4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory’s payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3))); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.
4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

*Parents are advised at the time of application about options in selecting a child care provider. This information is offered through verbal and electronic communication from the Department of Human Services, from Child Care Resource and Referral agencies and from 211.*

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories – such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers. (658E(c)(2)(A)(i), 658P(2), 658Q) Check all that apply.

- [ ] Certificate form provides information about the choice of providers, including high quality providers
- [x] Certificate is not linked to a specific provider so parents can choose provider of choice
- [x] Consumer education materials on choosing child care
- [x] Referral to child care resource and referral agencies
- [x] Co-located resource and referral in eligibility offices
- [x] Verbal communication at the time of application
- [x] Community outreach, workshops or other in-person activities
- [x] Other. Describe **211 effective July 1, 2016**

4.1.3 Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1) Note: Do not check “yes” if every provider is simply required to sign an agreement in order to be paid in the certificate program.

- [x] Yes. If yes, describe:
  - [ ] the type(s) of child care services available through grants or contracts
    - Full day child care services for children 0-5, wrap-around care for children in Head Start or Early Head Start. Full day child care services for children 0-6 in contracted slots with the Oregon Programs of Quality pilot program. Contracted slots continue for those OPQ programs converting to QRIS star rated programs by December 2015.
the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)

**Employment Related Day Care offers contracts though Head Start and Oregon Program of Quality pilot program.** Child care providers are state-designated Oregon Programs of Quality facilities and have agreed to participate in Oregon's QRIS. All types of licensed facilities that are Oregon Programs of Quality designated will qualify based on the type of care offered. As part of the application process for Oregon Programs of Quality designation, providers agreed to provide services for subsidy eligible families. **Contracts for Oregon Programs of Quality will remain active if QRIS star rating is achieved by December 2015.**

- the process for accessing grants or contracts
  - **Caretakers who work 25 hours per week or more, have at least one children between the ages of birth to six, meet ERDC eligibility, and have work hours similar to the contracted provider’s business hours can be reviewed for a contracted slot.**

- the range of providers available through grants or contracts
  - **Center-based providers, family child care providers, and Head Start programs.**

- how rates for contracted slots are set through grants and contracts
  - All contracted payment rates are based on 1) the type of care offered, and 2) the geographic region of the state (Areas A, B and C).

- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality
  - **Child care facilities must be a Head Start, Early Head Start, or have the OPQ designation. These providers must obtain a QRIS star rating of three or above.**

- if contracts are offered statewide and/or locally
  - **Contracts are offered locally and statewide.**

☐ No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

☒ Increase the supply of specific types of care with grants or contracts for:
  - Programs to serve children with disabilities
  - Programs to serve infants and toddlers
  - Programs to serve school-age children
  - Programs to serve children needing non-traditional hour care
Programs to serve homeless children
Programs to serve children in underserved areas
Programs that serve children with diverse linguistic or cultural backgrounds
Programs that serve specific geographic areas
  - Urban
  - Rural
  - Other. Describe

Improve the quality of child care programs with grants or contracts for:
  - Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
  - Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
  - Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
  - Programs to serve children with disabilities or special needs
  - Programs to serve infants and toddlers
  - Programs to serve school-age children
  - Programs to serve children needing non-traditional hour care
  - Programs to serve homeless children
  - Programs to serve children in underserved areas
  - Programs that serve children with diverse linguistic or cultural backgrounds
  - Programs that serve specific geographic areas
  - Urban
  - Rural
  - Other. Describe

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access.

All contracted slots are with licensed child care facilities. State licensing regulation includes parental access as a requirement. Department of Human Services subsidy providers must
allow the custodial parent of a child in his or her care to have immediate access to the child(ren) at all times.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

☐ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

☐ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe _____

☒ Restricted based on provider meeting a minimum age requirement. Describe Providers must be at least 18 years of age

☐ Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe _____

☐ Restricted to care by relatives. Describe _____

☐ Restricted to care for children with special needs or medical condition. Describe _____

☒ Restricted to in-home providers that meet some basic health and safety requirements. Describe Providers self-attest to meeting basic health and safety requirements; a pre-service online Basic Health and Safety course must also be completed.

☐ Other. Describe _____

☐ No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval.

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and
referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology.

Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

☐ MRS
☐ Alternative Methodology. Describe _____
☒ Both. Describe ______

Rates are set using the 2014 Oregon Child Care Market Price Study, collective bargaining agreement through the American Federation of State, County, and Municipal Employees, Council 75, for licensed child care providers, and the Service Employees International Union Local 503 for license-exempt family child care providers. The Legislature, through its budgeting process, provides guidelines for rates.

☐ Other. Describe _____

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

The Child Care Resource and Referral agencies were consulted regarding the database used, and collected complete geographically representative data. Members of the Oregon Child Care Research Partnership group, represented by researchers, staff from multiple agencies and other early learning stakeholders, were consulted. Leadership from American Federation of State, Municipal and County Employees were also consulted regarding data collection from their members.
4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

*The 2014 Oregon Child Care Market Price Study was determined to be valid and reliable based on the completeness of the data, geographic representativeness, response rate and currency of the data. Price data was complete for 86 percent of facilities in the database. The 14 percent not represented included facilities that typically do not charge parents (i.e. Head Start), have complex rates, or choose to discuss rates directly with parents. Price data was collected from all 36 Oregon counties. The response rate was 99 percent with a six-month standard. 98 percent of prices in the database were updated within the three month period prior to the data pull.*

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

a) Geographic area (e.g., statewide or local markets)

*The geographic price analysis identified three geographic market area boundaries that are generally similar to those identified in the previous market rate studies. There are indications that Certified Center and Certified Family providers are beginning to create a small fourth subsection specifically located in western Multnomah County.*

b) Type of provider

*Current rates were collected for all types of licensed child care providers.*

c) Age of child

*Rates were collected for Infants (0-2), toddlers (2-3), preschool (3-6), school-aged school year (6-12 or through 17 with verification of special needs age), school-aged summer only programs.*

d) Describe any other key variations examined by the market rate survey, such as quality level

N/A

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) *January 5, 2015*

b) Date report containing results was made widely available, no later than 30 days after the completion of the report *February 28, 2015*
c) How the report containing results was made widely available and provide the link where the report is posted if available

_A presentation was given on February 5, 2015 at the Early Learning Partner Forum, a long-standing workgroup composed of state agencies, provider groups including unions, community partners and stakeholders. An electronic copy of the completed publication was emailed to the above group during the first week of March 2015. Publication to the Oregon State University, Family Policy Center, Data and Publications website was done in March 2015._


_http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/index.aspx_

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here. Describe how many jurisdictions set their own payment rates.

a) Infant (6 months), full-time licensed center care in most populous geographic region
   • Rate $1255.00 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   • Percentile 75th

b) Infant (6 months), full-time licensed FCC care in most populous geographic region
   • Rate $900.00 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   • Percentile 60th

c) Toddler (18 months), full-time licensed center care in most populous geographic region
   • Rate $1255.00 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   • Percentile 75th

d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
   • Rate $900.00 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   • Percentile 60th

e) Preschooler (4 years), full-time licensed center care in most populous geographic region
   • Rate $965.00 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   • Percentile 75th

f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
   • Rate $785.00 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   • Percentile 50th

g) School-age child (6 years), full-time licensed center care in most populous geographic region
• Rate $850.00 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
• Percentile 75th

h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
• Rate $650.00 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
• Percentile 75th

i) Describe the calculation/definition of full-time care  
Full-time care for a licensed child care provider is defined as at least 136 hours of care provided in a single month. The full-time care for license-exempt child care starts at 158 hours of care provided in a single month.

j) Provide the effective date of the payment rates January 1, 2016

k) Provide the link to the payment rates  
http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/reates.aspx

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

☐ Tiered rate/rate add-on for non-traditional hours. Describe ______

☒ Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe  
Children with special needs may be evaluated for the high needs supplemental payments through the Inclusive Child Care Program. This can be up to an additional $5.00 per hour.

☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe ______

☒ Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe  
An add-on payment will be implemented in 2016 for high quality providers, rated at a three, four, or five star on the Oregon Quality Rating and Improvement System, who care for children of families receiving a subsidy. A reduced co-payment for families will be implemented in Fall 2016

☐ Tiered rate/rate add-on for programs serving homeless children. Describe ______
Other tiered rate/rate add-on beyond the base rate. Describe ______

None.

4.3.2  Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology. Payment rates for centers are currently set at the 75th percentile of the 2014 Oregon Child Care Market Price Study (MPS). License-exempt family provider rates are based on the 2014 MPS as a percentage of the Registered Family Rate with adjustments based on the collective bargaining agreement. Payment rates for Family Child Care are pending updates based on the 75th percentile of the current MPS and the collective bargaining process. Payment incentives for QRIS rated providers was supported by the Oregon Legislature and are scheduled to be incorporated into the current payment structure in 2016.

Payment rates for Certified Centers are currently set at the 75th percentile of the 2014 Oregon Child Care Market Price Study. Family Child Care rates fall roughly at the 69th percentile of the 2014 MPS. Add-on payments for QRIS rated providers was supported by the Oregon Legislature and are scheduled to be incorporated into the current payment structure in 2016.

4.3.3  In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

Payment rates for Certified Centers are currently set at the 75th percentile of the 2014 Oregon Child Care Market Price Study. Family Child Care rates fall roughly at the 69th percentile of the 2014 MPS. Add-on payments for QRIS rated providers was supported by the Oregon Legislature and are scheduled to be incorporated into the current payment structure in 2016.

4.4  Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1  What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

  ☑ Payment rates are set at the 75th percentile or higher of the most recent survey.
  Describe Family Child Care rates are currently at the 69th percentile pending AFSCME collective bargaining outcomes. Certified Center and license-exempt rates meet the 75th percentile of the 2014 Oregon Child Care Market Price Study.
Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.

Rates based on data on the cost to the provider of providing care meeting certain standards. Describe ______

Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe ____________

Family Child Care rates are currently at the 69th percentile pending AFSCME collective bargaining outcomes. Certified Center and license-exempt rates meet the 75th percentile of the 2014 Oregon Child Care Market Price Study.

Data on the proportion of children receiving subsidy being served by high-quality providers. Describe ______

Data on where children are being served showing access to the full range of providers. Describe ______

Feedback from parents, including parent survey or parent complaints. Describe ______

Other. Describe ______

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access Oregon’s maximum payment rates currently equal the 75th percentile of market prices observed in the 2014 Oregon Child Care Market Price Study for Certified Center and license-exempt rates. Family Child Care rates are currently at the 69th percentile.

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) ______
- Overall Status – Describe the State/Territory’s overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) ______
  - Implemented 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.)
  o Projected start date for each activity
  o Projected end date for each activity
  o Agency – Who is responsible for complete implementation of this activity
  o Partners – Who is the responsible agency partnering with to complete implementation of this activity

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory—so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory’s payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

☐ Fully implemented and meeting all Federal requirements outlined above. Describe using 4.5.2 through 4.5.3 below.

☐ 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)
  o Implemented 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

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency ...

☐ Pays prospectively prior to the delivery of services. Describe

☒ Pays within no more than 21 days of billing for services. Describe

Payments are made within three to five business days of receipt of billing for services.

☒ Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory’s definition of occasional absences Providers can bill for absent days. Department of Human Services can pay for up to five days when a child is absent from care and the child was scheduled to be in care and it is the provider’s policy to bill for absent days and the absent time is indicated on the child’s attendance log. Department of Human Services will not pay for more than five consecutive days of scheduled care for which the child is absent.

☐ Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe

☐ Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe

☒ Pays on a full-time or part-time basis (rather than smaller increments such as hourly. The part-time monthly rate applies if the provider has an established part-time
monthly rate and the children are in care between 63 and 135 hours per month and the provider is designated as the primary provider for the family case. For these providers, the hourly rate applies when children are in care less than 63 hours per month.

The full-time monthly rate applies when children are in care 136 hours or more per month and when the provider is designated as the primary provider for the family case.

Contracted slots are paid at the full-time monthly rate.

☐ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)

☐ Provides prompt notice to providers regarding any changes to the family’s eligibility status that may impact payment

☒ Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe Providers are given 90 days before a billing form is considered expired and no longer valid for payment. When a provider has a good cause reason for not submitting a billing form the Department of Human Services Direct Pay Unit will cancel and reissue the billing for payment. Direct Pay Unit works with providers, parents and Department of Human Services staff to resolve payment inaccuracies or disputes as quickly as possible. If a determination cannot be reached Direct Pay Unit and providers can contact Department of Human Services child care policy as another avenue to review the situation. When a provider disagrees with the outcome of a payment dispute a grievance can be filed with the union representing the provider.

☐ Other. Describe

☒ For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory

- Pays prospectively prior to the delivery of services. Describe Current system pays timely once services are provided. The child care program is legislatively capped with a waiting list. Paying prospectively would require major technical changes to the payment system, increase the costs to recuperate funds paid in error, increase the cost per case, and decrease the number of families able to be served.

- Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe
This is not used because, current process allows for missed days based on part-time or full-time rates as well as billing for up to 5 absent days. Current process delinks the provider payment from occasional absences.

- Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe This is not used because DHS pays at a part-time or full-time rate and allows for up to five absence days. Current process delinks the provider payment from occasional absences.

- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) The current child care payment system is limited in how payments can be generated, additional flat fees and irregular payment would require major technical changes. The child care program is legislatively capped with a waiting list. Paying for additional fees would increase the cost per case and decrease the number of families able to be served.

- Provides prompt notice to providers regarding any changes to the family’s eligibility status that may impact payment System limitations do not allow notification prior to the current month’s billing form which is received by the first of each month. However, new 12 month policies and limited reporting, consistent authorized hours and stable copay’s will lesson impact on changes to families eligibility.

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- Policy on length of time for making payments. Describe length of time
  Oregon has a reliable provider payment system. Once a provider is entered on the provider pay system, payments are typically received within a week after the provider bills Department of Human Services for the care they provided.

- Track and monitor the payment process An automated payment line is available for providers to access to check the status of their pending payments.
Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe

**Direct deposit is available and billing forms can be faxed directly into electronic document imaging for processing.**

☐ Other. Describe _____

### 4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

#### 4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

☐ Yes. Describe data sources **Oregon Child Care Resource and Referral parent referral data and the 2014 Oregon Child Care Market Price Study. The Early Learning Hubs have also been tasked with using data to identify child care “hot spots” in their communities where they will focus their efforts to increase the number of QRIS rated providers.**

☐ No. If no, how does the State/Territory determine most critical supply needs? _____

#### 4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

☐ Grants and contracts (as discussed in 4.1.3)

☐ Family child care networks

☐ Start-up funding

☐ Technical assistance support

☐ Recruitment of providers

☐ Tiered payment rates (as discussed in 4.4.1)

☐ Other. Describe _____

b) Children with disabilities (check all that apply)

☐ Grants and contracts (as discussed in 4.1.3)

☐ Family child care networks

☐ Start-up funding

☐ Technical assistance support

☐ Recruitment of providers

☐ Tiered payment rates (as discussed in 4.4.1)
c) Children who receive care during non-traditional hours (check all that apply)

☐ Grants and contracts (as discussed in 4.1.3)
☐ Family child care networks
☐ Start-up funding
☒ Technical assistance support
☒ Recruitment of providers
☐ Tiered payment rates (as discussed in 4.4.1)
☐ Other. Describe ____

d) Homeless children (check all that apply)

☐ Grants and contracts (as discussed in 4.1.3)
☐ Family child care networks
☐ Start-up funding
☐ Technical assistance support
☐ Recruitment of providers
☐ Tiered payment rates (as discussed in 4.4.1)
☐ Other. Describe ____

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory’s process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe

When the ERDC waiting list is not active any family can apply for and receive child care assistance if determined eligible. When the waiting list is activated, the following exceptions apply: 1) families transitioning off TANF (including refugee, State Family Pre-SSI, or TANF cash benefits in Oregon in any of the preceding three months), 2) ERDC filing group with a child eligible for a contracted slot with Head Start or an Oregon Program of Quality Program, 3) families currently receiving Temporary Assistance for Domestic Violence Survivors program benefits, and 4) families involved with Child Welfare as part of an assessment, open case, or transition and there is an
ongoing safety plan in place that states child care is needed to keep the child in his or her home, place the child with a relative or other known adult, or transition the family back home or out of stranger foster care.

☐ 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) _____
  - Implemented 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 _____