



Oregon Department of
**Early Learning
and Care**

Provider Information Session – November 2024

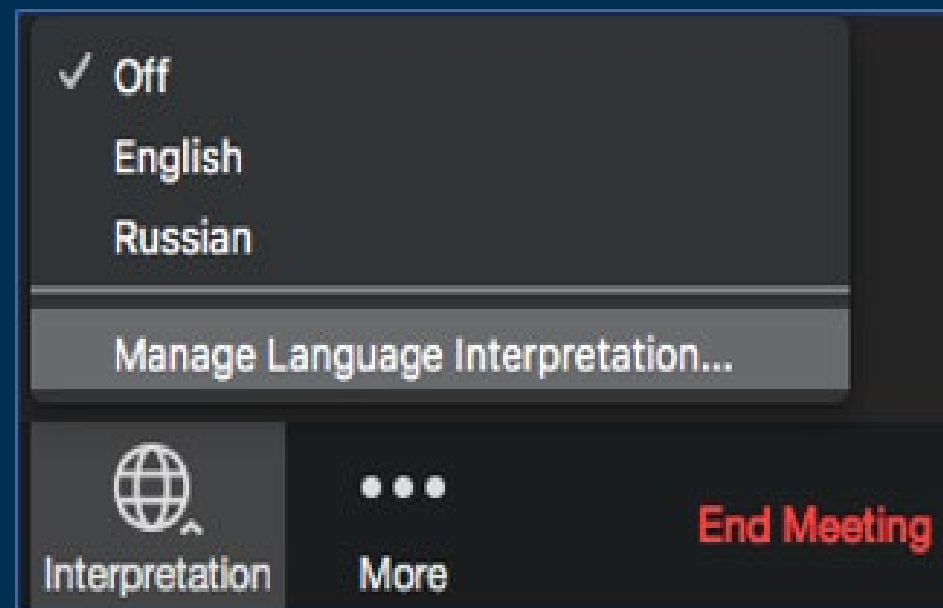
The webinar will start shortly





Interpretation Available

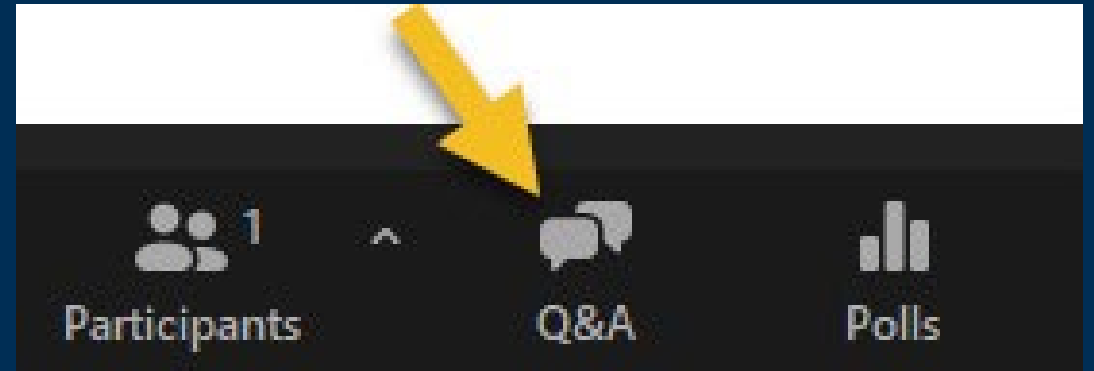
- Click the globe icon to select your language. You can find it in the bottom right corner.
- Presione el icono del mundo para seleccionar su idioma. Lo puede encontrar en la esquina derecha de su pantalla.
- Чтобы выбрать нужный язык, нажмите на значок с изображением глобуса в правом нижнем углу экрана.





Question and Answer Feature

- Click the Q&A icon to ask our panelists questions.
- Presione el icono de Preguntas y Respuestas para hacer preguntas a nuestros panelistas.
- Нажмите значок «Вопросы и ответы», чтобы задать вопросы участникам дискуссии.



Agenda

- Oregon Health Authority: Immunization Information
- Find Child Care Oregon Provider Portal
- Agency and Program Updates





Immunizations Requirements for Child Care in Oregon

November 14, 2024

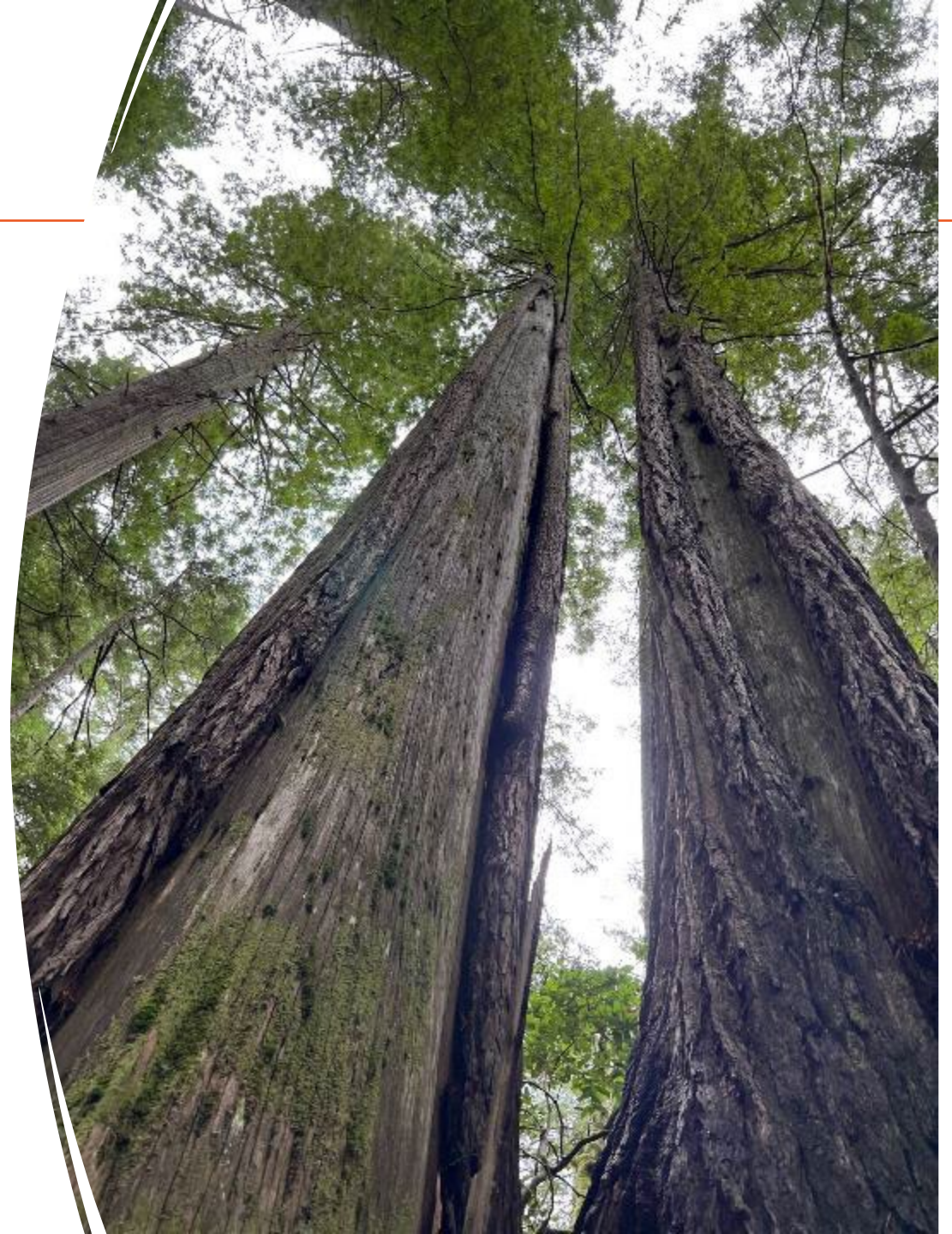


OREGON
HEALTH
AUTHORITY

**Why do we have immunization
requirements for child care
facilities?**

Immunization requirements

- We all want schools and child care facilities to be healthy and safe.
- Child care providers know who gather in their space.
- Child cares have close interactions, so there is increased risk of disease spread.



Things happen



Like this!





Starting Care

Child's record must show at least one dose of each required vaccine or exemption



Fall

Programs work with families to get records for any missing vaccines



3rd Wednesday in February

Deadline to be up-to-date on documentation or be excluded from care



Spring

Data collected from programs, verified, and released

Oregon School Immunization Timeline



Where to start?

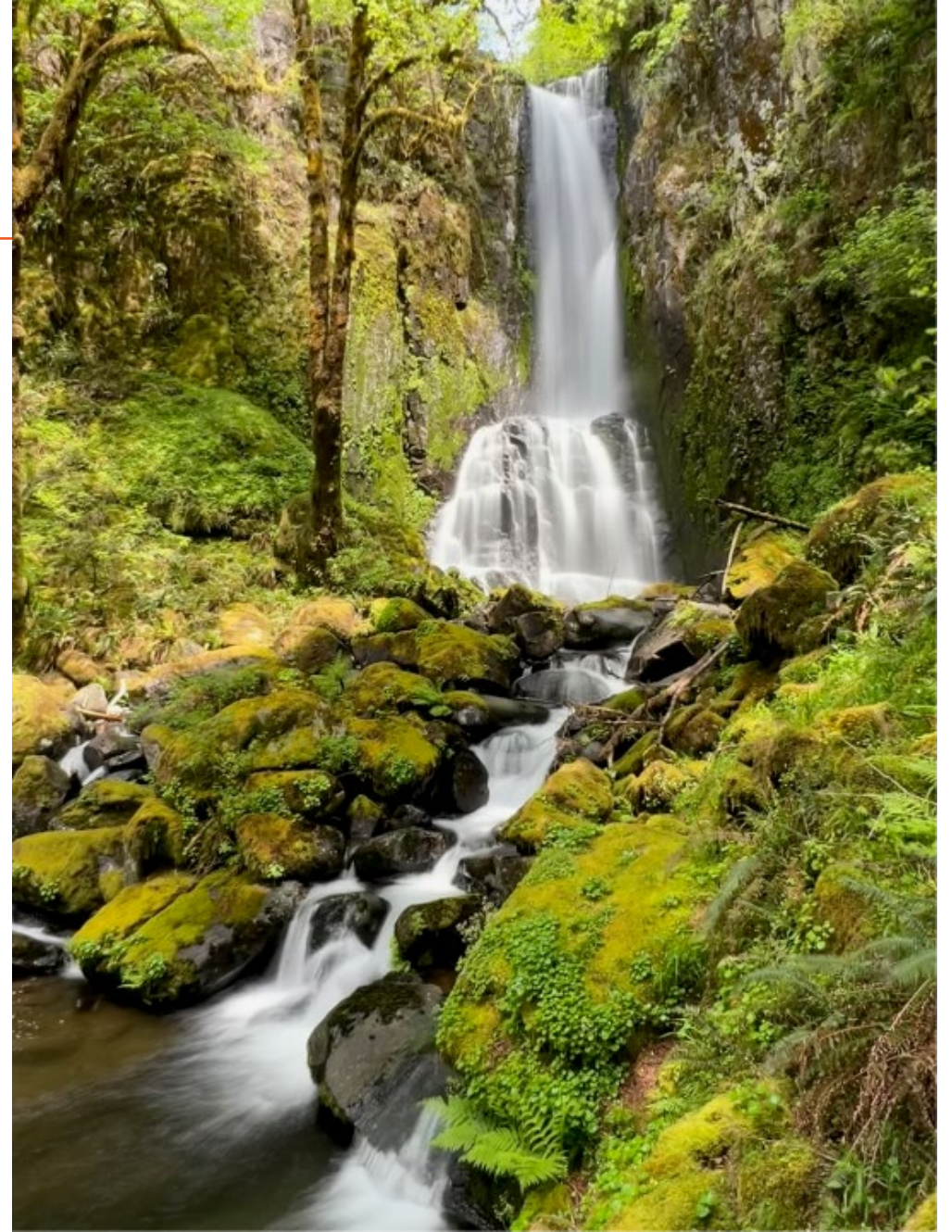


Immunization requirements for site types

| | Step 1: Collect Records | Step 2: Submit Reports |
|---|----------------------------|---------------------------|
| Certified Child Care Centers | Yes | Yes |
| Certified Family Child Care Homes | Yes | Yes |
| Early Intervention Programs | Yes | Yes |
| Head Start | Yes | Yes |
| Licensed, Unlicensed or Recorded Preschools | Yes | Yes |
| Registered Child Care | Yes | No |

All sites: Collect Records

- Immunization dates
- Exemptions



Where to get records

- From the parent or guardian
- From ALERT IIS

Oregon Certificate of Immunization Status (CIS)

- [English-Español \(Spanish\)](#)
- [English-اللغة العربية \(Arabic\)](#)
- [English-简体中文 \(Simplified Chinese\)](#)
- [English-繁體中文 \(Traditional Chinese\)](#)
- [English – foosun Chuuk \(Chuukese\)](#)
- [English- Kreyol ayisyen \(Haitian Creole\)](#)
- [English –Lus Hmoob \(Hmong.\)](#)
- [English-한국어 \(Korean\)](#)
- [English - Kajin Majol \(Marshallese\)](#)
- [English-پښتو \(Pashto\)](#)
- [English-فارسی از \(Persian Dari\)](#)
- [English – Português \(Portuguese\)](#)
- [English-Русский \(Russian\)](#)
- [English-Af Soomaali \(Somali\)](#)
- [English-ภาษาไทย \(Thai\)](#)
- [English-Українська \(Ukrainian\)](#)
- [English-Tiếng Việt \(Vietnamese\)](#)

www.healthoregon.org/schoolpacket



Oregon Certificate of Immunization Status

Certificado de estado de vacunación

Oregon law requires proof of immunization or exemption signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority.

La ley de Oregon requiere que se entregue un comprobante de vacunación o de exención firmado antes de que un(a) menor asista a la escuela, al preescolar, a un centro de cuidado infantil o a una guardería. Esta información se recopila en nombre de la Autoridad de Salud de Oregon y la escuela o el centro infantil, y puede divulgarse a la Autoridad o al departamento local de salud pública, si la Autoridad la solicita.

| | | | |
|---|-------------------------------------|------------------------------------|---|
| Child's last name Apellido del/de la menor RED | First name Primer nombre RUBY | Middle name Segundo nombre | Birth date Fecha de nacimiento 02/28/2020 |
| Parents' or Guardians' names Nombre de los padres o guardián | | Phone number Número de teléfono | |

Write the dates the child received the vaccines
Indique las fechas en las que el/la menor recibió las vacunas

| Vaccines / Vacunas | Dose 1 Dosis 1 | Dose 2 Dosis 2 | Dose 3 Dosis 3 | Dose 4 Dosis 4 | Dose 5 Dosis 5 |
|---|-------------------|-------------------|---|-------------------|-------------------|
| Diphtheria/Tetanus/Pertussis Difteria/tétanos/tos ferina (DTaP) | 05/05/2020 | 07/07/2020 | 09/09/2020 | 03/03/2021 | |
| (Tdap) | | | | | |
| Polio (IPV) | 05/05/2020 | 07/07/2020 | 09/09/2020 | | |
| Varicella (Chickenpox) Varicela | 03/03/2021 | | | | |
| | | | <input type="checkbox"/> Check if child had chickenpox disease Marque aquí si el/la menor ha tenido varicela. Date / Fecha: | | |
| Measles/Mumps/Rubella (MMR) Sarampión/paperas/rubéola | 03/03/2021 | | | | |
| Hepatitis B (Hep B) | 02/28/2020 | 05/05/2020 | 09/09/2020 | | |
| Hepatitis A (Hep A) | 03/03/2021 | 10/10/2021 | | | |
| Haemophilus Influenzae Type B Tipo B (Hib) | 05/05/2020 | 07/07/2020 | 09/09/2020 | 03/03/2021 | |


I certify that the information on the form is an accurate record of this child's immunizations.
Certifico que la información en el formulario es un registro exacto de las vacunas de este(a) menor.

Signature*
Firma* X Printed from Oregon ALERT IIS Date
09/18/2024
Update signature
Actualizar la firma X Date
Fecha


* Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations.

* El padre, la madre, el/la guardián(a), un estudiante de por lo menos 15 años de edad, un proveedor médico o un miembro del personal del departamento de salud del condado puede firmar para verificar las

www.alertiis.org



ALERT Immunization Information System

HOME FORMS RELATED LINKS TRAINING 

Production Region

Org Code:

Username:

Password:

DO NOT ATTEMPT TO
LOG ON UNLESS YOU
ARE AN AUTHORIZED
USER.

Hot Topics [HT-1](#)

Welcome to Oregon's Immunization Information System *Posted on 11/01/2020*

ALERT IIS Help Desk
1-800-980-9431

Student Search Criteria

Search by Patient

Minimum search criteria includes exact birth date and one additional field.

Last Name

Mother's First Name

First Name

Phone - -

Middle Name

* Birth Date



Student Information

School Record Print Confidentialia Cancel

| | | | |
|----------------------------------|------------|--------|---------------------|
| Student Name (First - MI - Last) | DOB | Gender | Tracking Schedule |
| EARL GREY | 03/03/2021 | M | Preschool/DayCare ▾ |

Current Age: 3 years, 7 months, 27 days

Reports

[Add this Student to a Report List](#) Please Pick a Report List ▾

Immunization Record

| Vaccine Group | Date Admin | Series | Vaccine [Trade Name] | Dose | Reaction |
|---------------|----------------------------|--------|-------------------------|------|----------|
| DTP/aP | 05/15/2021 | 1 of 4 | DTaP, NOS [DTaP, NOS ®] | | |
| | 07/15/2021 | 2 of 4 | DTaP, NOS [DTaP, NOS ®] | | |
| | 09/19/2021 | 3 of 4 | DTaP, NOS [DTaP, NOS ®] | | |
| | 04/14/2022 | 4 of 4 | DTaP, NOS [DTaP, NOS ®] | | |
| HepA | 01/02/2023 | 1 of 2 | HepA, NOS [HepA, NOS ®] | | |
| HepB | 03/03/2021 | 1 of 3 | HepB, NOS [HepB ®] | | |
| | 05/15/2021 | 2 of 3 | HepB, NOS [HepB ®] | | |
| | 09/19/2021 | 3 of 3 | HepB, NOS [HepB ®] | | |
| Hib | 05/15/2021 | 1 of 4 | Hib, NOS | | |
| | 07/15/2021 | 2 of 4 | Hib, NOS | | |
| | 09/19/2021 | 3 of 4 | Hib, NOS | | |
| | 04/14/2022 | 4 of 4 | Hib, NOS | | |
| MMR | 04/14/2022 | 1 of 1 | MMR | | |



Oregon Certificate of Immunization Status
Certificado de estado de vacunación

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| | | | |
|--|--|---|--|
| Child's last name <i>Apellido del/de la menor</i> GREY | First name <i>Primer nombre</i> EARL | Middle name <i>Segundo nombre</i> | Birth date <i>Fecha de nacimiento</i> 03/03/2021 |
| Parents' or Guardians' names <i>Nombre de los padres o guardián</i> | | Phone number <i>Número de teléfono</i> | |

Write the dates the child received the vaccines
Indique las fechas en las que el/la menor recibió las vacunas

| Vaccines / <i>Vacunas</i> | Dose 1 <i>Dosis 1</i> | Dose 2 <i>Dosis 2</i> | Dose 3 <i>Dosis 3</i> | Dose 4 <i>Dosis 4</i> | Dose 5 <i>Dosis 5</i> |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Diphtheria/Tetanus/Pertussis <i>Difteria/tétanos/tos ferina</i> (DTaP) | 05/15/2021 | 07/15/2021 | 09/19/2021 | 04/14/2022 | |
| (Tdap) | | | | | |
| Polio (IPV) | 05/15/2021 | 07/15/2021 | 04/14/2022 | | |
| Varicella (Chickenpox) <i>Varicela</i> | 04/14/2022 | | <input type="checkbox"/> Check if child had chickenpox disease <i>Marque aquí si el/la menor ha tenido varicela.</i> Date / Fecha: | | |
| Measles/Mumps/Rubella (MMR) <i>Sarampión/paperas/rubéola</i> | 04/14/2022 | | | | |
| Hepatitis B (Hep B) | 03/03/2021 | 05/15/2021 | 09/19/2021 | | |
| Hepatitis A (Hep A) | 01/02/2023 | | | | |
| Haemophilus Influenzae Type B <i>Tipo B (Hib)</i> | 05/15/2021 | 07/15/2021 | 09/19/2021 | 04/14/2022 | |

I certify that the information on the form is an accurate record of this child's immunizations.
Certifico que la información en el formulario es un registro exacto de las vacunas de este(a) menor.

Signature*
*Firma** X Printed from Oregon ALERT IIS Date
Fecha 10/30/2024

Update signature
Actualizar la firma X Date
Fecha

* Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations.
* *El padre, la madre, el/la guardián(a), un estudiante de por lo menos 15 años de edad, un proveedor médico o un miembro del personal del departamento de salud del condado puede firmar para verificar las*

Vaccines Recommended by Selected Tracking Schedule

| Vaccine Group | Vaccine | Earliest Date | Recommended Date | Past Due Date |
|---------------------------|------------|---------------|------------------|-------------------|
| DTP/aP | DTaP, NOS | | Complete | |
| HepA | HepA, NOS | 01/02/2024 | 01/02/2024 | 01/02/2024 |
| HepB | HepB, NOS | | Complete | |
| Hib | Hib, NOS | | Complete | |
| MMR | MMR | | Complete | |
| Polio | Polio, NOS | | Complete | |
| Varicella | Varicella | | Complete | |

Recorded or Live Trainings

www.healthoregon.org/schoolpacket

Recordkeeping/ Mantenimiento de registros



Recorded: **English & Spanish**

This training will review the immunization recordkeeping requirements for schools, child cares, preschools and Head Starts in Oregon. [10 min.]

Esta capacitación cubre los requisitos del mantenimiento de registros de vacunación para escuelas, guarderías, preescolares y Head Starts en Oregon. [12 min.]

Using ALERT IIS/ Usando ALERT IIS



Recorded: **English & Spanish**

These trainings are for school staff and child care providers. The trainings cover immunization requirements and how to do the annual immunization reports. [19 min]

Estas capacitaciones son para el personal escolar y los proveedores de cuidado de niños. Las capacitaciones cubren los requisitos de vacunación y cómo completar los reportes anuales de vacunación. [21 min.]

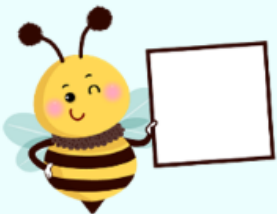
Reports/ Reportes



Recorded: **English & Spanish**

This training will teach you how to fill out the annual reports by hand. This is NOT for schools or sites that have a computer system that electronically completes the reports. [18 min.]

Esta capacitación le enseñará cómo completar los reportes anuales a mano. Esto NO es para escuelas o sitios que tengan un sistema informático que complete los informes electrónicamente. [21 min.]



Attend a live 1-hour training that will cover all three trainings above and have time to answer questions.
Asista a una capacitación en vivo de 1 hora que cubrirá las tres capacitaciones anteriores y tendrá tiempo para responder preguntas.

All sites *except Registered*: Submit Reports

- Get prepared in the fall.
- Turn in reports in the winter.



Reports

www.healthoregon.org/schoolpacket

- Due to the local health department
- First part due in mid-January
- Second part due in late February or early March

IMMUNIZATION PRIMARY REVIEW SUMMARY SECTION A - Initial Statistical Report

For use by public, charter, alternative and private schools, preschool, head start and certified child care programs

Name of school or program: _____
 Type of program: public/private school private school preschool/daycare head start
 Mailing address: _____
 Physical address: same as above OR _____ School district: _____
 Phone: _____
 Administrator's name: _____
 Administrator's email: _____
 Name of person completing report: _____
 Email of person completing report: _____
 Preferred language of person completing report: English Spanish Other
 Date of report: _____
 Graded or ages mixed: _____
 Do you use a computer system for tracking immunizations? Yes No
 Name of computer system used: _____

Total enrollment: _____ Children not counted: _____ Adjusted enrollment: _____

Number complete or up-to-date: _____

Number non-medical exemptions: _____
 - include children with non-medical exemptions for state or all vaccines
 - Children who have a non-medical exemption for some vaccines and are incomplete for others should be listed in the exemption section

Number permanent medical exemptions: _____

Number temporary medical exemptions: _____

Number incomplete/insufficient: _____
 - include children who have non-medical exemptions for some vaccines and are incomplete for others
 - include children who are incomplete or insufficient for required vaccines

Number no record: _____

Children not to be counted are those who attend both a school and a children's facility or more than one school or facility. Each child in the adjusted enrollment should be in only one category below.

Send unknown medical exemptions to the health department. Do not send non-medical exemptions unless requested by the health department.

Send copies of the records of children in red boxes to the health department, and list these children on page 2.

If there are no children in the red boxes complete Sections C-D. Send all your forms in at one time.

This page is due to your local health department by January 15, 2025.

Page 1 of 4

IMMUNIZATION PRIMARY REVIEW SUMMARY - SECTIONS B, C and D

Initial Statistical Report

For use by public, charter, alternative and private schools, preschool, head start and certified child care programs

Name of school or program: _____ Date of report: _____
 Name of person completing report: _____ Phone: _____

B. FOR SCHOOL AND CHILDREN'S FACILITY USE
 - List children alphabetically by category—incomplete, temporary medical exemption and no record.
 - Attach copies of the children's Certificate of Immunization Status or medical exemption request.
 - Attach copies if you need additional pages.

| Child's name (Last name, First name) | Grade and settings | Parent's name and current mailing address | Exclusion date tracked? Y/N | Date | Vaccines | Date orders outdated | Excluded? Y/N |
|---|--------------------|---|-----------------------------|------|----------|----------------------|---------------|
| <input type="checkbox"/> Check if no record | | | | | | | |
| <input type="checkbox"/> Check if no record | | | | | | | |
| <input type="checkbox"/> Check if no record | | | | | | | |
| <input type="checkbox"/> Check if no record | | | | | | | |
| <input type="checkbox"/> Check if no record | | | | | | | |

C. FOR HEALTH DEPARTMENT USE ONLY - Secondary Review

D. FOR SCHOOL AND CHILDREN'S FACILITY USE
 Put in the address below or record as updated

Page 2 of 4

IMMUNIZATION PRIMARY REVIEW SUMMARY SECTION E: Preschool, Child Care, Head Start

Name of school or program: _____ Date of report: _____
 Name of person completing report: _____
 Phone: _____ Email: _____

Complete this page only for children younger than kindergarten. This page is due to the health department no later than March 3, 2025. You can turn in this page early if all of your children are complete for vaccines or have exemptions on file.

1. How many children younger than kindergarten were excluded on Exclusion Day? _____
 2. What is your total enrollment? _____
 3. How many children are 18 months or younger? _____
 4. How many children are 18 months or younger? _____
 5. What is your adjusted enrollment? _____
 6. How many children have no record? _____
 7. How many children have a medical exemption? _____
 8. How many children have a non-medical exemption? _____
 9. How many non-medical exemptions are from:
 - a health care practitioner? _____

Total enrollment is the number of children currently enrolled in your site. Do not include anyone who enrolled after January 15, 2025.

Children not counted are counted by another school or child care.

Adjusted enrollment is your total enrollment, minus the children not counted, and minus the children who are 18 months or younger (Question 2 minus Question 3 minus Question 4).

| Number of children with vaccines | | Number of children with vaccines and exemptions | |
|---|--|--|--|
| DTaP (4 or more doses) | | DTaP non-medical exemptions | |
| Polio (3 or more doses) | | Polio non-medical exemptions | |
| Varicella (1 or more dose or history of chickenpox disease) | | Varicella non-medical exemptions | |
| MMR (1 or more dose) | | MMR non-medical exemptions | |
| Hepatitis B (3 or more doses) | | Hepatitis B non-medical exemptions | |
| Hepatitis A (1 or more dose) | | Hepatitis A non-medical exemptions | |
| HB (Complete for HB, or the child is 5 years old or older) | | HB non-medical exemptions | |
| All (Child has all the above doses) | | All (Child has a non-medical exemption for all vaccines) | |

Page 3 of 4

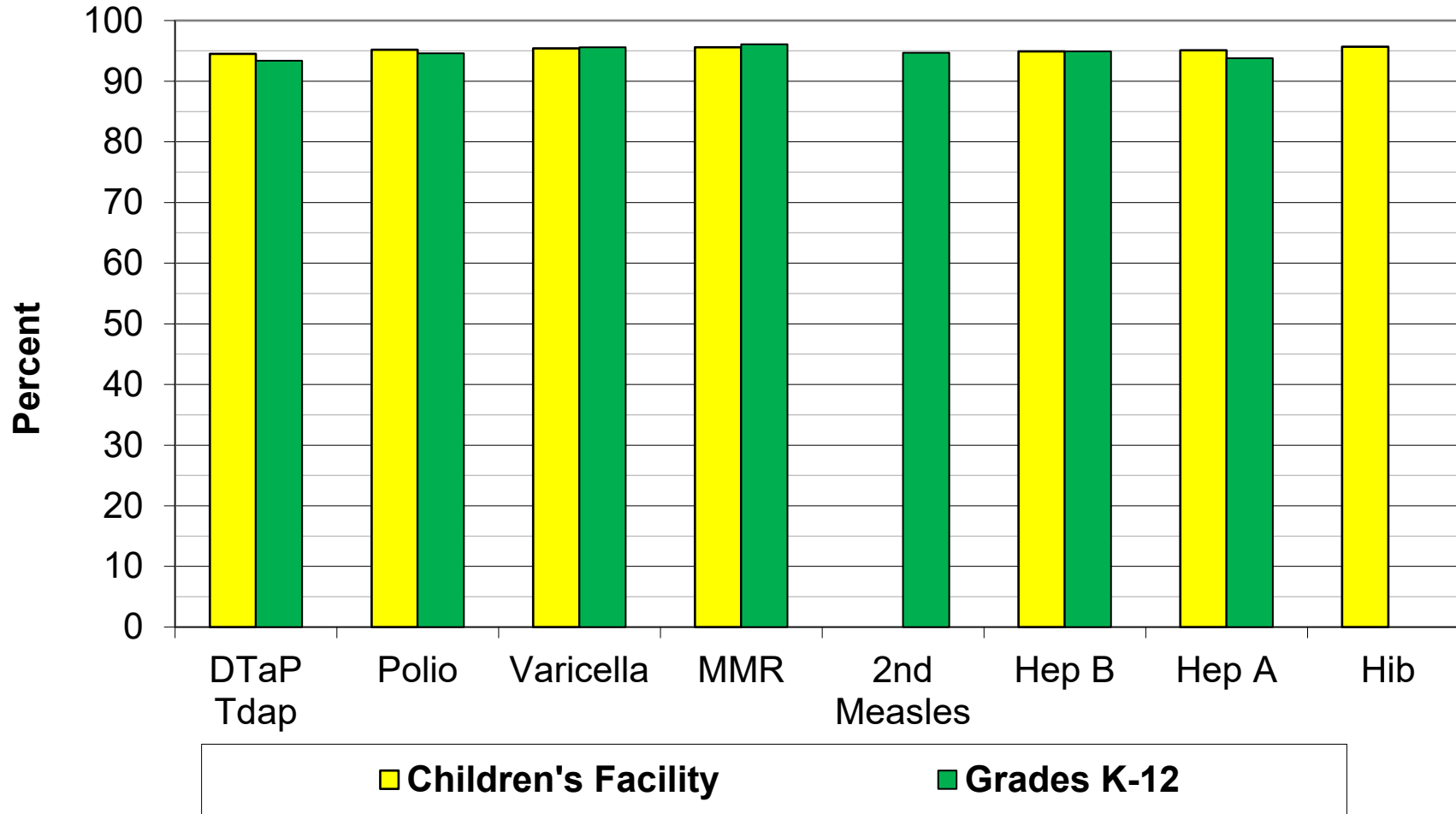
Contact your
local health department
with questions!

Go
to www.healthoregon.org/schoolpacket
for resources

Results



Percent of Children with School/Children's Facility Required Vaccines, 2024



What's going on in Oregon?

- Measles
- Pertussis

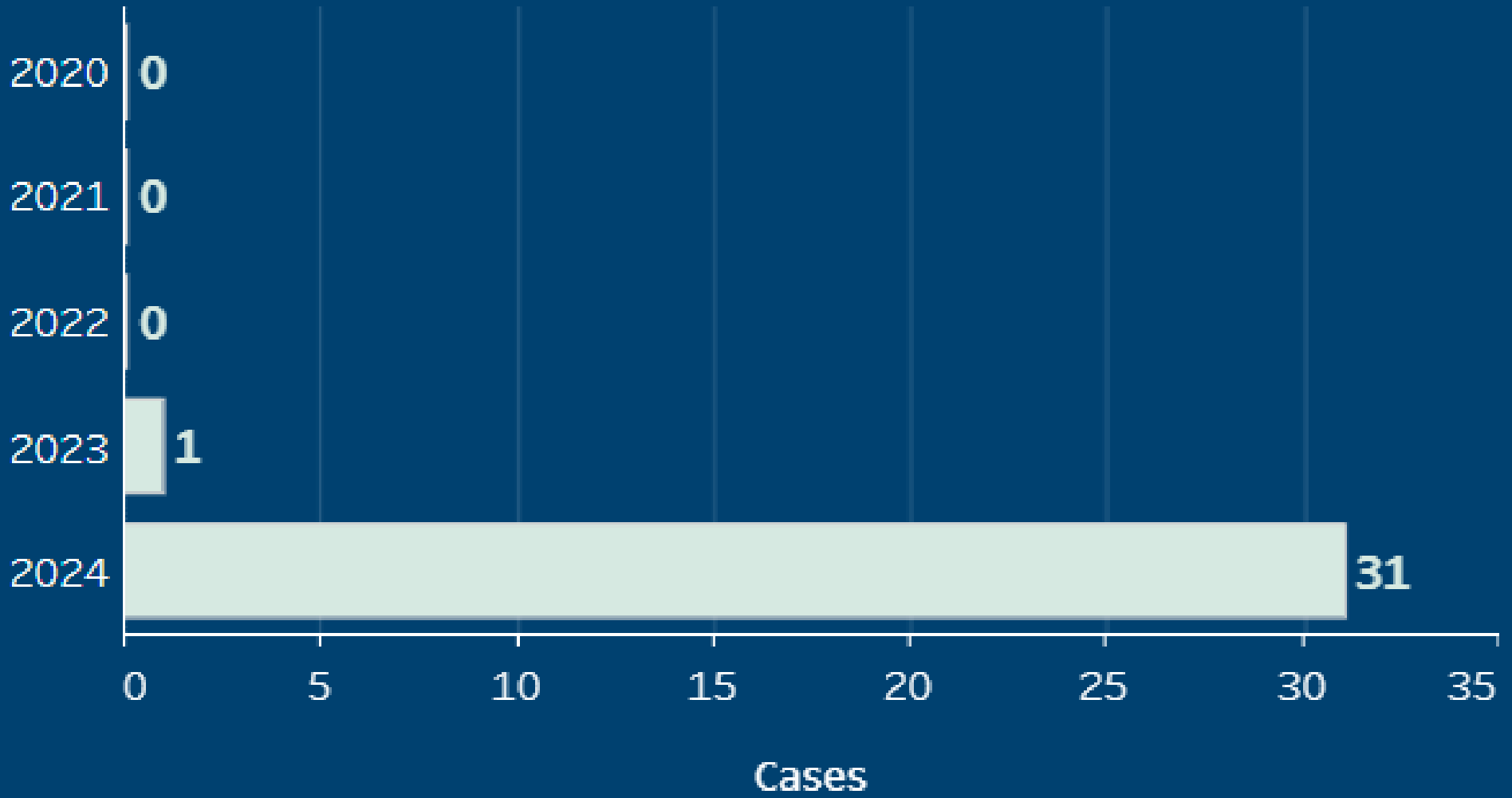


Measles

- Spreads through the air when an infected person coughs or sneezes.
- Symptoms appear 7-14 days after contact with the virus.
 - High fever
 - Cough, runny nose, red and watery eyes
 - Rash
- Can cause serious health complications, especially in children younger than 5 years old.
- Two doses of MMR are ~97% effective and one dose is ~93% effective in preventing measles.

Year to date Measles cases, by year

The light blue bars show the year-to-date case count (week 1 – week 43) for each of the past five years.

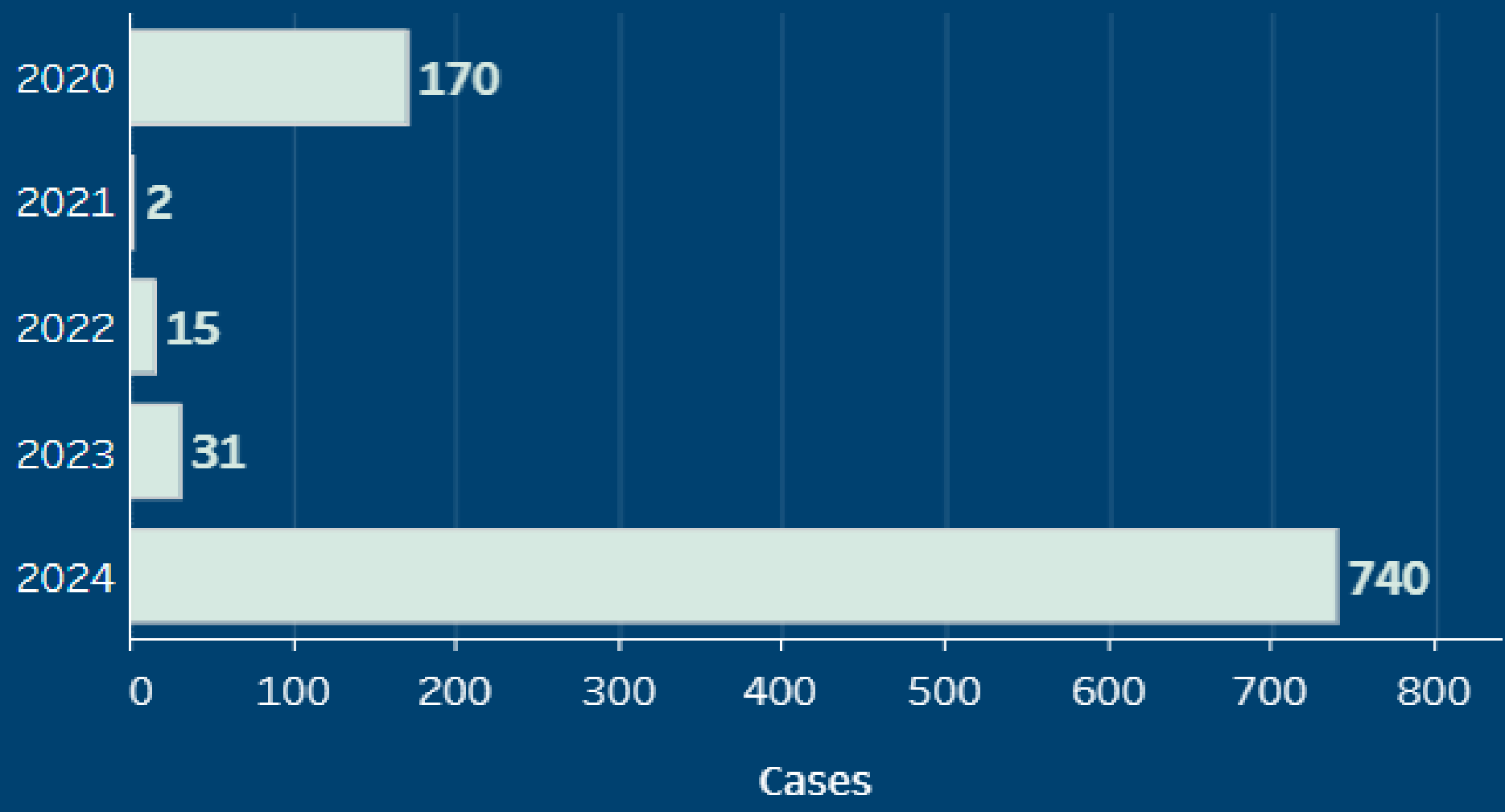


Pertussis (Whooping Cough)

- Spread through the air when coughing or sneezing.
 - Early symptoms usually include:
 - Runny or stuffed-up nose
 - Low-grade fever
 - Mild, occasional cough
 - Later symptoms
 - Rapid, violent, and uncontrolled coughing fits
- Babies younger than 1 year old are at greatest risk for getting whooping cough and having severe complications.
- Best way to prevent whooping cough is to get vaccinated. The vaccine wanes over time so boosters are recommended.

Year to date Pertussis cases, by year

The **light blue bars** show the year-to-date case count (week 1 – week 43) for each of the past five years.



In a case of disease

Child care staff should:

- Call the local health department
- Have all children's immunization and exemption records



Keys to success

- Start in the Fall!
- Use ALERT IIS to find missing records.
- Contact parents now to give them time to get record updates to you.
- Turn in reports on time!



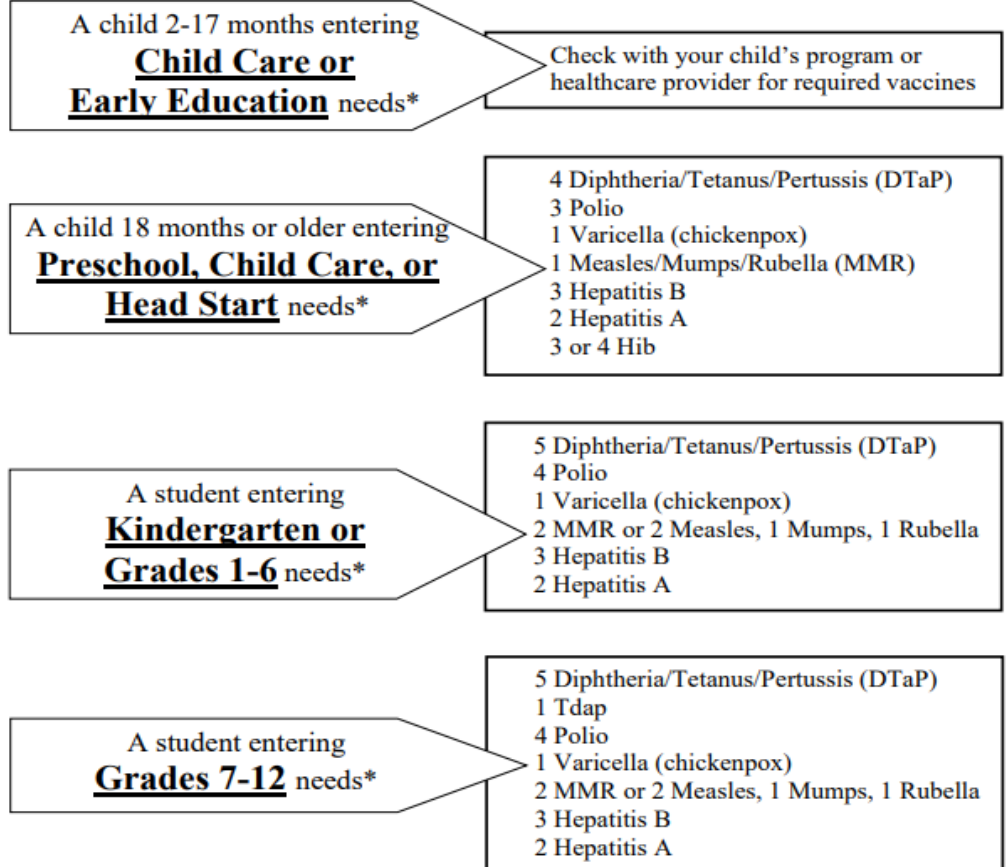
Flyer to share with parents/guardians

www.healthoregon.org/schoolpacket

- [English](#)
- [Español \(Spanish\)](#)
- [اللغة العربية \(Arabic\)](#)
- [体中文 \(Simplified Chinese\)](#)
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- [فارسی از Persian Dari](#)
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- [Af Soomaali \(Somali\)](#)
- [ภาษาไทย \(Thai\)](#)
- [українська \(Ukrainian\)](#)
- [Tiếng Việt \(Vietnamese\)](#)



Oregon law requires the following shots for school and child care attendance*



*At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details. 2/2024

Oregon Immunization Law: Schools, Children's Facilities & Colleges

Oregon Revised Statutes
433.235 through 433.284
(Disease Control in Schools)

Oregon Administrative Rules
333-050-0010 through 333-050-0140
(School Immunization Rules)

<https://www.oregon.gov/oha/ph/PreventionWellness/VaccinesImmunization/RulesLaws/Pages/index.aspx>



Thank you!

- For resources on Oregon child care immunization requirements, visit: www.healthoregon.org/schoolpacket
- For information on vaccine preventable diseases, visit: <https://www.cdc.gov/vaccines/imz-schedules/child-easyread.html>

Stacy de Assis Matthews

Oregon Immunization Program

stacy.d.matthews@oha.oregon.gov



OREGON
HEALTH
AUTHORITY





FCCO Database

11/14/2024

Webinar Agenda



1. What is FCCO?



2. Update your Profile



3. Child Care Referrals



4. FCCO & The Market

Price and Supply Study



What is FCCO?



Find Child Care Oregon is the **state's database** where child care **program information** (Licensed, Recorded and License-Exempt) is captured to *provide support and technical assistance to programs*, as well as to *provide child care Referrals* to those seeking child care.

Programs information is **very important** to study the child care field in Oregon, allowing us to perform statewide Reporting.

Updating your Information

You can update your program's information in two different ways:



- By sharing your program information with your **Regional Child Care Resource and Referral**

Or



- By **updating** your program information on your own utilizing the **FCCO Provider Portal**

Update your Profile!



You will receive an **email** from **Find Child Care Oregon** remind you to complete your **program update**.



Click on the **link** located at the bottom of the email to access your program profile.



The system will **automatically enter** your **email** and **password**. Click on the Login tab.



The system will send you a **code via email** to authenticate your account.
Entered the code in the **Authentication Code Box**.

Update your Profile!



When logged in, the system will show you a **series of boxes** with information in your profile.

Review and **update** this information as needed.



The last pop-up box will ask you to select your **preferred Referral status**.



After updating the information in the pop-up boxes *you may review additional information*. **Don't forget** to click on the **Save** tab to record your changes.

FCCO Users



Families are able to search for programs that are open for referrals, using the different filters to fit their child care needs.



Providers utilize the FCCO Provider Portal **update** their program's information and keep their Referral profile current to support their business and those seeking child care.

FCCO Users



CCR&R Agencies access the FCCO system to **enroll, track, update** and **provide support** the child care programs in their region.



211info access FCCO to **provide child care referral lists** based on the **family needs** such as location, ages of care, operational days and hours, financial assistance, etc.
*211info **does not** perform program updates.*

FCCO Referral System



Find Child Care Oregon Referral system is designed to **help** families make **informed decisions** about child care, including referral listings of child care providers.

Referrals are **not** recommendations and do **not** relate to quality of child care.

The responsibility of exploring and determining the best child care provider is solely upon families seeking child care.



**Connect.
Inform.
Empower.**



211info is a private, community-based nonprofit organization in Oregon and Washington.

211info serves the **entire State of Oregon** and *some counties* in Washington state.

211info is the agency contracted by the state to provide free and customized child care referrals utilizing the Find child Care Oregon Database.

211 info also provides additional community referrals such as:

- *Housing support*
- *Utility assistance*
- *Access to food stamps*

211info has the capacity to support families **outside of regular office hours**, as well as **support** available in **different languages**. Making their agency more accessible for those seeking child care referrals.



211 info Operational Days and Hours:

- Monday-Friday 7am-11pm
- Saturday/Sunday 8am-8pm



Languages:

- English
- Spanish
- Interpretation services available in other languages

FCCO & Market Price and Supply Study



FCCO invites you to participate in the 2024 Market Price and Supply Study!

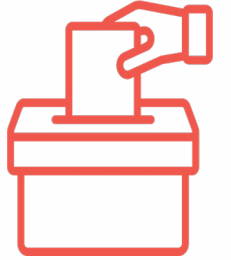
The Oregon Market Price and Supply Study focuses on collecting information about the **price** and **supply** of child care in Oregon.

You voice is important and you represent child care in Oregon!

By participating you are helping to ensure **families** have equal access to child care, as well as helping **state** and **national leaders** understand how child care works in Oregon!

Don't forget to participate!

You have **until December 31st to participate** in the Market Price and Supply Study and be the voice of child care programs in Oregon!



You can participate in the Market Price and Supply Study by:

- **Accessing** the FCCO Provider Portal and **updating** your profile, you can access the FCCO Provider Portal at any time, any day of the week or
- Through your **Regional CCR&R**, they will ask you a series of questions and they will update your FCCO Profile



Questions



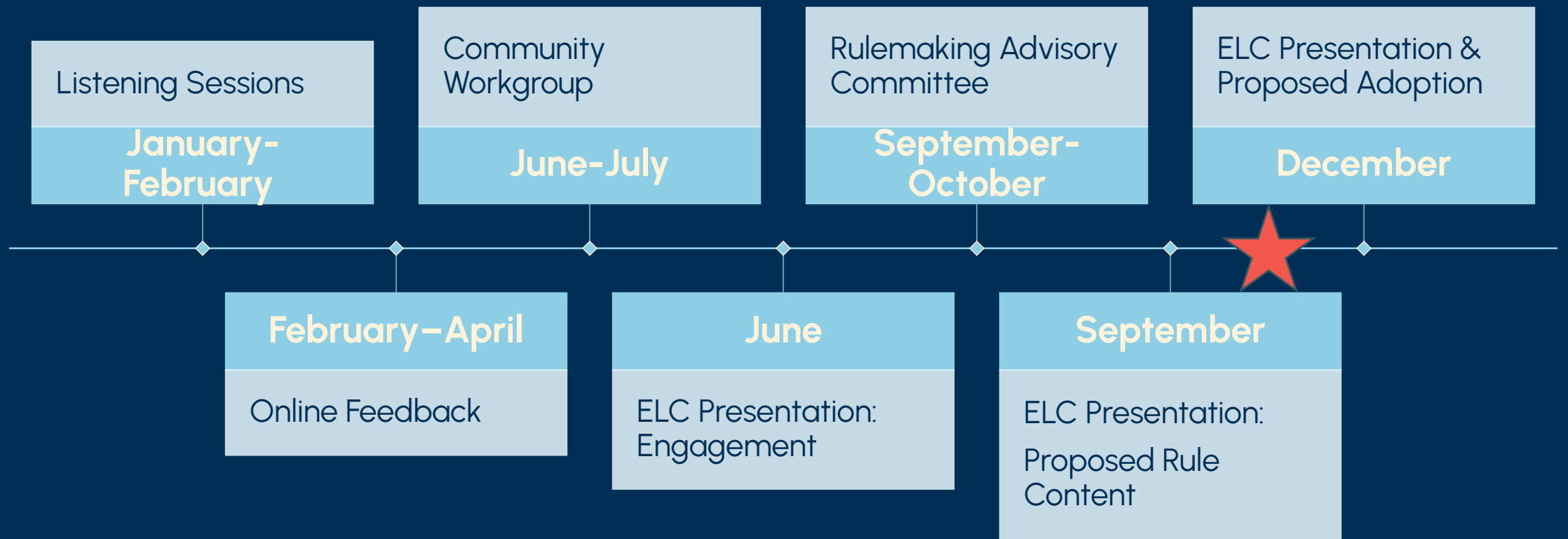


Agency & Program Updates





Family Child Care Rule Revision Timeline and Engagement Milestones



Proposed effective date of July 1, 2025



CCLD Inspection Feedback Form

Please provide feedback to Child Care Licensing Division (CCLD) in order to improve our processes and training efforts!

The CCLD Inspection Feedback Form is now available on our website.

For Providers > Provider Resources > Child Care Licensing Division

Child Care Licensing Division (CCLD) Inspection Feedback Form

Please provide feedback to Child Care Licensing Division (CCLD) in order to improve our processes and training efforts. The purpose of this form is to gather feedback from you on CCLD processes or procedures. Staff names should NOT be used on this form; this form is not to be used for complaints about specific staff. If you have a concern about a specific CCLD staff, please call your local CCLD regional manager or customer service line at 1-800-556-6616.

English

Spanish

Russian

Chinese

Vietnamese

Staff names should NOT be used on this form; this form is not to be used for complaints about specific staff. If you have a concern about a specific CCLD staff, please call your local CCLD regional manager or customer service line at 1-800-556-6616



ERDC Family Guide Feedback

DELC is developing an Employment Related Day Care (ERDC) Family Guide that will help families understand what the ERDC program is and how it works.

We are seeking feedback specifically from child care providers on what is important to include in the family-specific guide.

The feedback form will be open through November 30, 2024:

<https://forms.office.com/g/hZH2q2Vq6s>

Be on the lookout for ERDC Provider Guide Feedback opportunities later this year!

Thank you for joining us!

Subscribe to the Child Care Update newsletter and receive the latest information from us:

<https://delcnews.org/child-care-update/>

