

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children’s most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:

- a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
- b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
- c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

Local TANF, SNAP and social services offices, child care resource and referral agencies, contractors, community-based organizations, public schools, Early Learning Hubs, the Internet and 211.

<http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx> or

www.childcareinoregon.org or

www.oregonchildcare.org or

<http://oregonearlylearning.com/community-based-coordinators-of-early-learning-services-hubs/>

- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?)

The Department of Human Services provides information at local offices and through its website. Child care resource and referral agencies, Early Learning Hubs, and 211 employ web based referral and information that includes information on child care financial assistance.

<http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx> or

www.childcareinoregon.org or

www.oregonchildcare.org or

<http://oregonearlylearning.com/community-based-coordinators-of-early-learning-services-hubs/>

2.1.2 How can parents apply for services? Check all that apply.

Electronically via online application, mobile app or email. Provide link

<http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx>

In-person interview or orientation. Describe agencies where these may occur.

Local Department of Human Services offices, statewide child care resource and referral.

Phone

Mail

At the child care site

At a child care resource and referral agency

Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe _____

Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe

Department of Human Services has a coordinated application process linked to TANF, SNAP, ERDC that allows parents to apply for several programs at one time.

Other strategies. Describe

The Early Learning Division convened a cross sector work group in 2015 to develop a comprehensive system for parent referral and service enrollment that includes both child care and other early learning services. Goals include for families have access to current information, 24 hour/7 days a week, in a variety of modalities on early learning services, which include:

- ***Child care referral***
- ***Home visiting***
- ***Oregon Head Start***

- **Early Intervention/Early Childhood Special Education**
- **Relief Nursery programs**
- **DHS Self-Sufficiency services**
- **Parent education opportunities**

Services will be offered and provided in partnership with families in a culturally and linguistically responsive way.

Strategies to achieve these goals include a centralized database for early learning services that is adequately staffed to support multiple modalities. Families should be able to choose from a menu of services with clear information about eligibility and availability of these services. July 1, 2016 is the implementation date for a centralized database service to provide child care referrals and referrals for other early learning services.

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children

from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

- Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

September 30, 2016

- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____ ***The requirements are substantially implemented.***
 - Implementation requirement(s) – Identify any requirements implemented to date if applicable

All required information is available to parents, providers and the general public through Child Care Resource and Referral, 211, and Department of Human Services websites. The Early Learning Division website revision will bring all required components into one easy to access site.

- Unmet requirement - Identify the requirement(s) to be implemented

The State does not currently have policies regarding the social-emotional/behavioral and early childhood mental health of young children, in early childhood programs receiving CCDF.

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) ***Develop state policy in conjunction with policy development for Preschool Promise***
 - Projected start date for each activity _____ ***Started***
 - Projected end date for each activity _____ ***September 1, 2016***
 - Agency – Who is responsible for complete implementation of this activity
Oregon Department of Education, Early Learning Division

- Partners – Who is the responsible agency partnering with to complete implementation of this activity

Oregon Department of Human Services

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, including accessible to persons with disabilities.

- a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public

Information is made available through Department of Human Services branch offices during eligibility, renewal, and TANF orientations. At Community outreach meetings, through Community partners, Child Care Resource and Referral, 211, Community Action Agencies, Agency Website <http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx>

A communication plan has been developed for Oregon House Bill 2015 and Federal Reauthorization that will provide additional information to families on quality child care.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Direct communication through Department of Human Services staff delivery of information during eligibility or renewal process.

Consumer education material; ERDC brochure, DHS all program brochure, Child Care Provider Guide, Parent Guide to Child Care, Need a Child Care Provider? Flyer, Agency Website <http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx>

Consumer education materials used for the Employment Related Day Care subsidy program are translated from English into Spanish, Russian, Vietnamese and other essential languages as needed based on county demographics. The Department of Human Services website also has translated web pages that are accessible to non- or limited-English speaking Spanish, Russian and Vietnamese clients. All local DHS offices have access to the Language Line. Accommodations are made for individuals with disabilities.

All child care resource and referral agencies distribute materials in alternate languages and also have access to the Language Line through the Lead Agency account. Beginning July 1, 2016, 211 will provide consumer education information on the full diversity of child care services to parents and the public.

ERDC Orientations and Child Care Provider Overviews are also offered in Spanish, Russian and Vietnamese. Accommodations for individuals with disabilities is available for all trainings.

- c) Describe who you partner with to make information about the full diversity of child care choices available

Department of Human Services, CCR&R agencies, 211, Early Learning Hubs.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

Oregon has cross-partner approach to communicating with families about early childhood experiences and is continuing this development through its federal Race to the Top Grant. Currently, contracts between the Early Learning Division and the statewide Child Care Resource & Referral entities and the Early Learning Hubs are examples of regional agencies that provide information to parents. This information is provided in a variety of ways, including telephone referrals, written materials, and electronic media.

Beginning July 1, 2016, 211 will make information about quality of child care available to the public through web based, telephone, email and text resources and referrals.

The Early Learning Division is also piloting Vroom, a mobile technology tool for parents, in several regions of the state.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Methods of communication vary by different geographic regions of the state. Given the significant rural areas to be reached, contracted entities must tailor their outreach methods to the unique needs of communities. Outreach includes mobile technology, website access, mailed materials, and webinars.

- c) Describe who you partner with to make information about child care quality available

The Early Learning Division contracts with statewide Child Care Resource & Referral entities, Early Learning Hubs, and Department of Human Services. If a parent does not have child care, DHS intake staff refer them to their local CCR&R for no-cost child care referrals. Beginning July 1, 2016, 211 will make information about child care quality available to the public.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum,

include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF)

Department of Human Services intake process/front line workers, CCR&R staff, Early Learning Hubs

- b) Head Start and Early Head Start Programs

Department of Human Service intake process/front line workers, CCR&R staff, Early Learning Hubs, 211, Early Learning Division (<http://oregonearlylearning.com/pre-k-experiences/>) and through local Head Start programs' recruitment efforts.

- c) Low Income Home Energy Assistance Program (LIHEAP)

Department of Human Services intake process/front line workers, Oregon Housing Authority

- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

Department of Human Services intake process/front line workers, CCR&R staff, Early Learning Hubs

- e) Women, Infants, and Children Program (WIC)

Department of Human Services intake process/front line workers, CCR&R staff, 211, Early Learning Hubs

- f) Child and Adult Care Food Program(CACFP)

Department of Human Services intake process/front line workers; CCR&R staff, Child and Adult Care Food Program sponsor organizations

- g) Medicaid

Department of Human Services intake process/front line workers; CCR&R staff; Healthy Families Oregon program staff, Early Learning Hubs

- h) Children's Health Insurance Program (CHIP)

Oregon Health Authority is the lead agency for health services in Oregon. Other statewide information purveyors are: Department of Human Services intake process/front line workers; CCR&R staff; 211: Early Learning Hubs; Healthy Families Oregon staff; Early Learning Hubs

- i) Individuals with Disabilities Education Act (IDEA)

Department of Human Services intake process/front line workers; CCR&R staff; local school districts; and, Childhood Education Services providers through their Child Find efforts

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)
Oregon Pre-Kindergarten is the state-funded Head Start program. Information and referrals occur through CCR&Rs, Early Learning Hubs, 211, through the Early Learning Division (<http://oregonearlylearning.com/pre-k-experiences>); and through local programs recruitment efforts (which include information sharing with other programs that provide services to low-income families, such as the Department of Human Services.

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)
The Oregon Health Authority is the state lead for the Maternal, Infant and Early Childhood Home visiting grant. They contract with the Early Learning Division, Healthy Families Oregon program to fund 11 programs across 13 counties.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

- a) Temporary Assistance for Needy Families (TANF)
Department of Human Services intake staff (eligibility and determination workers); CCR&R entities; Early Learning Hubs; 211
- b) Head Start and Early Head Start Programs
Information about Head Start/OPK is made available to other providers on the Early Learning Website (<http://oregonearlylearning.com/pre-k-experiences/>), through the Early Learning Hubs and 211.
- c) Low Income Home Energy Assistance Program (LIHEAP)
Department of Human Services intake staff; CCR&R entities; Early Learning Hubs; Oregon Housing and Community Services; 211
Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)
DHS intake staff; CCR&R entities; Early Learning Hubs; Oregon Housing and Community Services; 211
- d) Women, Infants, and Children Program (WIC)
Department of Human Services intake staff; CCR&R entities; Early Learning Hubs; Healthy Families Oregon; Oregon Housing and Community Services; 211
- e) Child and Adult Care Food Program(CACFP)
Department of Human Services intake staff; CCR&R entities; Early Learning Hubs; Healthy Families Oregon; CACFP program sponsors; 211

- f) Medicaid
Healthy Families Oregon; Oregon Health Authority
- g) Children's Health Insurance Program (CHIP)
Oregon Health Authority; Healthy Families Oregon
- h) Individuals with Disabilities Education Act (IDEA)
Oregon Health Authority; Department of Human Services; Council on Developmental Disabilities; Early Learning Hubs; CCR&R entities
- i) Other State/Federally Funded Child Care Programs (example-State Pre-K)
Oregon Pre-Kindergarten is the state-funded Head Start program. Information and referrals occur through CCR&Rs, Early Learning Hubs, 211, through the Early Learning Division (<http://oregonearlylearning.com/pre-k-experiences/>); and through local programs recruitment efforts (which include information sharing with other programs that provide services to low-income families, such as the Department of Human Services.
- j) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)
Healthy Families Oregon; Great Start program.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement.
(658E(c)(2)(E)(VI))

- a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

State will use VROOM, QRIS public education campaign.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

State will use VROOM online information and QRIS public education campaign.

- c) Describe who you partner with to make information about research and best practices in child development available

Early Learning Division; VROOM (contractor)

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include

positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents

Oregon's Kindergarten Entry Assessment, a requirement for all children as they enter publicly funded kindergarten programs, includes an evaluation of children's social-emotional development and approaches to learning. This measure uses a modified version of the Child Behavior Rating Scale. Children are assessed based on teacher observation of 15 classroom behaviors designed to evaluate children's self-regulation and interpersonal skills. Examples of items include children's ability to follow multi-step directions and to interact cooperatively with peers. Parents may request to see their child's scores on this measure, via a class roster report that includes child-level data. Some kindergarten programs proactively share child-level reports with families.

Healthy Families Oregon supports positive parenting and promotes nurturing parent-child relationships. Families are assessed through a strengths-based approach and linked to medical and other social service resources.

ii. Providers

Early learning providers are able to access Kindergarten Entry Assessment data on children's social emotional development via publicly available reports, which disaggregate the data by school district, school, and zip code. These data are also disaggregated by race/ethnicity, socio-economic status, English language learner status, and special education status. Additionally, Head Start and Oregon Pre-Kindergarten providers conduct the Teaching Strategies Gold formative assessment, which includes a component on children's social-emotional development and approaches to learning.

Culturally specific services are provided through staff that understand, acknowledge and respect the diverse needs of families and reflect the cultural, linguistic, geographic, and racial and ethnic characteristics of populations served.

iii. General public

Kindergarten Entry Assessment data, including both aggregated and disaggregated scores in the social-emotional and approaches to learning domain, are made available to the general public via a statewide report published to the Oregon Department of Education website. This report may be

filtered by County, school district, elementary school, or zip code. These data are also disaggregated by race/ethnicity, socio-economic status, English language learner status, and special education status.

- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

Oregon's Early Learning Division and Department of Education collaborate with external partners including the Children's Institute, the Oregon Community Foundation, the Ford Family Foundation, and Portland State University to ensure that the information on children's social/emotional development included in the statewide Kindergarten Entry Assessment is widely disseminated and well understood by all stakeholders. Additionally, Oregon's 16 Early Learning Hubs share regional data with their cross-sector partners and use this data to help target resources.

- c) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link _____

No.

- School-age children from programs receiving child care assistance?

Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link _____

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) _____ and:

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

Oregon Health Authority contracts with pediatricians in all counties to deliver screening services to children (Oregon Health Plan screening). Child care providers participating in the QRIS are trained to conduct the screening or assist parents in conducting the screening. It is a requirement for star rated programs to provide screening. Developmental screening is also provided state-wide through Early Intervention, Early Childhood Special Education (EI/ECSE).

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

Oregon Health Authority contracts with Coordinated Care Providers for screening services. Early Learning Hubs refer parents to service providers who conduct developmental screening.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation requirement(s) – Identify any requirement(s) implemented to date if applicable _____
 - Unmet requirement - Identify the requirement(s) to be implemented _____
- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity _____
- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint _____

An onsite assessment is conducted when a complaint is received. A substantiated complaint is considered “Valid”. A valid finding is defined as “there is evidence that the non-compliance occurred”.

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

Records are maintained in an electronic document management system for 30 years.

c) How does the State/Territory make substantiated parental complaints available to the public on request

Substantiated complaints can be viewed and are available on the Early Learning Division’s Office of Child Care website. Compliance staff also respond to requests from the public for information on compliance history.

d) Describe how the State/Territory defines and maintains complaints from others about providers

Parent complaints and complaints from others are assessed and maintained using the same policy and procedures.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages

- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other _____
- None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages

Spanish, Russian, Vietnamese plus all languages available through Language Line.

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities _____

The Early Learning Division and Department of Human Services jointly contract with the Oregon Council on Developmental Disabilities for inclusive child care services which provide 1) consultation services for parents of children with disabilities, and 2) supplemental payments to early learning providers to assist with care for children with very high needs (mental, physical and behavioral). The Oregon Council on Developmental Disabilities subcontracts with local child care resource and referral agencies to ensure that all areas of the state have access to the consultation services and supplemental payments.

The Oregon Council on Developmental Disabilities works with Department of Human Services frontline staff and CCR&R staff to 1) disseminate information about inclusive child care services, 2) educate parents seeking these services and 3) inform early learning providers about support services available to children in their care.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than

November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website [redacted] and describe how the consumer education website meets the requirements to:
- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe [redacted]
 - b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers [redacted]
 - c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers [redacted]
 - d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings [redacted]
 - e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats differentiating between violations based on risk to children, and easy to locate and navigate [redacted]
- Not implemented.** If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017)
December 31, 2016
 - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, in progress, partially completed, substantially completed, other) **In progress**
 - Implementation requirements – Identify any requirement(s) implemented to date if applicable

Complaints for licensed providers, inspection reports for licensed providers.

- Unmet Requirement(s) – Identify the requirement(s) to be implemented
Posted monitoring reports for all providers, complaints for Regulated Subsidy. Annual aggregate information on numbers of child injuries, deaths, and substantiated child abuse. Multiple formats for access by persons with disabilities.
 - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
 - Projected start date for each activity **January 2016.**
 - Projected end date for each activity **September 2017.**
 - Agency – Who is responsible for complete implementation of this activity
Department of Education, Early Learning Division
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity
Department of Human Services, Oregon State University, Western Oregon University, 211.
- 1) Start January 4, 2016 – complete December 31, 2016: Monitoring reports online.***
 - 2) Start January 4, 2016 – complete December 31, 2016: Both licensed and license-exempt facility complaints online.***
 - 3) Start January 4, 2016 – complete December 31, 2016: Health and safety reports for Regulated Subsidy Providers online.***
 - 4) Start January 4, 2016 – complete December 31, 2016: Quality levels for licensed providers online.***
 - 5) Start January 4, 2016 – complete December 31, 2016: Annual aggregate information on numbers of child injuries, deaths, and substantiated child abuse available online.***
 - 6) Start February 2016 – complete August 2016: Develop and implement administrative rule for Regulated Subsidy Providers.***
 - 7) Start November 2016 – complete June 2016: Modify Interagency and Intergovernmental Agreements with Department of Human Services, Oregon Health Authority, Oregon State University, Western Oregon University, 211 to implement changes to administrative rule and policy.***