

# Child Care Provider Guide

## DHS Child Care Program



## Frequently used phone numbers:

Name and address	Local phone number	Toll-free number	Website
SAFE — How to report child abuse		1-855-503-SAFE (7233)	
Department of Human Services (DHS) Child Care Program			<a href="http://www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx">www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx</a>
Direct Pay Unit (DPU) P.O. Box 14850 Salem, OR 97309	503-378-5500 (Salem)	1-800-699-9074	
Automated information system to check on payments	503-378-3508 (Salem)	1-800-442-6451	
DHS Background Check Unit (BCU) P.O. Box 14870 Salem, OR 97309	503-378-5470 (Salem)	1-888-272-5545	
Oregon Department of Education Early Learning Division Office of Child Care (OCC) P.O. Box 14050 Salem, OR 97309	503-947-1400 (Salem)	1-800-556-6616	<a href="http://www.childcareinoregon.org">www.childcareinoregon.org</a>
Oregon Center for Career Development in Childhood Care and Education Portland State University Oregon Registry P.O. Box 751 Portland, OR 97207	503-725-8535 (Portland)	1-877-725-8535	<a href="http://www.pdx.edu/occd">www.pdx.edu/occd</a>
Oregon Child Care Training (ORO)			<a href="http://www.oregonchildcaretraining.org">www.oregonchildcaretraining.org</a>
Central Coordination of Child Care Resource and Referral (CCR&R) 345 N. Monmouth Ave. Monmouth, OR 97361		1-800-342-6712	<a href="http://triwou.org/projects/fcco/resources">http://triwou.org/projects/fcco/resources</a>
CCR&R local offices	See pages 106–108 for directory		<a href="http://triwou.org/projects/cccr">http://triwou.org/projects/cccr</a>
U.S. Department of Agriculture sponsors (USDA Food Program)	See page 110 for directory		
AFSCME Council 75 Union Local 132 1400 Tandem Ave. N.E. Salem, OR 97301	503-370-2522 (Salem)	1-800-521-5954	<a href="http://www.oregonafscme.org">www.oregonafscme.org</a>
SEIU Local 503 Union 1730 Commercial St. S.E. Salem, OR 97302	503-581-1505	1-844-503-SEIU (7348)	<a href="http://www.seiu503.org">www.seiu503.org</a>
211Info provider and parent resource	Dial: 211 or Text keyword CHILDREN or NINOS to 898211		<a href="http://www.211info.org">www.211info.org</a> (Email: <a href="mailto:children@211info.org">children@211info.org</a> )

*The Oregon Department of Human Services (DHS) will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, gender, sexual orientation, religion, political beliefs or disability. You can file a complaint if you think DHS singled you out because of any of these things.*

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***Find "Information at a glance"  
at the beginning of each section.***



# Section 1. General information



## INFORMATION AT A GLANCE

### How does the DHS Child Care Program work? ..... 6

The parent applies for child care assistance, or subsidy, at a DHS office in the local area. DHS can pay the listed and approved child care provider for care of a child while the parent is working or involved in DHS activities.

### DHS and the IRS ..... 7

Child care providers are self-employed. DHS does not take taxes out of the payments providers receive. DHS will send you an IRS 1099-MISC statement in January showing how much DHS paid you during the previous year. The provider needs to report this taxable income to the IRS.

### Unions ..... 7

Two unions represent child care providers:

- AFSCME Council 75 ..... 1-800-527-9374;
- SEIU Local 503 ..... 1-877-451-0002

### Licensing with the Office of Child Care (OCC) ..... 8

Law requires many family child care providers and child care facilities to be licensed with the Office of Child Care (OCC). Go to page 8 or [www.childcareinoregon.org](http://www.childcareinoregon.org) for more information or call OCC at 1-800-556-6616.

### Who will DHS pay? ..... 9

DHS can pay approved providers who meet the listing and provider requirements and pass a background check. See page 9 for information about when a provider is not eligible to be paid.

Registration fees for licensed providers with the Office of Child Care..... 10

DHS can help eligible families pay for child care registration fees when care is provided by an OCC licensed provider. Go to page 10 for more information.

Before you provide care..... 10

- Take online Child Care Health and Safety training. See page 19 for who needs to take this training.
- Complete a **Child Care Provider Listing Form** 7494.

DHS child care provider letter (7494E) ..... 12

Families may use any child care provider they choose. However, DHS can only pay providers who meet the listing and provider requirements on pages 21–25.



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## GENERAL INFORMATION

### How does the DHS Child Care Program work?

#### **What is the Department of Human Services (DHS) Child Care Program?**

The DHS Child Care Program helps parents or caretakers pay for child care, so they can work, or so they can prepare for employment. The program may cover child care for some student hours for parents who are working.

#### **Why should you read this booklet?**

If you provide care for families who get child care benefits from DHS, this booklet is for you. It explains what you need to know to become a DHS listed and approved provider and how to bill DHS so you can receive payment for providing care to a family that receives DHS child care assistance. We want to make these programs work for you and the families we serve. If this booklet does not answer your questions, you may call the Direct Pay Unit (DPU) at 1-800-699-9074 or you may visit the DHS Child Care Assistance website at [www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx](http://www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx).

### How does the DHS Child Care Program work?

- The parent may call or visit a local DHS office to apply for child care assistance or subsidy.
- DHS determines if the parent qualifies for the program, the number of hours of child care it needs, and the portion the family must pay (the copay). The family's income, size, type and amount of child care needed determine the amount of subsidy.
- Providers must be listed with and approved by the DHS Direct Pay Unit (DPU) before DHS can issue a payment. (See "**What does it mean to be listed and approved?**" on pages 16–17.)
- DHS pays approved providers a portion of the cost of care through the DPU in Salem. This amount is called "the subsidy." The parent pays the copay directly to the provider.
- If there are multiple child care providers, the family must tell DHS the percentage of time each provider cares for the child or children. The amount must add up to 100 percent (e.g., primary provider: 80 percent; secondary provider: 20 percent). This information is necessary to issue billing forms. The percentages will be included on the **Child Care Provider Listing Form**.

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## DHS and the IRS

- **Child care providers are self-employed**

Child care providers are self-employed. That means you are responsible for the children in your care, keeping records and paying taxes on your income. DHS makes child care subsidy payments on behalf of the family.

You must keep records of the children's attendance and all payments you receive from the family and from DHS. For your convenience, a tear-out sample attendance record is available at the back of this guide.

- **Why DHS needs your Social Security number or IRS number**

The Internal Revenue Service (IRS) requires DHS to obtain your Social Security number (SSN) or IRS number to report what we pay you. The name you give DHS must match your name with the IRS. We check your name and number with the IRS. If your name and number are not valid, DHS will not process your listing form.

- **What DHS tells the Internal Revenue Service (IRS)**

DHS keeps track of all payments made to child care providers. We report what we pay you to the IRS. DHS will send you an IRS 1099-MISC statement in January showing how much we paid you during the previous year. It is important to keep your DHS payment receipts for your records. You must report this income for tax purposes. Consult a tax advisor if you need information about how to include this income on your tax forms.

## Unions

Two unions represent child care providers:

- AFSCME Council 75, Child Care Providers Together — represents family providers registered and certified with the Office of Child Care (OCC) of the Oregon Department of Education.
- SEIU Local 503 OPEU — represents home-based providers who receive a DHS subsidy and are exempt from OCC licensing.

**Note: Unions are voluntary to child care providers. If you decide to join a union, dues may be deducted from your DHS payment. Fair share is not required.**

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For more information, you may contact the unions by telephone or visit their websites at:

**AFSCME Council 75**  
*www.oregonafscme.com*

1-800-521-5954  
503-370-2522

**SEIU Local 503**  
*www.seiu503.org*

1-800-452-2146  
503-581-1505

## Licensing with the Office of Child Care (OCC)

### **Should I be licensed?**

Law requires many family child care providers to be licensed with the Office of Child Care (OCC) Early Learning Division of the Oregon Department of Education. You may be required to be licensed even if you don't provide child care for a DHS family.

### **If you provide care in your home**

Law requires you to have an OCC license unless you:

- Provide care in the child's home
- Are related to the children in care by blood, marriage or adoption
- Care for children from only one family at a time, or
- Care for three children or fewer at a time.

Only one of the above exemptions may apply at any one time. ***They cannot be combined.***

### **If you provide care in a facility**

Law requires you to have an OCC license unless you:

- Are operated by a government agency
- Provide a preschool program that operates for less than four hours per day and provides education to children from age 36 months through kindergarden, or
- Care for children fewer than 70 days per year.

**If you meet one of the above exemptions, your facility may not be required to be licensed with OCC. Contact OCC at 1-800-556-6616 for further licensing requirements or to determine if you are exempt from licensing.**

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## What does it mean to be licensed?

To be licensed, you must meet certain requirements and maintain OCC's minimum health and safety standards. There is an application processing fee, but OCC may reduce the fee if your income is below the federal poverty level.

Many licensing requirements are similar to DHS child care provider requirements (see pages 21–25). However, licensing is separate from DHS listing requirements. Licensed providers who do not meet DHS listing requirements will not be eligible to receive DHS payments for child care.

It is your responsibility to comply with the law. If you have questions about OCC licensing, you may contact your local Child Care Resource and Referral office (see local listings on pages 106–108) or call the Office of Child Care at 503-947-1400 (Salem) or 1-800-556-6616 (outside of Salem). You may also access the OCC's website at [www.childcareinoregon.org](http://www.childcareinoregon.org).

## Who will DHS pay?

Families may use any child care provider they choose. However, DHS can only pay providers who meet the listing and provider requirements on pages 21–25 and who are approved by DHS to receive payment for child care.

Also, the provider cannot be:

- A parent or stepparent of the child being cared for
- A parent of the child's brother or sister, including unborn children, if all are living in the same household
- A sibling living in the same household as the child
- On the same Temporary Assistance for Needy Families (TANF) grant as the child
- On the same Employment-Related Day Care (ERDC) case as the child, or
- Younger than age 18.

**Important: DHS can only pay for eligible child care provided on or after the date the provider met the listing requirements and is in approved status.**

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## What can DHS tell you about families?

The law allows DHS to give limited information about families we serve once we have verified with the parent or through the listing process that you are the provider for that family.

We can tell you:

- Which program the family is on
- The family's case number
- The number of authorized hours for child care
- The amount DHS will pay you
- The amount the family must pay you
- The amount of the family's copay
- The reason for any delayed payments from DHS.

If DHS can't verify that you are the provider, have the family call its DHS worker.

## Registration fees for licensed providers with the Office of Child Care

DHS can help eligible families pay for child care registration fees.

Payment for registration or re-enrollment fees may be requested when:

- The fee is required for a child to begin or continue care with an OCC licensed child care provider (RFM, CFM or CNT provider types)
- The fee is separate from tuition or cost of care
- The fee amount has been verified by the provider, and
- The fee is charged to all families in care.

Families can call their local DHS office with questions or to make a payment request.

OCC licensed providers can call the Direct Pay Unit for more information.

## Before you provide care

You should have:

- Completed required trainings. See page 19–20 for more information.
- Completed a **Child Care Provider Listing Form** (see DHS 7494 sample on page 29), or

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- If already an approved provider, received a **DHS Child Care Provider Letter** (see DHS 7494E — sample on page 12), and
  - Be in approved status and have received a billing form (see sample on page 59).

If DHS does not give you one of the above, the family could be responsible to pay for the child care provided.

**Call the Direct Pay Unit (DPU) with any questions.**

You should also ask families for other information you need to know, such as:

- What is the family's address and telephone number?
- Who are two additional emergency contacts? What are their phone numbers?
- Who is allowed to pick up the children?
- What days and hours will the children be in care?
- When will the family pay its share of the bill?
- Will the family use child care for non-DHS activities? How will the family pay for that care?

Parents must:

- Give providers any provider forms they receive from their worker
- Send their income and work schedule information to DHS on time
- Pay their share of the child care bill
- Inform their provider when their eligibility for assistance changes
- Give adequate notice before changing providers, and
- Make separate arrangements to pay for any non-DHS-related child care.

**Note: Before care begins, providers are encouraged to speak to eligible families about:**

- **How much they are charging to provide child care, and**
- **How much advance notice they need when a child leaves their care?**

**You may use the blank Child Care Payment Worksheet 7492W in Section 9 of this guide. This can help you and the parent know how much DHS will cover and how much the parent will pay.**

# DHS child care provider letter (DHS 7494E)



# Oregon

Kate Brown, Governor

## Department of Human Services

Child Care Program



Date: \_\_\_\_\_

{Provider name}

{Street address}

{City/State/ZIP code}

Family's name: \_\_\_\_\_

Case number: \_\_\_\_\_

Estimated co-pay: \_\_\_\_\_

Estimated hours of care: \_\_\_\_\_

Provider number: \_\_\_\_\_

Dear Child Care Provider:

This letter verifies that the Department of Human Services (DHS) will help pay child care for the family named above, beginning \_\_\_\_\_. This replaces the Child Care Provider Listing form for providers already approved by DHS.

You should receive a child care billing form within one week. If you don't, please call the Direct Pay Unit (DPU) at 1-800-699-9074. (503-378-5500 in Salem).

DHS does not usually pay the total child care expense. Most families are required to pay a portion of the bill, known as the co-pay. The amount of the co-pay will be shown on the billing form. In addition, the family is responsible for any difference between the rate you charge and the maximum rate DHS will pay.

To find out what the maximum rate is for your area or to answer other questions you may have about DHS child care programs, please refer to the Child Care Provider Guide. If you don't have the Provider Guide you can request one by calling DPU at the number given above. The Provider Guide and rate information is also available online at <http://www.oregon.gov/DHS/children/Pages/childcare/index.aspx>.

Thank you for providing this very important service.

Sincerely,

{Print your name}

{Your title}

{Phone number}

*"Safety, health and independence for all Oregonians"*  
An Equal Opportunity Employer

DHS 7494E (10/15)

# Section 2. How to become a listed and approved provider for the DHS Child Care Program



## INFORMATION AT A GLANCE

### What does it mean to be listed and approved? ..... 16

To be eligible for child care payment, every child care provider must meet provider requirements and be listed and approved as a DHS provider. Complete a **DHS Child Care Provider Listing Form** and submit it to the Direct Pay Unit (DPU). The requirements are listed on See pages 21–25. Call the DPU at 1-800-699-9074 with questions.

Call your local Resource and Referral office for help with the listing process. See “**Frequently used phone numbers**” on page 2.

### What you need to do to become listed and approved..... 17

The type of child care provider you are determines requirements to become listed and approved as a DHS child care provider. See page 18 for the different provider types and the process to become listed.

### Pre-service training ..... 19

Introduction to Child Care Health and Safety training.

Child care providers not required to be licensed with OCC will need to take this online pre-service training. The provider must complete this training before sending in the listing form for processing.

Find additional information about this training at [www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx](http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx).

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**Additional pre-service trainings ..... 19**

Child care providers not required to be licensed with OCC and not related to a child in care [regulated subsidy (RS) provider] will need to take the following trainings before sending in the listing form for processing:

- Recognizing and Reporting Child Abuse and Neglect (online or in person) [www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx](http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx)
- Pediatric CPR/First Aid Training

**Home/facility visits ..... 20**

RS providers must have a home/facility visit at the site of care before DHS approval.

**Child care provider requirements ..... 21**

For DHS to make the payment directly to you, you agree to meet certain requirements. This includes passing criminal history and Child Protective Services record checks. You must also agree to meet health and safety standards. Providers licensed with the OCC will also need to agree to meet these requirements.

**Lead testing where care is provided..... 25**

For RS providers, all homes or facilities where care is provided must complete testing for lead exposure in water. Lead testing is required for all plumbing fixtures used for drinking, cooking or preparing food or infant formula.

**Reporting changes ..... 26**

Within five days of occurrence, all DHS approved child care providers including OCC licensed providers are required to report changes to the Direct Pay Unit. See pages 26–27 for the list of changes to be reported.

**Provider trainings after approval..... 27**

All providers not required to have OCC licenses must take the DHS orientation training. The provider must take the orientation within 90 days of DHS approval.

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**Regulated subsidy (RS) providers additional trainings ..... 28**

RS providers (license exempt non-relative providers) must take six additional hours in each two-year period as well as an annual Health and Safety training. See page 28 for more information.

**Child Care Provider Listing Form..... 29**

(DHS 7494)

**Background checks..... 30**

The Background Check Unit (BCU) will complete the criminal history and Child Protective Services checks for providers who OCC does not have to license. Household members and frequent visitors must also complete background checks. See pages 30–31 for a list of who must have a background check.

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# HOW TO BECOME A LISTED AND APPROVED PROVIDER FOR THE DHS CHILD CARE PROGRAM

## What does it mean to be listed and approved?

Families choose a provider to care for their children. DHS pays the provider on behalf of the family if the family is eligible for child care assistance. For DHS to make payments directly to you as their provider, you must be listed and approved before you provide care and become eligible for payment. You must agree to meet certain requirements that include passing criminal history and Child Protective Services record checks. You must also agree to meet health and safety standards and pass a health and safety check at the site where care is being provided (see page 20).

The purpose of the listing process is to make sure you meet all DHS provider requirements and health and safety standards. You must complete any required pre-service trainings and the **DHS Child Care Provider Listing Form** (7494). Send the form to the DHS Direct Pay Unit (DPU) right away. DPU will receive and process the listing form and complete background checks if the listing form is complete. You will be eligible to receive billing forms for payment once you are approved as a DHS child care provider.

**Note: The DHS listing process is separate from the Office of Child Care (OCC) licensing process.**

**License exempt providers and providers licensed with OCC will need to complete the DHS listing process.**

## Complete the Child Care Provider Listing Form.

You can get a listing form (DHS 7494) by:

- Asking the family for whom you are providing care

Note: The family gets this form from their DHS benefit and eligibility worker or family coach.

- Printing this form from [www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Pages/Providers.aspx](http://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Pages/Providers.aspx)

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- Contacting the local DHS Self-Sufficiency Office. Office contact information is at [www.oregon.gov/dhs/assistance/pages/localoffices.aspx](http://www.oregon.gov/dhs/assistance/pages/localoffices.aspx) or
  - Contacting your local Child Care Resource and Referral office. Contact information is at <http://triwou.org/projects/ccccrr> or call 1-800-342-6712.

**By signing the Child Care Provider Listing Form, you agree to meet DHS requirements. See pages 21-25 for provider requirements.**

Providers licensed with OCC will also need to agree to meet these requirements.

It is important that you fully complete your listing form. DPU may return an incomplete listing form to you, which delays processing.

Contact DPU at 1-800-699-9074 if you have questions about completing the form. DPU's address is:

**Direct Pay Unit**

P.O. Box 14850  
Salem, OR 97309-0850

You may also fax the form to 503-378-5953.

Please note: At this time, DPU is not able to verify that it has received faxes.

**Note: Delays in DPU receiving this completed form will affect when payment can start. DHS can only pay for eligible child care provided on or after the date the provider is in an approved status.**

## What you need to do to become listed and approved

The type of child care provider you are determines the requirements you must meet to become listed and approved as a DHS child care provider. The following pages explain the process in more detail.

Child care provider type	Child care provider type description	What is needed to become listed
License exempt family provider – related to all children in care <ul style="list-style-type: none"> <li>• Standard family rate (FAM)</li> <li>• Enhanced family rate (QFM)</li> </ul> (See pages 76–78 for more information regarding rates.)	<ul style="list-style-type: none"> <li>• Provider is exempt from licensing with OCC. (See page 8.)</li> <li>• A person is related to all children in care. A relative is a grandparent, great-grandparent, aunt or uncle. It can also mean a sibling not living in the home of the child. Relationships must be established by blood, adoption or marriage. Those relationships established before the child was adopted are included. Relationships established by marriage continue even if a spouse dies.</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-service training: Take the Introduction to Child Care Health and Safety training online. (For more information, see page 19.)</li> <li>• Complete the Child Care Provider Listing Form, send to DPU and pass the DHS background checks.</li> </ul>
License exempt family provider – not related to a child in care* (regulated subsidy provider) <ul style="list-style-type: none"> <li>• Standard family rate (FAM)</li> <li>or</li> <li>• Enhanced family rate (QFM)</li> </ul> (See pages 76–78 for more information regarding rates.) License exempt facility <ul style="list-style-type: none"> <li>• Standard Center rate (NQC)</li> <li>or</li> <li>• Enhanced center rate (QEC)</li> </ul> (See pages 76–78 for more information regarding rates.)	<ul style="list-style-type: none"> <li>• Provider is exempt from licensing with OCC. (See page 8.)</li> <li>• A provider who is not related to a child in care. (See above for definition of relative.)</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-service trainings: Take:               <ul style="list-style-type: none"> <li>» Introduction to Child Care Health and Safety training online;</li> <li>» Recognizing and Reporting Child Abuse and Neglect (online or in person);</li> <li>» Pediatric CPR/First Aid Training (For more information, see pages 19–20.)</li> </ul> </li> <li>• Test all plumbing fixtures used for drinking, cooking or preparing food or infant formula for lead. (For more information, see pages 39–48.)</li> <li>• Complete the Child Care Provider Listing Form and pass the DHS background checks.</li> <li>• Attach lead testing results to the listing form.</li> <li>• Have a home/facility visit (at the site of care).</li> </ul>
License facility <ul style="list-style-type: none"> <li>• Registered family (RFM)</li> <li>• Certified family (CFM)</li> <li>• Certified center (CNT)</li> </ul>	Child care providers and facilities licensed with OCC.	Complete the Child Care Provider Listing Form and meet all OCC and DHS requirements. (For more information, see pages 21–25.)

*\*After approval, if a license-exempt relative provider starts to provide care for a child who is not related, he or she must take the following trainings. You will receive a letter with the training information and will have 90 days from the date of the letter to take the required trainings to remain eligible to continue to receive future child care payments:*

- Recognizing and Reporting Child Abuse and Neglect (online or in person);
- Pediatric CPR/First Aid Training.
- A home visit at the site of care will also be required. For more information, see page 20.

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## Providers exempt from licensing with OCC – relative and non-relative

You are considered related if you are:

- A grandparent
- A great-grandparent
- An aunt
- An uncle (does not include great-aunt and great-uncle)
- A sibling not living in the home of the child.

Relationships must be established by blood, adoption or marriage. Those relationships established before the child was adopted are included. Relationships established by marriage continue even if the marriage ends by death.

### Pre-service training

Take the following required training before submitting the **Child Care Provider Listing Form**.

#### **Introduction to Child Care Health and Safety**

Child care providers need to take the Introduction to Child Care Health and Safety online training.

This training is web-based and accessible on any computer with internet access. Find more information about this training at [www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx](http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx).

#### **Providers exempt from licensing with OCC – non-relative**

In addition to the **Introduction to Child Care Health and Safety** training, you will also need to take:

#### Additional pre-service trainings

- Recognizing and Reporting Child Abuse and Neglect (online or in person) [www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx](http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx)
- Pediatric CPR/First Aid Training

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Providers must take these trainings before submitting the Child Care Provider Listing Form.

If you are unable to take the Pediatric CPR/First Aid class within 15 days before turning in your Child Care Provider Listing Form, you may be eligible for a short-term waiver.

- Contact your local Child Care Resource and Referral (CCR&R) to schedule trainings and for more information about the waiver process. For a list of CCR&R offices, go to <http://triwou.org/projects/ccccrr>, call 1-800-342-6712 or go to pages 106–108.

Strictly online CPR training is not acceptable

### **Facilities exempt from licensing**

**The director, staff members who work with the children in care and individuals who may have unsupervised access to children are required to take the above pre-service trainings.**

## Home/facility visits

License exempt providers who are not related to all children in care are also known as regulated subsidy providers (RS providers).

- RS providers must have a home/facility visit at the site of care before they are approved as DHS providers. This also includes care provided in the child's home.
- After DHS has reviewed your provider listing form and confirmed that all trainings are complete, an OCC staff person will contact you to schedule a visit at the site where child care will occur.
- An OCC staff person conducts the visits. The staff person will check that the home or facility meets all required DHS and Early Learning Division **health and safety requirements**. They also will talk with you about concerns or questions you have and share resources or training material.
- Visits occur yearly and at the two-year re-evaluation for approved RS providers.
- You may review the OCC's Health and Safety Checklist at <https://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Documents/Regulated-Subsidy-Checklist-RS-404.pdf>.

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## Child care provider requirements

By completing and signing the Child Care Provider Listing Form, you agree to meet DHS requirements and health and safety standards listed below. Providers licensed with OCC will also need to agree to meet these requirements.

For basic requirements, the provider must:

- Be licensed with the Office of Child Care (OCC) if required by law (**call OCC at 1-800-556-6616 for more information**)
- Be age 18 or older and understand you are legally responsible for the **Child Care Provider Listing Form's** accuracy and must repay any payment made in error
- Be the person or facility providing care to the children
- Be competent and have sound judgement and self-control when working with children
- Be mentally, physically and emotionally capable of performing duties related to children in care
- Not be the parent/stepparent of any child in care (including unborn children)
- Not be on the same TANF or ERDC case of any child in care
- Not be a sibling living in the same household as the child
- Not hold a medical marijuana card or distribute, grow or use marijuana (including medical marijuana) or any controlled substance (except lawfully prescribed and over-the-counter medications)
- Provide healthy, safe and dependable child care
- Keep billing records and daily attendance records for at least one year.  
Note: Attendance records will need to show the check-in and check-out times each day for each child in care with the times recorded as the child care children arrive and depart
- Allow DHS to review billing records and attendance records when requested.  
Note: An overpayment will occur when a provider does not submit attendance records upon request to verify billing hours
- Treat DHS families the same as other families for whom you provide care, including charging DHS families the same rate (or less) than you normally charge non-DHS families

- 
- Agree to complete the DHS Child Care Orientation class within 90 days of DHS approval if you are:
    - » Not required to be licensed with OCC
    - » A new provider or
    - » Are relisting after a break of one year or more
  - Pass a background check (this includes the provider and all other persons required to be on the listing form — see pages 30–32)
  - Allow DHS to visit the site of care during the hours you provide child care. (For more information, see page 88, "**Announced provider specialist visits.**")
  - Cooperate with any investigation and allow DHS to inspect the site of care during the hours you provide child care
  - Obtain written approval from your DHS foster care certifier allowing you to provide child care if you are also a certified foster parent (DHS also accepts written approval from the foster care certifier's supervisor)
  - Upon DHS staff request, provide proof that you meet the DHS requirements
  - Complete and submit a new listing form every two years or sooner at the request of DHS
  - Fill out **Child Care Billing Forms** completely and accurately and return them promptly.

In the area of health and safety, the provider must ensure the home or facility where care is provided meets all of the following standards:

- All floor levels used by children have two usable exits to the outdoors (a sliding door or window that you can use to evacuate children can be a usable exit). If child care occurs on the second floor, the provider has a written plan for evacuating occupants in an emergency.
- The home or facility has water that is safe to drink. (See pages 39–48 for more information.)
- The home or facility has a working smoke detector on each floor and in any areas where children nap.
- The building, grounds, toys, equipment and furniture are maintained in a clean, sanitary and hazard-free condition.
- The home or facility has a working land line or cell phone.

- Fireplaces, space heaters, electrical outlets, wood stoves, stairways, pools, ponds and other hazards have barriers to protect children. Any gate or barrier may not pose a risk or hazard to any child in care.
- Firearms, ammunition and other items that may be dangerous to children are in a locked place out of a child's reach. These items include but are not limited to alcohol, inhalants, tobacco and e-cigarette products, matches and lighters, any legally prescribed or over-the-counter medicine, cleaning supplies, paint, plastic bags, and poisonous and toxic materials.

### **Additional health and safety standards**

- No one may smoke or carry any lighted smoking instrument, including e-cigarettes and vaporizers:
  - » In the home or facility during child care operational hours or any time child care children are present, and
  - » In motor vehicles when child care children are passengers.
- No one **under the influence** of alcohol, controlled substances (except legally prescribed and over-the-counter medications) or marijuana (including medical marijuana) may be on the **premises** during child care operational hours or any time child care children are present.

#### **Definition of “under the influence”**

Under the influence means observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the individual has used alcohol, any controlled substances (except lawfully prescribed and over-the-counter medications), marijuana (including medical marijuana) or inhalants that impair their performance of essential job functions or create a direct threat to child care children or others. Examples of abnormal behaviors include, but are not limited to, hallucinations, paranoia or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to, slurred speech as well as difficulty walking or performing job activities.

#### **Definition of "premises"**

Premises means the home or facility structure and grounds, including indoors and outdoors and space not directly used for child care.

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- No one may consume alcohol or use controlled substances (except legally prescribed and over-the-counter medications) or marijuana (including medical marijuana) on the premises during child care operational hours or any time child care children are present.
  - The following may not be on the premises during child care operational hours or any time child care children are present: controlled substances (except lawfully prescribed and over-the-counter medications), marijuana (including medical marijuana, marijuana edibles and other products containing marijuana), marijuana plants, derivatives and associated paraphernalia.
  - You do not conduct child care in a halfway house, hotel, motel, shelter or other temporary housing such as a tent, trailer or motor home unless you are a licensed care provider approved to give care in a hotel, motel or shelter.
  - You do not conduct child care in a structure designed to be transportable and is not attached to the ground, to another structure or to any utilities on the same premises.

Child care providers:

- Must supervise children in care at all times. **At all times the provider must be:**
  - » Within sight or sound of all children
  - » Aware of what each child is doing
  - » Near enough to children to respond when needed
  - » Physically present when kindergarten-age or younger children are playing outside, unless a fully fenced and hazard free play area exists.
- Cannot be under the influence (applies to child care providers and any person supervising, transporting, preparing meals or otherwise working in the proximity of child care children and those completing daily attendance and billing records)
- Prevent people who may harm children from gaining access to children in care, including anyone under the influence
- Report suspected child abuse to a DHS Child Protective Services office (Child Welfare) or a law enforcement agency
- Review immunization schedule with parents and keep immunization records or non-medical, medical exemption form on file and up to date
- Take steps to prevent the spread of infectious diseases

- 
- Allow custodial parents to have immediate access at all times to their children who are in care
  - Comply with state and federal laws related to child safety systems and seat belts in vehicles, bicycle safety and crib standards under 16 CFR 1219 and 1220
  - Place infants to sleep on their backs.

**In the area of billing and record keeping, providers must:**

- Give DHS their correct, valid SSN or IRS number
- Bill for care they actually provided
- Not bill a DHS family for the provider's obligations (e.g., providers must not bill a DHS family for any amount DHS collects from the provider to recover an overpayment, or for any amount DHS pays to a creditor of the provider due to a lien, garnishment or other legal process), and
- Not be an authorized representative or alternate payee on any family's child care case. This would be a conflict of interest.

## Lead testing where care is provided

For RS providers all homes or facilities where care is provided must complete testing for lead exposure in water. Lead testing is required for all plumbing fixtures used for drinking, cooking or preparing food or infant formula. This requirement protects children from exposure to lead in water. If care is provided in the child's home, water does not need to be tested for lead.

The OCC is working closely with providers to help implement these new requirements. The OCC is also working with local water bureaus and testing labs to help make the process as simple as possible for providers. For more information regarding this requirement, contact OCC at 503-947-5908.

The OCC will reimburse you for lead testing. The reimbursement form can be found at <https://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Pages/Providers.aspx>

You may attach the lead result with your DHS Provider Listing Form.

See pages 39–48 for more information.

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## Reporting changes

Within five days of occurrence, all DHS approved child care providers including OCC licensed providers are required to report the following changes to the Direct Pay Unit:

- Child care providers are required to report **any** contact or involvement with Child Protective Services (Child Welfare) or any other agencies providing child or adult protective services, as well as any arrests, indictments or convictions, for the following individuals:
  - » You (child care provider)
  - » Any person living with you age 16 and older
  - » Each person who visits the home of the provider during the hours care is provided and may have unsupervised access to a child in care
  - » Each person supervising a child in the provider's absence
  - » The site director of an exempt child care facility and anyone who works in the facility who has access to the children in care, including employees, substitute caregivers, staff and volunteers, and
  - » Any other person required to be on the listing form.
- Any change to the provider's name, phone number or address including any location where care is provided
- Any new person (age 16 and older) in the home or facility, including visitors to the home or facility during the hours care is provided who may have unsupervised access to the children in care
- When a person in the home or facility turns 16 years of age
- If the provider is now licensed with the OCC
- If the provider no longer meets DHS provider requirements including health and safety requirements
- If the provider is now a home care worker for any DHS Aging and People with Disabilities programs or personal support worker through any Intellectual and Developmental Disability (IDD) or Oregon Health Authority (OHA) Behavioral Health Services program
- If the provider is a home care worker or personal support worker, any changes that occur with the type of care the provider gives or if clients have been added to the provider's care.

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**Important! Providers may be failed or suspended if they do not meet the above requirements. Suspended providers will not be eligible for child care payment for six months. (See pages 89–91 for more information.)**

**Note: If your license has expired or you close, you will need to complete a Child Care Provider Listing Form to continue to receive child care payments.**

## Provider trainings after approval

All providers not required to be OCC-licensed must take the DHS Orientation training to continue to receive DHS payments. You must take the Orientation within 90 days of the date DHS approves you as a provider.

The Orientation contains important information on:

- The payment process
- Program rules
- Child care provider rights and responsibilities
- Enhanced rate training options
- Food program resources through the U.S. Department of Agriculture and
- Other resources and reimbursements available through public and private sources.

**Important: Once you receive DHS approval, you will receive a letter with the phone number to the Central Coordination of Child Care Resource and Referral office to register for the Orientation training.**

**If you do not take this required training within 90 days of DHS approval, you cannot continue to receive payment for child care. If this happens, you may be required to complete a new Child Care Provider Listing Form after you take the Orientation training.**

## Regulated subsidy (RS) providers additional trainings

RS providers (license exempt non-relative providers) must take six additional hours in each two-year period. Trainings include:

- Two hours in Human Growth and Development
- Two hours in Understanding and Guiding Behavior
- Two hours in a core knowledge category of the provider/staff's choice  
License exempt facility staff must also take these trainings.
- Annual Health and Safety training

As of Oct. 1, 2019, RS providers will need to take a Health and Safety training recognized by the Oregon Center for Career Development in Childhood Care and Education (OCCD). Providers need to take a Health and Safety training each year. Go to [www.pdx.edu/occd](http://www.pdx.edu/occd) to take a Health and Safety training.

A **Child Care Provider Listing Form** (DHS 7494) is available on the DHS website at [www.oregon.gov/dhs/assistance/child-care/pages/providers.aspx](http://www.oregon.gov/dhs/assistance/child-care/pages/providers.aspx).





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## Background checks

To be eligible for payment from DHS, providers and other people in the household or facility who may have access to the children in care will need to pass a background check. The DHS Background Check Unit checks providers who do not have an Office of Child Care (OCC) license. Background checks include Federal Bureau of Investigation (FBI) fingerprints, a criminal history check and a Child Protective Services (CPS) history check.

### **Who must be included on the Child Care Provider Listing Form (DHS 7494)?**

For child care homes, people required to have a background check and to be on the listing form are:

- The provider (not licensed with OCC)
- Household members 16 years of age and older who live in the house where care is provided
- Parent of the child the provider is providing care for if the provider and the parent live together
- Visitors (16 years of age and older) to the home during child care if they may have unsupervised access to the children in care. A visitor is likely to have an opportunity for unsupervised access to children in care when the provider needs to visit another area of the home (bathroom, kitchen or other areas where children nap).
- Substitute or back-up caregivers.

**Note: The parent of the children in care must also be on the listing form if the parent lives with the provider.**

Providers in non-licensed child care facilities must include on the **Child Care Provider Listing Form** (DHS 7494):

- The name of the site director, and
- Everyone who works in the facility who will have access to the children in care. This includes employees, substitute caregivers, staff and volunteers who may have access to children in care.

Providers and other people in the household or facility required to fill out the listing form must complete and sign the authorization signature box for a records check.

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They must provide information about any state, other than Oregon, they have lived in during the past five years. Everyone required to be on the listing form must fully disclose all arrests and/or convictions of misdemeanors or felonies. They must also fully disclose any contact with Child Protective Services (Child Welfare) and Adult Protective Services in any state.\*

“Fully disclose” means providing dates, locations and details about **all** criminal or abuse incidents. Individuals with criminal or abuse history are also encouraged to provide information about what has changed in their life since the incident. This may include (but is not limited to) proof of classes or treatment completed, work or education history, and what they have learned from these incidents.

### **What does the background check process involve?**

The background check will include:

- An Oregon criminal records check
- A fingerprint-based national criminal records check through the FBI
- An Oregon abuse history check
- An abuse history check for all states where the listed individual lived in the last five years
- Required additional sex offender registry and criminal interstate checks of persons who have lived in the state for less than five years.

Anyone who provides misleading, false or incomplete information may cause the provider to be ineligible for DHS payment. Those who could cause ineligibility include the provider, household members (including the child’s parent if he or she lives with the provider), frequent visitors or employees, or volunteers in a facility.

If it is found that any of these individuals have not disclosed information or provided misleading information and the provider is already in an approved child provider status, the provider may have to repay any DHS payments received. The provider may also be subject to legal action.

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\* Beginning early spring of 2020, providers and other people in the household or facility required to have a background check will no longer have to disclose on the listing form out-of-state residency and any criminal arrest and/or convictions, involvement in Child Protective Services (Child Welfare) or any other agencies providing child or adult protective services at any time. Each person required to have a background check will fill out the listing form with their contact information such as phone number, address and email address. A notification of login information for the background check disclosure website will be sent to each person to log into the disclosure website.

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To find a copy of the rules about background checks, including all potentially disqualifying convictions and conditions, go to the Criminal History Check rules website at <http://www.oregon.gov/DHS/BUSINESS-SERVICES/CHC/Pages/Policy-Rules.aspx>. Select DHS and OHA provider rules.

## **General fingerprint information**

As part of the background check, the provider and everyone on the listing form must submit fingerprints.

Once the Background Check Unit (BCU) has received a listing form, the provider will receive a letter showing who needs to submit prints and specific instructions including access codes and mailing address. It is important to submit prints by BCU's due date. If the BCU does not receive fingerprints by the due date, the provider will be placed in a failed status. "Failed status" means the provider is not eligible for payment until they re-apply, and DHS approves them.

There are two methods to submit fingerprints — electronic capture or fingerprint card. DHS recommends electronic capture for speed of results.

## **Specific information regarding electronic capture using Fieldprint**

- To use Fieldprint, a provider will need the following:
  - » Access to a computer and email, and
  - » Two pieces of identification, one of which must be a government-issued photo ID, for everyone who requires fingerprints. School ID cards do not meet this requirement. Both IDs must match the name used when the provider makes an appointment.
- All persons who need to submit fingerprints will need to make their own Fieldprint appointment.
- The letter providers receive from BCU will give them a Fieldprint access code. Each person will use this code as part of the process of making a fingerprint appointment.
- Once the provider has completed the electronic capture at the Fieldprint office, the rest of the fingerprint process is automatic. The provider will not need to send any information to BCU.

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## Specific information about sending fingerprint cards

- Those who do not have a Fieldprint office in their area or do not have any of the required information needed to make an appointment may go to a local police department or sheriff's office that provides public fingerprinting as a service. It is best to call the office in advance. Not all offices provide this service, or they only provide it on certain days. The provider will receive a physical fingerprint card with their fingerprints on it. They will need to mail this card to the address provided in the fingerprint letter from BCU.
- Some police stations can electronically submit fingerprints. Those wishing to use this method should contact BCU before submitting the fingerprints to get the specific codes to include with the submission.

**Note: Fingerprint results can only be used by the program area and for the specific originally requested background check. This means even if fingerprints were previously done or done for another program area, new fingerprints will need to be provided for the current background check.**

## Requests to other states

If an individual on the listing form has lived in a state other than Oregon in the past five years, BCU will check that individual's Child Protective Service (CPS) history in that state(s). Most states have a specific form that must be filled out to request such a check. There will also be a search of the criminal repository within that state. There may be a separate form the individual must fill out to request the criminal repository check.

BCU will send the provider a letter if the individual must fill out any of these forms. This letter will include the forms and specific instructions on how to fill them out. Please read these instructions carefully. Any other specific requirements will be listed in the letter.

Once the forms are complete, immediately return them to the BCU. Contact information will be in the letter.

**Note: Providers should always return the forms to BCU. They should not send the forms directly to the state where they have lived.**

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If the provider does not return the completed forms to BCU after receiving a letter requesting forms for a CPS or criminal repository check in another state, the provider will be placed in a failed status and be ineligible to receive DHS payment.

### **What happens when the background check is complete?**

- **Approval**

BCU will notify the Direct Pay Unit (DPU) of the approval. If all other requirements for DHS approval are complete, DPU will place the provider in an approved status. The provider will receive an approval letter. If DHS has approved them to provide care and the family is eligible for the program, the provider will receive a **Child Care Billing Form** to start the payment process. If the **Child Care Provider Listing Form** was a pre-listing and the family the provider is giving care for is eligible to receive subsidy benefits, the parents will need to contact their worker or call DPU to have a billing form issued.

**Note: The approval date is the earliest date DHS may begin payments for eligible children in care.**

- Once approved, the provider must report changes to DPU at 1-800-699-9074 or send an email to [dpu.providerreport@state.or.us](mailto:dpu.providerreport@state.or.us) (see pages 91–93, “**Reporting changes**”). Remember, the provider must report changes within five days.

**Note: If a provider does not receive a billing form, they should have the parent they are providing care for contact DPU or the parent’s DHS worker.**

The Background Check Unit (BCU) will send a notice if the provider or anyone on the listing form is failed, denied or has a mandatory exclusion. The notice will tell if the provider has been:

- **Failed**

Based on the information provided, it is not possible to complete the background check at this time. This may be due to missing or inaccurate information about the provider or someone on the listing form.

Some examples of common reasons a provider may be failed:

- » Not submitting the provider’s fingerprints or fingerprints for someone on the listing form

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- » Not responding to a request for more information
  - » DHS records indicating someone who lives in the provider's home was not on the listing form
  - » Someone on the listing form not fully disclosing criminal history or involvement with an abuse investigation
  - » Someone else on the listing form being denied or having a mandatory exclusion. See pages 35–37 for more information.

**Note: A provider is not eligible for payment unless everyone on the listing form passes the background check.**

If the provider receives a fail notice, they are not eligible for child care payment. The provider may re-apply and, if approved, be eligible for payment.

If the provider chooses to re-apply, they will need to submit a new **Child Care Provider Listing Form** with all required information.

- **Denied**

Based on the background check, the provider has been denied. They are not eligible to receive DHS payment for providing care. This denial is due to the nature of the criminal history, history with Child Protective Services or history with Adult Protective Services. The provider may request a hearing if they disagree with this decision.

The provider may not re-apply with DHS to be a child care provider for 180 days from the date on the denial notice.

If DHS denies the listing, the family will receive a notice that the provider cannot be DHS-listed and approved for payment. The family must find another provider to continue to receive child care help through DHS.

- **Denied household member, staff member, volunteer or visitor**

DHS failed the listing based on the background check of an individual on the listing form. This denial is due to one or more of the individuals on the listing form's criminal history, history with Child Protective Services or history with Adult Protective Services. The individual will receive a Denial Notice that shows the specific history used to make the background check decision. When this occurs, the provider will be in a failed status and will not be eligible to receive child care payments.

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If the denied individual is someone other than the provider, the provider can re-apply only if:

- » The location where care is provided changes, or
- » The individual whose background check resulted in a denial is no longer living in, working or volunteering in, or visiting that location, or
- » There has been a significant change in the history used to deny the individual.

The denied individual may request a hearing if that person disagrees with this decision.

- **Mandatory exclusion**

A conviction for certain crimes by anyone required to be on the listing form makes that person ineligible to be a child care provider or live or work in a location where child care is provided.

The individual with the mandatory exclusion will receive a Notice of Mandatory Exclusion that will show the specific crime(s) used to determine the exclusion.

An individual found to have a mandatory exclusion crime has only limited hearing rights. An individual may only appeal the accuracy and completeness of the record DHS used to determine the mandatory exclusion.

If the excluded individual is someone other than the provider, the provider can re-apply only if:

- » The location where care is provided changes, or
- » The individual whose background check resulted in a mandatory exclusion is no longer living in, working or volunteering in, or visiting that location.

The list of mandatory exclusion crimes includes:

- » Registered sex offender
- » Felony conviction for:
  - Murder
  - Child abuse or neglect
  - A crime against children (including child pornography)
  - Spousal abuse
  - A crime involving rape or sexual assault

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- Kidnapping
  - Arson, or
  - Physical assault or battery.
- » A felony drug-related offense during the past five years
- » Violent misdemeanor by an adult against a child that includes but is not limited to:
- Child abuse
  - Child endangerment
  - Sexual assault and
  - Pornography.

**Note: The provider is ineligible to receive payment if anyone required on the listing form has been denied or has a mandatory exclusion.**

### **If I am denied, how do I request a hearing?**

To request a hearing, providers must send a hearing request to:

**DHS Background Check Unit (BCU)  
P.O. Box 14870  
Salem, OR 97309**

You can get a **Hearing Request Administrative Review and Contested Case Hearing for Providers** (MSC 0299) form:

- From your nearest DHS office or
- On the Child Care Program website at [www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx](http://www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx).

**Important: Providers are not eligible for payment while they or someone on the listing form is waiting for the hearing decision. If the hearing result determines the provider is eligible for payment, DHS cannot pay for the time the provider was in a denied status.**

# Section 3. Lead testing



## INFORMATION AT A GLANCE

Lead testing where care is provided..... 39

Effective April 2018, regulated subsidy providers will need to have water tested for lead in the homes or facilities where care is provided. Lead testing is required for all plumbing fixtures used for drinking, cooking or preparing food or infant formula. This requirement protects children from exposure to lead in water.

Correcting a high lead level..... 40

For more information, see pages 40–41

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List of labs to use for lead testing ..... 48

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## Lead testing where care is provided

The harmful effect of lead exposure on child development, especially for the youngest children, is well-known and well-documented.

Effective April 2018, regulated subsidy providers will need to have water tested for lead in homes or facilities where care is provided. Lead testing is required for all plumbing fixtures used for drinking, cooking or preparing food or infant formula. This requirement protects children from exposure to lead in water.

Lead testing is not needed if the provider goes into the home of the child.

Lead testing will be required every six years or upon request. You will receive a notice when new testing is required.

The OCC is working closely with providers to help implement these new requirements. The OCC is also working with local water bureaus and testing labs to help make the process as simple as possible for providers. **For more information about this requirement, contact OCC at 503-947-5908.**

### **The OCC will reimburse you for lead testing.**

Find the reimbursement format at <https://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Pages/Providers.aspx>.

New requirements include:

- **Testing-for lead**
  - » Collect samples from each fixture used for drinking, cooking or preparing food or infant formula using the laboratory instructions for water collection.
  - » Submit the sample using an accredited Oregon Environmental Laboratory Accreditation Program (ORELAP) drinking water laboratory. Find a list of accredited labs at <https://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Documents/Lead-Testing-Packet-EN.pdf>.
  - » Attach the lead testing result received from the lab to the Child Care Provider Listing Form. (DPU will forward to the Early Learning Division Office of Child Care.)
  - » Notify parents or guardians of the test results within one business day of receiving the results from the lab.
  - » Stop using water immediately if lead levels are equal to or above 15 parts per billion. Follow the guidelines in the following "Correcting a high lead level" section.

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**Note: Providers must also reduce children’s exposure to lead regardless of results by running faucets 30 seconds to two minutes before using water for drinking, cooking or preparing formula.**

## Correcting a high lead level

If the test result shows a lead level that is at or higher than 15 parts per billion (ppb), the provider must:

1. Immediately prevent children from using or consuming the water by removing access to the faucet and supplying bottled water for drinking, cooking and preparing infant formula.
2. Submit a plan of action to the Office of Child Care to address the lead levels in the faucets or fixtures testing at or higher than 15 parts per billion. The plan must be consistent with the “U.S. Environmental Protection Agency 3Ts for Reducing Lead in Drinking Water in Schools.” You may also submit the plan of action to your Child Care Provider Listing Form.
3. Retest the water after making changes or continue to use bottled water only.

**Note: Providers will need to pass the lead testing or submit a corrective action plan to continue to receive child care payments as DHS child care providers.**

## What are the 3Ts?

The 3Ts is an outreach program launched by the Environmental Protection Agency in response to public concern over health risks posed by elevated lead levels in schools’ and child care facilities’ drinking water across the country. Simply put, the 3Ts are training, testing and telling.

- **Training** – focuses on alerting child care and other early learning providers of the risks of lead poisoning and the ways to mitigate those risks.
- **Testing** – underscores the importance of monitoring lead levels in child care facility drinking water. The 3Ts tell how to collect samples and how to identify and respond to any existing problems.
- **Telling** – emphasizes the need to communicate with parents and the public regarding testing protocol, reporting results and remediation strategies taken.

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## Communicating

Child care providers must notify parents and guardians of the test results within one business day of receiving the results. They must post them in a visible place in the facility or home. The Office of Child Care will also post the results of each home or facility on its website.

## Testing for lead in drinking water in child care facilities and correcting problems

Use this guidance to help you identify what plumbing fixtures to test, how to find a certified ORELAP drinking water lab to perform the analysis, and what appropriate follow-up action to take.

## Sampling procedures

### Before you begin sampling

1. **Identify the fixtures you need to test:** You will have to collect a water sample from **each water fixture used for drinking, cooking or preparing food or infant formula**. Make a list and give each fixture a unique name (e.g., kitchen tap, infant area sink, etc.). Keep this list so you can match the results you get from the lab to the fixture you tested. If you have several fixtures and it is difficult to sample all of them at once, take these samples on different days. Follow this sampling procedure each time you collect a sample.

#### **Contact an accredited drinking water laboratory to test your sample.**

The Oregon Health Authority administers the Oregon Environmental Laboratory Accreditation Program (ORELAP). There is a list of all labs accredited to analyze for lead in drinking water samples (see <https://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Documents/Lead-Testing-Packet-EN.pdf>).

2. Call the lab, tell them you need to test for lead in water according to the 3Ts method and how many water fixtures you will be testing, and plan to get the bottles you will need (labs usually supply these). **Samples must be collected in a 250ml bottle.**

### Collecting your samples

You'll collect a "first-draw" sample, which means the **water must sit in the plumbing system for at least 8 hours, but not more than 18 hours**. It is easiest to collect these samples first thing in the morning. If your facility is closed on weekends, do not sample on Mondays.

- Do not remove the aerator from the fixture at any time during the initial sampling process.
- Only sample cold water.
- Collect the first water from the faucet without overflowing the sample bottle.

### **Helpful hints**

If you rent your facility, notify the building owner of your testing plans, ask for help, and provide the owner a copy of the test results. Encourage your landlord to participate in this testing process and take corrective actions if lead problems are found.

Child care providers can learn about lead exposure through resources listed on this webpage: <https://oregonearlylearning.com/lead-poisoning-prevention/>. There are many steps providers can take to prevent lead exposure, such as running their water at least 30 seconds before drinking and cooking and using only cold water. Boiling water does not remove lead.

### **Where can I get more information?**

The Office of Child Care has posted information about protecting children from lead exposure on its website: <https://oregonearlylearning.com/lead-poisoning-prevention/>.

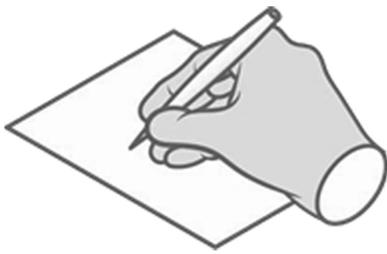
### **How to take “first draw” or “initial” samples.**



Place the sample bottle under the fixture and open the cold water tap to a normal flow.

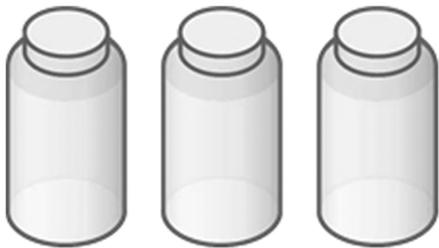


Fill the sample bottle to the shoulder or the line marked “250 ml,” leaving a little bit of room at the top of the bottle. Close the cap tightly.



Fill out the accredited ORELAP drinking water lab form and bottle label (if applicable) according to the lab instructions. Some important information to capture is:

- *Name of your facility, contact and billing information*
- *Collection date and time*
- *Name of person collecting the sample*
- *Type of sample (these are “first-draw” samples)*
  - *Fixture name (kitchen tap, infant area sink, etc.)*



Repeat this process for each fixture used for drinking, cooking or preparing infant formula and submit the samples to the lab for analysis.

## **What to do if your results are greater than the action level for child care facilities**

When you get your results from the lab, review them to see if any of the fixtures had a result at or above 15 parts per billion (ppb) for lead (0.015 mg/L). If any of your fixtures exceed these levels, you should take the following steps:

- **Immediately stop serving water from the fixtures that exceed the**

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**action level.** Start using bottled or packaged water, or lead filtered water for drinking, cooking and preparing food or infant formula. You may also use water from a faucet that has recently tested below the action level. If you are not able to provide bottled or packaged water to meet the needs of your facility, you must close until you can meet the needs with bottled or packaged water. Water from these fixtures with results at or above 15 parts per billion can still be used for household uses (washing dishes, clothes, housekeeping, etc.).

- **Determine your corrective action plan and submit** to the Office of Child Care within 60 days. The corrective action plan should include follow-up sampling and remediation actions outlined in the EPA 3Ts for Reducing Lead in Drinking Water in Schools. The Office of Child Care is currently developing resources to help providers create their corrective action plan. These resources will be available on the website and by request.
- **Notify all parents and guardians of the test results.** It is important that you communicate with parents and staff regarding your test results and what actions you are taking. The rules require that you notify parents and guardians of the test result within one business day and post the results in a visible place. The EPA 3 Ts for Reducing Lead in Drinking Water in Child Care Facilities Section III has good information on communication and is a resource to help you determine how to communicate with your parents and staff.
- **Take “flushed” samples.** Flushed samples are designed to show whether there is lead in the first-draw sample in plumbing behind the wall leading to the fixture that may be contributing to the lead in the first-draw sample. Follow these steps to collect follow-up samples:
  - » Make sure water sits in the plumbing for at **least eight hours without use**, but not more than 18 hours.
  - » **Do not remove the aerator** from the fixture any time during the sampling process.
  - » **Only sample cold water.** Make sure that cold water is the last water to go through the fixture before it sits overnight.
  - » **Allow the water to run for 30 seconds, and then fill the 250 ml bottle.**

You must continue to provide packaged, filtered or bottled water until the fixtures

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are tested again and are below the EPA action levels for lead. You must resubmit test results after corrective action.

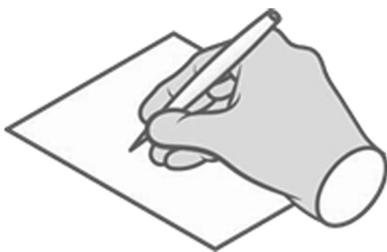


### **How to take “flushed” samples**

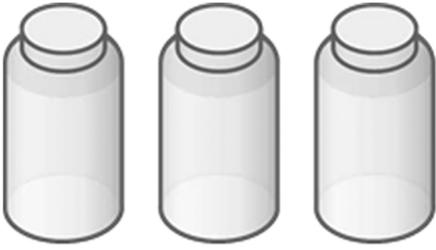
**First thing in the morning**, open the cold water tap to a normal flow and allow the water to run for 30 seconds.



**After 30 seconds**, while the water is flowing, place the sample bottle under the fixture and fill the sample bottle to the shoulder or the line marked “250 mL.” Close the cap tightly.



**Fill out the lab form and bottle label** (if applicable). Make sure you capture the same information on the lab slip (name, sample date, etc.) you captured before, and **note that these are “flush samples.”**



**Repeat this process for each fixture where the first draw sample exceeded the lead action level and submit the samples to the lab for analysis.**



---

## Correcting lead problems

If your initial lead testing sample results are equal to or greater than 15 parts per billion (ppb), you must immediately stop using the faucet or fixture for drinking, cooking or preparing infant formula. Take one of the following actions:

### Scenario 1

Step	Action	Result	Action
1	Re-test with “flush test.”	“Flushed sample” results show less than 15 ppb.	Replace the faucet.
2	Re-test using “first draw” sample from new faucet.	Result is less than 15 ppb.	<b>No further action is required.</b>

If the results from Scenario 1 are equal to or greater than 15 ppb, you must use bottled water or use water from a faucet testing below 15 ppb.

or

### Scenario 2

Step	Action	Result	Action
1	Re-test with “flush test.”	“Flushed sample” results show less than 15 ppb.	Install approved lead filter.
2	Keep a record of filter replacement.		<b>No further action is required.</b>

If a provider replaces any faucets or fixtures at any time, the provider must notify the Office of Child Care. The provider must sample the water from these faucets and fixtures and provide the test results to the Office of Child Care within 10 days of receiving the results. The provider may not allow access to the replaced faucet or fixture until the Office of Child Care approves access.

Contact the Office of Child Care Lead Line 503-947-5908 to talk about the results and options.

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## List of labs to use for lead testing

For a list of labels to use for lead testing, go to <https://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Documents/Lead-Testing-Packet-EN.pdf>.

# Section 4. Preventing disease: the provider's role



## INFORMATION AT A GLANCE

### Preventing the spread of infectious disease ..... 50

You have an important job as a child care provider. Germs and viruses can spread easily among groups of children. You can help prevent illness in your child care setting by taking precautions.

### Required immunizations for children in care ..... 52

Oregon state law requires children attending an Oregon school, preschool, Head Start program or a child care facility to be immunized or in the process of completing their immunization schedule or have a non-medical, medical exemption form on file and up to date. Childhood immunizations start at birth and continue through adolescence.

For the immunization schedule, go to <https://www.cdc.gov/vaccines/schedules/>.

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## PREVENTING DISEASE: THE PROVIDER'S ROLE

### Preventing the spread of infectious disease

You have an important job as a child care provider. Germs and viruses can spread easily among groups of children. You can help prevent illness in your child care setting by taking the following precautions. For booklets, videos and more information, contact your local health department or Central Coordination of Child Care Resource and Referral (CCR&R).

#### **Exclude children from child care who are obviously ill.**

The Oregon Public Health Division's rules (OAR 333-019-0010) require a child care facility to exclude a child with a "child care-restrictable disease" from the facility if the disease is communicable.

Examples of child care-restrictable diseases include but are not limited to chickenpox, giardiasis, meningitis, mumps, measles, tuberculosis, head lice and scabies.

In addition, the Oregon Public Health Division strongly recommends that children with uncontrollable diarrhea, vomiting, purulent conjunctivitis (discharge from the eyes), fever (oral temperature over 101 degrees F), and/or impetigo (a contagious skin infection) be excluded from the facility as long as symptoms last.

More information is available from the county health department. (See telephone book or look online for local phone numbers.)

#### **Frequently wash your hands and children's hands.**

Washing your hands is the most important thing you can do to prevent germs from spreading. Always wash your hands with warm, soapy water, and dry them with a paper towel instead of a cloth towel. Encourage the children in your care to do the same and help them do it right.

Remember to wash your hands:

- After changing a diaper
- Before handling food
- Before feeding an infant or toddler

- 
- After wiping a nose
  - After handling pets.

### **Clean up body fluid spills**

Immediately clean up spills of body fluids or products — including blood, feces, nasal and eye discharges, saliva, urine and vomit. Wear gloves unless you can easily contain the fluid using tissue or cloth to clean it up. Be careful that none of the body fluid or products you are cleaning get into your eyes, nose, mouth or any open sores you may have.

Clean and disinfect any surfaces, such as counter tops and floors, where body fluids have spilled. Discard contaminated material in a securely sealed plastic bag. You should do the following to mops used to clean up body fluids: Clean the mops, rinse them with a disinfecting solution, wring them out as dry as possible and hang them to totally dry. Be sure to wash your hands completely.

### **Disinfect surfaces with a bleach solution every day**

A generic recipe to mix bleach solutions to disinfect and sanitize is no longer recommended. This is due to recent changes to the concentration of bleach, changes to testing protocols for EPA bleach registration and the variety of products on the market. If the product requires mixing, follow the label instructions and prepare solutions daily.

Germs can spread on any surface. Use a bleach solution to safely disinfect shared toys, counter tops, toilet seats, door knobs and sinks. Make the bleach solution daily and keep it handy in a spray bottle. Be sure to disinfect the following surfaces with bleach solution:

- Hard-surfaced toys
- Diapering surfaces
- Toilet seats
- Faucets and sinks.

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## Required immunizations for children in care

Oregon state law requires children attending an Oregon school, preschool, Head Start program or a child care facility to be immunized or in the process of completing their immunization schedule. Childhood immunizations start at birth and continue through adolescence.

Children that miss a vaccination do not have to start the schedule over; they just need to catch up. Check with your doctor or health department for the recommended schedule for older children who are behind on their shots or who have never been immunized.

Have on file a completed, up-to-date Oregon shot record, called the **Certificate of Immunization Status** (CIS) form, for each child in your care. (You will need to keep a non-medical or medical exemption form on file if the family has received an exemption to immunizations.)

The child's Oregon shot record may not be complete if the child is too young to have had all immunizations. You are responsible for notifying the parent when a dose is due, recording the new doses on the CIS form, and having the parent sign and date the form.

For the immunization schedule, go to [www.cdc.gov/vaccines/schedules/](http://www.cdc.gov/vaccines/schedules/).

**Note: Recommended ages are flexible, and some doctors may use slightly different schedules.**

**For help in getting a child immunized, contact a physician or the local county health department immunization coordinator in your area. Look in the phone book for the number of your local county health department or call 1-800-SAFENET (1-800-723-3638) for clinic locations.**

# Section 5. The billing process: how to bill for care



## INFORMATION AT A GLANCE

About the billing forms ..... 55

Once DHS has approved you for payment as a child care provider, billing forms will arrive by mail at the beginning of each month.

Center pre-pay ..... 56

Child care centers certified with the Office of Child Care may submit their Child Care Billing Forms for payment with anticipated hours at the beginning of the month for families in the Employment-Related Day Care program.

Authorized child care hours ..... 57

Child care hours are based on the work hours and/or DHS planned activities for the family. The family's DHS eligibility worker authorizes the hours.

Reading the **Child Care Billing Form** ..... 58

This section describes how to read the billing form.  
See sample billing form on page 59.

How do I report hours of care on the **Child Care Billing Form?**..... 61

- Fill out the **Child Care Billing Form** at the end of each month, after you have provided all care for that month.
- Mark whether you are charging the parent by the hour or month.
- Fill in how many hours you provided care and how much you are charging for those hours for the month.
- The provider and parent must sign the billing form after all care has been provided. If care has ended, the parent does not need to sign the billing form.

- Send the billing form to the DPU for payment at the end of each month.

Missing, lost or destroyed billing forms ..... 62

Call the DPU at 1-800-699-9074 to have your billing form reissued if you have lost or destroyed your billing form. We cannot replace billing forms that have expired.

Billing for absent days..... 62

Providers who meet DHS criteria may bill for up to five absent days per month. DHS will not pay for more than five consecutive absent days of scheduled care even if it extends from one month to the next. If the child is absent for the month and you are not billing for absent days, you may turn in the billing form with “0” in the “**Total Charge**” box. See page 56, Center pre-pay, for information regarding absent days for center pre-pay.



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## THE BILLING PROCESS: HOW TO BILL FOR CARE

### About the billing forms

Once DHS lists you as an approved provider, your billing forms should arrive by mail around the beginning of each month as long as the family is eligible for child care. If you do not receive a billing form, have the family contact its DHS worker.

Each **Child Care Billing Form** has its own voucher number. This voucher number is used only once for the time period stated on the billing form. A billing receipt is also included for your records. DHS will make only one payment per billing form. The form cannot be changed to bill for a different time period.

A sample billing form is on page 59. Instructions for filling out the **Child Care Billing Form** follow this section.

The billing form tells you:

- The time period the billing form covers
- The copay amount (if any) to be deducted
- The names of the eligible children in the family and their age categories, and
- The maximum authorized child care hours. See “**Authorized child care hours**” on page 57.

At the end of the month, fill out the billing form with the hours you have provided care during that month and how much you are charging and send it to the Direct Pay Unit (DPU) for processing and payment. Certified centers, see “Center pre-pay” on page 56.

**Note: The approval date is the earliest date DHS may begin payments for eligible children in care.**

If you did not provide care for the month, you should still send in the billing form. Write zero (0) for the hours of care, and for the total charge. Mark the appropriate box on the billing form (section 7 of the sample billing form on page 59).

Be sure to promptly send the billing form each month. Billing forms expire 90 days after they are issued. DHS will not replace billing forms that have expired.

## Center pre-pay

Child care centers certified with the Office of Child Care may submit their **Child Care Billing Forms** at the beginning of the month.

- Only families in the Employment-Related Day Care (ERDC) program are eligible for the early payment. Forms must state “Child Care Billing” and have “M5” or ERDC in the upper right corner (see example below).
- Billing forms will be mailed at the beginning of each month.
- Once a child has attended care **at least one day in the month**, centers may fill out the billing form with the anticipated hours of care for the month with the total charge.
- If a child’s attendance cannot be anticipated due to a variable or drop in schedule, centers should submit billings at the end of the month after all care is provided.
- Parents do not have to sign the billing form; only the provider needs to sign it.
- Submit the completed billing form to DHS Direct Pay Unit.
- DHS will process payments in the standard processing time of four business days.

Example of billing form

Fill out, mail to:	Department of Human Services Direct Pay Unit P.O. Box 14850 Salem, OR 97309 0850
	Page 1 of 1 Seq #
Payment Information:	1-800-442-6451 Salem: (503)378-3508
Billing Questions:	1-800-699-9074 Salem: (503)378-5500
	Voucher # 000000 MM/DD/YY M5-3503-AB0000-0 -E1 ANY, CLIENT XYZ00008 CNT
CHILD CARE BY PROVIDER 456 MAIN ST ANYTOWN OR 97000-0000	List new address or phone below. Use the Provider Report Form (DHS 7496) to report other changes (503) 555-6789
<b>Child Care Billing</b>	
This child care billing is only valid for care given from: *** 05/01/2018 through 05/31/2018 ***	
The payment amount is limited by the DHS maximum rates or the authorized hours*, whichever is less. The copay is deducted from that amount. If you bill hourly, the monthly maximums also apply. write in the number of hours you provided care, whether you are billing by the hour or the month, and your total charge. Do not include hours the child is in school. See the provider guide for details.	
The parent's copay amount is \$ 355.00. Check here ( ) if the parent did not pay this amount or arrange with you to pay it. The parent is responsible for paying the copay and any amount you charge above the DHS maximum rate.	
*****	

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## Authorized child care hours

Child care hours are based on the work hours and/or DHS planned activities for the family. The family's DHS eligibility worker authorizes the hours.

The ERDC program now covers some student hours for parents who are working. Parents must ask DHS to authorize student hours in addition to their work hours.

Remind parents to let you know when you are providing care outside of DHS-approved hours. This will help you know when to bill DHS for subsidy payment.

Parents may sometimes have a temporary break in their employment due to a job loss or medical leave. Parents will need to contact their DHS worker. Billing forms may continue to ensure continuity of care. The authorized child care hours will remain the same at no more than the full-time rate. Parents can continue to use their child care when they are on medical leave for doctors' appointments or work search when unemployed. In addition, children may continue to attend up to the hours needed to maintain their slot if the child care provider requires it; however, they cannot attend more than the DHS-authorized hours. Child care programs with this policy must apply it to all children in care.

Important things to remember to ensure you are billing the correct number of hours:

- Know the parents' work and/or school hours.
- Only bill DHS for hours the child was in your care while the parent was at work, DHS-approved activities or any approved school hours.
- Keep attendance logs of each child's in and out times. The in and out times need to be recorded as the child arrives and departs. (Urge the parent/caregiver to sign the logs.)

**Note: Billing forms are only issued to providers where care is provided as long as the site is approved. Notify the Direct Pay Unit of any change to the care location. See "Reporting changes" on pages 91–95. A provider may not be eligible to receive payment if DHS does not approve the site.**

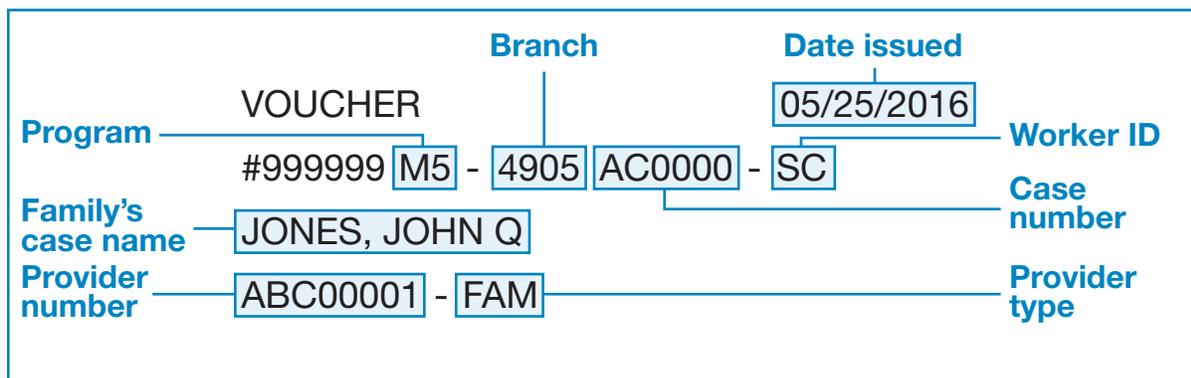
# Reading the **Child Care Billing Form**

See the sample billing form on page 59.

## Section 1

This tells you:

- The voucher number and the date it was issued
- The program the family is on, the local DHS branch number, the family's case number and the worker's identification
- The family's case name, and
- The provider's DHS provider number and the provider type (see page 75 for provider type definitions).



## Section 2

If you have a new address or phone number, please call DPU at 1-800-699-9074 (or 503-378-5500 in Salem), send in the **Provider Report** (DHS 7496) or email DPU at [DPU.PROVIDERREPORTING@STATE.OR.US](mailto:DPU.PROVIDERREPORTING@STATE.OR.US).

A tear-out **Provider Report** form is in Section 9 of this guide.

**Note: Remember you must report changes within five days.**

## Section 3

This is the time period the billing form covers. Do not change the dates. It will make your billing form invalid. If you need a billing form for a different time period, contact DPU at 1-800-699-9074 (or 503-378-5500 in Salem) to find out what to do.

# CHILD CARE BILLING FORM

Fill Department of Human Services  
out, Direct Pay Unit  
mail P.O. Box 14850  
to: Salem, OR 97309 0850

Page 1 of 1 Seq #

Payment Information: 1-800-442-6451  
Salem: (503)378-3508  
Billing Questions: 1-800-699-9074  
Salem: (503)378-5500

① Voucher # 000000 MM/DD/YY  
M5-9900-AB0000-0 -E1  
ANY, CLIENT  
XYZZ0008 FAM

CHILD CARE BY PROVIDER  
456 MAIN ST  
ANYTOWN OR 97000-0000

② List new address or phone below.  
Use the Provider Report Form  
(DHS 7496) to report other changes  
(503) 555-6789

## Child Care Billing

③ This Child Care Billing is only valid for care given from:  
\*\*\* MM/DD/YY through MM/DD/YY. \*\*\*  
The payment amount is limited by the DHS maximum rates or the authorized hours\*,  
whichever is less. The copay is deducted from that amount. If you bill hourly, the  
monthly maximums also apply. Write in the number of hours you provided care, whether  
you are billing by the hour or the month, and your total charge. Do not include hours  
the child is in school. See the provider guide for details.

④ The parent's copay amount is \$ 27.00. Check here ( ) if the parent did not pay  
this amount or arrange with you to pay it. The parent is responsible for paying  
the copay and any amount you charge above the DHS maximum rate.

⑤ (C) IMPORTANT NOTICE: You may receive an important notice here.  
\*\*\*\*\*

⑥ 1. ANY, CHILD I am billing (check one): By the hour:\_\_\_ By the month:\_\_\_  
MM/DD/YY (INFANT) I provided \_\_\_ hours of care. Total charge: \$\_\_\_\_\_  
\*Authorized Hours: 215

2. ANY, CHILD 2 I am billing (check one): By the hour:\_\_\_ By the month:\_\_\_  
MM/DD/YY (PRESCHOOL) I provided \_\_\_ hours of care. Total charge: \$\_\_\_\_\_  
\*Authorized Hours: 215

⑦ If you are sending us this billing form before the end of the billing period, you must  
mark one of these boxes:  
( ) I do not provide child care for this family any more. The last day was\_\_\_\_\_  
( ) I did not provide care this billing period, but will provide care in the future

⑧ I certify the child care billed above is correct, and has already been provided. I  
understand I may owe money to DHS if the amount paid to me is incorrect.  
(Provider Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

⑨ I certify the child care billed above is correct, and has already been provided. I  
understand I may owe money to DHS if the amount paid to the provider is incorrect.  
(Parent Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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## Section 4

This paragraph tells you if the family has a copay and the copay amount. You should collect this amount from the family. Check the box if you wish to report that the family has not yet paid its copay to you. This only applies to the copay amount. (See **“What happens if the family does not pay the copay?”** on pages 66–67.)

- Do not check the box unless you want to report that the family has not met the copay.
- Do not check the box if the family has paid the copay, even if they still owe you for other charges, such as amounts over the DHS rate.

## Section 5

DHS will use this space to provide any important information about your child care billing.

## Section 6

This section shows each eligible child’s name, age category and the maximum authorized hours. This is also where you bill for the child care you provided. (See **“How do I report hours of care on the Child Care Billing Form?”** on pages 61–62.)

## Section 7

If you are no longer providing care for the family, please mark the first sentence in this section. Write in the last date you provided care.

On your **Child Care Billing Form**, the age category of each child tells you the age rate DHS will pay you. See page 74 for the definitions of the DHS child age categories.

## Section 8

This is where you will sign. Your signature certifies that you are billing correctly.

## Section 9

One of the parents signs here. The parent must sign unless you no longer provide care for that family.

**Note: If you no longer provide care for this family and are unable to contact the parent for a signature, check the box that says you do not provide child care for this family any longer and write in the last day of care you provided (see Section 7). In that case, the family’s signature will not be required.**

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## How do I report hours of care on the **Child Care Billing Form**?

- Next to each child, check either hourly or monthly to show whether you are charging by the hour or by the month. (Select only one.)
- Fill in the total number of hours of care you provided during the billing period, rounding up to the nearest whole hour (e.g., 136.5 hours = 137). You will get the total number of hours from your attendance record.
- Fill in your total amount charged in dollars and cents (e.g., \$400.00).

**Always discuss the amount you charge with the parent before you start providing care.**

- Bill DHS at your normal rates for the total actual amount of care you provided. (Note: This may not be the same as the authorized maximum for the child.)
  - » **Example 1:** DHS has authorized up to 140 hours per month for the child's care, but you only provided care for 105 hours. Do not write 140; write 105. If you care for the child less than the maximum authorized amount of care, DHS will pay only for the actual hours provided.
  - » **Example 2:** Perhaps DHS has authorized the child for 120 hours of care, but you provided 150 hours. Write in 150 hours. DHS will not pay for more than the 120 hours authorized care, but you should still record it. The family would then be responsible for the amount over the maximum hours authorized.
- Charge only for care that you provided. Do not bill for hours a child was in school.
- You may bill for up to five absent days per month under certain circumstances. (See "**What if the child is absent for the entire month?**" on page 63.)
- Do not deduct the family's copay amount from the amount you are billing. It will be automatically deducted from your payment.
- Complete the billing form prior to having the family sign it. This allows the parent to understand what is being billed.

**The parent and the provider should not sign a blank billing form.**

- Be sure to keep the billing receipt and a copy of your completed billing form for your records.

- 
- Mail the billing form to the DPU for processing and payment to the address at the top of the form.

**Note: Do not send in your billing form before the end of the month (unless you no longer provide care for the family).**

## Missing, lost or destroyed billing forms

### **What if I don't get a billing form?**

If you don't get a billing form, you can ask the family about it. Call the Direct Pay Unit or talk to the family's DHS worker to find out why. (See "**What can DHS tell you about families?**" on pages 10.)

If DHS does not send you a billing form or tell you that DHS will pay for the child care, the family is responsible to pay for the cost of care provided.

### **How do I replace a lost or destroyed billing form?**

A billing form is good for 90 days from the date issued. DPU can reissue a copy of the billing form if it is lost or destroyed.

**Important: DHS cannot replace billing forms that have expired.**

Call DPU at 1-800-699-9074 (or 503-378-5500 in Salem).

## Billing for absent days

With the exception of certified centers (see "Center pre-pay," page 56), providers may bill DHS for up to five absent days per month when:

- DHS authorized, and the parent scheduled the care, but the child was absent, and
- It is the provider's policy to bill all their families for absent days, and
- The provider must log on the attendance record the in an out time that the child was scheduled to be in care, noting it as an absent day.

DHS will not pay for more than five consecutive absent days of scheduled care even if it extends from one month to the next.

## What if the child is absent for the entire month?

If you did not provide any care for the month and you are not billing for absent days (see page 63):

- Mark a zero (0) in the “**Total Charge**” box.
- Mark the box that explains why you are sending in the billing form, and
- Sign the form and send it to DPU.

As a provider, you must keep attendance records of the check in and out times each day children are in care. These records need to be kept for at least one year.



# Section 6. Copays



## INFORMATION AT A GLANCE

What is a copay? ..... 65

Most working families receiving child care assistance from DHS through the Employment-Related Day Care (ERDC) program must pay part of the cost of their child care each month. The family's required share of the cost is called the "copay."

What happens if the family does not pay the copay? ..... 66

- If the parent does not pay the copay, the provider can mark that in the designated area on the **Child Care Billing Form**.
- You must report an unpaid copay to DPU within 60 days of the DHS payment date.
- The family's benefits will end until the family pays the copay to the provider.
- The provider and parent can enter into an agreement about how the copay will be collected. **Always get any agreement with the parent in writing.**

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## COPAYS

### What is a copay?

Most working families receiving child care assistance from DHS through the Employment-Related Day Care (ERDC) program must pay part of the cost of their child care each month. The family's required share of the cost is called the copay. It is based on the family's income and size.

Parent may have a temporary break in their employment due to job loss or medical leave. DHS may waive or lower the copay in these circumstances. This means the **Child Care Billing Form** could change or be cancelled and reissued with a lower copay. The authorized child care hours on the billing form will remain the same. For more information, see "**Authorized child care hours**" on page 57.

The family pays its copay, as well as any amount the provider charges above the DHS payment limits, directly to the primary provider. The billing form shows the copay amount the family is responsible for paying, which DHS will deduct from the allowed rate. DHS pays the provider the difference — the allowed rate minus the family's copay amount.

A sample **Child Care Payment Worksheet** (DHS 7492W) is on page 73. A blank worksheet is available in Section 9 of this guide for your use. You can use this worksheet to determine how much the parent will need to pay you after DHS pays its portion of the child care.

Both you and the family will know the copay amount in advance. This amount will be on the billing form. If a family has more than one provider, only one will usually collect the copay from the family. The family pays the copay to the primary provider.

The family tells its worker the name of the primary provider. This provider usually does most of the child care.

It is the provider's responsibility to collect the copay or make other arrangements with the parent. If you are the primary provider, it is very important that you and the parent talk about the copay.

- It is up to you and the parent to decide how and when to collect the copay and other amounts DHS does not pay.
- In working out the family's payment schedule, it may help to find out when the family is paid.

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Some providers and parents agree to barter instead of paying the copay. For example, the parent might clean the provider's home. The parent may need the receipts to apply for child care credits.

**Important: Give a copy of this agreement to the parent. Also, give the parent a receipt, whether the parent pays you in cash or in some other way.**

## What happens if the family does not pay the copay?

To stay eligible for child care benefits in the ERDC program, the family must pay the copay to the provider by the end of each month or make other arrangements with the provider. You can report to DPU that a family has not met its copay by:

- Checking the box on the **Child Care Billing Form** that says, "Check here ( ) if the parent did not pay this amount or arrange with you to pay it." This reports to DPU that the family has not met the copay.
- Writing a letter to DPU, or
- Calling DPU to report the family has not met the copay.

**Important: Unpaid copays must be reported within 60 days from the date DHS pays you. Otherwise, DHS will consider the copay as paid.**

If you notify DPU that the family has not paid the copay, DPU will send a notice to the family that ERDC will end. Once the benefits end, DHS cannot continue the family's child care benefits until:

- You have notified DPU in writing that the parents have paid the copay or arranged for payment, or
- The parents provide other proof that they have paid you or arranged to pay you.

DHS will process any billing forms already sent to you. (The parent may be eligible for child care benefits from other programs that do not have a copay.)

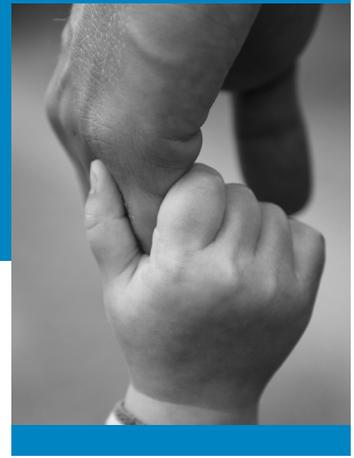
DHS can end the family's benefits for not paying the copay amount stated on the **Child Care Billing Form**. We can't end the family's benefits for failure to pay other costs the parent owes to a provider (e.g., the amount you charge over the DHS payment limit).

**Note: Any payments the family made to the provider are applied to the copay first.**

If you notify DPU that the family made satisfactory arrangements for the copay, it is up to you to collect it. DHS cannot end the child care benefits again if the family does not honor this arrangement.



# Section 7. DHS payment process



## INFORMATION AT A GLANCE

### When will I get my payment? ..... 70

- Mail your billing form to DPU at the end of the month.
- Processing once it reaches DPU will take approximately four working days.
- DHS may return incomplete billing forms or those sent in before the end of the month. This will delay the processing and your payment.

### Checking on your payment..... 70

DPU has an automated system you can call 24 hours a day.  
Call 503-378-3508 in Salem or 1-800-442-6451 statewide.

### How much will DHS pay? ..... 71

DHS will pay the amount you billed or the maximum allowable  
DHS rate, whichever is less.

### How is the payment calculated? ..... 72

DHS has maximum hourly rates and maximum monthly rates for your  
provider type. Your payment will not be more than the amount you bill.  
DHS deducts copays from the DHS payment.

### Child care payment worksheet ..... 73

(DHS 7492W)

### Child age categories ..... 74

The child age category is a factor in how DHS pays.

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See the chart located on pages 74–75.

**Provider type definitions..... 75**

The provider type definitions will show the type of rate, which is a factor in how DHS pays.

**DHS child care maximum rates..... 76**

These pages show the maximum allowed rates broken down into the three group areas.

**About enhanced rates ..... 80**

DHS can pay a higher rate to providers who have taken additional training in specific child care subjects.

**Provider incentives..... 81**

Licensed child care providers with OCC who have a SPARK star rating, formerly known as Oregon's Quality Rating and Improvement System (QRIS), of 3, 4 or 5 may be eligible to receive monthly incentive payments.

**Children with special needs ..... 82**

**If a family needs extra hours of care..... 82**

DHS may be able to help pay for hours when the authorized child care hours are not enough. Families should call their DHS worker to get more information and see if they qualify.

**Trouble shooting — what do I do when things go wrong?..... 83**

Call DPU if you have questions about your billing form or payment. If you haven't received a billing form, talk to the parent you provide care for or call DPU at 1-800-699-9074 or 503-378-5500 in Salem.

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## DHS PAYMENT PROCESS

### When will I get my payment?

After you have mailed in your billing form to DPU at the end of the month, your billing form will be processed and entered into the computer for payment within four working days. DHS may return your billing form without processing a payment if it is:

- Incomplete or incorrect
- Sent in before the end of the month, or
- Sent in before you actually provide the care.

This could delay the processing and payment of your billing.

When DHS sends a payment, you will also receive a notice to show you how much DHS paid for each child. Please keep this notice for your tax records. The family gets a similar notice showing how much DHS paid.

DHS will deposit payment into your bank account if you request it. Processing time varies by bank. If you receive your payments by check, DHS will send it on the next working day after it processes the form.

If you would like to sign up for direct deposit, contact DPU at 1-800-699-9074.

### Checking on your payment

DPU has an automated system you can call 24 hours a day, every day, for payment information. The system can tell you:

- If DHS has already processed your payment and when DHS mailed the check to you or deposited into your bank account (if you have direct deposit)
- The amount of the payment, and
- If DHS denies the payment, either due to an issue with the billing form or because the amount billed was less than the family's copay amount.

### **Here's how the automated payment line works:**

- Call 503-378-3508 in Salem, or 1-800-442-6451 statewide. You will hear a menu of options; select the number indicated for the information you want.
- You will need your Social Security number or IRS number and the voucher number for the billing form you want to check.

- 
- Call DPU if you do not have your voucher number.
  - If the system states that no information is available, that means DHS has not yet processed your billing form. It may take three to four days for your completed billing form to process.
  - If you are a new provider or have not received payments in some time, you may get the message that the system does not recognize your Social Security number or IRS number. This means the billing form has not yet processed for payment.

## How much will DHS pay?

DHS bases the monthly maximum child care rates on a statewide market survey of child care providers and the amount most of them charge in their area.

As a provider, you set your own rates for providing care. However, DHS will pay the amount you bill, or the maximum allowable DHS rate, whichever is less.

### **DHS determines the amount paid to a provider using several factors:**

- **The ZIP code where the care is provided** — determines in which rate area the care is provided: group area A, B or C. (See “**DHS child care maximum rates**” on pages 76–79.)
- **The type of provider** — relates to whether it is home or center-based care, and if it is at the standard, enhanced or licensed rate. (See “**Reading the Child Care Billing Form**” on pages 58–63 and “**How do I qualify for the enhanced rate?**” on pages 80–82.)
- **The age category of the child** — different rates applied to different ages of children. See “**Reading the Child Care Billing Form**” on pages 58–62 and “**Child age categories**” on pages 74–75.
- **The authorized hours on the billing form** — based on the family’s expected work hours or approved activity hours, plus 25 percent travel time. Authorized hours on the billing form may be less if the family has more than one provider. Providers may receive a percentage of the allowable amount on the billing form so that DHS does not pay more than the maximum allowable rate.
- **How the provider bills** — whether the provider bills by the hour or by the month and how many hours the provider bills.
- **The total charge the provider bills** — if the provider bills for less than the DHS rate, DHS cannot pay more than the provider bills.

- 
- **The DHS rates** — payments will not exceed the maximum allowed DHS rates. If a parent chooses a provider who charges more than the maximum DHS can pay, the parent is responsible for paying anything over the DHS rate.
  - **The family's copay amount** — DHS deducts this amount from the allowed amount.

## How is the payment calculated?

### **DHS will pay:**

- At your hourly or monthly rate, or up to the DHS hourly or monthly rate for your provider type, whichever is less
- For the actual amount of care you provide, up to the total number of authorized hours
- The allowed amount minus the family's copay amount (specified on the billing form).

### **DHS will not pay:**

- More than you bill
- More than the authorized hours
- More than the DHS rate (even if you bill hourly, DHS cannot pay more than the monthly rate)
- Amounts less than one dollar.

If you have more questions about how your payment was calculated, contact the Direct Pay Unit at 1-800-699-9074 (or 503-378-5500 in the Salem area).

If your payment was not the amount you expected, contact DPU within 60 days of payment.

# Child Care Payment Worksheet (DHS 7492W)

Example of how a payment is calculated



## Child Care Payment Worksheet

Fill out this worksheet to get an estimate of your child care costs.

### Step 1:

Write down the total amount your provider charges for the month.

*(If your provider charges by the hour, multiply the hourly charge by the number of hours to get the monthly charge.)*

Monthly charge \$ 650.00

### Step 2:

Subtract the Department of Human Services (DHS) maximum rate limit. The DHS maximum rate limits can be found in the Child Care Provider Guide (DHS 7492).

*(Be sure to use the rate in the column for the number of hours authorized by DHS.)*

Subtract DHS maximum rate \$ 520.00

If there is an amount remaining after subtracting the DHS maximum rate limit from what your provider charges, you are required to pay this amount.

Overage \$ 130.00

### Step 3:

Write in the amount of your copay. This is the amount you are required to pay first before DHS can make a payment.

Add copay \$ 136.00

Add the overage amount and your copay. The combination of any overage your provider charges above DHS maximum rates and your copay amount is your total monthly cost.

Your total \$ 266.00

**Call your local DHS Self-Sufficiency office or the Direct Pay Unit (DPU) with questions about this worksheet.**

DHS 7492 W (10/2019)

Do not deduct the copay from the amount you are billing. DHS will automatically deduct the copay from the DHS allowed Amount.

Example: A family provider who gets the standard rate in Region C is authorized for and bills 215 hours of care. The provider charges \$650 for the month for an infant. DHS is able to pay up to \$520 for an infant in full-time care. This means that there is an overage amount of \$130. The parent is responsible to pay their copay amount of \$136 out of the DHS maximum rate. The parent's copay of \$136 plus the overage amount of \$130 comes to a total amount of \$266 that the parent would be responsible to pay to their provider.

This example shows that the provider will receive:

From DHS	\$650.00
DHS infant full-time rate (page 78)	- <u>\$520.00</u>
Overage amount	\$130.00
Parent's copay	+ <u>\$136.00</u>
Parent amount due to the provider	\$266.00

## Child age categories

The tables on pages 76–78 show the DHS child care maximum rates for each group area, which are the most DHS is allowed to pay. DHS deducts copays from the allowed rate. (See “**Copays**” on pages 65–67.)

Note: If the family is receiving help through a DHS Child Welfare program, these rates may not apply. Contact the family's worker for more information.

For more information about payments, see “**How much will DHS pay?**” on pages 71–72, and “**How is the payment calculated?**” on page 72.

### **Child age categories and provider type definitions used with the rate charts**

<b>Infant</b> .....	Newborn through 11 months for non-licensed care; 6 weeks through 23 months for registered or certified licensed care
<b>Toddler</b> .....	1 year (12 months) through age 2 years for non-licensed care; 2 years for registered or certified licensed care
<b>Preschool</b> .....	3 years through 5 years for non-licensed and licensed care
<b>School</b> .....	6 years or older for licensed and non-licensed care
<b>Special needs</b> ...	A child from newborn through 18 years old who needs more costly care due to a physical, behavioral or mental disability

**Note: Unless the child has a special circumstance, Employment-Related Day Care (ERDC) pays child care for children through age 12. Children will remain on the billing form through the end of the 12-month certification period when they turn 13. Temporary Assistance for Needy Families (TANF) pays child care through age 12.**

## Provider type definitions

<b>Provider type:</b>	<b>You will receive:</b>
<b>FAM</b> .....	Standard family rate*
<b>NQC</b> .....	Standard center rate*
<b>QFM</b> .....	Enhanced family rate*
<b>QEC</b> .....	Enhanced center rate*
<b>RFM</b> .....	Licensed registered family rate <sup>†</sup>
<b>CFM</b> .....	Licensed certified family rate <sup>†</sup>
<b>CNT</b> .....	Licensed certified center rate <sup>†</sup>

\* Not licensed with OCC

† Licensed with OCC

# DHS child care maximum rates

## Group Area A

### STANDARD RATES (license-exempt)

	Standard family rate (FAM)		Standard center rate (NQC)	
	1–157 hours	158–215 hours	1–157 hours	158–215 hours
	Hourly	Monthly	Hourly	Monthly
<b>Infant</b>	\$3.52	\$651	\$9.00	\$1,061
<b>Toddler</b>	\$3.47	\$625	\$5.25	\$1,053
<b>Preschool</b>	\$3.47	\$586	\$5.06	\$795
<b>School</b>	\$3.47	\$586	\$4.50	\$641
<b>Special needs</b>	\$3.52	\$651	\$9.00	\$1,061

### ENHANCED RATES (license-exempt)

	Enhanced family rate (QFM)			Enhanced center rate (QEC)		
	1–62 hours	63–135 hours	136–215 hours	1–62 hours	63–135 hours	136–215 hours
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
<b>Infant</b>	\$3.78	\$512	\$683	\$10.20	\$902	\$1,203
<b>Toddler</b>	\$3.57	\$492	\$656	\$5.95	\$895	\$1,193
<b>Preschool</b>	\$3.57	\$465	\$620	\$5.74	\$676	\$901
<b>School</b>	\$3.51	\$450	\$600	\$5.10	\$545	\$727
<b>Special needs</b>	\$3.78	\$512	\$683	\$10.20	\$902	\$1,203

### LICENSED RATES

	Registered family rate (RFM)			Certified family rate (CFM)			Certified center rate (CNT)		
	1–62 hours	63–135 hours	136–215 hours	1–62 hours	63–135 hours	136–215 hours	1–62 hours	63–135 hours	136–215 hours
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
<b>Infant</b>	\$4.00	\$600	\$800	\$6.00	\$941	\$1,254	\$12.00	\$1,061	\$1,415
<b>Toddler</b>	\$4.00	\$563	\$750	\$6.00	\$855	\$1,140	\$7.00	\$1,053	\$1,404
<b>Preschool</b>	\$3.67	\$548	\$730	\$5.05	\$750	\$1,000	\$6.75	\$795	\$1,060
<b>School</b>	\$3.70	\$458	\$610	\$4.70	\$563	\$750	\$6.00	\$641	\$855
<b>Special needs</b>	\$4.00	\$600	\$800	\$6.00	\$941	\$1,254	\$12.00	\$1,061	\$1,415

### ZIP codes for Group Area A:

#### Portland, Eugene, Corvallis, Bend, Monmouth and Ashland areas

97003	97004	97005	97006	97007	97008	97009	97010	97013	97014	97015	97019
97022	97023	97024	97027	97028	97030	97031	97034	97035	97036	97041	97045
97051	97055	97056	97060	97062	97064	97068	97070	97080	97086	97089	97106
97109	97112	97113	97116	97119	97123	97124	97125	97132	97133	97135	97140
97149	97201	97202	97203	97204	97205	97206	97209	97210	97211	97212	97213
97214	97215	97216	97217	97218	97219	97220	97221	97222	97223	97224	97225
97227	97229	97230	97231	97232	97233	97236	97239	97242	97258	97266	97267
97268	97286	97292	97330	97331	97333	97339	97351	97361	97371	97376	97401
97402	97403	97404	97405	97408	97454	97455	97477	97478	97482	97520	97525
97701	97702	97703	97707	97708	97709	97078	97703				

## Group Area B

### STANDARD RATES (license-exempt)

	Standard family rate (FAM)		Standard center rate (NQC)	
	1–157 hours	158–215 hours	1–157 hours	158–215 hours
	Hourly	Monthly	Hourly	Monthly
<b>Infant</b>	\$3.05	\$520	\$3.75	\$641
<b>Toddler</b>	\$3.05	\$499	\$3.75	\$589
<b>Preschool</b>	\$2.89	\$494	\$3.00	\$510
<b>School</b>	\$2.89	\$480	\$3.30	\$431
<b>Special needs</b>	\$3.05	\$520	\$3.75	\$641

### ENHANCED RATES (license-exempt)

	Enhanced family rate (QFM)			Enhanced center rate (QEC)		
	1–62 hours	63–135 hours	136–215 hours	1–62 hours	63–135 hours	136–215 hours
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
<b>Infant</b>	\$3.20	\$420	\$560	\$4.25	\$545	\$727
<b>Toddler</b>	\$3.20	\$400	\$533	\$4.25	\$500	\$667
<b>Preschool</b>	\$3.20	\$400	\$533	\$3.40	\$434	\$578
<b>School</b>	\$3.20	\$375	\$500	\$3.74	\$367	\$489
<b>Special needs</b>	\$3.20	\$420	\$560	\$4.25	\$545	\$727

### LICENSED RATES

	Registered family rate (RFM)			Certified family rate (CFM)			Certified center rate (CNT)		
	1–62 hours	63–135 hours	136–215 hours	1–62 hours	63–135 hours	136–215 hours	1–62 hours	63–135 hours	136–215 hours
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
<b>Infant</b>	\$3.50	\$450	\$600	\$4.00	\$563	\$750	\$5.00	\$641	\$855
<b>Toddler</b>	\$3.50	\$416	\$555	\$4.00	\$525	\$700	\$5.00	\$589	\$785
<b>Preschool</b>	\$3.30	\$413	\$550	\$3.75	\$488	\$650	\$4.00	\$510	\$680
<b>School</b>	\$3.30	\$383	\$510	\$3.80	\$450	\$600	\$4.40	\$431	\$575
<b>Special needs</b>	\$3.50	\$450	\$600	\$4.00	\$563	\$750	\$5.00	\$641	\$855

### ZIP codes for Group Area B:

Salem, Medford, Roseburg, Brookings and areas outside the metropolitan areas in Eugene and Portland

97002	97011	97016	97017	97018	97038	97042	97044	97048	97049	97053	97058
97067	97071	97103	97107	97108	97110	97111	97114	97115	97117	97118	97121
97122	97127	97128	97131	97134	97138	97141	97143	97146	97148	97301	97302
97303	97304	97305	97306	97307	97309	97310	97317	97321	97322	97325	97326
97327	97328	97336	97338	97341	97343	97344	97348	97352	97353	97355	97357
97362	97365	97366	97367	97370	97372	97374	97377	97378	97380	97381	97383
97385	97386	97389	97391	97392	97394	97415	97420	97423	97424	97426	97431
97444	97446	97448	97452	97456	97457	97459	97465	97470	97471	97479	97487
97489	97501	97502	97503	97504	97524	97534	97535	97756	97759	97760	97801
97812	97813										

## Group Area C

### STANDARD RATES (license-exempt)

	Standard family rate (FAM)		Standard center rate (NQC)	
	1–157 hours	158–215 hours	1–157 hours	158–215 hours
	Hourly	Monthly	Hourly	Monthly
<b>Infant</b>	\$3.05	\$520	\$3.75	\$641
<b>Toddler</b>	\$3.05	\$499	\$3.75	\$589
<b>Preschool</b>	\$2.89	\$494	\$3.00	\$510
<b>School</b>	\$2.89	\$480	\$3.30	\$431
<b>Special needs</b>	\$3.05	\$520	\$3.75	\$641

### ENHANCED RATES (license-exempt)

	Enhanced family rate (QFM)			Enhanced center rate (QEC)		
	1–62 hours	63–135 hours	136–215 hours	1–62 hours	63–135 hours	136–215 hours
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
<b>Infant</b>	\$3.20	\$420	\$560	\$4.25	\$545	\$727
<b>Toddler</b>	\$3.20	\$400	\$533	\$4.25	\$500	\$667
<b>Preschool</b>	\$3.20	\$400	\$533	\$3.40	\$434	\$578
<b>School</b>	\$3.20	\$375	\$500	\$3.74	\$367	\$489
<b>Special needs</b>	\$3.20	\$420	\$560	\$4.25	\$545	\$727

### LICENSED RATES

	Registered family rate (RFM)			Certified family rate (CFM)			Certified center rate (CNT)		
	1–62 hours	63–135 hours	136–215 hours	1–62 hours	63–135 hours	136–215 hours	1–62 hours	63–135 hours	136–215 hours
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
<b>Infant</b>	\$3.50	\$450	\$600	\$4.00	\$563	\$750	\$5.00	\$641	\$855
<b>Toddler</b>	\$3.50	\$416	\$555	\$4.00	\$525	\$700	\$5.00	\$589	\$785
<b>Preschool</b>	\$3.30	\$413	\$550	\$3.75	\$488	\$650	\$4.00	\$510	\$680
<b>School</b>	\$3.30	\$383	\$510	\$3.80	\$450	\$600	\$4.40	\$431	\$575
<b>Special needs</b>	\$3.50	\$450	\$600	\$4.00	\$563	\$750	\$5.00	\$641	\$855

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**ZIP codes for Group Area C: Balance of state, other state ZIPS**

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97001	97020	97021	97026	97029	97032	97033	97037	97039	97040	97050	97054
97057	97063	97065	97101	97102	97130	97136	97137	97144	97145	97147	97324
97329	97335	97342	97345	97346	97347	97350	97358	97359	97360	97364	97368
97369	97375	97384	97388	97390	97396	97406	97407	97409	97410	97411	97412
97413	97414	97416	97417	97419	97425	97427	97428	97429	97430	97432	97433
97434	97435	97436	97437	97438	97439	97441	97442	97443	97447	97449	97450
97451	97453	97458	97460	97461	97462	97463	97464	97466	97467	97468	97469
97472	97473	97476	97480	97481	97484	97486	97488	97490	97491	97492	97493
97494	97495	97496	97497	97498	97499	97522	97523	97526	97527	97530	97531
97532	97533	97536	97537	97538	97539	97540	97541	97543	97544	97601	97603
97604	97620	97621	97622	97623	97624	97625	97626	97627	97630	97632	97633
97634	97635	97636	97637	97638	97639	97640	97641	97710	97711	97712	97720
97721	97722	97730	97731	97732	97733	97734	97735	97736	97737	97738	97739
97740	97741	97742	97750	97751	97752	97753	97754	97758	97761	97810	97814
97817	97818	97819	97820	97821	97822	97823	97824	97825	97826	97827	97828
97830	97831	97833	97834	97835	97836	97837	97838	97839	97840	97841	97842
97843	97844	97845	97846	97848	97850	97856	97857	97859	97861	97862	97864
97865	97867	97868	97869	97870	97871	97872	97873	97874	97875	97876	97877
97880	97882	97883	97884	97885	97886	97901	97902	97903	97904	97905	97906
97907	97908	97909	97910	97911	97913	97914	97918	97919	97920		

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## About enhanced rates

Providers who serve DHS clients are eligible to earn an enhanced rate if they meet specified training requirements. The training requirements are tracked on the Oregon Registry by the Oregon Center for Career Development (OCCD). They notify DPU when a provider qualifies for the enhanced rate. See **“When will the enhanced rate start”** on this page for more information.

### **How do I qualify for the enhanced rate?**

Family providers and facilities that are exempt from Office of Child Care (OCC) licensing must meet specific Oregon Registry training requirements to receive the enhanced rate. You meet training requirements when you:

- Have completed at least two hours of training on Recognizing and Reporting Child Abuse and Neglect
- Are currently certified in Pediatric and Child CPR and First Aid
- Have a current Oregon food handler card, and
- Agree to complete and submit proof of a minimum of eight hours additional training related to child care issues every two years.

To add these trainings to your data on the Oregon Registry, send proof of completing the first three requirements, along with a completed "Enhanced Rate Program" application, to the address on the application. You will find the application at the program's website at [www.pdx.edu/occd/enhanced-rate-program-0](http://www.pdx.edu/occd/enhanced-rate-program-0).

If you meet the enhanced rate training requirements, you automatically meet the training requirements for Step 1 of the Oregon Registry. For more information on professional development with OCCD, go to [www.pdx.edu/occd](http://www.pdx.edu/occd).

If you need an application, have questions about the training requirements or want information about where to find training in your area, call the Oregon Registry at 1-877-725-8535, or 503-725-8535 in Portland. You can also go to the registry's website at [www.pdx.edu/occd](http://www.pdx.edu/occd) or call your local Child Care Resource and Referral (CCR&R). (See pages 106–108 for the telephone number of the CCR&R in your area.)

### **When will the enhanced rate start?**

The enhanced rate will start no later than 60 days after your name has been added to the Oregon Registry and DHS has been notified.

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It is your responsibility to keep your First Aid, Pediatric and Child CPR and Oregon food handler card certifications current.

For facilities exempt from OCC licensing, at least one staff member for every 20 children in care must meet the above requirements to receive the enhanced rate. Contact the DPU at 1-800-699-9074 for more information.

## Provider incentives

Licensed child care providers with OCC who have a SPARK star rating, formerly known as Oregon's Quality Rating and Improvement System (QRIS), of 3, 4 or 5 may be eligible to receive monthly incentive payments.

The monthly payment is for child care providers that:

- Have been listed and approved by the Oregon Department of Human Services (DHS)
- Are providing care for children receiving the Employment-Related Day Care (ERDC) subsidy
- Have a current SPARK rating of 3, 4 or 5
- Have been paid by DHS for full-time care (136 hours or more per month) for an ERDC child, and
- Are not contracted child care providers through the ERDC program.

Licensed providers can choose **not** to receive the incentive payments. Providers who do not want to receive this additional amount need to complete a form to opt out. For the opt-out form and instructions see <https://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/Documents/opt-out-form.pdf>.

### How much is the incentive payment?

The monthly incentive amount depends on the provider's SPARK star rating.

SPARK star rating	Monthly incentive payment for each full time ERDC child
3	\$54
4	\$72
5	\$90

Providers interested in Oregon's SPARK or becoming star rated can contact their local Child Care Resource and Referral office at 1-800-342-6712.

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For more information, go to

- [www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/pages/training.aspx](http://www.oregon.gov/DHS/ASSISTANCE/CHILD-CARE/pages/training.aspx), or
- Oregon's SPARK at <http://triwou.org/projects/spark>.

## Children with special needs

Providers may be reimbursed at the special needs rate when they care for children or youth with disabilities. This higher rate offers families more options to child care services in their area. The need must be verified, and the provider must state the current rate is higher than the maximum rate DHS will pay.

**Important:** Providers may not charge families a higher fee or add charges solely for children with a disability or other special needs because this violates the Americans with Disabilities Act (ADA). For more information go to [inclusivepartners.org/the-ada](http://inclusivepartners.org/the-ada).

### High Needs Program

If a child or youth requires a much higher level of care in the child care setting, a supplemental payment may be available. This is called the “**High Needs Program.**” It involves an assessment of the child at no cost to the family or the provider by a DHS Inclusive Partner specialist.

The provider should discuss the child's needs with the family. You should also contact the DHS worker or the Inclusive Partners at 1-866-837-0250 (or 971-673-2286 in Portland) or send an email to [inclusivepartners@state.or.us](mailto:inclusivepartners@state.or.us). You may also visit the Inclusive Partners' website at <http://www.inclusivepartners.org>. Once a referral is made, the program assesses whether a supplemental payment is appropriate.

### If a family needs extra hours of care

DHS automatically adds 25 percent more hours to cover travel time and meal breaks. If parents work overtime, have a long commute time or take public transportation, the 25 percent may not cover all their child care need. If the family needs more hours of care per month to continue working or participating in a DHS-approved activity, the family's worker can authorize payment up to a maximum of 323 hours per month or 50 percent more than the DHS full-time monthly amount (215 hours per month). Families can call their DHS worker to see if they qualify.

The amount is calculated based on the number of hours needed and is limited to approved situations. If approved, the **Child Care Billing Form** will show from 216–323 hours in the “Authorized hours” area.

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## **Here's how the payment is calculated for extra hours:**

The computer takes the total number of hours that the DHS worker has authorized (from 216–323 hours) and divides it by 215 to come up with a percentage.

Then it multiplies the percentage by the maximum rate for the child.

Example: The family needs 264 hours of child care in a month. The computer divides 264 hours by 215 = 1.23. DHS multiplies this number by the maximum rate for that child. This increases the maximum by 23 percent.

In this example, if the normal monthly rate for the child is \$516, the system would pay up to \$634.68.

A provider who does not provide the extra authorized hours of care will receive up to the normal maximum rate for their area.

## **Trouble shooting — what do I do when things go wrong?**

Call DPU if you have questions about your billing form or payment. If you haven't received a billing form, talk to the parent you provide care for or call DPU at 1-800-699-9074 or 503-378-5500 in Salem.

# Section 8. DHS program integrity, overpayments, announced visits, provider status, provider hearing rights, reporting changes



## INFORMATION AT A GLANCE

### DHS program integrity and overpayments ..... 86

- DHS reviews child care payments to make sure they are correctly authorized, billed and paid.
- Providers may have to repay DHS if they do not report changes within five days.

An overpayment may also occur when information on the **Child Care Provider Listing Form** (DHS 7494) is incorrect or if the background check and Child Protective Services information was not disclosed, which would have caused the BCU not to approve the provider.

### Intentional program violations (IPVs)..... 87

See page 87 for more information.

### Hearing rights: What if I disagree with a DHS decision? ..... 88

If you disagree with the DHS decision to deny your eligibility for payment or if you receive a notice that DHS is charging you with an overpayment, you have up to 45 days to submit a written request for a hearing.

### Announced provider specialist visits ..... 88

DHS conducts announced child care provider visits at the site of care to review record keeping and billing practices. The provider specialist can share education tools and materials and present suggestions, ultimately improving provider compliance with regulations around record keeping, billing and health and safety conditions. Providers who cooperate with these required visits are more likely to maintain accuracy and compliance.

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Provider status ..... 89

Failed providers – Providers may be placed in a failed status for not meeting DHS provider requirements or health and safety standards. See pages 89–91 for more information.

Suspended providers – Providers may be placed in a suspended status for not meeting requirements and will not be eligible for child care payment for six months. See pages 90–91 for more information.

Reporting changes after approval ..... 91

- All approved DHS providers including providers licensed with the OCC will need to report changes in the child care situation that affect payment or the eligibility of a provider.
- You must report changes within five days to DPU.
-  Failure to report changes may result in a suspended status; the provider will not be eligible for child care payment for six months.
- To report a change, call DPU at 1-800-699-9074 or 503-378-5500. You can also email DPU at *DPU.PROVIDERREPORTING@DHSOHA.STATE.OR.US* or fill out the **Provider Report** form (DHS 7496).

Provider report (DHS 7496)..... 94

Use the **Provider Report** form to report changes. Please return the completed form to the Direct Pay Unit immediately. See Section 9 of this guide for a blank form.

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# PROGRAM INTEGRITY, OVERPAYMENTS, ANNOUNCED VISITS, PROVIDER STATUS , PROVIDER HEARING RIGHTS, REPORTING CHANGES

## DHS program integrity and overpayments

DHS reviews payments for program integrity to make sure they are correctly authorized, billed and paid. DHS randomly selects several child care cases for review each month. We compare these records to providers' attendance records to make sure the payments are correct.

If we review a child care payment you received, we will ask you to send in a copy of the attendance record showing the hours of care you provided for the payment being reviewed.

If you do not return your attendance record, we will assume the amount you received during the period in question was an overpayment that you must repay.

If attendance logs indicate you have been paid for hours when you did not provide child care (not including authorized absent days), you will be notified about the overpayment. Overpayments are usually collected from future provider payments.

Providers can also incur overpayments in the following instances:

- When you don't report changes within five days (see pages 26–27 to see what changes providers must report)
- When information on the **Child Care Provider Listing Form 7494** is incorrect, or
- When you do not disclose information on the **Child Care Provider Listing Form 7494** regarding the background checks and Child Protective Services that would cause BCU to not approve you as the provider.

Providers have a right to a hearing on all overpayment decisions. (See "**Hearing rights: What if I disagree with a DHS decision?**" on page 88.)

### **When a provider is charged with an overpayment**

Providers charged with an overpayment may request a hearing within 45 days of determination. In that case, DHS will deduct overpayment amounts from the providers' child care payments until a final order is given.

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Providers also have the right to ask for a delay in repaying DHS until the hearing decision is made. To do this, the provider must request a hearing in writing within 15 days from the date of the overpayment notice.

## Intentional program violations (IPVs)

### What is an IPV?

An IPV occurs when a provider intentionally makes a false or misleading statement or misrepresents, conceals or withholds information related to:

- His or her request to be eligible as a DHS approved child care provider, or
- A claim for a child care payment from DHS.

If DHS determines you have made an IPV:

- You must repay the overpayment
- Legal action may be taken, including criminal prosecution
- You may be subject to penalties, and
- You may be disqualified for future payments.

Hearings are held on every IPV decision unless you have signed the **Agreement to Waive Child Care Provider. Hearing for Intentional Program Violations** (DHS 649CP). Read the information carefully before you sign this agreement. Signing it will result in a disqualification period and does not prevent you from being prosecuted in court or the overpayment being collected.

### What is the disqualification period for an IPV?

A child care provider with an overpayment as an IPV is not eligible for payment for a minimum of six months, and until the provider pays the full amount of the overpayment. If the violation is serious enough, the DHS Child Care Program manager can permanently disqualify a provider from receiving payment.

**Providers need to request a hearing within 45 days of determination of eligibility or overpayment.**

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## Hearing rights: What if I disagree with a DHS decision?

If you disagree with the DHS decision to deny your eligibility for payment or if DHS sends you a notice of an overpayment, you have up to 45 days to submit a written request for a hearing. (This is a separate hearing from the IPV hearing described above.) Someone at the family's DHS branch office can help you fill out an **Administrative Hearings Request** form (DHS 443) or your written letter of request.

### If DHS has denied a provider

If the Background Check Unit denies you DHS payment for providing care and you disagree with the decision, you may request a hearing within 45 days from the decision.

Providers who do not request a hearing within the 45 days or who lose the right to a hearing are not eligible to submit a new listing form for approval until 180 days following the date of the denial notice. However, if the situation has changed that caused the denial, you may contact the Background Check Unit for a review of your circumstances.

## Announced provider specialist visits

DHS conducts announced child care provider visits at the site of care to review record keeping and billing practices. The provider specialist can share education tools and materials and present suggestions, ultimately improving provider compliance with regulations around record keeping, billing and health and safety conditions. Providers who cooperate with these required visits are more likely to maintain accuracy and compliance.

Announced provider specialist visits include:

- Reviewing attendance and billing records
- Providing clarification and on-the-spot coaching and technical assistance regarding DHS procedures and requirements
- Offering guidance on DHS health and safety requirements as needed, and
- Delivering support and assistance with education tools and recommendations toward accurate documentation and billing procedures.



**Note: Providers must cooperate with the provider specialist visits. Refusal may result in suspension as a DHS child care provider. See “Suspended providers” below for more information.**

## Provider status

### **Failed providers**

A provider may be placed in a failed status for not meeting DHS provider requirements and/or health and safety standards. (See pages 21–25 for list of provider requirements.) Providers in a failed status are not eligible for child care payment.

- A provider with a status of "failed" may reapply at any time by providing the required documents and information to DHS for review.
- DHS will not pay any other child care provider for child care at the failed provider's site.
- DHS will not pay a child care provider at another site if the failed provider is involved in the child care operation unless DHS determines the reasons for the provider's failed status are not relevant to the new site.

### **Suspended providers**

Providers may be suspended when they do not meet the following requirements and will not be eligible for child care payment for six months:

- Reporting required changes to DPU within five days of occurrence (see pages 91–95 for reporting changes).
- Allowing DHS to visit or inspect the site of care while child care is provided.
- Keeping daily attendance records recorded as each child arrives and departs. These records show the arrival and departure times for each child in care. Keep billing records for each child receiving child care benefits from DHS.  
Note: You must retain written attendance and billing records for a minimum of 12 months and provide them to DHS upon request).
- Reporting suspected child abuse.

- Supervising each child in care at all times, including being:
  - » Within sight or sound of all children
  - » Aware of what each child is doing
  - » Near enough to children to respond when needed, and
  - » Physically present when kindergarten-age or younger children are playing outside, unless a fully fenced and hazard free play area exists.
- Having competency, sound judgement and self-control when working with children.
- Being mentally, physically and emotionally capable of performing duties related to child care.
- Preventing any individual who behaves in a manner that may harm children from having access to a child in the provider's care.
- Allowing the custodial parent of a child in his or her care to have immediate access to the child at all times.
- Following policies regarding smoking, alcohol, controlled substances and marijuana (including medical marijuana). (See pages 21–25 for provider requirements.) This includes:
  - » Child care providers
  - » Any individual supervising, transporting, preparing meals or otherwise working in the proximity of child care children, and
  - » Those completing daily attendance and billing records.

## **When a provider is suspended**

Suspended providers cannot bill DHS for care in the ERDC or TANF/JOBS programs for at least six months. They will receive a notice by mail that includes their right to request an administrative hearing and how to schedule one.

- DHS will not pay any other child care provider for child care at the suspended site location.
- DHS will not pay a child care provider at another site if the suspended provider is involved in the child care operation unless DHS determines the reasons for the provider's suspension are not relevant to the new site.

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- A provider with a status of "suspended" may be eligible for payments after the six-month ineligibility period ends if DHS has approved the provider following reapplication. This includes providing the required documents and information to DHS for review.

## Reporting changes after approval

**Within five days of occurrence**, all DHS approved child care providers including OCC licensed providers are required to report the following changes to the Direct Pay Unit:

- Child care providers are required to report **any** contact or involvement with Child Protective Services (Child Welfare) or any other agencies providing child or adult protective services, as well as any arrests, indictments or convictions, for the following individuals:
  - » You (child care provider)
  - » Any person living with you age 16 and older
  - » Each person who visits the home of the provider during the hours care is provided and may have unsupervised access to a child in care
  - » Each person supervising a child in the provider's absence
  - » The site director of an exempt child care facility and anyone who works in the facility who has access to the children in care, including employees, substitute caregivers, staff and volunteers, and
  - » Any other person required to be on the listing form.
- Any change to the provider's name, phone number or address including any location where care is provided
- Any new person (age 16 and older) in the home or facility, including visitors to the home or facility during the hours care is provided who may have unsupervised access to the children in care
- When a person in the home or facility turns 16 years of age
- If the provider is now licensed with the OCC
- If the provider no longer meets DHS provider requirements including health and safety requirements

- If the provider is now a home care worker for any DHS Aging and People with Disabilities program or personal support worker through any Intellectual and Developmental Disability (IDD) or Oregon Health Authority (OHA) Behavioral Health Services program
- If the provider is a home care worker or personal support worker, any changes that occur with the type of care the provider gives or if clients have been added to the provider's care.



Please report changes as soon as they happen. To tell DHS about a change, call DPU at 1-800-699-9074 (or 503-378-5500 in the Salem area), or send an email to DPU at *DPU.PROVIDERREPORTING@ STATE.OR.US* or use a **Provider Report** form (DHS 7496).

There is a sample **Provider Report** form on pages 94–95.

Depending on the change reported, you may receive a new **Child Care Provider Listing Form** (DHS 7494) to complete. Please return the completed form to the Direct Pay Unit immediately. Failure to return this form will stop future billing forms.



**Note: Failure to report changes in within *five days* of occurrence may result in an overpayment, suspension or ineligibility as a DHS child care provider. See pages 90–92 for more information.**

See pages 86–87, "**DHS program integrity and overpayments**"

## **Filling out the Provider Report form (DHS 7496)**

### **Section 1**

Write the date the change occurred or will occur.

### **Section 2**

Write the provider/facility name, phone number, DHS provider number and the Social Security or IRS number.

### **Section 3**

This section is to report changes in your phone number or mailing address.

### **Section 4**

This section is to report changes in the phone number or address where you provide care.

### **Section 5**

If your name has changed or will change, write both the old and new names.

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## Section 6

If another person, age 16 or older, has moved or will move into your home, write his or her name, birth date and Social Security number. Also include anyone who will be visiting the home during the hours care is provided who may have unsupervised access to the children in care.

## Section 7

(a) (a) If you have been arrested or convicted of a crime or referred to Child Protective Services (Child Welfare) for child abuse, neglect, failure to protect a child or any other involvement — check the boxes that apply and write the date of the action and agency.

(b) (b) If a person in your home or a visitor who may have unsupervised access to the children in care, age 16 or older, has been arrested or convicted of a crime or referred to Child Protective Services (Child Welfare) for child abuse, neglect, failure to protect a child, or any other involvement — check the boxes that apply and write the date of the action and agency.



**Providers agree to report changes within five days of occurrence. Failure to report changes within five days may result in an overpayment, suspension or ineligibility as a DHS child care provider. See pages 90–92 for more information.**

# Provider Report (DHS 7496)

## Provider Report



Use this form to report changes to the Direct Pay Unit (DPU). Changes are required to be reported within five days of occurrence. Child care providers who are registered or certified with the Office of Child Care (OCC), need to report changes to both DPU and OCC. Contact OCC at 1-800-556-6616. Changes can be submitted to DPU by mail, telephone or email:

DPU  
P.O. Box 14850  
Salem, Oregon 97309-0850

**Telephone:**  
Salem 503-378-5500 or 1-800-699-9074  
Email: [Dpu.providerreporting@state.or.us](mailto:Dpu.providerreporting@state.or.us)

<b>1. Date</b>					
Date when this change occurred or will occur: _____					
<b>2. Identifying information</b>					
Provider/facility name:	Telephone:	DHS provider number:	SSN or Tax ID number:		
<b>3. New mailing address or telephone number</b>					
New mailing address:	City:	State:	ZIP code:	County:	Telephone:
<b>4. New address where you provide care or telephone number</b>					
New Address:	City:	State:	ZIP code:	County:	Telephone:
<b>5. My name has changed</b>					
Old name:			New name:		
<b>6a. Someone age 16 years or older moved into my home or 6b. Someone visits my home during child care hours and may have unsupervised access to a child in care</b>					
Write that person's name below.					
Name of person:		Date of birth:	Social Security number:		
Name of person:		Date of birth:	Social Security number:		

**7. Other Changes**

a.  I have been:

Arrested for a crime       Convicted of a crime

Involved with Child Protective Services (CPS, Child Welfare) for child abuse, child neglect, failure to protect a child or any other involvement (*including referral*):

Date occurred: \_\_\_\_\_

Law enforcement agency, court or CPS (Child Welfare) local branch office: \_\_\_\_\_

b.  Someone age 16 years or older living in or visiting my home has been:

Arrested for a crime

Convicted of a crime

Involved with CPS (Child Welfare) for child abuse, child neglect, failure to protect a child or any other involvement (*including referral*):

Date occurred: \_\_\_\_\_

Law enforcement agency, court or CPS (Child Welfare) local branch office: \_\_\_\_\_

If yes, list name(s) here (*first and last name*): \_\_\_\_\_

SAMPLE

# Section 9. Reporting child abuse: the provider's role



## INFORMATION AT A GLANCE

### Providers are mandatory reporters ..... 97

Oregon state law requires that people in certain professions are mandatory reporters. This means that they must report child abuse or neglect if they have reasonable cause to suspect it is happening. Child care providers are mandatory reporters.

### Recognizing child abuse ..... 98

Find examples of what is considered abuse.

### How do I make a report? ..... 101

Report child abuse to a local Department of Human Services (DHS) office or a local police department, county sheriff, county juvenile department or the Oregon State Police.

You can also call 1-855-503-SAFE (7233). This toll-free number allows you to report abuse or neglect of any child or adult to the Oregon Department of Human Services.

**If you think someone is being hurt or is in danger, call 911 immediately.**

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# REPORTING CHILD ABUSE: THE PROVIDER'S ROLE

## Providers are mandatory reporters

Oregon state law requires that people in certain professions are mandatory reporters. This means that they must report child abuse or neglect if they have reasonable cause to suspect it is happening.

If you are a DHS child care provider or you are registered or certified with the Office of Child Care (OCC), you are a mandatory reporter. Child care providers are subject to mandatory child abuse reporting under the Child Abuse Reporting Law. You must agree to report suspected child abuse to the DHS Child Welfare Program or a law enforcement agency, according to Oregon law, as part of your provider requirements.

## Importance of reporting abuse

We all have a responsibility to protect those who cannot protect themselves. DHS receives approximately 60,000 reports of suspected child abuse/neglect every year. More than 10 percent of those reports contain founded child abuse or neglect reports.

Failure to report is a violation of the law and carries a maximum penalty of \$1,000. Mandatory reporters who fail to report can also be sued for damages in civil court. However, anyone who makes a good faith report based on reasonable grounds is immune from liability.

In other words, you can't get in trouble for reporting child abuse, but you can get in trouble if you don't report it. Most importantly, you may be helping to save a child's life.

The Department of Human Services Child Welfare Program will assess the information you give and take further action, if necessary. Your name will be kept confidential. Only a court of law can order a reporter's name released.

As a mandatory reporter, you are a very important part of the system to protect children. Nearly three-quarters of all child abuse reports come from mandatory reporters. You may be the only person outside the immediate family who sees babies or small children. You may be the only person who knows a child is being abused.

**Note: It is not your responsibility to prove abuse or neglect happened, or to determine if it fits into the legally recognized definitions. That is the job of professional investigators or law enforcement officers. Your duty: If you suspect it, report it.**

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## Recognizing child abuse

### **Oregon law recognizes the following types of abuse:**

**Physical injury** — Oregon law defines physical abuse as an injury to a child that is not accidental. Most parents do not intend to hurt their children, but abuse is defined by the effect on the child, not the motivation of the parents.

Physical injury includes:

- Bruises, cuts, welts
- Head injuries
- Poisoning
- Fractures, sprains
- Burns or scalds
- Internal injuries
- Electrical shocks
- Death

Suspicious injuries may include injuries that:

- Are in the shape of the article used (electric cord, belt buckle, etc.), or
- Do not match the child's description of how they occurred (fracture from falling off sofa, etc.).

Spanking that leaves marks or bruises on a child might be abuse. Bruises anywhere on a baby are serious.

**Neglect** — Neglect is the most common form of abuse seen and may have long-term effects. Neglect is endangering a child's health and safety by failing to provide adequate food, clothing, shelter, supervision or medical care.

Drug and alcohol exposure may have a severe effect on children. Exposing a child to controlled substances that affect the child's health or safety is now considered physical neglect of a child.

Neglect also includes exposing a child to illegal activities, such as:

- Encouraging a child to participate in drug sales or theft
- Exposing a child to parental drug abuse, or
- Encouraging a child to use drugs or alcohol.

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Children who are neglected often:

- Don't want to leave school
- Are constantly tired
- Are left alone with no supervision
- Have unmet physical, emotional or medical needs.

**Threat of harm** — Threat of harm is subjecting a child to a substantial risk of harm to the child's health or welfare. Substantial harm is defined as immobilizing impairment, life-threatening damage, or significant or acute injury to a child's physical, sexual, psychological or mental development and/or functioning.

Some examples of threat of harm include:

- A child living with or cared for by a person who has been convicted of child abuse or neglect of any child in the past
- A child born to or coming to live with any person who has a child currently out of the person's home because of child abuse or neglect
- A newborn whose primary caregiver appears to lack the skills necessary to provide adequate care even though the child has not suffered harm
- A child living with a person who is involved in child pornography
- Caregiver behavior that is out of control and threatening to a child's safety. Examples include driving while intoxicated with children in the car; not taking prescribed medication; drug or alcohol abuse; or a mental, emotional or physical problem.

**Mental injury** — Mental injury is a continuing pattern of rejecting, terrorizing, ignoring, isolating or corrupting a child, resulting in serious damage to the child.

Children with a mental injury often:

- Have speech or sleep disorders
- Fail to grow normally
- Are very aggressive or withdrawn
- Show an abnormal need for emotional support.

Mental injury includes:

- Rejecting, abandoning or extensive ridiculing of a child
- Terrorizing a child by threatening extreme punishment against the child or the child's pets or possessions

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- Ignoring a child over time by refusing to talk to or show interest in the child's daily activities (this must be so extreme that no traditional parent-child relationship exists between the two)
  - Isolating a child by teaching the child to avoid social contact beyond the parent-child relationship
  - Corrupting a child by teaching inappropriate behavior in areas such as aggression, sexuality or substance abuse
  - Exposing a child to violence.

**Sexual abuse and sexual exploitation** — Any sexual contact in which a child sexually stimulates another person is illegal. This may be anything from rape to fondling to involving a child in pornography.

Sexual abuse includes:

- Incest
- Rape
- Sodomy
- Sexual penetration
- Fondling
- Voyeurism, and
- Sexual harassment.

Children who are sexually abused often have:

- Difficulty walking or sitting
- Pain or itching in genital area
- Torn, stained or bloody underclothing
- Poor peer relationships
- Fantasy or infantile behavior
- Fear of being left with someone
- Inappropriate interest in, knowledge of or acting out of sexual matters
- Any of the behavioral problems listed under "**Mental injury**," on pages 99–100.

Persons who sexually abuse children rely on many methods to force children to keep quiet. They may be subtle, telling the child they are doing it for his or her own good or promising the child favors or gifts. They may also be more blatant, such as a father

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warning his daughter that if she tells anyone, the family will be broken up and everyone will blame her.

The abuser may convince the child they are equal partners and that the abuser has special affection for the child. The abuser may say the child will be blamed if he or she discloses the situation. Many abusers use threats, telling the children their pets or loved ones will be hurt or that siblings will be targeted, or even the child will be killed if he or she tells.

Children need adults to provide their basic needs: food, a place to live, clothing and access to family and loved ones. Abusers deliberately emphasize that dependency to make children submit to them.

Sexual exploitation is using children in a sexually explicit way for personal gain; e.g., to make money, obtain food stamps or drugs, or gain status. It also includes using children in prostitution and using children to create pornography.

**Child selling** — Child selling includes buying, selling or trading for legal or physical custody of a child. It does not apply to legitimate adoptions or domestic relations planning.

**Shaken baby syndrome** — Shaken baby syndrome describes a head injury caused by holding a child by the arms or trunk and shaking the child severely and repeatedly. Many people do not understand that shaking can cause severe brain injury, blindness or even death. The most common injuries are blood clots around the brain, hemorrhages of the retina, fractures in the growing portion of the bone, injury to the brain, bruises on the extremities, or bruising and injury of the chest.

## How do I make a report?

If you think a child is being abused, report it right away to the local law enforcement agency or the child abuse hotline at 1-855-503-SAFE (7233). Most reports are made by phone because the law requires an oral report.

## What information should I have?

DHS cannot respond unless there is a specific allegation of abuse. For example, “Alex seems withdrawn and quiet” is not a specific allegation of abuse. However, it should be reported if Alex comes to school with bruises on the face and says a parent caused it.

Always pay close attention when a child tells you about being abused.

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The more information you have, the better. If possible, provide the names and addresses of the child and parent, the child's age, the type and extent of abuse, and any other information that will help establish the cause of abuse or identify the abuser. However, make the report even if you don't have all that information.

Also, the more quickly you get the information to us, the more likely we can respond effectively. For example, bruises and other physical marks can fade quickly.

You can get a booklet on the law and the symptoms of abuse by contacting your local Child Welfare office, or visiting the DHS website at [www.oregon.gov/DHS/abuse/](http://www.oregon.gov/DHS/abuse/).

If you would like training on Recognizing and Reporting Child Abuse, contact your local Child Care Resource and Referral office for more information. See the directory on pages 106–108.

# Section 10. Provider resources and other information



## INFORMATION AT A GLANCE

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211 is a resource for parents to locate child care providers in their area. Providers may contact 211 to update their program information. Dial 211; text keyword *children* to 898211; email *children@211info.org* or visit *211info.org*.

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DHS partners with local Child Care Resource and Referral agencies to provide training and other services to providers.

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## PROVIDER RESOURCES AND OTHER INFORMATION

### 211info

211 is a resource for parents to locate child care providers in their area. Child care providers know the importance of keeping information about their program current. Providers should contact 211 to update:

- Phone number and site location
- Vacancies
- Number of children – capacity and age range accepted
- Type of care – e.g., child care center, family child care, preschool, after school
- Hours and days open
- Services provided – e.g., transportation
- Environment – e.g., pets, outdoor play area, no TV
- Policies – vacation time, payment schedule, parent contract, etc.
- Language and race/ethnicity of provider
- Provider attributes including SPARK rating, education level (trainings, etc.), time in the field/experience, accreditation



- 
- Willingness to accept financial assistance payments, such as DHS
  - Program structure

Dial 211; text keyword children to 898211; email [children@211info.org](mailto:children@211info.org) or visit [211info.org](http://211info.org).

## Child Care Resource and Referral services

DHS partners with local Child Care Resource and Referral agencies (CCR&R) to provide services to providers.

Local CCR&Rs are often able to provide the following services:

- Help child care providers work through the DHS listing process
- Information on services available to child care providers
- Information on the U.S. Department of Agriculture (USDA) Child Care Food Program
- Training such as Pediatric CPR and First Aid, Child Development, Health and Safety, and Business Practices
- Support groups for child care providers to meet and discuss common problems
- Guidance on problems collecting payment from families.

See the following pages for a list of the local CCR&R agencies providing these services.

## CHILD CARE RESOURCES AND REFERRAL SERVICES

County	Agency and address	Phone numbers
<b>Central Coordination</b>	Central Coordination of CCR&R 345 Monmouth Ave. Todd Hall Monmouth, OR 97361	1-800-342-6712
<b>Baker</b>	Child Care Resource & Referral at UMCHS 2101 Main St., #214 Baker City, OR 97814	541-523-7838 1-800-559-5878
<b>Benton</b>	Family Connections 6500 S.W. Pacific Blvd. Albany, OR 97321	541-917-4899 1-800-845-1363
<b>Clackamas</b>	Child Care Resource & Referral of Clackamas County 13455 S.E. 97th Ave. Clackamas, OR 97015	503-675-4100 1-866-371-4373
<b>Clatsop</b>	Northwest Regional Child Care Resource & Referral 3194 Marine Drive Astoria, OR 97103	503-338-3369
<b>Columbia</b>	Northwest Regional Child Care Resource & Referral 800 Port Avenue St Helens, OR 97051	503-338-3369
<b>Coos</b>	CARE Connections 1988 Newmark Ave. Coos Bay, OR 97420	541-888-7957 1-800-611-7555
<b>Crook</b>	NeighborImpact Child Care Resources 3113 S. Highway 97, Suite 104 Redmond, OR 97756	541-323-6513 1-888-298-2672
<b>Curry</b>	CARE Connections 96082 Lone Ranch Parkway Brookings, OR 97415	541-888-7957 1-800-611-7555
<b>Deschutes</b>	NeighborImpact Child Care Resources 3113 S. Highway 97, Suite 104 Redmond, OR 97756	541-323-6513 1-888-298-2672
<b>Douglas</b>	Care, Connections & Education 1140 Umpqua College Rd Roseburg, OR 97470	541-440-7706
<b>Gilliam</b>	Child Care Partners 400 E. Scenic Drive The Dalles, OR 97058	541-506-6131 1-800-755-1143
<b>Grant</b>	Child Care Resource & Referral at UMCHS 530 E. Main, Suite 6 John Day, OR 97845	541-575-1112 1-800-559-5878

## CHILD CARE RESOURCES AND REFERRAL SERVICES

County	Agency and address	Phone numbers
<b>Harney</b>	Child Care Resource & Referral at UMCHS 779 W. Fillmore Burns, OR 97720	541-573-3069 1-800-559-5878
<b>Hood River</b>	Child Care Partners 400 E. Scenic Drive The Dalles, OR 97058	541-506-6131 1-800-755-1143
<b>Jackson</b>	Child Care Resource Network 101 N. Grape St. Medford, OR 97501	541-842-2610
<b>Jefferson</b>	Neighbor Impact 3113 S. Highway 97, Suite 104 Redmond, OR 97756	541-323-6513 1-888-298-2672
<b>Josephine</b>	Child Care Resource Network 101 N. Grape St. Medford, OR 97501	541-842-2610
<b>Klamath</b>	Care, Connections & Education 700 Klamath Ave. Klamath Falls, OR 97601	541-882-2308
<b>Lake</b>	Care, Connections & Education 700 Klamath Ave. Klamath Falls, OR 97601	541-882-2308
<b>Lane</b>	Quality Care Connections 4000 E. 30th Ave., Building 24 Eugene, OR 97405	541-463-3954 1-800-222-3290
<b>Lincoln</b>	Family Connections of Linn, Benton, & Lincoln Counties 6500 Pacific Blvd. SW Albany, OR 97321	541-917-4899 1-800-845-1363
<b>Linn</b>	Family Connections of Linn, Benton, & Lincoln Counties 6500 SW Pacific Blvd Albany, OR 97321	541-917-4899 1-800-845-1363
<b>Malheur</b>	Child Care Resource & Referral at UMCHS 780 S.E. 6th St. Ontario, OR 97914	541-889-4882 1-800-559-5878
<b>Marion</b>	CCR&R of Marion, Polk & Yamhill Counties 2475 Center St. N.E. Salem, OR 97301	503-585-2491 1-800-289-5533
<b>Morrow</b>	Child Care Resource & Referral at UMCHS 110 N.E. 4th Hermiston, OR 97838	541-564-6878 1-800-559-5878
<b>Multnomah</b>	CCR&R of Multnomah County 4510 N.E. 102nd Ave. Portland, OR 97220	503-491-6205 1-866-227-5529

## CHILD CARE RESOURCES AND REFERRAL SERVICES

County	Agency and address	Phone numbers
<b>Polk</b>	CCR&R of Marion, Polk & Yamhill Counties 2475 Center St. N.E. Salem, OR 97301	503-585-2491 1-800-289-5533
<b>Sherman</b>	Child Care Partners 400 E. Scenic Dr. The Dalles, OR 97058	541-506-6131 1-800-755-1143
<b>Tillamook</b>	Northwest Regional Child Care Resource & Referral 2515 3rd St. Tillamook, OR 97141	503-815-4448
<b>Umatilla</b>	Child Care Resource & Referral at UMCHS 110 N.E. 4th St. Hermiston, OR 97838	541-564-6878 1-800-559-5878
<b>Union</b>	Child Care Resource & Referral at UMCHS 1100 K Ave. LaGrande, OR 97850	541-975-5607 1-800-559-5878
<b>Wallowa</b>	Child Care Resource & Referral at UMCHS 758 N.W. 1st St. Enterprise, OR 97828	541-910-0795 1-800-559-5878
<b>Wasco</b>	Child Care Partners 400 E. Scenic Dr. The Dalles, OR 97058	541-506-6131 1-800-755-1143
<b>Washington</b>	Child Care Resource & Referral of Washington County 1001 S.W. Baseline St. Hillsboro, OR 97123	971-223-6100 1-800-624-9516
<b>Wheeler</b>	Child Care Partners 400 E. Scenic Dr. The Dalles, OR 97058	541-506-6131 1-800-755-1143
<b>Yamhill</b>	CCR&R of Marion, Polk & Yamhill Counties 2475 Center St. N.E. Salem, OR 97301	503-585-2491 1-800-289-5533

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## Nutrition education and reimbursements from U.S. Department of Agriculture (USDA)

Providers listed with DHS may qualify to receive nutrition education and reimbursements from USDA for meals fed to children in care. Providers must be at least 18 years old, provide care in their home, prepare meals for children and meet USDA criteria.

Once you sign up for the program, a program representative will train you to serve USDA meals according to USDA guidelines and keep track of the meals you serve.

You will learn how to keep track of the children you serve, including their in and out times. You then send your paperwork to your sponsor at the end of the month and receive a reimbursement check based on the number of qualifying meals claimed.

Children need to eat foods with the right nutrients to be healthy, grow as they are meant to, and learn good eating habits that will last a lifetime. Eating the right foods will also help them function well in school. By serving them nutritious, tasty foods, they will learn to appreciate the wide variety of available healthful food choices.

Start by contacting the USDA Child and Adult Care Food Program sponsor in your area. The following table lists sponsors, their phone numbers and where they are located. Sponsors serve the local county and some adjacent counties. You must be listed and approved to receive payment as a DHS family child care provider.

## USDA Sponsor List

Find your county in the middle column to locate the USDA sponsor for your area.

Note: More than one sponsor serves some counties.

Sponsor	Counties served	Phone numbers	Email address
<b>Child Care Development Services, Inc. (Russian, Spanish and Vietnamese)</b>	Baker, Clackamas, Columbia, Crook, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jefferson, Lane, Linn, Malheur, Marion, Morrow, Multnomah, Sherman, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill	503-489-2509 800-695-6988 x. 2509	reception@ccdsmetro.org
<b>Northwest Nutrition Service, Inc. (Chinese, Vietnamese, Spanish and Russian bilingual staff)</b>	Clackamas, Clatsop, Columbia, Hood River, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, Yamhill	503-653-7626	information@ nwnutritionservice.com
<b>Nutrition First (Russian and Spanish bilingual staff)</b>	Benton, Clackamas, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington, Yamhill	503-581-7563 800-288-6368	sue.maxwell@mwvcaa. org
<b>Oregon Child Development Coalition (Spanish bilingual staff)</b>	Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake	541-770-5893 800-311-5084	gema.mcsoto@ocdc.net

# Child Care Payment Worksheet

Fill out this worksheet to get an estimate of your child care costs.

## Step 1:

Write down the total amount your provider charges for the month.

*(If your provider charges by the hour, multiply the hourly charge by the number of hours to get the monthly charge.)*

Monthly charge \$ \_\_\_\_\_

## Step 2:

Subtract the Department of Human Services (DHS) maximum rate limit. The DHS maximum rate limits can be found in the Child Care Provider Guide (DHS 7492).

*(Be sure to use the rate in the column for the number of hours authorized by DHS.)*

Subtract DHS  
maximum rate \$ \_\_\_\_\_

If there is an amount remaining after subtracting the DHS maximum rate limit from what your provider charges, you are required to pay this amount.

Overage \$ \_\_\_\_\_

## Step 3:

Write in the amount of your copay. This is the amount you are required to pay first before DHS can make a payment.

Add copay \$ \_\_\_\_\_

Add the overage amount and your copay. The combination of any overage your provider charges above DHS maximum rates and your copay amount is your total monthly cost.

Your total \$ \_\_\_\_\_

**Call your local DHS Self-Sufficiency office or the Direct Pay Unit (DPU) with questions about this worksheet.**



## ATTENDANCE LOG

Branch #      Provider #      Provider Name      Case #      Month/ Year:

Child's Name:						Child's Name:					
Date	A.M.		P.M.		Daily Total	Date	A.M.		P.M.		Daily Total
	Time In	Time Out	Time In	Time Out			Time In	Time Out	Time In	Time Out	
1						1					
2						2					
3						3					
4						4					
5						5					
6						6					
7						7					
8						8					
9						9					
10						10					
11						11					
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21						21					
22						22					
23						23					
24						24					
25						25					
26						26					
27						27					
28						28					
29						29					
30						30					
31						31					
<b>Monthly Total ▶▶▶</b>						<b>Monthly Total ▶▶▶</b>					

\*\*\*Children in school may have two "in" and "out" times.  
 \*\*\*Bill only for time that the children are actually in your care.  
 \*\*\*Please indicate sick/absent days on attendance log.

DPU  
 L.C.



# Provider Report



Use this form to report changes to the Direct Pay Unit (DPU). Changes are required to be reported within five days of occurrence. Child care providers who are registered or certified with the Office of Child Care (OCC), need to report changes to both DPU and OCC. Contact OCC at 1-800-556-6616. Changes can be submitted to DPU by mail, telephone or email:

DPU  
P.O. Box 14850  
Salem, Oregon 97309-0850

**Telephone:**  
Salem 503-378-5500 or 1-800-699-9074  
Email: [Dpu.providerreporting@state.or.us](mailto:Dpu.providerreporting@state.or.us)

## 1. Date

Date when this change occurred or will occur: \_\_\_\_\_

## 2. Identifying information

Provider/facility name:	Telephone:	DHS provider number:	SSN or Tax ID number:
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## 3. New mailing address or telephone number

New mailing address:	City:	State:	ZIP code:	County:	Telephone:
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## 4. New address where you provide care or telephone number

New Address:	City:	State:	ZIP code:	County:	Telephone:
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## 5. My name has changed

Old name:	New name:
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## 6a. Someone age 16 years or older moved into my home or 6b. Someone visits my home during child care hours and may have unsupervised access to a child in care

Write that person's name below.

Name of person:	Date of birth:	Social Security number:
Name of person:	Date of birth:	Social Security number:

**7. Other Changes**

a.  I have been:

Arrested for a crime       Convicted of a crime

Involved with Child Protective Services (CPS, Child Welfare) for child abuse, child neglect, failure to protect a child or any other involvement (*including referral*):

Date occurred: \_\_\_\_\_

Law enforcement agency, court or CPS (Child Welfare) local branch office:

\_\_\_\_\_

b.  Someone age 16 years or older living in or visiting my home has been:

Arrested for a crime

Convicted of a crime

Involved with CPS (Child Welfare) for child abuse, child neglect, failure to protect a child or any other involvement (*including referral*):

Date occurred: \_\_\_\_\_

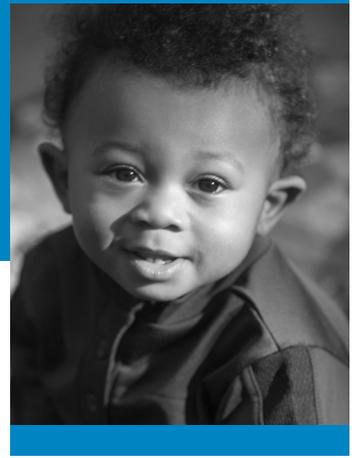
Law enforcement agency, court or CPS (Child Welfare) local branch office:

\_\_\_\_\_

If yes, list name(s) here (*first and last name*): \_\_\_\_\_

## Section 11.

# Frequently asked questions



- Q.** I have questions regarding how to fill out the **Child Care Provider Listing Form** (DHS 7494). Who do I call?
- A.** Call the Direct Pay Unit, 1-800-699-9074, or, in Salem, 503-378-5500. You may also work with your local Child Care Resource and Referral Office to get help. For the nearest office go to: <http://triwou.org/projects/ccccrr>.
- Q.** I would like more information on how the DHS Child Care Program works. How do I get that information?
- A.** You can find more information and the full provider standards and requirements by visiting the DHS website at [www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx](http://www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx). The "**Child Care Provider Guide**" (DHS 7492) is on this website for your convenience.
- Q.** Do I need to hold an Office of Child Care (OCC) license?
- A.** The following Oregon Department of Education OCC webpage is for family providers and facilities. It includes information about who is not required to be licensed (exempt) with OCC. Go to [www.oregon.gov/OCC/Pages/forproviders.aspx](http://www.oregon.gov/OCC/Pages/forproviders.aspx).
- Q.** Besides filling out the **Child Care Provider Listing Form**, is there anything else I need to do to start the process to become listed and approved with DHS?

- 
- A.** If required, take the online Introduction to Child Care Health and Safety training prior to submitting the listing form. See page 19 in this guide for more information. The training is located at [www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx](http://www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx). Other trainings are required prior to submitting the listing form for providers who are not related to a child in care. See pages 19–20 for more information.
- Q.** DHS has approved me as a child care provider, but I have not received a billing form. What do I do?
- A.** Have the parents receiving child care assistance call the Direct Pay Unit (DPU) at 1-800-699-9074. The parents may also contact their eligibility worker at their local branch office for help.
- Q.** How will I get paid?
- A.** You may receive payment for an eligible child for care provided on or after your listing approval date with DHS. DHS will send you billing forms if the parent is eligible at the time DHS approves you and the parent has reported to DHS that you are their child care provider. To receive payment from DHS, you will fill out the billing form and send it after you provide all care (for the time period stated on the form). There is more information about the billing and payment process in the Child Care Provider Guide (DHS 7492) or at [www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx](http://www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx). You may also call DPU at 1-800-699-9074.





You can get this document in other languages, large print, braille or a format you prefer. Contact the Direct Pay Unit at 1-800-699-9074 or 503-378-5500 in Salem. We accept all relay calls, or you can dial 711.

**DHS 7492 (12/2019)**