners:	Multnomah County Board of County Commissioners, Early Learning Multnomah hub, Social Venture Partners Portland, Parent Accountability Council (PAC), Preschool For All Taskforce members (see report for extensive list)

Continue to next page.

Snake River Produce Project

Regional Solutions and the Eastern Oregon Early Learning Hub have helped to connect Snake River Produce who wants to create a child care facility in Nyssa with the state licensing folks and a local non-profit child care provider, Giggles and Grace, who would run the facility. The idea is that Snake River would rezone their old office building to commercial, renovate the space and then Giggles and Grace would rent the space and operate the facility for both employee children and community children. Would create approximately 60 slots for infant all the way to after school program

Location:	Nyssa, Oregon
Program Contact:	Tiffany Cruickshank, 541-372-2600
Additional Partners:	Early Learning Hub, Giggles and Grace, RS, OCDC

Powers Preschool

The SCREL Hub provides funding to support the Preschool Program in Powers, Oregon. There are no other early learning programs located in this beautiful but extremely isolated community, and so this program is a vital resource for their families. The preschool program is focused on developing skills that promote kindergarten readiness and smooth transitions into the school system. Staff from the Preschool and Elementary school participate in shared professional development opportunities and work together to align program activities and curriculum to create a strong continuum of learning for the children. The Preschool program also hosts Family nights, provides home visiting, and promotes a read-at-home program to engage families as partners in their child's learning and development. Summer camps are also available where the kids have an opportunity to go on field trips and learn outside, and prepare to enter kindergarten ready to succeed.

Location:	Powers, Oregon
Program Contact:	Heather Baumer, Director, South Coast Regional Early Learning (SCREL) Hub
Additional Partners:	Early Learning Hub, Powers public schools

Continue to next page.

Ford Childhood Enrichment Center at Umpqua Community College

The child care center at UCC was at risk of closing due to financial issues, so the UCC president reached out to numerous community partners - including businesses, local initiatives, and the Early Learning Hub - to come together around the issue. The child care center has been maintained and is still on UCC's campus; it is now being operated as Maple Corner Montessori.

Location:	Umpqua Community College/Douglas County
Program Contact:	Leanne Jorgensen, Founder, Maple, Corner Montessori 541-391-4777

Employer Supported Network of Family Child Care Providers (ESN)

Child Care Resource & Referral of Washington County, a program of Community Action partners with two large corporations in Washington County to provide a Family Child Care Network. Programs are required to give priority to Employee from Corporations as well as be listed with DHS to serve families on ERDC. The partnership staffs two full time Quality Improvement Specialist as well as partial Supervisory and Admin FTE to support 30 programs. An emphasis is recruitment of infant toddler programs. Providers outside of the ESN benefit from the collaboration by financially supporting the CCR&R infrastructure.

Location:	Washington County, Community Action
Program Contact:	Karen Henkemeyer

Kid Time Children's Museum of Southern Oregon

The City of Medford has leased a former Carnegie library in downtown to Kid Time. Kid Time is the largest provider of Preschool Promise slots in Southern Oregon, and has a three year waiting list. The new facility will allow them to increase enrollment by a quarter—and provide a much-improved outdoor play area. Kid Time is still raising the funding needed to complete needed renovations.

Location:	Medford, Oregon
Program Contact:	Sunny Spicer, Executive Director, Kid Time Children's Museum, 541-772-9922
Additional Partners:	City of Medford

What's happening in other States

Washington Department of Transportation Infant at Work Program [14]

"As an effort to provide a modern and flexible work environment and maintain the Washington State Department of Transportation (WSDOT) as an employer of choice to recruit and retain employees, WSDOT offers a program allowing parents to bring their infants to work. This would assist with parents maintaining work life balance, promote parent-child bonding, and create more flexibility for a parent to work in lieu of taking leave."

Monday, April 9, 2018

Infant at Work program helps improve work-life balance [15]

By Celeste Dimichina

For many, the idea of becoming a parent in and of itself is daunting. The questions and stresses – everything from what diapers and car seats to get to what doctor to choose – seems never ending.

Before my first daughter was born, I spent a great deal of time weighing the pros and cons of being a stay-at-home mom or returning to work and trusting a stranger to care for our newest and most precious family member. The thought of leaving my new baby in the care of a stranger terrified me more than the thought of sleepless nights or endless diaper changes.

I made the most of the 12-week maternity leave my then-employer allowed, spending my time forming a bond with my child.

But sooner than I would've liked I returned to work, leaving our baby with her new daycare provider, who was great. But for many parents, it's a cruel game of "would you rather." Would you rather spend time with your new baby, at home, un-paid? Or would you rather spend the day at work because you have bills to pay and a baby to provide for?

[14] Washington State Department of Transportation Infants at Work Manual – Chapter 31

[15] Source: Ryan Lanier - Monday, April 09, 2018

That's why our agency's year-old "Infant at Work" program is such a fantastic perk.

What is the "Infant at Work" program?
The Infant at Work program allows some employees to bring their babies to work when they're six weeks old until the infant turns six months old, or they become mobile. The baby has to be in an office-type setting. Our Incident Response Team, for example, can't bring the baby along while they patrol the highways. The type of work, location and safety has to be taken into account when determining eligibility.

What's the point?
The program is designed to provide a modern, flexible work environment and allows employees the chance to continue working rather than taking an


extended leave, or leaving their baby with family or daycare. It promotes a positive work/life balance, allowing the parent to continue bonding with their child while also allowing them to get important work done.

Left: Southwest Region Communications Manager Kimberly Pincheira and son Zander support WSU and our communications team. Right: Planning specialist Chelsey Martin and son Hendric hard at work in our Vancouver office.

So what's in it for WSDOT?
This isn't a one-sided deal. The Infant at Work program allows the employee to return to work sooner, increases employee retention and lowers turnover costs while improving employee loyalty and morale. Giving the baby consistent access to breastfeeding has also shown to have health benefits, lowering health care costs.

What happens if the baby cries, or if the baby is sick?
Babies get sick. Babies cry. There's no getting around that. Maintaining a healthy and productive work environment was a primary consideration in developing this program.

Having worked around some parents who brought their babies to work, I can vouch for the fact that the program works. My coworkers who have brought their child to work are clearly happier, and the babies are happy. I haven't found it to be distracting and it allows the employees to be productive while feeling valued and appreciated. It's a program I wish I could've taken advantage of when my children were that age and I'm happy for my colleagues and their babies who will have this opportunity to form those important bonds while also remaining producting employees.


Left: Emily Glad keeps working as our Toll Division Communications Manager while son Anders supervises. Right: Ferries worker Tim Wiess is able to get work done while daughter Grace naps.

If the infant becomes sick, is disruptive for a prolonged period of time, causes a distraction in the work place, or prevents the parent from accomplishing work, the parent must take the infant home or to a backup daycare provider. While having a baby at work can be great, it can't be at the detriment of co-workers.

We've reconfigured already existing areas of our offices into safe, quiet spaces for parents to take their baby for them to calm down. These offices are equipped with a computer to allow the parent to continue working without interrupting co-workers.

Appendix

BASIS FOR CHILD CARE REGULATION
STATUTORY AUTHORITY

ORS 329A.260

Gives Office of Child Care authority to establish health and safety standards that a child care facility must meet in order to qualify for a license.

ORS 329A.280

Gives OCC authority to regulate Certified Family Child Care and Certified Child Care Centers. To carry out the intent of statutes, OCC has developed minimum requirements set forth in administrative rules for three types of child care facilities.

Administrative Rules

OCC has adopted administrative rules (OARs or regulations) establishing basic health and safety requirements to protect children. They are designed to reduce risks to children who spend a major part of their day away from their own homes. An applicant's readiness for licensing will be evaluated by OCC staff through the procedures that follow. This policy provides a statewide system with flexibility to respond to local needs.

Child Care Regulation Statutes & Administrative Rules

ORS 183.310-495, Administrative Procedures Act

ORS 192.410-500, Inspections of Public Records

ORS 418-740-775, Reporting of Child Abuse

ORS 329A250 through 329A.460, Child Care Facilities

ORS 329A.0.0, Central Background Registry

OAR 414-205-0000 through 414-205-0170, Rules for Registration

OAR 414-300-0000 through 414-300-0415, Rules for Child Care Centers

OAR 414-350-0000 through 414-350-0405, Rules for Certified Family Child Care Homes

OAR 414-061-0000 through 414-061-0120, Rules for the Central Background Registry

Text of Oregon Revised Statute - Chapter 329A.010 et. seq. 2011 Edition

Text of Oregon Administrative Rules for Certified Family Child Care Homes

Text of Oregon Administrative Rules for Certified Child Care Centers

LICENSING PROCESS

ORS 329A.440 Application of zoning ordinances to registered or certified family child care homes

(1) A registered or certified family child care home shall be considered a residential use of property for zoning purposes. The registered or certified family child care home shall be a permitted use in all areas zoned for residential or commercial purposes, including areas zoned for single-family dwellings. A city or county may not enact or enforce zoning ordinances prohibiting the use of a residential dwelling, located in an area zoned for residential or commercial use, as a registered or certified family child care home.

(2) A city or county may impose zoning conditions on the establishment and maintenance of a registered or certified family child care home in an area zoned for residential or commercial use if the conditions are no more restrictive than conditions imposed on other residential dwellings in the same zone.

(3) A county may:

(a) Allow a registered or certified family child care home in an existing dwelling in any area zoned for farm use, including an exclusive farm use zone established under ORS 215.203;

(b) Impose reasonable conditions on the establishment of a registered or certified family child care home in an area zoned for farm use; and

(c) Allow a division of land for a registered or certified family child care home in an exclusive farm use zone only as provided in ORS 215.263 (9).

(4) This section applies only to a registered or certified family child care home where child care is offered in the home of the provider to not more than 16 children, including children of the provider, regardless of full-time or part-time status. [Formerly 657A.440]

Note that prior to 2013, this ORS was numbered 657A.440, so it may be referred to by that number in other publications (including the TGM Model Code for Small Cities).

Subsection 2 prevents cities or counties from imposing zoning conditions that are "more restrictive that conditions imposed on other residential dwellings in the same zone." This means that local jurisdictions can require anything more for family child care homes, including extra parking spaces, a fence or buffer, open space, or other additional standard.

Procedures for Licensing

There are three types of licensing applications. Initial applications are when a facility is opening for the first time. Renewal applications are when a facility is renewing their facility license. Reopen applications are when a facility is either reopening a facility that has been closed, or they are "reopening" at a new address.

Initial Applications

Upon request, information and application materials shall be provided to prospective applicants as outlined below. These may be provided by CO, support staff in regional offices, or the LS.

Packet 1 is an informational packet sent to individuals inquiring for the first time about how to become a licensed child care facility. See Appendix C for packet content.

Packet 2 contains application materials for prospective licensees who have reviewed Packet 1 and wish to proceed. See Appendix C for packet content.

The LS will complete the pre-certification consultation form CRT 109 prior to a potential applicant receiving the Packet 2.

The LS will measure the potential capacity of the center or home including the outside play area. Final measurements will help in determining the capacity on the initial license.

The LS will provide technical assistance materials including but not limited to:

Child Care Enrollment and Authorization form TA 806

Infant and Toddler Enrollment form TA 805

School Age Transportation Agreement form TA 804

Upon receipt of an application CO staff will:

Determine if the applicant has been licensed previously and if there are previous concerns that need addressed;

Create a facility record in CCRIS, if one does not already exist from the precertification visit, and enter in the application data;

Forward the application to the appropriate LS.

Generally the LS will act upon the application within:

45 days for new or change of address

30 days for change of provider

Note: CF and CC rules state that applications are good for 12 months from the date received by OCC. Additionally, prior to OCC acting on an application, all outstanding final orders for civil penalties must be paid in full.

When the applicant has obtained the required permits, and has been inspected by the environmental health specialist and fire marshal (if required) the LS will:

Prior to the visit:

Review applicable inspection reports. Retain the original copy of the sanitation and fire inspection reports for the facility file.

Review the local zoning and occupancy permits (if required) and retain a copy for the file.

Review the submitted floor plan to determine consistency with measurements taken at the precertification visit.

Print up a previsit report in CCRIS to take on the visit.

At the licensing visit:

Complete the applicable checklist and discussion items with the applicant. Indicate any noncompliance on the checklist. Determine if the facility has majority compliance to issue a temporary license. Obtain applicant signature and leave a copy with the provider.

Review staff files to ensure that staff are qualified for their position and that proper verification of CBR enrollment is on file.

The applicant should also be provided information on the USDA Child & Adult Care Food Program.

Refer the applicant to the Health Department for information about the law governing child care and restrictable disease, immunizations, and communicable disease reporting requirements.

If an applicant does not have children present at the time of the initial visit, at the LS discretion, there may be a program review done at another visit before an annual license can be issued.

If the facility has been issued a temporary license, determine the timeframe for the temporary license and schedule a follow-up visit.

Note: At all licensing visits, initials and renewals, it is important to provide the facility a copy of the Findings Review Procedures, form LIC 315 and the Complaint Policy, form LIC 350.

A temporary license can be changed to an annual license when the deficiencies are corrected and/or the program review has been completed. If all conditions are met during the initial visit, the program may be approved for an annual license at that time.

Renewal Applications

Central Office will process the application and assign the licensing visit in CCRIS. Any special instructions for the LS will be put in the "Assignment Notes to Staff" section in CCRIS. These notes can be viewed in CCRIS by clicking the radio button in front of the LS assigned to the visit or on the previsit report. The visit assignment will automatically appear on the LS's assignment page. The paper application is forwarded on to the LS by CO.

If a renewal application is received by OCC 30 days prior to the expiration date, the license will continue in active status until OCC takes action on the license. If the application is not received 30 days prior to the license expiration, active status will end on the expiration date unless OCC renews the license. The application may be processed as a high priority.

When the LS receives the application a licensing visit is scheduled.

For CF, when mutually agreed upon by the LS and the provider, the facility may be closed during the renewal inspection. If there are no children in care during the renewal inspection, the LS will conduct a separate visit to complete a program review.

Note: Remember to take a previsit report on all visits. This is vital when updating the employee tab in CCRIS.

At the licensing visit the LS:

Completes the applicable checklist and discussion items;

Notes any noncompliance on the checklist;

Reviews the sanitation and fire inspections as required;

Reviews the Staff Qualifications and Training Logs (SQTL) for required training;

Reviews new staff files to ensure that new staff are qualified for their position;

Checks that CBR enrollment is on file for all staff;

Reviews children's records.

Noncompliance during a renewal inspection

Minor noncompliance is a rule violation with potential for only minor negative impact:

It will not be entered into CCRIS as an observed noncompliance, but will be noted on the checklist.

The LS will use an informal process to reach agreement about corrections.

It is not necessary to provide documentation of compliance, and no follow-up is needed to ensure compliance.

The director/provider's signature on the checklist constitutes provider's agreement to correct.

Moderate noncompliance is a rule violation that presents a potential risk or represents a significant accumulation of minor noncompliance issues.

It may delay the renewal of a license

It will not be entered into CCRIS as an observed noncompliance unless it is a repeated noncompliance, or there is an accumulation of moderate and minor noncompliance. However, it will be noted on the checklist.

Specific timeframes should be determined for coming into compliance. The timeframe depends on the nature of the corrections. Timeframes are agreed upon by OCC and the facility.

To ensure compliance, a follow-up visit is usually needed unless corrections are made during the visit. Sometimes written documentation or pictures from the facility will suffice.

Major noncompliance is a rule violation that presents a substantial risk, i.e., clear and serious risk, but not imminent danger.

The violation will be specifically noted on the checklist and is entered in CCRIS as an observed noncompliance and a noncompliance letter is sent.

A stop-gap corrective measure must be done immediately (e.g. do not allow children to play on dangerously broken play structures) or within 24 hours, as appropriate to the situation.

The facility's license will not be renewed until a permanent solution to the noncompliance is in place. Specific time frames should be determined for coming into compliance depending on the nature of the corrections. The time frames should be agreed upon by OCC and the facility. A follow-up visit must be made to ensure that the provider has come into compliance.

Note: For examples of major, moderate and minor noncompliance see Appendix B.

The LS shall document the noncompliance, enter the noncompliance into CCRIS, and send a noncompliance letter.

The expected timeline for OCC to mail out a noncompliance letter for observed noncompliance after completing the visit is 10 business days. In consideration of this timeline:

The LS should complete the CCRIS data entry and send a draft of the noncompliance letter to their assigned reviewer within 10 business days of completing the visit.

The SLS will review the draft letter and return it to the LS with any recommended changes within two business days.

The LS will make any needed changes and mail out the letter to the facility within the 10 business day timeline.

If majority compliance is observed, the LS will note the remaining items, with a timeline to be completed. Both the LS and the applicant will sign the checklist, and the LS will issue a temporary license. A timeframe for the temporary license will be determined and a follow up visit scheduled.

If the facility is in full compliance, then the LS will complete the renewal checklist and issue an annual license.

Results from the visit will be entered into CCRIS to generate the appropriate license.

Note: All data input on licensing visits should occur as soon as possible, but no later than five business days after the date of inspection, if the license is in danger of expiring, or ten business days after the inspection, if the license is not in danger of expiring. Any noncompliance cited must follow the noncompliance letter timelines in Section IV, subsection B. 2. g. above.

Renewals with Missing Training

The rules for CF and CC state that staff must "participate" yearly in training. The rules do not specify that training must be cleared through ORO. In light of this, the following guidelines apply for training:

At license renewal, if a facility states that they have NOT completed their yearly training during the licensing year and if it cannot be completed prior to their license expiration, a noncompliance will be given. A temporary license will be issued, and the facility will be given 60 days to complete and submit their training to ORO. If the facility still has not completed and submitted their training to ORO after 60 days, another noncompliance will be given. A civil penalty will be assessed. The facility may be given another 60 days to complete and submit their training to ORO. If the training is not complete after the additional 60 days (four months from license expiration), another noncompliance will be given and another civil penalty will be given.

At license renewal the facility states that they HAVE completed the training, but have not submitted it to ORO, or it has been submitted, but it is not yet posted in ORO. Because they state that they did the training during the license period, a noncompliance will not be given, however, the provider must provide verification that the training was taken, e.g., copies of training certificates. A

temporary license will be issued and the facility will be given 60 days to submit their training to ORO. If a facility still has not submitted their training to ORO after 60 days, the facility will be given a noncompliance because OCC has not been able to verify the training was completed and vetted by ORO. The facility will be given another 60 days to submit their training. If the facility has not submitted their training to ORO after 60 days, another noncompliance will be given and a civil penalty will be given.

If the facility has taken the training and the training was submitted to ORO, but it was rejected by ORO, the licensing specialist shall staff this with the senior licensing specialist or their regional manager. The option may be to issue a temporary license without giving the facility a noncompliance depending on the circumstances. The facility will still have to submit valid training that is vetted by ORO. If a facility still has not submitted their training to ORO after 60 days, the facility will be given a noncompliance because OCC has not been able to verify the training was completed and vetted by ORO. The facility will be given another 60 days to submit their training. If the facility has not submitted their training to ORO after 60 days, another noncompliance will be given and a civil penalty will be given.

Note: If you have a facility that is struggling to get off their temporary license, discuss this with your SLS and/or your RM at the three month point.

Application Status

Temporary license

Renewal applications only

At renewal, a temporary license may be issued if the facility is in majority compliance with the rules and has been inspected and approved for temporary operation by the LS and the environmental health specialist.

A temporary license may be given pending the fire safety inspection required for child care centers, at the discretion of the LS.

The temporary license will be effective the date of the expiration of the previous license if the application was received at least 30 days prior to the expiration for the current license and the required fee has been paid.

If deficiencies are noted, the LS will inform the applicant of the specific deficiencies which resulted in a temporary license rather than an annual license. Technical assistance will be given on how to meet the requirements.

The LS must determine that requirements have been met before issuing an annual license.

Note: A temporary license can only be issued for a maximum of 180 days. If a facility is reaching the 4 month point on a temporary license, the LS should begin consulting with their regional manager.

Note: The LS must keep track of the temporary license expiration date to ensure the license does not expire.

Annual license

When the facility is in compliance with the rules, it will be issued an annual license. The annual license shall expire one year from the beginning of the temporary license, if a temporary has been given.

If a facility wants to change the conditions on their license (such as hours of operation or ages of children served), that request must be submitted in writing and the LS will evaluate the request based on the applicable rules. If the conditions of the license are modified, the expiration date on the current license remains the same.

Exceptions

OCC may grant an exception to an individual rule for a specified period of time when a requirement does not apply to the facility, or the intent of the rule can be met by a method not specified in the applicable rule.

The provider must request an exception to a rule on OCC form CRT 159. The request must include:

A justification for the requested exception, and

An explanation of how the facility will meet the intent of the rule.

No exception to a rule will be granted:

If the requirement is established by statute, or

Unless the health, safety and well-being of children are ensured.

The provider shall complete the exception request form and submit it to their LS.

The LS will review the exception, and recommend either approval or denial of the exception by completing form CRT 159A, Certified Exception Response.

If recommending approval, conditions recommended may be included on the exception response form. Comments may be added as necessary.

The exception response form will be signed and dated by the LS, entered into CCRIS and assigned to the senior licensing specialist (SLS). The hard copy of the exception request and response form is then forwarded to the SLS for review. This can be done either in person, by fax, or by scanning the documents. The SLS will approve or deny the exception request, assign it back to the LS in CCRIS and send back a hard copy.

Note: Exceptions requests and the response form completed by the LS must be submitted to the SLS within five business days of when the LS received the exception request from the facility.

A copy of the exception response form is mailed to the provider and the original is placed in the facility file.

The LS completes the CCRIS data entry.

A new license is printed and sent to the facility showing the exception and any relevant conditions. A copy of the new license is placed in the file.

Ongoing Exception Review for Certified Facilities

Procedure for Ongoing Exception Review:

While preparing for the renewal visit, the licensing specialist will verify if there are any ongoing exceptions in the facilities' file.

The licensing specialist will either start a new blue ongoing exception form or pull the existing blue ongoing exception form from the file, and bring it with them to the renewal visit.

During the renewal visit, the licensing specialist will review the exception and any associated conditions with the director or provider to ensure the exception is still relevant to the facility.

The licensing specialist will mark "approved" and mark the current licensing period.

The licensing specialist will note any comments.

Both the director or provider and the licensing specialist will sign.

The licensing specialist will enter the exception in CCRIS and follow the procedures listed in the CCRIS scenario

The licensing specialist will return the blue ongoing exception form to the correspondence section in the file.

The following licensing period, the licensing specialist will use the second box on the form.

Voluntary Withdrawal/License Closure

Voluntary Withdrawal

An application for certification must be completed by the applicant and approved by OCC within 12 months of submission or the application will be denied. If a facility chooses to not complete the licensing process, the facility can complete a Voluntary Withdrawal/Closure form, LIC 309 or communicate their decision by phone or email. The form is not required, but the LS should document the communication in CCRIS.

The LS should communicate the voluntary withdrawal either by phone or email to their regional background specialist in CO. CO will complete the voluntary withdrawal in CCRIS.

If an application is not withdrawn, it must go through the process of denial. Since a denial is a time consuming negative action, it is always preferred to have applicants withdraw their application.

Voluntary Closure

The provider may voluntarily close their license prior to its expiration. The provider may submit this request in writing, preferably using a Voluntary Withdraw/Closure form, LIC 309. If the LS receives a written request, the LS forwards this to CO. CO will process the voluntary closure and complete a closure action in CCRIS. CO will send a confirmation letter to the facility with notification that the license has been closed.

OCC may also accept a verbal request to voluntarily close. If the LS receives a verbal request, the LS should put a documentation in CCRIS and contact CO. CO will complete the closure action in CCRIS and send out a confirmation letter.

If a provider is closing because of pending legal action by OCC, the closure type would be "V/C in lieu of legal action". If a provider voluntarily closes in lieu of legal action, the provider may not do exempt child care. The file is flagged in CCRIS by CO. The LS will forward the file to CO for storage.

Note: If a provider wishes to be licensed again following a voluntary closure, the provider must apply and meet all of the licensing requirements.

Note: Voluntary closure or voluntary withdrawal requests should be forwarded to CO within five business days of when the LS received the closure request.

Initial Applications

Upon request, information and application materials shall be provided to prospective applicants as outlined below. These may be provided by CO, support staff in regional offices, or the LS.

Packet 1 is an informational packet sent to individuals inquiring for the first time about how to become a licensed child care facility. See Appendix C for packet content.

Packet 2 contains application materials for prospective licensees who have reviewed Packet 1 and wish to proceed. See Appendix C for packet content.

The LS will complete the pre-certification consultation form CRT 109 prior to a potential applicant receiving the Packet 2.

The LS will measure the potential capacity of the center or home including the outside play area. Final measurements will help in determining the capacity on the initial license.

The LS will provide technical assistance materials including but not limited to:

Child Care Enrollment and Authorization form TA 806

Infant and Toddler Enrollment form TA 805

School Age Transportation Agreement form TA 804

Note: Other technical assistance handouts are available on the OCC internal website.

Upon receipt of an application CO staff will:

Determine if the applicant has been licensed previously and if there are previous concerns that need addressed;

Create a facility record in CCRIS, if one does not already exist from the precertification visit, and enter in the application data;

Forward the application to the appropriate LS.

Generally the LS will act upon the application within:

45 days for new or change of address

30 days for change of provider

Note: CF and CC rules state that applications are good for 12 months from the date received by OCC. Additionally, prior to OCC acting on an application, all outstanding final orders for civil penalties must be paid in full.

When the applicant has obtained the required permits, and has been inspected by the environmental health specialist and fire marshal (if required) the LS will:

Prior to the visit:

Review applicable inspection reports. Retain the original copy of the sanitation and fire inspection reports for the facility file.

Review the local zoning and occupancy permits (if required) and retain a copy for the file.

Review the submitted floor plan to determine consistency with measurements taken at the precertification visit.

Print up a previsit report in CCRIS to take on the visit.

At the licensing visit:

Complete the applicable checklist and discussion items with the applicant. Indicate any noncompliance on the checklist. Determine if the facility has majority compliance to issue a temporary license. Obtain applicant signature and leave a copy with the provider.

Review staff files to ensure that staff are qualified for their position and that proper verification of CBR enrollment is on file.

The applicant should also be provided information on the USDA Child & Adult Care Food Program.

Refer the applicant to the Health Department for information about the law governing child care and restrictable disease, immunizations, and communicable disease reporting requirements.

If an applicant does not have children present at the time of the initial visit, at the LS discretion, there may be a program review done at another visit before an annual license can be issued.

If the facility has been issued a temporary license, determine the timeframe for the temporary license and schedule a follow-up visit.

Note: At all licensing visits, initials and renewals, it is important to provide the facility a copy of the Findings Review Procedures, form LIC 315 and the Complaint Policy, form LIC 350.

A temporary license can be changed to an annual license when the deficiencies are corrected and/or the program review has been completed. If all conditions are met during the initial visit, the program may be approved for an annual license at that time.

Renewal Applications

Central Office will process the application and assign the licensing visit in CCRIS. Any special instructions for the LS will be put in the "Assignment Notes to Staff" section in CCRIS. These notes can be viewed in CCRIS by clicking the radio button in front of the LS assigned to the visit or on the previsit report. The visit assignment will automatically appear on the LS's assignment page. The paper application is forwarded on to the LS by CO.

If a renewal application is received by OCC 30 days prior to the expiration date, the license will continue in active status until OCC takes action on the license. If the application is not received 30 days prior to the license expiration, active status will end on the expiration date unless OCC renews the license. The application may be processed as a high priority.

When the LS receives the application a licensing visit is scheduled.

For CF, when mutually agreed upon by the LS and the provider, the facility may be closed during the renewal inspection. If there are no children in care during the renewal inspection, the LS will conduct a separate visit to complete a program review.

Note: Remember to take a previsit report on all visits. This is vital when updating the employee tab in CCRIS.

At the licensing visit the LS:

Completes the applicable checklist and discussion items;

Notes any noncompliance on the checklist;

Reviews the sanitation and fire inspections as required;

Reviews the Staff Qualifications and Training Logs (SQTL) for required training;

Reviews new staff files to ensure that new staff are qualified for their position;

Checks that CBR enrollment is on file for all staff;

Reviews children's records.

Noncompliance during a renewal inspection

Minor noncompliance is a rule violation with potential for only minor negative impact:

It will not be entered into CCRIS as an observed noncompliance, but will be noted on the checklist.

The LS will use an informal process to reach agreement about corrections.

It is not necessary to provide documentation of compliance, and no follow-up is needed to ensure compliance.

The director/provider's signature on the checklist constitutes provider's agreement to correct.

Moderate noncompliance is a rule violation that presents a potential risk or represents a significant accumulation of minor noncompliance issues.

It may delay the renewal of a license

It will not be entered into CCRIS as an observed noncompliance unless it is a repeated noncompliance, or there is an accumulation of moderate and minor noncompliance. However, it will be noted on the checklist.

Specific timeframes should be determined for coming into compliance. The timeframe depends on the nature of the corrections. Timeframes are agreed upon by OCC and the facility.

To ensure compliance, a follow-up visit is usually needed unless corrections are made during the visit. Sometimes written documentation or pictures from the facility will suffice.

Major noncompliance is a rule violation that presents a substantial risk, i.e., clear and serious risk, but not imminent danger.

The violation will be specifically noted on the checklist and is entered in CCRIS as an observed noncompliance and a noncompliance letter is sent.

A stop-gap corrective measure must be done immediately (e.g. do not allow children to play on dangerously broken play structures) or within 24 hours, as appropriate to the situation.

The facility's license will not be renewed until a permanent solution to the noncompliance is in place. Specific time frames should be determined for coming into compliance depending on the nature of the corrections. The time frames should be agreed upon by OCC and the facility. A follow-up visit must be made to ensure that the provider has come into compliance.

Note: For examples of major, moderate and minor noncompliance see Appendix B.

The LS shall document the noncompliance, enter the noncompliance into CCRIS, and send a noncompliance letter.

The expected timeline for OCC to mail out a noncompliance letter for observed noncompliance after completing the visit is 10 business days. In consideration of this timeline:

The LS should complete the CCRIS data entry and send a draft of the noncompliance letter to their assigned reviewer within 10 business days of completing the visit.

The SLS will review the draft letter and return it to the LS with any recommended changes within two business days.

The LS will make any needed changes and mail out the letter to the facility within the 10 business day timeline.

If majority compliance is observed, the LS will note the remaining items, with a timeline to be completed. Both the LS and the applicant will sign the checklist, and the LS will issue a temporary license. A timeframe for the temporary license will be determined and a follow up visit scheduled.

If the facility is in full compliance, then the LS will complete the renewal checklist and issue an annual license.

Results from the visit will be entered into CCRIS to generate the appropriate license.

Note: All data input on licensing visits should occur as soon as possible, but no later than five business days after the date of inspection, if the license is in danger of expiring, or ten business days after the inspection, if the license is not in danger of expiring. Any noncompliance cited must follow the noncompliance letter timelines in Section IV, subsection B. 2. g. above.

Renewals with Missing Training

The rules for CF and CC state that staff must "participate" yearly in training. The rules do not specify that training must be cleared through ORO. In light of this, the following guidelines apply for training:

At license renewal, if a facility states that they have NOT completed their yearly training during the licensing year and if it cannot be completed prior to their license expiration, a noncompliance will be given. A temporary license will be issued, and the facility will be given 60 days to complete and submit their training to ORO. If the facility still has not completed and submitted their training to ORO after 60 days, another noncompliance will be given. A civil penalty will be assessed. The facility may be given another 60 days to complete and submit their training to ORO. If the training is not complete after the additional 60 days (four months from license expiration), another noncompliance will be given and another civil penalty will be given.

At license renewal the facility states that they HAVE completed the training, but have not submitted it to ORO, or it has been submitted, but it is not yet posted in ORO. Because they state that they did the training during the license period, a noncompliance will not be given, however, the provider must provide verification that the training was taken, e.g., copies of training certificates. A temporary license will be issued and the facility will be given 60 days to submit their training to ORO. If a facility still has not submitted their training to ORO after 60 days, the facility will be given a noncompliance because OCC has not been able to verify the training was completed and vetted by ORO. The facility will be given another 60 days to submit their training. If the facility has not submitted their training to ORO after 60 days, another noncompliance will be given and a civil penalty will be given.

If the facility has taken the training and the training was submitted to ORO, but it was rejected by ORO, the licensing specialist shall staff this with the senior licensing specialist or their regional manager. The option may be to issue a temporary license without giving the facility a noncompliance depending on the circumstances. The facility will still have to submit valid training that is vetted by ORO. If a facility still has not submitted their training to ORO after 60 days, the facility will be given a noncompliance because OCC has not been able to verify the training was completed and vetted by ORO. The facility will be given another 60 days to submit their training. If the facility has not submitted their training to ORO after 60 days, another noncompliance will be given and a civil penalty will be given.

Note: If you have a facility that is struggling to get off their temporary license, discuss this with your SLS and/or your RM at the three month point.

Application Status

Temporary license

Renewal applications only

At renewal, a temporary license may be issued if the facility is in majority compliance with the rules and has been inspected and approved for temporary operation by the LS and the environmental health specialist.

A temporary license may be given pending the fire safety inspection required for child care centers, at the discretion of the LS.

The temporary license will be effective the date of the expiration of the previous license if the application was received at least 30 days prior to the expiration for the current license and the required fee has been paid.

If deficiencies are noted, the LS will inform the applicant of the specific deficiencies which resulted in a temporary license rather than an annual license. Technical assistance will be given on how to meet the requirements.

The LS must determine that requirements have been met before issuing an annual license.

Note: A temporary license can only be issued for a maximum of 180 days. If a facility is reaching the 4 month point on a temporary license, the LS should begin consulting with their regional manager.

Note: The LS must keep track of the temporary license expiration date to ensure the license does not expire.

Annual license

When the facility is in compliance with the rules, it will be issued an annual license. The annual license shall expire one year from the beginning of the temporary license, if a temporary has been given.

If a facility wants to change the conditions on their license (such as hours of operation or ages of children served), that request must be submitted in writing and the LS will evaluate the request based on the applicable rules. If the conditions of the license are modified, the expiration date on the current license remains the same.

Exceptions

OCC may grant an exception to an individual rule for a specified period of time when a requirement does not apply to the facility, or the intent of the rule can be met by a method not specified in the applicable rule.

The provider must request an exception to a rule on OCC form CRT 159. The request must include:

A justification for the requested exception, and

An explanation of how the facility will meet the intent of the rule.

No exception to a rule will be granted:

If the requirement is established by statute, or

Unless the health, safety and well-being of children are ensured.

The provider shall complete the exception request form and submit it to their LS.

The LS will review the exception, and recommend either approval or denial of the exception by completing form CRT 159A, Certified Exception Response.

If recommending approval, conditions recommended may be included on the exception response form. Comments may be added as necessary.

The exception response form will be signed and dated by the LS, entered into CCRIS and assigned to the senior licensing specialist (SLS). The hard copy of the exception request and response form is then forwarded to the SLS for review. This can be done either in person, by fax, or by scanning the documents. The SLS will approve or deny the exception request, assign it back to the LS in CCRIS and send back a hard copy.

Note: Exceptions requests and the response form completed by the LS must be submitted to the SLS within five business days of when the LS received the exception request from the facility.

A copy of the exception response form is mailed to the provider and the original is placed in the facility file.

The LS completes the CCRIS data entry.

A new license is printed and sent to the facility showing the exception and any relevant conditions. A copy of the new license is placed in the file.

Ongoing Exception Review for Certified Facilities

Procedure for Ongoing Exception Review:

While preparing for the renewal visit, the licensing specialist will verify if there are any ongoing exceptions in the facilities' file.

The licensing specialist will either start a new blue ongoing exception form or pull the existing blue ongoing exception form from the file, and bring it with them to the renewal visit.

During the renewal visit, the licensing specialist will review the exception and any associated conditions with the director or provider to ensure the exception is still relevant to the facility.

The licensing specialist will mark "approved" and mark the current licensing period.

The licensing specialist will note any comments.

Both the director or provider and the licensing specialist will sign.

The licensing specialist will enter the exception in CCRIS and follow the procedures listed in the CCRIS scenario

The licensing specialist will return the blue ongoing exception form to the correspondence section in the file.

The following licensing period, the licensing specialist will use the second box on the form.

Voluntary Withdrawal/License Closure

Voluntary Withdrawal

An application for certification must be completed by the applicant and approved by OCC within 12 months of submission or the application will be denied. If a facility chooses to not complete the licensing process, the facility can complete a Voluntary Withdrawal/Closure form, LIC 309 or communicate their decision by phone or email. The form is not required, but the LS should document the communication in CCRIS.

The LS should communicate the voluntary withdrawal either by phone or email to their regional background specialist in CO. CO will complete the voluntary withdrawal in CCRIS.

If an application is not withdrawn, it must go through the process of denial. Since a denial is a time consuming negative action, it is always preferred to have applicants withdraw their application.

Voluntary Closure

The provider may voluntarily close their license prior to its expiration. The provider may submit this request in writing, preferably using a Voluntary Withdraw/Closure form, LIC 309. If the LS receives a written request, the LS forwards this to CO. CO will process the voluntary closure and complete a closure action in CCRIS. CO will send a confirmation letter to the facility with notification that the license has been closed.

OCC may also accept a verbal request to voluntarily close. If the LS receives a verbal request, the LS should put a documentation in CCRIS and contact CO. CO will complete the closure action in CCRIS and send out a confirmation letter.

If a provider is closing because of pending legal action by OCC, the closure type would be "V/C in lieu of legal action". If a provider voluntarily closes in lieu of legal action, the provider may not do exempt child care. The file is flagged in CCRIS by CO. The LS will forward the file to CO for storage.

Note: If a provider wishes to be licensed again following a voluntary closure, the provider must apply and meet all of the licensing requirements.

Note: Voluntary closure or voluntary withdrawal requests should be forwarded to CO within five business days of when the LS received the closure request.

Packets

Certified Family Packet #1	
Multilanguage insert	Guide to the Certification of Child Care Facilities
Cover letter for prospective Certified Family (Some regions use their own custom cover letter)	Rule book for the Certified Family Child Care Homes book

This packet is mailed to individuals calling in for the first time wanting information about how to become a certified family child care home.

Certified Family #2 Packet	
Multilanguage insert X	Fire safety self-checklist
Cover letter (Some regions use their own letter)	CBR applications- 3
Certified Family Child Care Home application	CBR Information for Child Care Facilities
Abuse reporting information	Sample copy of the CF checklist
Sanitation agency list	
Sanitation inspection form	
Sanitation self-checklist	

This packet is normally mailed or handed out by the LS to prospective certified family facilities at the precertification visit.

Certified Center #1 Packet	
Multilanguage insert	Guide to the Certification of Child Care Facilities
Cover letter for prospective Certified Center (Some regions use their own custom cover letter)	Rule book for Certification of Child Care Centers

This packet is normally mailed to individuals calling in for the first time wanting information about how to become a licensed child care center.

Certified Center #2 Packet	
Multilanguage insert	Sanitation agency list
Cover letter (Some regions use their own custom cover letter)	Sanitation inspection form
Certified Center application	Sanitation self-checklist
Facility Management list	Fire agency list
Director designation form	Fire safety inspection report form
Determining capacity form	Fire safety self-checklist
Abuse reporting information	Emergency drill record
CBR applications- 3	CBR Information for Child Care Facilities
Sample copy of CC initial checklist	

After a prospective center has read through the Certified Center #1 packet and decided they want to start the licensing process, the LS will either mail, or deliver the #2 packet.

Clackamas Workforce Partnership

Child Care in Clackamas County

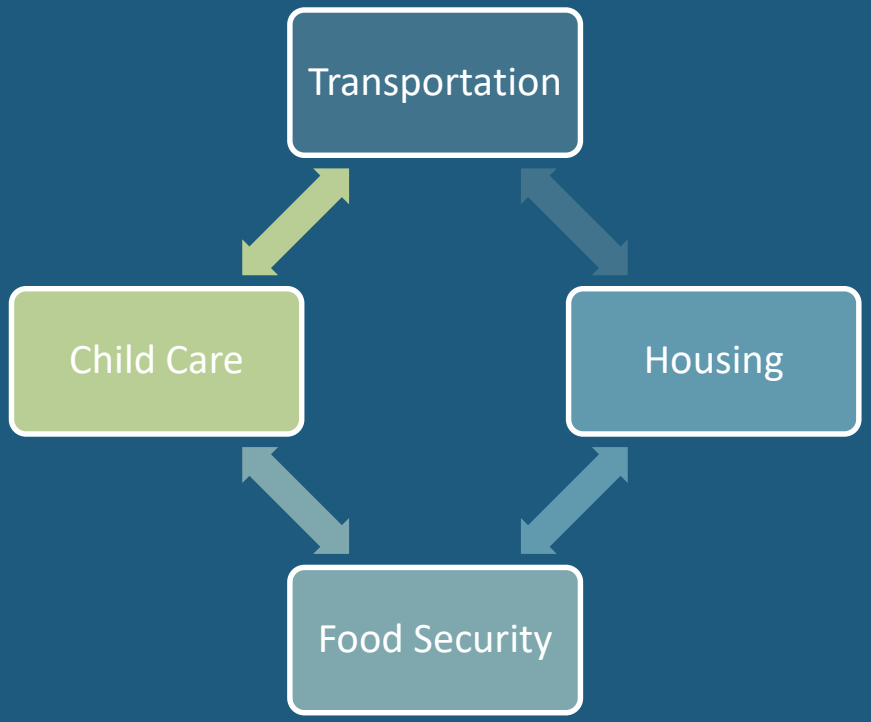
February 26, 2020

No Small Matter

is a feature-length documentary film and national engagement campaign that brings public attention to this vital question by sharing powerful stories and stunning truths about the human capacity for early intelligence and the potential for quality early care and education to benefit America's social and economic future.

CWP's Roles & Responsibilities

- Coordinate the workforce system and ensure the greater **WE** are being responsive to the ever-changing needs of our community with business and people in mind.
- Identify and remove barriers for community, as it relate to jobs and training
- Convene, broker, leverage



What are the main challenges to accessing or entering job training or the workforce?

Clackamas Workforce Partnership
WORKFORCE DEVELOPMENT BOARD

Future Generation Investment: Adding Water to the Desert

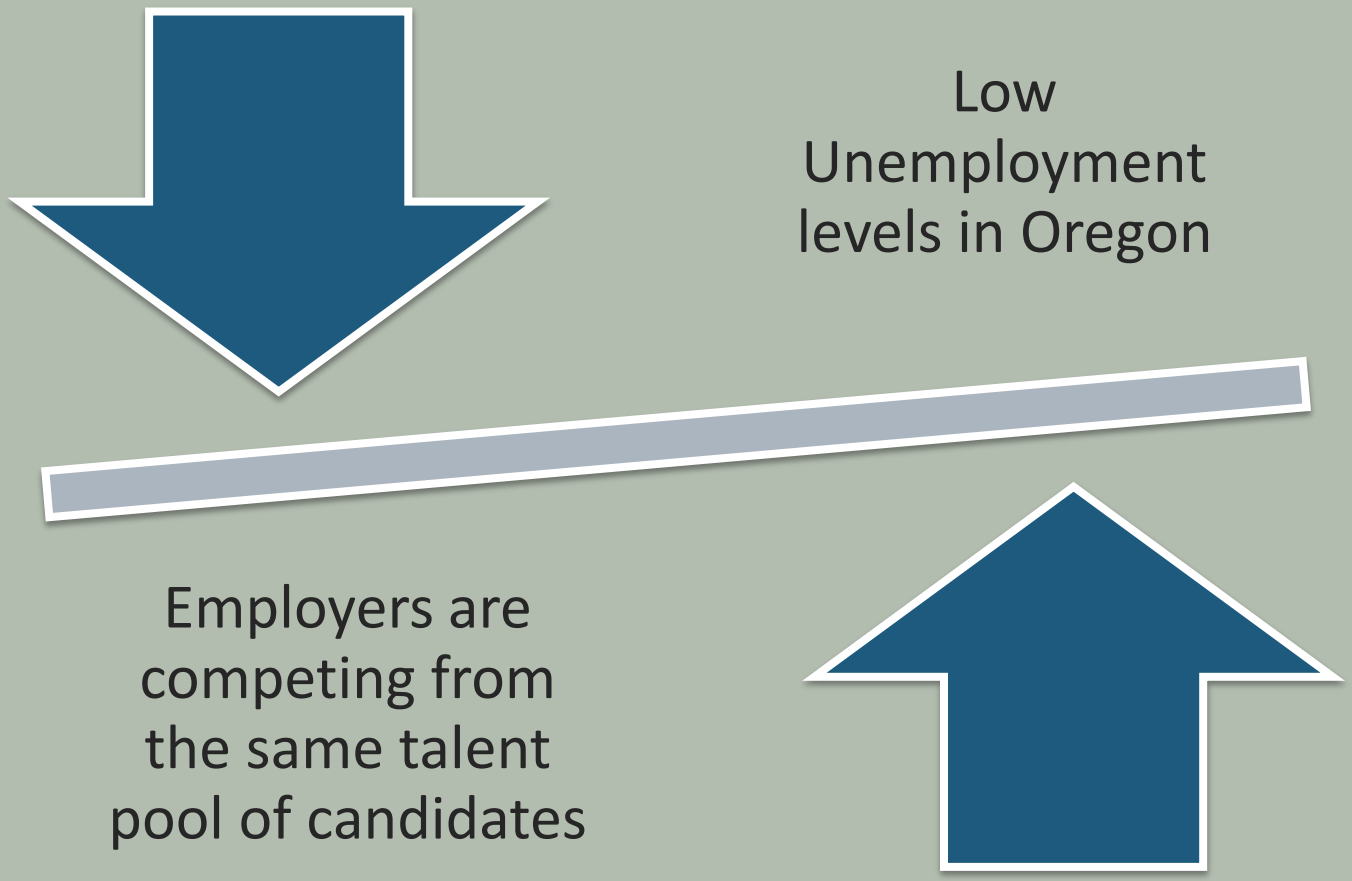
Clackamas Workforce Partnership
WORKFORCE DEVELOPMENT BOARD

The Future of Work

- ✓ Automation
- ✓ Workforce Skills Changing
- ✓ Shifts in middle class
- ✓ Competition for Labor Transcends Industry

Clackamas Workforce Partnership
WORKFORCE DEVELOPMENT BOARD

Industry Demand



Low Unemployment levels in Oregon

Employers are competing from the same talent pool of candidates

Clackamas Workforce Partnership
WORKFORCE DEVELOPMENT BOARD

Access to Childcare: Metro Region

Multnomah: 18% of

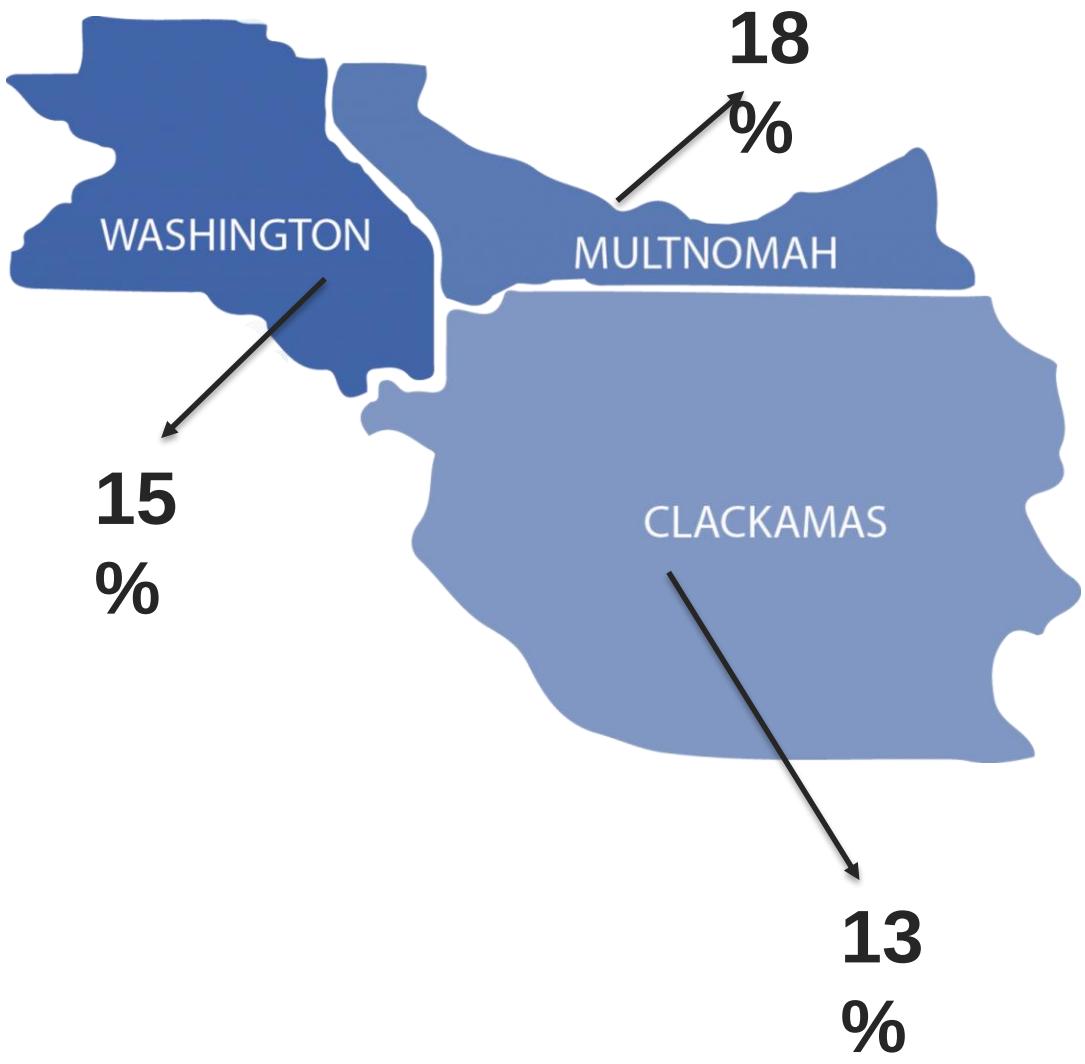
0-2-year old's have access to a slot

Clackamas: 13% of

0-2-year old's have access to a slot

Washington: 15% of

0-2-year old's have access to a slot



Affordability

The median annual price of toddler care in a childcare center is **$14,400**, nearly twice the median annual price of public university tuition in Oregon ($7,680).

Annual Cost of Childcare for Minimum-Wage Workers

- **Clackamas:** 60% of annual earnings
- **Multnomah:** 67% of annual earnings
- **Washington:** 69% of annual earnings

Social Impact

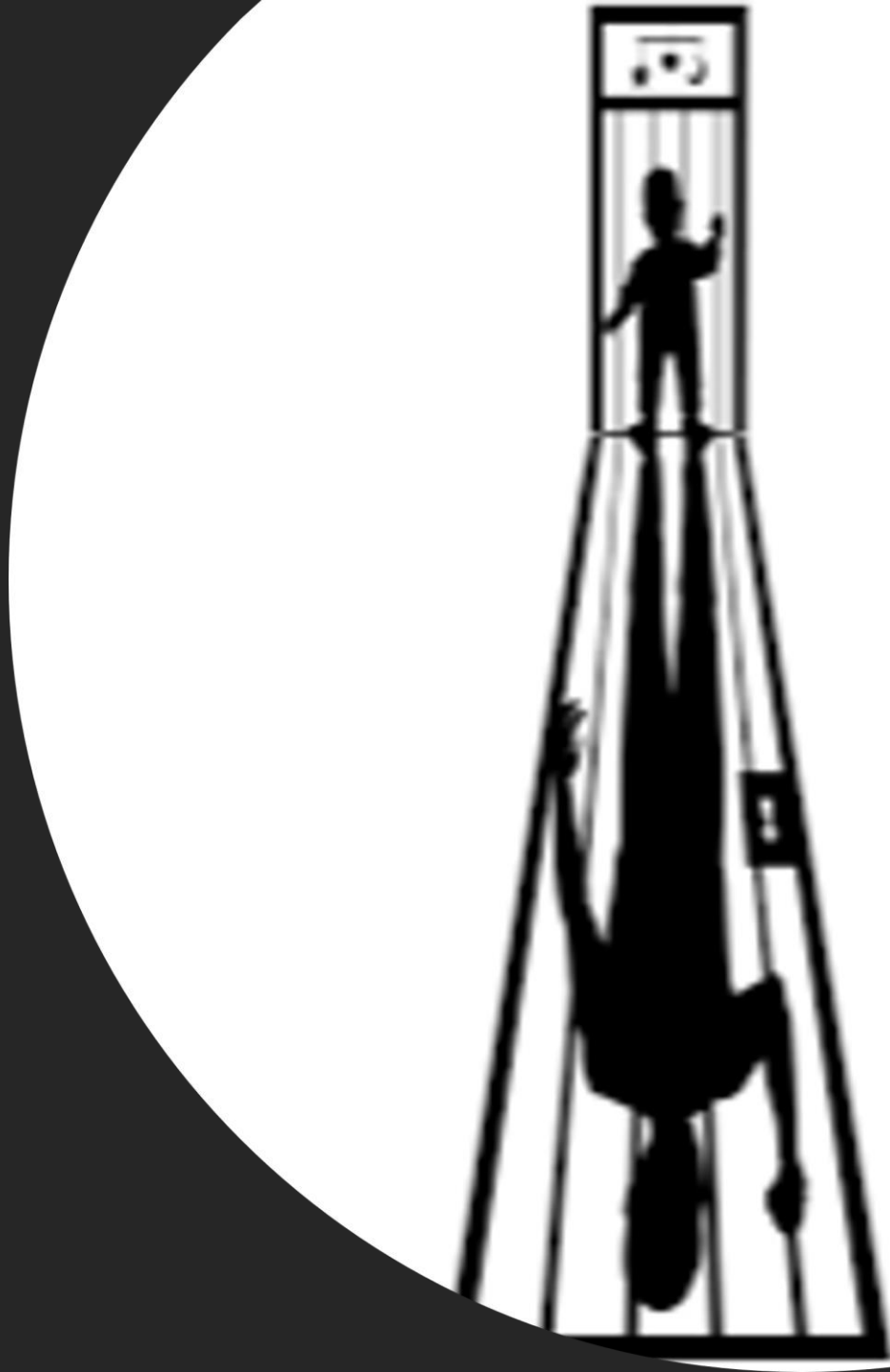
- ✓ Informal settings may not meet the same safety standards and child development standards as licensed programs
- ✓ Family/Friend/Neighbor caregivers often lack appropriate training, compensation; dependence on family caregivers is unrealistic for a more transient, mobile society
- ✓ Regardless of socio-economic status, all children and families are impacted by a lack of affordable, accessible childcare
- ✓ Low-income families are most at-risk, most impacted by lack of access

Social Impact

Current policy does not meet social needs or match brain science; the health and productivity of the next generation is dependent on public/private investment in ***preventative measures, not corrective.***

Lack of quality childcare programs amplifies social inequities:

- Slower socio-emotional and cognitive development
- Poor academic performance
- School drop-out
- Youth Crime
- Poverty
- Substance Abuse
- Incarceration
- Chronic unemployment
- Long-term dependence on public assistance



Workforce Impact

This is an issue of gender equity, which disproportionately impacts women, who are more likely to leave the workforce to provide childcare

Childcare professionals

Lack opportunities for :

- **Full-time employment**
- **Living-wage employment**
- **Benefits; paid time off**
- **Professional Development/advancement**

Clackamas County by the Numbers

Population Information from Blueprint Clackamas

Age 0 – 4 = 23,007 Persons or 5.45% of the Population

Age 5 – 9 = 24,109 Persons or 5.72% of the Population

Total childcare eligible population

47,116

Clackamas County Licensed Programs as of 2/20/2020

282 Programs

9,280 slots

(children 6 weeks – 13th birthday)

Celebrating Small Victories!

- Community Meetings
  - Sandy
  - Oregon City
  - Wilsonville
  - Milwaukie
- Happy Valley Code Changes
- 2020 draft legislative bull: on-site childcare with employers – Representative Zika
- Regional Solutions Childcare Summary Report
- **AND THERE IS SO MANY MORE TO COME!**

Child Care In Oregon

Dana Hepper
Director of Policy & Advocacy

Children's Institute

Nationally, Child Care Access Affects Employees, Employers, and Children

Invest

- When companies provide childcare, employee absences can decrease by 30% and job turnover can decline by 60%
- Since D.C. began offering universal preschool, maternal labor force participation has increased by 10 percentage attributable to preschool expansion

Don't Invest

- 74% of Working Families say their jobs have been affected by child care problems
- Turnover as a result of child care costs businesses 20% of hourly employees salary and up to 150% of manager's salary

Sources: US Chamber, Center for American Progress

TABLE 1

Universal, full-time child care allows more women to participate in the labor force

Notable child care and maternal labor force particpation studies

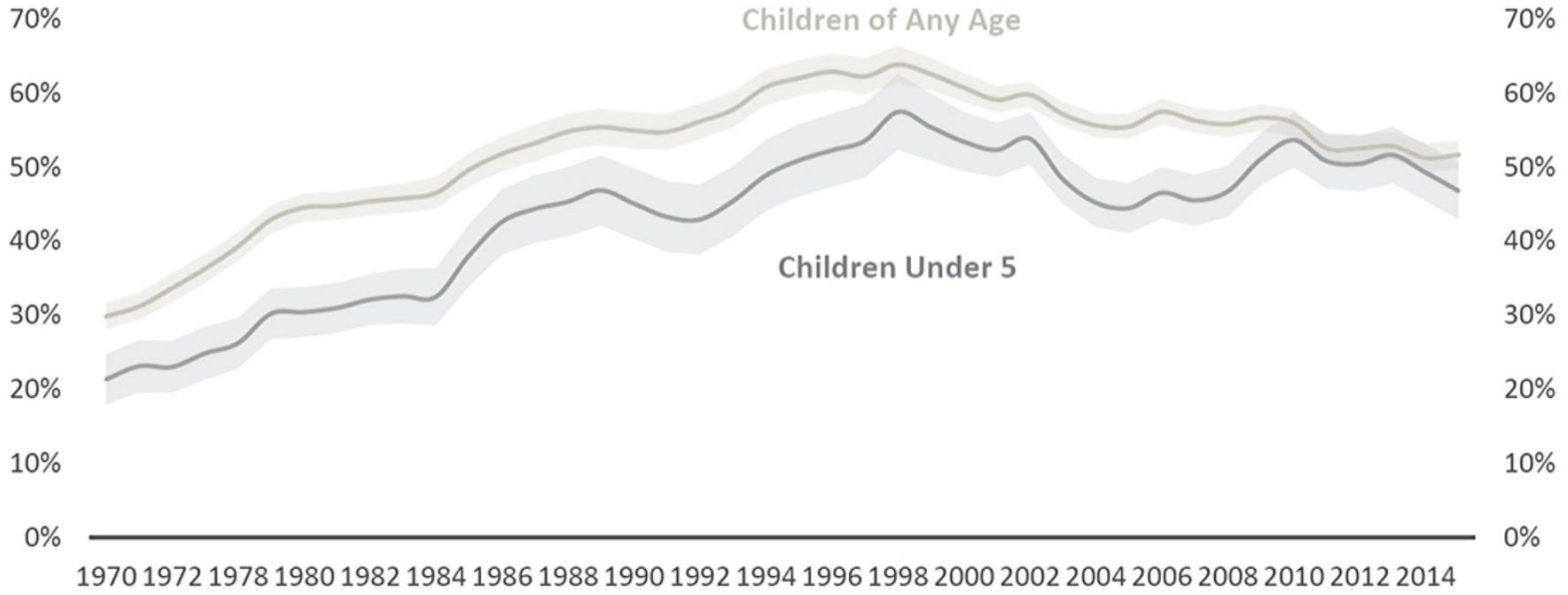
Country	Type of intervention	Effect on maternal labor force participation
Canada (Québec)	Phased-in universal child care from 1997 to 2000, with a $5–$7 per day fee for parents	+7.7 percentage points (for women in 2-parent families)
Germany	Beginning in 1996, introduced free part-time child care for 3- and 4-year-olds	+6.5 percentage points
Chile	Beginning in 2006, introduced free full-time child care available for children younger than age 5	+8.8 percentage points (for mothers of toddlers)
Israel	Beginning in 1999, gradual rollout of compulsory free preschool for all 3- and 4-year-olds	+8.1 percentage points
England	Free full-time child care at age 4 (30 hours per week)	+5.7 percentage points
	Free part-time child care at age 3 (15 hours per week)	+2.1 percentage points

Sources: Michael Baker, Jonathan Gruber, and Kevin Milligan, "Universal Child Care, Maternal Labor Supply, and Family Well-Being," Journal of Political Economy 116 (4) (2008): 709–745; Pierre Lefebvre and Philip Merrigan, "Child-Care Policy and the Labor Supply of Mothers with Young Children: A Natural Experiment from Canada," Journal of Labor Economics 26 (3) (2008): 519–548; Mike Brewer and others, "Free Childcare and Parents' Labour Supply: Is More Better?" (Bonn, Germany: IZA - Institute of Labor Economics, 2016); Stefan Bauernschuster and Martin Schlotter, "Public child care and mothers' labor supply—Evidence from two quasi-experiments," Journal of Public Economics 123 (2015): 1–16; Claudia Martínez and Marcela Perticará, "Childcare effects on maternal employment: Evidence from Chile," Journal of Development Economics 125 (2017): 127–137; Analía Schlosser, "Public Preschool and the Labor Supply of Arab Mothers: Evidence from a Natural Experiment," The Economic Quarterly 53 (3) (2006): 517–553.

CAP

Changes in Work

Percent of Households w/ Children of Any Age and Children Under 5 in which all Parents Work

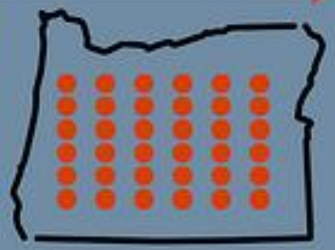


Source: OBC Analysis of 1968-2016 IPUMS/CPS ASEC
Notes: data depicted in 5 year centered moving averages

Across Oregon, there is inadequate regulated child care supply - especially for infants & toddlers

There are 8 infants & toddlers for a single child care slot in Oregon

A child care desert is a community with 3 or more children for a single child care slot



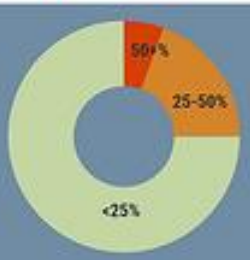
All 36 Oregon counties are child care deserts for infants & toddlers

There are 3 preschool-age children for a single child care slot in Oregon

All but 9 Oregon counties are child care deserts for preschool-age children

Without publicly funded slots, 7 additional counties would be child care deserts.

Public funding plays a major role in creating Oregon's child care supply – especially for preschoolers



3/4 of Oregon counties have fewer than 25% publicly funded regulated infant/toddler slots

All but 9 Oregon counties have at least 25% publicly funded regulated preschool-age slots

Definitions: **Infants & toddlers** are 0-2 year olds. **Preschool-age children** are 3-5 year olds. **Regulated child care** includes certified centers, and registered or certified family child care homes. **Publicly funded slots** include Oregon Head Start Prekindergarten, Early Head Start, Preschool Promise, Federal and Tribal Head Start, and Federal Migrant and Seasonal Head Start managed by OCDC.

Reference: Oregon's Child Care Deserts: Mapping Supply by Age Group, Metropolitan Status, and Percentage of Publicly Funded Slot, 2018 Oregon Child Care Research Partnership, Oregon State University.
Full report can be found at **https://health.oregonstate.edu/early-learners/early-care-education**
For more information contact Megan Pratt at **megan.pratt@oregonstate.edu**

Oregon's Child Care Crisis by County

The number of infants and toddlers for every spot of licensed child care.

Lake	62.3
Harney	31.3
Baker	22.6
Lincoln	21.5
Crook	17.5
Tillamook	13.7
Linn	13.5
Grant	13.4
Columbia	12.8
Curry	11.1

Counties with the greatest undersupply of child care.

Jefferson	3.0
Hood River	3.5
Sherman	4.4
Multnomah	5.0
Benton	5.1
Wasco	5.5
Washington	5.6
Deschutes	6.5
Clackamas	6.7
Yamhill	7.5

Counties with the most proportionate supply of child care.

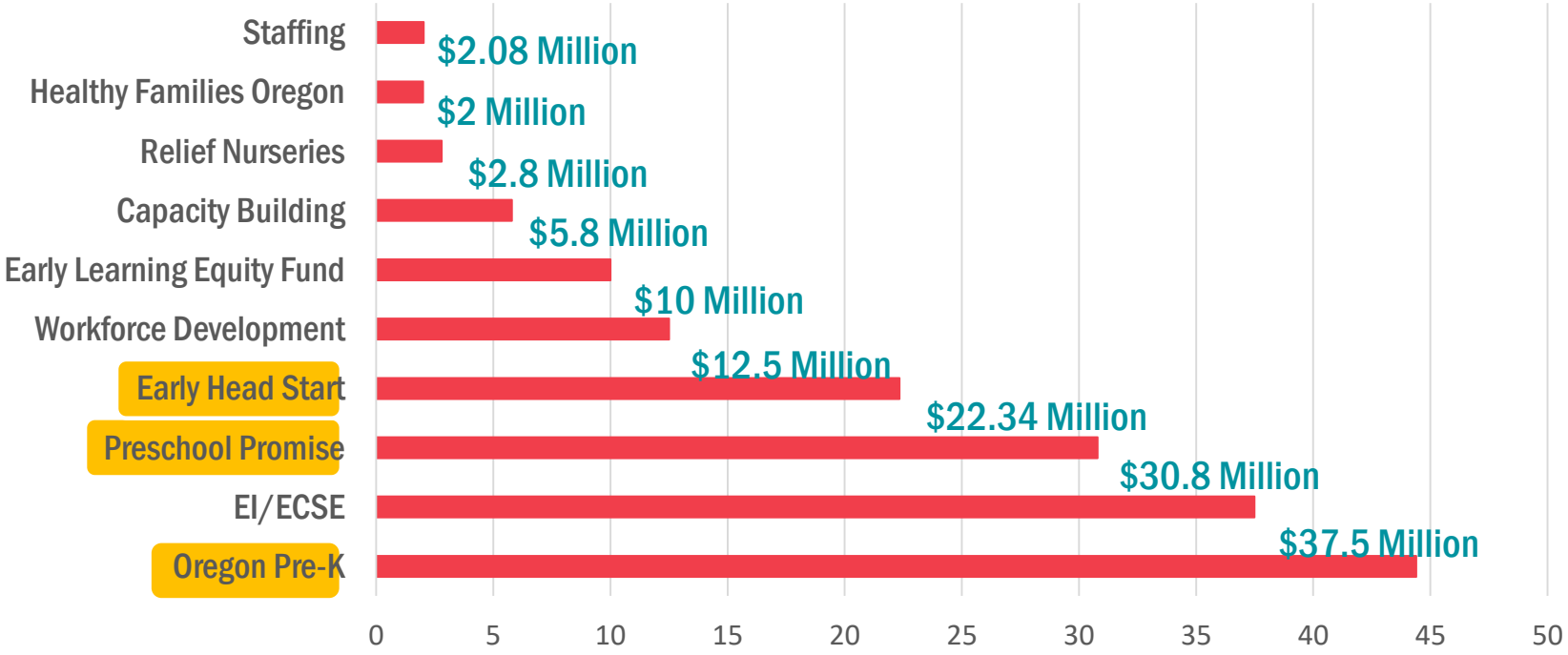
Source: Center for American Progress. 2018. "Understanding Infant and Toddler Child Care Deserts

State of Child Care Funding

- Eligibility: 185% FPL (Oregon)
- 136,729 children eligible by more flexible federal eligibility
- 91,539 children eligible by Oregon rules
- 15,127 served
    - 17% of Oregon eligible
    - 11% of federally eligible

Source: Oregon Child Care Research Partnership

SSA Early Care & Ed Funding Opportunities



What is happening now?

- Regional Solutions Report (January 2020)
- Early Learning Division Report (January 2020)
- Legislative Task Force (March-December 2020)
- All:Ready Network Child Care Advocacy (on-going)
- Cost of Quality Child Care Workgroup (March-September 2020)

OregonASK

WWW.OREGONASK.ORG

OregonASK is a collaboration of public and private organizations

Mission of Expanded Learning Partnership

To support, expand and advocate for quality out-of-school time programs and activities for children, youth, and families throughout Oregon.

Vision

•All Oregon children, youth and families will have access to quality out-of school time options within their communities.

•All services will enhance children's positive development, and future opportunities while keeping them safe from harm.

•All programs, services and activities will be of high quality and contribute to strong communities and schools.

Funded through the CS Mott Foundation, Department of Education - Office of Child Care, STEM Next Foundation, National League of Cities and Afterschool Alliance.

National Networks

•The national network of statewide afterschool networks brings together established statewide afterschool networks in their collective mission to build partnerships and policies that are committed to the development and sustainability of quality afterschool programs.
•Focused on actively engaging key decisions makers in support of school-based/school-linked afterschool programs, particularly in underserved communities.
•All 50 states have afterschool networks

National Afterschool Association

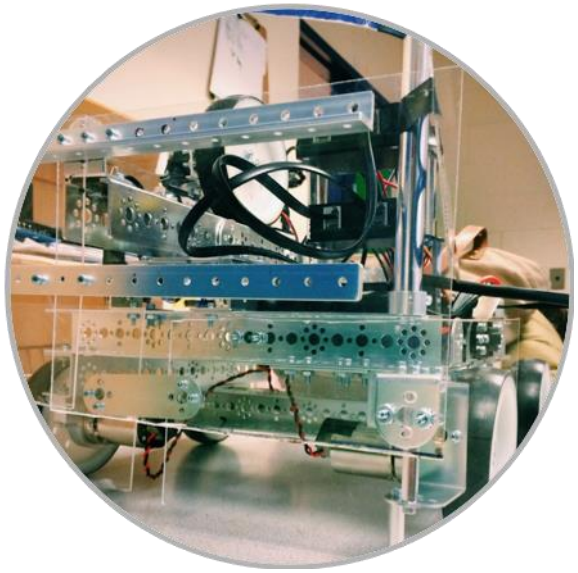
•There are 38 NAA Affiliates an affiliate provides professional development to afterschool programs.

Oregon Girls Collaborative Project

The Oregon Girls Collaborative Project (OGCP) is a statewide network of support for girl-serving STEM organizations, working to strengthen capacity, increase continuation of girl-serving STEM programs, and create more champions for gender-equity in STEM education and careers. As part of the National Girls Collaborative Project, we have access to thousands of programs and resources that are focused on providing high quality STEM experiences for girls.

OregonASK Partners & Stakeholders

- Boys and Girls Clubs of America
- Campfire, USA
- City of Salem
- Chess for Success
- Champions
- Clackamas Workforce Partnership
- Corporation for National and Community Service
- Fight Crime: Invest in Kids
- FIRST Robotics
- Girls, Inc.
- Inclusive Child Care
- MESA
- Multnomah County SUN Schools
- Neighbors for Kids
- Oregon Museum of Science and Industry (OMSI)
- Oregon Center for Career Development in Child Care and Education
- Oregon Department of Education Early Learning Division, Office of Childcare
- Oregon Department of Education – 21stCCLC
- Oregon Dairy Council
- Oregon Department of Fish and Wildlife
- Oregon Department of Human Services – Children, Family and Adults
- Oregon PTA
- Oregon Recreation and Park Association
- Oregon State Library
- Oregon State University 4-H Youth Development
- Oregon
- Partners for a Hunger-Free Oregon
- Portland Jewish Academy
- Portland Park and Recreation
- Saturday Academy
- Salem-Keizer Education Foundation
- Self Enhancement, Inc.
- SMILE
- The Y
- United State Tennis Association
- Woodburn Afterschool Club



Afterschool programs can address some of the educational challenges of poverty for children and youth

“ Elementary and middle school students who participated in high-quality after school programs, alone or in combination with other activities,…demonstrated significant gains in standardized scores. Further, regular participation in afterschool programs was associated with improvements in work habits and task persistence.”

Two year longitudinal study of 3,000 elementary and middle school students in 14 cities in 8 states.

Vandell, D., Reisner, E. & Pierce, K.

Quality Programs & Positive Outcomes

Why is Quality Important?

Quality afterschool programs have been proven to provide positive outcomes for students and youth and be more sustainable than non-quality programs.

Documented research concludes that qualified, well-trained staff members are the key to quality afterschool & summer programs.

What Does It Take to Get Positive Outcomes?

Access to and sustained participation in programs.
Quality programs…staff & training
Programs that partner with families, other community organizations and schools.
Time and Duration: Students participate for at least 2-3 days a week.

Harvard Family Research Project


Insurance
Budget
College
Health
Auto
Day Care
Bills

Activity Time!

Clackamas Workforce Partnership
WORKFORCE DEVELOPMENT BOARD

Thank you for your time.

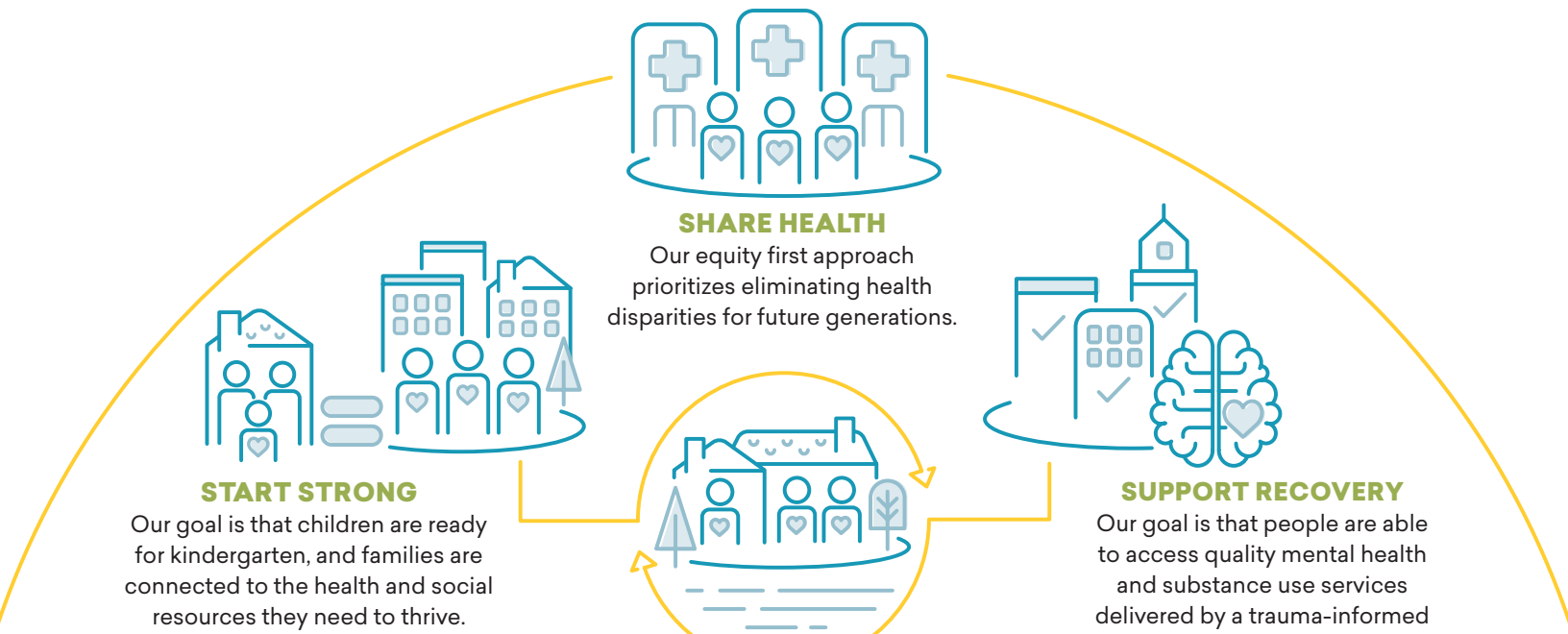
Clackamas Workforce Partnership
WORKFORCE DEVELOPMENT BOARD

Ready+Resilient

Annual Report | October 2019

health share

Health Share of Oregon



SHARE HEALTH

Our equity first approach prioritizes eliminating health disparities for future generations.

START STRONG

Our goal is that children are ready for kindergarten, and families are connected to the health and social resources they need to thrive.

SUPPORT RECOVERY

Our goal is that people are able to access quality mental health and substance use services delivered by a trauma-informed workforce when and where they need them.

A HEALTHY COMMUNITY FOR ALL

Ready+Resilient

Ready + Resilient is Health Share's 3-year strategic investment plan. Through this investment, we are creating a long-term roadmap to support the wellbeing of children, families, and communities through prevention (start strong), and support for recovery and focused investment in health equity (share health).

Ready + Resilient's focus on early life health and behavioral health are interconnected; when we build resilience and address trauma early in life, we help prevent substance use among adults. In turn, when we support recovery, we help create thriving families who provide healthy beginnings for children.

The goals and strategies within Ready + Resilient link with Health Share plan partners' priorities and initiatives and many of the strategies align directly with the Quality Incentive Metrics measured by the state — supporting our efforts to achieve those metrics. This work also has strong alignment with community partner priorities and we have deepened our connections with cross-sector partners.

What follows is a summary of the first two years of work carried out under Ready + Resilient. We have made significant progress in a number of areas including increasing access to Medication Assisted Treatment, establishing All:Ready Regional Kindergarten Readiness Network, expanding access to data through Health Share Bridge, strengthening partnerships with Early Learning Hubs and Public Health through collaboration to launch Help Me Grow, supporting equity trainings, investing in the behavioral health provider workforce, improving screening and connection to specialized services for children in foster care, and much more. While we have made great advances with the work we set out to do, we have also been pleasantly surprised at how this work has had an impact beyond our initial intent — this is known as the Ripple Effect. The Ripple Effect boxes in these briefs highlight examples of the ways that Health Share's initiatives have rippled beyond their initial impact, like ripples expanding across the water. We have made significant progress in many areas of Ready + Resilient and there are many opportunities to deepen our work in prevention, recovery, and health equity as we move forward with CCO 2.0. We invite you to join us on this journey.

If you would like to learn more about any of these initiatives or get involved with the work, please contact tina@healthshareoregon.org.

Start Strong

Improve quality and quantity of screenings for women and children in health care and community settings

BACKGROUND

This strategy focuses on improving the quality and quantity of screenings in both health care and community settings. It was originally led by Health Share's Associate Medical Director, and with both her departure and increased focus on upcoming CCO transitions, this work has largely been on pause for the past year. However, the Refugee Screening Project is still progressing steadily, and the provider survey and disparities analysis capacity building will be useful building blocks as this work gets integrated into CCO 2.0 activities.

KEY INITIATIVES

Developmental Screening

The following two tables detail Health Share's developmental screening rates by race/ethnicity and language in 2014, 2016, and 2018. The bold navy text indicates populations where the rate of developmental screening increased faster than the Health Share average. **Health Share's developmental screening rate increased by 58% since 2014, with the largest increases seen among the Burmese speaking (increased by 622%), Native Hawaiian (increased by 379%), and Arabic speaking (increased by 331%) populations.**

Race/Ethnicity	% screened 2018 (n)	% change 2014 to 2018
American Indian or Alaskan Native	77.1% (108/140)	46%
Asian or Pacific Islander	71.7% (317/442)	**79%**
Black or African American	70.2% (433/617)	**69%**
Caucasian	69.1% (2213/3202)	48%
Hispanic	71.8% (1037/1444)	**64%**
Native Hawaiian	80.0% (**/**)	**^379%**
Pacific Islander	60.7% (**/**)	^27%
Other Race or Ethnicity	69.1% (94/136)	^54%
Not Provided	70.2% (2914/4152)	**61%**
ALL	70.2% (7157/10199)	**58%**

**Suppressed due to small numbers, ^change is from 2016-2018

Language	% screened 2018 (n)	% change 2014 to 2018
Arabic	62.9% (22/35)	**331%**
Burmese	55.6% (**/**)	**622%**
Chinese	67.8% (40/59)	**123%**
English	69.4% (5956/8580)	**77%**
Russian	40.4% (40/99)	**60%**
Somali	37.0% (**/**)	**124%**
Spanish	80.5% (943/1171)	**93%**
Vietnamese	71.7% (43/60)	**141%**
Other language	53.8% (57/106)	**103%**
Undetermined	81.8% (36/44)	**74%**
ALL	70.2% (7157/10199)	**58%**

Refugee Screening Project

Refugee Screening Project

The project aims to understand how Vietnamese and Bhutanese families in Multnomah County understand their children's development, how they access support, and how they view their interactions with medical and service providers regarding their children's' care and development. Over the winter the project hosted three successful parent cafés in local schools, providing food and childcare; 85 people participated. Families provided positive feedback and asked for more opportunities to gather together, socialize, and learn. While the overall project goal is to develop messaging, scripts, and materials to improve screening rates and connection to services, these parent cafés are powerful community-building events that reduce isolation of these refugee families and provide a venue for connecting and learning.

We plan to translate the learnings into action by creating educational tools, scripts, messaging, and forums for both families and clinicians to ensure the families are getting screened and connected to services at higher rates – and ultimately improve the health and education outcomes of these diverse communities. A final report with recommendations will be ready in October. The group will continue to work more deeply with these two communities (including potential field trips to clinics and schools) and is looking to expand into new communities – potentially Somali and Arabic speaking families.

Ripple Effect
Health Share advocated with the ASQ developers at the University of Oregon to translate and culturally adapt the screening tool. It is now available in not only English and Spanish but also French, Arabic, Chinese and Vietnamese; Russian is in development.

Provider Screening Survey

In 2018 Health Share administered a survey to assess pediatric screening practices including developmental, behavioral health, oral health, and social risk factor screenings. The 16 survey respondents represented more than 50 clinics, including Providence PMG, Multnomah County, Metropolitan Pediatrics, Pediatric Associates of the NW, Mountain View Medical Center, Hillsboro Pediatrics, Calcagno Pediatrics, and Randall's Children's Clinic. About half of respondents consider their clinic trauma-informed, and half currently have a method to identify children in foster care. **Clinics are screening most consistently for developmental milestones, autism, substance use, depression, suicidal thoughts, and other mental health issues (e.g. anxiety, ADHD, etc.).** Respondents expressed the most interest in expanding screening for ACEs, resilience, and system-involved youth.

Start Strong

Build and enhance clinical and community interventions and referral systems

BACKGROUND

We have created strong partnerships with our Early Learning Hubs and Public Health Departments to co-create and advance initiatives that improve health and education outcomes for families and young children in our region. These initiatives include work on addressing vaccine hesitancy and promoting immunizations, tri-county campaigns, and implementation of Help Me Grow – a regional coordinated referral system. Working together to build shared clinical and community interventions is a powerful strategy and we now have a strong foundation to build upon.

KEY INITIATIVES

Help Me Grow

Surveillance and screening are critically important, but perhaps even more so are follow-up referrals and connections to services — and closing the loop on these referrals. This initiative aims to strengthen those connections by increasing capacity for families to access community resources, and for clinicians and providers to have a centralized access point to a triaged menu of family and early childhood services and supports — such as home visiting, and parenting supports.

In partnership with the tri-county Early Learning Hubs and the three counties, Health Share is funding Help Me Grow as the community intervention and referral system of child and family supports across the region. Help Me Grow builds collaboration and coordination across sectors — health care, early childhood, preschool, and childcare — focusing on connecting at-risk kids and families to services through a central access point at Swindells Resource Center. It is an ideal resource for kids in the "grey zone" who might just miss eligibility requirements for Early Intervention, Developmental Disabilities, or home visiting — or be on the waitlist for Head Start or an autism assessment. Providence Swindells began hosting Help Me Grow in 2017, and started accepting referrals in April of 2018. To date, **Help Me Grow has received 223 referrals, and the number of calls doubled between 2018 (71) and 2019 to date (152). Help Me Grow is committed to reducing health disparities and is doing deliberate outreach into culturally specific community-based organizations and hiring Community Health Workers as HMG Liaisons. Help Me Grow is also developing a new partnership with Home Forward, the housing authority in Multnomah County, to connect families with young children to resources through HMG.**

Ripple Effect

Oregon HMG/Health Share was highlighted in May 2019 at the HMG National Forum as an example of Medicaid and Early Learning working innovatively together on behalf of families.

Ripple Effect
Three other regions of the state are exploring implementing HMG in their regions.

HMG In Action

Help Me Grow Oregon received an email from a parent in Florida inquiring about Medicaid coverage for Applied Behavioral Analysis (ABA) in Oregon. The family was moving to Washington County, and their child had recently been diagnosed with autism. An HMG Resource Specialist confirmed that ABA therapy is covered by Medicaid in Oregon and connected the parent to Health Share's website which has information about the ABA benefit and the steps families can take to ensure coverage and referral. The family also received the direct line of the ABA Resource Coordinator for Washington County and was offered continued support throughout their move.

Partnerships with Early Learning Hubs

The three county Early Learning Hubs agreed to designate their Ready + Resilient funding to the Washington County Hub to do a robust roll-out of Help Me Grow over the next two years — including developing a governance structure and toolkit for other counties wanting to implement the model. **This pilot project will develop an integrated and coordinated referral system for an array of services and support for expecting families and families with children up to age five.** In addition to Health Share and the Early Learning Hubs, project partners include Washington County Public Health & Health and Human Services, Providence Swindells Family Resource Center and Community Action Organization of Washington County. Work is underway to hire a Help Me Grow Washington County Program Coordinator and to develop an outreach and partner engagement plan.

Health Share also partnered with the Early Learning Hubs to support the "Sign up Early for Kindergarten" campaigns. **The project aims to encourage families with young children to sign up for school by June with the goal of connecting kids to summer transition programs and other resources to better prepare them for entering Kindergarten.** The campaign created short videos in 10 languages to connect with diverse communities in our region.

Partnerships with Public Health

Health Share entered into a partnership with the Clackamas, Multnomah, and Washington Public Health Departments to address vaccine hesitancy across the tri-county area and create a culture of prevention. Over the next two years (2019-2020), the tri-county Public Health Departments and Health Share will collaborate on three primary strategies:

- Design and implement multi-faceted community mobilization initiatives, utilizing evidence-based and promising practices, targeted toward multiple audiences with the purpose of influencing vaccine perception and behavior.
- Advocate for a supportive policy that promotes and rewards provider immunization practice improvement using the Assessment, Feedback, Incentives, and eXchange (AFIX) program model.
- Convene a group of stakeholders to discuss the feasibility of removing the non-medical exemption option for children entering school and child care in Oregon State Law. A group convened to review data and it identified Russian speaking parents as a target audience.

Ripple Effect
The project is considering expanding this platform to include more messaging about Developmental Promotion and Kindergarten Readiness in multiple languages and videos.

Start Strong

Decrease barriers to kindergarden readiness

BACKGROUND

In 2017 Health Share's Board made a long-term commitment to support a Collective Impact initiative focused on kindergarten readiness. All:Ready is a tri-county, cross-sector network for kindergarten readiness. In our community, we know that poverty, racism and ableism create barriers and gaps in kindergarten readiness. We also know that all families want the best for their children — to see them healthy and thrive. It's our job as system leaders to work together across sectors to close those gaps and make it easy for families to meet their goals. The All:Ready network goal is by 2028, we as a network, will redesign how we work together so that race, class, and disability no longer predict families' access to and use of quality early childhood supports and services that ensure readiness for Kindergarten and beyond.

The All:Ready network launched in September 2018 with the shared funding of six local organizations: Health Share of Oregon, Providence Children's Health, Early Learning Multnomah (representing the tri-county Early Learning Hubs), Oregon Community Foundation, Social Venture Partners, and United Way of Columbia-Willamette. The full network (now more than 60 organizations) continues to meet twice a year while five workgroups meet monthly: Design Team, Funding + Political Will, Anti-racist/Trauma-informed Organizational Change, Systems Alignment, and Data + Metrics. Seventy people participate in these groups, which each have milestones and goals they are working towards in advance of the next full network convening in December 2019. The network has had three convenings to date: an initial strategy design session in May 2018 (40 participants), a network launch in September 2018 (59 participants), and a network convening in May 2019 (75 participants).

KEY INITIATIVES

Design Team Workgroup

This team meets monthly and shepherds the overall direction of the All:Ready network. They oversee outreach, new member orientation, strategic communications, and priorities of the network. Members of the Design Team represent the North Clackamas School District, Greater Than, Early Learning Multnomah, Home Forward, and Metropolitan Pediatrics.

Anti-Racist, Trauma Informed Organizational Change Workgroup (ARTIO)

ARTIO meets monthly to focus directly on the disparities created in early life experiences of children across sectors due to racism, ableism, and other forms of oppression. The long-term goal is for major organizational shifts to take place. Short-term milestones include creating an organizational self-assessment matrix for network member organizations to use and determine where they are and how to improve their organizational culture. This will be coupled with a toolkit and strategies to support organizational transformation.

What is most meaningful to me...

...having sectors that usually don't talk co-brainstorm how to better serve the kids and families they both struggle to adequately support!

...conversation in the anti-racist organizational change group to challenge my thinking about ways [the network] strategies could center communities of color.

...enthusiasm in the room for addressing racial disparities.

-quotes from Network members

Ripple Effect
The All:Ready Network is participating in the Center for the Study of Social Policy's work testing the concepts of Early Relational Health.

Data + Metrics Workgroup

This workgroup meets monthly to further their goals of developing a cross-sector data snapshot, providing technical assistance to other workgroups, and developing a set of values for the use of data in selecting and supporting pilot interventions. The data snapshot metrics span multiple sectors, including health, education, early childhood, and economic indicators. The workgroup plans to present a draft data snapshot to the full network at the December 2019 convening. The workgroup is also reviewing the logic models from each of the other workgroups and providing them with feedback.

Funding + Political Will Workgroup

This workgroup meets monthly to advance their goals of creating a fiscal map of the early childhood world in the region, to answer questions about what money is coming into the system, who has decision-making authority over how the money is spent, and the degree of flexibility in how the money is spent. The initial report will be socialized with multiple organizations over the next few months. The group's next steps include developing an advocacy agenda and opportunities for the network to support existing coalitions around housing, childcare, and other priority issues.

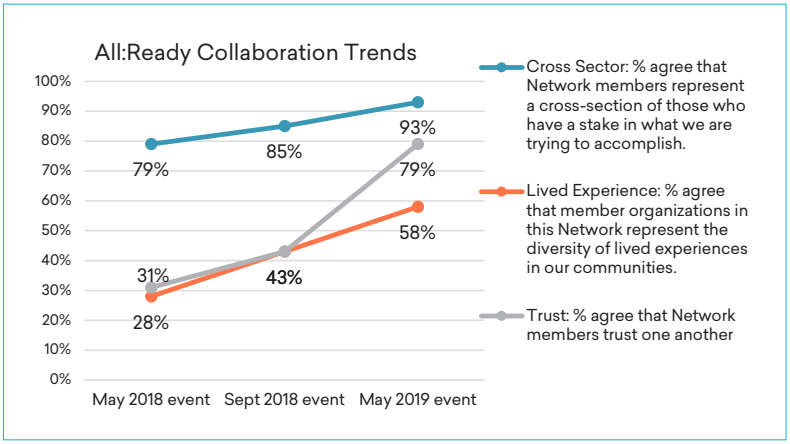
Systems Alignment Workgroup

This group meets monthly to work on their goals of identifying high leverage systems change ideas. They initially created a map of all the "family helpers" across systems to better understand the landscape. In the spring of 2019, the group planned and hosted a half-day convening of "family helpers" who work closely with highly-impacted families, to gain insight about how to improve systems. The group is currently looking to develop and test a portable, strengths-based comprehensive Family Profile and Preferences document that is cross-sector and will highlight the families' goals and preferences without requiring the family to tell their stories repeatedly. The workgroup is collaborating closely with the Help Me Grow Washington County pilot to advance the work.

Ripple Effect
The Family Helper Convening provided a unique venue for navigators across sectors to meet and learn - they have asked if this could be replicated and expanded as there is currently no venue where this happens.

Network Metrics

Participants in each event complete an event evaluation. The graph below shows a few of the collaborative trends. All three of the metrics increased since the first event, with levels of trust increasing the most dramatically (from 31% to 79% agreement).



Cross sector participation from:

- Community-based organizations
- DHS
- Early childhood
- Education
- Health care
- Housing
- Public health

Learn more about our partners at healthshareoregon.org/allready

Start Strong

Improve systems of care for populations with complex needs

BACKGROUND

This strategy aims to improve the health care system's ability to both understand and respond to the health care needs of complex populations of children and youth. Beginning with the unique challenges facing children in child welfare custody and placed out of home, the strategy has expanded to consider similar populations impacted by significant adversity in childhood, early traumatic stress, and child-serving system involvement. Building off established cross-system partnerships, Health Share is working to ensure that all system partners are aligned around the special health care needs of our most vulnerable members.

Approximately 5,100 Health Share youth are currently DHS involved, and almost 8,000 have current or past foster care involvement. The DHS Assessment metric represents a true care coordination metric, demanding high levels of performance across physical, mental, and dental health care. **After successfully meeting the target every year since 2013, Health Share is currently performing above the 90% DHS Metric benchmark.**

KEY INITIATIVES

Foster Care Medical Homes

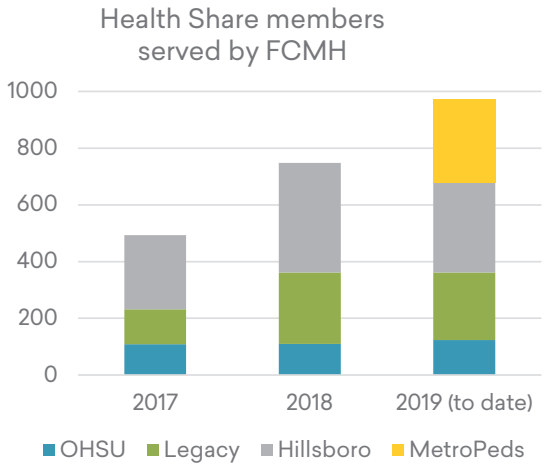
Foster care medical home (FCMH) models of care address the unique needs of children in foster care and incorporate best practice recommendations to serve this population. They work to achieve excellence within eight core elements:

1. Identifying and monitoring children in foster care
2. Dedicated care coordination
3. Education on trauma-informed care/parenting
4. Standardized care aligned with AAP guidelines
5. Connections with community resources and referrals
6. Integration with mental health providers
7. Integration with oral health providers
8. Transition support

Health Share funds FCMH sites at Legacy Randall's, OHSU Doernbecher, Hillsboro Pediatrics, and Metropolitan Pediatrics (Metro Pediatrics began in June 2019).

Approximately 1,200 children have received services from a FCMH since 2017. The members served by a FCMH show higher rates of developmental screening and adolescent well child visits than the Health Share population as a whole. Health Share developed an evaluation plan to assess the impact of FCMH services to be conducted over the next 12 months.

Performing Above the DHS Benchmark
In **2013**, we were performing **51.7% above**
In **2019**, we were performing **92.1% above**



Metrics (May 2018-April 2019)	FCMH cohort*	All Health Share foster care	All Health Share
Developmental screening	82.4%	69.4%	71.4%
Adolescent well-child visit	78.9%	62.8%	54.3%
Dental sealant	22.6%	22.6%	25.1%

*Does not include Metro Peds

Ripple Effect
OHSU is training residents on the impacts of trauma on children in DHS custody during clinic rotation and a Foster Care Module is in development to standardize best practices and train new learners.

RAPID Assessment

MindSights, a local psychological assessment organization specializing in children in foster care, developed the RAPID (Relational, Academic, Psychological, Intellectual, and Developmental Health) evaluation as a comprehensive assessment of a child's most prominent needs upon entering foster care. **The RAPID provides screening for emotional, behavioral, developmental, and educational issues for which children involved with the child welfare agency are at elevated risk.** The results are used to identify initial service needs, develop intervention and support strategies, and to inform initial Child Welfare case-planning efforts. Currently, all children aged one year and older who have a new Multnomah County DHS cases are referred for a RAPID assessment. Over the past two years, MindSights has conducted 613 RAPID assessments. **MindSights conducts a trauma-informed debrief after each assessment to review strengths, needs, and recommendations with key team members, including foster parents and caseworkers.**

Ripple Effect
All children under three are now referred directly to Early Intervention services upon completion of a RAPID.

DHS Medical Liaison

The DHS Medical Liaison position allows child welfare partners to maintain an active focus on supporting the health needs of vulnerable children in their custody. **Launched in 2016, the position aims to improve performance on the DHS Assessment metric, provide plans and providers a primary point of contact to navigate a complex child-serving system, and support the transformative work of the Foster Care Medical Homes and RAPID providers.** The position has additionally facilitated significant changes to internal DHS structures and process, highlighted by the centralization of placement services for Multnomah County DHS. The role has been expanded and a Medical Liaison has been hired to serve Clackamas and Washington counties.

Ripple Effect
Health Share's District 2 Medical Liaison influenced key policy and process improvements to streamline branch services.

System of Care

Health Share convenes the Tri-County System of Care, a multi-system, collaborative governance structure. When communities, families, caregivers, and system partners identify barriers to care, the barriers are submitted to the SOC for review. The SOC has three distinct committees that use diverse strategies to solve these barriers. Recent work includes: 1) Submitting a letter to state leadership with five innovative solutions for the problem of a lack of psychiatrists to support youth in our region; 2) Pooling funding among several SOC partners to support the Mental Health Approaches to Intellectual/Development Disability Train the Trainer program held in June 2019, and 3) Creating a cross-system training in support of improving access between systems. In 2019, 35 new members representing formal system partners, community organizations, and family members have joined SOC committees. 27 new trainers will provide the MH/IDD training in the upcoming year, a total of 108 trainings in our region. The System of Care continues to strengthen its membership and its connection with other Health Share initiatives, including the All:Ready network.

Support Recovery

Strengthen the behavioral health workforce

BACKGROUND

This strategy has two primary aims: First, to stabilize the existing behavioral health workforce through administrative policy changes and rate parity efforts, and second, to expand and improve cultural specificity and responsiveness in the behavioral health workforce.

KEY INITIATIVES

Behavioral Health Strategic Investment

Health Share invested $1.8M in the fourteen largest Pathways Substance Use Disorder (SUD) providers in key areas, including workforce retention, staff development, care coordination, and improved member care/ experience in care. Providers non-competitively proposed how they will invest the funds. They proposed a variety of ideas including wage increases and staff bonuses staff licensure and certification fees, technology upgrades, staffing and staff training in advancing medication supported recovery, investing in Social Determinants of Health with housing and transportation resources, and facilities upgrades.

Regional Behavioral Health Collaborative (RBHC)

The Regional Behavioral Health Collaborative (RBHC) is a tri-county collaborative with representation across sectors. The RBHC has chosen to focus efforts over the next 24-months on peer-delivered services and SUD. The RBHC has 3 workgroups (Communities of Color, Youth and Families, and Medical Collaboration) with an additional group being the Core Leadership Team. Health Share has approved $868,000 in funds (from the Behavioral Health Strategic Investment) to support efforts brought forth from RBHC workgroups. Health Share supported efforts will be announced by the end of this year with intent to award/enter contract January 2020.

Rate Increase/ Administrative Processes

While there is still significant work to recognize the role of SUD providers, there have been small but important steps toward rate parity. An incremental rate increase went into effect April 1, 2019, for Pathways behavioral health providers offering SUD services and medical provider services. SUDs allowed amounts ranged from 41% to 53% of MH allowed amounts at the beginning of the Ready + Resilient strategic initiative - they now range from 76% to 100% of MH allowed amounts.

Parity Metric	Baseline	Current	Target	Change
SUD/MH Parity: Outpatient peer support	52%	76%	100%	Increased by 47%
SUD/MH Parity: Outpatient counseling	41%	77%	100%	Increased by 89%
SUD/MH Parity: Outpatient case management	53%	100%	100%	Increased by 89%
SUD/MH Parity: Outpatient family therapy	52%	77%	100%	Increased by 48%

Tri-County Behavioral Health Providers Association (TCBHPA) Equity Investment

Health Share is funding the Tri-County Behavioral Health Providers Association (TCBHPA) to provide equity training support to five of the Associations member organizations. TCBHPA has issued a Request for Proposals (RFP) for interested provider organizations to apply for support. The five chosen organizations will each complete an organizational equity assessment — which will aid in forming an internal committee. They will also develop a work plan in response to the equity assessment and will implement work plan activities. TCBHPA will identify a list of consultants that organizations can use to advance equity and inclusion related efforts.

Each organization will also be linked with a TCBHPA Equity and Inclusion Committee member or Health Share equity staff to track their progress and provide support and check-ins for one year after consultant work is complete.

Organizations will be encouraged to use the Coalition of Communities of Color's (CCC) Protocol for Culturally Specific Responsive Organizations to guide their work.

As a component of the equity training, TCBHPA will hold a series of 12 lunchtime panels and quarterly trainings that all Association member organizations will be able to attend. The panels will follow the CCC Protocol, starting with an overview of the protocol followed by sessions on forming a Racial Equity Team, conducting an assessment, and the nine Protocol domains. Quarterly training topics will include implicit bias, structural racism, intervening in oppressive language, and white frailty.

Event: Behavioral Health at the Intersection of Communities of Color

In January 2019 Health Share hosted a Continuing Education Unit (CEU) event. The day-long event provided 4.25 clinical hours and was attended by 121 people. Conference speakers were people of color with expertise in social justice, culturally responsive, client-centered and honoring services. Nationally renowned Dr. Joy Degruy was the keynote speaker, and breakout session topics included Culture Heals, Self-Care as a Revolutionary Act, Putting System of Care Values into Practice to Decolonize Systems, Immigrant and Refugee Communities, and Culturally Responsive Care when Addressing Needs of the Latinx Community. Health Share planned the event in partnership with a cross-sector planning team (including culturally specific providers), to ensure the topic areas met the needs of providers – specifically building skills on providing non-traumatizing Behavioral Health services to people of color. **The post-event survey showed strong levels of agreement that the training deepened participant understanding of the barriers that people of color may/do face due to the colonization of mental health, and strong agreement that the training contributed to their personal or professional development.**

Doula Investment

Health Share of Oregon is partnering with Kimberly Porter Consulting and Birthingway College of Midwifery to offer a complete course specifically for doulas of color. **This six-month workshop series includes sessions to teach the fundamentals for creating a complete, individualized, and sustainable doula business.** Health Share invested in the development of the course curriculum. The series and curriculum will support the workforce of doulas of color and increase access for members to doulas of color. Upon completion of the series, doulas will register on the Traditional Health Worker (THW) Registry (which is required for any THW to bill Medicaid), which will further open the door for Health Share members to access doula services. There are spots for 28 doulas to participate in this initiative; the first cohort will start September 2019 and the second will start in January 2020. Health Share plans to partner with two maternity practices to identify workflows for clinics to access community-based doula services, with the goal of replicability in streamlining connections between clinics and the community-based workforce.

Ripple Effect
Supporting professional development and increasing business acumen of doulas of color is a regional benefit for both members of color and the doula workforce.

Behavioral Health Provider and Community Scholarships

- **25 Portland Community College (PCC) Culturally Specific Addiction Counselor Scholarships:** As part of its effort to bolster and sustain the pipeline of diverse health care providers in the underserved communities, **Health Share is funding 25 full scholarships for underrepresented students to enroll in the PCC Alcohol and Drug Counseling degree and certificate programs.** The scholarships were awarded to people of color and/or LGBTQAI students with the goal of diversifying the workforce and creating opportunities for workforce professional advancement.

- **12 Peerpocalypse Scholarships:** Peerpocapyse is an annual four-day conference created by and for peers or people with lived experience in recovery from a mental health or substance use disorder. **Health Share funded the Mental Health and Addiction Association of Oregon (MHAAO) with scholarships for twelve peers to attend the 2019 event.**

- **20 Oregon Recovers Scholarships:** The Oregon Recovers 2019 Summit had a theme of "Building Community" and included presentations on harm reduction, recovery through creative expression, and a keynote by the medical officer of Central City Concern. **Health Share funded Oregon Recovers with 20 scholarships for the event.**

Support Recovery

Improve the substance use disorder (SUD) system of care

BACKGROUND

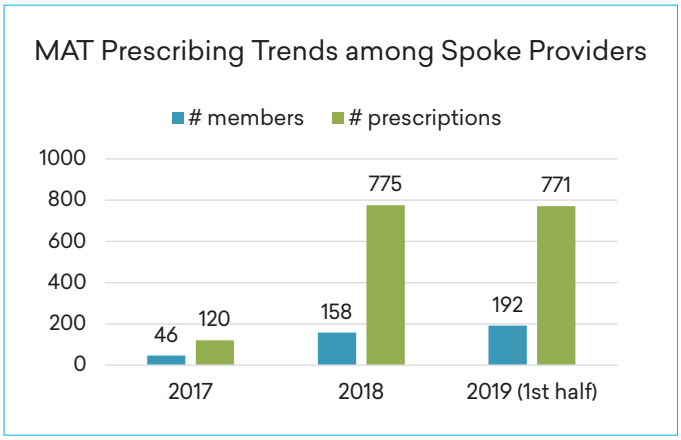
The Health Share vision is a Substance Use Disorder (SUD) system of care that is recovery-oriented, trauma-informed, culturally responsive, user-friendly, and demonstrably effective. This strategy aims to improve the SUD system of care by increasing the number of providers who endorse and adopt best practice guidelines, increasing access to Medication-Assisted Treatment (MAT) services, and increasing access to high-quality maternity care for pregnant members with SUDs.

The number of buprenorphine prescribers increased by 77% between 2017 and 2019 from 170 in Q3 2017 to 306 in Q1 2019. In 2019 Health Share began tracking the percent of members with an Opioid Use Disorder (OUD) diagnosis who have initiated any MAT services (baseline is 57.5%) and those who are highly engaged (receiving MAT services for 30 or more days and possessing medication 75% or more of treatment days, baseline is 37.0%).

KEY INITIATIVES

MAT Services Expansion: Wheelhouse 1.0

Wheelhouse began as a program to support specialty addictions and behavioral health providers as they built high-quality MAT programs. The goal of the first-round of Wheelhouse funding was to expand access to buprenorphine in the regional behavioral health treatment network. An adapted model of a "Hub and Spoke" network, it connected new outpatient MAT providers ("Spokes") to a specialized "Community Hub" (composed of CCC and CODA) with advanced experience with MAT. The Hub was available for consultation, clinical guidance, and technical assistance as well as direct patient care.



Ripple Effect

CODA implemented a universal referral form, decreasing admissions barriers for referrals from other community partners. CODA also improved access to same day and next day admissions and medical assessments in OTP and outpatient services.

Wheelhouse leadership committed to activities aimed at increasing utilization of MAT, ensuring high-quality care, and supporting network development. Wheelhouse staff conducted seven Learning Collaborative events that were attended by 55 to 87 people each. Throughout the events, 90% of respondents agreed that the events were valuable, and 95% learned new information that they can apply to their work. Wheelhouse resulted in practice and culture change, increased access points among new spoke providers,and increased integration among the two hub organizations. **The number of MAT prescriptions written by spoke providers increased dramatically, from 120 in 2017 to 775 in 2018.** All five spoke agencies built their MAT service capacity during the project.

Ripple Effect

Hooper Detox/Withdrawal Management introduced a MAT maintenance discharge process from their inpatient services and began Hooper Bridge (outpatient buprenorphine) services beginning in January 2018. The percent of members with a claim for MAT services within six months after their first detox event increased from 21% (first half of 2017) to 40% (first half of 2018).

MAT Services Expansion: Opioid Use Disorder Population Analysis and Primary Care Expansion

The second phase of MAT initiatives focuses on expanding MAT services directly within primary care and building connections between primary care and specialty addiction services. Health Share plans and providers formed a MAT data workgroup to develop an analytic framework to guide expansion. **The MAT data workgroup developed a claims analysis method that categorized members with Opioid Use Disorder (OUD) into cohorts of MAT engagement and used these categories to complete an analysis of costs and utilization levels by category.** Health Share also used these definitions to develop a MAT dashboard within its Bridge data application website to help clinics track progress towards their MAT initiation and engagement targets. Physical health plan partners and the Wheelhouse initiative submitted proposals to invest in the expansion of MAT services, and the joint Clinical Alignment Group/Integrated Steering Committee reached consensus on a funding structure that includes both regional and plan-specific investments. The regional investment includes a learning collaborative (convened by Wheelhouse in partnership with CareOregon) which brings together implementation teams from 30 clinics on a bi-monthly basis. To date, two learning collaboratives have been held, with an average of 75 attendees per session. Additional community offerings include a Drug Addiction Treatment Act (DATA) waiver training, and a behavioral health core competency training, which have been made available to both specialty behavioral and physical health providers.

Ripple Effect
Three other CCOs are now calculating MAT initiation and engagement using the method developed by the Health Share MAT data workgroup.

Project Nurture

As of early 2019, the original three Project Nurture sites (CODA/OHSU, Legacy/LifeWorks, and Providence Milwaukie) are financially sustained without supplemental funding from Health Share. These sites are currently serving about 100 women at any given point in time. Health Share is currently supporting the start-up costs for a Project Nurture site at Kaiser Permanente and for MAT expansion within a maternity clinic at Women's Healthcare Associates.

Ripple Effects
The Oregon Governor's office has included funding for Project Nurture expansion in its upcoming budget, **and** Project Nurture won an "Oregon Innovation Now" award from the Addiction Policy Forum.

SUD Best Practice Guidelines

During 2017-2018 Health Share worked in collaboration with six local substance use disorder providers, Health Share's behavioral health plans at Clackamas, Multnomah and Washington counties, public health, and a peer-run organization to develop the Tri-County Substance Use Disorder (SUD) Best Practice Guidelines. **These guidelines advance standards of care and promote best practice for SUDs providers working with Health Share members in Clackamas, Multnomah, and Washington counties.** They represent clearly defined standards of care and they are integrated in SUD provider contracts beginning in 2019. Guideline topics include trauma-informed care, medication supported recovery, harm reduction, lived experience, and the greatest risk populations.

Regional Trainings and Convenings

Health Share hosted two addiction-related Continuing Medical Education (CME) events: Addressing and Managing Opioid Use in Pregnancy (2018, attended by 87 people); and Best Practices for Treating Pregnant Women with SUD (2019, attended by 91 people). Health Share also convened the inaugural SUDs Researchers' Breakfast (attended by 30 people) as part of its participation in the Tri-County Opioids Safety Coalition.

Support Recovery

Improve availability of information across care settings

BACKGROUND

This strategy aims to ensure that providers and plans have access to health information and analytics in order to decrease disparities and improve integrated care for members. Key initiatives include expanding use of Health Share's web-based data platform (Bridge), PreManage, and increasing Health Share's capacity to analyze health disparities.

KEY INITIATIVES

Health Share Bridge

Over the past year, Health Share has continued to connect the behavioral health provider community with data through our Bridge platform. Bridge is now available to thirteen behavioral health provider organizations serving more than 12,000 members. Staff at these organizations are offered training to learn how to use the tools to coordinate care, track metrics, and identify opportunities for partnerships with other organizations serving their members. **New behavioral health focused tools added to Bridge this past year include the Medication Assisted Treatment (MAT) Dashboard that presents initiation and engagement rates for MAT services and the Behavioral Health Dashboard that offers demographic information about our members with a mental health or substance use disorder diagnosis.** Health Share also increased access to other stakeholders over the past year, including community-based organizations (e.g. The Children's Institute, Community Action) and local Early Learning Hubs. Health Share also increased its capacity to provide raw data directly to behavioral health providers. Lifeworks NW had the following to say about the Epic Consumable data Health Share provides each month:

> Data from Health Share has been extremely valuable in reducing ED utilization. LifeWorks NW has been able to use the data from Health Share to help identify clients who have been frequently utilizing the ED. We have been able to incorporate the data into a dashboard so that we can cross reference it with information in our EHR to identify cohorts of high risk clients and inform their treatment teams so they can address the issues that are contributing to their going to the ED. The information allows us to have a better and broader picture of their health services history that allows us to tailor services internally and in coordination with their other health providers.

The Collective Platform (formerly known as PreManage)

The Collective Platform, which provides inpatient and ED information that can be used to schedule follow-up care and support transitions of care among providers settings, is available to all providers in the region. **Health Share is currently developing a patient summary application for providers to access through the Bridge platform.** The patient summary will initially be populated with claims data, but Health Share is exploring the use of Collective Platform data to provide more real-time information.

Disparities Analysis Capacity Building

Health Share created a framework for understanding disparities faced by communities and populations represented in our membership. Staff developed a dashboard that includes performance related to incentive metrics and other quality metrics, with an initial focus on early life health. The goal is to use the dashboard to create community profiles using this dashboard template to better understand the disparities faced by specific communities. In this way, marginalized communities are not compared against each other, but instead Health Share can take these community profiles and work with key stakeholders of that community to make meaning out of the data and brainstorm possible solutions. To further these efforts, **Health Share and CareOregon are co-sponsoring a disparities analysis capacity building training for staff who regularly use and apply health and healthcare data to drive improvement in services, care and delivery.**

Health Information Exchange (HIE)

Health Share's partners have agreed to move forward with expanded HIE functionality in line with OHA's HIE Onboarding Program (HOP). The scale and scope of the expansion will be decided by a HIT Governance Structure in partnership with clinical and operational leadership; the structure will be established in 2020.

The State of Early Care & Education and Child Care Assistance in Oregon

OREGON DEPARTMENT OF EDUCATION

EARLY LEARNING DIVISION

December 2019

A report submitted by the Early Learning Division to the Legislative Task Force on Access to Quality Affordable Child Care

Table of Contents

OREGON DEPARTMENT OF EDUCATION
EARLY LEARNING DIVISION

The Early Learning Division is submitting the follow report to the legislative Task Force on Access to Quality Affordable Child Care as instructed by HB 2346. This report is the first of three reports that are due to the Task Force and covers the current programs, policies, funding, and populations served by child care subsidies in Oregon. The report also addresses the professional development opportunities, accreditation and licensing standards and recruitment efforts for child care providers.[i]

[i] The Early Learning Division is working with the Oregon State University Oregon Child Care Research Partnership to conduct the additional two studies required under HB 2346:
(1) Study and prepare a report on the supply of and demand for child care by geography and household demographic information, including age, race and ethnicity and language spoken in the home.
(2) Study and prepare a report on the barriers to accessing existing child care subsidies, including conducting voluntary interviews or surveys of families that have accessed child care subsidies in the past, families that access child care subsidies presently and child care caseworkers or providers who have assisted families with accessing child care subsidies.
Reports on these two studies are due to the Task Force on June 30, 2020.

I. Introduction to Purpose of Child Care and Essential Issues of Access, Affordability, Quality and Supply

Child care plays two central roles for Oregon's families: it enables families to work and supports the early learning and school readiness of young children.

Is there a difference between child care and early care and education?

The early childhood community does not make a distinction between child care and early care and education. Early Care and Education encompasses nonparental care birth to kindergarten entry, as well as before and after school care through age 12. Early care and education encompasses the care that occurs outside a child's home, including child care centers, family child care homes, preschool programs, and Head Start/Early Head Start programs.

Early Care & Education is delivered across a variety of settings.
This is why it is known as **"mixed-delivery"** system.

In this report, the two terms are used largely interchangeably. When the term "child care" is used, it will mostly be used to refer to early care and education programs that are primarily financed by parent's tuition or parental fees.

Yet Oregon's current system of early care and education is failing to meet either of these needs. Families across the state struggle to find stable, quality child care that meet their needs and when they can find it, it is often at a cost that imposes incredible financial burden on often already overburdened families. Oregon businesses are also reporting the impact of quality child care on their bottom line, as they struggle to find employees or as the effect of unstable, low quality child care arrangements causes workers to miss days and lose productivity.

Altogether, these challenges have a direct and lasting impact on children. Families are often forced to settle for lower-quality early childhood experiences, or to move children from one care arrangement to the next, undermining the attachments between children and caregivers that are so important for development and social-emotional health. And while high-quality early care and education programs help children develop the social-emotional, language and cognitive skills that will help them succeed in school, low-quality care does not have these lasting positive outcomes and has been associated with negative impacts on behavior.

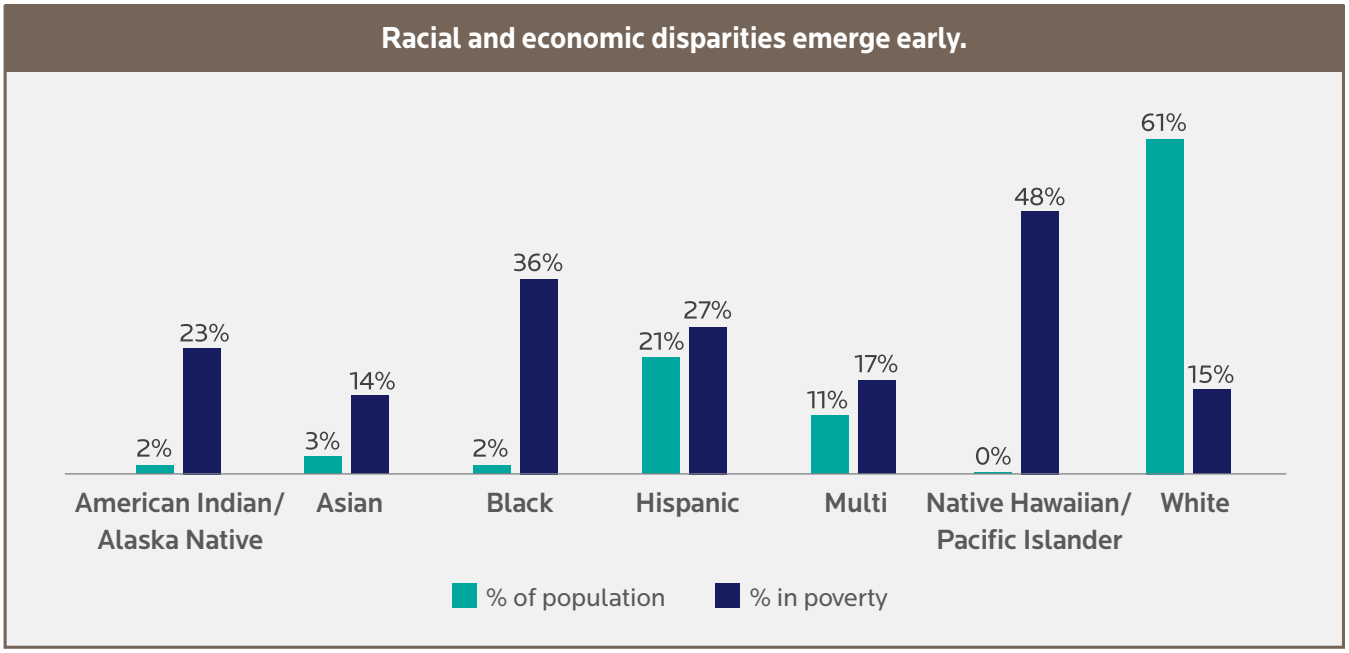
Access to quality, affordable early care and education is an issue of equity. Zip code, income and race/ethnicity are powerful predictors of whether children and their families experience conditions that are optimal for young children's development, including access to high-quality early care and education. Breaking the link between these inherited factors and life outcomes can only happen if we change the circumstances of families, which means changing the distribution of opportunities. Across the country, families with higher incomes participate in early care and education programs at higher rates and invest more in these programs. Disparities in access to high quality early care and education contribute to the disparities in outcomes and opportunities that are seen in K-12. Closing the gaps in access to early care and education will ensure that more children arrive at kindergarten ready to succeed.

Figure 1. Equity and Access

Access to early care and education is an equity issue

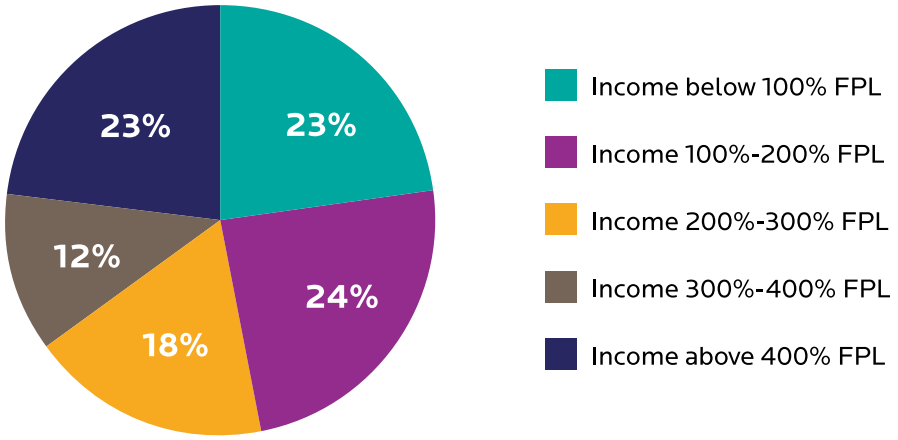
Zip Code, **income**, and **race/ethnicity** are powerful predictors of a child and family's access to high-quality early care and education

Figure 2. Oregon children under five: percent of population and percent in poverty by racial/ethnic group



There are over 236,000 children in Oregon under the age of five, with almost half of those children living in low-income families earning less than 200% of the Federal Poverty Line (FPL), $42,660 for a family of three.

Figure 3. Income distribution for Oregon families with children under 5

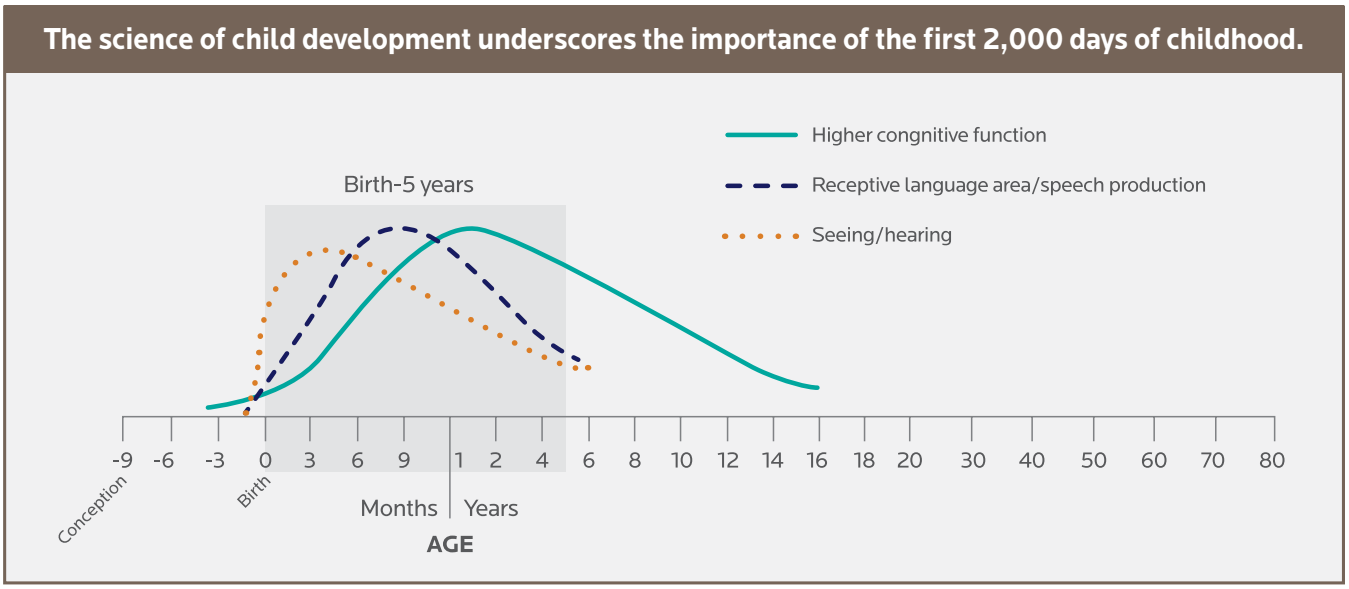


Source: Ajay Chaudry, Christina Weiland and Taryn Morrissey. "A comprehensive plan for birth-to-five early childhood care and education services in Oregon." September 2019.

Nearly two thirds of children either have both parents or a single parent employed.[i] For these families, early care and education is a necessity; for many of these families no public resources are available to underwrite family payments or to support early care and education program quality. Recent research demonstrates that access to stable, affordable quality child care, in addition to the positive impacts on school readiness, also increases labor force participation of women and increases the earnings of women over a lifetime.[ii]

The first five years of life are a period of rapid brain development and the experiences that children receive during this critical period have a lifetime impact. Thus, children's early care and education has a profound impact on children's development and their acquisition of social-emotional, language and cognitive skills, all of which are critical to their school and life success.

Figure 4. Synapse formation in the developing brain



Access to early care and education is not enough. The quality of early care and education matters. Research demonstrates the quality of care impacts child development and school readiness. This is true for infants and toddlers, as well as preschoolers. Early care and education professionals who have a knowledge of children's social-emotional, language, and cognitive development, and are able to provide children with warm, supportive and responsive interactions that meet them at their stage of development, and support their increased competence in these keys areas, promote more positive outcomes and increase the likelihood that children will succeed in school.

In order for early care and education to both support families' ability to work and to promote positive child development, it must be accessible and affordable, available, and of high quality. Parents need child care that is accessible: it must be conveniently located to where they live and work, fit their work schedule, and be responsive to their home language and culture. Families need to be able to afford it. The supply of child care must be sufficient so that there are enough child care slots for each age to meet the demand of parents. Parents also want child care that is high quality, safe, healthy, culturally/linguistically responsive, and supports the development of their child.

However, the reality in Oregon and across the nation is that child care costs too much for parents; pays too little to providers; is often of too low quality; and even when parents can afford it, they have trouble finding it.

Cost of child care for parents

According to the 2018 Child Care Market Rate Study from Oregon State University, the median monthly price of child care for a preschool age child was $870 and for an infant $1,211. At an annualized price of $14,532, the cost of full-time care for an infant significantly exceeds the $10,366 charged by Oregon State University for in-state tuition. While there are wide variations in the price of child care between regions and within markets, the financial burden on families is real. Child care can often be the single largest household expense, even surpassing the cost of housing.

Table 1. Monthly child care and housing costs in Oregon

Monthly Median Income – 2 Parent Household	$4,512
Child Care (average cost per infant – center per month)	$1,211
Housing (Fair Market 2-bedroom apt per month)	$1,028
Food (USDA "low-cost" food plan per month)	$700
Remaining available	$1,573

For a family making median income with just 1 infant in care, child care, housing, and food costs are nearly 70% of the monthly household budget.

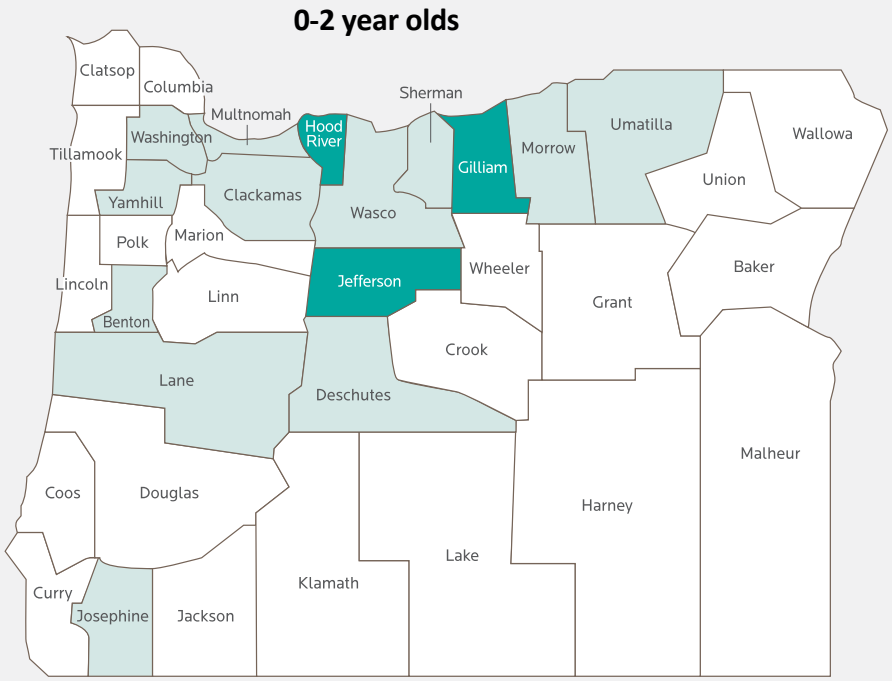
Compensation of providers

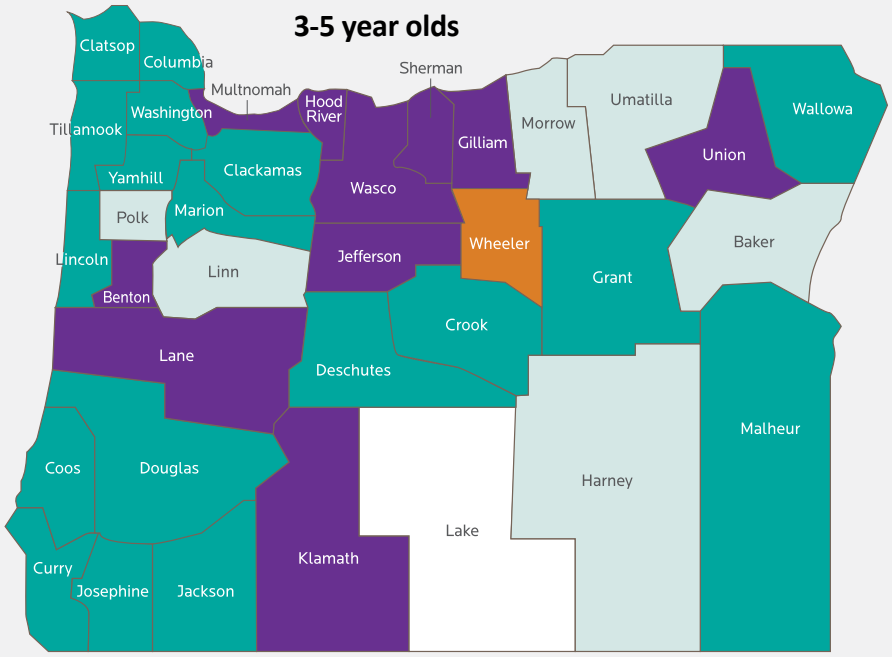
While the cost of child care is too high for many families, child care remains a financially precarious business with low profit margins and low wages for child care providers. The median wage for an early care and education teacher working in a center ranges between $12 and $17.05 per hour.[iii] Home based providers typically earn far less. A consequence of low profit margins and low wages is high turnover. Each year, a significant number of early care and education businesses shut their doors and providers leave the field. According to estimates from Oregon State University, one of four members of the early care and education workforce leaves the profession each year. This high turnover rate disrupts continuity of care for children, forces families to scramble to find new arrangements and contributes to the overall deficit in the supply of child care. The low levels of compensation also have a negative impact on quality, making it more challenging to encourage additional training or education, especially when the additional training and education will not be matched with commensurate increases in salaries.

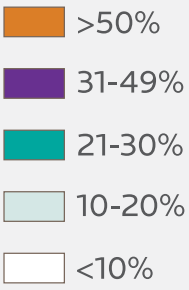
Supply of child care

Oregon's families, businesses and communities are reporting a shortage in the availability of child care, particularly care for infants and toddlers. A recent study from Oregon State University confirms these reports[iv] Using the nationally adopted definition of a child care desert as any area with fewer than one regulated early care and education slot for every three children, the OSU researchers mapped the supply of child care across Oregon. For all children under the age of five, they found that only nine counties in Oregon did not meet the definition of a child care desert, and every county in Oregon was a desert for infant and toddler care, with fewer than one child care slot for every eight infants and toddlers in the state.

Map 1. Percent of Oregon Young Children with Access to Regulated Child Care Slot by Age







0-2 year olds includes children birth through age 2.

3-5 year olds includes children 3 through the end of age 5.

Slots are defined as regulated child care slots, including Certified Centers, Certified Family, and Registered Family Providers.

Data sources: *Access to child care is calculated by taking the Estimated Supply of Child Care in Oregon as of January 2018 (Analysis by Oregon Child Care Research Partnership, Oregon State University using data collected by 211 and the CCR&R system), and dividing it by the population of children in the county who fall in the age group (2017 Annual Population Report Tables, Portland State University Population Research Center).*

Impact of Quality

With 90% of brain development taking place before the age of five, the quality of early experiences matter. High-quality care provides developmentally appropriate experience that are interactive and stimulate learning. Children who participate in high-quality care have fewer behavioral issues and perform better in school. Low-quality care has been associated with negative impact on children's development and behavior. Much of the child care in the United States has been evaluated as being of medium or low quality.[v] The quality of care is in significant part a resource issue. Low wages result in high turnover and discourage investments in professional development and education. Child care programs often have limited access to technical assistance and professional training that supports the practice of continuous quality improvement.

II. Overview of Key Components of Oregon's Early Care and Education Subsidy Programs

House Bill 2346 requires the provision of information on several key components of Oregon's child care subsidy programs. There are five primary subsidy programs: Employment Related Day Care (ERDC), Preschool Promise, Oregon Head Start Pre-Kindergarten (OPK)/Head Start, Early Head Start, and Baby Promise – discussed in this report.

ERDC: The Employment Related Day Care program (ERDC) is the largest program in Oregon providing subsides to parents to offset the cost of child care serving an average of 7,385 families and 14,890 children each month.[vi] TANF and the JOBS program also provide subsides for child care for their participants to support training, education and job search activities. ERDC operates as a federal/state partnership whose purpose is to improve child outcomes and support parental employment. Federal dollars come in the form of a block grant through the Child Care and Development Fund that provides states the ability to shape a child care subsidy program to fit state needs. States have key policy levers with which they determine who gets served with what types of services and for how long.

Preschool Promise is a high-quality mixed delivery preschool program funded by the state. It is delivered through elementary schools, Head Start programs, relief nurseries, licensed center and home-based child care programs, education service districts, and community based organizations. The Preschool Promise program serves approximately 1,300 of 40,000 eligible children ages 3 to 4, whose families have incomes up to 200% of the Federal Poverty Level. Nearly 25% of slots are delivered through K-12 schools and Head Start grantees. Providers offer comprehensive preschool services with instructional hours equivalent to full-day kindergarten. Comprehensive services include child level assessments, parent/teacher conferences, screenings and referrals to connect children and families to community resources. All programs must follow research-based standards that are associated with positive outcomes for children.

Oregon Head Start Pre-Kindergarten (OPK) is a statewide program based on the federal Head Start model that serves approximately 8,000 of the 20,000 eligible children, in addition to the nearly 4,000 served by federal Head Start funds. The Oregon Head Start Pre-Kindergarten (OPK) provides preschool education, child health and nutrition, and family support services throughout the state to children ages three to five years in families at or below 100 percent of the federal poverty level. OPK is delivered through a variety of grantees including schools, non-profits, and institutions of higher education. The purpose of the program is to provide children with the skills necessary to be successful in school, assist families in understanding the needs of their children, and encourage families to be involved in their child's education. Children and families are referred to and helped with obtaining health, dental and mental health and other social services. OPK/Head Start is available in all 36 counties in Oregon with 21 programs receiving federal and state funds and seven programs receiving state funds only.

Early Head Start (EHS) is the birth to age three companion program to Head Start. EHS provides comprehensive services to children under age three and expectant mothers living at or below the federal poverty level. The services are a critical link for children to gain necessary skills to be successful in school, to assist families in understanding the needs of their children, and to encourage families to be involved in their child's education. The programs provide services focused on the whole child, including early education addressing cognitive, developmental, and socio-emotional needs; medical and dental screenings and referrals; nutritional services; mental health services; parent engagement activities; and referrals to social service providers for the entire family. Currently, there are 2,217 enrolled slots, 64 of which are funded by the state.

Baby Promise is a new strategy to help stabilize and build the supply of quality care for infants and toddlers. Working with Child Care Resource & Referral Agencies (CCR&Rs), the state will contract directly with providers for care for infants and toddlers from families earning less than 200% FPL. These contracts will be based on the real cost of providing quality infant and toddler care and help

provide financial stability for providers, reducing turnover in the field. Baby Promise providers will participate in professional development focused on the care of infants and toddlers and receive supports to strengthen business practices. Three CCR&Rs were selected for the pilot and will be working with 42 providers to serve 230 children. Like Preschool Promise, the full range of licensed early care and education programs, including family child care homes, child care centers and Early Head Start grantees, will be eligible to participate in Baby Promise. During the 2019 session, the Oregon Legislature passed HB 2024 which provides a permanent statutory framework for Baby Promise.

The Oregon Student Child Care Grant Program was established to assist parents enrolled in postsecondary education obtain safe, dependable care that supports their children's development while attending a post-secondary education institution. Oregon resident undergraduates with a child or legal dependent 12 years of age and under or if over age 12, with circumstances requiring dependent care are eligible. Students (the parent) must be attending school full time. Grant funds are distributed to the student by the post-secondary institution as part of the financial aid package. It is the student's responsibility to pay the child care provider. During the 2017-19 biennium, $950,544 was allocated for this grant program, enabling 83 students to receive student child care grant during 2018-19 academic year. The grant program historically runs out of funds and cannot serve the number of students who submit applications and qualify. *(Because this is a grant directly to the student, it is not included in the chart below.)*

The Student Success Act: A historic investment in early care & education

The Student Success Act creates a new Early Learning Account to fund investments focused on children under the age of five and their families: $200 million per year (or at least 20% of the overall SSA investment of $1 billion) will serve 15,000 children birth to five years old including in the following ways:

Table 2. Use of Student Success Act for early care and education

ECE Program	Purpose	Funding	Children Served
Oregon Prekindergarten (OPK): Early Head Start (PN-3)	• Provide high-quality infant/toddler education to children in poverty (< $26K/year for a family of 4)	$22.3	1,189
OPK: Head Start (3-5)	• Expand existing OPK slots to be full-day, include teacher salaries, and duration • Provide high-quality pre-kindergarten to children in poverty • Provide comprehensive health, nutrition, and other supports to children and families in poverty	$44.4	Up to 2,658
Preschool Promise (3-5)	• Provide high-quality pre-kindergarten to children in low-income families	$30.8	2,565

Table 3 introduces these key components of administration, funding, child/family eligibility, children served, parent delivery, providers, licensing, general hours of operation, rate setting, and provider financing mechanism. The following sections of the report provide more detailed information. Additionally, House Bill 2346 specifies inclusion of information on professional development opportunities and recruitment of early care and education providers. This information is discussed in Section IX.

Table 3. Overview of Oregon's early care and education subsidy programs

Early Care & Education Subsidy Programs in Oregon (2019-2021 biennium)					
	Employment Related Day Care (ERDC)	**Preschool Promise**	**Oregon Head Start Pre-Kindergarten (OPK)/ Head Start**	**Early Head Start**	**Baby Promise**
Administration	**DHS**	**ELD**	**ELD**	**ELD**	**ELD**
Funding *All dollar amounts in millions*	$66.5 (state) $116.3 (federal)	$37.1 (state)*	$156.4 (state)* $122.4 (federal)	$1.7(state)* $64.2 (federal	$11 (federal)
Who's eligible	Children through age 12 with working parents with income below 185% FPL	Three- and four-year children from families with incomes below 200% FPL	Three- and four-year children from families with incomes below the FPL	Expectant mothers and children under the age of three from families with incomes below FPL	Children under the age of three from families with income below 200% FPL
Children served	14,890	1,300*	12,500 8,100 (state)* 4,400 (federal)	2,217 64 (state)* 2,139 (federal)	230 – *projected for 2020*
Percent eligible served	15%	3.25%*	62.5%*	8% *	N.A. – *in pilot phase*
Parent Copayment?	Yes	No	No	No	No
Who can deliver services?	• Family members • Licensed-exempt providers • Licensed child care family homes and centers	• Licensed child care family homes and centers • OPK providers & federal Head Start grantees • Public schools	• federal Head Start grantee • state OPK grantee	• federal Head Start grantee • state OPK grantee	• Licensed child care family homes and centers • OPK providers & federal Head Start grantees • Public schools
When is a child care license not required?	• Family members or caring for three of fewer unrelated children • Services offered by government agency • School age and preschool programs operating four or fewer hours per day	• Services offered by government agency	• Services offered by government agency • Preschool programs operating four or fewer hours per day	• Services offered by government agency	• Services offered by government agency
General hours of operation	Most providers operate full year and hours that meet needs to working parents (e.g., 7am – 6pm). There are some providers who also provide evening, night and weekend care.	Equivalent of kindergarten school day and school year hours	• The standard OPK/Head Start hours are minimum of 3.5 hours per day and 160 days per year • Some OPK/Head Start contract with ERDC for extended hours and days • Student Success Act Funds include resources for OPK programs to extend their hours of duration	Minimum of 1,380 hours of year	See ERDC
Rate setting for programs	Percentage of Market Price Study	Cost Model	Cost Model	Cost Model	Cost Model
Payment Mechanisms for Program	Vouchers & Contracts	Contracts	Contracts	Contracts	Contracts

**does not include new investments from Student Success Act*

III. Administration

Four of the five programs are administered by the Early Learning Division and one is administered by the Department of Human Services. The four programs that are administered by the ELD include Preschool Promise, Oregon Head Start Pre-Kindergarten (OPK)/Head Start, Early Head Start, and Baby Promise. The federal government also contracts directly with Head Start and Early Head Start and providers monitoring and oversight to those grantees. Employment Related Day Care (ERDC) is administered by the Department of Human Services. For ERDC, the federal funds are received by the Early Learning Division as the lead CCDF agency and then transferred to DHS through an Interagency Agreement. The Department of Human Services is responsible for determining families' eligibility, calculating copayments, calculating provider payments and issuing provider payments. Licensed child care providers receive regular health and safety inspections conducted by the Office of Child Care of the Early Learning Division. Non-relative license exempt providers (mostly providers serving three or fewer children) receiving subsidies (referred to as "Regulated Subsidy Providers") also receive annual health and safety inspections conducted by the Early Learning Division's Office of Child Care.

IV. Funding

Over 70% of Oregon's Early Care and Education is Financed Directly by Parents

While the cost of K-12 education is largely publicly funded, this is not the case for early care and education. Out of the approximately $1.3 billion that is spent annually in Oregon on early care and education, about 72% – around $920 million – comes straight out of the pockets of parents. The percentage of cost of early care and education that is born directly by parents in the form of tuition and fees helps explain why child care consumes such a large part of families' budgets and why early care and education programs lack resources to support quality.

Figure 5. Parent, federal and state government investment in early care and education in Oregon

Source: Oregon Child Care Research Partnership, Oregon State University, 2018

While the public share represents about a third of the total investment, these subsidies play an important role in addressing affordability, access, supply and quality of the early care and education programs available to families in Oregon.

Oregon's public investment draws heavily on federal revenue

Oregon relies upon several federal funding streams as part of its funding for early care and education. About 19% of Oregon's investment in early care and education is federal. These include the federal Head Start and Early Head Start programs, as well as the Child Care and Development Fund (CCDF).

A significant portion of the federal investment is through the Child Care and Development Fund (CCDF). CCDF is a system approach that requires states to address all aspects of early care and education, including access, affordability, supply and quality. CCDF requirements apply both to state subsidy programs and broad aspects of the system, including licensing, professional development and quality improvements. One of the requirements is for states to submit a CCDF plan that requires descriptions of all of these elements and that must be approved by the federal Office of Child Care. In Oregon, the Early Learning Division, as the CCDF lead agency, is responsible for developing, submitting, and implementing the state plan. There are seven purposes of the CCDF, which are:

(1) To allow each state maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within that state

(2) To promote parental choice to empower working parents to make their own decisions regarding the child care services that best suits their family's needs

(3) To encourage states to provide consumer education information to help parents make informed choices about child care services and to promote involvement by parents and family members in the development of their children in child care settings

(4) To assist states in delivering high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance

(5) To assist states in improving the overall quality of child care services and programs by implementing the health, safety, licensing, training, and oversight standards established in this subchapter and in state law including] state regulations

(6) To improve child care and development of participating children

(7) To increase the number and percentage of low-income children in high-quality child care settings.[vii]

States are required to set aside a minimum of 9% of funds to support quality and 3% of funds to improve the supply and quality of care for infants and toddlers.[viii] After these set asides, and in keeping with amounts permitted to be spent on administration, at least 70% of funds must be used for direct services, which typically translate into investments in programs such as ERDC and Baby Promise that benefit low-income children. Key CCDF provisions address the following areas:

- Activities to improve the quality of care
- CCDF Plan
- Consumer and provider education
- Criminal background checks
- Eligible children
- Eligible families
- Eligible providers
- Establishing priorities
- Family cost sharing
- Health and safety
- Licensing of providers
- Limit on administrative costs
- Minimum for direct services
- Minimum expenditures on quality
- Parental choice
- Payment methods
- Provider payment rates

Oregon is projected to receive $189.8 million in CCDF over the 2019-21 biennium. The ELD transfers $116.3 million of those funds to the Department of Human Services for the Employment Related Day Care (ERDC)

subsidy program. These CCDF funds are combined with an additional $63.5million in state General Fund for a total biennial funding of $181.8 million for the state CCDF child care subsidy program, ERDC. The $73.5 million retained by the ELD supports child care licensing, background checks and registration for child care providers, the early childhood professional development system, including the 13 regional Child Care Resource & Referral agencies, child care quality improvement initiatives such as Spark, and the Baby Promise Quality Infant Toddler Care pilot.

While states do have considerable discretion as to how to spend CCDF and how to structure their child care subsidy programs, the CCDF does come with a number of requirements and guidance. In 2014, Congress reauthorized the legislation that provides funds for CCDF. These changes were articulated in the 2016 CCDF Rule. The 2016 Rule includes new mandates for quality, training, eligibility, background checks, among other items. It requires for the first time that license exempt child care provider not related to the child, but participating in the child care subsidy program, receive annual on-site health and safety inspections. In Oregon, providers serving three of fewer children are exempt from state child care licensing requirement, as are programs serving preschool age children (three- and four-year-olds) and school age children (older than five) for four or fewer hours per day and programs that are under the auspices of a governmental entity. States are also now required to provide twelve months of "protected eligibility" for families who receive child care subsidies paid for with CCDF. This new provision is meant to aid child development and support families by increasing continuity of care and reducing instability in care arrangements for families.

In 2018, Congress significantly increased funding for CCDF. This increase has translated into $26 million in additional funding for Oregon per year. Oregon is using these new funds to strengthen its child care licensing system, offset the cost of the fingerprinting and training requirements, increase supports for the regional Child Care Resource & Referral system, pilot Baby Promise and add new incentives for providers offering non-standard hours of care for ERDC families. The most significant portion of those funds went to increase the maximum reimbursement rate for child care providers serving ERDC families.

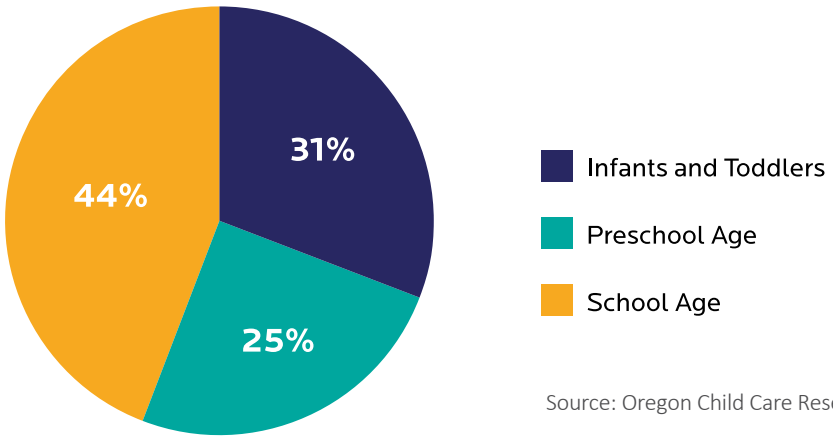
V. Eligibility and Children Served

ERDC

Available federal and state resources are insufficient to meet the demand for subsidized care. Oregon currently serves an estimated 15% of children eligible for services under current ERDC eligibility rules. How states manage these limited resources determines who will be served, how many parents and children will be served, and the type and quality of the services they receive. States manage a CCDF child care subsidy program through decisions made on key policy levers. Examples include reducing eligibility or provider payments or increasing copayments in order to serve more children or to reduce expenditures.

In Federal Fiscal Year 2018 Oregon, provided ERDC to 19,737 (unduplicated) children and an additional 2,653 children received child care subsidies through the TANF program. Of the children served by ERDC, 31% were infants and toddlers (under the age of three), 25% preschool age (three- and four-year-olds) and 44% school age (older than five).

Figure 6. Age of Children Served by ERDC



Source: Oregon Child Care Research Partnership, 2019

Across all children, 50% (11,121) of children served were identified as at least one race/ethnicity category other than White. 68% of children were identified as White, however 18% of those children also identified as a person of color (i.e., mixed race/ethnicity). Within the population of children of color, 50% identified as Latino/Hispanic, 3% Asian, 28% African American/Black, 7% American Indian, and 2% Pacific Islander. Geographically, the majority of children live in metro counties (87%), with the highest number of children in Multnomah (25%), Washington (14%), Lane (11%), and Marion (10%) counties. The remaining 13% of families live in either micro (11%) or noncore (2%) counties. See Table 4below for county estimates.

Table 4. Number of unique children served by ERDC by count in federal fiscal year 2018

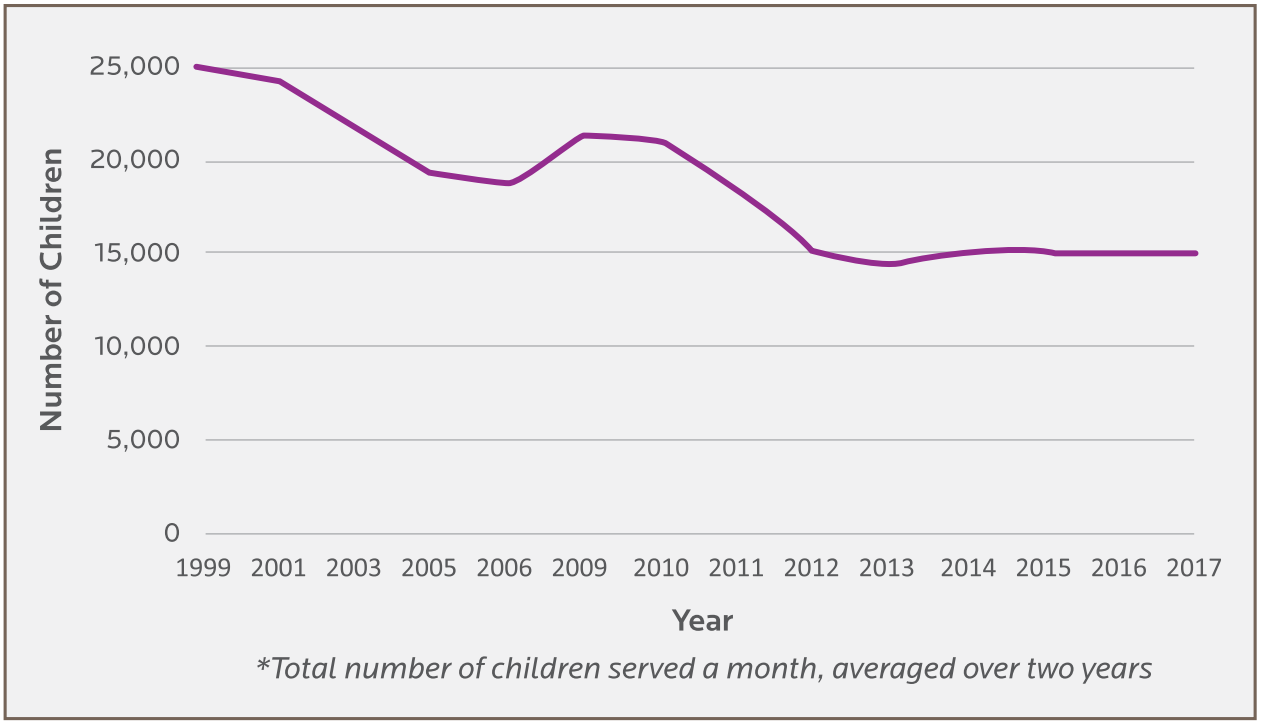
County	Freq.	Percent	Region
Baker	82	0%	noncore
Benton	145	1%	metro
Clackamas	1,237	6%	metro
Clatsop	119	1%	micro
Columbia	230	1%	metro
Coos	265	1%	micro
Crook	79	0%	micro
Curry	73	0%	micro
Deschutes	591	3%	metro
Douglas	482	2%	micro
Gilliam	3	0%	noncore
Grant	29	0%	micro
Harney	7	0%	noncore
Hood River	75	0%	micro
Jackson	1,173	6%	metro
Jefferson	164	1%	noncore
Josephine	367	2%	metro
Klamath	231	1%	micro
Lake	2	0%	noncore
Lane	2,220	11%	metro
Lincoln	113	1%	micro
Linn	456	2%	metro
Malheur	158	1%	micro
Marion	2,119	11%	metro
Morrow	27	0%	micro
Multhomah	4,813	24%	metro
Polk	429	2%	metro
Sherman	1	0%	noncore
Tillamook	52	0%	noncore
Umatilla	374	2%	micro
Union	158	1%	micro
Wallowa	11	0%	noncore
Wasco	118	1%	micro
Washington	2,828	14%	metro
Wheeler	1	0%	noncore
Yamhill	501	3%	metro
Oregon Total	**19,733**		

Source: Oregon Child Care Research Partnership, 2019

ERDC receives a fixed amount of funding for each biennium. Program administrators must be careful to ensure that the cost of the program does not exceed the allocated funds. This requires DHS to monitor the caseload to make sure it is at a sustainable level given the available resources. When the caseload exceeds this sustainable level, a reservation list (or waitlist) is imposed. Even when there is reservation list, families who meet certain criteria – such as families who are transitioning out of TANF – are eligible for ERDC without going on the reservation list. Families who do not meet these criteria wait until there is an opening and are selected from the reservation list based on the date that they were added, with the first to apply as the first selected. Oregon used a reservation list between 2010 and 2016. As of March 2018, ERDC enrollment has been with no reservation list in place.

Prior to the 2007 legislative changes in Oregon ERDC policies, serving as many children as possible was a state priority. As concerns about short spells of participation in the subsidy program (median subsidy spells of 3-4 months) and low provider payment rates emerged (as low as 26th percentile of the 2006 Marker Price Study), the 2007 legislature made substantive changes in ERDC policies. As a result, the program grew, subsidy spells were slightly longer and provider payments were higher. Budget cuts in 2010 led to reduced enrollments and the implementation of a reservation list. Then in 2014 Congress revised the Child Care and Development Block Grant, the legislation which authorizes CCDF and the federal Office for Child Care followed with the 2016 revised CCDF Rule. The Rule aimed to increase the stability of subsidized child care and increase the emphasis on safety and quality of this care. Key policies were changed but resources were not increased sufficiently to provide these improved services to the same number of children. In 2015, the Oregon legislature allocated additional state funds to the ERDC program to help meet the need created by the 2014 CCDF Reauthorization. While this was a significant increase in state funding, it was not sufficient to meet the full needs created by the reauthorization. As can be seen in the following graphic, the number of children served by the child care subsidy program has declined over time but has been fairly stable for the last five years.

Figure 7. Number of Oregon children served by ERDC



Source: Oregon Child Care Research Partnership, 2019

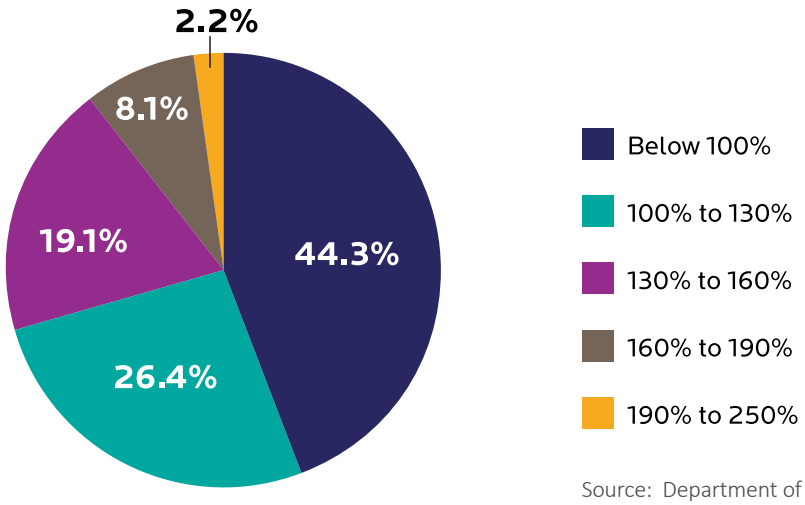
ERDC Policy Choices

Eligibility

Federal requirements CCDF rule mandates that states set initial eligibility at less than 85% of State Median Income (SMI) or $59,495 for a family of three, which is equivalent to approximately 291% of the Federal Poverty Level[iv]. CCDF rule further requires that to be eligible, a child birth to age 13 (unless disabled) must reside with a parent or parents[x] responsible for the care, control and supervision of the child and who are (a) working or attending a job training or educational program or (b) receiving, or needs to receive, protective services. States are provided with flexibility to define work, training or education as they see fit. In Oregon, work is defined to mean at least one caretaker must receive income from employment, including self-employment, or through paid work experience, paid practicum assignments and federal work study as part of an education program. There are no required minimum work hours. In a two-parent family, an unemployed parent is expected to care for a child unless a disability prevents doing so. Consistently over 90% of subsidy participants are single parents. States are to phase-out assistance when income increases above the SMI threshold at the time of redetermination but remains below the federal threshold of 85% of the SMI.

Federal guidance The federal Office of Child Care encourages states to establish processes to take into account irregular fluctuations in earnings occurring such as absence from employment due to extended medical leave or changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters. During a phase-out period, states could adjust copayments for families to create a gradual shift in how families must adjust their budget to cover the full cost of care once they are no longer receiving a subsidy, but should consider how to do this in a way that minimizes paperwork and reporting burdens on working families.

Figure 8. Employment Related Day Care participation by income (as percent of federal poverty line)



Source: Department of Human Services, 2019

Oregon current practice In Oregon, the legislature sets the income eligibility and exit limits. In order for a family to enroll in ERDC, their income must not exceed 185% FPL. However, once they have enrolled in the program, they can stay enrolled until their income exceeds 85% of SMI or 250% of FPL (the "exit" eligibility), whichever is higher. Oregon includes all income received by the immediate family members living in the household except transfer income or earned income of children and foster care/guardianship payments. Gross income received through self-employment is allowed a 50% deduction or full cost deduction. Increases in income occurring during the eligibility period do not need to be reported unless the income rises above the 85% SMI or 250% FPL whichever is higher (exit income limit). ERDC cases that remain eligible above 85% SMI but under 250% FPL are paid through Oregon General Funds[xi]. Oregon serves children birth

through age 12 (or through the age of 17 if child has special need). The child must reside with a parent who is working. In certain cases, Oregon allows CCDF assistance for education and training participation alone, without a work requirement.

Post-secondary students who meet the standard income and work eligibility requirements for ERDC and are enrolled in the program can also have child care for their class related hours covered so long as their class hours do not exceed their work hours.

Length of Eligibility Period

Federal requirements Disruptions in care arrangements have been shown to be harmful for children. In recognition of this, the 2014 Congressional Reauthorization put significant emphasis on policies that support continuity of care for the child. The CCDF rule require states to set a minimum 12-month eligibility re-determination period, regardless of changes in income (as long as income does not exceed the federal threshold of 85% SMI) or temporary changes in participation in work, training, or education activities. States may not terminate assistance prior to the end of the 12-month period if: a family experiences a temporary job loss or absence from employment due to extended medical leave or changes in seasonal work, or; if a parent enrolled in training or educational program is temporarily between semesters and not attending class. The level of supports, including child care hours can be increased during the certification period, but not decreased.

Federal guidance The federal rule allows states the option to terminate subsidy assistance prior to re-determination if a parent loses employment. However, assistance must be continued for at least three months to allow for job search. Time in addition to three months may be allowed if an employer verifies the employee will be called back to work after a layoff. The rule gives states the flexibility to consider a child's developmental needs and family circumstances, split work schedules, breaks between education courses, and sleep time for parents who work multiple jobs or have nontraditional work hours.

Oregon current practice Oregon began to implement 12-month eligibility periods and 3-month job search policy in October 2015. ERDC enrollment will be terminated prior to the end of the twelve month eligibility period if the parent has a permanent loss of employment. A permanent loss means the caretaker does not plan to return to their employer, and a return to work date was not given to the employee. For temporary job losses, where a return to work date is established, the work search period is extended to the verified return date. Clients are given up to three full months for a permanent job loss with waiving the copayment to locate new employment. When new employment is not reported to DHS by the end of the client's work search period the case is closed. A work search notification letter with employment resources, a reminder to report new employment and the case closure date is automatically mailed to the client when a permanent job loss is reported. A second letter is automatically mailed to the client in the closure month.

Eligibility for Preschool Promise, Oregon Head Start Pre-Kindergarten/Head Start, Early Head Start and Baby Promise

All of these early care and education programs are targeted to specific age ranges and income levels. Both Preschool Promise and OPK/Head Start serve three- and four-year-olds. Preschool Promise serves children in this age range from families up to 200% FPL and OPK/Head Start families up 100% FPL. Baby Promise and Early Head Start focus on infants and toddlers (Early Head Start also serves expectant mothers), with Baby Promise up to 200% FPL and Early Head Start 100% FPL. Preschool Promise, OPK and Early Head Start do not require parents to be meet a work, training or educational hours requirements. Currently families have multiple points of entry into the ELD

administered programs, which are different than the point of entry into ERDC. The Early Learning Division will be working with the Early Learning Hubs to develop community-based strategies for coordinated enrollment for early care and education programs administered by ELD. Once families have been determined eligible, they cannot lose eligibility during the program year. The table below summarizes the approach.

Table 5. Eligibility provisions

	Preschool Promise	Oregon Head Start Pre-Kindergarten/ Head Start	Early Head Start	Baby Promise
Child age of eligibility	3 and 4 years old	3 and 4 year olds	Infants and 2 year olds; expectant mothers	Infants and 2 year olds
Parental work/ training requirement	none	none	none	Same as ERDC
Family income	Up to 200% FPL	Up to 100% FPL	Up to 100% FPL	Up to 200% FPL
Length of enrollment period	For two program years	For two program years	For entire age period	Program year
Eligibility determination	ELD contracted providers	ELD contracted providers	ELD contracted providers	ELD contracted providers

VI. Parental Copayments

ERDC

Federal requirement The CCDF rule requires states establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's copayment. The federal policy also allows states to wave copayments in a number of circumstances, including for populations that CCDF has designated as vulnerable and particularly struggling to access child care. Some states waive the copayment for families who earn less than the Federal Poverty Line ($21,330 for a family of three).

Federal guidance The federal Office of Child Care recommends that copayment amounts not exceed 7% of family income. OCC allows states to consider other factors when determining copayment.

Oregon current practice The family's copayment is determined by calculating a percentage of the family's income at initial certification. The formula takes into account family size as well as income. The copayment may not increase during the 12-month certification period due to wage increases or job changes[xii]. If a copayment exceeds the cost of care, the parent is determined to be ineligible for participation in ERDC. There are a number of situations where the copayment is waived.

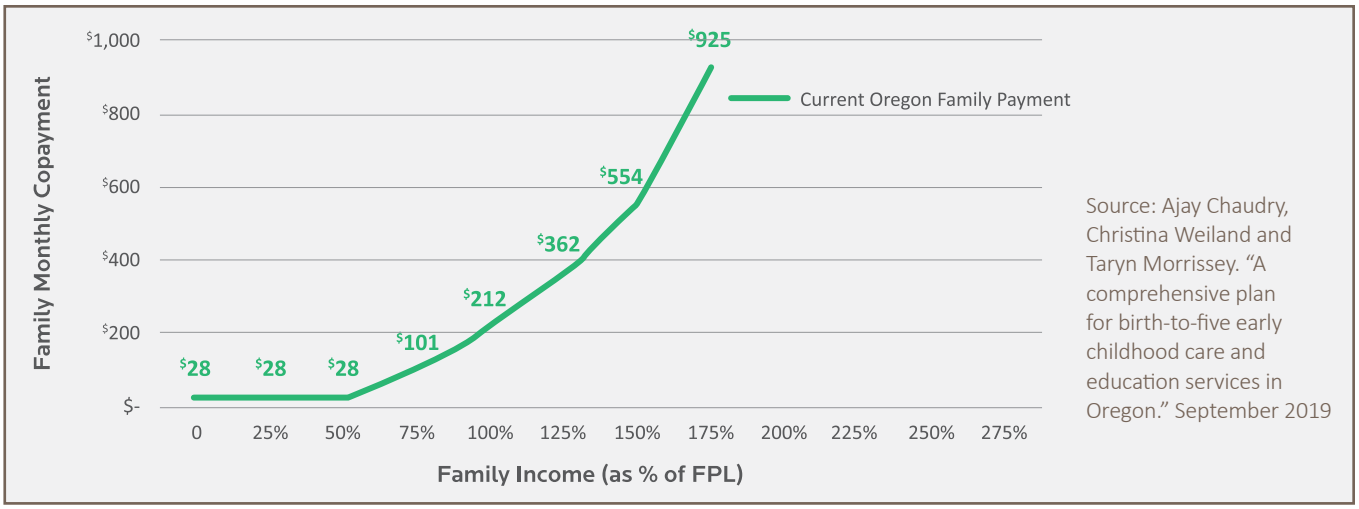
- Authorized Work Search during lapse of employment[xiii]
- Head Start contracted slots[xiv]
- Working TANF families receiving child care funded through CCDF[xv]

Families receive a lower copayment when they use a Spark rated provider as follows: the $27 copayment is reduced to $0, copayments of $28 to $200 are reduced by $20 a month, copayments of $201 or more are reduced by 10%. Spark is Oregon's quality rating and improvement system.

Of those families with reported income in FY 2018, approximately 92% percent paid a copayment. For families that were assessed a copayment, the average copayment was 12.8% of family income. For the lowest income families receiving ERDC (below 50% of FPL), copayments are $27 per month. As family income rises, so do copayments. When family income approaches 185% FPL ($39, 460 for a family of three), copayments rise significantly above the 7% federal guideline to about 25% of their income per month. This is about $656 for a family of two up to $1,719 for a family of eight or more.

Copayment collection is not monitored and some providers may not always be collecting the copayment (in part or full) from families. Providers can also collect the difference between what they charge and what the state pays, so the actually parent payment could be higher. (See section VIII.)

Figure 9. Oregon current family monthly copayment schedule by family income



Source: Ajay Chaudry, Christina Weiland and Taryn Morrissey. "A comprehensive plan for birth-to-five early childhood care and education services in Oregon." September 2019

Copayments for other early care and education programs

Preschool Promise, OPK/Head Start, Early Head Start and Baby Promise do not charge a copayment.

VII. Who Delivers Services and Hours of Operation

Provider types and typical hours of operations

Oregon is committed to a mixed-delivery system that includes licensed exempt care, family child care, center-based care, Head Starts and schools. While all of the programs draw upon the mixed delivery system, different programs draw upon different parts of it. ERDC includes family members, licensed exempt providers, licensed family child care homes and centers. Providers are exempt from licensing if they serve three or fewer unrelated children, are a preschool or school age program serving children for four or fewer hours per day, or are run by a government agency, including public schools. Preschool Promise includes licensed family child care homes and centers, Head Starts, and schools. Oregon Head Start Pre-Kindergarten/Head Start and Early Head Start are run by OPK/Head Start grantees. Head Start programs are generally subject to licensing and may voluntarily license if they are under the auspices of a public agency such as a school. Baby Promise uses the same categories of mixed-delivery providers as Preschool Promise.

ERDC and Baby Promise are oriented to working families that require services across the year and support their work hours. The hours of services for these programs are determined by the needs of families. That means that these programs provide services for the full year or for the full length of hours needed by working families. It also means that families can select providers who offer care during non-standard hours. Finding providers who offer non-standards hours can be challenging. Non-standard hours of care are most often provided by family members, family child care and license exempt providers.

Alternative Hour Care Incentive Payment Program

Many of the families served by ERDC do not work a traditional nine to five Monday through Friday schedule. Evening and weekend hours have become increasingly common for low-wage workers. Finding child care that fits with these non-standard hours can be even more challenging.

In recognition of this challenge, the Department of Human Services piloted an enhanced payment programs for providers serving ERDC families during these non-standard hours. The pilot ran from January to September of 2019 and involved 768 providers. Providers could qualify for $250 for each child with at least 20 hours of alternative hour care provided per month or $500 for each child with at least 40 hours of alternative hour care. Alternative hour care was defined as care provided between 7pm and 6am or care provided on a Saturday or Sunday. DHS is currently analyzing data on the effectiveness of this incentive program.

There were 2,949 providers caring for a child receiving an ERDC subsidy in an average month in Federal Fiscal Year (FFY) 2018. Over the full 12 months of FFY 2018, 4,140 providers participated in ERDC. Of these providers, 47% were regulated and 53% were not regulated. Another way to understand the role of providers in the subsidy system is to ask what percentage of children received regulated and unregulated care. Some providers (e.g., centers) care for large numbers of children, and other providers (e.g., relatives) care for small numbers of children. Thus, the percentage of providers regulated or not regulated will be different when we ask what percentage of children are with regulated or not regulated providers. In an average month in FFY 2018, 73% of children were in regulated care while 27% were in unregulated care. Comparison with data for FFYs 2105-2016, these findings show an increase in the percentage of regulated providers and of the percent of children with a regulated provider.

Preschool Promise, OPK/Head Start and Early Head Start typically operate for specific hours that are determined both in regulation and by level of funding. That means that these programs often do not provide services for the full year or for the full length of hours needed by working families. Preschool Promise providers are required to offer a minimum of the equivalent of kindergarten school day and school year hours. Standard OPK/Head Start hours are a minimum of 3.5 hours per day and 160 days per year. Some OPK/Head Start contract with ERDC for extended hours and days. Student Success Act Funds include resources for OPK programs to extend their hours of duration.

Child care licensing and regulation

As described above, many of the providers participating in the subsidized early care and education system are subject to licensing. Even those programs that are legally exempt from licensing may have some regulatory requirements, such as preschool or school age centers that enroll children for four hours or less and required to become a Recorded Program. Recorded Programs must conduct background checks for staff who have contact with children. Providers who are serving three or few children and not serving ERDC families are not subject to any regulation or monitoring, and do not have to register with the state.

Licensing establishes basic health and safety standards and expectations. Licensing standards vary by licensing category. Oregon recognizes three categories of licensed programs: registered family child care, certified family child care and certified center. See the table 6 below for more information on each of these licensing categories.

Providers who work in licensed facilities must pass a criminal background check and be enrolled in the Central Background Registry. Minimum staff training and qualifications are specified by licensing type and focus on health and safety, with some requirements for child development.

The Early Learning Division has launched a year-long revision process for its child care licensing rules. The goal of this revision process is to ensure that rules are streamlined, in plain language, aligned across licensing categories, and focused on requirements that most impact health, safety and positive child development.

Table 6 explains the different categories of regulation and licensing, how many children these programs can serve, the basic regulatory requirements and the relationship to ERDC.

Table 6. Licensing and regulation categories

Child Care Type	License Exempt		Licensed		
	Recorded Programs	Regulated Subsidy Provider	Registered Family Child Care	Certified Family Child Care	Certified Child Care Center
What are the care options?	Preschool programs that operate four hours or less per day and school-age programs that aren't required to be licensed.	Providers eligible for state subsidy reimbursement, but are not required to be licensed. Includes family, friends and some program with limited hours.	Home-based child care program with up to 10 children.	Home-based child care program with up to 16 children.	Center-based child care program with number of children determined by floor space and number of staff.
Is this type of care regulated?	Recorded Programs: • comply with background checks	Regulated Subsidy Providers: • meet health and safety standards (on-site inspections) • comply with background checks • are regularly monitored • participate in ongoing training	Licensed child care: • meet higher health, safety and program standards (on-site inspections) • comply with background checks with Office of Child Care • are regularly monitored • participate in ongoing training		

Child Care Type	License Exempt		Licensed		
	Recorded Programs	Regulated Subsidy Provider	Registered Family Child Care	Certified Family Child Care	Certified Child Care Center
Which are eligible to accept subsidy dollars?	No. Unless programs meet requirements for regulated subsidy.	These types of care can accept subsidy payments as long as they are listed with Department of Human Services.			
Which are licensed?	No. These programs are recorded with the State.	No.	Licensed child care: • keep attendance records • have planned educational activities • have a guidance and discipline policy • have a daily routine/schedule • are certified to handle food preparation • are trained in first aid and CPR • are trained in child abuse and neglect • participate in ongoing training on child development hearth and safety		

Source: oregonearlylearning.com/providers-educators/become-a-provider

Additional program standards

Preschool Promise, Oregon Head Start Pre-Kindergarten, Early Head Start, and Baby Promise have additional program requirements. Preschool Promise includes additional quality and curricula standards related to its goals of school readiness. For example, lead teachers are expected to have bachelor's degree and coursework in early childhood, along with 20 hours of on-going training annually. The Head Start Performance Standards, which govern both federally funded Head Start grantees and Oregon Head Start Pre-Kindergarten programs and Early Head Start, also include additional quality and curricular standards associated with its goals of school readiness. The federal Head Start Performance Standards require home visits with family and the provision of comprehensive health and family support services. Baby Promise also requires additional quality standards associated with its goals of school readiness, as well as participation in professional development activities focused on the development needs of infants and toddlers. ERDC does not have additional programs requirements beyond those already discussed.

VIII. Rate Setting and Payment Mechanisms for Programs

ERDC Payment Rates

Federal requirement CCDF rule requires that payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance. States set maximum payment rates and providers are not paid more than their usual charges to families who are not participating in the ERDC program, unless they have a higher level of documented quality through the state's child care quality improvement initiative, Spark. Thus, providers only charge the state's maximum rate if their usual charges for non-ERDC families are equal to or exceed the state's maximum rate.

The CCDF rule requires states to conduct a market rate survey (MRS) reflecting variations in the price of child care by geographic area, type of provider, and age of child and/or an alternative methodology, such as a cost estimation model that also reflects variation by geographic area, type of provider, and age of child. States must take into account cost of care when setting payment rates. States must reevaluate their rates every 3 years based on a market rate/price study that occurs no more than two years before submission of the CCDF state plan.

Federal guidance The federal Office of Child Care encourages states to set the maximum reimbursement rate at the 75th percentile of the market rate/price study; that is, the rate is high enough to provide parents access to 75% of the child care slots in the parent's community. [i.e., if there were a 100 child care providers in a community and they were lined up from lowest to highest price, the child care subsidy should be sufficient for a family to select any of the first 75 providers.]

OCC encourages States to provide tiered payment with a sufficient rate difference between tiers to support higher quality.

States have the option to allow providers to charge parents additional amounts above the required copayment in instances where the provider's price exceeds the subsidy payment.[xvi]

Alternative Methodology for Rating Setting

The 2014 CCDF Reauthorization allows states to use an Alternative Methodology, such as cost estimation, as a complement or substitute to a Market Rate Study. The use of Alternative Methodology in lieu of a market rate survey must be approved in advance by the federal Administration for Children and Families as part of a state's CCDF Plan development and review.

Cost estimation allows the state to determine the cost of actually delivering care at various levels of quality. This also allows states to support quality by paying programs at a sufficient level to achieve benchmarks of quality. Cost estimation models typically look at the following factors:

- Staff salaries and benefits
- Training and professional development
- Curricula and supplies
- Group size of children and staff-child ratios
- Enrollment levels
- Program size
- Facility costs (rent or mortgage and utilities)

The District of Columbia has applied for and been approved to use an Alternative Methodology based on cost estimation. A number of states are also exploring this option.

Oregon current practice In order to identify prices by geographic area, type of provider, and age of child, Oregon conducts the "Market Price Study" (MPS). The study is advised by a committee that includes program administrators, Child Care Resource & Referral (CCR&R) programs, AFSCME, researchers and staff from multiple agencies and other early learning stakeholders. The MPS examines the prices that child care providers charge. The objective of the survey is to understand what providers are charging the general population for child care services in order to inform rate setting that will allow families receiving ERDC equal access to the full range of child care available to families not receiving subsidies. Data sources include ELD licensing data merged with the CCR&R statewide database in order to capture the full child care supply.

Based on the 2018 market price study, the percent of slots that could be purchased with the value of the payment rates decreased from 76 percent to 65 percent between 2016 and 2018.

However, as noted earlier, Oregon received a significant increase in federal CCDF in 2018. These funds were used in part to increase the maximum reimbursement rates. As of January 2019 provider reimbursement rates are at or near (within $40 per month) the 75% for all types and ages of care. At the same time, the state merged rates for geographic area C, the most rural of the three geographic areas used in the MPS, with rates for area B in order to address the low payment rates for Oregon's most rural communities.

Oregon does allow providers whose fees exceed the maximum rate to charge parents the difference between their usual fee and the maximum rate in addition to the family's copayment. This policy makes it possible for providers with higher fees to participate in the subsidy program.[xvii] At the same time, this policy can have the effect of increasing family copayments.

Provider rates for Preschool Promise, Oregon Head Start Pre-Kindergarten/Head Start, Early Head Start and Baby Promise

For the other subsidized early care and education programs, payments rates are established through modeling the cost of the services that the state is contracting with the provider to deliver.

Payment Mechanisms

There are two financing mechanisms used to render payments to providers. One mechanism is vouchers. Vouchers are available only for ERDC. For vouchers, once a family is determined eligible, they seek out an early care and education provider who meets any requirements set by ERDC. Once enrolled, the provider is paid monthly by DHS based on the family's continued eligibility for ERDC. The family is responsible for paying the copayment directly to the provider. If the parent leaves ERDC or moves their child to a different provider, the payment stops. The second mechanism is contracts. Contracts are the sole mechanism for Preschool Promise, Oregon Head Start Pre-Kindergarten/Head Start, Early Head Start and Baby Promise. Contracts are also used in certain specific circumstances in ERDC. The first is for Teen Parent programs. The second targets Oregon Pre-Kindergarten (OPK) participants who in order to meet employment demands need hours of care in addition to those typically provided by the OPK provider. DHS contracts with a small number of OPK programs and Early Head Start Partnership grantees that provide these extra hours of care.

Contracts are generally with a multiplicity of providers to ensure parent choice and geographically reach. Contracts are also used to ensure that services are available for specific populations or specific types of care. For instance, contracts are used with Teen Parent programs to ensure that child care is available on-site in high schools so young mothers can continue with their education. Baby Promise is using contracts to target infant and toddler care, and in those contracts requiring additional professional development to raise quality.

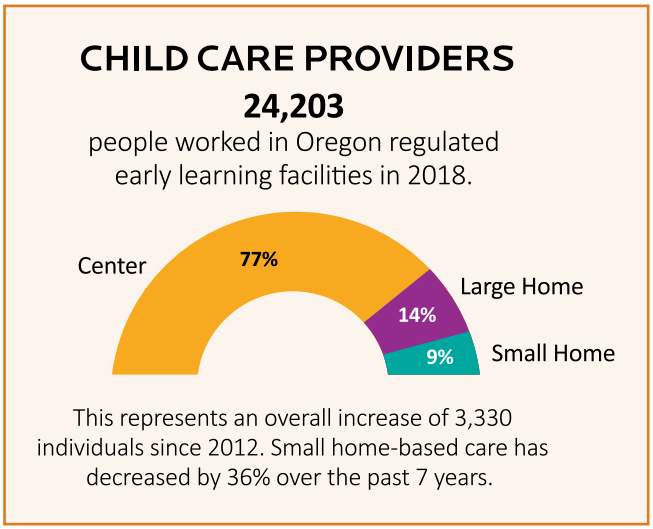
Contracts, because they give providers more stability of funding, may be a particularly useful tool for building the supply of early care and education. This role for contracted publicly funded slots in building supply is supported by the Oregon Child Care Deserts report. The Oregon State University analysis included both private and publicly funded (contracted) early care and education slots. When the researchers removed the public funded slots for three and four-year-olds, it significantly increased the number of counties that were child care deserts. Moreover, the researchers found that for many communities in Oregon, particularly the more rural ones, publicly funded slots represented a significant percent of the early care and education available in the community.

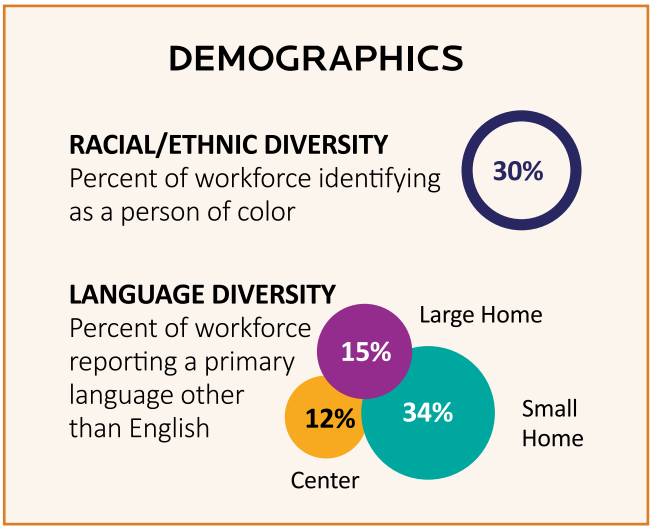
IX. Professional Development and Approach to Quality

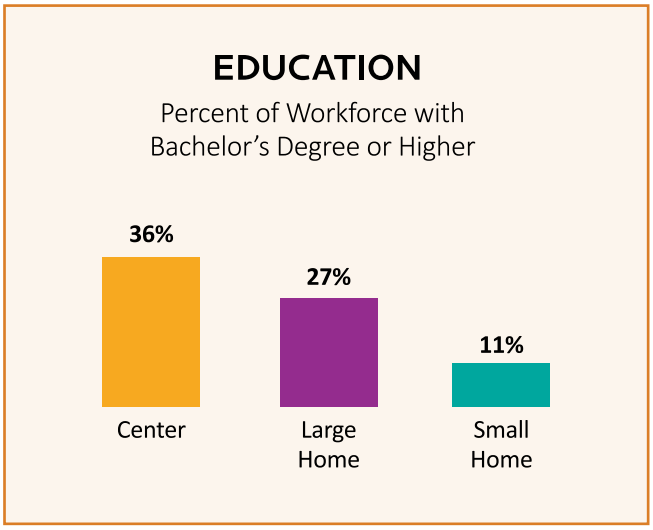
Workforce Overview

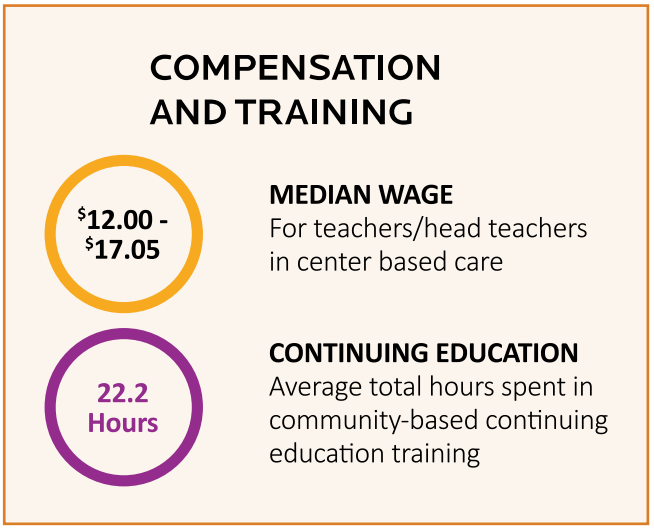
Growing attention to the importance of early learning has heightened awareness of the importance and value of the early care and education workforce. The individuals who spend their days working directly with children are the most important ingredient for the success of early learning programs in promoting school readiness. In 2018 there were approximately 24,000 individuals working directly with children in regulated early care and education programs across Oregon. Seventy-seven percent of these providers were working in child care centers, another 14% in large child care homes and 9% in small home-based child care. 30% of this workforce identifies as a person of color and about 15% of the workforce speaks a primary language other than English, with the greatest linguistic diversity with small home-based providers, where 34% of the workforce speaks a primary language other than English. About 36% of the providers working in centers have a bachelor's degree or higher with this number dropping down to 24% in large home-based child care and 11% in small homes.[xviii]

Education and training requirement vary by the auspices of early care and education programs, with Preschool Promise requiring lead teachers have a bachelor's degree and receive twenty hours of on-going training per year to Regulated Subsidy Providers with no educational requirements and eight hours of training every two years. (see table 7 by program).









Source: Oregon Child Care Research Partnership, 2019

Table 7. Preservice qualifications and on-going training by provider/program type

Provider/ Program Type	Preservice requirements & qualifications	On-going Training
Regulated Subsidy Provider	Provider must complete prior to provision of services: • Introduction to child care health & safety • Training on recognizing and reporting child abuse and neglect • First aid & Infant/child CPR	Ongoing training: 8 hours every two years with at least 6 hours in child development
Registered Family Child Care	Provider must complete prior to licensing: • Introduction to Registered Family (two part) • First aid • Infant/child CPR • Food Handler's • Training on recognizing and reporting child abuse and neglect • OCC health and safety training • OCC Safe Sleep training	Ongoing training: 10 hours every two years with at least 6 hours in child development
Certified Family Child Care	Provider qualifications: • One year of teaching experience in a setting such as child care center or preschool; or • One year as a registered family child care; or • Completion of 20 credits (semester system) or 30 credits (quarter system) of training at a college or university in early childhood education or child development; or • Step eight in the Oregon Registry. Provider must complete prior to licensing: • First aid • Infant/child CPR • Food Handler's • Training on recognizing and reporting child abuse and neglect • OCC health and safety training • OCC Safe Sleep training	Ongoing training: 15 hours annually with at least 8 hours in child development

Provider/ Program Type	Preservice requirements & qualifications	On-going Training
Certified Center Child Care	Teacher qualifications: • 20 credits (semester system) or 30 credits (quarter system) of training at a college or university in specific areas depending on the age group in care; or • A one year state or nationally recognized credential in the age group in care; or • One year of teaching experience in a group care setting such as a child care center or preschool; or • Six months teaching experience in a group care setting AND completion of 10 credits (semester system) or 15 credits (quarter system) as a college or university; or • Step eight in the Oregon Registry. Provider must complete prior to licensing: • First aid • Infant/child CPR • Food Handler's • Training on recognizing and reporting child abuse and neglect • OCC health and safety training • OCC Safe Sleep training	Ongoing training: 15 hours annually with at least 8 hours in child development
Preschool Promise	Teacher qualifications: • B.A. with early childhood coursework (*waivers available)* Provider must complete prior to licensing: • First aid • Infant/child CPR • Food Handler's • Training on recognizing and reporting child abuse and neglect • OCC health and safety training • OCC Safe Sleep training	Ongoing training: 20 hours annually
OPK/Head Start	Teacher qualifications: • B.A. with early childhood coursework (*waivers available)* Provider must complete prior to licensing: • First aid • Infant/child CPR • Food Handler's • Training on recognizing and reporting child abuse and neglect • OCC health and safety training • OCC Safe Sleep training	Ongoing training: 20 hours annually

Provider/ Program Type	Preservice requirements & qualifications	On-going Training
Early Head Start	Teacher qualifications: • Minimum of a Child Development Associate (CDA) credential with coursework in ECE with a focus on infant and toddler development Provider must complete prior to licensing: • First aid • Infant/child CPR • Food Handler's • Training on recognizing and reporting child abuse and neglect • OCC health and safety training • OCC Safe Sleep training	Ongoing training: 20 hours annually
Baby Promise	Teacher qualifications: Infant Toddler Child Development Associate's (CDA) or an Associate's degree in Early Childhood Education; or Oregon Registry Step 7 or higher with training or equivalent coursework in early childhood development with a focus on infant and toddler development Provider must complete prior to licensing: • First aid • Infant/child CPR • Food Handler's • Training on recognizing and reporting child abuse and neglect • OCC health and safety training • OCC Safe Sleep training	Ongoing training: Professional Development Plan and 20 hours annually

Child Care Resource & Referral Agencies, the Oregon Registry and Spark

Oregon's 13 regional Child Care Resource & Referral (CCR&Rs) agencies provide a backbone for training, coaching and other supports for quality for all of the early care and education workforce and programs discussed in this report. The thirteen CCR&Rs will receive about $16 million in funding over the 2019-21 biennium, all of which is from the federal CCDF. The funds are used to provide training and professional development, promote retention of a high quality, culturally and linguistically responsive early care and education workforce and to recruit new providers. The CCR&Rs are staffed with Quality Improvement Specialists to assist early educators with their professional goals. Every CCR&R now has at least one Infant and Toddler Specialist. They also support Focused Child Care Networks, a cohort-based model of professional development to support small home-based child care providers. The Oregon Legislature allocated $1.8 million for the Focused Child Care Networks for the 2019-21 biennium.

The Early Learning Division contracts with Portland State University's Oregon Center for Career Development in Childhood Care and Education to support the Oregon Registry. The Oregon Registry is Oregon's Career Lattice System for the early care and education workforce. It is comprised of 12 steps serving as a framework for early care and education professional development and supporting career advancement. The registry database tracks the training hours, college coursework

and degrees that the members of the early care and education workforce have completed and assigns them an appropriate Step. Staff of licensed child care facilities, Preschool Promise, OPK/Head Start and Early Head Start, and Baby Promise are all required to enroll in the Oregon Registry.

Spark is Oregon's voluntary Quality Rating and Improvement System, launched in 2013 and revised in 2018, and currently open to licensed family child care homes, child care centers, Preschool Promise, OPK/Head Start, Early Head Start and Baby Promise programs. Spark includes all age groups, and has specific provisions to support school age care. Spark helps improve the quality of child care in Oregon by recognizing, rewarding and building on what early learning and development programs are already doing well. The program has been streamlined and is now able to:

- Offer coaching, professional development and resources to help early learning and care programs provide developmentally appropriate experiences and to keep improving the quality of the care they provide to children.
- Connect families to quality early learning and care programs.

ERDC providers who participate in Spark are eligible for enhanced payments on an on-going basis. Being a rated program allows a program to receive a monthly bonus payment on top of their Division of Human Services reimbursement rates and reduces the copayment for families receiving the subsidy.

The Spark 2018 revisions made significant changes including:

- Reducing barriers for programs serving children furthest from opportunity
- Changing participation requirements that will offer support for quality improvements to more programs
- Reducing the number of standards
- Focusing more standards on adult-child interactions
- Recognizing experience, diverse languages and other ways professionals are qualified
- Providing more online resources and support

Additional Support for Quality Improvement and Professional Development

As part of participating in Preschool Promise, Oregon Head Start Prekindergarten/Head Start, Early Head Start and Baby Promise, providers have specific resources in their contracts dedicated to quality supports and additional professional development. Programs such as Oregon Head Start Pre-Kindergarten/Head Start also have access to additional technical assistance and quality improvement opportunities. In some areas, Early Learning Hubs are playing a role in supporting quality improvements for Preschool Promise providers.

In 2019, the legislature allocated $12.5 million from the Early Learning Account for the second year of the biennium to support the professional development of the early learning workforce. The legislature also required the Early Learning Division to submit a report by January 15, 2020 on the current early learning professional development system and recommendations for how the $12.5 million in new funds should be used to best address the needs of the early care and education workforce.

(Endnotes)

[i] U.S. Census Bureau, American Community Survey (ACS), B23008, 2016

[ii] Taryn W. Morrissey, "Child care and parental labor force participation: A review of the research." *Review of Economics of the Household,* 2017.

[iii] "Oregon Early Learning Workforce: Six Years Beyond Baseline Comparison of 2012 and 2018," Oregon Child Care Research Partnership, Oregon State University. September 2019.

[iv] "Oregon's Child Care Deserts: Mapping Supply by Age Group, Metropolitan Status and Percentage of Publicly Funded Slots." Megan Pratt, Michaella Sektnan and Roberta Weber," Oregon State University. January 2019.

[v] Katie Hamm and Carmel Martin, "A New Vision for Child Care in the United States." Center for American Progress. September 2015.

[vi] https://www.oregon.gov/DHS/ASSISTANCE/Pages/data-pa.aspx

[vii] https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_markup.pdf

[viii] Hannah Matthews, Karen Schulman, Julie Vogtman, Christine Johnson-Staub and Helen Blank, "Implementing the Child Care Development Block Grant Reauthorization: A Guide for States." National Women's Law Center. June 2017.

[ix] NCCP Income Converter http://www.nccp.org/tools/converter/

[x] Parent means a parent by blood, marriage or adoption, legal guardian, or other person standing in loco parentis

[xi] OAR 461-155-0150

[xii] OAR 461-150-0090, 461-150-0060

[xiii] OAR 461-160-0040(5)(b)

[xiv] OAR 461-135-0404

[xv] OAR 461-135-0415(1)

[xvi] https://ccdf-fundamentals.icfcloud.com/alternative-methodology

[xvii] For current rates see https://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Pages/Rates.aspx

[xviii] "Oregon Early Learning Workforce: Six Years Beyond Baseline Comparison of 2012 and 2018," Oregon Child Care Research Partnership, Oregon State University. September 2019.

The State of Early Care & Education and Child Care Assistance in Oregon

December 2019

A report submitted by the Early Learning Division to the
Legislative Task Force on Access to Quality Affordable Child Care

early.learning@state.or.us