



## PERMANENT ADMINISTRATIVE ORDER

**DELC 11-2025**

CHAPTER 414

**DEPARTMENT OF EARLY LEARNING AND CARE**

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### RULES:

414-175-0024, 414-175-0030, 414-175-0075, 414-175-0076

AMEND: 414-175-0024

NOTICE FILED DATE: 09/29/2025

**RULE SUMMARY:** Verification requirements rule is being updated to clarify that SNA must be verified at both application and renewal, that self-attestation only applies for SNA in cases of “other circumstances” and it moves SNA/SNR verification requirements into this new verification requirements rule.

### CHANGES TO RULE:

**414-175-0024**

#### Verification Requirements

(1) Methods of verifying information include the following: ¶

(a) Electronic: Information available and provided to the Department by worker-initiated verification through system access. Electronic verification is the preferred method when information is available. ¶

(b) Self-attestation: Information provided orally or in writing by or on behalf of an individual. Self-attestation is only accepted where indicated below and no other method is required. ¶

(c) Documentation: Documentary evidence provided by or on behalf of an individual or obtained by the Department from a third party. Documentation is required whenever electronic verification is not available and self-attestation is not allowed. Medical documentation must be written and must contain all the following: ¶

(A) A diagnosis in medical terminology, including an explanation of whether the impairment limits the individual's ability to perform normal functions and, if so, how. ¶

(B) A prognosis, including an expected recovery time frame. ¶

(C) Clinical findings from physical examination, psychiatric evaluation, X-rays, or a laboratory procedure, including specific data supporting diagnosis of a condition that causes disability, either on a medical or psychiatric basis. ¶

(2) Acceptable forms of medical documentation include: ¶

(a) Evaluations from the following medical sources: Medical evaluations only from licensed physicians, including psychiatrists, osteopaths, and ophthalmologists; mental nurse practitioners, physician assistants, and ophthalmologists. ¶

(b) Vision assessments from ophthalmologists and licensed optometrists. ¶

(c) Mental health evaluations only from psychiatrists and licensed or certified psychologists; and measurement of

visual acuity and visual fields only from ophthalmologists and licensed optometrists~~psychiatric mental health nurse practitioners.~~¶

(b) Supplemental medical and vocational information to augment evaluations from acceptable medical sources, from a licensed social worker, licensed physical or occupational therapist, or licensed nurse practitioner.¶

(c) ~~Medical evaluations from licensed nurse practitioners and physician assistants; and mental evaluations from psychiatric mental health nurse practitioners.~~¶

(3) The following information must be verified at initial application, recertification, and whenever eligibility for benefits becomes questionable, except as outlined in sections 4, 5 and 6.¶

(a) Countable income.¶

(b) Special Needs Rate such that a request for the higher rate must be received and the disability must be verified by one of the following:¶

(A) A physician, nurse practitioner, clinical social worker, or any additional sources in section 2 of this rule.¶

(B) Eligibility for Early Intervention and Early Childhood Special Education Programs, or school-age Special Education Programs.¶

(C) Eligibility for SSI.¶

(c) Identity of the caretaker(s).¶

(d) Resources: self-attestation is allowable.¶

(e) Child care need.¶

(f) Second caretaker unable to provide adequate care.¶

(g) Need for care of child(ren) age 13 or older at the time of application or recertification: self-attestation is allowable.must be verified by one of the following:¶

(A) A clinical social worker or any additional sources in section 2 of this rule.¶

(B) A child's eligibility for SSI.¶

(C) A child being under court supervision.¶

(D) A child's eligibility for foster care payments.¶

(E) Other unique circumstances where the child's safety or the caretaker's ability to work or participate in authorized activities will be significantly compromised if child care is not approved: self-attestation is allowed.¶

(h) Eligibility for priority processing: self-attestation is allowable.¶

(i) Caretaker's schedule: self-attestation is allowable.¶

(j) Immunizations:¶

(A) Reporting that immunizations are up to date: self-attestation is allowable.¶

(B) Reporting that an immunization series has started or that requirements are met due to having the medical or non-medical exemption form: documentation is required.¶

(k) Payment of an unpaid copay.¶

(l) Head Start enrollment.¶

(m) Authorized Medical Leave.¶

(A) Parental leave:¶

(i) Up to 3 months: self-attestation is allowable.¶

(ii) More than 3 months: medical documentation is required.¶

(B) Medical leave for any other reason: medical documentation is required.¶

(4) The following information must be verified during a certification period:¶

(a) A change in income:¶

(A) A decrease in income to reduce the copay.¶

(B) An increase in income due to a new filing group member entering the home.¶

(C) Income over the income limits in OAR 414-175-0050: self-attestation is allowable.¶

(b) An increase in child care hours: electronic verification or documentation is required.¶

(5) For filing groups categorically eligible for ERDC, self-attestation is allowed except as outlined in subsection

(3)(j)(B).¶

(6) For filing groups categorically eligible under Expanded Child Welfare (EXP CW), self-attestation is allowed for child care need, hours and income.

Statutory/Other Authority: ORS 329A.500

Statutes/Other Implemented: ORS 329A.500

**RULE SUMMARY:** General Financial Eligibility is being updated to add Medical Saving Accounts (MSA), Health Reimbursement Arrangements (HRA), and Health Savings Accounts (HSA) as additional examples of income types that must be considered when determining the availability of income and when defining types of earned income. Previously, only Flexible Spending Accounts (FSA) were listed. This change aligns ERDC rules with ODHS program rules for consistency.

**CHANGES TO RULE:**

414-175-0030

**General Financial Eligibility**

**(1)-General Financial Eligibility Provisions** ¶

- (a)-An available asset, either income or a resource, is categorized as either excluded or countable. ¶
- (b)-Excluded assets are identified in the rules in this chapter and are not considered when an individual's eligibility and benefit level are determined. ¶
- (c)-An available asset not specifically excluded is countable, and its value is used in determining the eligibility and benefit level of an individual. ¶
- (d)-An asset may not be counted as a resource and as income in the same month. ¶
- (e)-The treatment of a check is based on the source of the funds. ¶
- (f)-If an asset is converted to other uses, the asset is treated under the other applicable rules. ¶

**(2)-Resources** ¶

- (a)-Jointly-owned resources are available to members of a financial group only to the extent they own the resource. For the purposes of this section, "liquid resources" means cash as well as other resources that can be converted to cash within 20 business days. ¶
- (b)-A resource is not available to an individual in-/the financial group-/in each of the following situations: ¶
  - (A)-The individual-/has a legal interest in the resource, but the resource is not in the individual's possession and the individual-/is unable to gain possession of it. ¶
  - (B)-The resource is jointly owned with others not in the financial group who are unwilling to sell their interest in the resource, and the individual's interest is not reasonably saleable. ¶
  - (C)-The individual-/verifiably lacks the competence to gain access to or use the resource and there is no legal representative available to act on the individual's behalf. ¶
  - (D)-The individual-/is a victim of domestic violence and: ¶
    - (i)-Attempting to use the resource would subject the individual-/to risk of domestic violence; or ¶
    - (ii)-The individual-/is using the resource to avoid the abusive situation. ¶
  - (c)-A resource is not considered available during the time the owner does not know he or she owns the resource. ¶
  - (d)-If a resource is subject to an early withdraw penalty, the amount of the penalty is not available. ¶

**(3)-Determining Availability of Income** ¶

- (a)-Income is considered available the date it is received or the date a individual in-/the financial group has a legal right to the payment and the legal ability to make it available, whichever is earlier, except as follows: ¶
  - (A)-Income usually paid monthly or on some other regular payment schedule is considered available on the regular payment date if the date of payment is changed because of a holiday or weekend. ¶
  - (B)-Income withheld or diverted at the request of an individual is considered available on the date the income would have been paid without the withholding or diversion. ¶
  - (C)-An advance or draw of earned income is considered available on the date it is received. ¶
  - (D)-Income that is averaged, annualized, converted, or prorated is considered available throughout the period for which the calculation applies. ¶
  - (E)-A payment due to a member of the financial group, but paid to a third party for a household expense, is considered available when the third party receives the payment. ¶
  - (F)-In prospective budgeting, income is considered available in the month the income is expected to be received. ¶
  - (b)-The following income is considered available even if not received: ¶
    - (A)-Deemed income. ¶
    - (B)-The portion of a payment from an assistance program, such as public assistance, unemployment compensation, or Social Security, withheld to repay an overpayment. ¶
    - (c)-The amount of income considered available is the gross before deductions, such as garnishments, taxes, or other payroll deductions including ~~flexible spending accounts~~FSA, Medical Savings Accounts (MSA).

Health Reimbursement Arrangements (HRA), and Health Savings Accounts (HSA).¶

(d)-The following income is not considered available:¶

(A)-Wages withheld by an employer in violation of the law.¶

(B)-Income received by another individual who does not pay the individual-/their share.¶

(C)-Income received by an individual in-/the financial group after the individual has left the household.¶

(D)-Moneys withheld from or returned to the source of the income to repay an overpayment from that source unless the repayment is countable under subsection (3)(a) of this rule.¶

(E)-For an individual who is not self-employed, income required to be expended on an ongoing, monthly basis on an expense necessary to produce the income, such as supplies or rental of work space.¶

(F)-Income received by the financial group but intended and used for the care of an individual not in the financial group as follows:¶

(i)-If the income is intended both for an individual in the financial group and an individual not in the financial group, the portion of the income intended for the care of the individual not in the financial group is considered unavailable.¶

(ii)-If the portion intended for the care of the individual not in the financial group cannot readily be identified, the income is prorated evenly among the individuals for whom the income is intended. The prorated share intended for the care of the individual not in the financial group is then considered unavailable.¶

(G)-Income controlled by the individual's abuser if the individual-/is a survivor of domestic violence, the individual's abuser controls the income and will not make the money available to the filing group, and the abuser is not in the individual's filing group.¶

(4)-Treatment of Excluded Assets.¶

(a)-Excluded income remains excluded so long as it is kept in a separate account and not commingled with other funds.¶

(b)-Excluded income that is commingled in an account with funds not excluded remains excluded for six months from the date it is commingled, after which it is counted as a resource.¶

(5)-/Periodic income is averaged over the applicable period.¶

(6)-/Lump sum income is excluded.¶

(7)-/Income received from an illegal activity as defined in OAR 414-175-0002 is considered countable income.¶

(8)-/Individuals applying for ERDC are not required to make a good faith effort to obtain any asset to which the individual has a legal right or claim.¶

(9)-Earned income is income received in exchange for an individual's physical or mental labor. Earned income includes all of the following:¶

(a)-Compensation for services performed, including wages, salaries, commissions, tips, sick leave, vacation pay, draws, or the sale of blood or plasma.¶

(b)-Income-/from on-the-job-training, paid job experience, and JOBS Plus work experience.¶

(c)-In-kind income, when an individual is an employee of the person providing the in-kind income and the income is in exchange for work performed by the individual, or when received as compensation from self-employment.¶

(d)-For self-employment, gross receipts and sales, including mileage reimbursements, before costs.¶

(e)-Cafeteria plan benefits that an employee takes as cash, and funds placed in a fFlexible sSpending account.¶

(f)-Account (FSA), Medical Savings Accounts (MSA), Health Reimbursement Arrangements (HRA), and Health Savings Accounts (HSA).¶

(f) Income from work-study.¶

(g)-Income from profit sharing that the individual receives monthly or periodically.¶

(h)-The fee for acting as an individual's representative payee, when that individual is not included in the filing group.¶

(i)-The income a principal earns working for a corporation, unless the individual can be considered self-employed.

Statutory/Other Authority: ORS 329A.500

Statutes/Other Implemented: ORS 329A.500

RULE SUMMARY: Moves Special Needs Rate verification requirements to OAR 414-175-0024 and updates language for clarity. Revises the rule to reflect 2026 center and licensed home-based provider rates and updates commute time language from "two hours per day" to "25 percent" for alignment with current process and ONE system functionality.

CHANGES TO RULE:

414-175-0075

Child Care Provider Eligibility Standards, Payments Rates, Payment Limits, and Payable Hours

(1) The following definitions apply to the rules governing child care rates:  
¶

(a)-/Infant: For all providers other than licensed (registered or certified) care, a child aged newborn to 1 year. For licensed care, an infant is a child aged newborn to 2 years.  
¶

(b)-/Toddler: For all providers other than licensed (registered or certified) care, a child aged 1 year to 3 years. For licensed care, a toddler is a child aged 2 years to 3 years.  
¶

(c)-/Preschool: A child aged 3 years to 6 years.  
¶

(d)-/School: A child aged 6 years or older.  
¶

(e)-/Special Needs Rate (SNR): A child who meets the age requirement of the program and who requires a level of care over and above the norm what is typically expected for their age due to a physical, behavioral, or mental disability. The disability must be verified by one of the following:  
¶

(A) A physician, nurse practitioner, clinical social worker, or any additional sources in OAR 414-175-0024.  
¶

(B) Eligibility for Early Intervention and Early Childhood Special Education Programs, or school-age Special Education Programs.  
¶

(C) Eligibility for SSI in accordance with 414-175-0024.  
¶

(2)-/The following definitions apply to the types of care specified in the child care rate charts in subsections (4)(a) through (4)(c) of this rule:  
¶

(a)-/The Standard Family Rate applies to child care provided in the provider's own home or in the home of the child when the provider does not qualify for the enhanced rate allowed by subsection (b) of this section.  
¶

(b) The Enhanced Family Rate applies to child care provided in the provider's own home or in the home of the child when the provider meets the training requirements of the Oregon Registry, established by the Oregon Center for Career Development in Childhood Care and Education.  
¶

(c)-/The Registered Family Rate applies to child care provided in the provider's own home when the provider meets criteria established by the Child Care Licensing Division.  
¶

(d)-/The Certified Family Rate applies to child care provided in a residential dwelling that is certified by the Child Care Licensing Division as a Certified Family Home. To earn this designation, the facility must be inspected, and both provider and facility are required to meet certain standards not required of a registered family provider.  
¶

(e)-/The Standard Center Rate applies to child care provided in a facility that is not located in a residential dwelling and is exempt from Child Care Licensing Division Certification rules.  
¶

(f) The Enhanced Center Rate applies to child care provided in an exempt center whose staff meet the training requirements of the Oregon Registry established by the Oregon Center for Career Development in Childhood Care and Education. Eligibility to receive the enhanced center rate for care provided in an exempt center is subject to the following requirements:  
¶

(A) A minimum of one staff member for every 20 children in care must meet the Oregon Registry training requirements noted in subsection (b) of this section.  
¶

(B)-/New staff must meet the Oregon Registry training requirements within 90 days of hire, if necessary to maintain the trained staff-to-children ratio described in paragraph (f)(i) of this subsection.  
¶

(C)-/There must be at least one person present where care is provided who has a current certificate in infant and child CPR and a current American Red Cross First Aid card or an equivalent.  
¶

(g)-/An enhanced rate will become effective not later than the second month following the month in which the Department receives verification that the provider has met the requirements of subsection (b) or (f) of this section.  
¶

(h)-/The Certified Center Rate applies to child care provided in a certified center, a certified Outdoor Nature Based program or another that is certified by the Child Care Licensing Division or participating in the Alternative Pathway program that is certified by through the Child Care Licensing Division or an Alternative Pathway Program.  
¶

(3) The following provisions apply to child care payments:  
¶

(a)-/Providers not eligible for the enhanced or licensed rate will be paid at an hourly rate for children in care less than 158 hours per month subject to the maximum full-time monthly rate.  
¶

(b)-/Providers eligible for the enhanced or licensed rate will be paid at an hourly rate for children in care less than 136 hours a month, unless the provider customarily bills all families at a part-time monthly rate subject to the maximum full-time monthly rate and is designated as the primary provider for the case.¶

(c)-/At their request, providers eligible for the enhanced or licensed rate may be paid at the part-time monthly rate if they provide 63 or more hours of care in the month, customarily bill all families at a part-time monthly rate, and are designated as the primary provider for the case.¶

(d)-/Unless required by the circumstances of the caretaker or child, the Department will not pay for care at a part-time monthly or a full-time monthly rate to more than one provider for the same child for the same month.¶

(e)-/The Department will pay at the hourly rate for less than 63 hours of care in the month subject to the maximum full-time monthly rate.¶

(f)-/The Department will pay for absent days each month the child is absent. Absent days can be billed if:¶

(A)-/It is the provider's policy to bill all families for absent days; and,¶

(B)-/The child was scheduled to be in care, the provider bills for the amount of time the child was scheduled to be in care, and the child has not been absent for a calendar month.¶

(g)-/Child care providers are eligible to receive an incentive payment upon achieving and maintaining a three star or higher rating with the Quality Rating Improvement System (QRIS), or SPARK program,/-subject to all of the following provisions.¶

(A)-/The incentive payment is in addition to the Department maximum rate.¶

(B) A provider may receive an incentive payment for any ERDC child that the Department paid the provider for full-time care (136 hours or more).¶

(C)-/Providers who are contracted for child care services through the ERDC program are not eligible to receive incentive payments, with the exception of Early Head Start providers.¶

(D) Eligibility for the incentive payment is effective the month after the QRIS rating has been achieved.¶

(E) The incentive payment amount is based on the provider's star QRIS rating as follows:/¶

(i)/ / Star Rating&&&&&& Amount.¶

(ii)/ / 3&&&&&&&&&& \$54.¶

(iii)-/ / 4&&&&&&&&&& \$72.¶

(iv)-/ / 5&&&&&&&&&& \$90.¶

(h) Child care providers eligible for the licensed rate may receive payment from the Department for registration and other fees if they are required by the facility for a child to begin or continue care and the fees are also required of the general public. Fees related to penalties, fines, charges exceeding approved ERDC hours or rates (see section (4) of this rule), or advance payment for cost of care are not eligible for payment. /¶

(A) Child care providers are eligible to receive an additional payment-/from the Department of 9% of the payment issued for a billing form when all the following are met:¶

(i) A home-based provider's billing form was processed more than 4 business days after the completed billing form was received by the Department or a center-based provider's billing form was processed more than 7 business days after the completed billing form was received by the Department,/-¶

(ii) The provider initiated the request for the additional payment within 30 calendar days of the payment being processed,/-¶

(B) Providers request the additional payment using the Department's request process, and,¶

(C) The-/payment was-/processed outside the timeframe indicated in subparagraph (A) of this paragraph (i) under circumstances other than-/exceptional circumstances. "Exceptional circumstances" means circumstances beyond the reasonable control of the Department including:¶

(i) State declared natural disaster,/-¶

(ii) System outages or failure that prevents payment issuance, or,¶

(iii) A cause that originated outside the Department that the Department could not prevent. /¶

(4) Effective January 1, 2024, the following are the child care rates based on the type of provider, the location of the provider (shown by zip code), the age of the child, and the type of billing used (hourly or monthly):¶

(a) [see attached table].¶

(b) [see attached table].¶

(c) [see attached table].¶

(5) OAR 414-175-0050 establishes ERDC allowable child care cost, and the copay calculation, except for child care under a contract between a Head Start agency and the Department, which is covered under OAR 414-175-0105.¶

(6)-/Subject to the provisions in section (9) of this rule, the monthly limit for each child's child care payments is the lesser of the amount charged by the provider or providers and the following amounts:¶

(a)-/The monthly rate provided in section (4) of this rule.¶

(b)-/The product of the hours of care, limited by section (8) of this rule, multiplied by the hourly rate provided in section (4) of this rule.¶

(7) The limit in any month for child care payments on behalf of a child whose caretaker is away from the child's home for more than 30 days because the caretaker is a member of a reserve or National Guard unit that is called up for active duty is the lesser of the following:  
¶

(a)-/The amount billed by the provider or providers.  
¶

(b)-/The monthly rate established in this rule for 215 hours of care.  
¶

(8)-/The number of payable billed hours of care for a child is limited as follows:  
¶

(a)-/The total payable hours of care in a month may not exceed the amounts in paragraphs (a)(A) or (B) of this subsection:  
¶

(A)-/125 percent of the number of child care hours authorized under OAR 414-175-0050; or  
¶

(B)-/The monthly rate established in section (4) of this rule multiplied by a factor of not more than 1.5, determined by dividing the number of hours billed by 215, when the caretaker meets the criteria for extra hours under section (10) of this rule.  
¶

(b)-/For a caretaker who earns less than the Oregon minimum wage, the total may not exceed 125 percent of the anticipated earnings divided by the state minimum wage not to exceed 172 hours (which is full time).  
¶

(9)-/The limit in any month for child care payments on behalf of a child whose caretaker has special circumstances, defined in section (10) of this rule, is the lesser of one of the following:  
¶

(a)-/The amount billed by the provider or providers; or  
¶

(b)-/The monthly rate established in section (4) of this rule multiplied by a factor, of not more than 1.5, determined by dividing the number of hours billed by 215.  
¶

(10)-/The limit allowed by section (9) of this rule is authorized once the Department has determined the caretaker has special circumstances. For the purposes of this section, a caretaker has special circumstances when it is necessary for the caretaker to obtain child care in excess of 215 hours in a month to perform the requirements of their employment or training required to keep current employment, not including self-employment. This is limited to the following situations:  
¶

(a) The caretaker's commute time to and from work or education settings exceeds two hours per day and any required unpaid breaks exceeds 25 percent of the total authorized child care hours for the month.  
¶

(b) The caretaker has an overnight shift and care is necessary for both shift hours and sleep hours.  
¶

(c)/ Retroactively effective January 1, 2023, multiple caretakers need care for both shift hours and sleep hours when:  
¶

(A) There is overlap in the caretakers' reported hours, and  
¶

(B) At least one caretaker works an overnight shift.  
¶

(d) The caretaker has a split shift and it is not feasible to care for the child between shifts.  
¶

(e) The caretaker consistently works, participates in education hours, or both, more than 40 hours per week.  
¶

(11) The payment available for care of a child who meets the special needs criteria described in section (1)(e) of this rule is increased in accordance with OAR 414-175-0076 if the requirements of both of the following subsections are met:  
¶

(a) The child requires significantly more direct supervision by the child care provider than normal for a child of the same age.  
¶

(b) The child is enrolled in a local school district Early Intervention or Early Childhood Special Education program or school-age Special Education Program. The enrollment required by this subsection is waived if determined inappropriate by a physician, nurse practitioner, licensed or certified psychologist, clinical social worker, or school district official.  
¶

(12) Provider payment rates are informed by a cost estimation model and may include financial incentives as outlined in ORS 329A.500(4)(c)(A)-(G).

Statutory/Other Authority: ORS 329A.500

Statutes/Other Implemented: ORS 329A.500

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

(4)

(a)

**Group Area A**  
**STANDARD RATE MAXIMUMS (Not Licensed)**

	Standard Family Rate		Standard Center Rate	
	1-157 Hours per month	158-215 Hours per month	1-157 Hours per month	158-215 Hours per month
	Hourly	Monthly	Hourly	Monthly
Infant	\$6.30	\$1,041	\$9.00	\$1562
Toddler	\$5.70	\$945	\$11.00	\$1490
Preschool	\$5.40	\$870	\$8.25	\$1173
School	\$5.10	\$780	\$8.00	\$1189
Special Needs	\$6.30	\$1,041	\$9.00	\$1562

**ENHANCED RATE MAXIMUMS (Not Licensed)**

	Enhanced Family Rate			Enhanced Center Rate		
	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
Infant	\$6.65	\$824	\$1,099	\$10.20	\$1,328	\$1,770
Toddler	\$6.01	\$748	\$998	\$12.47	\$1,267	\$1,689
Preschool	\$5.70	\$689	\$919	\$9.35	\$997	\$1,329
School	\$5.39	\$618	\$824	\$9.07	\$1,010	\$1,347
Special Needs	\$6.65	\$824	\$1,099	\$10.20	\$1,328	\$1,770

**LICENSED RATE MAXIMUMS**

	Registered Family Rate			Certified Family Rate			Certified Center Rate		
	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
Infant	\$7.22	\$925	\$1,233.33	\$9.33	\$1,373	\$1831.00	\$12.00	\$1562	\$2083
Toddler	\$6.55	\$850	\$1,133.33	\$8.58	\$1,256	\$1675.00	\$14.67	\$1490	\$1987
Preschool	\$6.00	\$775	\$1,033.33	\$8.50	\$1,108	\$1477.33	\$11.00	\$1172	\$1563
School	\$6.33	\$700	\$933.33	\$7.67	\$863	\$1150.00	\$10.67	\$1189	\$1585
Special Needs	\$7.22	\$925	\$1,233.33	\$9.33	\$1,373	\$1831.00	\$12.00	\$1562	\$2083

Zip Codes for Group Area A:

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

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

(b)

**Group Area B**  
**STANDARD RATE MAXIMUMS (Not Licensed)**

	Standard Family Rate		Standard Center Rate	
	1-157 Hours per month	158-215 Hours per month	1-157 Hours per month	158-215 Hours per month
	Hourly	Monthly	Hourly	Monthly
Infant	\$4.20	\$750	\$6.56	\$1125
Toddler	\$3.90	\$705	\$4.94	\$994
Preschool	\$3.75	\$691	\$7.13	\$782
School	\$3.90	\$647	\$4.31	\$600
Special Needs	\$4.20	\$750	\$6.56	\$1125

**ENHANCED RATE MAXIMUMS (Not Licensed)**

	Enhanced Family Rate			Enhanced Center Rate		
	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
Infant	\$4.44	\$594	\$791	\$7.44	\$956	\$1,275
Toddler	\$4.11	\$558	\$744	\$5.59	\$845	\$1,126
Preschool	\$4.11	\$547	\$730	\$8.08	\$665	\$887
School	\$4.11	\$512	\$683	\$4.48	\$510	\$680
Special Needs	\$4.44	\$594	\$791	\$7.44	\$956	\$1,275

**LICENSED RATE MAXIMUMS**

	Registered Family Rate			Certified Family Rate			Certified Center Rate		
	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
Infant	\$5.50	\$713	\$950	\$6.00	\$956	\$1275	\$7.75	\$1125	\$1500
Toddler	\$5.25	\$656	\$875	\$5.50	\$833	\$1110	\$6.58	\$994	\$1325
Preschool	\$5.00	\$625	\$833	\$6.00	\$788	\$1050	\$9.50	\$782	\$1043

School	\$6.00	\$600	\$800	\$5.83	\$675	\$900	\$5.75	\$600	\$800
Special Needs	\$5.50	\$713	\$950	\$6.00	\$956	\$1275	\$7.75	\$1125	\$1500

## Zip Codes for Group Area B:

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

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

(c)

**Group Area C**  
**STANDARD RATE MAXIMUMS (Not Licensed)**

	Standard Family Rate		Standard Center Rate	
	1-157 Hours per month	158-215 Hours per month	1-157 Hours per month	158-215 Hours per month
	Hourly	Monthly	Hourly	Monthly
Infant	\$4.20	\$750	\$6.56	\$1125
Toddler	\$3.90	\$705	\$4.94	\$994
Preschool	\$3.75	\$691	\$7.13	\$782
School	\$3.90	\$647	\$4.31	\$600
Special Needs	\$4.20	\$750	\$6.56	\$1125

**ENHANCED RATE MAXIMUMS (Not Licensed)**

	Enhanced Family Rate			Enhanced Center Rate		
	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
Infant	\$4.44	\$594	\$791	\$7.44	\$956	\$1,275
Toddler	\$4.11	\$558	\$744	\$5.59	\$845	\$1,126
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School	\$4.11	\$512	\$683	\$4.48	\$510	\$680
Special Needs	\$4.44	\$594	\$791	\$7.44	\$956	\$1,275

**LICENSED RATE MAXIMUMS**

	Registered Family Rate			Certified Family Rate			Certified Center Rate		
	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month	1-62 Hours per month	63-135 Hours per month	136-215 Hours per month

					per month				
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
Infant	\$5.50	\$713	\$950	\$6.00	\$956	\$1275	\$7.75	\$1125	\$1500
Toddler	\$5.25	\$656	\$875	\$5.50	\$833	\$1110	\$6.58	\$994	\$1325
Preschool	\$5.00	\$625	\$833	\$6.00	\$788	\$1050	\$9.50	\$782	\$1043
School	\$6.00	\$600	\$800	\$5.83	\$675	\$900	\$5.75	\$600	\$800
Special Needs	\$5.50	\$713	\$950	\$6.00	\$956	\$1275	\$7.75	\$1125	\$1500

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

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

**RULE SUMMARY:** High Needs Child Care Payments: moving existing eligibility language for the supplemental payment from OAR 414-175-0075 to this rule to consolidate related requirements. Adds a requirement for a written plan dated within the last 12 months, with flexibility if updates are delayed by the program. Requires the Department to review the supplemental payment determination at least annually.

**CHANGES TO RULE:**

414-175-0076

**High Needs Child Care Payments**

(1) ~~The payment authorized by OAR 414-175-0075(11) is calculated by adding the applicable high The supplemental high needs payment is allowable if the child is eligible for the special needs rate outlined in OAR 414-175-0075(1)(e) and the requirements of the following subsections are met:~~¶

(a) ~~The child requires significantly more direct intervention by the child care provider than typical for a child of the same age as determined payment established by section (4) of that rule to the additional amount determined by this rule.~~¶

(2) ~~The additional aby the Department through an assessment with the family and child care provider input and review of submitted documentation.~~¶

(b) ~~The child is enrolled in an Early Intervention or Early Childhood Special Education program or school-age Special Education Program with a written plan that supports the child's need for increased intervention and supervision while in care. The written plan must be dated within the last 12 mount determined by this rule is allowed in consideration of the additional cost to a child care provider for thehs. If an updated plan is not available due to program delays, the caretaker must provide documentation that an updated plan is delayed.~~¶

(c) ~~Eligibility for the supplemental high needs payment must be reviewed by the Department at least once every 12 months from the date of the prior determination.~~¶

(2) ~~The supplemental high needs payment is intended to cover the cost of additional care and supervisintervention required because ofdue to a child's physical, mental or behavioral condition. To determine the additional amousupplemental high needs payment, a factor ranging from 0 to 2, determined by this rule is multiplied by:~~¶

(a)-\$5.00 for a payment calculated on an hourly basis; or¶

(b)-\$840 for a payment calculated on a monthly basis.¶

(3)-The factor used to make the calculation described in section (2) of this rule is determined by first establishing a score for each category listed in section (5) of this rule. The score is established by multiplying a rating and the weight for each category. The weight is given in section (5). The rating is determined as follows:¶

(a)-The child's need for care and supervision is assessed and is compared with the needs of other children of the same age, and a rating is determined for each category. The rating is a whole number from zero to ten.¶

(b)-Benchmark scores are given in section (5) of this rule for each category using several descriptions of need. The child's level is matched with the benchmark descriptions, and a rating is assigned based on a comparison of the child's needs and the benchmark descriptions. If a child's level of need falls between - or is described in part by - two benchmarks in the rule, an appropriate intermediate rating is assigned based on the benchmarks scores.¶

(4)-After a score is determined for each category, the scores are added. The sum of the scores is changed to 100 if it is less than 110 and is reduced to 300 if it exceeds 300. The adjusted score is decreased by 100, and the remainder is divided by 100. The result is the factor used in section (2) of this rule.¶

(5)-The categories, their weights, and standards for their ratings are as follows:¶

(a)-Level of medical care - weight is 7:¶

(A)-Child requires on-site medical attention by a licensed medical or mental health professional and the child care provider must have specialized training related to the child's medical or mental health needs - rating of 10.¶

(B)-The provider must have specialized training related to the child's medical or mental health needs and consults frequently with a medical or mental health professional - rating of 8.¶

(C)-Child requires medical attention by an individual who has received some specialized training related to the child's medical or mental health needs - rating of 4.¶

(D)-Child requires medical attention or monitoring by an individual who has received special instructions from the parent or a service provider related to the child's medical or mental health needs - rating of 1.¶

(E)-Child's needs can be met by staff with general knowledge - rating of zero.¶

(b)-Self-sufficiency with daily tasks - weight is 5:¶

(A)-Child requires total assistance with eating or toileting, such as requiring tube feedings or with special toileting needs, such as ostomy care - rating of 10.¶

(B)-Child requires considerable assistance in eating or toileting - rating of 5.¶  
(C)-Child requires only minor assistance with eating or toileting - rating of 1.¶  
(D)-Child can take care of daily tasks with very little assistance - rating of zero.¶  
(c)-Mobility - weight is 5:¶  
(A)-Child is unable to help with positioning or movement, needs frequent repositioning, and the child is difficult to move - rating of 10.¶  
(B)-Child can help with transfers, pivoting and position - rating of 5.¶  
(C)-Child is able to move independently with minor support - rating of 1.¶  
(D)-Child's mobility is similar to other children of the same age - rating of zero.¶  
(d)-Communication skills - weight is 6:¶  
(A)-Child is unable to communicate needs and wants, and is unable to use alternative communication methods - rating of 10.¶  
(B)-Child relies entirely upon alternative methods such as sign language, picture boards, gestures, or facial expressions, to communicate the child's needs or to understand requests made of the child - rating of 8.¶  
(C)-Child has limited verbal skills. The child may require one-on-one communication to gain the child's attention, simplify instructions, or to understand the child's speech or gestures. Child may use alternative methods, mentioned in paragraph (B) of this sub-section, as a supplement to verbal skills - rating of 4.¶  
(D)-Child's communication skills are roughly similar to other children of the same age - rating of zero.¶  
(e)-Need for monitoring and intervention - weight is 11:¶  
(A)-The child must remain within the child care provider's direct view at all times and needs frequent intervention to prevent harm to self or other children - rating of 10.¶  
(B)-The child must remain within the provider's direct view at all times but does not need frequent intervention - rating of 7.¶  
(C)-Child has behaviors that frequently require adult intervention but are not a threat to the child's or other children's safety - rating of 4.¶  
(D)-Child needs assistance to initiate, respond to, or engage in peer interactions that are safe, positive, and appropriate - rating of 2.¶  
(E)-Child needs some assistance but generally does well if the assistance is provided - rating of zero.¶  
(f)-Cognition and comprehension - weight is 7:¶  
(A)-Child is unable to recognize danger, is unable to follow instructions without one-on-one assistance, and has difficulty processing basic sensory information about the environment. This does not include vision or hearing as the primary difficulty - rating of 10.¶  
(B)-Child needs to be given one instruction at a time and may need reminders of what was asked in order to complete instruction - rating of 5.¶  
(C)-Child is able to understand and solve problems with some special attention - rating of zero.¶  
(g)-//Other special considerations - weight is 5. There are other considerations relating to the level of supervision required for the child that are not included in the above categories. A rating is determined based on how much more supervision the child needs - because of the other consideration - than other children of the same age.  
Statutory/Other Authority: ORS 329A.500  
Statutes/Other Implemented: ORS 329A.500