



RF

Instructions for Registered Family Child Care Home License Application

For questions or information regarding how to complete the Registered Family Child Care License Application, please call 1-800-556-6616 or 503-947-1400; or go to the Division website at: www.childcareinoregon.org

Requirements for New Applications: Steps to complete before submitting the application

- Adults are enrolled in the Criminal History Registry (CHR) as required in OAR 414-205-0040(2)(a)&(b)
- Completed the Overview session for Registered Family child care providers
- Current certification in first aid (front and back of card)
- Current certification in infant and child cardiopulmonary resuscitation (CPR) (front and back of card)
- Current food handler card
- Completed two hours of training in Recognizing and Reporting Child Abuse and Neglect

Requirements for Reopen Applications:

NOTE: If you are moving or have moved to a new address, your license is non-transferable and will not be valid. It is recommended that you submit an application at least 30 days prior to the move

- Adults are enrolled in the Criminal History Registry (CHR) as required in OAR 414-205-0040(2)(a)&(b)
- Current certification in first aid (front and back of card)
- Current certification in infant and child cardiopulmonary resuscitation (CPR) (front and back of card)
- Current food handler card
- Completed eight hours of prorated training (required for all reopen applicants whose license closed or expired January 1st 2002 or later). Refer to form RF-201 *Criteria for Meeting the 8-Hour Training Requirement* for further information

Requirements for Renewal Applications: Applicants whose license is due to expire within 120 days

- Adults are enrolled in the Criminal History Registry (CHR) as required in OAR 414-205-0040(2)(a)&(b)
- Current certification in first aid (front and back of card)
- Current certification in infant and child cardiopulmonary resuscitation (CPR) (front and back of card)
- Current food handler card
- Completed a minimum of eight hours of training related to child care. Training must have been completed during the previous two year license period. Refer to form RF-201 *Criteria for Meeting the 8-Hour Training Requirement* for further information

Fee (DO NOT SEND CASH):

- **Application processing fee:** \$30.00 (non-refundable)
- To qualify for the reduced application fee of \$15.00, provide proof of income documentation (copies of tax forms, paycheck stubs, or record of government assistance) with application and requirements if income is below 100% of the federal poverty level. Refer to form RF-266A *Federal Family Poverty Level Table* to verify annual family income level and qualification for reduced fee.

Application Checklist:

Before submitting your Registered Family Child Care Home License application to the Division, complete the following checklist. **Failure to submit a complete application will delay processing**

- Submit \$30.00 application fee (or \$15.00 reduced application fee with proof of income documentation)
- Submit copies of required training: first aid, CPR (front and back of both cards), food handler card, certificate of attendance of a Recognizing and Reporting Child Abuse and Neglect training, certificate of attendance for Overview session for RF providers, and certificates of attendance for applicable hours of child care related training (requirements according to type of RF application). Do not send original training documentation.
- Mail application with original signature and fee to: **Child Care Division Unit 22
PO Box 4395
Portland OR 97208-4395**

Keep in your Files

- Child Care Division RF-200 *Rules for Registered Family Child Care Homes*
- Copies of application and training materials for future reference



RF

Application for Registered Family Child Care Home License

Instructions: Please print clearly using only blue or black ink, no pencil. Send with other documentation to the address on the back of the form. Refer to instructions for a list of application requirements.

NOTE: \$10.00 of application fee will be used to support the Oregon Family Child Care Network

Section 1: Application Type and Fee \$30.00 (fee is non-refundable) RF Licensing Specialist:

NOTE: Provide proof of income documentation with application requirements for income level that is below 100% of the federal poverty level (see page one for instructions) to qualify for the reduced application fee of \$15.00 RF License Number:

<input type="checkbox"/> NEW - no previous RF license	<input type="checkbox"/> RENEW - license will expire within 120 days	<input type="checkbox"/> REOPEN - license is expired or closed	<input type="checkbox"/> REOPEN - address change MOVE DATE:
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- Have you provided child care or held a child care license in another state(s)? NO YES list state(s): _____
- If so, did you have any legal action taken against your child care business? NO YES _____

Section 2: Registered Family Child Care Information

Business Name (if applicable)

Provider Last Name	First Name	Middle Name
Physical Address	City	Zip Code
Mailing Address	City	State
Phone No	Fax	Email

Section 3: Foster Care License

Are you licensed as a foster care provider? NO YES

Section 4: Provider, Other Adults in home, Substitute Caregivers, and/or Frequent Visitors (age 18 years or older)

NOTE: Use additional page if needed

List all individuals age 18 years or older that reside in the provider's home, or who may have unsupervised contact with children. Adults must be enrolled in the Criminal History Registry (form CHR-601) as required by OAR 414-205-0040(2)(a)&(b)

	Name	DOB	CHR Number	CHR Exp Date	Live in Home	Relationship
1					Y N	Provider
2					Y N	
3					Y N	
4					Y N	
5					Y N	

Section 5: All Children Living in Home (under 18 years of age) NOTE: Use additional page if needed

	Name	DOB	Gender		Name	DOB	Gender
1			M F	4			M F
2			M F	5			M F
3			M F	6			M F

Continued on back (signature and date required)

FOR CCD REPRESENTATIVE TO COMPLETE

<input type="checkbox"/> HSR Requested	License Start Date:	License End Date:	RF
Close Date:	Closure Reason: <input type="checkbox"/> Voluntary <input type="checkbox"/> Agency <input type="checkbox"/> Denied <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended		
Reinstate Date:	C&C: <input type="checkbox"/> Y <input type="checkbox"/> N Intake Initials:	<input type="checkbox"/> Continue Process <input type="checkbox"/> Other (see CCRIS) CS Initials:	

Section 6: Preferred Language- NOTE: Not all Division materials are available in other languages

English Spanish Vietnamese Russian Chinese Other: specify _____

READ BEFORE SIGNING THIS APPLICATION

Section 7: Authorization

Please read the following statements carefully. Your signature on this form indicates that you understand and agree to meet the requirements in the *Rules for Registered Family Child Care Homes* (OAR 414-205-0000 through 414-205-0170).

- I understand that if the Division receives a complaint regarding child care in my home, CCD may conduct an on-site investigation (OAR 414-205-0160).
- I understand that the Division may request more information to assess my ability to care for children or to assess the suitability of other adults to be in my home (OAR 414-205-0170).
- I understand that if I do not comply with the regulations, I can be fined \$100.00 for each violation found to be of my responsibility, and my license can be suspended or revoked (OAR 414-205-0170).
- I understand that state and federal civil rights laws and regulations prohibit discrimination on the basis of race, religion, color, ancestry, national origin, sex, disability, age, marital status, sexual orientation, and political affiliation or belief.

The information I have provided on this application is true and complete to the best of my knowledge. I will give true and correct information in all my contacts with the Division. I understand that acceptance of this application does not obligate the Division to license my home.

Applicant's Signature

The information in this application is true and complete to the best of my knowledge. I have read the *Rules for Registered Family Child Care Homes* and the information above. I understand their content and agree to comply with all requirements.

Applicant's Signature

Date

Preparer's Signature (if applicable)

I have read the instructions, and the front and back of this form to the applicant. The applicant has told me that he/she understands its contents and agrees to meet license requirements.

Preparer's Signature

Date

Preparer Agency

Phone No

Mail signed, completed application and fee to:

**Child Care Division Unit 22
PO Box 4395
Portland OR 97208-4395
503-947-1400 1-800-556-6616**

WorkSource Oregon Employment Department is an equal opportunity program/employer. The following services are free of cost and available to individuals with disabilities upon request. Auxiliary aids or services, alternate formats and language assistance for individuals with limited English proficiency. To request these services contact your local WorkSource Oregon Center for assistance.