

**Child Care and Education Workgroup**  
**March 19<sup>th</sup> 1:00-3:00pm**

Goal: Review role and process as the Rule Advisory Committee, identify next steps for rule revision and promulgation, review Child Care and Education membership timeline.

- I. Thank you Ford Family Foundation and transition to ELD Webex
- II. Review of emerging charge of Child Care and Education Workgroup as the Rule Advisory Committee – Bobbie
- III. Review Child Care and Education Workgroup membership and allocated years of service – Bobbie/Heidi
- IV. Rule overview and discussion for Teen Parent/A&D Treatment Programs
- V. Rule discussion and process summary:
  - i. Identify policy related issues
  - ii. Staff will provide a list of proposed revisions to current rules
  - iii. Staff and workgroup will identify what is technical vs. policy
  - iv. Identify what additional information is needed
  - v. Deliberate and provide recommendations to the ELC
  - vi. As issues are determined to be technical, staff will provide a summary with the full rules with opportunities to ask questions prior to the workgroup meeting (the workgroup will focus on policy related issues)
  - b. Reflection on policy related issues for rules from last meeting
  - c. Reflection on report: Review of Child Care Licensing Rules
  - d. Question:
    - i. Based upon the report, are there other issues that we should include in this list?
    - ii. Which policy related issues are a priority to request staff to provide further information? (Recommended best practice, potential impact and cost, staff knowledge and expertise)
- VI. Next steps – Bobbie
  - a. Staff will provide information in advance of our next meeting for deliberation
  - b. Membership next steps
  - c. Next meeting – May 21<sup>st</sup> 1:00-3:00

Attachments:

- Review of Child Care Licensing Rules Report by Judy Collins and Oxana Golden
- Policy related issues for rules from our last meeting
- Membership list

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+1-415-655-0003 US TOLL  
Access code: 800 059 495

ELC Child Care and Education Workgroup  
Composition Analysis - 2014-2015

2013-2014			GENDER		ETHNICITY				GEO. AREA				REPRESENTATION												Small working group						
	Workgroup Members	Beginning of Term	End of Term	Male	Female	American Indian	African American	Asian/Islander	Caucasian	Latino	Portland Metro	Salem Area	Valley (Corvallis & Eugene)	South	Central	Eastern	Parents	Immigrant	Community-based providers of early care & education	Publicly funded early education (Oregon HS PreK & EIE/ECSE)	For-Profit Child Care and Education Provider	Child Care Resource & Referral	Philanthropy	Local Government	Higher Education	Child Care Unions	Early Learning Council	State Child Care and Early Education Partners	Kindergarten Partnerships & Innovation	Advise Early Learning Public Engagement Campaign	Integration of Child Care and Education
Christy Cox	2012			x				x					x										x					x			
Stacy Cowan	2014			x				x		x																x					
Russ Cawmer	CCC 2015		x					x						x					x		x										
Randy Fishfader	CCC 2015			x				x			x														x					x	
Pam Hester	2014			x				x		x							x														
Nenna Lewis	2012			x		x				x							x														
Rosa Lopez	2014			x					x			x					x														
Kirsten Manning	2014			x				x			x						x														
Deborah Murray	CCC 2015			x				x		x									x												
Judy Newman	2012			x				x				x								x											
Sue Norton	2012			x				x				x										x									
Tim Rusk	2012		x					x							x																
Cathy Wamsley	2014			*				*								*				*											
Bobbie Weber	2012			x				x				x															x				
Tiffany Wright	2014			x				x		x											x										
Marlene Yesquen	2014			*					*				*												*						
State Agency/Resources																															
Nancy Johnson Dorn	2012			x																											
Rhonda Prodzinski	2012			x																											
Kelli Walker	2014			x																											
christa appointee																															
Staff Suport: Heidi McGowan																															

NOTES & COMMENTS:  
Current Gaps  
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ELD OHSPK  
ELC  
3 CCC exiting

# Early Learning Council – Administrative Rule Summary

Title/OAR #: Teen Parent/Alcohol & Drug Subsidy Program 414-150-0050 to XXXX (new)

Date: March 12, 2015

Staff/Office: Early Learning Division, Office of Child Care

☐ New Rule ☒ Amend Existing Rule ☐ Repeal Rule

Hearing Date: ☐ Hearings Officer Report Attached

Prompted by: ☐ State law changes ☐ Federal law changes ☒ Other

## Action Requested:

☒ Review of revised Administrative Rule prior to formal Public Hearing process

## PROPOSED/AMENDED RULE SUMMARY:

Review and adopt new Oregon Administrative Rule for the Teen Parent and Alcohol and Drug Treatment child care programs, which are two of four Special Populations programs under administration of the Early Learning Division, Office of Child Care.

## BACKGROUND:

The Teen Parent and Alcohol and Drug Treatment Child Care programs started in 1991 under the administration of the former Child Care Division (Office of Child Care). The administrative rule for these programs is combined and has not been revised since 2003. The revised rule adds definitions, adds or deletes language to reflect current program policies, and makes significant changes requested by school districts and alcohol and drug treatment programs.

The purpose of these two programs is to provide child care services (subsidies) for 1) teen parents attending school-based teen parent and child development programs that lead to a high school diploma or General Education Degree, and 2) parents either residing at or participating in a state-approved alcohol or substance abuse treatment program

School or community-based teen parent programs must be licensed by the OCC and meet teenage parent and child development program standards developed by the Department of Education under ORS 329.395 and 329.415.

## TIMELINE OF KEY ACTIVITIES

- Early Learning Division, Office of Child Care staff reviewed current **Child Care Program for Targeted Populations under the Child Care and Development Fund Block Grant**, OAR 414-150-0050 to 0130.
- Staff developed draft revisions based on current program policies, input from licensing staff, and changes to federal administration of CCDBG law.
- Reviewed draft of rule with Teen Parent Child Care Rule Advisory Committee in September 2014. Members of the RAC included school districts, representative from DHS Child Care Program, Special Populations Quality Improvements Coordinator, Division staff, and community-based teen parent programs. The committee discussed and approved changes to the draft.
- Revised draft of rules sent back to the RAC and all Teen Parent programs in late-September 2014 for additional input.

- Reviewed draft of rule with Alcohol and Drug Child Care Rule Advisory Committee in October 2014. Members included community-based alcohol and drug treatment programs, representative from DHS Child Care Program, Division staff. The committee discussed and approved changes to the draft.
- Final draft approved by both RACs with the recognition that the Early Learning Council would review the draft rule revisions and provide final approval after the formal Public Hearing process.
- Final draft of administrative rule given legal review by Kathleen Hynes.
- March 2015 – final draft of revised administrative rule reviewed by the Early Learning Council.
- April 2015 – formal submission to Secretary of State and Public Hearing process.
- May 2015 – formal adoption of final administrative rule by the Early Learning Council.

## **BENEFITS**

Contracts developed for the Teen Parent and Alcohol and Drug Treatments Child Care Programs are based on current administrative rule and have a better legal foundation for enforcement of contract requirements.

## **ISSUES/CONCERNS THAT SURFACED DURING RULE WORK:**

The draft administrative rule revision was scheduled for ELC review in November 2014, but was not included due to the heavy agenda of marijuana rules. Review was rescheduled for January 2015, but was bumped due to three sets of licensing rules.

## **FISCAL IMPACT: None**

## **STAFF RECOMMENDATION:**

- ☒ Review draft administrative rule revisions and approve for formal public hearing process
- ☐ Adopt (**final OR temporary**) administrative rule as prepared this month
- ☐ Adopt administrative rule next month
- ☐ No recommendation at this time

Comments:

## CHILD CARE PROGRAM FOR TARGETED POPULATIONS UNDER THE CHILD CARE AND DEVELOPMENT FUND BLOCK GRANT

Rules review and revision

NOTE: Targeted Populations are now referred to as Special Populations.

### 414-150-0050

#### Purpose

- (1) The purpose of these rules is to set forth standards to be followed when entering into contracts with programs to provide child care services to Special targeted Populations clients.
- (2) These rules implement elements of the federal Child Care and Development Fund (CCDF) State Oregon's Block Grant Plan for ffunds received under the federal Child Care and Development Block Grant Act of 1998, and Chapter 45, Code of Federal Regulations, Parts 98 and 99.  
[Publications: The publication(s) referred to or incorporated by reference in this rule are available from the agency.]

Stat. Auth.: ORS 329657A

Stats. Implemented: ORS 329657.A.010

Hist.: HR 7-1992 (Temp), f. 2-27-92, cert ef. 3-1-92; HR 26-1992, f & C. ef. 8-27-92; CCD 1-1994, f & Cert. ef. 1-12-94; Renumbered from 410-100-0059

### 414-150-0055

#### Definitions

- (1) "Alcohol and Drug Treatment Program" means a program that provides services to the eligible child whose parent(s) is in a program for the treatment of alcohol or ~~drug~~ substance abuse.
- ~~(2)~~ (2) "CCDF Block Grant" means the federal funding awarded to the Department of Education under the Child Care and Development Block Grant.
- ~~(3)~~ (3) "CCDF State Block Grant Plan" means the Oregon pPlan approved by the federal Department of Health and Human Services for child care and related programs funded by the Child Care and Development -Block Grant.
- ~~(4)~~ (3) "CCR&R" means Child Care Resource and Referral Agency.
- ~~(4) "Administrator" means the Administrator of the Child Care Division of the Employment Department.~~
- ~~(5) "CCCC" means the County Commission for Children and Families.~~
- ~~(5)~~ (6) "Department" means the State of Oregon, Employment Department of Education of the State of Oregon, which is the Lead Agency for the federal Child Care and Development Fund.
- ~~(6)~~ (6) "Early Learning Division" is the division of the Department that administers funding and contracts under the federal Child Care and Development Fund.
- ~~(7)~~ (7) "Early Learning Hub" means the local coordinating body for early learning services contracted by the Early Learning Division.
- ~~(8)~~ (8) "Employment Related Day Care" means the program administered by the Department of Human Services that provides child care services to low-income working families.
- ~~(9)~~ (9) "Office of Child Care" means a unit of the Early Learning Division that regulates child care facilities and provides contract administration for the Special Populations Child Care Services Program.

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- (10) ~~(7)~~“Parent” means parent, custodian or guardian who exercises care and custody of a child.
- (11) ~~(8)~~“Program” means community or school-based teen parent education program, or licensed alcohol and drug treatment program.
- (12) ~~(9)~~“Provider” means a person or program who is responsible for direct child care, supervision of children, and guidance of children in approved child care setting.
- (13) ~~(40)~~“Special Needs Child” means a child under the age of 18 who requires a level of care over and above the norm for his/her age due to a physical, developmental, behavioral, mental or medical disability.
- (14) “Special Populations” means families considered:  
(a) to be at high-risk of instability; and  
(b) have high needs for child care services;  
(c) have very low income; and  
(d) are not eligible for education-related child care services subsidy from the Department of Human Services -either under the Employment Related Day Care program a or TANF JOBS.dministered by the Department of Human Services.”
- (15) “TANF JOBS program” means a family that is receiving services through the Temporary Assistance to Needy Families program administered by the Department of Human Services and is receiving child care services under the Jobs Opportunity and Basic Skills (JOBS) program.
- ~~(14)~~(16) “Teen Parent” means a parenting or pregnant adolescent age 21 and under who is attending high school or participating in an approved high school completion program.

Stat. Auth.: ORS ~~329657~~A

Stats. Implemented: ORS ~~329657~~A.010

Hist.: HR 7-1992 (temp), f. 2-27-92, cert. ef. 3-1-02; HR 26-1992, f. & cert. ef. 8-27-92; CCD 1-1994, f & cert. ef. 1-12-94; Renumbered from 410-100-0055; CCD 6-2003, f. 12-23-03, cert. ef. 12-28-03

414-150-0060

### **Program Administration and Funding Allocations**

- ~~(1) The Department of Education, Early Learning Division, Child Care Division, of the Employment Department,~~ is the designated state agency responsible for administration of the Child Care and Development FundBlock Grant.
- (2) The ~~Child Care Division~~ Administrator is responsible for coordination of CCDF-fundedBlock Grant programs in Oregon and for the administration of child care services for Specialtargeted Ppopulations described by these rules.
- (1) Federal funds for the Special Populations Child Care Services program will be contracted by the Administrator to state-licensed or state-approved alcohol and drug treatment programs, to school districts for school-based programs, and to local non-profits or counties for community-based programs.
- (2) After annual appropriations for the Child Care and Development Fund are awarded to the state, the Administrator will allocate funds as provided in section (43) of this rule and forward this information to the local Early Learning Hubs for coordination of child care services planning at the local level.

Stat. Auth.: ORS ~~329657~~A

Stats. Implemented: ORS ~~329657~~A.010

Hist.: HR 7-1992 (Temp), f.2-27-92, cert. ef. 3-1-92; HR 26-1992, f. & cert. ef. 8-27-92; CCD 1-1994, f & cert. ef. 1-12-94; Renumbered from 410-100-0060

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#### 414-150-0070

##### Overview of and Eligibility Criteria for Special Targeted Populations Child Care Services

- (1) ~~(4)~~—The ~~Special Populations Contracted~~ Child Care ~~Services~~ Program is established for specific low-income, high-risk populations having demonstrable need for child care services.
- (2) ~~Special Targeted Populations~~ eligible for assistance under the ~~Contracted Special Populations~~ Child Care ~~Services~~ Program include Teen Parent(s) and parent(s) receiving treatment for alcohol and substance abuse, the following groups:
- (a) Teen Parent(s). To be eligible for services the teen parent ~~the following criteria apply~~ must meet the following criteria:
- i. ~~—~~ must be attending high school or participating in an approved high school completion program sponsored by a local school district, community college, or certified private school, and the parent requires child care in order to attend and complete a program leading to GED or high school diploma;
  - ii. ~~must be attending a child development school-based teen parent program that meets standards approved by the Department under ORS 329A.XXX.~~
  - iii. ~~must enroll child(ren) in a~~ Child care services ~~shall be provided by a facility certified or registered by the Office of Child Care and located on the same campus as the educational program the teen parent is attending.~~
- (b) Parent(s) Receiving Treatment for Substance Abuse. The parent has physical custody of a child professionally assessed to be at risk of neglect or abuse resulting from parental misuse or abuse of drugs or alcohol.
- (i) The parent must be ~~enrolled in and have a diagnosis for treatment with participating in~~ a state-licensed ~~and~~/or State-approved substance abuse treatment program in order to receive ~~subsidized contracted~~ child care services.
  - (ii) Child care services shall be provided at the facility site where the parent is undergoing supervised treatment and counseling for substance abuse, or at a nearby facility under supervision of a State licensed ~~and~~/or state-approved alcohol or substance abuse treatment program;
- (3) Child Care Services. For child care services, the following standards apply:
- a. The child receiving services must be:
    - i. under 13 years of age, or a child with Special Needs under 18 years of age;
    - ii. Be a U.S. citizen or have legal immigration status.
  - b. Parental income must be at or below 185 percent of or above of the Federal Poverty Level as published in the most recent Federal Register.
  - c. The child being placed for services is residing with a parent or parents who are either participating in an approved educational program or participating in an alcohol/drug treatment program;
  - d. The parent making the application for assistance must be a current resident of Oregon;
  - e. The determination of income shall be based on a review of all ~~teen-parental~~ income for the preceding 30 days prior to application for child care services;
  - f. Review and calculation of income for teen parent(s) shall be limited to the teen parent(s) income only and not include income received by other members of the same household.
  - g. A parent enrolled in residential substance abuse treatment programs shall be considered single parents. Family size and income will be limited to the parent and child(ren) living on-site in the residential treatment program.
  - h. Parents eligible for child care services through the TANF JOBS ~~child-care~~ program must access that program for services and do not qualify for the Special Populations Child Care Services program.
- (c) ~~Parent(s) with Children Enrolled in School-based Child Development Programs. Child care services under this category will be limited to child development cents that have been approved by the Department of Education in accordance with provisions of ORS Chapter 871.~~
- (d) ~~Parent(s) Receiving Treatment for Substance Abuse. The parent has custody of a child considered by the State to be at risk of neglect or abuse resulting from parental misuse and/or abuse of drugs or alcohol.~~

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Stat. Auth.: ORS [329657A](#)  
Stat. Implemented: ORS [329657A.010](#)  
Hist.: HR 7-1992(Temp) f. 2-27-92, cert. ef. 3-1-92; HR 26-1992, f. & cert. ef. 8-27-92; CCD 1-1994, f & cert. ef. 1-12-94; Renumbered from 410-100-0070

Double check ORS reference that is encompassing the standards that we want it to.

#### 414-150-0080

##### Eligibility for Contracted Services

1. ~~To be eligible for Contracted Child Care Services the following standards shall apply:~~
  - (a) ~~The child receiving services must be under 13 years of age, or a child with special needs under the age of 18 who requires a level of care over and above the norm for his/her age; and be a US citizen or have approved immigration status.~~
  - (b) ~~(b) Parental income must be edbelow 75 percent of the state median income. Under the Block Grant, median income will be based on information reported in the Federal Register, Department of Human Services;~~
  - (c) ~~The child being placed for services is residing with a parent or parents who are either employed, attending job training, or participating in an approved educational program; or participating in an alcohol/drug treatment program;~~
  - (d) ~~A parent making application for assistance must be a current resident of Oregon.~~
2. ~~The determination of income shall be based on a review of all parental income for the preceding 12 months prior to application for child care service. Review and calculation of income for teen parent(s) shall be limited to the teen parent(s) income only and not include income received by other members of the same household. Parents enrolled in residential alcohol and drug treatment shall be considered single parents family size and income will be limited to the parent and child(ren) living on site in the residential treatment program.~~
3. ~~Parents who are eligible for child care subsidy through the TANF JOBS program must access that subsidy and will not qualify for the Special Populations Subsidy.~~

Stat. Auth.: ORS [329657A](#)  
Stats. Implemented: ORS [329657A.010](#)  
Hist.: HR 7-1992 (Temp), f.2-27-92, cert. ef. 3-1-92; HR 26-1992, f. & cert. ef. 8-27-92; CCD 1-1994, f & cert. ef. 1-12-94; Renumbered from 410-100-0080; CCD 6-2003, f. 12-23-03, cert. ef. 12-28-03

#### 414-150-0090

##### Funding Allocations

- (1) ~~Federal funds for the Block Grant program will be awarded by the Administrator to approved A&D programs, to school districts for school based programs and to counties for community based programs. County allocations will be based on targeted population need and availability of funds.~~
- (2) ~~After annual appropriations for the Block Grant are awarded to the state, the Administrator will allocate funds as provided in section (1) of this rule and forward this information to the local CCCF where funds are assigned.~~
- (3) ~~The CCCF shall have 60 days from receipt of the allocation to advise the Administrator of its intent to participate in the planning and process for selecting programs to contract for available child care funds within the county.]~~

Stat. Auth.: ORS [329657A](#)

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Stat. Implemented: ORS ~~329657~~A.010

Hist.: HR 7-1992 (Temp), f.2-27-92, cert. ef. 3-1-92; HR 26-1992, f. & cert. ef. 8-27-92; CCD 1-1994, f & cert. ef. 1-12-94; Renumbered from 410-100-0090

#### **414-150-0100**

##### **Area Planning and Provider Selection Process**

(1) It is the intent of the Department that ~~coordination of services~~~~comprehensive child care planning~~ for ~~Special targeted P~~populations be conducted through existing local planning processes. The Department encourages ~~local child care services programs to work with the local Early Learning Hub~~~~county CCCFs~~ to coordinate and facilitate ~~access to information plan development~~ for the ~~Contracted Special Populations~~ Child Care ~~Services~~ Program.

~~(2) In planning for child care services for targeted populations the following guidelines are established by the Department to assist local CCCFs in formulating strategies that address child care needs in the area:~~

~~(a) A work group shall be convened by CCCF to achieve the widest possible coordination with ongoing child care activities in the county. The work group should be selected from the following interests with effort made to insure that a member represents only one area:~~

~~Adult and Family Services Division;~~

~~(A) Local Schools (staff or school board);~~

~~(B) JOBS Program Contractor;~~

~~(C) Child Care Provider;~~

~~(D) A&D Provider;~~

~~(E) Mental Health;~~

~~(F) Child Care Resource and Referral;~~

~~(G) Teen Parent Service Providers (school-based and community-based programs);~~

~~(H) Health Division;~~

~~(I) Local A&D Advisory Committee;~~

~~(J) Consumer.~~

~~(b) In areas where comparable work groups or planning committees on child care already exist, CCCFs are encouraged to use locally established processes to meet standards of this guideline;~~

~~(c) The CCCF will be expected to evaluate the status of child care in the area and recommend goals for service improvements. Planning statements should be developed that address the following elements:~~

~~(A) Description of the present condition of services within the county for the targeted populations;~~

~~(B) Identification of the optimal availability and condition of child care for the targeted populations in future years;~~

~~(C) A two-year Action Plan setting forth the direction the community wishes to take in achieving goals listed in the optimum statement; more specifically:~~

~~(i) A method for using available contracted child care slots including program identification;~~

~~(ii) Recommended options and steps for plan implementation; and~~

~~(iii) Delineation of responsibilities for carrying out the planning goals.~~

~~(d) The CCCF must review all recommendations received from the work group and submit to the Department's Child Care Division the approved planning statements and recommendations for community-based teen parent and A&D treatment programs. CCCFs are encouraged to integrate the adopted planning statements into local Comprehensive Plans.~~

~~(3) In the process of selecting programs or contracted services, CCCF and Department shall follow acceptable procurement practices and comply with state and federal contracting requirements. The principal processes to be followed for equal treatment and full and open competition requirements are described in 45 CFR Part 74, the Federal Acquisition Regulations (FAR), Part 6, and ORS Chapter 279. All documentation concerning the program selection process shall~~

be maintained by the CCCF for a period of at least three years or until 90 days after all pending matters are closed, whichever is later, and made available to the Department's Child Care Division upon request.

(4) The ~~Early Learning Division~~ ~~Department Child Care Division~~ shall have final responsibility for developing a contract with recommended programs as outlined in OAR 414-150-0120.

[Publications: The publications(s) referred to or incorporated by reference in this rule are available from the agency.]

Stat. Auth.: ORS ~~329657~~A

Stat. Implemented: ORS ~~329657~~A.010

Hist.: HR 7-1992 (Temp), f.2-27-92, cert. ef. 3-1-92; HR 26-1992, f. & cert. ef. 8-27-92; CCD 1-1994, f & cert. ef. 1-12-94; Renumbered from 410-100-0100

#### 414-150-0110

##### Application for Services

(1) Families that qualify under ~~Special~~~~targeted P~~populations criteria and eligibility standards of this rule shall make application for child care services directly through a contracting program. Application must be made on ~~an Office of Child Care Division~~~~Early Learning Division~~ approved form and signed by both ~~applying~~ parent and program ~~staff~~. In completing application, the parent shall be required to declare ~~under penalty of perjury and provide verification as required if possible.~~ information on:

~~(a)~~ ~~(b)~~ Parents and dependent members of the household;

~~(a)(b)~~ ~~U.S. Citizenship or immigration status of children who are to receive subsidized child care;~~

~~(b)(c)~~ Place of residence;

~~(e)(d)~~ Employment status of parents;

~~(d)(e)~~ Participation in job training, substance abuse treatment, or enrollment in school programs; and

~~(e)(f)~~ Parent income.

(2) The Administrator shall send notification regarding contracted programs to CCR&R agencies located throughout the state. Parents seeking assistance may contact local resource and referral agencies for information on programs having a ~~child care services~~ contract ~~for child care~~.

(3) Child care ~~slots availability~~ for ~~targeted S~~~~pecial P~~populations ~~is are~~ limited in all regions of the state, and shall, therefore, be assigned to parents on a first-come, first-served basis. The parent signature date on the application form will be used as the basis for determining priority of access to services.

~~(4)~~ Eligibility for continuing child care services shall be subject to redetermination by the program:

~~(a)~~ at the end of every ~~12 six~~-month service period; or

~~(b)~~ whenever a change of circumstance occurs that may affect a parent's eligibility status. Parents are responsible for notifying the ~~Division~~~~program of~~ ~~such changes within ten calendar (10) days; or~~

~~(4) (c)~~ at the beginning of each school year for teen parent participants ~~period of time~~. Parents are responsible for notifying the program whenever a change of circumstance occurs that may affect their eligibility status.

Stat. Auth.: ORS ~~329657~~A

Stats. Implemented: ORS ~~329657~~A.010

Hist.: HR 7-1992 (Temp), f.2-27-92, cert. ef. 3-1-92; HR 26-1992, f. & cert. ef. 8-27-92; CCD 1-1994, f & cert. ef. 1-12-94; Renumbered from 410-100-0110

1. B. – timeframe required for parents to notify program of changes? This should probably be a policy, but we don't currently have one. 10 days was suggested as that is the timeframe for reported changes for TANF.

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#### 414-150-0120

##### Service Standards

- (1) Prior to accepting a child for care under these rules, the program shall sign a contract with the [Early Learning Department's Child Care](#) Division. The contract shall include, but is not limited to, the following provisions:
- (a) Term of the contract;
  - (b) Description of services;
  - (c) Facility and service standards;
  - (d) Program responsibilities;
  - (e) Payment for services; and
  - (f) Compliance with appropriate state and federal regulations.
- (2) A program or a provider certified by [the Office of Child Care](#) ~~Division (CCD)~~ for operation of a child care center shall be in compliance with the standards defined in OAR 414-300-0000 through 414-300-0410.
- (3) A program or provider certified by [the Office of Child Care](#) ~~CCD~~ for operation of a certified family child care home shall be in compliance with the standards defined in OAR 414-350-0000 through 414-~~300~~350-0400.
- (4) A ~~registered~~ family child care provider ~~registered shall be registered~~ with [the Office of Child Care](#) ~~CCD~~ ~~shall and be in compliance with the standards defined in meet requirements of~~ OAR 414-205-0000 through 414-205-0170.
- (5) If a program or a provider is operating a child care facility that is specifically excluded by Oregon law from state certification ~~or registration~~ requirements under ORS ~~329657~~A.250 – ~~329657~~A.290, the standards for service shall be defined by the [Department's Office of Child Care](#) ~~Division~~ in the ~~contract agreement~~. The [Office of Child Care](#) ~~CCD~~ may require information regarding the status of certification ~~or registration~~. The Department ~~will~~ requires a criminal record check ~~and enrollment~~ of all providers and caregivers ~~in the through the Oregon State Police Law Enforcement Data System per ORS 481-537~~ [Office of Child Care Central Background Registry](#).

Stat. Auth.: ORS [329657A](#)

State Implemented: ORS [329657A.010](#)

Hist.: HR 7-1992 (Temp), f.2-27-92, cert. ef. 3-1-92; HR 26-1992, f. & cert. ef. 8-27-92; CCD 1-1994, f & cert. ef. 1-12-94; Renumbered from 410-100-0120; CCD 6-2003, f. 12-23-03, cert. ef. 12-28-03

#### 141-150-0130

##### Payment for Services

- (1) ~~The maximum rates the Early Learning Division (ELD) pays for the Office of Child Care~~ ~~CCD shall establish payment rates allowable for the Contracted Special Populations Child Care~~ ~~Services Program, and make this information available to the public on request, are determined by the most recent Department of Human Services (DHS) market price survey and shall be stated in the contract.~~
- (2) Payment for ~~contracted~~ child care ~~services~~ shall be made ~~by the Department~~ directly to the program ~~by the Department on behalf of the client~~ after services for the month have been rendered. ~~Forward funding, not to exceed ten percent of the total contract amount, may be allowed at the discretion of the CCD.~~
- (3) To receive payment, the program shall submit an invoice to the Department on ~~an Office of Child Care~~ ~~CCD approved form~~ ~~a form approved by the Early Learning Division~~ ~~ELD~~.
- (4) ~~The rate of payment to the program shall be stated in the contract agreement.~~

(4) The program shall be responsible for collection of any copayments from the parent. Copayment will be determined from the [Department of Human Services, AFS](#) Employment Related Day Care Copayment Standard established in OAR 461-155-0150.

(a) During the first month of child care, families will be charged the minimum copay. When all children in a family receive three or fewer hours a day of child care in a given month, the minimum copay will apply.

(b) Families having income below ~~the Federal Oregon's~~ poverty level, based on published U.S. Department of Health and Human Services (HHS) information, shall be exempt from the copayment standard.

(5) The provider shall not ask the family for, or accept directly or indirectly, any additional payment for care provided to family receiving the Special Populations Program Subsidy other than those is section (4) of this rule.

(6) The Department will make payments for temporary absence if required by the provider, subject to the following requirements and limits:

(a) Absences must take place on days the child care provider was open and expecting to provide care for the child that day;

(b) The child must be expected to continue in child care with the same provider after the absence;

(7) The Department will make payment for actual absence(s) up to a total of five (5) working days in any calendar month, not to exceed 40 hours of authorized absences per month; and.

(5) Absent days, or portions thereof, will include the time(s) for which care has been authorized by the Department.

Stat. Auth.: ORS [329657A](#)

Stat. Implemented: ORS [329657A.010](#)

Hist.: HR 7-1992 (Temp), f.2-27-92, cert. ef. 3-1-92; HR 26-1992, f. & cert. ef. 8-27-92; CCD 1-1994, f & cert. ef. 1-12-94; Renumbered from 410-100-0130

#### 414-150-xxxx

##### Limits on Disclosure

(1) No employee or volunteer of the ELD, or other agency, may disclose information about clients except as stated in OAR 412-001-0100 through 412-001-0170, or at the direction of a court of competent jurisdiction, or upon advice of the Attorney General.

(2) The ELD may disclose information in order to administer its programs and provide services when it is in the best interest of the applicant's family, unless specifically forbidden by statutes, these rules or by court order. Reasons for disclosure include, but are not limited to, providing information to: A social service agency, or service provider for the purpose of arranging appropriate child care services for the applicant's family.

Stat. Auth: ORS [657A](#)

Stat. Implemented: ORS [657A.010](#)

Hist.: CCD 1-1994, f. & cert. ef. 1-14-94

#### 414-150-xxxx

##### Exception

(1) Specific exception to any section of these rules may be granted for good and just cause by the Early Learning Division.

(2) The exception must be requested in writing to the Early Learning Division and show how the intent of the rule(s) will be met. All exceptions will remain on file.

(3) No exception will be granted which may jeopardize the health, safety, and well-being of any child in care.

(4) The granting of an exception shall not constitute a precedent for any other **child** care provider or client family.

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**414-150-xxxx**

**Parent Complaints**

(1) All Contractors for the Special Populations child care services program shall establish a process through which families may present a grievance or complaint regarding child care services.

(2) Records of all complaints shall be maintained and the ELD must be notified in writing of all grievance and complaints within ten (10) working days of receipt.

**414-150-XXXX**

**Mandatory Reporter.**

As required by Oregon Revised Statutes (ORS) 419B.005 through 419B.050, Contractor must immediately inform either the local office of the Department of Human Services (DHS) or a law enforcement agency when they have reasonable cause to believe any child with whom the Contractor comes in contact has suffered abuse, or any person with whom the Contractor comes in contact has abused a child. Oregon Law recognizes child abuse to be physical injury; neglect or maltreatment; sexual abuse and sexual exploitation; threat of harm; mental injury; and child selling. Report must be made immediately upon awareness of the incident.

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Child Care Education Workgroup  
Rule Advisory Committee  
1/15/15

Present by Webinar/Phone: Bobbie Weber, Pam Hester, Russ Crawmer, Christy Cox, Sue Norton, Judy Newman, Randy Fishfader, Nancy Johnson Dorn, Kelli Walker, Kim Parker, Peter Blume, Kathleen Hynes, Collette Brown, Kathryn Miller, Tami Scott

Summary and overview of proposed changes to child care center rules – Kathleen, Kelli, Peter

Questions/Comments from CCEW members:

Does the CBR enrollment verification need to be on site? Onsite or electronic is fine.  
Request – reference where the changes are in the rules.

Positive comments:

- Consistency – working to make rules consistent across all types of care
- Like seeing aide 2 move from 6 months to 60 hours
- Changes added clarity
- Incorporate common sense wisdom – not putting children down with a bottle
- Appreciate alignment among rules among 3 different systems
- Happy to see hand washing pulled out specifically as to where required for children/staff
- Safe sleeping practices

Concerns and Office of Child Care Responses When Shared (Office of Child Care responses are indented):

- Wine on premises – example of an auction where wine is stored on site was cited.
  - (Wine or other alcohol on the CC premise is rare. In the case of an auction or wine stored on site for other purposes [e.g. religious], a facility can connect with their licensor to look at an exception or a condition on their license that allows this)
- 15 passenger van – people don't understand the reason it is not to be allowed.
  - (The new rules were written with consideration of the 15 passenger van's safety record and allow for a substantial notification time for ample planning for a transition to alternative transportation)
- Why isn't marijuana considered the same as the wine rule – or any drugs that impairs judgment
  - There is a rule that captures impaired that is agnostic about cause but focuses on behavior of caregiver, evidence that casts doubt on the ability to care for children. Marijuana is still illegal under federal law. When marijuana becomes legal under Oregon law after July 1st, it will be treated similarly to wine and alcohol in the rules. One

characteristic of marijuana is that it remains in the system and not enough is known about its effect during that time. Medical marijuana, unlike prescribed drugs, is not approved by the FDA, does not have standards for strength nor prescribed dosages.

- Definition for infant/toddler/preschool - can't share space between infants and toddlers, younger toddlers can't share space with a preschool - not always room in the next classroom to move a child up so may have a child over age retained in an infant class until there is room in a young toddler room
  - Rules are being clarified to indicate that adjacent age groups can share spaces –group sizes shall be maintained. The requirement for separation of age groups is not new. Children transitioning from one group to another is common, so providers must plan for that situation.
- Concern was expressed about length of time for training to be recorded.
  - ORO is the tool that OCC uses to track and verify acceptable training. OCC is experiencing a 2-3 week timeframe for training to be recorded in ORO. ORO has made renewing providers a priority.
- Rule changes for nap time – question related to if 2 children are awake you have to return to ratio.
  - When children awake and become active, returning to ratios is required.
- Question for revision to notify all parents of all communicable diseases, what does it mean? Notifying all parents vs. only classroom parent.
  - All children in the center can be exposed to a communicable disease even if the ill child is not in their classroom.
- Discussion regarding guidance and discipline – require a child to remain silent or remove from group for excessive periods of time – some IEP's/some children are removed from class activity and is moved into other activities.
  - IEP's are special considerations and communication with the licenser to consider an exception is the key.
- Move from 6mo to 60hrs feels like the opposite suggestion for having skilled staffing.
  - Some staff are very part-time and having a "hour" requirement allows for more consistency.
- Drop side cribs –could include something about meeting federal safety standards.
  - Crib rules are written to reflect federal requirements.
- Adequate care and attention "what is considered adequate" .
  - Care that meets the developmental needs of a child, with basic health and safety as the priority, and that meets the requirements of supervision.

Suggestions from CCEW members:

- Revise wording for rule about “can’t share space” – make it is clear which age groups can and cannot share space.
  - This is clarified in the staff/child ratio and age groups in the rule.
- Rule change for nap time - if 2 children are awake you have to return to ratio – look at wording, clarification
- Sanitize and disinfect – separate further so they don’t appear duplicate and are clear
- Add in language for what communication is to notify all parents when communicable disease
- Add clarity about guidance and discipline
- 15 passenger van - this rule revision gives people until 2018 - the ELC has already acted on this issue and gave registered family until 2018 but expressed concern about having 3 more years of children being in vehicles known to be unsafe.
- Consider adding something about meeting federal safety standards for safe sleep.
- Consider more clarity for “adequate care and attention”.
- Move from 6mo to 60hrs feels like the opposite suggestion for having skilled staffing – don’t agree with the suggested change.

Other issues to consider and address from the CCEW members - in addition to proposed revisions, CCEW members identified a broad set of issues related to regulating centers:

- Complaint website – would like to not see mention of staff names on the complaint web site – keep it at the program level and position rather than name
- Table A and B – B was grandfathered and yet we allow people to keep the B when we change the owner. We have a large number of programs that are still B – consider if this still makes sense – policy is the timing of how long we let people use groupings that we do not consider appropriate.
- Pre-service requirements – we don’t require that people have training prior to employment: recommend reviewing the Coordinating Council subcommittee’s recommendation.
- Reconsider allowing experience with no education or specific training to qualify a person for a position.
- Reconsider exempting programs that are assumed to be primarily educational either because they are part-day or because they are operated by another government agency. The division between care and education no longer seems relevant as there are many full-day programs that focus more on children’s development and many part-day programs that do not. Also, parents use part-day programs as part of an overall child care solution so many of the children in part-day programs have employed parents and are in nonparental care for the full day.
- Explore options for fingerprinting and out of state background checks with a view to minimizing processing time.



- Consider requesting demographic data as a part of the licensing process. The workforce study found 40% of workforce members missing demographic data at time of licensing. One option to explore is requiring all who work with children in regulated facility to complete an ORO enrollment form -some licensing specialists do this but it's not a requirement or policy. The current and revised ORO enrollment form allows for opting out of reporting demographic information.
  - Concern mentioned that there could be a risk for racial profiling

Next steps;

- Staff move forward on issues
- Continue to clarify the role CCEW

# **Executive Summary**

## **Review of Child Care Licensing Rules**

**Prepared for the State of Oregon  
Oregon Employment Department  
Child Care Division**

**January 2012**

*Conducted by Oxana Golden & Judy Collins  
Child Care Policy Consulting, Inc.*

## Introduction

The Child Care Division, Oregon Employment Department is conducting a comprehensive review of child care licensing rules. The recommendations in this report represent the first step in the rule review process, based on extensive stakeholder input, national research and best practices, and recommendations from the consultants. Over the past ten years a number of licensing rule changes have been made affecting Certified Family Homes, Registered Homes and Recorded Programs. While there is no statutory requirement to conduct comprehensive rule reviews, the Child Care Division has now initiated such a review. The Child Care Division will use the information in this report to move forward with a rule revision process beginning in 2012. Recommendations will be prioritized and stakeholders will continue to participate in the process by providing input.

Between July and the end of October 2011, close to one hundred and fifty stakeholders were interviewed either individually or in groups, via phone calls, or in person. Stakeholders provided input on the licensing function and recommendations for rule revisions for Certified Family Homes, Registered Family Homes, Certified Centers, School-Age programs, Recorded programs, statute changes, and rule changes that apply across all licensed programs.

In addition to collecting input on rule changes, stakeholders expressed their views on the role of licensing. Overall, licensing is perceived as serving a very important function that benefits children, parents, providers, and communities. Stakeholders view licensing as setting minimum health and safety standards and enforcing the rules. In addition, the functions of providing technical assistance and connecting programs to resources is seen as a valuable licensing component.

When stakeholders were asked how they think parents view licensing, they thought parents assume licensing assures the safety and well being of their children. Stakeholders also thought that parents, communities, and the general public do not understand what licensing means in terms of the level of oversight and scope of the rules.

A number of stakeholders voiced the importance of educating families and the public about the purpose of licensing, scope of rules, and level of oversight.

### Stakeholder Input

- ❖ Child Care Division Staff:  
Licensing & Others  
(32 individuals)
- ❖ Certified Centers, Certified  
Homes, Registered Homes  
& School -Age programs  
(73 individuals)
- ❖ Other stakeholders
  - Commission for Child Care
  - OregonASK
  - Oregon Council on  
Developmental Disabilities
  - Oregon State University
  - Oregon Child Development  
Coalition
  - Oregon Center for Career  
Development (PSU)
  - AFSCME
  - Oregon Health Authority
  - Oregon Department of  
Education (Pre-K & Head  
Start)
  - County Environmental  
Health Specialists
  - Fire Marshal
  - Resource & Referral  
Directors and Network
  - Department of Human  
Services  
(44 individuals)

## National Research and Licensing Trends

Most states review and revise child care licensing rules on a continuous basis in order to improve health, safety, and quality conditions for children in child care settings. Some states review all rules on a regularly scheduled cycle basis every two to three years, while others review rules less frequently. The importance of quality early education, preschool, and school-age programs and their impact on positive development and school readiness/success for children is well-documented. In this context, licensing is no longer viewed as a stand-alone health and safety regulatory entity, but as foundationally important to system wide quality building efforts. With the widespread national development of Quality Rating and Improvement Systems, licensing standards and the monitoring functions have become accepted as the foundation for quality. Most licensing rules set minimum standards for ratios, teacher qualifications and professional development requirements, health and safety standards, environment, administration and management, and program activities for children. QRIS systems have similar standards. Licensing is usually designated as the first step or a pre-requisite step for entry into a multi-quality level QRIS system.

The National Association for Regulatory Administration publication, *Strong Licensing: The Foundation for a Quality Early Care and Education System* (May, 2011), makes the case for the importance of strengthening licensing requirements, positive impact on children, and strong licensing as the foundation for quality-building. Three components contribute to high quality licensing: 1) a strong enabling statute, 2) strong program requirements, and 3) strong enforcement. Components of strong program requirements include:

1. Regularly scheduled reviews of rules every three to four years.
2. Broad public outreach and consultation in drafting and revising regulations. It is important for rules to reflect the consensus of what citizens want for children in child care in their state.
3. Research-based, current rules that are designed to respond to known public risks and the industry's prevailing conditions.
4. Rules that reflect the understanding that the benefits of early learning stem directly from the nature of children's relationships with their adult caregivers.
5. A body of requirements designed with a holistic focus on child well-being that collectively creates a safe environment that promotes healthy physical, social, emotional, and cognitive development.
6. Attention to reasonableness, cost considerations, and ensuring rules are enforceable.
7. Sound interpretation guidelines and procedures manuals to help providers and inspectors apply the requirements correctly, fairly, and consistently.

As Oregon moves forward in the formal rule revision process the incorporation of these seven guidelines will assist in making the process a success.

Based on a presentation during a regional conference conducted by the National Child Care Information Center (NCCIC) in July 2011, national trends on proposed rules include:

- SIDS prevention
- Training on medication administration
- Physical activity / outdoor play
- Screen time
- Cribs and sleeping equipment
- Emergency preparedness
- Obesity prevention

Additionally, a prevailing practice in states is researching best practices and making informed decisions in reviewing current rules and proposing new requirements. The recommendations in this report include all the national trends on rules listed above.

## **Highlights from Calls with Other States**

In addition to soliciting input from stakeholders in Oregon, ten states (Arkansas, Colorado, Florida, Indiana, Kansas, New Mexico, North Carolina, Texas, Washington, and Wisconsin) were interviewed about their experiences in revising rules.

### ***Frequency of Rule Reviews***

In four of the ten states (Colorado, Indiana, Texas, Washington) licensing reviews are prescribed in statute, ranging from once every two years to once every seven years. Rule review timelines in the other six states range from once every two years to every five years, or are on variable schedules depending on legislative action, accumulation of recommendations, or other factors. In most of the states the reviews are staggered by type of facility. In some states rule changes affecting one type of program are automatically made to the other programs, if applicable. Several state interviewees mentioned they also make minor changes to rules on a more frequent basis, since it is a less complex process than undertaking comprehensive revisions. This seems to be a trend among all states.

### ***Processes for Stakeholder Input and Reviewing Rules***

Most of the states have similar processes for gathering input and reviewing rules including:

- Advisory boards, committees, and other established groups identify rule revisions throughout the year.
- Input collected from partnering statewide agencies and organized stakeholder groups.
- Internal licensing staff collect, track and review information on all licensing rule changes that are submitted by the public, licensing staff, parents, child care programs, statewide associations and others.
- Most states convene stakeholder input meetings or focus groups.
- Most states receive input via e-mail on their web sites.
- Three states (Florida, North Carolina, and Washington) conduct webinars.
- Florida uses Facebook and Twitter as another method of posting information, but is not able to assign staff to monitor this function.

### ***Rule Changes in States***

The states listed forty-three rule changes to their licensing regulations in recent years. Please see *Appendix A* for a detailed list.

### ***Rationale Used in Developing Rule Changes***

States were asked to identify the rationale they considered in developing rule changes:

- Based on best practices
- Based on research
- Caring for Our Children guidelines
- Consumer Product Safety Commission standards
- Recommendations from advocates
- Recommendations from licensing staff
- Recommendations from other stakeholders
- In response to legislation
- Alignment with other quality improvement standards in the state (QRIS, Professional Development systems)

Most states consider all the elements listed above. In addition, states expanded on Recommendations from Other Stakeholders by identifying parents and child care programs. Several states mentioned national reports, such as NACCRRRA or other publications that provide information on what other states are doing. In Washington statute, stakeholders can present their cases on rule changes and “petition the Agency to change”, and in several other states single incidents (e.g., death of a child) triggered rule review and changes.

### ***Connection between Licensing and Quality Improvement***

In those states where licensing is an integral part of quality improvement initiatives, such as QRIS, there is a strong connection and shared mission between licensing and quality. Both programs benefit from close collaborative relationships in improving standards and processes. North Carolina has a rated license which integrates licensing and QRIS; Colorado is proposing to develop a rated license. Three states indicated they are beginning to work on improving or initiating a closer working relationship with quality programs.

### ***Overview of Recommendations for Oregon***

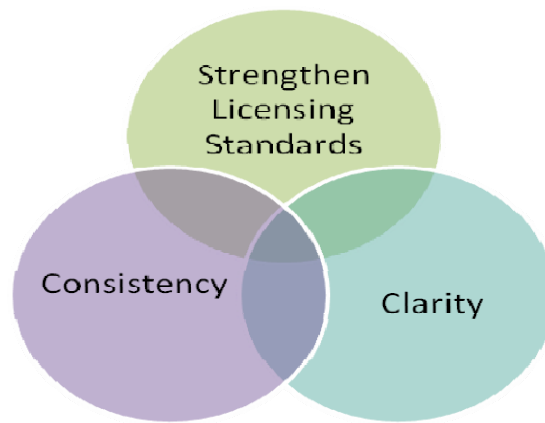
In conducting focus groups, individual and group interviews, and conference calls, stakeholders voiced hundreds of recommendations covering a wide range of rules including: changes that apply across Certified Centers, Certified Family Homes, and Registered Family Homes; specific recommendations for each one of the three types of programs; recommendations for Recorded Programs; School-Age Programs; Preschool Programs, and even changes related to the Child Care Statute. In addition to stakeholder input gathered between the months of July and November 2011, the consultants reviewed:

- An extensive list of recommendations provided by the Child Care Division containing input from Child Care Division staff and other stakeholders in the state which as been collected over many years.

- The recommendations report from the Licensing Training Standards Work Group, under the Professional Development Committee of the Childhood Care and Education Coordination Council which addresses recommendations on professional development, including qualifications and on-going training.
- The Oregon Commission for Child Care School Age Regulation Task Force report.

Stakeholder recommendations include broad sweeping changes, major and minor rule changes, clean up, recommendations that would help clarify current rules, and recommendations that address consistency issues within and across rule books.

Three overarching themes emerged from stakeholder recommendations: consistency, clarity, and strengthening licensing standards. As the diagram illustrates, while the three themes represent different categories of recommendations, overlap does exist between them and individual recommendations can fall under one, two, or even three categories. The clear message is that these three categories are equally important to the successful development and implementation of rule revisions.



The recommendations listed below are based on a close review of all stakeholder recommendations, the frequency of individual recommendations, research, and balancing and prioritizing recommendations based on best practices with the current environment in Oregon.

Many specific recommendations related to rule clarifications and “clean up” have been forwarded to the Child Care Division to review, prioritize, and incorporate into the formal rule review process beginning in 2012. *Note:* The recommendations in this report will be evaluated and prioritized during the rule review process beginning in 2012, with opportunities for stakeholders to provide ample input before final rule revisions are developed.

## Recommendations

The rule revision recommendations are listed below. Specific details, including rationale and research, for each recommendation begin on the next page.

Recommendations	
1.	Standardize age definitions across all program types for infants, toddlers, preschool children, and school-age children.
2.	License preschool programs (currently Recorded Programs).
3.	In all rule books: Update crib and safe-sleep rules to current best practice standards.
4.	In all rule books: Update obesity prevention best practice standards for 1) screen time, 2) physical activity, 3) nutrition.
5.	In all rule books: Update Emergency Preparedness Planning.
6.	Certified Family Homes: Require routine fire inspections and Other Recommendations.
7.	Certified Family Homes: Develop one ratio and group size table.
8.	Certified Centers: Develop one ratio and group size table.
9.	Registered Family Homes: Increase monitoring, conduct unannounced visits, and develop requirements for 2 <sup>nd</sup> story and garage conversions.
10.	Increase ongoing training requirements for Certified Centers, Certified Family Homes and Registered Family Homes; standardize child abuse and neglect training; implement Medication Administration training; and increase minimum qualifications for Certified Centers.
11.	A) Separate school-age rules from Certified Center rules and implement rules/policies proposed by the Oregon Commission for Child Care School Age Regulation Task Force. B) Begin development of: 1) qualifications and ongoing training criteria specific to school-age program staff; 2) core health, safety, and program standards for school-age programs; 3) a framework for making decisions on licensing requirements and exemptions.
12.	Develop rationale to accompany rules, based on research and best practices, and make available to child care programs and the public.
13.	Develop a core set of standards applicable to all program types and retain specific rules for each program in separate books.

**1. Standardize age definitions across all program types for infants, toddlers, preschool children, and school-age children.**

Consistency ☒

Clarity ☒

Strengthen Licensing Standards ☐

Definitions of ages for infants, toddlers, preschool children, and school-age children are inconsistently defined within specific rule books and across the rule books. This



recommendation was brought up the most frequently by stakeholders, with specific suggestions about what the definitions should be. In addition, a secondary recommendation is to take out references to the number of hours children are in child care when defining children's ages.

#### Rationale/Research

A standardized definition for infants, toddlers, preschool children, and school-age children promotes consistency and clarity. It also impacts other rules that are dependent on standardized definitions, such as ratios and group sizes, health and safety requirements, and program activity and developmentally appropriate practices. The secondary recommendation of de-linking hours in care from the ages of children is based on this example: the definition in Registered Family Homes for part-time child care is described as a child who meets the definition of a school-age child and is in care when school is not in session. Part-time care usually describes the number of hours a child is in care or can be used to specifically define a type of child care program, regardless of children's ages.

*Appendix B* contains detailed information on states' definitions of infants, toddlers, preschool children, and school-age children.

## **2. License preschool programs (currently Recorded Programs)**

Consistency ☐ Clarity ☐ Strengthen Licensing Standards ☒

Currently, preschool programs are exempt from licensing if providing services four hours or less a day. The current requirements for these programs include: 1) criminal background checks, and 2) informing parents that they are a recorded program. The recommendation to require licensing of these programs is based on the following reasons:

- Quality preschool programs have a positive impact on children's readiness for school. School readiness has become a high priority for parents, state policy makers, and increasingly early education teachers believe school readiness is impacted positively by the learning environment and activities that take place while children are in child care.
- In the Statute, a current distinction between licensed and exempt programs is connected to the role of parents: in exempt programs the parent retains general oversight of what happens to the child in care; while in licensed programs the oversight shifts to the facility. Is this the right or most appropriate definition, knowing how important school-readiness has become? Ideally, parents need to be involved in all programs (including licensed programs) **and** child care programs need to be responsible for providing the oversight and program activities that promote optimal development in children.
- As Oregon is developing quality improvement systems and discussing licensing of Head Start programs, a window of opportunity exists to include preschools in these discussions. Whether the programs are Head Start or preschool, the basic

foundation of health and safety standards provided by child care licensing is essential.

#### Research

Beginning in the 1960s a number of early childhood interventions studies, including the High/Scope Perry Preschool Program, Abecedarian Project, Chicago Child-Parent Centers, and Parent Child Development Centers, have demonstrated that children who participate in a quality preschool education experience benefit by being better prepared academically for school and also benefit from developing positive attitudes and habits that help to shape their success both in school and later in life.

In a report published by the Voices for Utah Children, *The Impact of High Quality Early Childhood Programs on Improving the Educational Achievement of At-Risk Children*, April 2010, a number of high quality preschool programs across the country are identified relative to their positive impact on children's school readiness. In Utah's program, the school readiness gap was reduced for at-risk children in the areas of language arts and math. The three and four year old children are provided with developmentally appropriate instruction in the areas of early literacy, numeracy, social-emotional, physical, and cognitive growth.

It is clear that licensing establishes health and safety standards, but in addition licensing plays a foundational role in defining program standards that support the development of children and impact their readiness for school. Children's levels of school readiness can be positively impacted when children receive comprehensive instruction by qualified teachers. Licensing can play a major role by establishing minimum program requirements for program activities and teacher qualifications.

### **3. In all rule books: Update crib and safe-sleep rules to current best practice standards.**

Consistency ☒

Clarity ☒

Strengthen Licensing Standards ☒

In December 2010, the U.S. Consumer Product Safety Commission approved new mandatory standards for full-size and non-full-size baby cribs. All cribs in use in licensed and registered care settings must meet the new requirements by December 28, 2012. New requirements prohibit the manufacture or sale of traditional drop-side rail cribs, strengthen crib slats and mattress supports, improve the quality of hardware, and require more rigorous safety testing. Specific requirements can be found at 16 CFR Part 1219 (full-size cribs) and 16 CFR Part 1220(non-full-size cribs) at:

<http://www.cpsc.gov/businfo/frnotices/fr11/cribfinal.pdf>

#### Rationale/Research

This recommendation directly supports the fundamental purpose of licensing, to ensure the safety of children in child care settings. U.S. Consumer Product Safety Commission (CPSC) cites "more than 11 million cribs, bassinets and play yards have been recalled in the past two years for safety reasons." More infant fatalities occur in non-recalled cribs than in recalled

cribs. According to the CPSC's "Nursery Product-Related Injuries and Deaths Among Children under Age Five", in 2010 there were an estimated 81,700 emergency department-treated injuries associated with nursery products. Cribs/mattresses, play yards, and playpens account for 20% of the injuries and are the leading cause of injury among all nursery products.

During the three-year period 2005–2007, CPSC reported 265 deaths associated with nursery products. 71% of the overall deaths include:

- 41% (124 total or 41 annually) with cribs/mattresses
- 18% (57 total or 19 annually) with bassinets/crib beds
- 11% (35 total or 12 annually) with playpens/play yards

CPSC has recalled more than 11 million dangerous cribs since 2007. Detaching drop-side rails were associated with at least 32 infant suffocation and strangulation deaths since 2000. Additional deaths have occurred due to faulty or defective hardware. These new standards aim to prevent these tragedies and keep children safe in their cribs.

Over thirteen thousand infants are injured in unsafe cribs every year. In the past decade, six hundred twenty-two infants died (a rate of sixty-two infants each year) from injuries sustained in unsafe cribs.

**4. In all rule books: Update obesity prevention best practice standards for 1) screen time, 2) physical activity, and 3) nutrition.**

Consistency ☒      Clarity ☒      Strengthen Licensing Standards ☒

This recommendation includes: 1) Limiting screen time, 2) Increasing physical activity, and 3) Updating nutrition requirements.

Limiting screen time: Change from the current 2 hours per day to: No screen time for children under 24 months old; 30 minutes maximum per day for children over 24 months; 60 minutes per day maximum for school-age children, with the majority of time used for activities such as homework; and a once a week limit on special activities, such as (appropriate) movies. *Caring for Our Children guidelines include no screen time for children younger than 24 months; 30 minutes maximum per week for children over 24 months, except for school-age children who need additional time to complete homework assignments.*

Physical Activity: Add the following physical activity requirements (*based on input from the Oregon Health Authority*):

- Infants' activity shall not be restricted for longer than 30 minutes at a time or more than 60 minutes total in car seats, strollers, or other confining equipment except when sleeping.

- Toddlers and children 3 years old and older will have a minimum of 2 hours of active free play (unstructured) for every 8 hours in care and additional opportunities for structure (teacher-lead) active play.
- School-age children will have at least 60 minutes and up to several hours of age-appropriate physical activity on all or most days of the week. Daily totals should include moderate and vigorous physical activity; the majority of the activity should be done in short stretches.
- All children shall be encouraged to play outside whenever the weather permits.

Nutrition: Strengthen the current nutrition requirements with Caring for Our Children guidelines which advise that meals and snacks should contain at least the minimum amount of foods shown in the meal and snack patterns found in the USDA Child & Adult Care Food Program guidelines. The guidelines can be found at:

[http://www.fns.gov/cnd/care/programbasics/meals/meal\\_patterns.htm](http://www.fns.gov/cnd/care/programbasics/meals/meal_patterns.htm)

Additional recommendations include:

1. A child or children requesting a second serving should be provided foods that are low in fat, sugar, and sodium.
2. Caregivers sit at the table and eat with the children (currently, rules say that staff shall be engaged with children in food-related activities).
3. Breastfeeding: ensure that every effort will be made to accommodate the needs of the child who is being breast-fed, including allowing the mother to breastfeed her child at a designated place in the home or center.
4. Throughout the day, including mealtimes, water should be available to children to drink upon request. However, water can not be served in lieu of fluid milk.
5. Children with food allergies need to be addressed throughout the nutrition rules.
6. Develop nutrition learning experiences for children.

#### Rationale/Research

States are beginning to address childhood obesity through licensing rules. According to The Centers for Disease Control and Prevention, childhood obesity has more than tripled in the last 30 years and obese children are likely to be obese as adults and therefore are more at risk for adult health problems. Licensing rules that support healthy lifestyle habits, such as physical activity, decreased screen time, and good nutrition can make a positive impact on children's health now, and can lower the risk of developing adult diseases.

In the report, "Preventing Obesity in The Child Care Setting: Evaluating State Regulations", Duke University, states are graded on their healthy eating and physical activity child care licensing regulations. Oregon's grade is a "C" (no state received an "A"). The report can be found at [http://cfm.mc.duke.edu/wysiwyg/downloads/State\\_Reports\\_Final.pdf](http://cfm.mc.duke.edu/wysiwyg/downloads/State_Reports_Final.pdf)

#### **5. In all rule books: Update Emergency Preparedness Planning.**

Consistency ☒

Clarity ☐

Strengthen Licensing Standards ☒

Update emergency preparedness planning requirements in all rule books by developing the following rules in addition to existing rules:

Centers	Certified and Registered Family Homes
1. Lock down and shelter in place procedures	1. Written emergency plan
2. Evacuation procedures for natural and man-made disasters	2. Maintain information needed to protect children's health and safety during emergencies
3. Address potential disaster for facility's particular location	3. Relocation plans if needed
4. Conduct staff training on plan (strengthen current language..."All staff shall be familiar with...")	4. Develop a plan to reunify parents and children after an emergency
5. Plan shall be reviewed/updated annually	5. Plan on how to evacuate children and account for all children
6. Need to address information regarding handling children with special needs, infant/toddlers and children with chronic illness	6. Maintain the equipment, supplies and materials needed to care for children during emergencies, including cell phones and evacuation backpacks
7. System to account for all children	7. Lock down and shelter in place procedures
8. System to reunify parents and children after an emergency	8. Train assistants, substitutes and volunteers to protect children's health and safety during an emergency
9. Evacuation backpacks for each room	9. Need to address information regarding handling children with special needs, infant/toddlers and children with chronic illness
10. Provider shall maintain a copy of all records, documents, and computer files necessary for the continued operation of the facility following an emergency in a portable file and/or offsite location	10. Provider shall maintain a copy of all records, documents, and computer files necessary for the continued operation of the facility following an emergency in a portable file and/or offsite location

Source: In part based on "Protecting Children in Child Care During Emergencies", the National Association of Child Care Resource and Referral Agencies & Save the Children, Dec 2010.

#### Rationale/Research

Developing plans and regularly practicing emergency preparedness procedures can save lives and reduce the risk of injuries to children.

#### **6. Certified Family Homes: Require routine fire inspections and other recommendations.**

Consistency ☐ Clarity ☐ Strengthen Licensing Standards ☒

Current rules do not require routine fire inspections for Certified Family Homes, except when requested by licensing staff on an individual basis. This recommendation serves to increase the safety standards for Certified Family Homes by requiring routine fire inspections.

A second recommendation is to examine and develop recommendations on the structure of Certified Family Homes. Stakeholders raised issues about multiple sites and the different roles of “owners” versus “providers” and resulting complications when providers leave. The license is assigned to the “provider”, therefore needs to be re-issued when a new “provider” takes over. The recommendation voiced by stakeholders is to streamline processing time when one provider leaves and a new one begins in order to reduce disruptions in child care services. Another suggestion voiced by stakeholders is to require providers to live in the home. The consultants support the recommendation to streamline the processing time when providers change in Certified Family Homes.

#### Rationale/Research

The licensed capacity for Certified Family Homes is 16 children. Out of thirty-nine states that license large family homes, only seven allow 16 or more children: Georgia (18), Indiana (16), Missouri (20), North Dakota (18), Oregon (16), South Dakota (20), and Utah (16). Twenty-six states limit large family homes to 12 children and ten of the twenty-six states allow additional school-age children to the 12 children limit. A fundamental concern for children in child care programs is their health and safety; routine fire inspections will help to address this critically important safety concern. Of the thirty-nine states that license large family homes, twenty five require ongoing fire inspections. Only two other states that allow 16 or more children in large family homes do not require fire inspections (Indiana and Utah).

The Certified Family Home designation in Oregon is unique for several reasons. In most states, this type of facility would be considered a large family child care home, where the “provider” and “owner” are one in the same. In addition, the “provider” is usually required to live in the home and cannot own more than one home for the purpose of providing child care. The Certified Family Home designation is similar in some respects to a center, where the “owner” typically has little connection with the provision of services and hires a director to operate the program. The Certified Family Homes was developed to meet specific needs in Oregon; however, based on the numerous issues voiced by stakeholders, a review of the structure of Certified Family Homes is recommended.

### **7. Certified Family Homes: Develop one ratio and group size table.**

Consistency ☒      Clarity ☒      Strengthen Licensing Standards ☐

Numerous stakeholders recommended that the Ratio and Group Size tables under 414-350-0120(3) be replaced with one Ratio and Group Size table. One of these tables was grandfathered in years ago, with the intent of transitioning to only one table after a period of time. Providers and other stakeholders made this recommendation and the consultants support it.

#### Rationale/Research

Two tables create confusion for providers and it's more difficult to track and assess compliance during licensing monitoring visits. See *Appendix C* for information on ratios in other states.

## **8. Certified Centers: Develop one ratio and group size table.**

Consistency ☒ Clarity ☒ Strengthen Licensing Standards ☐

Numerous stakeholders recommended that the Ratio and Group Size tables under 414-300-0130(2)(c) be replaced with one Ratio and Group Size table.

### **Rationale/Research**

Two tables create confusion for providers and it's more difficult to track and assess compliance during licensing monitoring visits. See *Appendix D* for information on ratios in other states. In comparison to other states, Oregon's ratios are good.

## **9. Registered Family Homes: Increase monitoring, conduct unannounced visits, and develop requirements for 2<sup>nd</sup> story and garage conversions.**

Consistency ☒ Clarity ☒ Strengthen Licensing Standards ☒

Numerous recommendations were voiced by stakeholders related to strengthening and aligning Registered Family Home rules with other licensed programs. The top recommendations include:

- Conduct unannounced monitoring visits once a year.
- Develop standards for 2<sup>nd</sup> story and converted garages used for child care. This includes requirements for exits, supervision, physical area standards, and other safety related requirements.
- Recommendations listed under 1, 3, 4, 5, 10, 12 and 13 of this report are applicable to Registered Family Homes.

### **Rationale/Research**

Registered Family Homes have a capacity of 10 children; only 9 states, including Oregon, allow 10 children or more in small family child care homes. Given the high number of children, annual monitoring and home safety requirements are especially important in this setting. Some requirements related to 2<sup>nd</sup> story and converted garages have already been identified through policy; the recommendation is to assess and implement already identified policy requirements on a statewide basis, taking into consideration both urban and rural settings.

## **10. Increase ongoing training requirements for Certified Centers, Certified Family Homes and Registered Family Homes; standardize child abuse and neglect training; implement Medication Administration training; and increase minimum qualifications for Certified Centers.**

Consistency ☒ Clarity ☐ Strengthen Licensing Standards ☒

I. The recommendations listed below are based on the Licensing Training Standards Work Group under the Professional Development Committee of the Childhood Care and Education Coordinating Council. However, three Work Group recommendations: 1) Increase ongoing training requirements from 15 to 20 hours annually for Certified Centers and Certified Family Homes, 2) Increase ongoing training for Registered Family Homes from 8 hours every two years to 20 hours every year, and 3) Change qualifications for Certified Center directors to exclude experience as an option have been revised in the recommendations below.

#### Certified Centers

- 1) Increase annual ongoing training hours to 18 hours (directors, head teachers, and all teachers). At least 10 hours shall be in child development or early childhood education.
- 2) Require Aide II positions to meet the 18 hours of ongoing training requirements. At least 10 hours shall be in child development or early childhood education.
- 3) Require Aide II positions to achieve a Step 3 on the Oregon Registry within three years.
- 4) Require Aide I positions to be enrolled in the Oregon Registry.
- 5) 414-300-0100 Teachers: Replace OR (f) with: AND (f) documentation of a training plan to achieve or maintain a minimum of a Step 8 or higher on the Oregon Registry.

#### Registered Family Homes

- 1) Increase ongoing training hours to 15 hours every year. At least 8 of the 15 hours must be related to child development or early childhood; up to 5 hours may include 1<sup>st</sup> Aide/CPR, Food Handlers training, and renewal of Recognizing and Reporting Child Abuse and Neglect.
- 2) Add to 414-205-0055: AND (d) Documentation of a training plan to achieve or maintain a Step 3 or higher within 4 years of operation.

#### Certified Family Homes

- 1) Increase ongoing training hours to 18 hours every year for the provider and all caregivers who function as substitute providers, and Assistant II staff, including volunteers. At least 10 hours shall be in child development or early childhood education and at least 4 hours shall be in Financial Management, Facility Management, Communications, Human Resources or Organizational Management. *(Note: the consultants are not familiar with the specifics of these five instructional content areas, and defer to the experts in Oregon to identify which one(s) would be most appropriate, and how many hours are reasonable within the 18 hours).*
- 2) 414-350-0115 replace (5) with: (5) Documentation of all training shall be provided to the Oregon Registry for validation.
- 3) Add to 414-350-0100 The Provider. AND (d) If (c) is not met, documentation of a training plan to achieve a Step 8, with a minimum of Step 3 required within 3 years.
- 4) Add to 414-350-0100 The Provider. AND (h) Documentation of a training plan to achieve a Step 8, with a minimum of Step 3 required within 3 years.
- 5) Add to 414-350-0110 (2) An Assistant I shall: Be enrolled in the Oregon Registry.



6) Add to 414-350-0110 (3) An Assistant II shall: Achieve Step 3 within 3 years.

**II.** Require in all rule books: Clearly identify and require the same Oregon specific, standardized Recognizing and Reporting Child Abuse and Neglect training.

**III.** Develop and implement state-approved Medication Administration training requirements for practitioners in centers and homes.

**IV.** Add a high school diploma or GED as part of the minimum qualification requirements for Certified Center directors.

#### Rationale/Research

Several changes were made to the Licensing Standards Work Group Training recommendations, namely to 1) modify the number of ongoing training hours from the recommended 20 hours to 18 hours for Certified Centers and Certified Family Homes and from 20 to 15 hours annually for Registered Family Homes; 2) to change the recommendation of 6 pre-service hours in program management for Certified Family Homes to 4 hours of ongoing training; and, 3) not to include the Certified Center Director change in qualifications, which excludes experience as an option. The Work Group recommendations definitely strengthen qualifications and professional development requirements, however, considerations related to economic impact, rural vs. urban program dynamics, and balancing current with increased requirements were weighed in modifying the recommendations for this report.

Medication Administration Training is important in helping providers safely administer medications to children. It is especially important in the care of infants and children with chronic medical conditions.

Forty-eight states require a high school diploma or GED as part of their minimum qualifications for center directors. A high school diploma represents a rudimentary level of education, and assures an individual has achieved a basic level of literacy. This is especially important given the important role early education plays in children's school readiness and success.

#### Comparison to Other States

**Centers:** The most common number of hours for ongoing training in states is 15 for Directors; 12 hours for Master Teachers; 12-15 hours for Teachers and Assistant Teachers; 12 hours for Aides.

**Small Homes** (based on 44 states that regulate homes and 39 of those states require ongoing training): Twenty-six states require 1-12 hours for the providers; nine states for assistant providers. Seven states require 13-19 hours for the providers and two states for assistant providers; three states require 20 or more hours.

**Large Homes** (based on 39 states with large home designations, 36 states require ongoing training): Eighteen states require 1-12 hours for the providers; and twenty states for assistant

providers. Thirteen states require 13-19 hours for the providers and seven states for assistant providers. Four states require 20 or more hours.

**11. 1) Separate school-age rules from Certified Center rules; 2) Implement rules/policies proposed by the Oregon Commission for Child Care School Age Regulation Task Force; and 3) Begin development of a) qualifications and ongoing training criteria specific to school-age program staff, b) core health, safety, and program standards for school-age programs, c) a framework for making decisions on licensing requirements and exemptions.**

Consistency ☒

Clarity ☒

Strengthen Licensing Standards ☒

A phased-in approach is recommended for addressing the numerous recommendations made to improve school-age rules. The first phase is to make immediate changes suggested by stakeholders and implement some of the recommendations proposed by the Oregon Commission for Child Care School Age Regulation Task Force including:

- Separate school-age rules from Certified Center rules and create a new section.
- Develop a school-age specific checklist for Environmental Health Specialists to use (most of the items on the current Center checklist are not applicable to school-age programs).
- Require providers to include a “statement” on the authorization for care forms that the parent is responsible to provide a copy of any restraining orders, and update this form every 6 months (Task Force recommendation).
- Develop a form for providers to use to clarify position titles, qualifications, and job duties (Task Force recommendation).
- Add a training regulation sheet to the (current) Certified Center Licensing Handbook (Task Force recommendation).

The second phase includes implementing some of the recommendations proposed by the Oregon Commission for Child Care School Age Regulation Task Force along with additional recommendations:

- Develop training criteria that is specific to school-age staff. Begin with the Core Knowledge Categories and build in training relevant to school-age practitioners (Task Force recommendation).
- Identify similarities and differences between the Department of Education school-based programs and Child Care Division school-age rules related to: 1) signing out of programs, 2) inconsistencies related to ratio requirements, 3) inconsistencies related to physical space requirements, playgrounds, and sanitation requirements (Task Force recommendation).
- Develop a core set of standards for school-age programs with the participation of all programs (licensed and exempt). Include developmentally appropriate standards for children five to seven years old; eight to ten years old; and eleven years and older related to health, safety, and program activities.

- Develop a framework for making decisions about program licensing standards and program exemptions based on core standards and evaluation of current exemptions in statute.

#### Rationale/Research

School-age licensing issues are complex due to the multitude of different types of programs in communities. Adding to the complexity, the Child Care Statute defines different types of exemptions, serving to further compartmentalize programs based on hours, auspices (schools, governmental agencies), types of program (organized club or hobby groups), or single enrichment activities. As long as these exemptions remain in statute, it is not possible to address the inconsistencies across licensed and exempt programs that have been voiced by stakeholders. However, engaging in thoughtful, goal oriented, consensus-building discussions about developing a framework for school-age licensing standards and basing the discussions on the health, safety and developmental needs of school-age children, will help to identify some much needed solutions.

### **12. Develop Rationale to accompany rules, based on research and best practices, and make available to child care programs and the public.**

Consistency ☐ Clarity ☒ Strengthen Licensing Standards ☒

Many stakeholders discussed the importance of providing rationale for rules in order to increase understanding of the reasons, justifications, and importance of specific rules. Rationale is based on research and best practices. It promotes the support of rules by child care programs and state policy makers, and assists licensing staff in reviewing rules with child care programs within the context of their monitoring functions.

#### Rationale/Research

A number of states provide rationale for their rules. At least 17 states (Delaware, Indiana, Kentucky, Louisiana, Maryland, Michigan, Montana, Ohio, New York, North Carolina, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Wisconsin) have what is commonly called interpretative guides (sometimes referred to as commentaries or operating manuals). Some of these include the intent or rationale of rules and are also used as tools by state licensing agencies to help both licensees and licensing staff understand the intent and application of the rules and to promote consistency in interpretation.

### **13. Develop a core set of standards applicable to all programs**

Consistency ☒ Clarity ☒ Strengthen Licensing Standards ☐

Stakeholders indicated it is difficult and confusing to locate rules within rule books. Also, definitions or standards that are applicable to all programs are not consistent and/or clearly stated within specific rule books and across the rule books. A core set of standards, applicable to all programs (mainly Certified Centers, Certified Family Homes and Registered

Family Homes), would provide organization, easy access, and consistency and would benefit child care providers and licensing staff. In addition, an index would be helpful.

The following is a list of core standards that are based on input from stakeholders and examples from other states. This is not a comprehensive list, but can serve as a starting point in cross referencing rules across programs and identifying those that are applicable to all programs.

- Mission and Purpose of Licensing
- General Provisions (Definitions and Applicability of Rules)
- Administrative Licensing Processes (such a applications; issuance of certificates and registrations; sanctions)
- Program Management
- Licensing inspections and frequency of visits
- Recordkeeping requirements (such as children's and staff health records)
- Reporting requirements (such as accidents and injuries)
- Sanitation (such as well water/safe drinking water; hand washing)
- Safety (such as swimming/hot tub requirements; emergency preparedness; hazardous materials and firearms; frequency of fire drills; 1<sup>st</sup> Aid and CPR supplies; medications, safe sleep environments and diaper changing requirements for infants)
- Central Background Registry checks
- Health (such as tobacco use; medication requirements, food)
- Program and Care of Children (such as Discipline and Prohibited Punishment)
- Required Training (1<sup>st</sup> Aide/CPR; Food Handler's Certificate; Child Abuse and Neglect recognition and reporting)
- Public Records Law (allowing selling names of programs)

#### Rationale/Research

There is no research that either supports or doesn't support this approach. The decision to develop and organize rules based on core standards evolves from varying dynamics and needs in states. Some of the states that use this approach are Colorado, Florida, Massachusetts and New Hampshire. One benefit of organizing rules using this approach is that rules applicable to all programs can be found in one place, and rule revisions that affect core standards only need to be changed in one place. On the other hand, specific programs (e.g. Certified Family Homes), need to go to two places to get a comprehensive list of rules. Since consistency and clarity have been identified as such prevailing issues, it may benefit Oregon to use this approach.

#### Conclusion

The thirteen recommendations, with multiple rule changes, proposed in this report include changes to rules that impact all program types: Certified Centers, Certified Family Homes, Registered Family Homes, and Recorded Programs. Many more recommendations were

made by stakeholders that have not been prioritized for this preliminary identification of recommended rule changes, but are important. All recommendations voiced by stakeholders, including “clean up” and recommendations serving to clarify the intent of current rules, have been forwarded to the Child Care Division.

As the formal rule review process begins in 2012, rule changes not identified in this report may surface to higher priority levels as the Child Care Division identifies priorities and continues to solicit input from stakeholders.

We greatly appreciate the time and enthusiastic and candid responses from all stakeholders we interviewed. Oregon has a strong, solid licensing base and highly committed Child Care Division staff, early education and school-age professionals, partnering organizations, and advocates who collectively can make a positive impact on improving the licensing system in Oregon.

## Appendix A: List of Rule Changes in Ten States \*

State	Changes to Regulations
Arkansas	<ul style="list-style-type: none"> <li>• Clean air legislation that affects homes and centers</li> <li>• Minimum requirements for liability insurance coverage for commercial vehicles for homes and centers</li> <li>• Emergency preparedness</li> <li>• Increase training hours for center directors and staff</li> <li>• Back to Sleep</li> <li>• Screen time</li> <li>• Releasing children to recognized individuals only</li> <li>• Outdoor equipment used indoors</li> </ul>
Colorado	<ul style="list-style-type: none"> <li>• Family Homes: added quality indicators (Level 3 on the ERS) and embedded into rules</li> <li>• Centers: 1) increase education requirements for teachers and eliminated experience for qualifications 2) for directors added two additional required classes</li> <li>• FBI checks required of all staff in all facilities. Added portability provisions.</li> <li>• Developed new “Neighborhood Youth Organization” category for school-age (primarily for Boys and Girls Clubs).</li> <li>• Currently, in the midst of finalizing new Center regulations – with quality indicators (based on ERS) and child obesity.</li> </ul>
Florida	<ul style="list-style-type: none"> <li>• Currently working on separating out school-age rules</li> <li>• Implementation of progressive enforcement. Prescriptive approach to identifying sanctions on a 1-4 scale</li> <li>• Licensing staff now have taken on the sanitarian monitoring responsibilities</li> </ul>
Kansas	<ul style="list-style-type: none"> <li>• Immunization requirements</li> <li>• Eliminated Registered Homes category and have begun to inspect them</li> <li>• Lexie’s law: 1) supervision and sight/hearing requirements in homes, 2) additional training requirements, 3) certified 1<sup>st</sup> Aid and CPR for all providers including substitutes.</li> <li>• Nutrition requirements for Homes</li> <li>• Limited screen time</li> </ul>
Indiana	<ul style="list-style-type: none"> <li>• Changed definition of Child Care Homes</li> <li>• Age definition for school-age (from grade 1 or above <b>to</b> full time kindergarten or above)</li> <li>• Drug testing</li> <li>• Fingerprinting rules</li> <li>• In 2003: Centers: 1) changed qualifications for Lead Caregiver; 2) added continuity of care requirements; 3) best practice in interaction with children; 4) school age ratio changed from 20:1 to 15:1</li> </ul>
New Mexico	<ul style="list-style-type: none"> <li>• Two-star requirement for basic licensing which includes environment and social / emotional standards</li> <li>• Nutrition and physical activity</li> </ul>

North Carolina	<ul style="list-style-type: none"> <li>• Obesity: 1) outdoor time requirements, 2) screen time</li> <li>• Strengthen interaction rules for homes and centers</li> <li>• Accommodations for breast feeding mothers</li> <li>• School-age center rules connected to culture, community and activities.</li> <li>• License all pre-k programs</li> </ul>
Texas	<ul style="list-style-type: none"> <li>• Training requirements for homes and centers; increase to 30 hours for directors &amp; home owners and 24 hours for center staff and assistants in homes</li> <li>• Defined single activities for school-age – related to exempt or licensed status</li> <li>• Ratios and Group size (rules didn't pass)</li> <li>• Obesity prevention (nutrition, breast feeding, active play)</li> <li>• Screen time limits</li> </ul>
Washington	<ul style="list-style-type: none"> <li>• By the end of this year, family child care home rule revisions such as requiring a high school diploma for home providers.</li> <li>• 1<sup>st</sup> draft of school-age rules completed</li> </ul>
Wisconsin	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Background checks</li> <li>• Director Credential changes</li> </ul>

\* The rule changes listed above represent significant changes as indicated by state interviewees during the phone interviews. This is not necessarily an all inclusive list of all rule changes made in the states.

## **Appendix B: State Age Definitions of Infants, Toddlers, Preschool and School-Age Children**

### **Infants**

- 30 states define infants as beginning at birth
- 16 states define the minimum age beginning at six weeks
- 5 states define the minimum age beginning at 2 weeks or one month
- 11 states define the maximum age as 12 months
- 10 states define the maximum age as 18 months
- The rest of the states define maximums as 11, 14, 15, 16, 17, 19 or 23 months
- Several states include “not walking” as part of the definition of an infant

### **Toddlers**

- 22 states define the minimum age for toddlers as beginning at 12 months
- 10 states define the minimum age beginning at 18 months
- The rest of the states define the minimum ages as 15, 16, 19, or 24 months
- Several states include “walking” as part of the definition of a toddler
- Several states besides Oregon (Michigan and Pennsylvania) use younger toddler and older toddler designations
- Connecticut and Maine define infants and toddlers as 6 weeks to 36 months
- Indiana defines toddlers as less than 30 months and able to walk consistently unassisted
- Wyoming has the oldest age designated for a toddler at 36 months

### **Preschoolers**

- 16 states define the minimum age for preschoolers as beginning at 36 months
- The rest of the states define the minimum ages as 24, 30, or 33 months
- Most of the states define the maximum age as “to school-age”

### **School-Age**

- 21 states define the minimum age for school-age children as 5 years old
- 10 states define school-age as enrollment in kindergarten
- The maximum upper age limits vary, including: up to 13 years old; through elementary school, up to 14, 15, 16 years old and one state even has an 18 year old limit.

Source: Information compiled from the National Resource Center for Health and Safety in Child Care and Early Education (NRC) website at: <http://nrckids.org/STATES/states.htm>



## Appendix C: Ratios in Large Family Homes

The following table contains information on ratios in 39 states that regulate large family homes. Because of the variance and complexity in ratios connected to ages of children in some states, only 33 states are listed in the table. (ratio tables in Kansas, Oregon, Pennsylvania, Tennessee, Texas and Virginia are not included in the table below).

State	Child-Staff Ratios	State	Child-Staff Ratios
Alabama	7:2	Hawaii	8:1 for 2-3 years 12:1 for 3-5 years and older
Alaska	12:2	Illinois	8:1 12:1 school-age
Arizona	5:1	Indiana	4:1 infants 6:1 birth to 2 years (with 2 or more 16 months or more and walking) 10:1 birth to 6; no more than 3 younger than 16 12:1 3 years and older
California	8:1	Iowa	3:1 under 18 months 8:1 no more than 4 younger than 2 and no more than 3 younger than 18 months
Colorado	7:1	Massachusetts	6:1 no more than 3 younger than 2 yrs; no more 2 younger than 15 months
Connecticut	4:1 under 3 years; 10:1 over 3 years	Michigan	6:1
Delaware	6:1 with maximum of 4 younger than 2 years and max of 2 younger than 1 year	Minnesota	10:1 with 8 younger than kindergarten; no more than 2 younger than 1 12:1 with 10 younger than kindergarten; no more than 2 younger than 24 months, no more than 1 under 1 year
Florida	8:2 under 2 years 12:2 if no more 4 are under 2 years	Mississippi	5:1 for younger than 1; 9:1 for 1 year 12:1 for 2 years 14:1 for 3 years 16:1 for 4 years 10:1 for 5-9 25:1 for 10-12
Georgia	6:1 under 1 year or 8:1 if walking 10:1 2 years; 15:1 3 yrs 18:1 over 4 years	Montana	6:1 4:1 for infants

## Appendix C: Ratios in Large Family Homes (cont'd)

Missouri	4:1 for 0-2 8:1 for 2 years 10:1 for 3-4 years 16:1 for 5 years and older 10:1 for mixed ages older than 2 8:1 with more than four 2 year-olds	Oklahoma	5:1 for any age 6:1 with no more than 3 younger than 2 yrs 7:1 with no more than 2 younger than 2 yrs OR if all 2 years and older 8:1 if all 3 years and older 10:1 if all 4 years and older 12:1 if all 5 years and older
Nebraska	10:1 if no young preschoolers 12:1 if all school-age	Rhode Island	4:1 for younger than 2 years 6:1 for 2 years and older
Nevada	6:1 with no more than 4 younger than 2 yrs and no more than 2 younger than 1 year	South Carolina	8:1 with no more than 3 younger than 2 years
New Hampshire	17:2 (includes 5 schoolage), with no more than 4 younger than 3 yrs	South Dakota	5:1 for 0-3 years 10:1 for 3-4 years 15:1 for 6 years and older
New Mexico	6:1 with no more than 2 younger than 2 years	Utah	8:1; 2 providers required when 9-16 children are in care
New York	6:1; 2:1 younger than 2 years	West Virginia	6:1 with no more than 2 infants
North Dakota	4:1 for younger than 2 yrs 5:1 for 2-3 yrs 7:1 for 3-4 yrs 10:1 for 4-5 yrs 12:1 for 5-6 yrs 18:1 for 6-12 yrs	Wyoming	2:1 for birth to 1 year 8:1 for 2 years and older
Ohio	6:1		

Source: The 2007 Child Care Licensing Study by NCCIC and NARA, published 2008

## Appendix D: Ratios in Centers

The following information indicates that Oregon has good ratio numbers in comparison to other states:

- At 6 and 9 months, 32 states including Oregon have a 1:4 ratio (15 states have higher ratios). Only 3 states and D.C. have a 1:3 ratio. *Caring for Our Children recommendation is a 1:3 ratio.*
- At 18 months, 13 states including Oregon have a 1:4 ratio (36 states have higher ratios). Only 1 state and D.C. have a 1:3 ratio. *Caring for Our Children recommendation is 1:4.*
- At 27 months, 7 states including Oregon have a 1:5 ratio (40 states have higher ratios). Only 3 states and D.C. have a 1:4 ratio. *Caring for Our Children recommendation is 1:4.*
- At 3 years old, 24 states including Oregon have a 1:10 ratio (18 states have higher ratios). Only 8 states and D.C. have lower ratios. *Caring for Our Children recommendation is 1:7.*
- At 4 years old, 18 states including Oregon have a 1:10 ratio (32 states have higher ratios). Only 1 state has a lower ratio. *Caring for Our Children recommendation is 1:8.*
- At 5 years old, 12 states including Oregon have a 1:15 ratio (20 states have higher ratios). 18 states and D.C. have lower ratios. *Caring for Our Children recommendation is 1:8.*
- At 10 years old, 15 states and D.C. (including Oregon) have a 1:15 ratio. 7 states have lower ratios. *Caring for Our Children recommendation is 1:12.*

Source: Information compiled from the National Resource Center for Health and Safety in Child Care and Early Education (NRC) website at: <http://nrckids.org/STATES/states.htm>