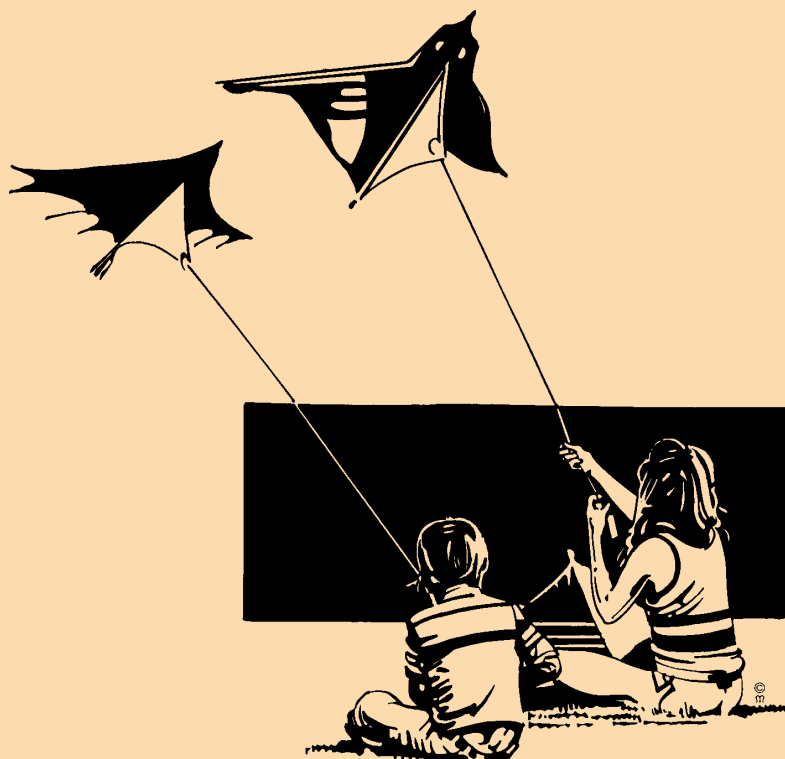


# Child Care Provider Guide



## DHS Integrated Child Care Program

## Internet Website

You may also visit our website at...(see page 1 for address)

### [Child Care Provider Guide](#)

Payment and billing information for child care providers

### [Parent Guide](#)

Information for parents about the type of child care programs that are available, the AFS child care program, copayment responsibilities, recognizing child abuse, and immunization of children

### [Provider Report Form](#)

Form used by child care providers to report changes to the AFS Direct Pay Unit in Salem. This form may be completed on-line and sent electronically to the Direct Pay Unit.

### [AFS Child Care Rates](#)

Rates paid by AFS to child care providers

### [Child Care Copayment Calculation](#)

Estimates the amount of client monthly copayment to be paid in the Employment Related Day Care Program

### [Child Care Policy](#)

Policy and procedures related to the AFS Child Care program as found in the Family Service Manual.

### [Child Care Resource & Referral](#)

Directory of Child Care Resource and Referral agencies in Oregon.

### [Oregon Child Care Resource and Referral Network](#)

1828 23rd St. SE  
Salem, Oregon 97302  
503-375-2644

### [2000 Oregon Child Care Market Rate Study](#)

(Requires Adobe Reader)

### [1999-2001 Child Care and Development Fund Draft Plan and review and comment form](#) (Requires Adobe Reader)

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## General Information

### What is the DHS Integrated Child Care Program?

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The Department of Human Services (DHS) helps some low-income parents pay for child care. These are parents or caretakers who need child care because they are employed or preparing for employment. Parents apply for child care assistance, or subsidy, at a local DHS office in their area. The amount of the subsidy is based on a number of factors, including the family's income, type of child care, and how many hours of care are needed.

If the parent is eligible, the subsidy is paid directly to the child care provider by the Direct Pay Unit (DPU) in Salem. Providers must be "listed" with DPU (see page 4) before a payment can be issued.

### Why Do You Need This Booklet?

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This booklet is for you—the child care provider. It explains what you need to know to get payment from DHS. It covers families who get child care benefits through The DHS Integrated Child Care Program (ICCP). If this booklet does not answer your questions, look on page 21 to find where to call for help. We want to make these programs work for you *and* the families we serve. You may also visit our website at <http://www.afs.hr.state.or.us/childcare.html> (See opposite page)

### DHS and the IRS

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- **Child Care Providers are Self-Employed**

Most child care providers are self-employed. That means you are responsible for the children in your care, keeping records, and paying taxes. You must keep records of attendance and all payments received from the family and DHS. A sample attendance log may be found on page 46. DHS makes ICCP payments on behalf of the family—DHS is not your employer.

- **Why DHS Needs Your Social Security Number or Federal Tax ID Number**

The Internal Revenue Service (IRS) requires DHS to obtain your Social Security Number or Federal Tax ID Number. The name you give DHS must match your name with the IRS. We check your name and SSN with the IRS. If your name and number are not valid, you will be subject to an IRS fine and you will not get checks from DHS.

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

DHS keeps track of all payments made to providers. If we pay you \$600 or more in one year, we report it to the IRS. We will send you a statement (IRS 1099-Misc) in February, showing how much we paid you during the previous year. Consult a tax advisor if you need information about how to include this income on your tax forms.

## Registration With the Child Care Division

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Many family child care providers are required by law to register with the Child Care Division (CCD). To register, providers must meet certain requirements and maintain minimum health and safety standards set by CCD. There is an application processing fee, but the fee may be waived if the provider's income is below the Federal Poverty Level. While many of the registration requirements are similar to ICCP listing requirements, *registration is separate from listing and is not carried out by DHS.*

If you provide child care in your home, you are required by law to register *with CCD unless you are exempt.* The following family child care providers are exempt from the requirement to register with the Child Care Division. Those who:

- ❖ 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;
- ❖ Care for 3 children or fewer ;
- ❖ Care for children less than 70 days per year;
- ❖ Are under age 18.

It is the provider's responsibility to comply with the law. If you have questions about registration or need an application, contact your local Child Care Resource and Referral office (see listings on pages 31-33) or the Child Care Division at 947-1400 (Salem) or 1-800-556-6616 (outside of Salem). You may also get application materials from your local Employment Department. Send registration applications and fees directly to the Child Care Division as shown on the application.

## Who Will DHS Pay?

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Families may use any child care provider they choose. However, The ICCP can only pay providers who meet the listing and provider requirements on pages 5-6.

In addition, the provider can not be:

- ❖ A parent or stepparent of the child being cared for;
- ❖ A parent of the child's brother or sister, if all are living in the same household;
- ❖ A brother or sister, age 17 or under, who lives with the child;
- ❖ On the same TANF grant as the child;
- ❖ Under age 16.

## What DHS Can Tell You About Families

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The law allows DHS to give limited information about families we serve once we have verified you are the provider for the 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 reason for any delay in paying DHS's share of a bill.

### What You Should Ask Parents

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Before you provide care, you should have a Provider listing form (AFS 7494), a Provider Listing letter (AFS 7494E), or direct approval from an DHS caseworker to be sure the client is eligible for help with their child care payment. You should also ask families for other information you need to know, such as:

- ❖ What days and hours will the children be in care?
- ❖ What is the family's address and telephone number?
- ❖ What is the work telephone number for reaching a family member?
- ❖ Who else can you call in an emergency? What is their phone number?
- ❖ Who is allowed to pick up the children?
- ❖ When will they pay their share of the bill?
- ❖ What is the family's case number?

### What Providers and Parents Must Do

---

Providers must:

- ❖ Fill out DHS forms completely and accurately;
- ❖ Promptly return completed forms;
- ❖ Treat DHS families the same as other families for whom they provide care (This means providing the same services, not charging higher rates, etc.);
- ❖ Provide healthy, safe and dependable child care and meet the listing requirements;
- ❖ Register with the Child Care Division, if required to do so by law .

Parents must:

- ❖ Give you any provider forms they receive from their worker;
- ❖ Send their income information to DHS on time;
- ❖ Pay their share of the child care bill;
- ❖ Give adequate notice to change providers;
- ❖ Inform their provider when their eligibility for assistance changes.

*NOTE: It is the responsibility of the parent to tell you about any changes in the DHS assistance they receive.*

## How to Become a Provider for the DHS Integrated Child Care Program (ICCP)

### What's Listing?

---

To be eligible for payment from DHS ICCP, the provider must be “listed”. This is different than being “registered” or “certified” with the Child Care Division (CCD). Providers need to fill out a separate DHS application to be “listed” with DHS ICCP. DHS listing is not part of the process you use to become registered or certified with CCD.

The listing form gives information about you and has an agreement you must sign to be eligible for payment. It also includes a checklist that describes minimum standards for a safe facility. By signing this form, you agree to meet all the program requirements and authorize a criminal and child protective services records checks for you, anyone age 16 or older who lives in your home or who visits often while the children are in care, and persons who care for children while you are away (substitute caregivers).

### How Do I Get Listed?

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To be listed, the provider fills out a *Child Care Provider Listing* form (AFS 7494). You get this form from the family when they are determined eligible for child care assistance. **It is important that you complete this form and send it in to the DHS Direct pay Unit (DPU) as soon as possible.** DPU's address is on the form. It is not a billing form, but it must be received and processed before a billing form can be sent by DHS ICCP.

To make sure you meet the requirements, carefully read the Provider Requirements on page 5 and the information about criminal (CH) and child protective services (CPS) records on page(s) 6-11 of this guide. We must have information about all the persons subject to the records check and their signatures. **The form will be returned and the processing delayed if it is not complete.**

## **What Are the Provider Requirements?**

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All providers paid by ICCP must meet the provider requirements. This includes criminal and child protective service records checks. Providers must also meet ICCP health and safety standards. your signature on the Provider Listing Form affirms that you agree to meet all the requirements below.

### In the area of basic requirements the provider must:

- *Be* age 16 or older and in such physical and mental health as will not adversely affect a child in care.
- Providers ages 16 and 17 must have a legally responsible adult co-signer (who is not the parent or guardian of the children in care).
- *Be* the person who provides the care.
- *Notify* DHS before using a substitute caregiver. (Substitute caregiver must be listed on a Provider Listing Form).
- *Be* registered or certified with CCD if required by law.
- *Pass* a background check. (This includes the provider and all other persons required to be listed.)
- *Cooperate* with any investigation of a complaint, including a visit to the premises where child care is provided during child care hours.

### In the area of health & safety the provider must:

- *Meet* the DHS Health and Safety minimum standards on the listing form and agree to continue to meet those standards.
- *Supervise* children in care at all times.
- *Allow* custodial parents to have access to their children while in your care.
- *Review* immunization schedule with parents and keep immunization records up-to-date.
- *Take* steps to prevent the spread of infectious diseases.
- *Report* suspected child abuse to a DHS Child Protective Services Office or a law enforcement agency.
- *Report* to DPU any arrests, convictions or involvement with Child Protective Services of themselves or persons living with them.
- *Prevent* people from having access to the children who have demonstrated behavior that may be detrimental to children.

### In the area of billing and record-keeping, the provider must:

- *Give* DHS their correct, valid SSN or IRS identification number.
- *Charge* the family the same rate (or less) they normally charge other families.
- *Bill* for the amount of care provided.
- *Keep* attendance records of the hours and days they care for the children for at least one year and allow DHS to review their records upon request.
- *Report* to DPU changes of name, phone number, address, and of people moving in and out of their home within 10 days.

## Help With Health and Safety Requirements

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Limited assistance is available to help providers meet the health and safety standards. For example, we can provide help with protecting wood stoves or electrical outlets. If you do not meet the standards, indicate on the listing form you would like help, and you will receive information about whom to contact for help. You may qualify to provide care while you are working with us to meet the standards.

## Review of Criminal and Child Protective Service History

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All providers subject to DHS records checks should carefully review the lists of offenses on pages 7-10, *Potentially Disqualifying Crimes*. The crimes on the three lists show each period of potential disqualification: permanent, 10 years, and 5 years. If there is a conviction for the crimes listed, the provider is potentially disqualified for the time period shown. For example, a conviction for disorderly conduct would potentially disqualify the provider until five years from the date of conviction or release from incarceration. For *Child Protective Services History*, the disqualification is determined by the details in the report.

**Providers may furnish additional information and request a review of the circumstances.** If the provider (or other person subject to the records checks) can demonstrate that repeated behavior is unlikely and they are not a danger to children in care, DHS may determine the provider eligible for payment. To request a review, the provider should call the DHS Criminal Records Unit (CRU) at 1-888-272-5545 (503-378-5470 in the Salem area).

**Providers may request a hearing if they are denied.** When DHS reviews the listing form or criminal and protective services records of the provider and finds they do not meet the requirements, DHS will deny the provider's eligibility for payment. DHS will send a denial notice to the provider explaining the reason for the disqualification and how to request a hearing. DHS also sends the family a notice. The notice says that the listing was denied, but gives no other information. The parent may request the information from the provider. The parent is notified that they must find another provider if they want to keep getting child care assistance.

**The following are crimes that are permanently disqualifying unless a review by DHS concludes there is no longer a danger to children in care.**

- (a) Abandonment of a child (ORS 163.535);
- (b) Abuse of corpse I or II (ORS 166.087 and 166.085);
- (c) Aggravated murder (ORS 163.095);
- (d) Animal abuse I (ORS 167.320);
- (e) Arson I (ORS 164.325);
- (f) Assault I or Assault II (ORS 163.185 and ORS 163.175);
- (g) Child neglect I or II (ORS 163.547 and 163.545);
- (h) Compelling or promoting prostitution (ORS 167.017 and 167.012);
- (i) Criminal mistreatment I or II (ORS 163.205 and 163.200);
- (j) Criminally negligent homicide (ORS 163.145);
- (k) Displaying obscene materials to minors (ORS 167.080);
- (l) Disseminating obscene material (ORS 167.087);
- (m) Encouraging child sexual abuse I, II, or III (ORS 163.684 or 163.686 or 163.687);
- (n) Endangering the welfare of a minor (ORS 163.575);
- (o) Exhibiting an obscene performance to minors (ORS 167.075);
- (p) Failure to report child pornography (ORS 163.693);
- (q) Furnishing obscene materials to minors (ORS 167.065);
- (r) Incest (ORS 163.525);
- (s) Intimidation I or II (ORS 166.165 and 166.155);
- (t) Kidnapping I or II (ORS 163.235 and 163.225);
- (u) Manslaughter I or II (ORS 163.118 and 163.125);
- (v) Murder (ORS 163.115);
- (w) Paying for viewing sexual conduct involving a child (ORS 163.686);
- (x) Possession of weapons by inmates of institutions (ORS 166.275);
- (y) Rape I, II or III (ORS 163.375, 163.365 and 163.355);
- (z) Robbery I (ORS 164.415);
- (aa) Sadomasochistic abuse or sexual conduct in live show (ORS 167.062);
- (bb) Sending obscene materials to minors (ORS 167.070);
- (cc) Sexual penetration I or II (ORS 163.411 or 163.408);
- (dd) Sexual abuse I, II or III (ORS 163.427, 163.425 and 163.415);
- (ee) Sodomy I, II or III (ORS 163.405, 163.395 and 163.385);
- (ff) Using child in display of sexually explicit conduct (ORS 163.670);
- (gg) Any conviction for attempt, solicitation or conspiracy to commit any of the crimes listed in this subsection;
- (hh) Any crime in any other jurisdiction that is the substantial equivalent of any of the Oregon crimes listed in this section.
- (ii) Criminal homicide (ORS 163.005)

**The following are crimes that result in a 10 year disqualification unless a review by DHS concludes there is no longer a danger to children in care.**

- (a) Adult using minor in commission of controlled substance offense (ORS 167.262);
- (b) Aggravated theft I (ORS 164.057);
- (c) Animal neglect I (ORS 167.330);
- (d) Arson II (ORS 164.315);
- (e) Assault III or Assault IV (ORS 163.165 and ORS 163.160);
- (f) Burglary I or II (ORS 164.225 and ORS 164.215);
- (g) Carrying of concealed weapons (ORS 166.240);
- (h) Certain felons forbidden to possess firearms (ORS 166.270);
- (i) Coercion (ORS 163.275);
- (j) Commercial drug offense (ORS 475.996);
- (k) Contributing to the sexual delinquency of a minor (ORS 163.435);
- (l) Criminal conspiracies (ORS 161.450);
- (m) Criminal non-Support (ORS 163.555);
- (n) Criminal trespass in possession of a firearm (ORS 164.265);
- (o) Penalties for distribution to minors (ORS 475.995);
- (p) Escape I or II (ORS 162.165 and ORS 162.155);
- (q) Failing to supervise a child (ORS 163.577)
- (r) Firearm used in felony (ORS 166.429);
- (s) Frequenting a place where controlled substances are used (ORS 167.222);
- (t) Illegally selling drug equipment (ORS 475.960);
- (u) Menacing (ORS 163.190);
- (v) Penalty for manufacture or delivery of controlled substance within 1,000 feet of school in violation of a permit (ORS 475.999);
- (x) Pointing a firearm at another (ORS 166.190);
- (y) Possession of destructive device (ORS 166.382);
- (z) Prohibited acts generally [NOTE: includes felony drug offenses only] (ORS 475.992)
- (aa) Prohibited acts for registrants [NOTE: includes felony drug offenses only] (ORS 475.993)
- (bb) Prostitution (ORS 167.007);
- (cc) Public indecency (ORS 163.465);
- (dd) Publicly displaying nudity or sex for advertising purposes (ORS 167.090);
- (ee) Racketeering (ORS 166.720);
- (ff) Resisting arrest (ORS 162.315);
- (gg) Robbery II or III (ORS 164.405 and 164.395);
- (hh) Sale or gift of explosives to children (ORS 166.480);
- (ii) Sexual misconduct (ORS 163.445);
- (jj) Stalking (ORS 163.732);
- (kk) Supplying contraband (ORS 162.185);

- (ll) Tampering with drug records (ORS 167.212);
- (mm) Theft by extortion (ORS 164.075);
- (nn) Unlawful paramilitary activity (ORS 166.660);
- (oo) Unlawful use of a weapon (ORS 166.220);
- (pp) Unlawful possession of machine guns, certain short barreled firearms and firearms silencers (ORS 166.272);
- (qq) Unlawful manufacture of a destructive device (ORS 166.384);
- (rr) Any conviction for attempt, solicitation or conspiracy to commit any of the crimes listed in this section;
- (ss) Any crime in any other jurisdiction which is the substantial equivalent of any of the Oregon crimes listed in this section.
- (tt) Assaulting a public safety officer (ORS 163.208)
- (uu) Animal abuse II (ORS 167.315)
- (vv) Criminal trespass I (ORS 164.255)
- (ww) Unlawful use of stun gun, tear gas, mace I, II (ORS 163.213)

**The following are crimes that result in a 5 year disqualification unless a review by DHS concludes there is no longer a danger to children in care.**

- (a) Bribe receiving; witness (ORS 162.275; ORS 162.025; ORS 162.265);
- (b) Criminal driving while suspended or revoked or in violation of a permit (ORS 811.182);
- (c) Criminal mischief I or II (ORS 164.354 and 164.365);
- (d) Criminal possession of a forged instrument or forgery device (ORS 165.022 and ORS 165.032);
- (e) Criminal trespass in the second degree (ORS 164.245);
- (f) Disorderly conduct (ORS 166.025);
- (g) Driving under the influence of intoxicants (ORS 813.010);
- (h) Failure to appear I (ORS 162.205);
- (i) Failure to perform duties of driver to injured persons; penalty (ORS 811.705);
- (j) Failure to perform duties of driver when property is damaged (ORS 811.700);
- (k) Failure to report missing precursor substances (ORS 475.955);
- (l) Failure to report precursor substance (ORS 475.950);
- (m) Fleeing or attempting to elude police (ORS 811.540);
- (n) Forgery I or II (ORS 165.013 and 165.007);
- (o) Forging, altering or unlawfully producing or using title or registration (ORS 803.230);
- (p) Fraudulent use of a credit card (over \$750) (ORS 165.055);
- (q) Harassment (ORS 166.065);
- (r) Hindering prosecution (ORS 162.325);
- (s) Hit and run (ORS 811.700 and 811.705);
- (t) Negotiating a bad check (ORS 165.065);
- (u) Obstructing governmental or judicial administration (ORS 162.235);
- (v) Official misconduct I or II (ORS 162.405 and 162.415);

- (w) Perjury (ORS 162.065)
- (x) Possession of burglary tools (ORS 164.235);
- (y) Prohibited acts for registrants; penalties [NOTE: misdemeanor drug offenses] (ORS 475.993);
- (z) Prohibited acts generally; penalties; [NOTE: misdemeanor drug offenses] (ORS 475.992);
- (aa) Prohibited acts involving records and fraud; penalties (ORS 475.994);
- (bb) Providing liquor to a person under 21 or to intoxicated person; mandatory minimum penalties (ORS 471.410);
- (cc) Reckless driving (ORS 811.140);
- (dd) Recklessly endangering another (ORS 163.195);
- (ee) Tampering (ORS 162.285 and 162.305);
- (ff) Telephone harassment (ORS 166.090);
- (gg) Theft by receiving (ORS 164.095);
- (hh) Theft by deception (ORS 164.085);
- (ii) Theft I or II (ORS 164.055 and 164.045);
- (jj) Unauthorized use of a motor vehicle (ORS 164.135);
- (kk) Unlawful possession of firearms (ORS 166.250);
- (ll) Unlawfully obtaining public assistance (ORS 411.630);
- (mm) Unlawfully obtaining/using food stamps (ORS 411.840);
- (nn) Violation of release agreement (ORS 137.540);
- (oo) Any conviction for attempt, solicitation or conspiracy to commit any of the crimes listed in this section;
- (pp) Any crime in any other jurisdiction that is the substantial equivalent of any of the Oregon crimes listed in this section.

## Child Protective Service History

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A provider of child care is not eligible for a payment from DHS ICCP if it is determined, based on prior conduct, that a person subject to listing is likely to engage in conduct that would jeopardize the safety of children in the provider's care. In order to make its determination, DHS may use any available information including the Child Protective Services (CPS) records of the State Office for Services to Families and Children.

If a person subject to a record check has a "founded" CPS report of child abuse, child neglect or failure to protect a child, the provider will not be eligible for payment. If DHS determines, based on consideration of the circumstances, that repeated behavior is unlikely and that the situation does not present a danger to children in care, the provider may be determined eligible for payment.

This determination is made based on the content and source of the reports, the time elapsed since the reports, the number of reports and referrals, the person's participation in rehabilitation, training or counseling, and the likelihood of the person's abuse of drugs or alcohol.

If there is a "founded" report, but DHS has reviewed the circumstances and determined the provider is eligible for payment, DHS may pay for services of a child care provider if the parent of the children in care is informed of the founded report(s), the year of occurrence, and the nature of the reported conduct. In some limited circumstances, this requirement may be waived by DHS.

## What if I Get Denied?

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Child care providers have 45 days to request a hearing in writing to appeal any decision by DHS to deny eligibility for payment or to establish an overpayment.

Providers who do not request a hearing within the 45 days or who lose the right to a hearing are not eligible to reapply for listing until 180 days following the date of the listing denial notice. However, if the situation has changed that caused the denial, you may contact the Criminal Records Unit for a review of your circumstances (see Review of Criminal and Child Protective Service History on page 6).

Providers denied eligibility for payment who request a hearing continue to be ineligible for payment while the hearing decision is pending. Even if the hearing concludes the provider is eligible for payment, DHS can not go back and pay for the time the provider was in denied status.

## Filling out the Child Care Provider Listing form (AFS 7494)

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Note: These instructions are intended to answer the most frequently asked questions about this form.

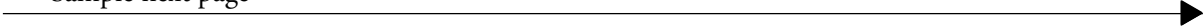
1. Write your name or the name of your business **as it appears on Internal Revenue Service (IRS) records**. If this is incorrect, you could receive a fine from IRS and stop getting payments from DHS.
2. Write your Social Security number here. If you are using an IRS identification number other than your Social Security number, skip to number 3. **You must give your correct, valid Social Security number or IRS identification number to qualify for payment.**
3. Write your IRS identification number, if you have one. This can be a personal tax ID number or employer ID number.
4. Write your name (or the name of your facility if it is a center or group home). This is what will be printed on the check.
5. Write the address where child care is provided. This may be different from your mailing address or the address where you live. We need the address where care is provided to determine your DHS ICCP rate area.
8. If you check no, you will be sent a current *Child Care Provider Guide* (AFS 7492).
9. Write your mailing address. We will send your checks and letters to this address.
10. Check one box for the type of care you provide and fill in the required information for all persons subject to a records check. You must complete this section unless your facility has been certified by CCD as a child care center or group home. *Certified means that your center or group home has been inspected by CCD and that you have received a certification of compliance.*

Fill in your name, driver license number and state, birthdate, sex and Social Security number. Fill in the same information for all persons required to be listed. **Failing to list a person is grounds for denial of eligibility for payment and you may incur a provider overpayment. Each person listed must sign to authorize records checks or the form will be returned.**

11. Write in the total number of children you provide child care services for. This includes children not receiving a DHS ICCP subsidy. You may be required by law to be registered or certified with CCD (*See page 2 of this guide for more information, or call CCD at 1-800-556-6616, 503-947-1400 in the Salem area.*)
12. The Child Care Division (CCD) registers and certifies child care providers. This is a separate process from the listing process. Write in the CCD provider number if you are registered or certified.

13. Write the name and birthdate (if known) of each child you are caring for from this family. Mark yes or no to show if you are related to any of the children. If related, indicate how. For example: grandmother, uncle, etc. **DHS ICCP will not pay you for a child's care if you are:**
- \* **the child's parent, stepparent or sibling under age 18; or**
  - \* **not related, but live with the child's parent and have another child with that parent.**
14. Review each standard and check whether your facility does or does not meet it. If your facility does not meet all standards and you want help meeting them, mark yes on 15. You may qualify for listing while correcting the problem. **If you provide care in the child's home and you live somewhere else, only 14a applies.**
15. If you checked that your facility does not meet one or more of the standards in Question 14, check "Yes" if you want information about help meeting them and we will send you information about whom to contact. If you already meet the standards, check the "Not applicable" box.
- Providers who are "pre-listing" will not be able to get help meeting the standards until they are listed to provide care for a specific DHS ICCP family.*
16. Check one. Providers must be at least 16 years of age. Providers age 16 or 17 must have a legally responsible adult co-signer. *Co-signer may not be the parent or guardian of the children in care. The co-signer assumes responsibility for the accuracy of the form and to repay any overpayments incurred. The co-signer will also be required to sign the child care billing forms for payment.*
17. **Read the provider requirements carefully on page 5 of this guide.** DHS ICCP will not pay providers who do not meet them. Your signature on the listing form means that you agree to meet the requirements, and the information given is true and complete. After you sign and date the form, send it to DPU at the address on the form.

Sample next page



State of Oregon  
Department of Human Services  
Adult and Family Services Division

## Child Care Provider Listing

Branch Use Only	Program	Branch	Case Number	Case Name	Wkr ID
	M5	9900	ABC 123	DOE, JOHN A	AA
	Which billing form? (✓ check one) <input checked="" type="checkbox"/> CCB (DPU Issues) <input type="checkbox"/> JCCB (Worker Issues)		No. of Child Care Hours 1st mo:                      2nd mo:		Date Care Began (mm,dd,yy) 11-1-01
	Will this be the primary provider? (Provides the most care. Will collect copay.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If yes, month effective for copay:			First Month of CCB 11/01	
Replaces another provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, end this provider (name):    Date Care Ended (mm,dd,yy)		Date Issued 11-5-01	
DPU	DPU Wkr	Provider #	Notes:		

**Instructions to Parent:** Give this form to your provider with a Provider Guide right away.

**Instructions to Provider:** Please use **black or blue ink** and print clearly. Complete this form and send it to the Direct Pay Unit, PO Box 14850, Salem, OR 97309. Instructions for this form are in the Child Care Provider guide (AFS 7492). This is not a billing form. You will be mailed a billing form if you qualify for payment. You are receiving this form because Adult and Family Services (AFS) is helping pay child care expenses for the family named above who has selected you as their provider. It is important to mail this form as soon as possible.

1. Name as it appears on IRS records <b>Susan A Brown</b>	2. Social Security Number <b>000-XX-0000</b>	3. IRS Identification Number		
4. Name You Want Printed on the Check <b>Child Care by Susie</b>	5. Address Where You Provide Care <b>456 Main St</b>	City <b>Anytown</b>	State <b>OR</b>	Zip <b>97000</b>
6. Phone Number (include area code) ( <b>123</b> ) <b>123-1234</b>	7. Address Where You Live <b>456 Main St</b>	City <b>Anytown</b>	State <b>OR</b>	Zip <b>97000</b>
8. Do you have a current Provider Guide? (AFS 7492) <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Mailing Address (if different) <b>PO Box 371</b>	City <b>Anytown</b>	State <b>OR</b>	Zip <b>97000</b>

**10** To be eligible for payment, providers and other people in the house must pass a criminal history and child protective service history check. Each signature authorizes DHS, state court system and other agencies to disclose information and communicate for the direct and limited purpose to determine and review eligibility as a DHS provider under OARs 461-154-0410 through 461-165-0420. **Providers must give complete information for all persons subject to records checks. Failing to list a person is grounds for denial of eligibility for payment and you may incur a provider overpayment.**

Check one and fill in the required information:

- If you provide child care in your home or a home other than the child's home, write in yourself, persons who care for children while you are away and all other persons age 16 and older who live in the home or who visit often while children are in care.
- If you provide child care in the child's home and you live somewhere else, write in yourself only.
- If you operate a group home certified by Child Care Division, check here and skip to number 11.
- If you operate a child care center certified by Child Care Division, check here and skip to number 11.
- If you operate a child care facility exempt from regulation under ORS657A.250, write in the site director and all care givers who may have unsupervised contact with children.

**\*Each person must sign to authorize the process listed above in #10 or this form will be returned.**

Your Name (last, 1st, m.i.) <b>BROWN, SUSAN A</b>	Authorizing Signature (*see above) <i>Susan A Brown</i>	Driver License # & State <b>1234567/OR</b>	Birthdate 7/15/70	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Social Security # <b>000-XX-0000</b>
Spouse/Partner Name (last, 1st, m.i.) <b>BROWN, JOHN B</b>	Authorizing Signature (*see above) <i>John B Brown</i>	Driver License # & State <b>0123456/OR</b>	Birthdate 7/15/68	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # <b>000-00-000X</b>
Other Adult Name (last, 1st, m.i.)	Authorizing Signature (*see above)	Driver License # & State	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #
Other Adult Name (last, 1st, m.i.)	Authorizing Signature (*see above)	Driver License # & State	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #

**11** Total number of children you provide child care services for \_\_\_\_\_.

**12** If you are currently a registered family provider, a certified group home, or a certified center with the Child Care Division, write your CCD provider number here: \_\_\_\_\_.

- 13** Give information on the children you will take care of for the family listed above. **Note:** If you are the child’s parent, step-parent or sibling under the age of 18, you are not eligible for payment from AFS.

Child’s Name (First and Last)	Birthdate	Related to You?	If Related, How?
Jane A Doe	9 / 4 / 92	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Ashton B Smith	5 / 6 / 94	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Tyler J Doe	6/22/ 98	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

- 14** Review the following health & safety standards for listing. Check yes or no to tell us if the home or center where you provide child care meets these standards. If you provide care in the child’s home and you live somewhere else, only 14a applies.

Yes	No	Health & Safety Standards
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Each floor children use has 2 usable outdoor exits, or there is a written plan for evacuating children.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. The place has water that is safe to drink.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. The place has a working smoke detector on each floor and each area where children nap.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Fireplaces, space heaters, electric outlets, woodstoves, stairways & other hazards have barriers to protect children.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. The building, grounds, toys, equipment and furniture are kept clean, sanitary and hazard-free.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Firearms, ammunition and dangerous items like medicine, drugs, poisons, cleaning supplies, paint and plastic bags are kept out of children’s reach.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. The place has a working telephone. (Phone number must be indicated in question 6.)

- 15** If you checked no to any item in question 14, would you like help meeting the standards?  
 Yes (we will contact you on how to get help)     No (by not meeting these standards you will be failed)  
 Not applicable. (All answers to questions 14 were yes.)

- 16** Provider age must be at least 16 years. Check one.  
 I am 16 or 17 years old and agree to have a legally responsible adult co-signer on this form and all billings.  
 I am age 18 or over and legally responsible for the accuracy of this form and will repay any payment errors.

**17 PROVIDER AGREEMENT:** You must be the actual person providing care and agree to requirements to get child care payments from AFS. AFS has maximum rates it will pay providers. See the Child Care Provider Guide (AFS 7492) for complete information or check our website at <http://www.afs.hr.state.or.us/childcare.html>

**By signing this form you agree to meet the provider requirements (including, but not limited to):**

- Keep attendance records of the hours and days you care for these children for at least one year. Overpayments are collected when logs are not submitted upon request to verify billing hours.
- Charge this family the same rate (or less) than you normally charge other families.
- Inform DPU of changes in your name, phone number or address and of people moving in or out of your home.
- Report suspected child abuse to Child Protective Services or a law enforcement agency.
- Prevent persons from having access to children in care who may have a detrimental effect on a child.
- Report any arrests, convictions, or involvement with SCF of you or persons living with you.
- Register or be certified by CCD if the law requires it. Call 1-800-556-6616 for information.
- Meet all requirements detailed in the Child Care Provider Guide (AFS 7492). A guide will be mailed to you if you marked “no” to question 8. You may also get a copy from your local AFS office.

I affirm under penalty of perjury I have given true and complete information and the social security number or tax ID number is valid and correct. I understand the questions on this form and I realize that making false statements or hiding information may subject me to state or federal penalties.

Provider Signature Susan A Brown Print name Susan A Brown Date 11-10-01

\*Co-Signature \_\_\_\_\_ Print name \_\_\_\_\_ SSN# \_\_\_\_\_

\*Co-signer required only for providers age 16 or 17 years. As Co-signer I affirm I am an adult over the age of 18, not the parent of the children in care, and I am legally co-responsible for the above minor provider’s listing and billing forms and will repay any payment errors.

**After completing this form, send it to: DPU, P.O. Box 14850, Salem, Oregon 97309-0850  
 Telephone Number: 1-800-699-9074 (378-5500 in the Salem area)**

## Child Care Billing Process

### About the Billing Forms

---

Once you've become listed (see page 4), you should begin getting billing forms *before* providing child care. If you don't get one, ask the parent to talk to their worker, or you can contact the worker yourself.

There are two basic types of billing forms:

- ❖ The Child Care Billing (CCB) is used for parents who need child care because they are employed or in the Student Child Care Program. A sample form and instructions are on pages 18-20.
- ❖ The JOBS Child Care Billing (JCCB) is used for parents who need child care because they are in the JOBS program (this may include part-time work hours) or OFSET Food Stamp program. Except for the name, this billing form looks just like the Child Care Billing. The sample and instructions on pages 18-20 apply to this form as well.

The billing forms tell you:

- ❖ The time period covered by the billing form;
- ❖ The names of the eligible children in the family;
- ❖ The copay amount (if any); and
- ❖ The maximum authorized child care hours.

After you've provided care for the period authorized on the form, fill it in, have the parent sign and send it to DPU. Their address is on the form. Be sure to send the billing form in each month. *Child Care Billing* forms expire 90 days after the month for which they were issued.

**NOTE: You should bill at your usual rates for the total amount of care provided (which may include absent days-see *Billing for Absent Days*). Your payment amount will be determined automatically at the allowed DHS ICCP rates-see *DHS ICCP Child Care Rates* section on pages 22-27.**

### Billing for Absent Days

---

Providers may bill for up to 5 absent days per month when:

- ❖ The care was authorized by AFS and scheduled by the parent, but the child was absent **and** the provider could not fill the time slot with another child, **and**
- ❖ It is the provider's policy to bill all of their families for absent days, **and**
- ❖ The scheduled hours are logged on the provider's attendance log as an absent day.

Providers may not bill for more than 5 consecutive absent days of scheduled care even if it extends from one month to the next.

## Family Copay

---

Most working parents *must* pay part of the cost of child care each month. This portion of the cost is called a *copay*. The family's copay amount is based on their income. *The family owes you their copay plus any amount you charge above the ICCP payment limit.* The CCB shows the copay amount the parent owes you for the month.

Both you and the family will know the copay amount in advance. If there is more than one provider, usually only one will collect the copay. The family tells their worker who their primary provider is. This is usually the provider who gives most of the child care. *The family pays the copay to the primary provider.*

It is the provider's responsibility to collect the copay or make other arrangements with the parent. It is very important that you and the parent talk about their 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 gets paid.

Some providers and parents agree to barter instead of paying the copay in cash. For example, the parent might provide care for the provider's children. If you decide to do this, make sure your agreement is in writing. You should also give the parent a receipt, whether you're paid 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 Employment Related Day Care (ERDC) program, the family must pay all of their copay by the end of each month or make arrangements to pay. If they don't, check 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." You must notify DPU within 60 days from the date we paid you to report a copay that has not been met. Otherwise, the copay will be considered met.

If you notify DPU the copay has not been met, DHS will end the family's ERDC program benefit until we have been notified in writing, the family has paid or made arrangements to pay you. We will still process billing forms already sent to you, when you submit them to us. (The parent may still be eligible for child care benefits from the JOBS or OFSET program.)

DHS can only end the family's benefit for not paying the copay amount stated on the Child Care Billing form. We can't end the family's benefit for amounts the parent owes over the DHS ICCP payment limit. You must apply any payments made to you by the parent to the copay first.

If the provider notifies DPU that the parent made satisfactory arrangements for the copay, it is up to the provider to collect it. We can't close the family's benefit again for not honoring the arrangement between the provider and the parent.

## Filling Out the Child Care Billing Form

Each child care billing form has its own voucher number and can be used only once. DHS ICCP will make only one payment for each billing form. *The forms cannot be photocopied or altered and used more than once.* A sample billing form is on page 20.

- This section lists the voucher number, the date it was issued, the program,
 

The diagram shows a sample billing form with the following fields and labels:

  - Program**: Points to the word "Program" at the top left.
  - Date Issued**: Points to the date "10/26/2001" in a box.
  - VOUCHER #300004**: The voucher number.
  - M5-0303**: A code in a box.
  - AC7283**: A code in a box.
  - JONES, JOHN P**: The provider's name.
  - FGA00000**: A code in a box.
  - FAM**: A code in a box.
  - Case Number**: Points to the code "FAM".
  - Provider Number**: Points to the code "FGA00000".
  - Provider Type**: Points to the code "FAM".

- If you have a new address or phone number, write it in this space. For other changes, send in the Provider Report (AFS 7496). A sample is on page 42.
- This is the time period the billing form covers. You can only use a form to bill for care given during this time period. Do not change the dates.
- This paragraph tells you what the parent's copay is. You should collect this amount from the parent by the end of the month. Check the box if the parent has not paid their copay to you this month or made arrangements with you to pay it. This only applies to the copay. Do not check the box if they've paid the copay, but owe for amounts over the ICCP rate.
- If there is something unusual about your Child Care Billing, you will get an important notice here.
- This section shows the maximum Authorized Hours for each child. This is also where you bill for the child care you provided.

If you are billing by the hour, mark *By the hour*. Next, write the number of *Hours of care you provided* for the month (which may include up to 5 absent days, see page 16), rounded up to the nearest whole hour. Multiply the number of hours by the hourly rate you charge and write the total per child in the *Total charge box*, in dollars and cents.

If you are billing by the month, mark *By the month*. Next, write the number of *Hours of care you provided* for the month (which may include up to 5 absent days, see page 16), rounded up to the nearest whole hour. Write the total per child in the *Total charge box*, in dollars and cents. You must have provided more than 158 hours of care including absent days in the month to be paid at a monthly rate, unless you are eligible for the Enhanced rate.

If you are eligible for the Enhanced Rate (see- *Qualifying for the Enhanced Rate* on page 28). Follow the instructions above for hourly or monthly billing. To bill a monthly, *part-time* rate, you must have provided between 63-135 hours of care in the month (which may include up to 5 absent days, see page 16). To bill a monthly, *full-time* rate, you must have provided more than 136 hours of care in the month (which may include up to 5 absent days, see page 16).

**NOTE:** Do not deduct the copay from the amount you are billing. The computer will automatically deduct it from your payment.

7. Check any of the boxes listed here if they apply to you.
8. Sign and date the form. This is your certification that you provided the care you are billing for. If you are 16 or 17 years old, your legal co-signer must also sign the billing forms.
9. After care has been provided, have the parent sign and date the form. Mail it to DPU as soon as you are done providing care for the billing period. Keep a copy for your records.
10. If the billing form is not completely filled out, it will be returned to you. This will cause a delay in your payment.

**Child Care Billing sample on Next Page** →

Fill Adult and Family 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

Voucher #829672 9/26/2001  
M5-9900-ABC123-4 E1  
Doe. John  
XYZZ0008 QFM

CHILD CARE BY SUSIE  
456 MAIN ST  
ANYTOWN OR 97000-000

List new address or phone below.  
Use the Provider Report form  
(AFS 7496) to report other changes  
(541) 482-9622

Child Care Billing

This Child Care Billing is only valid for care given from:

\*\*\* 10/01/2001 through 10/31/2001 \*\*\*

The payment amount is limited by the AFS 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 \$ 130.00 . 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 AFS maximum rate.

\*\*\*\*\*

1. DOE, TYLER J I am billing(check one): By the hour:\_\_\_ By the month: X  
06/22/1998 (PRESCHOOL) I provided 162 hours of care. Total charge: \$ 410.00  
\*Authorized Hours:180

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 have already provided all of this family's care this billing period.
- ( ) I did not provide care this billing period, but will be provide care in the future

I certify the child care billed above is correct, and has already been provided. I understand I may owe money to AFS if the amount paid to me is incorrect. Legal cosignature required if provider is under 18. Cosigner jointly assumes obligation to repay an overpayment.

(Provider Signature) Susan A Brown (Date) 11/02/01  
(Legal Co-Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

I certify the child care billed above is correct, and has already been provided. I understand I may owe money to AFS if the amount paid to the provider is incorrect.

(Parent Signature) John Doe (Date) 11/03/01

## Checking on Your Claim

---

DPU has an automated system that answers the phone when you call about your billings.

The system can tell you if your billing:

- ❖ Has not been entered on the computer yet;
- ❖ Has been entered on the computer, but needs more information before processing;
- ❖ Has already processed and a check was mailed to you;
- ❖ Has been denied.

The system is easy to use, with a little practice. It works for both touch-tone and rotary dial phones. Once you know which keys to press (or which numbers to dial), you can skip over messages, and move through the system quickly.

You can use the automated system 24 hours a day—including evenings, weekends, and holidays. Your call will go through faster during non-business hours.

*Here's how it works:*

1. Call 503-378-3508 in Salem, or 1-800-442-6451 statewide. The computer will tell you which keys to press for the information you want.
2. Be ready with your Social Security Number or Federal Tax ID Number.
3. If you are calling about a billing, be ready with the voucher number.
4. Please always press # before you hang up.

## How Can I Replace a Lost or Destroyed Billing Form?

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A lost or destroyed billing form can be replaced by calling DPU at 1-800-699-9074 or 503-378-5500 in the Salem area.

## Troubleshooting (or what to do when things go wrong)

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Basically, there are 3 sources of problems that affect payment:

1. Provider listing;
2. Provider billing;
3. Parent eligibility.

To troubleshoot, you should try to identify the source of the problem and contact one of the following:

- ❖ If you have a problem with a listing or billing form you've sent in, call DPU at 1-800-699-9074 (503-378-5500 if calling from the Salem area).
- ❖ If you have a question about the parent's eligibility, talk with the parent or the local DHS office.
- ❖ If you have a problem because you haven't received a listing form or billing, talk with the parent or the local DHS office.
- ❖ You also may call a CCR&R agency for help (see the directory on pages 30-33).

## Child Care Payments

### When Will I Get My Payment?

---

After you have provided the care for the month, DHS sends a check as soon as possible after we receive your *Child Care Billing* form. When we send payment, a remittance notice with the check tells the names of the children we paid for. Please keep these for your tax records. The family gets a similar notice, telling them what DHS paid. **NOTE: DHS will pay at your rate, up to the DHS ICCP payment limit, minus the copay amount owed by the family.** No payment will be made for less than one dollar.

See page 21 for instructions on how to use DPU's automated system to check on your payment. Remember, it may take 7 to 10 working days to process your billing form.

### About DHS ICCP Child Care Rates

---

The tables on pages 24-27 show the DHS ICCP child care rates.

DHS ICCP child care rates are based on a statewide market survey of child care providers. The rates were based on the amount charged by most of the providers in the market area. They are the maximum rates DHS is allowed to pay a provider. The rate depends on the age of the child, the type of provider, and the zip code where the care is provided.

For providers receiving the **Standard** rate, DHS has hourly and monthly maximum rates. If the provider's actual rate charged, is less than the DHS ICCP rate, the payment will be the lower amount.

- ❖ The DHS ICCP hourly rate will be paid for children who are in care less than 158 hours per month up to the maximum hours authorized and up to the monthly maximum rate.
- ❖ The DHS ICCP monthly rate will be paid for children who are in care for 158-215 hours per month up to the maximum hours authorized.

For providers receiving the **Enhanced** rate (see *Qualifying for the Enhanced Rate* on page 28), DHS has hourly, part-time monthly, and full-time monthly rates. If the provider's actual rate charged, is less than the DHS ICCP rate, the payment will be the lower amount.

- ❖ The hourly rate will be paid for children who are in care less than 63 hours up to the maximum hours authorized and up to the maximum monthly rate.
- ❖ The part-time monthly rate will be paid for children who are in care between 63-135 hours per month up to the maximum hours authorized.
- ❖ The full-time monthly rate will be paid for children who are in care for 136-215 hours per month up to the maximum hours authorized.

NOTE: Hours in care may include up to 5 absent days per month. See *Billing for Absent Days* on page 16.

## The Child Care Payment Limit

---

DHS ICCP rates have a maximum payment amount that can be paid each month. The Maximum Authorized Child Care hours are shown for each child on the *child care billing* form sent to providers at the beginning of each month.

The payment limit is based on the number of authorized child care hours and the applicable DHS ICCP child care rate (see pages 24-27). To figure child care hours, we use the parents' expected work hours or approved activity hours. To that, we add 25% for commuting and meal time.

On the *child care billing* forms, you will see the *maximum* number of authorized child care hours the child can receive from all providers.

## Age/Rate Definitions

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*Infant:* ..... Newborn through 12 months.

*Toddler:* ..... 13 months through 30 months.

*Preschool Child:* ... 31 months through 5 years.

*School Child:* ..... 6 years through 11 years. (Through 12 if it's not ERDC Child Care and through age 17 if "special needs", or child is incapable of self care.)

*Special Needs:* ..... A child who needs more costly care due to a physical, behavioral or mental disability.

## Provider Type Definitions

---

On your Child Care Billing form, your *Provider Type* will tell you if you are coded to receive the Standard or Enhanced rate. See the example on page 20, *Filling Out the Child Care Billing*, number 1, to see where to find the provider type. The definitions below explain which rate you will receive for that billing.

Provider Type:	You will receive:
FAM-----	Standard Family Rate
NQC-----	Standard Center Rate
QFM-----	Enhanced Family Rate
CNT-----	Enhanced Center Rate
GRP-----	Enhanced Group Rate

## DHS ICCP Child Care Rates

### Group Area A

#### STANDARD RATE MAXIMUMS

	<u>Standard Family Rate</u>		<u>Standard Center Rate</u>	
	1-157 hrs	158-215 hrs	1-157 hrs	158-215 hrs
	Hourly	Monthly	Hourly	Monthly
<b>Infant</b>	\$2.39	\$393	\$3.29	\$525
<b>Toddler</b>	\$2.12	\$361	\$3.18	\$509
<b>Preschool</b>	\$2.12	\$340	\$2.34	\$372
<b>School</b>	\$2.12	\$340	\$2.34	\$372
<b>Special Need</b>	\$2.39	\$393	\$3.29	\$525

#### ENHANCED RATE MAXIMUMS

	<u>Enhanced Family Rate</u>			<u>Enhanced Center Rate</u>			<u>Enhanced Group Rate</u>		
	1-62 hrs	63-135 hrs	136-215 hrs	1-62 hrs	63-135 hrs	136-215 hrs	1-62 hrs	63-135 hrs	136-215 hrs
	Hourly	Part time	Monthly	Hourly	Part time	Monthly	Hourly	Part time	Monthly
<b>Infant</b>	\$2.56	\$315	\$421	\$3.52	\$421	\$562	\$2.85	\$340	\$454
<b>Toddler</b>	\$2.27	\$290	\$386	\$3.40	\$408	\$545	\$2.56	\$307	\$409
<b>Preschool</b>	\$2.27	\$273	\$364	\$2.50	\$299	\$398	\$2.38	\$288	\$384
<b>School</b>	\$2.27	\$273	\$364	\$2.50	\$299	\$398	\$2.27	\$273	\$364
<b>Spec Needs</b>	\$2.56	\$315	\$421	\$3.52	\$421	\$562	\$2.85	\$340	\$454

#### Zip Codes for Group Area A: Portland, Eugene, Corvallis, Monmouth and Ashland areas.

97005	97006	97007	97008	97009	97013	97015	97019	97022	97023	97024
97027	97030	97034	97035	97036	97045	97055	97060	97062	97068	97070
97075	97076	97080	97113	97116	97119	97123	97124	97133	97200	97201
97202	97203	97204	97205	97206	97207	97208	97209	97210	97211	97212
97213	97214	97215	97216	97217	97218	97219	97220	97221	97222	97223
97224	97225	97227	97228	97229	97230	97231	97232	97233	97236	97238
97240	97242	97254	97255	97258	97261	97266	97267	97268	97269	97280
97281	97282	97283	97286	97290	97291	97292	97293	97294	97296	97298
97299	97330	97331	97332	97333	97339	97361	97400	97401	97402	97403
97404	97405	97408	97440	97455	97477	97478	97482	97520		

**Group Area B**

**STANDARD RATE MAXIMUMS**

	<u>Standard Family Rate</u>		<u>Standard Center Rate</u>	
	1-157 hrs	158-215 hrs	1-157 hrs	158-215 hrs
	Hourly	Monthly	Hourly	Monthly
<b>Infant</b>	\$1.85	\$346	\$2.76	\$440
<b>Toddler</b>	\$1.85	\$318	\$2.71	\$435
<b>Preschool</b>	\$1.65	\$297	\$1.97	\$313
<b>School</b>	\$1.65	\$297	\$1.97	\$313
<b>Special Need</b>	\$1.85	\$346	\$2.76	\$440

**ENHANCED RATE MAXIMUMS**

	<u>Enhanced Family Rate</u>			<u>Enhanced Center Rate</u>			<u>Enhanced Group Rate</u>		
	1-62 hrs	63-135 hrs	136-215 hrs	1-62 hrs	63-135 hrs	136-215 hrs	1-62 hrs	63-135 hrs	136-215 hrs
	Hourly	Part time	Monthly	Hourly	Part time	Monthly	Hourly	Part time	Monthly
<b>Infant</b>	\$1.98	\$278	\$370	\$2.95	\$353	\$471	\$2.56	\$308	\$411
<b>Toddler</b>	\$1.98	\$255	\$340	\$2.90	\$349	\$465	\$2.16	\$256	\$341
<b>Preschool</b>	\$1.77	\$238	\$318	\$2.11	\$251	\$335	\$2.16	\$256	\$341
<b>School</b>	\$1.77	\$238	\$318	\$2.11	\$251	\$335	\$2.16	\$256	\$341
<b>Spec Needs</b>	\$1.98	\$278	\$370	\$2.95	\$353	\$471	\$2.56	\$308	\$411

**Zip Codes for Group Area B: Salem, Bend, Medford, Roseburg, Brookings and areas outside the metropolitan areas in Eugene and Portland.**

97004	97016	97018	97038	97048	97051	97053	97054	97056	97064	97101	97106
97111	97114	97115	97127	97128	97132	97140	97148	97300	97301	97302	97303
97304	97305	97306	97307	97308	97309	97310	97321	97325	97327	97338	97344
97351	97370	97378	97381	97383	97385	97392	97396	97415	97470	97500	97501
97502	97503	97504	97535	97700	97701	97702	97703	97704	97705	97706	97707
97708	97709										

## Group Area C

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### STANDARD RATE MAXIMUMS

	<u>Standard Family Rate</u>		<u>Standard Center Rate</u>	
	1-157 hrs 158-215 hrs		1-157 hrs 158-215 hrs	
	Hourly	Monthly	Hourly	Monthly
<b>Infant</b>	\$1.85	\$345	\$2.12	\$392
<b>Toddler</b>	\$1.60	\$318	\$2.12	\$392
<b>Preschool</b>	\$1.60	\$254	\$1.80	\$291
<b>School</b>	\$1.60	\$254	\$1.80	\$291
<b>Special Need</b>	\$1.85	\$345	\$2.12	\$392

### ENHANCED RATE MAXIMUMS

	<u>Enhanced Family Rate</u>			<u>Enhanced Center Rate</u>			<u>Enhanced Group Rate</u>		
	1-62hrs 63-135 hrs 136-215 hrs			1-62 hrs 63-135 hrs 136-215 hrs			1-62 hrs 63-135 hrs 136-215 hrs		
	Hourly	Part time	Monthly	Hourly	Part time	Monthly	Hourly	Part time	Monthly
<b>Infant</b>	\$1.98	\$277	\$369	\$2.27	\$315	\$419	\$2.27	\$277	\$369
<b>Toddler</b>	\$1.71	\$255	\$340	\$2.27	\$315	\$419	\$1.98	\$255	\$340
<b>Preschool</b>	\$1.71	\$204	\$272	\$1.93	\$234	\$311	\$2.04	\$246	\$327
<b>School</b>	\$1.71	\$204	\$272	\$1.93	\$234	\$311	\$1.77	\$209	\$278
<b>Spec Needs</b>	\$1.98	\$277	\$369	\$2.27	\$315	\$419	\$2.27	\$277	\$369

**Zip Codes for Group Area C: Balance of State, Other State Zips**

97001	97002	97003	97010	97011	97012	97014	97017	97020	97021	97025	97026
97028	97029	97031	97032	97033	97037	97039	97040	97041	97042	97044	97049
97050	97057	97058	97063	97065	97067	97071	97072	97073	97102	97103	97107
97108	97109	97110	97112	97117	97118	97120	97121	97122	97125	97126	97130
97131	97134	97135	97136	97137	97138	97141	97142	97143	97144	97145	97146
97147	97149	97320	97324	97326	97328	97329	97335	97336	97341	97342	97343
97345	97346	97347	97348	97349	97350	97352	97353	97354	97355	97357	97358
97359	97360	97362	97364	97365	97366	97367	97368	97369	97371	97372	97373
97374	97375	97376	97377	97379	97380	97384	97386	97388	97389	97390	97391
97393	97394	97395	97406	97407	97409	97410	97411	97412	97413	97414	97416
97417	97419	97420	97423	97424	97425	97426	97427	97428	97429	97430	97431
97432	97433	97434	97435	97436	97437	97438	97439	97441	97442	97443	97444
97445	97446	97447	97448	97449	97450	97451	97452	97453	97454	97456	97457
97458	97459	97460	97461	97462	97463	97464	97465	97466	97467	97468	97469
97472	97473	97476	97479	97480	97481	97483	97484	97486	97487	97488	97489
97490	97491	97492	97493	97494	97495	97496	97497	97498	97499	97522	97523
97524	97525	97526	97527	97528	97530	97531	97532	97533	97534	97536	97537
97538	97539	97540	97541	97543	97544	97601	97602	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	97756	97758	97759	97760	97761	97800	97801
97810	97811	97812	97813	97814	97817	97818	97819	97820	97821	97822	97823
97824	97825	97826	97827	97828	97829	97830	97831	97832	97833	97834	97835
97836	97837	97838	97839	97840	97841	97842	97843	97844	97845	97846	97847
97848	97850	97851	97856	97857	97858	97859	97861	97862	97864	97865	97866
97867	97868	97869	97870	97871	97872	97873	97874	97875	97876	97877	97878
97880	97881	97882	97883	97884	97885	97886	97901	97902	97903	97904	97905
97906	97907	97908	97909	97910	97911	97913	97914	97917	97918	97919	97920

## Rate for Children With Special Needs

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A higher rate is available for children with disabilities. If the child requires a higher level of care for their age due to a physical, behavioral or medical disability, the need must be verified and the provider must state that the care costs more. To do that, use the *Special Need Child Care Verification* form (AFS 7486). The parent can get this form from their DHS worker.

A supplemental payment may also be available for special needs care that costs even more because the child needs a much higher level of care. This is called the *High Needs Program* and requires an assessment by a specialist. If a provider identifies a child who requires a much higher level of care, they should discuss this with the parent and contact the DHS caseworker. The caseworker will ask the DHS High Needs Specialist to assess the need for a supplemental payment.

## Qualifying for the Enhanced Rate

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Centers and Group Homes certified by the Child Care Division (CCD) will automatically qualify to receive the enhanced rate.

Family providers and Centers exempt from CCD certification must meet the entry level requirements of the Professional Development Registry. You meet this level when you:

- ❖ Have completed at least two hours of training on child abuse and neglect issues;
- ❖ Are currently certified in first aid;
- ❖ Are currently certified in infant and child CPR;
- ❖ Have a current food handlers permit;
- ❖ Agree to complete a minimum eight hours additional training related to child care issues within the next two years;
- ❖ Send proof you've completed the first four items along with an application to be added to the Professional Development Registry.

**NOTE:** It is your responsibility to keep your first aid, CPR, and food handler certifications current.

If you applied to be registered with the CCD after October 1, 1999, you don't need to apply separately to the Professional Development Registry. The training requirements are the same for both applications. Once your CCD registration is complete, CCD will let the Professional Development Registry know, and your name will be added to the Registry at that time.

The enhanced rate will take effect no later than 60 days after your name has been added to the Professional Development Registry.

For Centers exempt from CCD certification, at least one staff member for every twenty children in care will need to meet the above requirements to receive the enhanced rate.

If you need an application, or have questions about the training requirements, call the Professional Development Registry at 1-800-547-8887, ext. 8535, or 503-725-8535 in the Portland calling area. If you want information about where to find training in your area, call your local Child Care Resource and Referral (CCR&R). See pages 30-33 for the telephone number of the CCR&R in your area.

## Extra Hours

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DHS can help pay for hours when the child care need is greater than work hours plus 25%. If the parent needs more than 215 hours of care per month to continue working and/or participating in an DHS-approved activity, the parent's worker can authorize payment up to 50% more than the monthly maximum limit. To see if they qualify, the parent can discuss their situation with the DHS worker.

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.

Here's how the payment is calculated:

The computer takes the total number of hours needed and divides it by 215 to come up with a percentage. Then it multiplies the percentage by the maximum rate for the child.

For example: Let's say the parent needs 264 hours of child care in a month. The computer divides 264 hours by 215 = 1.23 and multiplies this number by the maximum rate for that child. This increases the maximum by 23%.

If the provider does not provide 216 hours of care or more, they will receive up to the normal maximum rate for their area.

## Provider Payment Reviews and Overpayments

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To assure program integrity, DHS reviews payments made in the child care program. A small number of child care cases are randomly selected for review each month. These records are compared to providers' attendance logs to make sure the payments are correct. If a child care payment you received is selected for a review, you will be asked to send in a copy of the attendance log showing the hours of care you provided for the payment being reviewed. *If you do not return your attendance log as requested, an overpayment will be written for the amount paid to you for the time requested.*

If you have been paid for time when child care was not provided, (not including authorized absent days), and we determine this is a result of an honest mistake, we will notify you about the overpayment. Overpayments are collected from future provider payments.

If the overpayment is the result of an intentional act to increase the payment, to be paid for care not provided, or to an ineligible provider, legal action will be taken and you may be disqualified for future payments.

Providers have a right to a hearing on all overpayment decisions.

## RESOURCES/OTHER INFORMATION

### Child Care Resource and Referral Services

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DHS contracts with local Child Care Resource and Referral agencies to provide services to providers and parents as part of the program. These agencies are a source of information about the program and help families find child care. They also can help providers with DHS ICCP billing and payment questions.

*Local Child Care Resource and Referral agencies (CCR&R's) are often able to provide services in the following areas:*

- ❖ Information on services available to child care providers;
- ❖ Information on the USDA Child Care Food Program;
- ❖ Training, such as CPR and First Aid, etc.;
- ❖ Support groups for child care providers to meet and discuss common problems;
- ❖ Guidance on problems collecting payment from families;
- ❖ Help with the DHS ICCP billing and payment system.

A list of the agencies providing these services is shown on the following pages.

## Integrated Child Care Program Resource and Referral Services

County	Agency and Address	Phone
Baker	Child Care Resource and Referral 3275 Baker St. Baker City, OR 97814	541-523-7838 1-800-956-0324
Benton	Family Connections 6500 SW Pacific Blvd. Albany, OR 97321	541-917-4899 1-800-845-1363
Clackamas	Child Care Development Services 912 NE Kelly, Ste. 270 Gresham, OR 97030	503-491-2828 1-800-695-6988
Clatsop	Caring Options 10 Sixth St., Suite 205B Astoria, OR 97103	503-325-1053
Columbia	Child Care Resource & Referral 310 Columbia Blvd. St. Helens, OR 97051	503-397-3511
Coos	Coos Curry Child Care Resource & Referral 1988 Newmark Coos Bay, OR 97420	541-888-7633 1-800-611-7555
Crook	Child Care Resources 2303 SW First St., Ste. A Redmond, OR 97756	541-548-9150 1-888-298-2672
Curry	Coos Curry Child Care Resource & Referral 1988 Newmark Coos Bay, OR 97420	541-888-7633 1-800-611-7555
Deschutes	Child Care Resources 2303 SW First St., Ste. A Redmond, OR 97756	541-548-9150 1-888-298-2672
Douglas	Family Connections of Douglas County 815 SE Oak Roseburg, OR 97470	541-672-7955 1-800-443-0812
Gilliam	Kids First Resource & Referral PO Box 191 Rufus, OR 97050	1-877-279-8262
Grant	Child Care Resource and Referral 118 Washington or P.O. Box 278 Canyon City, OR 97820	541-575-0210 1-800-956-0324

<b>County</b>	<b>Agency and Address</b>	<b>Phone</b>
Harney	Child Care Resource and Referral 113 W. Jefferson Burns, OR 97720	541-573-6676
Hood River	Child Care Partners 1102 12th St. Hood River, OR 97031	541-386-6300 X211 1-800-755-1143
Jackson	Child Care Resource Network 673 Market St. Medford, OR 97504	541-776-1234 1-800-866-9034
Jefferson	Child Care Resources 2303 SW First St., Ste. A Redmond, OR 97756	541-548-9150 1-888-298-2672
Josephine	Child Care Resource Network 1545 Harbeck Rd. Grants Pass, OR 97527	1-800-866-9034
Klamath	Klamath CCR&R 3800 #B S. Sixth St Klamath Falls, OR 97603	541-882-2308 1-800-866-9835
Lake	Lake County CCR&R HC 64 Box 655 Lakeview, OR 97630	541-943-3613 1-800-700-3613
Lane	Lane Family Connections 4000 E 30th Ave. Eugene, OR 97405	541-726-3954 1-800-222-3290
Lincoln	Family Care Connection 29 SE Second St. Newport, OR 97365	541-265-2558 1-800-603-2728
Linn	Family Connections 6500 SW Pacific Blvd. Albany, OR 97321	541-917-4899 1-800-845-1363
Malheur	Child Care Resource and Referral 368 SW 5th Ave. Ontario, OR 97914	541-889-7864
Marion	Child Care Information Service 2475 Center St NE Salem, OR 97301	503-585-2491 1-800-289-5533



## **Nutrition Education and Reimbursements from USDA**

Providers listed with DHS ICCP 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, providing care in their home, preparing meals for children and meet USDA's criteria.

Once you sign up on the program, a program representative will train you how to serve USDA meals according to USDA guidelines, keep track of the meals that you serve, the children that you serve, and 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 that contain the right nutrients in order 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. As they are served nutritious, tasty foods, they will learn to appreciate the wide variety of healthy food choices that are available.

To get started, once you have completed the process of becoming listed as an DHS ICCP family child care provider, contact the USDA Child and Adult Care Food Program sponsor in your area. Below is a list of sponsors, their phone numbers and where they are located.

### **USDA Sponsor List**

<b>Area</b>	<b>Sponsors</b>	<b>Phone</b>
Bend .....	Crook-Deschutes-Jefferson Child Care Council .....	541-389-5122
Coos Bay .....	Southwestern Food Program .....	541-888-7633
Corvallis .....	Council for Children .....	541-757-8842
Eugene .....	American Red Cross .....	541-344-5244
Eugene .....	Heartline .....	541-687-4605
La Grande .....	Northeast Oregon 4-C Council .....	541-963-8851
Medford .....	Child Care Council .....	541-779-7857
Medford .....	Child Care Unlimited .....	541-770-5893
Milwaukie .....	Northwest Nutrition Service .....	503-653-7626
Pendleton .....	Umatilla-Morrow County Headstart .....	541-278-0770
Portland .....	Child Care Development Services .....	503-256-5484
Roseburg .....	Umpqua Community Action .....	541-672-7004
Salem .....	Nutrition First .....	503-581-7563
St. Helens .....	Community Action Team .....	503-397-2063
The Dalles .....	Mid-Columbia Community Action Council .....	541-298-5131

## Recognizing Child Abuse

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Each year in Oregon about 25,000 reports of child abuse are made, with about 8,000 confirmed incidents each year. You can help these children.

*Oregon law recognizes these types of abuse:*

### Physical Abuse

Bruises, welts, burns, cuts, broken bones, sprains, bites, etc. which are deliberately inflicted.

*Injuries may:*

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

### Neglect

Failure to provide food, shelter, medicine, etc. to such a degree that a child's health and safety are endangered.

*Children often:*

- ❖ don't want to leave school;
- ❖ are constantly tired;
- ❖ are left alone with no supervision;
- ❖ have unmet physical, emotional or medical needs.

### Mental Injury

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

*Children often:*

- ❖ have speech or sleep disorders;
- ❖ fail to grow normally;
- ❖ are very aggressive or withdrawn;
- ❖ show an abnormal need for emotional support.

### Threat of Harm

Any action, statement, written, or nonverbal message which is serious enough to make a child believe he is in danger of being abused. Children may exhibit any of the behaviors listed on this page.

### Sexual Abuse and Sexual Exploitation

Any sexual contact in which a child is used to sexually stimulate another person is illegal. This may be anything from rape to fondling to involving a child in pornography.

*Children 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".

## Reporting Child Abuse

Child care providers registered or certified with the Child Care Division (CCD) are subject to mandatory child abuse reporting under the Child Abuse Reporting Law. You must report any *situation you reasonably believe* to be child abuse, according to Oregon law. DHS ICCP providers agree to voluntarily report any suspected abuse as part of their Provider Requirements (see *What are the Provider Requirements?* on page 5).

The Department of Human Services - Child Protection Services 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.

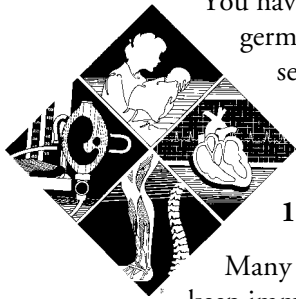
You can get a pamphlet on the law and the symptoms of abuse. A list of phone numbers by county is provided. If you think a child is being abused, report it to Child Protective Services (former SCF) or a law enforcement agency immediately. *You may be the child's best hope.*



## DHS - Child Protective Services

County	Phone	County	Phone
Baker	541-523-6423	Josephine	541-474-3120/476-8883 after 5pm
Benton	541-757-4121	Klamath	541-883-5570
Clackamas	1-800-628-7876	Lake	541-947-2273
Clatsop	1-800-643-4606	Lane	541-686-7555
Columbia	1-800-428-1546	Lincoln	541-265-8557
Coos	541-756-5500	Linn	541-967-2060/967-2100 after 5 pm
Crook	541-447-6207	Malheur(Mtn Time Zone)	541-889-9194
Curry	541-247-6666	Marion	503-378-6704/1-800-854-3508
Deschutes	541-388-6161	Morrow	541-481-9482
Douglas	541-440-3373	Multnomah/Metro	503-731-3100
East Multnomah	503-731-4293 x206	Pendleton	1-800-547-3897
Gilliam-Wheeler	541-384-4252	Polk	503-623-8118 x265
Grant	541-575-0728	Tillamook	503-842-5571
Harney	541-573-2086	Umatilla	541-276-9220/1-800-547-3897
Hermiston	541-567-7611	Union	541-963-8571
Hood River	541-386-2962	Wallowa	541-426-4558
Jackson	541-776-6120 x231 or x226 779-4357 after 5 pm	Wasco/Sherman	541-298-5136
Jefferson	541-475-2292	Washington	1-800-275-8952
		Woodburn	1-800-358-2571
		Yamhill	1-800-822-3903

## Preventing the Spread of Infectious Disease



You have an important job as a child care provider. Unfortunately, groups of children can give germs and viruses an easy way to spread. You can help prevent illness in your child care setting by taking the following precautions. To receive more information, contact your local health department or CCR&R. They have booklets and videos available.

### 1. Be sure all child care children are immunized.

Many children are not protected against these preventable diseases. State law requires that you keep immunization records for all children in your care. Providers can contact the county health department to get a *Certificate of Immunization Status* form for each child in care, which the parent should complete. A list of county health department phone numbers is on page 40. There is an immunization schedule on page 39—review it with parents to be sure all children are current on their immunizations.

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

Each day when the children arrive at your facility you should:

- ❖ Check the overall health of each child. Note any unusual symptoms and ask parents about any unusual health or behavior;
- ❖ If child does not appear well enough to participate in activities as usual and/or has any of the following symptoms, the child should be removed from the child care setting:
  - Fever AND — sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion. (Fever is defined as having a temperature of 100 F or higher taken under the arm, 101F taken orally, or 102F taken rectally. For children 4 months of younger, the lower rectal temperature of 101 is considered a fever.)
  - Diarrhea — runny, watery, or bloody stools
  - Vomiting — 2 or more times in a 24-hour period
  - Sore throat with fever and swollen glands
  - Severe coughing — child gets red or blue in the face or makes high-pitched whooping sound after coughing
  - Eye discharge — thick mucus or pus draining from the eye, or pink eye  
Yellowish skin or eyes
  - Child is irritable, continuously crying, or requires more attention than you can provide without hurting the health and safety of other children in your care

*State law requires that children with the following diseases be excluded from child care:*

- |                                    |                              |
|------------------------------------|------------------------------|
| ❖ Amebiasis                        | ❖ Meningococcal Disease      |
| ❖ Chicken pox                      | ❖ Mumps                      |
| ❖ Cholera                          | ❖ Pediculosis (Lice)         |
| ❖ Cryptosporidiosis                | ❖ Pertussis (Whooping Cough) |
| ❖ Diphtheria                       | ❖ Plague                     |
| ❖ Epiglottitis                     | ❖ Polio                      |
| ❖ <i>E coli</i> O 157 infections   | ❖ Rubella (German Measles)   |
| ❖ Giardiasis                       | ❖ Salmonellosis              |
| ❖ <i>Haemophilus influenzae</i>    | ❖ Scabies                    |
| ❖ Hepatitis A and type Unspecified | ❖ Shigellosis                |
| ❖ Meningitis                       | ❖ Staphylococcal infections  |
| ❖ Pneumonia                        | ❖ Streptococcal infections   |
| ❖ Septicemia                       | ❖ Tuberculosis               |
| ❖ Measles                          |                              |



If you strongly suspect, or know, a child to have a child care restrictable disease or condition, contact your local health department for further assistance.

### **3. Wash your hands and children's hands frequently.**

*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.

*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.

### **4. Cleaning up body fluid spills**

Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine and vomit should be cleaned up immediately. Wear gloves unless the fluid can be easily contained by the tissue or cloth being used to clean it up. Be careful not to get any of the fluid you are cleaning in your eyes, nose, mouth, or any open sores you may have. Clean and disinfect any surfaces, such as counter tops and floors, on which body fluids have been spilled. Discard contaminated material in a plastic bag that has been securely sealed. Mops used to clean up body fluids should be (1) cleaned, (2) rinsed with a disinfecting solution, (3) wrung as dry as possible, and (4) hung to dry completely. Be sure to wash your hands completely.

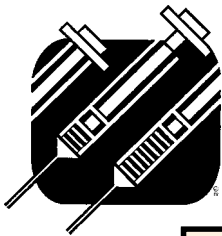
**5. Disinfect surfaces with a bleach solution every day.**

Germs can spread on any surface. Shared toys, counter tops, toilet seats, door knobs, and sinks can be safely disinfected with a bleach solution to kill germs. Mix a solution of one tablespoon bleach to a gallon of water and keep it handy in a spray bottle. The bleach solution should be made daily.

*Be sure to disinfect the following surfaces with bleach solution:*

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

**Immunization Information**



Oregon state law requires children attending an Oregon school or child care facility to be immunized, or in the process of completing their immunization schedule. Immunizations start soon after birth, and 80% should be completed by age 2. However, if a vaccination has been missed, the child does not have to start the schedule over. If you have an older child who is behind on their shots or has never been immunized, check with your doctor or health department for the schedule recommended for that child.

**Recommended Childhood Immunization Schedule for 2001**

<b>Birth 1 Month</b>	<b>2 Months</b>	<b>4 Months</b>	<b>6 Months</b>	<b>12-18 Months</b>	<b>2 Years</b>	<b>4-6 Years</b>	<b>11-12 Years</b>	<b>14-16 Years</b>
<u>Hep B</u>	<u>Hep B</u> <u>DTaP</u> <u>Polio</u> <u>Hib</u> <u>PCV</u>	<u>Hep B</u> <u>DTaP</u> <u>Polio</u> <u>Hib</u> <u>PCV</u>	<u>Hep B</u> <u>DTaP</u> <u>Polio</u> <u>Hib</u> <u>PCV</u>	<u>Var</u> <u>DTaP</u> <u>Polio</u> <u>Hib</u> <u>MMR</u> <u>PCV</u>	<u>Hep A</u>	<u>DTaP</u> <u>Polio</u> <u>MMR</u> <u>Hep A</u>	<u>Hep B*</u> <u>Td</u> <u>MMR*</u> <u>Var*</u> <u>Hep A</u>	<u>TD</u> <u>Hep A</u>

\* Indicates vaccines to be assessed and given as necessary during the early adolescent visit.

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

- DTaP            Diphtheria, Tetanus, and Pertussis
- HepB            Hepatitis B
- Hib              H. Influenza Type B
- MMR            Measles, Mumps, and Rubella
- Td                Tentanus and Diphtheria toxoids for age seven and older
- Var              Varicella
- PCV             Pneumococcal Conjugate

For help in getting a child immunized, contact a physician or the local county health department immunization coordinator in your area. See the following page for list of county health department phone numbers, or call 1-800-SAFENET (723-3638) for clinic locations.

## Local County Health Department Phone Numbers

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Baker County Health Department	Baker City 541-523-8211
Benton County Health Department	Corvallis 541-766-6835
Clackamas County Health Department	Oregon City 503-655-8471
Clatsop County Health Department	Astoria 503-325-8500
Columbia County Community Health	St. Helens 503-397-4651
Coos County Health Department	North Bend 541-756-2020 ext 510
Crook County Health Department	Prineville 541-447-5165
Curry County Health Department	Gold Beach 541-247-7011 ext.265
Deschutes County Health Department	Bend 541-322-7400
Douglas County Health Department	Roseburg 541-440-3500
Gilliam County Medical Center	Condon 541-384-2061
Grant County Health Department	Canyon City 541-575-0429
Harney County Health Department	Burns 541-573-2271
Hood River County Health Dept.	Hood River 541-386-1115
Jackson County Health Department	Medford 541-774-8209
Jefferson County Health Department	Madras 541-475-4456
Josephine County Health Department	Grants Pass 541-474-5325
Klamath County Health Department	Klamath Falls 541-882-8846
Lake County Health Department	Lakeview 541-947-6045
Lane County Health Department	Eugene 541-682-4035
Lincoln County Health Department	Newport 541-265-4122
Linn County Health Department	Albany 541-967-3888
Malheur County Health Department	Ontario 541-889-7279
Marion County Health Department	Salem 503-588-5357
Morrow County Health Department	Heppner 541-676-5421
Multnomah County Health Dept.	Portland 503-988-3674
Polk County Health Department	Dallas 503-623-8175
Tillamook County Health Department	Tillamook 503-842-3900
Umatilla County Health Department	Pendleton 541-278-5432
Union County Health Department	LaGrande 541-962-8801
Wallowa County Health Department	Enterprise 541-426-4848
Wasco-Sherman County Health Dept.	The Dalles 541-296-4636
Washington County Health Dept.	Hillsboro 503-846-6667
Wheeler County Health Office	Asher Clinic, Fossil 541-763-2725
Yamhill County Health Department	McMinnville 503-434-7525



## Reporting Changes

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DPU needs to know about any changes in the child care situation that affect payment.

*To make sure the billing forms reach you, we need to know about:*

- ❖ Any change in your address or phone number;
- ❖ A change in your name.

*As part of the listing process, providers agree to notify DHS about:*

- ❖ Arrests, convictions, or involvement with Child Protective Services (former SCF) for any adults in their home;
- ❖ Any adults age 16 or over moving in or out of their home.

When you need to tell us about a change, call DPU or use a *Provider Report* (AFS 7496). There is a form after the next page that you can tear out. Please report changes as soon as they happen. This will help keep the billing process quick and efficient. If you need another report form, call DPU.

When changes are reported, you may be sent a re-evaluation form to complete from the CRU. You must return the completed re-evaluation form within 15 days.

## Filling Out the Provider Report (AFS 7496)

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1. Write the date when the change occurred or will occur.
2. Write the provider/facility name, phone number, and the Social Security or Federal Tax ID Number.
3. This section is to report changes in your mailing address. If your phone number or address changed or will change, write both the old and the new information.
4. This section is to report changes in the phone number or address where you provide care, if different from above.
5. If your name has changed or will change, write both the old and new names.
6. If another adult has moved or will move into your home, write their name, birthdate, and Social Security Number.
7. (a) If you have been arrested or convicted of a crime, or referred to DHS Child Protective Services (former SCF) for child abuse, neglect, or failure to protect a child, check the boxes and write the date of action and agency.  
  
(b) If an adult in your home has been arrested or convicted of a crime, or referred to DHS Child Protective Services (former SCF) for child abuse, neglect, or failure to protect a child, check the boxes and write the date of action and agency.

## SAMPLE

State of Oregon  
Department of Human Services

## Provider Report

Use this form to report changes to the Direct Pay Unit (DPU) and the Criminal Records Unit (CRU). Child care providers who are registered or certified with Child Care Division will also need to report any changes to CCD at 1-800-556-6616. Return this form to DPU at the following address:

DPU P.O. Box 14850 Salem, Oregon 97309-0850
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Telephone: 1-800-699-9074  
(503-378-5500 if calling from Salem)

1 Date when this change occurred or will occur: 2-5-98

## 2 Identifying Information

Provider/Facility Name	Phone Number	Social Security Number	Federal Tax ID Number
<i>Your Name</i>	<i>789-1234</i>	<i>000-XX-000</i>	<i>01-23456789</i>

## 3 New Phone Number or Mailing Address

Old Mailing Address	City	State	Zip	County	Phone
<i>456 Main St.</i>	<i>Anytown</i>	<i>Or</i>	<i>97000</i>	<i>Any</i>	<i>987-1111</i>
New Mailing Address	City	State	Zip	County	Phone
<i>123 Elm St.</i>	<i>Anytown</i>	<i>Or</i>	<i>97000</i>	<i>Any</i>	<i>789-1234</i>

## 4 New Phone Number or Address Where You Provide Care

Old Address Where Care Provided	City	State	Zip	County	Phone
<i>Same as above</i>					
New Address Where Care Provided	City	State	Zip	County	Phone
<i>Same as above</i>					

## 5 My name has changed:

Old Name	New Name

## 6 An adult moved into my home.

Write that person's name below.

Name of Adult	Date of Birth	Social Security Number
Name of Adult	Date of Birth	Social Security Number

## 7 Provider Records Change:

a.  I have been;

- Arrested for a crime
- Convicted of a crime
- Referred to SCF for child abuse, child neglect or failure to protect a child

Date occurred: \_\_\_\_\_ Law enforcement agency, court or SCF branch: \_\_\_\_\_

b.  An adult in my home has been;

- Arrested for a crime
- Convicted of a crime
- Referred to SCF for child abuse, child neglect or failure to protect a child

Date occurred: \_\_\_\_\_ Law enforcement agency, court or SCF branch: \_\_\_\_\_

**Tear out form and use it to report changes**



## Provider Report

Use this form to report changes to the Direct Pay Unit (DPU) and the Criminal Records Unit (CRU). Child care providers who are registered or certified with Child Care Division will also need to report any changes to CCD at 1-800-556-6616. Return this form to DPU at the following address:

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

Telephone: 1-800-699-9074  
(503-378-5500 if calling from Salem)

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

**2** Identifying Information

Provider/Facility Name	Phone Number	Social Security Number	Federal Tax ID Number
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**3** New Phone Number *or* Mailing Address

Old Mailing Address	City	State	Zip	County	Phone
New Mailing Address	City	State	Zip	County	Phone

**4** New Phone Number *or* Address Where You Provide Care

Old Address Where Care Provided	City	State	Zip	County	Phone
New Address Where Care Provided	City	State	Zip	County	Phone

**5** My name has changed:

Old Name	New Name
----------	----------

**6** An adult moved into my home.

Write that person's name below.

Name of Adult	Date of Birth	Social Security Number
Name of Adult	Date of Birth	Social Security Number

**7** Provider Records Change:

a.  I have been;

- Arrested for a crime
- Convicted of a crime
- Referred to SCF for child abuse, child neglect or failure to protect a child

Date occurred: \_\_\_\_\_ Law enforcement agency, court or SCF branch: \_\_\_\_\_

b.  An adult in my home has been;

- Arrested for a crime
- Convicted of a crime
- Referred to SCF for child abuse, child neglect or failure to protect a child

Date occurred: \_\_\_\_\_ Law enforcement agency, court or SCF branch: \_\_\_\_\_

## **Sample Attendance Log**

(Please make copies for your use.)





Department of Human Services  
Children, Adults and Families  
Human Services Bldg. 2nd Floor  
500 Summer St NE  
Salem, OR 97310-1013