Child Care Provider Subsidy Application Instructions

ERDC Employment Related Day Care
Oregon Department of Early Learning and Care

Parent: Please immediately give this form to your child care provider to complete.

Provider: For help with completing this form contact your local Child Care Resource and Referral (CCR&R) office. To find an office near you call: CCR&R Centralized Coordination at 1-800-342-6712 (toll-free) For detailed instructions on how the ERDC program works, check out the ERDC Provider Guide, found on the DELC website (https://www.oregon.gov/delc/providers/CCLD_Library/CCLD-1039-ERDC-Provider-Guide-EN.pdf)

Important information for all child care providers

Employment Related Day Care, or ERDC, is a Department of Early Learning and Care (DELC) program. It is Oregon's largest child care assistance program, ensuring consistent, reliable income to thousands of approved providers and consistent, reliable child care for eligible families across the state.

Potential child care providers, including family, friends, and neighbors, work with DELC to be approved as ERDC child care providers, allowing them to receive ERDC payments on behalf of families in their care. Providers are required to meet all DELC standards and provider requirements to be eligible for payment from DELC.

The family may have to pay for some of the care, including the first month of service, if DELC does not approve their provider before their child starts care.

1. This is not a billing form. You will receive a billing form in the mail if DELC approves you to receive payment as a child care provider and the parent is eligible for child care assistance.
2. If there is more than one provider for a child, each provider will receive a percentage of the hours for each month.

Important contacts

- **Intake and Billing (IB)**:P.O. Box 14850, Salem, OR 97309-0850, 1-800-556-6615 or email DPU.Childcarebilling@delc.oregon.gov
    - **To report any of the following changes to IB within five days** by calling 1-800-556-6615 or
    - By emailing DPU.ProviderReporting@delc.oregon.gov:
- **Child Care Licensing Division (CCLD):** 1-800-556-6615 or email CCLD.customerservice@delc.oregon.gov
- **Child Care Resource and Referral Centralized Coordination:** 1-800-342-6712 (toll-free). They can help you fill out this form.
- **211 info**: Dial 211 or text the keyword "children" to 898211 or email children@211.org
- **SEIU**—Union for license-exempt providers: 1-844-503-SEIU (7348)
- **AFSCME**—Union for CCLD licensed providers: 1-800-521-5954

Frequently asked questions and full standards and requirements

See the ERDC Child Care Provider Guide or visit: www.oregon.gov/DELC.

Provider Type- use these symbols to help you complete the appropriate sections of the ERDC Provider Form.	**Symbol**
License-exempt Relative Care Provider is a grandparent, great-grandparent, aunt, uncle, or adult sibling who is not living in the same home as the child.	
License-exempt Home Care A Home Provider who cares for no more than three children at a time in a home setting, or more than 3 children if all the children are from the same family.	
License-exempt Facility A Facility is a program that cares for ERDC eligible children in a non-residential setting and is exempt from licensing.	
Licensed Care– Includes Registered Family (RF), Certified Family (CF), Certified Center (CC), Certified School-Age Center (SC) and Certified Outdoor Nature-Based (ONB) Providers.	
Everyone – All Provider Types	

How to determine what type of license-exempt provider you are

If you provide care in a home and:

- ☐ You are providing care in the home of the child but do not live with the child. OR
- ☐ All the children you care for, not including your own children, are from the same family. OR
- ☐ You are caring for three or fewer children, not including your own children, at any one time.

Then you are providing **license-exempt home care**.

If you are:

- ☐ Related to the children in care by blood, marriage or adoption, AND
- ☐ If you are a grandparent, great-grandparent, aunt, uncle (*does not include great-aunt and great-uncle*) or a sibling of the child in care (siblings must not live in the same home as the child needing care). You are providing **license-exempt *relative* care**.
  - Note: relationships must be by blood, adoption or marriage. This includes blood relationships established before the child was adopted. Relationships by marriage continue even if a spouse dies.

If you provide care in a facility and:

- ☐ You do not care for children more than 70 days in a year, OR
- ☐ A school district, political subdivision of the state or a governmental agency operates the program. OR
- ☐ You are operating a pre-school recorded program

Then you are providing care as a **license-exempt facility**.

If you do not meet any of the above exemptions from licensing, please **call CCLD at 1-800-556-6615.** for assistance to determine if you are legally required to have a child care license.

See the ERDC Child Care Provider Guide for complete information or check our website at ERDC Provider Guide.

Instructions for becoming an ERDC Approved Child Care Provider

1. Training

If CCLD does not require you to have a license and you are not related to all children in care, you will need to complete the following before submitting a completed ERDC Child Care Provider Form.

The director and staff members who work with children in care and volunteers who may have unsupervised access to children are also required to take the above trainings.

A. Introduction to Child Care Health & Safety training (*take online*)
Online training: www.oregon.gov/delc/programs/pages/erdc-training.aspx

B. Recognizing and Reporting Child Abuse and Neglect training
In-person training: Contact your local CCR&R at 1-800-342-6712 or online training: www.oregon.gov/delc/programs/pages/erdc-training.aspx

C. Infant/Toddler CPR/First Aid training
For training locations, contact your local CCR&R at 1-800-342-6712.

- If you are unable to take the Infant/Toddler CPR/First Aid class before turning in this form, you may be eligible for a short-term waiver. Contact your local CCR&R for more information about the waiver process. For a list of CCR&R offices, go to www.oregonccrr.org, call 1-800-342-6712 or call 211 Info. **Strictly online CPR training is not acceptable.**
- If you took this training from another agency besides the local CCR&R, attach a copy of your "Infant/Toddler CPR/First Aid Card" to this form.

D. Within 90 days of being approved as an ERDC provider:

1. I will complete the **Foundation for Learning training** if I am not required to be licensed with CCLD and am not related to all children in care, and
2. I will complete the **DELC Child Care ERDC Orientation Part 1 (online) and DELC Child Care ERDC Orientation Part 2 (in person)** if:
   - I am not required to be licensed with CCLD
   - I am a new provider or
   - I am re-applying after a break of one year or more.

2. Water lead testing requirements

License-exempt child care providers who are not related to **all** children in care must test their water supply for lead in any plumbing fixture used for drinking or preparing food or formula before submitting their ERDC Child Care Provider Form. For instructions on how to test your water and laboratories approved for testing see www.oregon.gov/delc/providers/pages/lead-testing.aspx.

- **Submit a copy of the water test results with your form.**

Please note: Lead testing is not needed if you provide care in the child's home and you live somewhere else.

For information on preventing exposure to lead, or how CCLD can reimburse you for the cost of lead testing contact CCLD at 503-947-5908 or visit their website at www.oregon.gov/delc/providers/pages/lead-testing.aspx.

3. **Complete the Central Background Registry (CBR) application** to start the process for background checks.

   - **The child care provider and all other people aged 18 or over in the household or facility who may have access to the children in care will need to be enrolled in the Central Background Registry (CBR) before the provider can be approved by ERDC or receive ERDC payments.**
   - To get the CBR application go to: www.oregon.gov/DELC or call CCLD at 1-800-556-6615
   - You can either download, print, and mail the application or fill out the online application. **Online CBR applications may be completed here: https://www.oregon.gov/delc/providers/pages/cbr.aspx** Instructions for fingerprinting will be sent to you after the CBR application is received. Fingerprints must be submitted within 30 days. There is no cost for child care providers, child care facility staff/volunteers, or household members to enroll in the CBR.
   - **Everyone in the household or facility must be enrolled in the CBR before the provider/facility can be approved as an ERDC provider. Important: Submit the CBR application(s) to CCLD when submitting the ERDC Child Care Provider Form to IB in order for the background checks to be completed timely.**

4. **Complete and sign the attached ERDC Child Care Provider Form** using black or blue ink.
   - Mail to the Intake and Billing (IB) at P.O. Box 14850, Salem, OR 97309-0850, or
   - Fax to 503-378-5953 or
   - Email the completed form to DPU.ProviderReporting@delc.oregon.gov (PDF only)

5. **A health and safety review of the home/facility** must be completed by CCLD before you can be approved as an ERDC child care provider. After DELC reviews your Provider Subsidy Application and verifies you have completed the required training courses listed above, a licensing specialist from CCLD will contact you to schedule the site visit.
   - Visits will happen at the place where you will provide child care. This includes the home of the child if that is where you provide care.
   - CCLD staff will check to make sure the site meets all health and safety requirements and provide resources to help you support the families and children you care for.
   - CCLD staff can also explain the rules for providing regulated subsidy child care (RS) and help you understand the requirements.
   - To help you prepare for the visit, read through the visit checklist that will be used to review the location where child care is provided before the visit:
     - Link to the license-exempt **home** checklist visit or
     - Link to the license-exempt **facility** checklist visit

Questions? Call Intake and Billing at 1-800-556-6615

Where to submit the completed Child Care Provider Subsidy Application

By mail: Intake and Billing, P.O. Box 14850, Salem, OR 97309-0850

By email: DPU.ProviderReporting@delc.oregon.gov (PDF only) or

By fax: 503-378-5953

Child Care Provider Subsidy Application

Child care providers are required to complete this form to become an ERDC approved provider.

ERDC Employment Related Day Care
Oregon Department of Early Learning and Care

Child care provider information- use blue or black ink

1. Last Name	First Name	Middle	2. SSN or IRS number:

3. Email:	4. Phone number: ( ) -	5. Name to be printed on the check:

6. Address where you provide child care*:	City:	State:	Zip code:
7. Address where you live:	City:	State:	Zip code:
8. Where do you wish to receive ERDC mail? (if different than 7):	City:	State:	Zip code:

9. Preferred Language

☐ English ☐ Spanish ☐ Vietnamese ☐ Russian ☐ Chinese ☐ Other: _____

*__Note:__ *If you provide child care at more than one address, attach a separate sheet of paper with the additional addresses. License-exempt facilities need to submit a Child Care Provider Subsidy Application for each location where care will be provided.*

Are you currently licensed with the Child Care Licensing Division (CCLD)? ☐ Yes ☐ No

- If YES: Enter your CCLD license number: _____

If NO: Are you a child care provider or facility that is exempt from licensing with CCLD? ☐ Yes ☐ No

10. You can choose not to share ethnicity and racial heritage information. Your provider status will not be affected.

Ethnicity (select one):

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Racial heritage (select all that apply):

- ☐ a. Asian
- ☐ b. American Indian/Alaska Native
- ☐ c. Black or African American Native
- ☐ d. Hawaiian/Pacific Islander
- ☐ e. White

11. Select all that apply:

- ☐ A. I am the parent, stepparent, or legal guardian of the child in care.
- ☐ B. I am on the same Temporary Assistance to Needy Families (TANF) case or Employment Related Day Care (ERDC) case as the child receiving care.
- ☐ C. I am a sibling and live in the same household as the child who will be in care.
- ☐ D. I hold a medical marijuana card or distribute, grow or use marijuana (including medical marijuana) or any controlled substance (except lawfully prescribed and over-the-counter medications).

STOP If you selected question 12A, B, C, **or** D, you are not eligible to be approved as a child care provider.

12. I am (or will be) providing care in the home where **all** the children in care live and I live somewhere else: ☐ Yes ☐ No

13. The home where care is taking place is foster care certified. ☐ Yes ☐ No

If YES, Please upload/attach a letter from the ODHS foster care certifier approving you to do child care in that home.

14. a. Are you working or approved to be a homecare worker (HCW) through any Aging and People with Disabilities* (APD) programs? ☐ Yes ☐ No

If yes, write your provider number here even if you do not currently have clients: _____

b. Are you currently providing service for client(s) in APD programs? ☐ Yes ☐ No

15. a. Are you working or approved to be a personal support worker (PSW) through any ODHS Intellectual and Development Disability* (I/DD)? ☐ Yes ☐ No

If yes, write your provider number here even if you do not currently have clients: _____

b. Are you currently providing service for client(s) in I/DD programs? ☐ Yes ☐ No

If you answered yes to 14b or 15b please attach a separate paper with your work schedules (*days/times*) for each type of care you provide (*or will provide*), as well as the child care schedule.

The Child Care Provider Subsidy Application is incomplete and will be returned if schedules are not attached. *Additional information may be requested to determine child care provider eligibility.*

**Notify IB if changes occur with the type of care you provide or if you have added clients to your care.*

16. List the children of the ERDC eligible families who will be in your care.
(Attach a separate paper if needed.)

Child's Name (First and Last):	**Child's Birth date:**	**Your Relationship to the child (select one):** ☐ Grandparent ☐ Great Grandparent ☐ Aunt or Uncle (do not include great aunt or great uncle)	☐ Sibling who does **not** live in the same home as the child ☐ None of the options listed
Child's Name (First and Last):	**Child's Birth date:**	**Your Relationship to the child (select one):** ☐ Grandparent ☐ Great Grandparent ☐ Aunt or Uncle (do not include great aunt or great uncle)	☐ Sibling who does **not** live in the same home as the child ☐ None of the options listed
Child's Name (First and Last):	**Child's Birth date:**	**Your Relationship to the child (select one):** ☐ Grandparent ☐ Great Grandparent ☐ Aunt or Uncle (do not include great aunt or great uncle)	☐ Sibling who does **not** live in the same home as the child ☐ None of the options listed

Note: Family can be defined in many ways.* **Relative care is defined by the federal government and for the purposes of the ERDC program must be limited to **relationships by blood, adoption, or marriage**.

17. Basic provider requirements: Please read through the following and select "I agree" for each statement. (**Note**: ▲ may skip I, and J)	**Do you agree?**
A. If required by law, **I will** get (or stay) licensed by the Child Care Licensing Division (CCLD).	☐ I agree
B. I am 18 years of age or older and **I understand** that I am legally responsible for the accuracy of this form and to repay any payment made in error.	☐ I agree
C. **I am** the actual person or facility providing care for the children.	☐ I agree
D. **I am** competent and have sound judgement and self-control when working with children.	☐ I agree
E. **I am** mentally, physically and emotionally capable of performing duties related to child care.	☐ I agree
F. **I will** keep billing records and daily attendance records that show the check-in and check-out times each day for each child in care (*for no less than 12 months*).	☐ I agree
G. If requested, **I will** allow DELC and ODHS to review billing records and attendance records. I understand that I will incur an overpayment when attendance records are not submitted for verification.	☐ I agree
H. **I will** treat ERDC eligible families the same as other families receiving care including charging ERDC eligible families the same rate (*or less*) than I normally charge non-ERDC eligible families.	☐ I agree
I. **I agree** to have or develop a policy for removal and suspension of a child from the child care setting and communicate this policy to parents/caregivers.	☐ I agree
J. **I agree** to complete an additional 6 hours of training each 2 years. Trainings include 2 hours in Human Growth and Development & 2 hours in a core knowledge category of my choice. I also agree to take an annual health & Safety Training. These trainings are for providers not required to be licensed with CCLD and not related to all children in care. See the Child Care Provider Guide for more information.	☐ I agree
K. **I will** allow DELC and ODHS to inspect or visit the site of care during the hours child care is provided.	☐ I agree
L. **I will** provide proof that I meet the DELC requirements when requested.	☐ I agree

STOP If you answered "No" to any of the above questions, you are not eligible to be approved as a child care provider.

18. Home/facility requirements Please read through and select whether your home/facility meets these requirements. License-exempt providers may be able to get assistance meeting the requirements. Contact DELC for more information. You may print a safety and quality reimbursement form at https://wou.edu/tri/forms/.	Do you meet the requirements?
A. Does each floor used by children have two usable outdoor exits? (This can include a sliding door or window that can be used to evacuate children.	☐ Yes ☐ No
B. If there is a second floor used for child care, I have or will have a written plan for evacuating children.	☐ Yes ☐ No ☐ N/A
C. Does the home/facility have safe water for drinking or preparing food? Please attach your lead test results if you are providing care outside the child's home or if you live with the child.	☐ Yes ☐ No

D.	Does the home/facility have a working smoke detector on each floor and in each area where children nap?	☐ Yes ☐ No
E.	Will you ensure that the building, grounds, toys, equipment and furniture are clean, sanitary and hazard-free?	☐ Yes ☐ No
F.	Does the home/facility have a working telephone? (Confirm the correct phone number is entered in your contact information.)	☐ Yes ☐ No
G.	Are there barriers to protect children from fireplaces, space heaters, electric outlets, wood stoves, stairways, pools, ponds and other hazards. All gates and enclosures must not pose a risk or hazard to any child in care.	☐ Yes ☐ No
H.	Will you ensure that items dangerous to children are kept in a secure place out of a child's reach? These items include firearms, ammunition, alcohol, inhalants, tobacco and e-cigarette products, matches and lighters, any legally prescribed or over-the-counter medicine, cleaning supplies, paint, plastic bags, and poisonous and toxic materials.	☐ Yes ☐ No



If you answered "No" to any of the above questions, you are not eligible to be approved as an ERDC child care provider.

19. Expectations for Promoting safety: Please read through the following and select ♥ "Yes" if you understand and agree to each statement.	Do you meet the requirements?
A. I will make sure that no one smokes or carries any lighted smoking instrument, including e-cigarettes and vaporizers or uses smokeless tobacco: • In the home or facility or within 10 feet of any entrance, exit, window that opens, or any ventilation intake that serves an enclosed area, during child care operational hours or anytime child care children are present and • In motor vehicles when child care children are passengers.	☐ Yes ☐ No
B. I will make sure that **no one consumes or will be under the influence** of alcohol, controlled substances (*except legally prescribed and over-the-counter medications*) or marijuana (*including medical marijuana*): • on the premises during child care operational hours. • anytime child care children are present. • in motor vehicles while child care children are passengers.	☐ Yes ☐ No
C. I will make sure that the following are not on the premises during child care operational hours or anytime child care children are present: • controlled substances (*except lawfully prescribed and over-the-counter medications*). • marijuana (*including medical marijuana, marijuana edibles and other products containing marijuana*). • marijuana plants, derivatives. • associated paraphernalia.	☐ Yes ☐ No
D. I will make sure that child care is not conducted in a halfway house, hotel, motel, shelter or other temporary housing such as a tent, trailer or motor home.	☐ Yes ☐ No
E. I will make sure that child care is not conducted in a structure that is designed to be transportable and not attached to the ground, to another structure or to any utilities on the same premises.	☐ Yes ☐ No
F. I agree to supervise children in care at all times.	☐ Yes ☐ No

G. I will make sure that child care providers and any person supervising, transporting, preparing meals or otherwise working in the proximity of child care children and those completing daily attendance and billing records are not under the influence.	☐ Yes ☐ No
H. I agree to prevent people who behave in a manner that may harm children from having access to children in care. This includes anyone under the influence.	☐ Yes ☐ No
I. I agree to report suspected child abuse of any child in care to an ODHS Child Protective Services *(CPS)* Office (*Child Welfare*) or a law enforcement agency.	☐ Yes ☐ No
J. I agree to review the immunization schedule with parents and keep immunization records up-to-date or exemption forms on file.	☐ Yes ☐ No
K. I will take steps to prevent the spread of infectious diseases.	☐ Yes ☐ No
L. I will allow custodial parents immediate access at all times to their children in care.	☐ Yes ☐ No
M. I will comply with state and federal laws related to child safety systems and seat belts in vehicles, bicycle safety and crib standards under 16 CFR 1219 and 1220.	☐ Yes ☐ No
N. I will place infants on their backs to sleep, as recommended by the American Academy of Pediatrics, if I provide child care to infants.	☐ Yes ☐ No



If you answered "No" to any of the above questions, you are not eligible to be approved as a child care provider..

20. Provider agreements	**Do you agree?**
A. I agree I will report any of the following changes to IB within five days as required in the ERDC Provider Guide. I acknowledge those changes include but are not limited to: i. Child care providers are required to report any contact or involvement with Child Protective Services (Child Welfare) or any other agencies providing child or adult protective services, as well as any arrests, indictments or convictions, for any individual required to be on the CBR. ii. Any change to the provider's name, phone number, or address, including any location where care is provided. iii. Any new person (age 18 and older) in the home or facility, including visitors to the home or facility during the hours care is provided who may have unsupervised access to the children in care. iv. When a person living in the home or working in the facility turns 18 years of age. v. If my licensing status with CCLD changes. vi. If I no longer meet ERDC provider requirements including health and safety requirements. vii. If I am now a home care worker for any ODHS Aging and People with Disabilities programs or personal support worker through any Intellectual and Developmental Disability (IDD) or Oregon Health Authority (OHA) Behavioral Health Services program, and/or viii. If I am a home care worker or personal support worker, any changes that occur with the type of care the provider gives or if clients have been added to the provider's care.	☐ I agree
B. I agree with the provider requirements listed in this Child Care Provider Subsidy Application and in the ERDC Child Care Provider Guide. Go to https://apps.state.or.us/Forms/Served/de7492.pdf to view the guide.	☐ I agree
C. I understand that making false statements or hiding information may subject me to state or federal penalties.	☐ I agree
D. I affirm under penalty of perjury that I have given true and complete information, and my name and Social Security number or IRS identification number is valid and correct.	☐ I agree

E. I affirm under the penalty of perjury that I have reported criminal history and Child Protective Services *(Child Welfare)* information completely to the Child Care Licensing Division, and I will repay all payments if I do not disclose this information.	☐ I agree
F. I understand that my child care provider status with DELC may be disclosed to other departments within Oregon state government.	☐ I agree
G. If I choose to be a member of a child care union, **I understand** that deductions of dues may be made from my payments.	☐ I agree
H. I agree to bill DELC for child care hours provided during the ERDC eligible families work hours or ERDC planned activities if billing at the end of the month.	☐ I agree
I. I agree to bill DELC for scheduled child care hours that was predetermined with ERDC eligible families when billing at the beginning of the month	☐ I agree
J. I understand I cannot bill DELC for tuition outside of child care to provide educational instruction or tutoring for school-aged children.	☐ I agree

STOP If you answered "No," you are not eligible to be approved as a child care provider.

21. Pre-Service Training

Licensed Providers may skip this section

(Note: please complete the Facility Training Log on page 8)

A. When did you complete the Introduction to Child Care Health and Safety (ICCHS) online training? If you have not yet completed the training, you can come back and finish this application once you have taken the training.	Date Completed: _____
B. When did you complete the Recognizing and Reporting Child Abuse and Neglect (RRCAN) training? If you have not yet completed the training, you can come back and finish this application once you have taken the training.	Date Completed: _____
C. When did you complete Infant/Toddler CPR/First Aid training? Did you take this training at a local CCR&R? ☐ Yes ☐ No If NO: Please upload/attach a copy of the Infant/Toddler CPR/First Aid Card you received when you took this training. You will also need to contact the Oregon Registry Online (ORO) at 1-877-725-8535 to confirm your completion has been recorded. If you have a waiver from a CCR&R, you may submit this application before you complete the training. Please enter your waiver number here:	Date Completed: _____ Or waiver number: _____
Within 90 days of being approved as an ERDC provider I agree: **D.** To complete the **Foundation for Learning training** if I am not required to be licensed with CCLD and am not related to all children in care, and	☐ I agree ☐ N/A
Within 90 days of being approved as an ERDC provider I agree: **E.** To complete the **DELC Child Care ERDC Orientation Part 1 and Part 2** trainings if: • I am not required to be licensed with CCLD • I am a new provider or Director • I am re-applying after a break of one year or more.	☐ I agree

License-exempt facilities must upload the Child Care Exempt Facility Training log instead of completing 22 A, B and C.

23. Household Section

List all individuals who are 18 years and older including:

- All household members, living in the residence where care is taking place, including the parent(s) of the child for whom you are providing care.
- All volunteers, including substitutes or back-up providers
- All visitors and individuals who may have unsupervised access to a child in care.
    - *Unsupervised access applies to most visitors in the provider's home during child care hours. A visitor is likely to have an opportunity for unsupervised access to children in care when the provider needs to visit another area of the home (bathroom, kitchen or other areas where children nap).*

NOTE: Use an additional page if needed

First and Last Name (full legal name)	Birth Date	CBR Number (if known)	CBR Exp Date (if known)	Relationship (Household members, visitor, volunteer, etc.)
				Provider

I understand that all adults 18 years of age or older in the home/facility where child care is provided must be enrolled in the Central Background Registry (CBR) ***before*** I can be approved as an ERDC provider. This includes submitting fingerprints within 30 days of completing the CBR application. ❑ **Yes** ❑ **No**

Online CBR applications may be submitted here: https://www.oregon.gov/delc/providers/pages/cbr.aspx

Instructions for fingerprinting will be sent by mail/email after DELC receives the CBR application.

Provider or director signature _____ Date _____

Print name of provider or director _____ Print name of owner and contact information _____

STOP and SIGN. Before submitting this form, confirm you have accurately completed all required sections. Submitting an incomplete form will delay the approval process.

Where to submit the completed Child Care Provider Subsidy Application:

By mail: Intake and Billing, P.O. Box 14850, Salem, OR 97309-0850

By email: DPU.ProviderReporting@delc.oregon.gov (PDF only) or

Exempt Facility CBR & Training Log

Facility Name: _____ DELC Provider #: _____

Site Address: _____ Facility Phone #: _____

The director and staff members who work with children in care, and volunteers who may have unsupervised access to children, are required to be enrolled in the CBR AND take the training listed below. **Online CBR applications may be submitted here:** https://www.oregon.gov/delc/providers/pages/cbr.aspx

Fill out as many copies of this form as needed. All dates on the form should be written m/d/yyyy.

Staff or Volunteer General Information					
	Director	**Staff 1**	**Staff 2**	**Staff 3**	**Staff 4**
Staff/Volunteer Name (Full legal name)					
Birth date (m/d/yyyy)					
CBR # (if known)					
CBR Expiration Date (if known)					
Position Director, Assistant Director, Teacher, Aide 2, Aide 1, Substitute, Volunteer, etc.					
Required Trainings- complete this section for all staff before submitting the Child Care Provider Subsidy Application					
Introduction to Child Care Health and Safety (ICCHS) Date of Training					
Recognizing & Reporting Child Abuse and Neglect (RRCAN) Date of Training					
CPR Expiration Date					
First Aid Expiration Date					
Required Trainings- complete within 90 days of becoming approved as an ERDC Provider					
Foundations For Learning Date of Training					
DELC Child Care ERDC Orientation Part 1 Date of Training		N/A	N/A	N/A	N/A
DELC Child Care ERDC Orientation Part 2 Date of Training		N/A	N/A	N/A	N/A
Required Training for Enhanced Rate					
Food Handlers Expiration Date					

Exempt Child Care Facilities ONLY: Submit a copy of this document with your Child Care Provider Subsidy Application and keep a copy for your records.