

Regulated Subsidy Engagement Summary

Topic Area	Comments for exempt homes	Stakeholder
Health and Safety Standards	<ul style="list-style-type: none"> Safety is safety. Don't all kids deserve to be safe? What a family should do to child proof their home is a start. Why don't they get registered (licensed) the standards should be the same. The standards should be close to RF. Why would the state reduce standards for children that are a grandmas and paid for with state \$\$ Maybe different standards for different ages Health and safety should be the same as RF, but use common sense. No need for outlet covers with school age. No smoking or drinking around child care children 	African American provider/parent Group – included license exempt
	<ul style="list-style-type: none"> What happens if providers don't get approved How do we get ready for the emergency preparedness rule What about swimming pools. Can I have one? Is the entire home inspected? It would be good to have flexibility for napping. RS could accommodate the children's schedule more than RF. Have the expectation be relaxed and flexible. Less routine and structure than licensed care. What if we are caring for a child in their home? If the house isn't clean whose responsibility is it to meet the requirements? 	SEIU Council
	<ul style="list-style-type: none"> Not asking them to be licensed – but there does need to be some level of child development present. The CCR&Rs have been telling them for years that they are child care so this shouldn't be a surprise. There is one (preservice) class difference (Food Handler) between license exempt and RF with the new standards. Why even have the category of license exempt? 	ELPF - CCR&R, SEIU, AFSCME, CACFP, OHA, Head Start, OAEYC, OACCD
	<p>How should the inspection standards differ from register family child care?</p> <ul style="list-style-type: none"> If I am doing it right- there is still child care for all of these families. License them all! If you are receiving federal funding for child care you should meet minimum standards. Community norm- if the community accepts, we have a bigger hurdle to being exempt and then licensed. Communication with Illegal or Exempt. Having a standard was great as a rule change we lose providers, but they come back. 	CCR&R Fall Conference
	<ul style="list-style-type: none"> I only want to take my child to a licensed provider. The rate that they (DHS) will pay is pretty good My kids are in school they don't need a lot of safety latches and things like that. I want the house to be clean. They should know about children and what they like to do. I would expect the home to be safe for my kid. I don't care if they have a license. It's good to have them inspected. 	Parents
	<ul style="list-style-type: none"> Attendance records and parent/emergency contact information 	Licensing

	<ul style="list-style-type: none"> • First aid kits and maybe fire extinguishers • Standards should be kept within the scope of the 10 outlined areas • Some requirements should be universal – locked cabinets, locked medicine, locked guns, working smoke detectors, working phone, fire extinguisher • Second floor care would be hard to regulate, recommend technical assistance. Limited to three children, second floors would be ok • In this area, we need to talk about wood stove barriers. • 	specialists
Resource ideas	<ul style="list-style-type: none"> • Outlet covers, child proof locks 	African American provider group
	<ul style="list-style-type: none"> • Sample activities, toys for different ages, cooking ideas. • Age appropriate books and games, business support like tax training, business management training, resources to help support reading and learning activities, outdoor activities, library information. • LS and Hubs could help the providers get in touch with local resources and assistance for kids with special needs • This sounds like we could have a good support team. Maybe you should come in as a support team rather than an inspector. 	SEIU
	<ul style="list-style-type: none"> • Find cards from engagement 	CCR&R Fall Concerence
	<ul style="list-style-type: none"> • Partner with fire marshals for smoke detectors. Would be good if someone could provide basic safety items. • CACFP can be helpful – we should have a welcome packet on CACFP. • Have easy to comprehend resources available in English and Spanish, Safe Sleep and other outlined topics 	Licensing Staff
Characteristics of type of care	<ul style="list-style-type: none"> • Remember that parents choose neighbor that is convenient and loves their child and the house is safe. • May not need a curriculum, may need ideas for what to do with the kids all day. • Worry that we will take the sweetness out of license exempt care • Parents go where they feel comfortable 	African American Provider/Parent group
Inspector Approach	<ul style="list-style-type: none"> • Can they bring some books, talk about limiting screen time, what they should eat, importance of reading • Want help coming through the door, not the police • Not looking for mistakes • Choose the right people to do the job • Use a soft tool to help providers • Keep it as relationship based as you can 	African American Provider/Parent group
	We're all private people, but this sounds like it will have a positive effect on showing the license exempt providers are doing a good, professional job.	SEIU
	<ul style="list-style-type: none"> • Hoping you will use approach similar to the Health Promotions Model. Most people that are licensed exempt have chosen not to be licensed. Monitors must be culturally aware; have a much different mindset than licensors. Not be heavy handed. 	ELPF - CCR&R, SEIU, AFSCME, CACFP, OHA, Head Start,

	<ul style="list-style-type: none"> • They are also there to coach, not just compliance • Having worked with FFN for several years, using a home visiting model works best. Coaching and mentoring to improve quality (Mother Goose). It is very expensive to do, but it works the best. • It really is the approach – that it not be about compliance – not cops that cite them, but teaching and then going back to see if they are doing the practice. • I don't think licensing specialists are cops now. Most go into the homes as their best supporter. • I think most LS have TA as their role, but I don't want to see exceptions. • The licensor should bring something to teach the provider. • I've worked with many licensing specialists. They come in with an attitude of partnership. Overarching for every visit was "I am here to help you" • The message is 'in addition to subsidy, you will also get resources and someone to provide supports. • We did have home visits back in 2007 and providers liked it. 	OAEYC, OACCD
	<ul style="list-style-type: none"> • QRIS has changed how to approach providers- if we talk like this is the expectation. The children in the community deserve to have the basic health and safety. • Relationships- how can we build relationships? • Pre-monitoring of providers? Fear about the people that are providing care. Etc. <p>What model would be effective?</p> <ul style="list-style-type: none"> • Cultural relevance, how to monitor with providers • Home visitor Model • Visits like licensing are an application process • Federal Money is Federal Money. 	CCR&R Fall Conference
	<ul style="list-style-type: none"> • How can we support providers to come into compliance • More gentle perspective • May look like home visiting • Coaching, less regulatory and more of a health and safety support approach • Have lots of TA materials available. Program of activities, reading for all referrals to library, Vroom others • Licensors identify problems and choices then make suggestions. Try to help them as much as possible • Don't presume that homes are not prepared to care for children. We need to offer assistance. Our attitude will be important. • CCR&Rs are the home visitor, we are the regulators • We need to focus on family friendly, shift from regulatory standards and adapt to a family friendly approach. • Pre-service training should cover the philosophy of what we do. It should be 95% TA and 5% regulatory. It will be important how you communicate • Not too much on checklist, have conversations. Don't encroach on time and space. Have productive, resourceful, short, announced visits. 	Licensing Specialists

Training	<ul style="list-style-type: none"> • Online is great since it's hard to get out. • Topics like administering medication to kids, high risk kids, kindergarten readiness • Some of the QRIS trainings are not available to LE. We haven't been able to sign up for some thinkgs. • Online training that DHS offers is good. 	SEIU
	<ul style="list-style-type: none"> • Important training for new providers: • Homelessness, trauma, high maintenance children, special needs kids, challenging behaviors, potty training. Structure and routine for kids. Classes on rules and regulations. Business classes. Should have an extra hour in the orientation just to deal with business issues. 	SEIU
	<ul style="list-style-type: none"> • They should know how to keep my child safe. CPR and First Aid are good. • Keeping the kids busy with activities that help them learn. • I don't think they should watch a lot of tv 	Parents
	<ul style="list-style-type: none"> • We need more training in Spanish in Eastern Oregon. The only training is in Pendleton • Would like exposure to early learning standards during orientation • Need to decide if care can occur on upper floors without two accesses • Pre-service and ongoing training available on computers at the CCR&R, Early Learning Hubs or partner agencies to accommodate training needs 	Licensing Specialist
Concerns	<ul style="list-style-type: none"> • I worry about the speed of getting care with these providers. For licensed provider it is reasonably fast, but the pre-service for license exempt will take time. Need a transition piece, make sure the family has care until their provider can provide care. • we already make them pass background checks and that isn't the next day • There are people who offer child care on weekends because licensed facilities are closed and after 5:30 or 6 on weekdays. We need child care for those odd hours and license exempt fills that need. • Parents and providers are uncomfortable with home visits of any type. Annuals visits – will be very hard to build relationships • We heard these same things when we went from registration without inspection to inspections • We really want to be careful with the cultural aspects of these visits. 	ELPF - CCR&R, SEIU, AFSCME, CACFP, OHA, Head Start, OAEYC, OACCD
	<ul style="list-style-type: none"> • Fear how much money the state is putting in too into providers that might not want to be licensed. • Providers that we are losing, are we comfortable with losing? Are those children potentially going to a higher-level provider? • Need to be intentional about training. We can't offer training every week. • School based programs- Park and Rec etc. We need to be most sensitive for the family providers, for these school-based programs that will need new training requirements • Emergency Child Care- how can we help with parents and emergency child care? How can the CCRR support this situation, I need to go to the Jobs program tomorrow, I need to get child care now. 	CCR&R Fall Conference

	<ul style="list-style-type: none"> How can the CCR&R support emergency child care with subsidy Statewide- How can the CCRR be better integrated into the DHS Offices 	
	<p>What Concerns will providers have about inspections?</p> <ul style="list-style-type: none"> Licensing all providers - is there a way to combine, orientation and overview in some form. You can fail but are there tools that they can have to get going. Need to be just like licensing. Not a 'gotcha' visit! How can we have tools to educate, no pass/fail so that it isn't a gotcha visit. 	CCR&R Fall Conference
	<ul style="list-style-type: none"> In home care is a concern 	Licensing Specialists
Communication	<ul style="list-style-type: none"> Would like information by mail and by email. Would like a packet of information that they could review The information should be in the packet that the parents give to the providers. The provider will have an option to decide if they want to care for that child given the regulations Facebook would be good 	SEIU Council
	<ul style="list-style-type: none"> What will parents need to know? It would be great to look for ways to integrate with parent education – have provider there too. Much better approach to training. We encourage providers to attend training with parents. It would be great to look for ways to integrate with parent education – have provider there too. 	ELPF - CCR&R, SEIU, AFSCME, CACFP, OHA, Head Start, OAEYC, OACCD
	<ul style="list-style-type: none"> Need higher level of communication with letters, etc. Messages need to be consistent through all sources ERDC, DHS, CCRR, ELD, Hubs. Need consistent communication so that we are sending the same message. Communicate that this is a Positive Change- Step for Quality betters for all children. How can we deliver that message? Parent communication piece on quality is missing. We want/need materials and messaging for parents. 	CCR&R Fall Conference
		Parents
	<ul style="list-style-type: none"> Communication is important and it has to start with DHS. Parents need to be fully informed that the Office of Child Care will come to the home of their provider Reinforce information needs with CCR&R program. We need better communication tools to educate parents. We need more connection with DHS and monitoring staff 	Licensing Specialists
Topic	Comments and Information from Exempt Center	Regulated Subsidy Center Engagement - All
Health & Safety	<ul style="list-style-type: none"> Programs in schools already are required to have fire inspections and those inspections should be honored. Centers based in schools have sanitation inspections 	

Inspector Approach	<ul style="list-style-type: none"> • Review staff materials, guidelines, emergency procedures, cleanliness • Used to be licensed – licensing specialists should help improve the facilities and procedures not try to catch us doing something wrong. • 	
Training	<ul style="list-style-type: none"> • Most centers currently require Child Abuse and Neglect, First Aid/CPR, annual training between 8 and 40 hours annually, some online. Participants felt that FA/CPR should be required along with annual training hours. • Other annual training includes Blood Borne Pathogens, Sexual Harassment (Boundary Invasion), child development, emergency preparedness, allergies. • Lowell takes training required by ESD for educational assistants • NARA – no ongoing training hours. Have First Aid/CPR RRCAN, Food Handler, some staff Parents as Teachers • Many issues with ORO – cumbersome, inability to audit employee participation, 	
Staff/Child Ratios	<ul style="list-style-type: none"> • Most follow licensing standards or lower ratios. • Participants felt they should follow licensing ratios. • Park & Rec serve 26% children with emotional and behavioral issues and have better ratios. • Group size may differ depending on circumstances associated with the facility. In locations where there is a SUN or similar program, children may be using the same space. • 	
Communication	<ul style="list-style-type: none"> • Communicate new rules as soon as possible. • Identify correct person at program to communicate with and email is best. We got the letter about this through one of our staff members by accident. • Email works best. It is challenging for us that DHS and OCC don't have our email addresses. • Would like news on child care issues at the state level. • Suggestion for area representative to disburse information at the local level, CCR&R or EL Hubs 	
Other	<ul style="list-style-type: none"> • Need to work better with public schools. We need to be able to move children around to different classrooms without worrying about an inspection. 	
	<ul style="list-style-type: none"> • We asked each group of center providers if future requirements would deter them accepting CCDF subsidy. Every group said no and that they were committed to serving families in their communities. 	