

# Baby Promise Program Guidebook for Providers

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**Baby  
Promise**

Oregon Department of  
Early Learning and Care

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# Introduction

If you are reading this Guidebook, you are either a current Baby Promise Early Learning and Care Program provider (program participant) or you are considering applying to become one. Caring for our most vulnerable population is a serious undertaking, offering work of value, meaning, and profound joy for those whose calling is to care for and educate babies and toddlers. This Guidebook informs and directs Baby Promise Program Providers of the requirements of the Baby Promise Program.

Like the rest of the country, Oregon is experiencing a true crisis in infant and toddler care, as the state lacks a supply of qualified and prepared early learning and care program options for our youngest children. There are many barriers that Oregon families experience, such as long wait lists, limited choices of providers, and costs of care that rival the cost of college tuition. The Department of Early Learning and Care (DELIC) is continuously working towards increasing families' access to care, stabilizing, and strengthening existing early learning and care programming in communities around Oregon.

DELIC strives to ensure that children and families have access to high-quality early care and education. Research continues to demonstrate the importance of high-quality early care and education for children's brain development, social-emotional growth, and school readiness skills. To address this issue, DELIC launched the Baby Promise Program in March of 2020.

The purpose of the Baby Promise Program is to both increase access to high-quality infant-toddler care (6 weeks to 3 years of age) and to enhance quality in existing Early Learning and Care Programs in Oregon. Baby Promise offers funded slots to children with families who are income eligible for the ERDC program. Over time, Baby Promise will increase the number of high-quality programs and providers serving families with low incomes and provide access and stability for quality Early Learning and Care Programs and providers.

The Baby Promise Program is targeted to serve low-income families in communities struggling to find and keep high-quality care for infants and toddlers. DELIC distributes the Baby Promise grant funds to regional organizations or agencies.

The Child Care Resource and Referral agency (CCR&R) is the organization currently designated by DELIC in some regions of the state to administer the Baby Promise Program through separate grant agreements. The work of the CCR&R



shall align with the mission of DELC to support all of Oregon's young children and families to learn and thrive. DELC's values include equity, making a positive impact for children and families, dedication, integrity, and collective wisdom – all with the goal of benefiting Oregon children and families and those who serve them. Finally, for children whose families choose or need out of home childcare, it is important that high-quality early care and education options are available and accessible.

Baby Promise Program objectives and principles:

- Baby Promise Program Providers engage with a system of Infant-Toddler Specialists (through CCR&Rs) who provide supports and professional development for networks of Early Learning and Care Programs who are participating in Baby Promise to ensure implementation of quality, relational care.
- CCR&Rs assist programs to support inclusion and equity through individualized strategies to help address the needs of all children.
- DELC and the CCR&R prioritize communities with an extreme shortage of childcare and provide access for priority populations.
- DELC and the CCR&R support programs to meet standards associated with infant and toddler care quality and developmentally appropriate practices that result in high-quality environments and experiences.
- The Baby Promise Program incorporates a mixed-delivery approach to operationalize high-quality early learning experiences in a wide variety of settings. This provides options for family choice.
- The CCR&R aligns with the mission of DELC to support all of Oregon's young children and families to learn and thrive.
- The CCR&R subcontracts with Early Learning and Care Programs in communities, allowing DELC and the CCR&R to be intentional about building sustainable, quality infant and toddler slots over time, address the need to reimburse providers for the true cost of high-quality infant and toddler care, and ensure that salary guidelines are implemented.

## Terms and Definitions

This Guidebook is divided into sections that outline Baby Promise's programmatic specifications and reporting requirements necessary for the Baby Promise Program Providers to remain in compliance with the Baby Promise Subcontract.

This Guidebook is intended to help the Baby Promise Program Providers navigate Baby Promise's requirements and assist in the implementation and delivery of high-quality early learning programs. This Baby Promise document will be updated annually. Baby Promise Program Providers will be notified when revisions are made.

If a Baby Promise Program Provider is unable to meet a requirement of the Baby Promise Program before subcontracting as a provider of Baby Promise slots or during the subcontract period as a provider with Baby Promise slots, the participant and the CCR&R representative shall contact the DELC Baby Promise Manager to determine next steps, including whether a waiver, memorandum of understanding, or other appropriate action is needed.

The following terms are important to consider while reading through this Guidebook:

- **MAY** – The word "may" when used in the Guidebook offers the CCR&R and the Program participant options to consider when creating policies and procedures. The word "may" indicate an area where flexibility and problem solving can assist the CCR&R and the program in meeting a requirement.
- **MUST** – The word "must," when used in this Guidebook, indicates a requirement of Baby Promise that is associated with a grant deliverable or health and safety and is mandatory for Baby Promise Program Providers.
- **SHALL** – The word "shall," when used in this Guidebook, indicates how, or using which tools, a requirement of the Baby Promise Program can or will be met.

## Definitions

For the purposes of this Guidebook, the term "Baby Promise Program Provider" is a subgrantee of the CCR&R with whom the CCR&R has subcontracted. The terms "Early Learning and Care Program" or "provider" are Early Learning and Care Programs which are businesses with a mission of caring for and educating young children, such as in home childcare providers, childcare facilities serving children of employees, Early Head Start classrooms or centers, or community-based organizations serving young children. For the purposes of this Guidebook, the term "Early Learning and Care Program" or "provider" is such a business and may not be a Baby Promise Program Provider. A "Baby Promise Program Provider" is such a business and a subgrantee of a CCR&R with the Baby Promise Program.

CCR&Rs may subcontract for eligibility and enrollment services with other entities, for example Early Learning Hub or Head Starts. Some enrollment processes outlined in this Manual may include collaboration with other agencies.

*A glossary of additional terms and appendices helpful for Baby Promise implementation is included at the end of the Guidebook.*

## Subcontracting with a CCR&R as a Baby Promise Program Provider

### Recruitment and Readiness

Baby Promise Program Providers wishing to subcontract with CCR&Rs must first complete an application and a Readiness Assessment form (can be received and sent via email with CCR&R). After completing and submitting the application and Readiness Assessment, CCR&R staff will contact the program administrator and arrange for a site visit. During the site visit, the CCR&R staff member will complete a Site Visit form, answer questions, and assist program administration with the Baby Promise Application.

Technical assistance given to providers may vary based on a provider's need in preparing to become a Baby Promise Program Provider. Building positive long-term relationships with CCR&R Technical Assistance staff shall require providers to approach CCR&R staff with a growth mindset to ensure the provider receives all the support needed to operationalize business strategies, maintain services, onboard elements of infant toddler care and understanding regular cycles of assessment and growth.

Programs with concerns around culturally specific programming or established practices that may not appear to align with Baby Promise requirements are encouraged to discuss all aspects of their program with the CCR&R. Through working together collaboratively concerns can be understood and addressed.

When the Early Learning and Care Program or provider is ready to subcontract with the CCR&R, and prior to completing a subcontract, the CCR&R will submit the name and license number (if applicable) of the program to DELC for review.

The CCR&R must conduct a thorough, in person orientation with Early Learning and Care Programs when appropriate during the application process including a careful review of the Baby Promise Program Guidebook for Providers.

DELC and the CCR&R must review the Early Learning and Care Program or provider to determine if they meet the participation thresholds for Baby Promise. These thresholds include but are not limited to:

- Ability of the program to conduct itself in a manner aligned with the [NAEYC Code of Ethical Conduct](#)
- Ability to comply with USDA Food Program nutritional guidelines.
- Ability to meet minimum Early Educator/teacher qualification.
- No civil penalties in the past 24 months
- No open investigations with DELC and/or partner agencies
- No Serious Violation Findings within the past 24 months, which include:<sup>1</sup>
  - Adults required to be enrolled in the Central Background Registry are present in the program without current enrollment.
  - Children are in imminent danger.
  - Children are not supervised.
  - Extreme unsanitary conditions.
  - Inappropriate guidance and discipline.
  - Multiple or serious fire, health, or safety hazards.
  - Providing care without being licensed with the Child Care Licensing Division (CCLD) as required by rule.
  - Safe Sleep Violations and,
  - There are more children than allowed.
- Spark Rating<sup>1</sup>

## Cost Per Child

Baby Promise Program Providers shall work with the CCR&R to develop a cost per child that includes:

- Formula and food.
- Insurance.

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<sup>1</sup> Early Learning and Care Programs with a single Serious Violation Finding within the past 24 months may be considered if they can successfully pass the [Spark Rating Review Process](#).

- Personal care items (e.g., Diapers, wipes, diaper cream, and sunscreen);
- Professional development costs.
- Program and classroom materials.
- Rent and utilities.
- Shared services fee; and
- Staffing.

## **Pre/Post Evaluation**

The CCR&R shall conduct on-site observations at the beginning and the end of the subcontract period (yearly). Data from relational and environmental assessments will be used to inform technical assistance, FCCN, Spark, and CoP activities and will be shared with the program and DELC.

# **Funding Guidelines for Subcontracted Programs Baby Promise Funding**

The CCR&R shall create and enter into subcontracts with Baby Promise Program Providers. Pursuant to the terms of the subcontract, the Baby Promise Program Providers shall deliver infant-toddler services according to the defined programmatic and fiscal expectations in accordance with this Guidebook. The CCR&R is required to compensate Baby Promise Program Providers for those services according to the terms of the subcontract. Baby Promise funding is contingent on the actual delivery of Baby Promise services by Baby Promise Program Providers. Baby Promise funding may be used only for the operation and delivery of Baby Promise services.

## **Annual Budget**

Baby Promise Program Providers must submit an annual operating budget outlining the intended use of Baby Promise funds. Baby Promise Program Providers should be advised that the submission of a budget does not constitute CCR&R approval of the expenditures. All categories in the budget shall remain in compliance with this Guidebook and approved by the CCR&R.

A Baby Promise Program Providers shall develop a budget according to the allowable uses and expenses for the Baby Promise program, which may rely on

self-attestation by the Baby Promise Program Providers. All categories in the budget must be in compliance with this Guidebook and approved by the CCR&R. Preliminary budgets shall be submitted to the CCR&R prior to the subcontract being fully executed and annually thereafter.

## **Expenditure Guidelines**

Baby Promise Program Providers shall expend funds provided for Baby Promise solely on the operation and delivery of Baby Promise services and in accordance with the program's annual budget and the subcontract.

### **Subcontracted Slot Payments**

Pursuant to the terms of each subcontract and this Guidebook, the CCR&R shall provide subcontracted slot pre-payments monthly directly to the Baby Promise Program Providers for eligible Baby Promise children.

#### Allowable Uses of Funds by Subcontracted Baby Promise Providers

Allowable uses of Baby Promise funds for the operation and delivery of Baby Promise services include:

- Associated administrative overhead.
- Coordination of social services for Baby Promise children and families.
- Curriculum materials.
- Diapers, formula, food, and other items for Baby Promise children.
- Early Educator and other direct service personnel (i.e., transportation, food services) compensation and benefits.
- Facilitation of Baby Promise eligible children's transition to prekindergarten; and
- Family engagement activities.
- Materials for the environment.
- Monthly staff meeting materials.
- Paid preparation and planning time for Baby Promise Early Educators.
- Professional and community events.
- Professional development activities.
- Screening and assessment tools.

# Prohibited Expenditures for Subcontracted Baby Promise Providers

Baby Promise funds may not be used to supplant other public funding sources, including any state or federal funding. Baby Promise funds must be treated as restricted income and used solely to deliver Baby Promise services. Baby Promise funds may not be used to cover expenses that are not directly related to the Baby Promise Program. Prohibited expenses include the following:

- Bad debts, including losses arising from uncollectible accounts and any related legal costs
- Compensation to the members of the board of directors, if applicable
- Cost of idle facilities unless those costs are related to the Baby Promise Program and the costs of the idle facilities have been approved by the CCR&R and DELC
- Costs associated with the purchase of alcohol, drugs or for any associated use for gambling purposes
- Costs incurred after the subcontract has been terminated
- Costs of amusement or entertainment that do not benefit children in the Baby Promise Program
- Costs of legal, consulting and accounting services arising from claims against the Early Learning and Care Program
- Costs of organization of a nonprofit corporation such as incorporation fees or consultant fees
- Fundraising costs
- Investment management costs
- Non-sufficient funds/overdraft and ATM usage bank charges
- Personal or business loans including finance charges
- Projects or expenditures in excess of five thousand dollars (\$5,000), without prior approval
- Public relations consultant fees

- Purchase of vehicles or other transportation equipment
- Religious materials
- Travel expenses that are not directly related to the implementation of the Baby Promise Program

Baby Promise Program Providers will ensure that no Baby Promise funds are used to pay penalties associated with adverse actions imposed by licensing or governmental agencies. Baby Promise funds should be identifiable as separate from other federal and state funds.

### **Prohibition Against Loans**

Baby Promise funding cannot be loaned or advanced to individuals, corporations, organizations, public agencies, or private agencies. Baby Promise funds may not be used as collateral for loans.

## **Environmental Enhancements**

The CCR&R may provide environmental enhancements to Baby Promise Program Providers to increase quality and/or to meet licensing standards or expectations of the Baby Promise Program. These enhancements will be administered after using the partnership readiness assessments, preliminary environmental rating scales, Baby Promise Program Providers Growth and Development Plans (QIS or Quality Improvement Plan) goals, etc.

Screens for children, most battery-operated toys, and restrictive equipment such as saucers and swings are prohibited. For family-based programs, special considerations for high chairs may be appropriate for meal times only, but other accommodations that increase a child's independence and opportunities to interact with peers are preferred.

When selecting enhancements, CCR&Rs must ensure that materials are developmentally appropriate and are sufficient in quantity to allow for play by multiple children.

Baby Promise Program Providers may not sell, trade, or re-distribute enhancements including curriculum, assessment material, or other items. Should a program close or end their subcontract with Baby Promise they must work with the CCR&R to return or re-purpose materials.

### **Restrictive Equipment**

Baby Promise Program Providers shall ensure that restrictive equipment, such as saucers, swings, bouncy chairs, etc., is not used. High chairs may be used during



mealtimes; however, in adherence to a relational model, children must be held during feeding if they are unable to sit safely. Once able to sit independently, it is preferred that children transition to small tables and chairs for interaction purposes with the other children in the program.

## **Provision of Supplies**

### **Formula, Diapers, Sunscreen, Wipes**

The Baby Promise Program Providers must provide formula, diapers, sunscreen, and wipes (for use while the child is physically present at the program facility) to Baby Promise families. These items are provided to Baby Promise families by the program. The program shall obtain written consent from the family to use the product provided by the program and program staff must use the product as specified by the manufacturer. For families with product preferences, providers are encouraged to provide a preference form for families and seek options that are reasonable for both the provider and the family.

## **Fiscal Reporting Requirements**

### **Annual Independent Audit**

Baby Promise Program Providers must submit a copy of their independent, certified audit report and financial statements if they are subject to independent audit requirements. Audit reports must be submitted to the CCR&R within 30 days of receipt. If independent, certified audit reports or financial reports are not required for the Provider, they are not required to submit one.

### **Access to Records and Other Documentation**

The CCR&R and DELC may require access to Early Learning and Care Program records, which may include:

- Attendance and enrollment records.
- Baby Promise Program Providers calendars.
- Bank statements and canceled checks, etc.
- By-laws, if applicable.
- Cash receipts and disbursement books.
- Consent forms.
- Documentation relating to family participation.

- Family handbook.
- General journals.
- General ledgers, invoices, and supporting documents.
- Insurance policies.
- List of current Board of Directors, if incorporated.
- Lists specifying qualifications, dates of hire, and dates of termination.
- Marketing materials.
- Non-paid staff and volunteer sign-in sheets.
- Payroll ledgers and supporting documents; and
- Records of children enrolled in Baby Promise slots.
- Staff time sheets.
- Statements of income and expenses.
- Tax returns.
- Transportation and other related service subcontracts.
- Tuition rates.

### **Fraudulent Use of Funds**

The CCR&R and DELC may use information from other sources to assess the fiscal viability of Baby Promise Program Providers or to make decisions with respect to offering a subcontract or continuing to fund a Baby Promise Program Providers. Misuse of funds may result in the termination of a Baby Promise Program participant subcontract and the denial of future participation in the Baby Promise Program and other publicly funded programs.

Baby Promise Program Providers must ensure that expenses charged to the Baby Promise funding source are not concurrently charged to another program fund source. Baby Promise funds should be identifiable as separate from other federal and state funds. Baby Promise Program Providers must return any funds determined to have been misspent, spent fraudulently, or not in accordance with the expectations of Baby Promise, including reconciling ERDC payments and/or overpayments.

## **Continued Funding**

The Baby Promise Program Providers has no vested right to continue funding for Baby Promise services beyond the end of the subcontract. Any future funding will be conditioned on, among other things, a Baby Promise Program Participant's agreement to Baby Promise Program modifications, should they be required to meet the requirements of the Baby Promise Program.

## **Insurance Requirements**

Baby Promise Program Providers shall maintain the minimum insurance requirements specified in the subcontract with CCR&R. These requirements are designed to support the professional capacity of the program and to provide business owners with a foundational business protection plan while they operate a high-quality publicly funded program. Insurance requirements will be included with each new subcontract yearly. Baby Promise Program Providers are responsible for maintaining business, liability, and transportation insurance, in addition to any other coverage required to participate in the program. In some cases where additional Baby Promise insurance requirements (beyond that of regular business coverage) add significant cost to programs and providers, they may reach out to the CCR&R for possible assistance.

# **Personnel and Training Requirements for Baby Promise Providers**

## **Early Educator Qualifications**

Early Educators participating in Baby Promise shall be prepared and qualified. Minimum qualifications include an Infant Toddler Child Development Associate's (CDA) or an associate degree in early childhood education or a related field or Oregon Registry Step 8 or higher, with training or equivalent coursework that includes 12 credits in early childhood development, with focus on infant and toddler development.

Programs with early educators that do not currently meet these qualifications will need to address this issue directly in their continuous growth and development plans.

## **Salary**

To support the retention of highly prepared and qualified staff, Baby Promise Program Providers are required to compensate Early Educators at competitive and comparable salary levels with those of other Early Educators in their region serving publicly funded programs.

## **Personnel Changes**

Any Baby Promise Program Providers' staffing changes shall be reported within 14 calendar days to the CCR&R, and any personnel changes within the CCR&R that impact Baby Promise Programs and providers will be reported to the provider in a timely manner. Note that currently, staff employed by CCR&R hold a variety of titles, including but not limited to:

- Coach
- Family Engagement Specialist
- Infant Toddler Specialist
- Program Manager
- Program Specialist
- Quality Improvement Specialist

Baby Promise Program Providers may work with several staff with various job titles that may change, depending on the job duties assigned by the CCR&R. Roles and responsibilities for support staff may overlap, and it is DELC's expectation that Baby Promise Program Providers and CCR&R staff build positive relationships and share knowledge to provide continuous development of effective practices for staff and children. Baby Promise Program Providers are encouraged to work closely with the CCR&R to understand best the CCR&R's expectations of each agency employee working with the program or provider and their staff.

To seek planned and focused development, the CCR&R, in partnership with Baby Promise Program Providers shall monitor the professional environment and instructional support given to Baby Promise Program Participant's staff. The following conditions shall be present in every program with Baby Promise slots:

## **Central Background Registry**

Baby Promise Program Providers must have documentation of a completed and satisfactory Central Background Registry check on file for all positions within the program. Note that this registry requires fingerprinting. ([CBR](#))

# Training and Professional Development

## **Regular Training and Professional Development Plans**

Early Educators in programs with Baby Promise slots are required to have Professional Development Plans (PDP) and participate in at least twenty (20) hours of professional development activities per Program Year. The CCR&R shall assist programs with training and professional development planning. Programs may utilize the resources available at the Oregon Center for Career Development in Childhood Care and Education [OCCD](#) or their local CCR&R and Infant Toddler specialist: ([Regional CCR&R Information](#))

## **Safe Sleep Training**

All Baby Promise staff must take the Safe Sleep for Oregon's Infants (SS) Training. Link: [Safe Sleep Training](#)

## **ZERO TO THREE**

[\(Zero to Three\)](#) Program staff working directly with children must complete the Zero to Three training offered by the CCR&R within 18 months of hire.

## **Paid Time Off**

Baby Promise Program Providers participating in Baby Promise shall offer program personnel paid time off (sick, personal, vacation) per Oregon Employment Law, BOLI (Bureau of Labor and Industry) rules and guidance, and applicable Collective Bargaining Agreements. Business coaching from the CCR&R will be provided to programs that do not offer paid time off for employees or are developing these policies.

## **Preparation and Planning Time**

Baby Promise Program Providers shall provide Early Educators with a reasonable amount of paid preparation and planning time each week without children present.

## **Training Costs and Reimbursement to Staff**

Baby Promise Program Providers may include in their cost per child calculations reasonable amounts for professional development/training opportunities, substitutes and mileage costs associated with travel to the training opportunities. Mileage and associated per diems will be reimbursed by the program at the current [Per Diem Rates](#).

# Child and Family Eligibility for Baby Promise

## Eligibility Process

The CCR&R shall identify families that may qualify for Baby Promise Further, the CCR&R shall work closely with the Employment Related Day Care (ERDC) program to identify potential Baby Promise families. The CCR&R shall maintain a waiting list for Baby Promise per the enrollment forms provided by DELC.

Families eligible for Baby Promise slots may choose the Baby Promise Program Providers that best meets their needs. Only families who meet the eligibility thresholds for ERDC will be eligible for Baby Promise. If a family is no longer eligible for ERDC during the sub contractual period with the program, the CCR&R shall not reimburse the program for that family effective as of the date that eligibility is discontinued. In the event that ineligibility is the result of an error, the CCR&R may consult with the DELC Baby Promise Program Manager to determine reimbursement.

Baby Promise Program Providers with waiting lists that include families eligible for ERDC, or currently in care with ERDC, may refer families to the CCR&R for potential placement in a Baby Promise slot or placement on the Baby Promise waiting list held by the CCR&R or Early Learning Hub. Baby Promise Program Providers may not offer, promise, or enroll families in Baby Promise slots. Placement in a Baby Promise slot is the responsibility of the CCR&R.

The CCR&R will work with the program and the family to best meet both parties' needs if a Baby Promise family wishes to change to a provider who is not a Baby Promise provider.

## Age Requirement

Children shall be at least six (6) weeks of age and can be served until the child is eligible for preschool (3 years old on or before September 1<sup>st</sup> of the program year). Some children may be eligible to continue in a Baby Promise slot after turning 3 as outlined in Transition Planning.

## Income Eligibility for ERDC

At the time of enrollment in the Baby Promise Program, children must be members of families whose incomes meet the ERDC eligibility thresholds. For more information, visit [ERDC Provider Information](#)

## **Residency Requirement**

Children participating in a program with Baby Promise slots must be Oregon residents and residing within Baby Promise counties. Families will continue to be eligible for ERDC benefits for the full 12-month certification even if they move out of the Baby Promise counties unless they meet one of the exceptions outlined above.

## **Requirements for Hours in Care**

Baby Promise slots are designated for families that meet the eligibility criteria. For children who attend less than 85% of their scheduled attendance, the Baby Promise Program Providers and the family will create an attendance support plan to ensure the Baby Promise slot is well utilized. Plans shall be submitted to the CCR&R upon request. Please note that this subsection does not apply to base payment through the ERDC program, only the supplemental payment for Baby Promise.

## **Transition Planning**

A smooth transition ensures each child continues to receive enriching early child development services and that each family continues to receive the support services necessary to promote healthy family development.

To ensure the most appropriate placement and services following participation in Baby Promise, the Program must plan for the transition for each child and family at least six months prior to the child's third birthday (or known transition prior to aging out of a Baby Promise slot). The Program shall consider the child's health status and developmental level; current and changing family circumstances; the availability of other child development services in the community (i.e., ERDC, Preschool Promise, EI/ECSE, and Head Start), and engagement of Early Educators from current and potential transition programs and other partnering organizations.

If the child turns 3 within the program year, they are eligible to receive Baby Promise services until August 31<sup>st</sup> of that year. If continued placement in a Baby Promise slot is in the best interest of the child and is limited in duration, the CCR&R, on a case-by-case basis, must submit a transition plan to extend care for a child over 3 years of age to DELC for approval. The CCR&R must work with DELC's data gathering systems to ensure that transition planning is tracked.

The CCR&R may work with the Baby Promise Program Providers to facilitate the transition process from a Baby Promise slot into a spot in their current ERDC

subsidy program or into other high-quality programs and support services when the child leaves a Baby Promise slot.

As part of any transition process (from one Baby Promise site to another, from Baby Promise to a community setting, or transition to a publicly funded preschool program or other preschool setting) and upon written request/release of information form from the family, the CCR&R, in partnership with the Early Learning and Care Program, will forward copies of a child's records to the new environment.

## Enrollment

### Enrollment Process

The Early Learning Hub or CCR&R is responsible for enrolling families with Baby Promise Program Providers. The Early Learning Hub or CCR&R must follow the enrollment process outlined in the DELC provided enrollment forms. The forms provide directions for creating and using wait lists for Baby Promise slots. See the eligibility section for more information.

### Inclusionary Practices

Baby Promise Program Providers must develop written enrollment policies to meet the needs of children and families in the community. Enrollment policies must state that the infant-toddler program is open and does not discriminate against a child or family based on race, ethnicity, religion, gender, gender identity, gender expression, sexual orientation, or any other protected class. Written enrollment policies must be verified by the CCR&R, provided to families, and available upon request.

Baby Promise Program Providers offering Baby Promise slots shall comply with and make accommodations for children identified as eligible for special education and/or related services under the Individuals with Disabilities Education Act ([IDEA](#)) and the ADA ([Americans with Disabilities Act](#)).

Baby Promise Program Providers shall conduct individualized assessments to facilitate the successful integration of children with identified special needs with accommodations and/or modifications. The child's Individualized Family Service Plan (IFSP) and recommendations of the relevant placement committee or team will determine appropriate placement for special education and related services.

### Exclusionary Practices



Baby Promise Program Providers shall commit to substantially reducing and preventing suspension, expulsion, and other exclusionary practices in early learning settings. The CCR&R is committed to ensuring all children have access to and are successful in high-quality early learning environments, which support kindergarten readiness skills and social emotional development.

Baby Promise Program Providers caring for children receiving childcare assistance shall have an inclusive policy that is expressly communicated to families and related to anti-exclusionary practices.

The CCR&R shall work closely with Baby Promise Program Providers to provide training and resources needed to enhance family and Early Educator knowledge and skills in supporting children's physical, social, emotional, and cognitive development. The training shall address how Baby Promise Program Providers can make program modifications to prevent a child's removal or exclusion from the early learning and care environment.

Baby Promise Program Providers are prohibited from "trial periods" (a trial period is a period during which the program may expel a child and family). Programs and providers are encouraged to utilize the CCR&R for support if they experience challenges with a family that may require additional facilitation from the CCR&R.

## **Fees**

Baby Promise Program Providers are prohibited from charging families of Baby Promise children any fees (except for late pickup fees) or tuition, including application fees and material or field trip fees. At no cost to the families, Baby Promise Program Providers must provide items such as food (meals), diapers, wipes, formula, diaper cream, and sunscreen to Baby Promise children while the child is physically present at the Baby Promise Program Providers facility.

# Scheduling

## **Program Year**

The program year for providers and families begins on September 1 and ends on August 31 each year. This is different from the fiscal year for Baby Promise, which is July 1 to June 30 each year. The schedule of service delivery may vary within the program year, but the hours of direct service requirement shall be satisfied no later than August 31. Actual dates a child may receive care will vary and are dependent upon eligibility criteria, enrollment date, age, etc.

## **Program Calendar**

Baby Promise Program Providers must submit a yearly program calendar for approval by the CCR&R prior to the execution of the Early Learning and Care Program's subcontract and each program year thereafter. Program calendars shall include planned days of service, total direct service hours, holiday closures, vacation closures, and training days. Baby Promise Program Providers must clearly outline late fee policies in program calendar materials. Baby Promise Program Providers must submit any calendar changes to the CCR&R for approval during the sub contractual period.

## **Hours of Direct Service**

Baby Promise Program Providers must provide year-round, full-day services (except for planned days of in-service, holiday closures, vacation closures, training days, or any other planned closures) to support the needs of working families.

Full-day service means the Early Learning and Care Program must accommodate the needs of families by providing direct service hours that range between 8 to 10 hours per day. A Baby Promise Program Providers must offer a minimum of 1800 hours of planned direct service during the Baby Promise program year. The CCR&R must approve planned hours of direct service prior to subcontracting with a program. See the reporting section of this Guidebook for more information on the collection and reporting of direct service hours, and the family and eligibility section of this Guidebook for more information on enrollment and attendance.

Continuity of care is an element of high-quality care for infants and toddlers. The intent of the Baby Promise program is for families enrolled in a Baby Promise slot to remain with the same Program of Early Learning and Care and their primary Early Educator while they are eligible.

Direct service hours may include all instructional time, outdoor gross motor activities, developmentally appropriate mealtimes, and rest time. Family conferences, in-service or training days, educator planning time, and transportation time are not to be included in the hours of direct services. Occasional field trips outside the normal service hours may be counted toward hours of direct service.

## **Program Closures, Holidays, In-Service, Staff Training, and Vacations**

Baby Promise Program Providers shall notify the family and the CCR&R of all scheduled closures when submitting the yearly program calendar prior to executing the subcontract. During the sub contractual period, the program must inform the family and the CCR&R of any additional planned closures at least 30 days prior to a planned closure. Baby Promise Program Providers must notify the CCR&R of unplanned and unscheduled closures as soon as possible. Program closures may impact funding. Programs should work with the CCR&R to understand how closure (planned and unplanned) impacts their program.

# Reporting

## **Technology Requirements**

Baby Promise Program Providers must have a suitable and secure computer with appropriate software, printer/scanner, internet, and a valid email address for the administration of the program. All Early Educators caring for Baby Promise children must submit a valid email address to the CCR&R.

## **Notification of Address Change or Change in Ownership**

Baby Promise Program Providers must notify the CCR&R in writing of any change in their mailing address within five (5) days of the change. Baby Promise Program Providers must notify the CCR&R of any proposed change in operating facility address, ownership, or classroom move at least 90 days in advance of the proposed change. The Baby Promise Program Providers shall also notify the CCR&R of any change in location due to an emergency or disaster as soon as is practical.

The CCR&R shall provide written approval or denial of a Baby Promise Program Providers change in location request to determine if Baby Promise funding is continued.

## **Data Collection**

The CCR&R shall collect data for evaluation purposes. As the CCR&R conducts initial site visits to Baby Promise Program Providers to determine readiness, they may also collect photographic and/or video data. The intention of capturing this evidence will be to reflect on the before-and-after impacts of environmental enhancement funds, training, and technical assistance.

## **Recordkeeping**

Baby Promise Program Providers must maintain child and financial records in a secure location to ensure confidentiality and prevent unauthorized access. Baby Promise Program Providers must maintain detailed financial records, including general ledgers, receipts, invoices, and all supporting documentation to track Baby Promise Program Providers' expenditures, etc.

## **Attendance Data**

The CCR&R must review each Baby Promise Program Providers annual attendance data prior to subcontracting with a program following the first year of program participation. Baby Promise Program Providers are required to demonstrate that for the scheduled program calendar year, children in all Baby Promise slots attended an average minimum of 85% attendance of their regularly scheduled planned days on the scheduled program calendar.

## **Enrollment Reporting**

Baby Promise Program Providers must submit a monthly attendance report to the CCR&R. Baby Promise Program Providers must inform the CCR&R immediately in the event a child's family withdraws the child from the program.

Baby Promise Program Providers shall at all times work to maintain full enrollment for each subcontracted slot. The number of subcontracted slots for a program may be reduced if a program chooses not to fill open slots when there are waitlisted families available to fill open slots.

It is the role of the CCR&R staff to consult Baby Promise Program Providers on the number of slots to subcontract for, taking into consideration the many factors that impact community need. CCR&R staff shall work with Baby Promise Program Providers to carefully consider the impact on their business should a slot go unfilled.

## **Forms**

CCR&R staff shall work with Baby Promise Programs who request to use Baby Promise standardized, branded forms or templates. CCR&R staff shall work with DELC to develop such materials when needed. CCR&R staff and Baby Promise programs may request language translation for Baby Promise templates or forms.

# Attendance

## Policy and Procedure

Baby Promise Program Providers must implement strategies to promote attendance by providing information about the benefits of regular attendance, supporting families to promote the child's regular attendance, and maintaining contact with families when a child first has two or more unexplained absences.

Programs must maintain sign-in sheets or digital attendance records signed by authorized family representatives. Attendance records must be available upon request and meet all regulatory requirements, such as date, arrival times, and departure times for each child.

Within the first 60 days of enrollment in a Baby Promise slot and on an ongoing basis thereafter, Baby Promise Program Providers shall use individual child attendance data to identify families with patterns of unexcused absences that put them at risk of attending less than 85% of the families regularly planned days of care for the month.

If, after 60 days, a family is experiencing multiple unexcused absences, and the Baby Promise Program Providers is unsuccessful in communicating with the family, the Baby Promise Program Providers must inform their enrollment specialist at the CCR&R or Early Learning Hub and request assistance in meeting with the family and the appropriate CCR&R or Early Learning Hub staff member to create an attendance support plan.

For the provider and the CCR&R or Early Learning Hub, the meeting and creation of an attendance support plan provides an opportunity for continuing to build a positive relationship with the family and better understand the families' circumstance.

For the family, the meeting is an opportunity to share barriers with the program, CCR&R, or Early Learning Hub staff and to assist in the identification of potential solutions. The mutual creation of an attendance support plan provides the family an opportunity to better understand the benefits for children when maintaining regular attendance in an Early Learning and Care Program.

The written support plan must include a record of past attendance, identification of barriers, notes on solutions, and an outline that assists the family in meeting attendance goals for the next 60 days by including a calendar that describes the support plan for attendance.

The support plan must be submitted to the CCR&R and may be subject to additional reviews. If the Baby Promise Program Providers and respective family does not adhere to the attendance plan or does not decrease unexcused absences over the second 60-day period, the Baby Promise Program Providers must again inform the CCR&R or Early Learning Hub. The CCR&R or Early Learning Hub shall meet with the Baby Promise Program Providers and the family to determine appropriate next steps, which may include the termination of the respective child's slot in the Baby Promise Program or the loss of a slot for the Baby Promise Program Providers,

### **Attendance Exceptions**

Children with an appointment or absence in relation to an Individual Family Service Plan (IFSP), Foster Care Visitation, medical need such as doctor or dentist appointment, or who are at home due to illness may have their expected attendance adjusted with an excused absence.

Families who must leave the Baby Promise Program for a specified period during Baby Promise hours for a regular appointment related to an Individual Family Service Plan (IFSP), Foster Care Visitation, or medical need may have their expected attendance adjusted with an excused absence.

The CCR&R and Baby Promise Program Providers shall keep in mind the lens of equity as discussed later in this Guidebook. For example, some families do not live or work in the traditional model. Life or work circumstances for some families may include:

- cultural seasons or traditions,
- extended family involvement with children,
- location of parent or guardian(s) home(s),
- nontraditional work,
- seasonal work,
- transportation availability, etc.
- travel time,

Circumstances such as these, and others, may cause barriers for families when planning to meet the attendance requirements in this Guidebook. When a CCR&R or Early Learning Hub enrolls a family, whose circumstances require meeting the attendance requirements listed in this Guidebook with more flexibility, they must

inform the Baby Promise Program Providers upon enrollment and proactively work together to best meet the needs of all parties.

### **Late Pickup**

The parent/Guardian is responsible for late pickup fees per the Baby Program participant's late pick up fee policy. As noted in the Program Calendar section, Baby Promise Program Providers must have regular business hours posted clearly.

## **Monitoring of Baby Promise Program Providers**

### **Monitoring and Onsite Visits**

DELC reserves the right to perform onsite and/or virtual visits of Baby Promise Program Providers at least once per biennium. The CCR&R shall regularly monitor Baby Promise Program Providers on an ongoing basis in the various component areas listed below:

- Evaluation of Baby Promise Program Providers' accommodation for children with special needs.
- Evaluation of Spark star recognition level, and if applicable, progress in a Spark Quality Improvement cycle.
- Review of Baby Promise Program Providers' financial records, accounting procedures and fiscal viability; and
- Review of Baby Promise Program Providers':
  - Family engagement activities.
  - Curriculum.
  - Screening and assessment processes.
  - Licensing records; and
  - Continuous Growth and Development Plans (CQI).
- Review of child records.
- Review of enrollment and attendance records.
- Review of professional development and training goals for Baby Promise Program Providers.

- Score(s) and Summary Reports from observation tools such as the Classroom Assessment Scoring System (CLASS) and/or Environmental Rating Scales (ERS/ITERS-3 and/or FCCERS-3).

The CCR&R shall conduct monthly site visits to the Baby Promise Program Providers when children are present to monitor program quality and compliance with Baby Promise statutes, rules, and operations through announced and unannounced visits. DELC or the CCR&R may conduct quality reviews of Baby Promise Program Providers at any time. The CCR&R is required to report any concerns to the appropriate agency

## Health and Safety

### Good Standing Requirements

#### Requirements

At all times, Baby Promise Program Providers must be in compliance with all applicable local, state, and federal laws, rules, and regulations in order to participate in Baby Promise.

It is the responsibility of the Baby Promise Program Providers to maintain a good standing with the Child Care Licensing Division (CCLD) ([Licensed Childcare](#)).

For licensed programs, the CCR&R shall work with DELC on an ongoing basis to support Baby Promise Program Providers in maintaining good standing with the Child Care Licensing Division (CCLD)

(<https://www.oregon.gov/delc/providers/Pages/licensed-childcare.aspx>).

Baby Promise Program Providers, who are license, exempt and would like to be Baby Promise Program Providers must meet additional training and safety requirements in order to be approved to provide child care through ERDC, including completing the Regulated Subsidy Child Care Health and Safety Review Checklist. See this link for more information: [ERDC Providers](#)

With assistance from the CCR&R the Baby Promise Program Providers shall maintain best practices and understand licensing. The Early Learning and Care Program staff must review the DELC "Observed Serious Health and Safety Policy and Procedures."

The Early Learning and Care Program must do all that is requested to facilitate review by the CCR&R and DELC of an Early Learning and Care Program's licensing record at any time, including by providing the requested documents in



furtherance of this review. Baby Promise Program Providers must report any licensing or compliance violations within two (2) business days to the CCR&R.

The CCR&R is required to assist and support programs when issues with licensing arise, and programs are encouraged to share with the CCR&R if a licensing issue arises for help and support. Those working in early learning at many levels are aware that issues with licensing may trigger feelings for staff that range from gratitude to fear. Programs are encouraged to work with the partnerships they have built with the CCR&R.

Baby Promise Program Providers must ensure that health and safety requirements are met. The CCR&R may terminate subcontracts with Baby Promise Program Providers for failure to meet good standing requirements, including but not limited to violating any of the health and safety requirements listed below:

- Adults required to be enrolled in the Central Background Registry are present in the program without current enrollment.
- Children are in imminent danger.
- Children are not supervised.
- Extreme unsanitary conditions.
- Inappropriate guidance or discipline.
- Multiple or serious fire, health, or safety hazards.
- Providing care without being licensed with the Child Care Licensing Division (CCLD) as required by rule, etc.
- Safe Sleep Violations.
- There are more children than allowed.

The CCR&R shall notify DELC, outlining the circumstances of their intent to terminate a subcontract prior to official termination.

Programs are encouraged to utilize the Health and Safety Screener developed by Head Start prior to applying to become a Baby Promise site ([Head Start Health and Safety Screener](#))

### **Staff-Child Ratios**

Licensed Baby Promise Program Providers must comply with the staff-child ratios for their license type. License-exempt Baby Promise Program Providers must comply with the ratios described in "Rules for Certified Child Care Centers Table

3A." See the following link for more information: [Rules for Certified Child Care Centers](#). Regarding ratios, Early Head Start/Head Start programs must comply with the Head Start Performance Standards.

## **Feeding and Eating Practices**

### **Nutritional Services**

Baby Promise Program Providers must meet the nutritional needs of the eligible children through participation or adherence to USDA CACFP ([USDA CACFP](#)) guidelines or the utilization of recommended practices within [Caring for our Children: National Health and Safety Performance Standards Guidelines for Early Learning and Care Program \(4th edition\)](#).

Programs are not required to participate in the USDA CACFP program. Specifically, Baby Promise Program Providers practices must align with the standards listed above and applicable state licensing standards on safe preparation and storage of snacks and meals, feeding of infants, choking hazards, serving size, self-feeding practices, dietary needs, and allergies. The Program's written care plan, submitted in accordance with the Program's licensing requirements, shall also align with the above standards.

Program practices shall be in the family handbook and menu of meals and snacks shall be posted and provided to families regularly. Families who provide a signed medical (MD signed) or religious statement of need for children's dietary restrictions must be honored. Families who provide a signed medical statement specifying a specific formula brand for their children must be honored.

Baby Promise Program Providers are expected to work with families on food preferences including culturally preferred preferences and to approach collaboration with families with a friendly, empathetic effect, and a desire to honor the families concerns. Providers are encouraged to reach out to the CCR&R for assistance when finding a resolution is needed.

The CCR&R shall provide guidance to programs who need support communicating a process to families who may have allergies, family food preferences, and the creation of written care plans and forms.

### **Relational Dining**

Also known as family-style or communal dining. Baby Promise Program Providers must adopt relational dining practices. This practice involves Early Educators sitting with children during meals in small groups with children serving themselves (when possible) while sharing pleasant conversations. During these shared

experiences, Early Educators shall be modeling appropriate and healthy eating habits, providing supportive guidance on serving sizes, and attuning to hunger and satiation cues.

CCR&Rs are encouraged to guide and support Baby Promise programs' cultural preferences for planning meal times and determining food cost for children. More guidance can be found at [Family Style Meal Service in the Child and Adult Care Food Program](#).

### **Breast Feeding Policies**

Baby Promise Program Providers must have written policies that support and encourage breast-feeding, outline the process for storing breastmilk, and include an appropriate environment that facilitates breast-feeding if the parent chooses to do so onsite. Policies shall be available to families within the family handbook provided by the Baby Promise Program Providers.

## **Curriculum**

### **Curriculum**

Baby Promise Program Providers must always use a curriculum and approach to teaching during the entire program year. The curriculum chosen must meet the requirements of the top tiers of Spark. For information on options for curriculum within the Spark program visit the Spark website ([Spark](#)).

Regardless of the curriculum or approach to teaching used, Baby Promise Program Providers must: (a) post a formal daily schedule of indoor and outdoor activities and routines, with opportunity for child-initiated and teacher-directed activities; (b) post activity plans; and (c) make a written curriculum statement available for staff and families.

### **Screen Time**

Television/telephones/movies/social media/projected video or internet content). Baby Promise Program Providers must prohibit the use of all screen time for all children regardless of age. Children learn more effectively and efficiently when interacting with individuals and engaging with their physical and social surroundings. Screen time reduces the quality and quantity of these interactions and therefore is not allowable. Screens may not be used for music, movement, rest time, or any other planned or unplanned activity with children. All staff in the presence of children shall refrain from using screens unless the program requires the use of a device for attendance, meals, or other "real time" administration

related directly to children in care. Photo documentation for portfolios and sharing with parents is permitted.

### **Religion**

Baby Promise Program Providers must not advance any religion during the instructional hours designated for children in Baby Promise slots. Any religious symbols located in or around the classroom do not need to be removed; however, they may not be incorporated or used in the selected curriculum, meals, music, art, story time, or teaching program. Note: religious materials may not be purchased with Baby Promise funds.

### **Field Trips**

Field trips shall be developmentally engaging and appropriate. They must be free and available to all children in Baby Promise slots. Baby Promise funds may be used to provide field trips or other appropriate instructional activities for the children. Field trips must be related to the curriculum and should include a lesson plan demonstrating this connection. Programs are encouraged to share field trip lesson plans with Infant Toddler Specialists and Quality Improvement Specialists during regular meetings.

## **High-Quality and Baby Promise**

### **High-quality**

Observable practices in an Early Learning and Care Program wishing to participate in Baby Promise. Providing high-quality care is foundational to what it means to be a Baby Promise Program Participant, and DELC expects Baby Promise Program Providers and their staff to demonstrate an inquisitive nature and thoughtful reflection when engaging in the development of high-quality care and education. All program staff in Baby Promise Program Providers that subcontract with a CCR&R for Baby Promise slots must engage in continuous, focused growth and development over time as they engage with CCR&Rs and DELC in the cycles of assessing, planning, and goal setting for themselves and the children they serve.

1. "High-quality" is a complex term, with multiple meanings including, but not limited to, the following examples: Raise Up Oregon: A Statewide Early Childhood System Plan ([Raise Up Oregon](#)) uses these terms to define high-quality:
  - culturally responsive,

- developmentally appropriate.
  - inclusive,
2. Developmentally Appropriate Practice (DAP), a term often used in the early learning profession is defined by the National Association for the Education of Young Children ([NAEYC](#)) as:
- Building on each child's strengths—and taking care to not harm any aspect of each child's physical, cognitive, social, or emotional well-being—educators design and implement learning environments to help all children achieve their full potential across all domains of development and across all content areas.
  - Developmentally appropriate practice recognizes and supports everyone as a valued member of the learning community. As a result, to be developmentally appropriate, practices must also be culturally, linguistically, and ability appropriate for each child.  
[NAEYC DAP](#)
  - Methods that promote each child's optimal development and learning through a strengths-based, play-based approach to joyful, engaged learning. Educators implement developmentally appropriate practice by recognizing the multiple assets all young children bring to the early learning program as unique individuals and as members of families and communities.
3. High-quality early care and education also includes appropriate ratios and group sizes, prepared and qualified educators, family engagement, warm and responsive environments, and individualized instruction. High-quality is not only what is safe for children, but also what is best for children in the many contexts in which we encounter them.

What is your understanding of high-quality? In which of the many components of high-quality listed above do you see your program? Your staff who work with families? What is your philosophy as an Early Learning and Care Program? As you read through this Guidebook, note where this term is used and consider how you may plan to support your staff and families.

There are many aspects to the definition of high-quality. The CCR&R must support the growth and development of high-quality Baby Promise Program Providers. If a program's practices are not aligned with high-quality the CCR&R must take steps to assist in the growth and development of the program utilizing the processes outlined in this Guidebook.

The CCR&R may, with consultation from DELC, place a program on a corrective action plan for failure to adhere to and provide high-quality care. The program must comply with the requirements of the corrective action plan. Ultimately, the CCR&R and DELC will determine if the program is meeting the many elements of high-quality and adhering to the corrective action plan.

## **Responsive Caregiving**

Baby Promise Program Providers shall use responsive caregiving practices. Early Educators shall always be actively anticipating and responsive to the cues and needs of each child. Early Educators shall interact in a sensitive, caring, and dependable manner.

The Early Learning and Care Program shall develop and build responsive caregiving practices through professional development in all areas, including:

- Continuing to develop all program staff who work directly with children to promote children's ability to identify and express their emotions by modeling empathy and assisting children in showing empathy towards their peers.
- Continuing to develop all program staff with the understanding of developmentally appropriate practice and the process of "plan/do/assess" cycle around the tenets of DAP.
- Continuing to develop the skill of narrating what happens to children during routings and activities (for all program staff working directly with children).
- Recognizing and responding appropriately to children's individualized cues.
- Using daily routines and interactions to form a basis for learning.
- Using joint attention (sharing a common focus) with children during routines and activities to demonstrate responsiveness to the child's interests.

## **Continuity of Care and Primary Caregiving**

The practices listed above are essential to support young children forming secure attachments and must be used consistently in classroom settings for children enrolled in a Baby Promise slot. Continuity of care means that children and their caregiver(s) remain together for more than one year, often for the first three years of the child's life. Primary teachers shall be identified for groups of children (when more than one adult is present), as the primary Early Educator.

Primary Early Educators shall be responsible for the daily routines (e.g., feeding, diapering) of each child for whom they provide relationship-based care. In onsite visits with each Early Learning and Care Program, the CCR&R shall use principles and practices within ZERO TO THREE's Critical Competencies for Infant Toddler Caregivers to promote continuity of care through the provision of technical assistance, coaching, and training with Baby Promise Program Providers, and their staff.

## Growth and Development of Baby Promise Program Providers

### Oregon Recognition and Improvement System

Baby Promise Program Providers must attain a top tier level (currently four or five stars) in [Spark](#), (Oregon's Quality Recognition, and Improvement System). Baby Promise Program Providers must attain a top tier level in Spark to be eligible for Baby Promise slots.

Baby Promise Program Providers will qualify for Spark supports and incentives unless they are also Head Start or Early Head Start Programs.

**Please note** that *Spark is currently being revised. The revision and its implications for programs participating in Baby Promise will continuously be reviewed. In the future, as the revisions to Spark become available, expectations of Baby Promise will be adjusted accordingly.*

### Continuous Growth and Development Plans

Continuous Growth and Development plans (also known as Continuous Quality Improvement Plans). For the purposes of this Guidebook, the term "Continuous Growth and Development Plan (CGDP) will be used in place of the term "Continuous Quality and Improvement Plan" (CQI).

For all Baby Promise Program Providers, program staff must develop a Continuous Growth and Development Plan bi-annually (twice per year) with assigned CCR&R staff. Plans shall include [SMARTIE Goals](#) that support the staff member(s) in developing and implementing high-quality practices. Interim steps, including dates when milestones will be reached, must be included in the plan. Baby Promise Program Providers shall determine the dates for their growth and development cycle. These dates (two per year) must be noted in the subcontract with the CCR&R.

**Note:** CGD plans are not Professional Development Plans (PDP). Professional Development plans are plans for individual staff members discussed under Personnel and Training Requirements later in this Guidebook.

Continuous Growth and Development plans may be integrated into a Focused Child Care Network or Spark submission for renewal or rating adjustment. Programs are encouraged to collaborate with CCR&R staff to determine a course of action that best meets their goals for the growth and development of their program.

Regular, continuous Growth and Development plans are an element of high-quality. Utilizing program data and information from families, these plans provide direction for program level growth and development, including the notation of goal attainment and identification and timeline for new goals.

DELC expects Baby Promise Program Providers and their staff to demonstrate an inquisitive nature and thoughtful reflection when completing Growth and Development plans and engage in the cycles of planning, teaching, and assessing for themselves and the children they serve. CCR&R staff must assist Baby Promise Program Providers as they complete such plans.

The CCR&R may, with consultation from DELC, place a program on a corrective action plan for failure to write and adhere to Growth and Development plans. The program must comply with the requirements of the corrective action plan. Ultimately, the CCR&R and DELC will determine if the program meets the many elements of high quality and adheres to the corrective action plan.

## Equity and Baby Promise

### Equity – Practices in Baby Promise Programs

The Department of Early Learning and Care fosters coordinated culturally appropriate, and family-centered services that recognize and respect the strengths and needs of all children, families, and early learning care professionals.

Further, we (DELC) are committed to dismantling the systems of oppressions that harm and create disparities for communities who are historically and institutionally excluded. We are adopting anti-racist principles, expanding access to services, and ensuring community representation and shared power in agency efforts. We are fostering a culturally responsive environment in which all individuals can experience a sense of belonging as they access programs, services, and resources.



Please review DELC's mission, vision, and values as you reflect on the Baby Promise Program. [Equity Commitment](#)

Assisting Oregon's young children and families to learn and thrive, and supporting equity to help address the needs of **all** children and families are part of DELC's mission, vision, and values.

Research indicates that regular attendance in high-quality Early Learning and Care programs has positive impacts for children's attendance later in their academic career. Also, research indicates that intentional time spent with family provides the foundation for healthy attachments and social development for children as they grow and develop.

Understanding the diverse impacts on families by complex systems such as K-12 education, subsidy programs, and emergency response (such as COVID or wildfire) is an element of providing high-quality, equitable care and education to children and families.

Systems are often created to serve many people; thus, sometimes unintentional consequences result for some people attempting to access or use a system. A negative experience with a system sometimes results in trauma that may impact a person's response in other settings with system requirements. Some people perceive a system as punitive rather than supportive, while for others, a system provides a positive structure.

A variety of circumstances may cause barriers for families and Baby Promise Program Providers when planning to meet requirements in this Guidebook. When a CCR&R or Early Learning Hub enrolls a family or subcontracts with an Early Learning and Care Program whose circumstances require meeting requirements listed in this Guidebook with more flexibility, they must carefully consider the relationship between the circumstance and issues of equity.

DELC expects Baby Promise Program Providers and the CCR&R to demonstrate an inquisitive nature and thoughtful reflection when a barrier is presented and work with all parties impacted to determine best outcomes while keeping a focus on the lens of equity.

While it is the responsibility of the Baby Promise Program Providers to thoroughly read, understand, and comply with the expectations outlined in this Guidebook, your CCR&R team is available to answer any questions or concerns the Baby Promise Program Providers may have and to pro-actively support efforts to provide high-quality, equitable, infant-toddler care. DELC is excited about the

opportunity to work with local communities, offer support to encourage growth and development in Early Learning and Care Programs and providers and increase access to relationship based high-quality infant-toddler care.

## Family Engagement

### Participation

Baby Promise Program Providers shall make opportunities available for families to participate in their child's educational experience and provide opportunities for engagement throughout the year. Baby Promise Program Providers shall communicate regularly with families, offer opportunities to participate in their child's classroom/program, provide suggestions for home and community-based engagement, and link families to community resources. Baby Promise Program Providers shall provide effective strategies for family input in all aspects of the program. Baby Promise Program Providers shall be responsive to the cultural and linguistic backgrounds of the children and families served.

### Family Orientations

Baby Promise Program Providers staff must provide an orientation to incoming families for Baby Promise services. The orientation may include CCR&R staff.

### Family Handbook

Baby Promise Program Providers must have a family handbook that includes the program's administrative policies, family leadership opportunities, medical policies as addressed in DELC child care licensing, and the program's yearly calendar. The handbook must be provided to families prior to or on the first day of their child's attendance in the program.

### Daily Communication

Baby Promise Program Providers have a unique responsibility to the families of infants and toddlers to provide daily communication around caregiving routines such as feeding, sleeping, and diapering/toileting. There shall be a verbal and written component associated with this ongoing connection with families, as well as an opportunity for families to reciprocate as it relates to the rapidly changing needs of their children each day.

### Family Conferences

Baby Promise Program Providers must offer, at minimum, three family conferences within the program year. Conferences shall be documented and are

necessary to enhance the knowledge and understanding of both Early Educators and families. This is an opportunity for mutual discussion of the child's interests, preferences, assessments, and progress.

### **Leadership Opportunity**

Baby Promise Program Providers shall inform families and staff of opportunities to participate in leadership roles for the program or at a regional and state level in the early learning field.

## **Parent/Guardian Information**

### **Parent/Guardian Responsibilities**

Baby Promise Program Providers shall ensure that parents/guardians are provided with the DELC provided Parent Information document, which includes the following information:

- The parent/guardian is responsible for communicating with program staff regarding attendance, maintaining contact with families when a child first has two or more unexplained absences, and participating in an attendance plan when required.
- The parent/guardian is responsible for providing true and accurate information to their Early Learning and Care Program, CCR&R, ERDC, and/or DELC.
- The parent/guardian is responsible for reporting changes in their circumstances to the position responsible for Baby Promise eligibility locally within ten (10) business days of becoming aware of the change. Some changes, while not required to be reported, will result in an increased benefit for the family reporting them.
- The parent/guardian is responsible for supplying all requested forms, information, and verification needed to determine eligibility for program and benefits.
- The parent/guardian must cooperate in taking any actions necessary to establish eligibility. They must cooperate with any DELC and/or Office of Inspector General (OIG) fraud investigations by completing any required forms, responding to scheduled interview appointments, and by making requested records or information available. Parents/Guardians who do not cooperate may be determined to be ineligible until they cooperate.

- The parent/guardian must permit the Early Learning and Care Program, the CCR&R or DELC to verify all information/statements on the application and during the interview.
- The parent/guardian must qualify and enroll with ERDC, renew benefits as needed, and provide documentation to ERDC as requested to remain in the Baby Promise Program.

**Note:** Changes that may impact Baby Promise eligibility should be reported within ten (10) calendar days via phone, fax, e-mail, mail, or in person to CCR&R and DHS. Some changes may affect Baby Promise eligibility status.

- The parent is responsible for reporting to the CCR&R within twelve (12) calendar days if their child is no longer enrolled in childcare or moves out of the home.
- The parent is responsible for paying childcare fees to the Early Learning and Care Program, if applicable, for additional children in the household needing care who are not participating in the Baby Promise Program.

Baby Promise services may be terminated if the parent does not comply with program policies. Any violations of responsibility may result in suspension, reduction, or termination of grant services. Please note that Baby Promise is quality support in addition to ERDC subsidy; any change to Baby Promise participation will not impact a family's ERDC eligibility for their 12-month certification period.

## Screening and Assessment

### Developmental Screening

Baby Promise Program Providers must engage with families to complete the Ages & Stages Questionnaire (ASQ-3) (ASQ) (<https://osp.uoregon.edu/>) and Ages & Stages Questionnaire: Social-Emotional (ASQ:SE-2) within the first 45 days of a child's enrollment in a Baby Promise Program slot and on an ongoing basis as prescribed by Ages and Stages ([Ages and Stages](#)).

The purpose of this tool is to ensure that children are assessed regularly for potential developmental needs that may require additional services and referrals.

The ASQ screenings must be conducted in partnership with families to screen for developmental delays and disabilities the entire time the child is enrolled. Baby Promise Program Providers will ensure that child-screening procedures utilize

appropriate practices for young children and seek additional training. The tool must be completed with the family, shared with the family upon completion, and not completed solely by education staff.

Other screening tools may be appropriate as alternatives to the ASQ-3 or ASQ:SE-2 and may be proposed to the CCR&R for approval to assess a child's individualized needs. The ASQ screenings must be conducted in partnership with families to screen for developmental delays and disabilities during the entire time the child is enrolled. Baby Promise Program Providers will ensure that child-screening procedures utilize appropriate practices for young children and will seek additional training, if necessary.

Baby Promise Program Providers leaders shall work closely with the Infant/Toddler Specialist/Coach and/or Quality Specialist and teaching staff to first perform initial screenings for Baby Promise children and second to assist the program staff in communicating with families using the information from the screening.

The CCR&R must provide follow-up support to ensure that the Program is engaging in regularly planned cycles of developmental screening tools with the children enrolled to increase their understanding and ease of use with the tools with each cycle. The CCR&R shall develop feedback processes with programs to guide the growth and development of both CCR&R staff and Program staff in the use of developmental screenings.

### **Referral for Evaluation**

Baby Promise Program Providers must ensure that they have policies and procedures to refer children for additional specialized screenings and/or assessments. If warranted through screening and additional relevant information, the Baby Promise Program Providers, with the parent's consent, shall refer children to Early Intervention/Early Childhood Special Education (EI/ECSE) as soon as possible. It is critical that the Early Educator, as a primary and trusted relationship with the family, continues to support families through the formal evaluation process and beyond to develop supports and strategies to address each child's developmental needs best.

CCR&R staff shall provide support by connecting the family and provider to the appropriate professional for assessment or screening. They may also assist with follow up information, communications, and support.

## Learning and Developmental Assessments for Children

Baby Promise Program Providers must ensure that children in a Baby Promise Program slot are assessed for developmental progress at regular intervals, three times per year, in the following areas: social/emotional, cognitive, physical (gross and fine motor), and communication.

Baby Promise Program Providers are encouraged to complete assessments for all children enrolled in care in addition to children in Baby Promise slots. This type of assessment for young children involves Early Educators documenting specific skills gained by each child using anecdotal observations, portfolio artifacts, and curriculum assessment tools to develop goals for each child and individualize and augment curriculum planning.

Early Educators may maintain and update a portfolio for each child in a Baby Promise Program slot and share the findings from these assessments regularly with families. Any formal assessment instruments used shall be valid, reliable, culturally responsive, competent, developmentally appropriate, and individually administered by trained personnel. Baby Promise Program Providers must submit developmental assessments to the CCR&R or DELC upon request.

Programs that have developed their own assessments shall complete a worksheet demonstrating how their assessment aligns with either Oregon's Early Learning and Kindergarten guidelines ([Guidelines](#)) or Head Start Early Learning Outcomes ([Outcomes](#)). Baby Promise Program Providers shall submit any developmental assessments to the CCR&R upon request. See the quality supports section of this Guidebook for more information on assessment tools.

Learning and developmental assessments provide foundational information to Early Educators and families. These assessments provide direction for planning for individual children's growth and development and program level growth and development. Assessments are a key element of the teaching cycle.

DELC expects Baby Promise Program Providers and their staff to demonstrate an inquisitive nature and thoughtful reflection when completing assessments for children and utilizing assessment information as they engage in the cycles of assessing, planning, and goal setting for themselves and the children they serve. CCR&R staff must assist Early Educators as they implement learning and development assessments and use the results for continuous growth and development.

The CCR&R shall provide follow up support to ensure the program is engaging in regular learning and developmental assessments for children enrolled and increasing their understanding and ease of use with the tools. The CCR&R shall develop feedback processes with programs to guide the growth and development of both CCR&R staff and Program staff in the use of growth and development assessments for children.

## Supports for Baby Promise Providers

### Resources

To support the development and implementation of best practices in Early Learning and Care, the CCR&R and the Baby Promise Program Providers shall use these rules and resources to provide high-quality care:

- Business Administration Scales (BAS) – For Family Child Care (Publisher: Kaplan)
- [Caring for our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs \(4<sup>th</sup> edition\)](#)
- Central Coordination Resource Website ([Central Coordination](#))
- Classroom Assessment Scoring System ([CLASS INFANT TODDLER](#)) Infant/Toddler Environmental Rating Scale Revised Edition ([ITERS R](#))
- Classroom Assessment Scoring System ([CLASS](#))
- Family Child Care Environment Rating Scale ([FCCERS-R](#))
- [Head Start Program Performance Standards](#)
- Inclusive Partners – ([Inclusive Partners](#)) is a statewide program that works to empower Oregon's childcare providers to create environments that encourage full participation for all children. Regardless of provider type or funding stream, Inclusive Partners provides technical assistance, consultation, and support so all children can play, learn, and grow together.
- [NAEYC Code of Ethical Conduct](#)
- [NAEYC Early Learning Program Accreditation Standards and Assessment Items](#)

- National Center for Pyramid Model Innovations ([The Pyramid Model](#))
- Oregon's Child Care Licensing Division (CCLD) Rules ([CCLD](#))
- Oregon's Early Learning and Kindergarten Guidelines ([Early Learning and Kindergarten Guidelines](#))
- Program Administration Scales (PAS) – For Center Child Care (Publisher: Kaplan)
- Spark, Oregon's Quality Recognition and Improvement System ([Spark](#))
- The Department of Early Learning and Care ([DELIC](#))
- Universal Design for Learning [Universal Design ECLKC](#))
- *ZERO TO THREE Critical Competencies for Infant Toddler Educators* ([Zero to Three](#))

### **Zero TO Three Certified Trainer: *Critical Competencies***

Baby Promise Program Providers staff (directors), and providers (teachers/Early Educators/assistants/aides) who work directly with infants and toddlers must take the Zero to Three Critical Competencies for Infant Toddler Educators within the staff members initial 18 months of employment or within the 18 months of the Program's sub contractual agreement with the CCR&R. Program Providers must work with the CCR&R to determine which staff shall be trained. The CCR&R may request exceptions from DELIC when reasonable.

### **Growth and Development**

Baby Promise Program Providers are expected to lead their own growth and development using the list of resources offered above. The CCR&R must work closely with the Baby Promise Program Programs to help them benefit from all the Technical Assistance associated with the above tools and resources, identifying the resources that best meet the program's needs.

### **Onsite Support**

The Baby Promise Program Providers shall facilitate a visit from the CCR&R at least monthly while children are present (the visit shall be outside of rest time). These visits shall include coaching, observations, and pedagogical mentoring from the CCR&R that supports the continuous development of effective practices in the program. Onsite visits may be announced or unannounced. The CCR&R is required to report any serious health and safety concerns to the appropriate agency within 30 days of the visit unless earlier if required by law.



## **Infant/Toddler Focused Childcare Networks (FCCN) and Communities of Practice (CoP)**

All administrators (directors) and teaching staff of Baby Promise Program Providers must participate in an Infant and Toddler Focused Childcare Network. Community of Practice (CoP) groups may also be utilized at a frequency determined by the CCR&R. CoP groups may include program directors, owners, and/or teaching staff.

All program staff in a program with Baby Promise slots shall participate in an FCCN or CoP. Participation shall be determined in collaboration with the CCR&R to meet best the needs of the region and Baby Promise Program Providers. FCCN/CoP activities will be scheduled to support the Baby Promise Program Providers in:

- decreasing Early Educator isolation; and
- Increasing Early Educator knowledge and skills.
- Increasing opportunities for the Baby Promise Program Providers to seek continuous development of effective practices.
- increasing the potential for Early Educators to stay in the field.
- Supporting Early Educators to feel engaged and energized,

### **Shared Services**

Baby Promise Program Providers shall participate in Shared Services to whatever extent specified by the CCR&R on an individual basis. Shared Service plans will be developed regionally to address at least one of the following:

- Increase automation and technological resources that increase the effectiveness of Baby Promise Program Providers.
- Increase business acumen.
- Increase pedagogical leadership and capacity; and
- Reduce the Baby Promise Program Providers administrative burden through centralized support and expertise.

## **Glossary of Terms**

**"ADA"** refers to the Americans with Disabilities Act, which provides the basis for including children with disabilities in typical child development settings.

**“Adult-child ratio” or “Staff-child ratio”** is the number of children for whom each child care staff member (or family child care provider) is responsible for supervising.

**“Aide or Assistant Teacher”** is the person responsible for assisting the Lead Teacher in planning and implementing program curriculum and activities.

**“Assessment”** The ongoing process that includes observation and provides information about development over time. Systematic, ongoing child assessment provides information about children’s development and learning. The process of gathering information, reviewing the information, and then using the information to plan educational activities that are at a level the child can understand.

**“Baby Promise”** refers to a publicly funded infant-toddler program in Oregon. Baby Promise Program is a publicly funded program that offers free, high-quality care and education for infants and toddlers from low-income families in Oregon.

**“CCR&R”** refers to the entity described above, that has contracted with the Department of Early Learning and Care to administer the Baby Promise Program and to provide subcontracts to eligible Baby Promise Program Providers.

**“Central Background Registry”** or “CBR” means CCLD’s registry of individuals who have been approved to be associated with a childcare facility in Oregon pursuant to ORS 329A.030 and OAR 414-061-0000 through 414-061-0120.

**“Child Care and Development Fund (CCDF)”** Federal funds that:

- provide financial assistance to low income working families to help pay for childcare.
- improve the quality and safety of childcare and.
- support increasing the supply and availability of childcare for all families.

The grant to CCR&Rs to carry out the purposes of the Baby Promise Program is funded through the CCDF, as referenced in the following sections of the [state plan](#).

- Coordination with relevant systems
- Ensure Access to High-quality Childcare for Low-Income Children
- Ensure Program Integrity and Accountability
- Promote Family Engagement through outreach and Consumer Education
- Recruit and Retain a Qualified and Effective Workforce

- Support Continued Quality Improvement

**“CCDF State Plan”** Plan designed as a snapshot into current and planned efforts, initiatives and implementation plans for Oregon to meet Federal CCDF Requirements.

**“Child Care Licensing Division”** “CCLD” means the Child Care Licensing Division in the Department of Early Learning and Care.

**“Child Care Provider” or “Provider” or “Early Learning and Care Program” or “Baby Promise Program Participant”** means a person or entity that provides care, supervision, and guidance on a regular basis of child, unaccompanied by a parent, guardian, or custodian, during a part of the 24 hours of the day.

**“Child Care Resource & Referral (CCR&R)”** Local and statewide services including 1) guidance and referrals for families seeking childcare through referrals to 211 info; 2) recruiting, training, and supporting Early Educators to remain in the profession and provide high-quality childcare programs; 3) the collection of information about the local supply of childcare; and 4) community collaboration with Early Learning System partners.

**“CLASS™”** refers to the Classroom Assessment Scoring System. It is a validated and commonly used assessment that measures the effectiveness of adult/child interactions as well as peer-to-peer interactions. The assessment is used to determine the effectiveness of the emotional and instructional support provided by adults and of the classroom’s organization and is also used to predict children’s school readiness outcomes.

**“Community of Practice”** (CoP) The term Community of Practice was first introduced by Jean Lave and Etienne Wenger (1991). A community of practice (CoP) is a group of people (generally peers) who share a concern or passion for something they do. Participants learn how to improve their practice as they interact regularly over time. The goal of each CoP is for participants to connect, share experiences and gain expertise from each other; it is not a time for training, policy/process clarification or general updates. A CoP may include time for focused dialogue, reflections on a shared learning experience, reflective protocols, and sharing of a problem of practice for peer insights and guidance. To support relationships and conversations, Communities of Practice should not be recorded.

**“Continuity of Care”** Means that children and their caregiver remain together for more than one year, often for the first three years of the child’s life.

**“Continuum of Care”** Multiple types of childcare available to children, including but not limited to, legally license-exempt, license-exempt serving children and families receiving subsidies, family, and center-based licensed care.

**“Continuous Quality Improvement” or CQI or Continuous Growth and Development** A framework to guide intentional quality improvement in systems and individual organizations. For Early Learning Programs, CQI practices are intended to create a culture in which Early Learning Program directors and staff regularly assess and make improvements to services for children and families. The collaboration of Early Learning Program leaders and staff is expected to build their capacity to identify areas of quality improvement and develop solutions that work for their unique settings and Early Learning Program cultures.

**“Contract” or “Subcontract”** refers to an individual Baby Promise Program subcontract between the CCR&R and an identified Early Learning and Care Program participating in Baby Promise, or contract between DELC and the CCR&R

**“DELC”** refers to the agency of the Department of Early Learning and Care. For more information, see [DELC](#).

**“DHS”** The State of Oregon, Department of Human Services.

**“Early Educator”** is any person, regardless of licensing title, who provides direct care to children in the Baby Promise Program.

**“Early Learning and Care Program”** programs caring for infants and toddlers that are any of the following: legally license exempt within school districts, registered family childcare, certified family childcare or certified center programs. Programs also include but are not limited to Relief Nurseries, Early Head Start, Teen Parent Programs and Preschool Promise.

**“Early Learning Hub (Hub)”** An entity designated under ORS 417.827 and under contract with the Agency to coordinate, fund and monitor certain programs and early learning services in a specific region within the State.

**“Early Learning System”** Network of services that support early care and education in Oregon.

**“Early Learning (Childcare) Workforce”** The Early Education Professionals working with, or on behalf of, young children (infants, toddlers, preschoolers and school age children in centers, homes, and schools) and their families with a primary mission of supporting children’s development and learning.

**“Eligibility”** The decision as to whether an individual qualifies, under financial and nonfinancial requirements, to receive program benefits.

**“Employment Related Day Care (ERDC)”** means Employment Related Day Care benefits which a childcare provider may be approved to receive pursuant to OAR 461-165-0180.

**“Enrollment”** The process of putting someone onto an official list as ready to attend.

**“Family and Child Eligibility”** Children must be members of families whose income, at time of enrollment meets eligibility guidelines for ERDC. Children shall be at least six weeks of age, but have not reached their third birthdate, at the time of enrollment.

**“Focused Child Care Network (FCCN)”** A Focused Child Care Network is a cohort of childcare practitioners who meet frequently with a Quality Improvement Specialist to discuss best practices, access, and share resources, receive training, and encourage progress as they work toward increasing the quality of their programs. The Focused Child Care Networks use Spark, as the framework to support continuous quality improvement.

**“Furthest from Opportunity”** Historically underserved or underrepresented populations defined as:

- African American
- Asian and Pacific Islander
- Children of Incarcerated Parents/Parental Figures
- Children with Developmental Delays and Disabilities
- Emergent bilingual children
- Geographically Isolated
- Immigrants and Refugees
- Latinx
- Migrant families, and/or families working in agricultural sector
- Tribal nations and communities

Children experiencing homelessness and engagement with the foster care system

**“Infant Toddler Specialist”** is A Quality Improvement Specialist with expertise and content knowledge for providing support to programs serving infants and toddlers. The Infant Toddler Specialist will lead Focused Child Care Networks specifically working with Early Educators to develop their continuous quality improvement processes, provide professional development, coaching, working with Early Educators to develop their continuous quality improvement processes, and provide professional development, coaching, and other supports to facilitate high-quality care amongst the Early Educators engaged in an FCCN.

**“IDEA”** refers to the Individuals with Disabilities Education Act. This law governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.

**“IFSP”** is an individualized family service plan. An IFSP is a quasi-contractual agreement developed for children with disabilities to help, guide, orchestrate, and document specially designed instruction for each student based on his or her unique academic, social, and behavioral needs.

**“Lead Teacher”** is the person responsible for guiding, implementing, and directing the learning experience of children in the Baby Promise classroom. The Lead Teacher plans, prepares, and implements the daily activities (indoor/outdoor) as they relate to the curriculum and maintains the classroom environment.

**“Mixed delivery”** This model recognizes that high-quality learning experiences can take place in a wide variety of settings, and families should be able to choose the setting that works best for them and their children. Families will have a wide range of choices of providers in the mixed delivery model. Providers could be, but are not limited to, a childcare provider, Early Head Start programs, Relief Nurseries, Teen Parent Programs, public schools, Preschool Promise programs, education service districts, or community-based organizations.

**“National Association for the Education of Young Children”** (NAEYC) A professional membership organization that works to promote high-quality early learning for all young children, birth through age 8, by connecting early childhood practice policy, and research.

**“Primary Caregiving”** This model provides for Early Educators to have primary daily responsibility for the same small group of infants or toddlers. This system creates strong bonds between an educator and child and provides families with a trusted care partnership.

**“Professional Development”** A continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families. Professional Development encompasses education, training, and Technical Assistance.

**“Professional Development Plan”** A professional development plan documents the goals, required skill and competency development, and objectives a staff member will need to accomplish to support continuous improvement and career development.

**“Parent”** means the natural parent, adoptive parent, parent surrogate, legal guardian, or any other adult granted educational decision-making rights by the natural or adoptive parent or a court of competent jurisdiction.

**“Residency Requirement”** Children participating in the Baby Promise Program must be Oregon residents and residing within Baby Promise pilot counties. Families will continue to be eligible for ERDC benefits for the full 12-month certification even if they move out of the Baby Promise counties.

**“Screening”** The evaluation or investigation of something as part of a methodical survey, to assess suitability for a particular role or purpose. To provide a snapshot of whether the child’s development is on track.

**“Shared Services”** A concept that focuses on building a strong backbone of support in partnership with Early Learning and Care Programs that enables them to build and sustain strong organizations. The support to Early Learning and Care Programs transform their business practices and automation of billing, accounting, collection of fees, budgeting, and business acumen. This allows the Early Learning and Care Program

**“Spark”** or “Spark Quality Rating and Improvement System” means the system established through ORS 329A.261 which establishes a set of progressively higher standards used to evaluate the quality of an early learning and development program and to support program improvement.

**“Subcontracted Slots”** Slots in an Early Learning and Care Program that participates in the Baby Promise Program through a subcontract with the local CCR&R. These Baby Promise slots are for families that are eligible for the ERDC program.

Subcontracted slot payments are paid based on the terms of a subcontract negotiated with each Early Learning and Care Program providing Baby Promise services and are not based upon attendance of the children in the slots.

Family copays will be waived for families participating in the Baby Promise Pilot program and the family receives 12-month continuous protected eligibility for full-time care while in these designated programs. The parent/guardian must be employed for a minimum of 25 hours per week and work hours must match the Early Learning and Care and Program/Providers' business hours.

**"Supplant"** means to take the place of something that currently exists, e.g., a pre-existing, publicly funded program.

**"Supplement"** means to add to or augment something that currently exists, e.g., a pre-existing publicly funded program. to be mission-focused and to deliver high-quality early care and education to improve child outcomes for young children.

**"Relationship-based Professional Development"** Professional Development that includes a culturally and linguistically responsive coach, mentor, advisor and/or navigator, who establishes supportive relationships and works closely with Early Educators in achieving their educational goals and maintaining work/life/school balance.

**"Technical Assistance"** (TA) Targeted and individualized support by a professional(s) with specific knowledge and skills to develop or strengthen processes, application, or implementation of services for/by the TA recipients. TA may be delivered by an individual or a team, to one individual or a group. TA may be provided face-to-face, via distance methods, or a hybrid of the two. Typical forms of TA include coaching, mentoring, consultation, and Professional Development.

**"Zero to Three"** (ZtT) A membership-based organization that provides training and resources for professionals focused on child development for infants and toddlers.