



Program Components	Early Learning Programs							
	Relief Nurseries	Healthy Families Oregon	OPK (state only)	Head Start	Early Head Start	Migrant and Seasonal/AIAN	Child Care	Child Care Subsidy
Purpose	Serve the most challenged, vulnerable families in our state with a strength-based approach to child and family development	Prevent child abuse, improve health outcomes for children and families and support school readiness	Provide comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children and their families		Provide early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, and pregnant women and their families.	Serve and care for children of migrant and seasonal farm workers, while parents are working in the fields, and help preschoolers develop the language, reading and math skills needed for school success	Support low-income families, as well as migrant families or former migrant families who are in the process of “settling out” of the migrant stream	
Year initiated	Foundation in 1976; program implemented in 1984	Implemented in 1993 Accreditation in 2007 Reaccreditation in 2012	1987	1965	1994	1971	Child Care Development Block Grant Act of 1990 Reauthorized 2014	Child Care Development Block Grant Act of 1990 Reauthorized 2014
Funding-Match	Relief Nurseries are non-profit organizations. Any funding received from the state must be matched with 25% private donations. Many Relief Nurseries rely on private donations for 75% of their funding.	25% of allocation 5% cash (of the 25%)	No	Yes 20% non-Federal share (or other approved match)	Yes	Yes	Child Care Development Funds Child Care Contribution Tax Credit RTT Parents payment	Child Care Development Funds State General Funds
# of Sites	10 satellite sites and 15 parent sites	28 Changing to 17 – statewide coverage	7 programs (state-only)	28 programs (21 federal and state funded)	16 federally funded programs, and 1 local funded (PDX)	1 Migrant/Seasonal program 5 Tribal programs	~4200 licensed child care facilities	
Who is Served/ #/ Slots	2,533 total children served in 2014, 952 of which were therapeutic classroom slots	1500 slots	7564, plus 38 “blended funded” slots 3-4 year olds	4974, plus 38 “blended funded” slots	64 state; approximately 2050 federal	3075-MSHS 382- AIAN	Families in need of child care	~17,000 children received child care subsidy a quarter to support low-income working families
Ages Served	0-6	Prenatal – 3 years (till 5 years if continued high risk)	3-5	3-5	Prenatal to 3	-5	Children 0-12 or age 18 for children with disabilities	Children 0-12 or age 18 for children with disabilities
Eligibility Requirements	Risk factors described above.	Baby Under 90 days old, # of risk factors on NBQ screen Local priorities further	See recruitment/enrollment below 3-years-old and less than kindergarten-eligible by Sept. 1	See recruitment/enrollment below 3-years-old and less than kindergarten-	Prenatal to age 3 (transition out of EHS sometime after 3 rd birthday;	Prenatal to 5 years old w/eligibility through migrant or seasonal employment.	Need child care	Working at least 25 hours a week and at 185% FPL

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		define eligibility if there are not enough slots to serve all eligible families	At least 10% of the enrollment slots in OPK programs are reserved for children with disabilities	eligible by Sept. 1; if EHS transition- may begin HS after 3 rd birthday. Eligibility (income or categorical) must be verified prior to enrollment – verification good for 2 years	requires transition planning beginning at age 30 months). Eligibility (income or categorical) must be verified prior to enrollment – verification good for all time in HS; re-verification required before enrollment in HS and is good for 2 years so if child transitions “early” must have eligibility re-verified prior to enrollment in year 3. Programs encouraged to serve until kindergarten unless compelling reason to no enroll in HS.	HSPS 1305.4 A child is eligible for Migrant or Seasonal Head Start, if: (1) the family meets an income eligibility requirement in paragraph (c); or (2) the family meets a categorical requirement in paragraph (f); and (3) the family's income comes primarily from agricultural work.		
EB Model/Structure	Therapeutic Early Childhood Classroom, Home Visits, Parenting Education, respite, other services as needed.- Not evidence-based	Healthy Families America (HFA) EB	Based on Federal HS requirements but is not monitored by HS EB	Federal HS Model	Federal EHS Model EB	Federal HS model	Utilizes research from the field to inform practice	Utilizes research from the field to inform practice
Curricula	Each child in the RN classroom has an individual plan, based on evidence-based curricula. Parenting Education curricula includes Nurturing Parenting, Make Parenting a Pleasure, Attentive Parenting (a spin-off of Incredible Years), Growing Great Kids and	Varies. Most use Parents As Teachers (PAT) Or Growing Great Kids (GGK).	A high-quality, research-based curriculum provides learning goals and activities in key areas of children's development that reflect support for school readiness goals.	(See OPK) With goal of School Readiness, required to provide a learning environment that supports growth in language, literacy,	Primary caregiving; same requirements as HS; some programs use Creative Curriculum for	Same as Head Start	Curriculum for programs to achieve a 3 star level must align with Oregon's ELG	Curriculum for programs to achieve a 3 star level must align with Oregon's ELG

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	Abriendo Puertas/Opening Doors		No specific required curriculum, but almost all use Creative Curriculum (5 th Edition), with supplemental curricula to enhance literacy, mathematics, other areas. Most, but not all, utilize Positive Behavior Intervention Supports – PBIS (see curriculum tab of Site & Service Workbook)	mathematics, science, social and emotional functioning, creative arts, physical skills and approaches to learning through provision of health, educational nutritional, social and other services (Improving Head Start for School Readiness Act of 2007) MORE ABOUT RESEARCH BASED CURRICULUM: click for link.	Infants & Toddlers; more likely to be home-based option. Partners for a Healthy Baby, Parents As Teachers, etc. used. EHS and HS children must be served in separate classroom spaces			
Delivery Modality	Center and home based services delivered as defined in Relief Nursery Model	Home Visits	Grantees are funded locally through the federal/regional offices of Head Start. Most Head Start programs are delivered through non-profit, multi-site entities that have either 501(c)(3) statuses or are governmental entities. Programs are structured with an overall executive director and supported by programmatic and content experts. Teachers are required to achieve educational milestones depending on the program (HS= AA/AAS, EHS= I/T CDA). The program is	See OPK New revised standards in comment period. Current recommendation re: delivery modality (program option) is 6 hour day sessions, 180 days per year	See OPK and Head Start	See OPK and Head Start	Across the Continuum of Care Licensed-exempt, licensed, Commitment to Quality, 3 Star, 4 Star, and 5 Star programs	Across the Continuum of Care Licensed-exempt, licensed, Commitment to Quality, 3 Star, 4 Star, and 5 Star programs

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			required to provide preschool/early learning services, comprehensive services, and family support services, while also acting as a catalyst for community engagement around health and human service supports that uplift and support families. Educational family nights and home visits are a required portion of service delivery. All grantees must have governing boards with specific requirements for participation and also a parent run policy council that has authority to direct and engage program delivery.					
Training	<p>Oregon Administrative Rules (OARs) pertaining to Relief Nurseries require staff to have:</p> <ol style="list-style-type: none"> 1) A bachelor's degree in early childhood or relevant field with early childhood teaching experience or; 2) A combination of an associate's degree, Oregon Registry Level 12 and appropriate experience; or 3) A degree in a field other than child development or early childhood education and six courses in children development focusing on children from birth to age six. <p>Relief Nursery personnel are trained</p>	<p>HV CORE PS CORE HFA Required Areas of Knowledge training categories (on-line modules includes a variety of topics to be completed before 3, 6 & 12 months of hire) Curriculum Training</p> <p>Supervisor CORE Program Manager CORE</p>	<p>The Oregon Head Start Association hosts 4-5 trainings each year with varying focus areas and tracks for program and content staff.</p>	<p>Technical assistance is provided through a contractor who works for the Office of Head Start. These contracts are currently in the process of being either renewed or revised. Technical assistance providers respond specifically to program data generated by ongoing</p>	<p>See Head Start</p>	<p>Same as Head Start?</p>	<p>Child care providers' professional development are supported through subsidized training through the CCR&R system and Oregon Registry to meet licensing and ongoing training requirements.</p>	<p>Child care providers who are exempt from licensing are provided required professional development through the CCR&R system.</p>

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	using the RN Quality Assurance Standards and Relief Nursery modules developed by Lory Britain, Ph.D All RN personnel (including non-direct service staff) are trained in CPR, First Aid, and Mandatory Reporting. Many Nurseries have required all personnel to be trained in trauma-informed care.			assessment and PIR and /or any monitoring and compliance concerns raised through the federal monitoring system.				
Professional Development/Workforce-available resources	RNs require 25 hours of continuing education every year for direct service personnel. Several Nurseries provide as much as 50 hours per year for each employee. Each Nursery budgets for professional development. Many RNs provide training to all employees (including cooks, bus drivers, etc.) in order to ensure quality care at every level of service.	Home Visitor CORE training Parent Survey CORE training Curriculum training HFA early childhood issues	Grantees required to devote minimum of 2.5% of their OPK funds to training, which can include up to 1.5% of funds used to pay for staff who provide training and coaching (see Budget instructions and workbook)	Federally funded T/TA system/staff, "PA-22" funding, ECKLC resources. Programs required to submit training plans with annual grant application. Federal training funding cannot be used to pay for staff who function as trainers/coaches MORE ABOUT TEACHER DEVELOPMENT : click for link.	Same as HS, except even stronger emphasis on relationship-based work with families	Same as Head Start	Oregon Registry offers a career pathway to ECE State supported training is offered through CCRR system This training helps to support licensing requirements and quality improvement efforts	CCRR deliver required Orientation's to license-exempt providers as well as additional training for the enhanced rate and other PD opportunities
Family Engagement	Family engagement is embedded in the RN model – the children cannot participate without family participation. All children in Relief Nurseries have home visits. RNs also have parenting education, respite care, family fun activities and classes in topics such as nutrition or help with employment. Some Relief Nurseries have Parent Leadership Councils to help drive decision-making.	Prenatal home visits when possible. Weekly Home Visits for at least 6 months after baby's birth. Option to lessen frequency of visits to every other week after that, then monthly after that as family progresses.	OPK supposed to adhere to all HS regulations, including program governance (Policy Council) and family engagement	Parents engaged in program leadership and governance, considered first and most important teacher of their children. Parent, Family and Community Engagement (PFCE) framework guides work with families. Relationship-based work that supports family development in 7 outcome areas intended to support children's school readiness. HS often referred to as 2-generation programming due to significant involvement of and support to both the child and family.			Incorporated within the QRIS with standards requiring programs to engage families.	
Community Engagement	Community engagement is essential to the success of a Relief Nursery. Because RNs are non-profits, we	Work with CCOs, PCPs, HUBs, WIC, PH, Local Counties,	Technically same requirement as HS, except no expectation	Required: Governing Board (with specific membership if not an elected board); Health Services Advisory Committee (2x/yr); Policy Council (majority parents, but encouraged to			CCRRs work within the community and partner with multiple organizations.	CCRRs work within the community and partner with multiple organization and

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	have excellent relationships with local businesses, schools, the health care system, law enforcement and others in early childhood development. Further, the Relief Nursery model relies upon volunteers for classrooms and other duties within the facilities.		for “non-state share” or in-kind match (note that OPK is non-federal share match for joint-funded programs). A number of the OPK-only programs were originally viewed as “locally-designed options” which often met child care or school partnership settings (although this option is not exclusive to OPK-only’s)	include community members); 25% non-federal share match met through community funding, donations and volunteerism; required annual program report made available to community; school transition plans FOR MORE ABOUT PARENT, FAMILY , COMMUNITY ENGAGEMENT: Click Here				DHS field offices
Partnerships	Hubs, CCOs, Healthy Families, Head Start, Early Intervention, DHS and other community partners.	Multiple Community Partners; varies from community to community					Work with Early Learning Hubs, professional organizations, community action organizations, Head Start, other state agencies.	Work with Early Learning Hubs, professional organizations, community action organizations, Head Start, other state agencies.
Screening Practices & Tools	Intake form, Risk factors, 6 month assessments, ASQ, ASQ-SE. We are currently piloting the Protective Factors Survey in all of the Nurseries.	New Baby Questionnaire (NBQ) ASQ ASQ-SE Depression Screen Parent Survey HOME Safety Observation screen	Same as Head Start. No specific required screening tools, but most use ASQ, ASQ-SE. A number still use DECA for social-emotional/behavioral screening requirement because they say it yields richer data to support planning for child’s needs (see curriculum/assessment tab in S&S Workbook)	Health and developmental screenings within 45 days of start, medical/dental exams within 90 days of start, requires follow up and referral for special services as needed; ensure immunizations. No required tools, but most use ASQ, ASQ-SE. Most programs own and use equipment to conduct vision screenings and OAE (optoacoustic emissions) or other hearing tests. MORE ABOUT	Similar to HS; much more frequent well-child exams, immunizations	Same as Head Start, timelines shorter in MSHS due to shortened contact period	ASQ is required at the 3 star level in the QRIS	none

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				SCREENING, ASSESSMENT AND OBSERVATION: click here				
Equity Practices <i>use of NA data to inform practice; target audience; availability of culturally and linguistically appropriate materials and tools;</i>	Relief Nurseries serve the most vulnerable children and families regardless of race, ethnicity, income, gender or socioeconomic standing. Special outreach is conducted to make certain that children in Native American, Latino and African American communities are aware of Relief Nursery services. Many of the Relief Nurseries have bilingual, bicultural staff. At VOA in Portland, there is a special focus on African American children, served by culturally appropriate staff. Similar programs exist in Pendleton and Medford for Native American children and families.	Cultural Sensitive Review done by program every 2 years. Program outreach, screening and acceptance rates reviewed annually. Local population data is used to determine targeted services, screening and eligibility criteria. Home Visits & Screening are provided in the language families speak and read whenever possible. Interpreters should be used when needed.	Same as HS; Oregon's Equity Lens should provide guidance	Multicultural Principals guide practice, target population is under-represented children and families. MORE ABOUT MULTICULTURAL PRINCIPLES: click here			Support multiple languages with licensing specialists that are reflective of the provider CCRR work to offer trainings in the languages within their community	Materials are provided in needed languages and required trainings are available in multiple languages
Recruitment/ Enrollment Practices	Every Relief Nursery has a waiting list. Referrals come from child welfare, law enforcement, judges, pediatricians, and by word of mouth. Head Start often refers children to Relief Nurseries if they are not thriving in Head Start.	NBQ completed in person, hospital or via phone. Outreach for eligible families done if capacity allows program to serve that family.	Same as HS, except OPK allows up to 20% over-income to be served	ERSEA (eligibility, recruitment, selection, enrollment and attendance) regulations inform practice. Must have selection criteria (in addition to income/categorical eligibility requirements) and recruitment plans approved by governing bodies; must serve minimum 10% children with disabilities; may serve up to 10% over-income; may serve up to 35% whose incomes are between 101-130% of FPL if program can prove effective recruitment practices and all eligible are served. Programs have specific, federally-approved service areas (supposed to be non-overlapping) MORE ABOUT ENROLLMENT AND RECRUITMENT: click here			CCRR work to increase the supply of child care.	DHS offices recruit for ERDC when a family comes in looking for services and if appropriate will connect their existing child care provider in receiving a subsidy or refer to the CCRR for help in finding care
Outcomes	Core outcomes 1. No further reports of child maltreatment after 6 months of RN services. 2. No further out-of-home placements after 6 months of RN	Service Delivery Outcomes: % Screens before baby is 14 days old. % 1 st HV before baby is	Oregon has adopted HSCDEL as its "early learning standards"	School readiness goals set in 5 areas in Head Start Child Development and Early Learning	Same as Head Start new HSELOF includes 0-3 early learning standards	Same as Head Start	Increase the # of professionals achieve a higher step on the Oregon Registry Increase the # of programs to achieve a star rating	Increase the # of children served in quality settings.

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	services. 3. 100% of children screened using the ASQ/ASQ-SE and referred for services if necessary 4. Family functioning improves. Other outcomes: 5. Increased reading to children 6. Decreased use of the emergency room for primary care. 7. Increased employment of parents	90 days old. Home Visit Completion Rate. 3 Month and 12 month Retention Rate. Caseload Weight Program Match met Developmental Screens completed Frequency & type of supervision Depression Screening completed Staff Background checks completed Program Outcome Indicators: % of Children with PCP % of children with up-to-date immunizations % of parents reading to child 3x or more a week % of parents reporting positive parent child interactions % of parents reporting reduced parenting stress % of parents reporting that HFO helped with social supports		Framework (HSCDELFF); outcomes supposed to be used for planning at child, classroom and program level, and are reported in annual program report MORE ABOUT the Head Start Approach to School Readiness: click here New Head Start Early Learning Outcomes Framework released in June 2015 – replaces HSCDELFF Additional “outcomes” related to child health, family services, enrollment, etc. reported in the annual Program Information Report (PIR)				

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Monitoring	Oregon Association of Relief Nurseries certifies new Nurseries and satellites with a team of 3 Directors; OARN Director conducts annual site visits; annual Self-Assessment using Quality Assurance Standards; implementing plan to re-certify all Relief Nurseries in the next two years.	QA Calendar/Check List Annual Site Visits Monthly Webinars	State of Oregon Accountability Review (SOAR) process is supposed to be conducted at least once every 3 years for OPK only programs, and is supposed to be based on most current federal HS monitoring system. Revision in process. Monitoring practices currently being updated	Until recently, comprehensive, triennial review conducted with each grantee. Monthly or quarterly “risk management meetings” conducted with grantees in person or over phone with their regional Program Specialist, TA specialist and others as needed. Submission of annual self-assessment and improvement plans. As grantees move to 5-year project periods, federal monitoring system as moved to various annual reviews using the following protocols: fiscal integrity/ERSEA; environmental health and safety (checks in every classroom at every site”; CLASS observations (in high percent of classrooms). For programs who have previously had “perfect” reviews, a “HSKI-C” (Head Start Key Indicator-Compliant) is completed to determine need for additional review protocols FOR MORE ABOUT THE 5-YEAR GRANT & MONITORING CYCLE: click here		Licensing monitors child care programs at least annually. QRIS will require an annual report and comprehensive triennial review to maintain standards. Quarterly reports paired with learning dialogues with contractors are used to monitor progress to support child care		ERDC has a fraud unit that monitors and audits for mispayments for subsidy
Data Requirements	Demographic information, risk factors, individual educational plan, chart notes, outcomes for state and federal governments	We work with NPC Research to collect data. Developing HFO Database.	TS GOLD used for child assessment (one grantee still has waiver and still uses Galileo); see HS for additional information	Head Start motto – if it isn’t written down, it didn’t happen. All programs (except possibly NCESD) use electronic database(s) to track child, family and staff level data to meet all reporting and regulatory requirements. No specific database(s) required, but majority use Child Plus. MORE ABOUT DATA: click here.		ORO is the workforce data system which provides information to licensing and QRIS CCRIS is the licensing database used to capture compliance and connects with ORO and DHS subsidy data. This system also houses background checks for individuals. NACCRRAware is the data system used by the CCRR to provide information to families and capture their contact with providers.		ORO is the workforce data system which provides information to DHS for Enhance Rate providers Subsidy data system captures who is receiving a child care subsidy and where NACCRRAware is the data system used by the CCRR to provide information to families and for DHS to complete the required child care market price study which helps establish subsidy rates.
Reporting Requirements	Quarterly reports to the ELD, bi-annual reports to the ELD for the federal government, quarterly reports from OARN to CTFO, yearly reports to OCF, MMT and Ford Family Foundation, reports to other	Demographics Home Visit Completion PS results NBQ results Surveys with parents	State monthly reports; PIR submission into special portal in HSES for OPK-only programs; grantees are supposed to report or ask	Head Start Enterprise System (HSES) is portal for most submissions and communications with Office of Head Start. Reports include monthly enrollment reports; annual grant submissions; annual Program Information Report (PIR); most questions and other communications with Program Specialists. Programs required to report certain “risk”		CCDF Quality Performance Report Annual Fiscal Reports		Quarterly subsidy report

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	funders as required by each individual RN, annual reports by each RN.		permission under certain conditions (see "Required Submissions" template).	conditions				
Fundamentals Map Alignment	OP1, OP2, OP3, OP4, OP6, SP4, SP6						OP1, OP2, OP4, OP6, SP2, SP3, SP4, OM4, OM5, OM6, OM7, OM8	OP1, OP2, OP3, OP4, OP5, OP6, SP2, SP3, SP4, OM4, OM5, OM6, OM7, OM8