Date

Director/Provider Name
Program Name
License #
Address
CT, ST Zip

Spark
Empowering early educators to inspire children

#-Star rating

Dear name:

We are contacting you regarding the serious licensing violation reported by the Office of Child Care (OCC) that occurred on **DATE**. Spark star-rated programs are required to be free of serious violations to maintain a star rating. 3-star programs cannot have any serious violations for 12 months, 4 and 5-star programs for 24 months. The Research Institute at Western Oregon University (TRI), which administers Spark, has developed this **Spark Rating Maintenance Application** in recognition of the hard work required to achieve a rating by providing an opportunity for programs to prevent a revocation of their star rating. Completing this application will enable the program to reflect on the violation, create a prevention plan, and engage in continuous quality improvements.

The OCC has already made the determination of the licensing violation. This application is only to determine if the violation will affect the Spark Rating. Completing and returning this application does not guarantee that it will be approved.

This **Spark Rating Maintenance Application** is due 30 days from the date on this letter. If it is not received by the deadline, the Rating Revocation Process will proceed.

Process:

1. Programs are eligible to participate in the Spark Rating Maintenance process once every 12 months for 3-star and every 24 months for 4 and 5-star.
2. Eligible programs will be sent a **Spark Rating Maintenance Application** after a serious licensing violation is reported by the OCC to TRI.
3. A Quality Improvement Specialist at the program's local Child Care Resource and Referral (CCR&R) will be notified and copied on correspondence.
4. The program has 30 days to complete and return the application to TRI.
5. The Spark Review Team will meet to review the application to determine if it meets requirements.
6. If the application is approved, the program will maintain their star rating.
7. If the application needs to be modified for it to meet requirements, the program will be contacted to discuss what is needed.
8. If the program agrees to making the modifications, the application will be amended and approved.
9. If the application approval is based on the completion of any follow up actions, a Quality Improvement Specialist will contact the program to offer support and review the timeline for completion.
10. If the actions are not completed by the deadline, the rating will be revoked.
11. If the application is not approved, the rating will be revoked.
12. Rating revocations are reported to the Department of Human Services which could impact ERDC reimbursement rates, if applicable.
13. The application with the results of the review will be returned by e-mail and regular mail.
14. If a rating revocation occurs, the program can request a rating reinstatement by completing an on-line Spark Program Update Report (SPUR) when eligible. TRI will attempt to notify the program prior to the eligibility date but it is the program's responsibility to complete the SPUR to request reinstatement.
15. Eligibility for reinstatement: 12 months after serious valid finding for 3-star, 24 months after serious valid finding for 4 or 5-star.

# Spark Rating Maintenance Application

**Definition of Serious Violations:**

- Children are in imminent danger
- Adults are present who are not enrolled in the Office of Child Care's Central Background Registry
- Corporal punishment or other specific forms of inappropriate discipline are being used
- Extreme unsanitary conditions
- Children not being supervised
- Multiple or serious fire, health, or safety hazards are present
- Providing care without being licensed with the Office of Child Care as required by rule
- More children in care than allowed by law

**The rule that was violated:** Rule # and Description (Will be copied from safety portal)

## Part 1: Reflection

### A. Reflection on the Incident

| **List or attach your program's response to the OCC or a description of specifically what occurred.** (*We understand that you may or may not agree with the OCC's decision regarding the violation. However, this process is not intended to dispute the OCC's finding. Please use this space to explain what occurred.)* |
|---|
| |

| **How did you respond to the incident for the following groups? (Who did you talk to, what did you do?)** | |
|---|---|
| Children | |
| Families | |
| Staff | |
| Office of Child Care | |

### B. Reflection on Impact

| **What was the impact on the people involved? (safety, health, social-emotional, learning). If there was no actual impact, what about the potential impact? What could have happened?** | |
|---|---|
| Children | |
| Families | |
| Staff | |

**C. Reflection on Cause:**

**Why did it happen? There are 3 main categories of underlying causes of licensing violations have been identified which may be helpful:**

A. **Operational:** The daily procedures, actions, processes, etc. are insufficient in predicting or being able to prevent the rule violation. Routines, habits and the environment are inconvenient or make it more difficult to follow rules or staff are not sufficiently trained or supervised.
B. **Policy Related:** The management practices and/or program policies are insufficient or unresponsive in preventing the licensing violation. They don't account for unexpected events or the policies aren't communicated effectively with families or staff to prevent rule violations.
C. **Behavioral:** The beliefs/attitudes of program leadership or staff doesn't understand the importance of the rule, is an area the provider/director doesn't prioritize addressing, is in conflict with personal or parental preferences, or believe the violation is of little consequence because it is only for a short period of time.

The **Underlying Causes for Common Noncompliance** document lists examples of causes for different rule violations. If you have difficulty identifying the underlying cause for your programs specific rule violation, you may review the document and copy or describe it in your own words.

| | |
|---|---|
| What category/s does the underlying cause of the rule violation fall under.<br>Check all that apply. | ☐ A. Operational<br>☐ B. Policy Related<br>☐ C. Behavioral |
| What is/are the underlying causes of why this occurred. | |
| What policies/practices did you have in place to prevent this issue before the occurrence? Share written policies from manual or handbook or describe practices. | |
| Why did the occurrence still happen? | |

## Part 2: Continuous Quality Improvement Plan

### A. Prevention Plan

**Check all the action steps you have done or plan to do to ensure compliance with this licensing rule. Actions steps may fall into more than one category. For example, if you choose an action step in "Policies", you may also need to indicate how it was communicated under "Communication to Families" and "Communication to Staff". Do not complete the shaded column.**

| Check all that apply | Action Steps | Describe/Status | For Review Team Only: |
|---|---|---|---|
| ☐ | **Policies**<br>☐ Add new policies<br>☐ Strengthen weak policies<br>☐ Improve training<br>☐ Improve enforcement/oversight<br>☐ Improve communication<br>☐ Model adherence to policies<br>☐ Other | | Meets?<br>☐ Yes ☐ No<br>Follow up?<br>☐ Yes ☐ No<br>Date:_____<br>By:_____ |
| ☐ | **Administrative**<br>☐ Record keeping<br>☐ Tracking systems<br>☐ Technology Tools<br>☐ Policy Changes<br>☐ Professional Development Plans<br>☐ Staff Communication<br>☐ Other | | Meets?<br>☐ Yes ☐ No<br>Follow up?<br>☐ Yes ☐ No<br>Date:_____<br>By:_____ |

| Check all that apply | Action Steps | Describe/Status | For Review Team Only: |
|---|---|---|---|
| ☐ | **Routines**<br>☐ Strengthen transition practices<br>☐ More closely follow routines<br>☐ Increase training<br>☐ Improve Communication<br>☐ Other | | Meets?<br>☐ Yes ☐ No<br>Follow up?<br>☐ Yes ☐ No<br>Date:_____<br>By:_____ |
| ☐ | **Communication to Families**<br>☐ Handbook/Policy manual<br>☐ Newsletter<br>☐ Written Letters/Flyers<br>☐ Posted in facility<br>☐ Email<br>☐ Website<br>☐ In-person<br>☐ Other | | Meets?<br>☐ Yes ☐ No<br>Follow up?<br>☐ Yes ☐ No<br>Date:_____<br>By:_____ |
| ☐ | **Communication to Staff**<br>☐ Handbook/Policy manual<br>☐ Observation & feedback<br>☐ Orientation/training<br>☐ Written Letters/Flyers<br>☐ Posted in facility<br>☐ Email<br>☐ Other | | Meets?<br>☐ Yes ☐ No<br>Follow up?<br>☐ Yes ☐ No<br>Date:_____<br>By:_____ |

| Check all that apply | Action Steps | Describe/Status | For Review Team Only: |
|---|---|---|---|
| ☐ | **Environment**<br>☐ Classroom arrangement<br>☐ Storage Locations<br>☐ Locks and safety devices<br>☐ Other | | Meets?<br>☐ Yes ☐ No<br>Follow up?<br>☐ Yes ☐ No<br>Date:_____<br>By:_____ |
| ☐ | **Facilities**<br>☐ Repairs<br>☐ Maintenance<br>☐ Improvements<br>☐ Other | | Meets?<br>☐ Yes ☐ No<br>Follow up?<br>☐ Yes ☐ No<br>Date:_____<br>By:_____ |
| ☐ | **Training/Professional Development**<br>☐ Meets needs<br>☐ Adequate time<br>☐ Follow up<br>☐ Other | | Meets?<br>☐ Yes ☐ No<br>Follow up?<br>☐ Yes ☐ No<br>Date:_____<br>By:_____ |
| ☐ | Other: (Describe) | | Meets?<br>☐ Yes ☐ No<br>Follow up?<br>☐ Yes ☐ No<br>Date:_____<br>By:_____ |

**B. Future Impact Reflection**

**Reflect now on how the prevention plan will impact the future of the program for the following groups.**

| | Impact on experiences in the program |
|---|---|
| **Children** | |
| **Families** | |
| **Staff** | |

| Other comments or if more space needed |
|---|
| |

**C. Report on CQI efforts by completing a Spark Program Update Report (SPUR)**

Complete a Spark Program Update Report (SPUR) to report on your Continuous Quality Improvement efforts, which Spark standards and practices you are focusing on in your program, and what your future plans are in Spark. The link can be found on the Spark website at Oregonspark.org/current-participants by scrolling down the page. After you select the preferred language, choose #1 under "What is the purpose of completing this report?"

## Part 3: Submitting your application

This application is due 30 days after the date listed on the first page. If you have questions or need assistance with this application, please contact the Spark helpline below.

| | |
|---|---|
| Your Name | |
| Title | |
| Email | |
| Phone # | |
| Date | |

Return by email to QRIShelp@wou.edu or:

Spark – Review Team
The Research Institute
Western Oregon University
345 N. Monmouth Ave
Monmouth, OR 97361

Spark Helpline: 877-768-8290

For more information about Spark:
oregonspark.org

## For Review Team Only

| Date application received:_____ | Date SPUR completed:_____ | Date of review _____ |
|---|---|---|

| Spark Rating Maintenance Application Evaluation | |
|---|---|
| **Part 1 (Program Reflection)** | **Part 2 (CQI Plan):** |
| Does the Program Reflection demonstrate an understanding of the violation and the underlying causes?<br><br>☐ Yes<br>☐ No<br><br>Comments: | Does the CQI Plan include the appropriate/sufficient actions steps that address the underlying causes which will prevent a recurrence of the violation?<br><br>☐ Yes<br>☐ No<br><br>Comments: |
| **Risk Level Assessment** | |
| If the violation resulted in a serious or extreme level of harm or risk of harm, the rating review application will not pass. Based on the evidence and statements presented, the review team has determined the following level of harm or risk of harm occurred:<br><br>☐ Low/Moderate: The violation could or did cause minor harm to a child but would not or did not require intervention beyond the knowledge, skills, and abilities of the direct care staff, teachers, or aides.<br>☐ Serious/Extreme: The violation could or did impact the well-being of a child in an extreme and negative way. One or more of the following conditions did or could have occurred: death, hospitalization, intervention from a medical or mental health professional, permanent or temporary physical or emotional impairment. | |

## Scoring Summary

| Scoring Criteria:<br>For application to be approved, Part 1 & Part 2 must be "yes" to pass and risk level must be "Low/Moderate". |
|---|
| Application Approved? ☐ Yes ☐ No ☐ Conditional, pending follow-up |
| Notes/Explanation of follow up: |