Administrative Rules for Registered Family Child Care Homes

Oregon Department of Early Learning and Care

Suspension and Expulsion Prevention

The administrative rules for Registered Family Child Care Homes have been amended to add requirements related to preventing suspension and expulsion in child care settings. **These rules take effect on September 1, 2026**.

How to read this document

- **BOLD text** is new.
- ~~Strikethrough~~ text has been removed.

For the most up to date laws and rules, visit the Secretary of State's Oregon Administrative Rules (OAR) webpage and sort for the Department of Early Learning and Care Chapter (414). Temporary and permanent rule changes are incorporated into the official OARs webpage soon after approval by the Early Learning Council.

OAR 414-210-0100 Definitions

The following definitions have been added:

(15) "**Every Child Belongs (ECB)**" is Oregon's early childhood suspension and expulsion prevention program. The goal of Every Child Belongs is to help early childhood care and education programs keep children in care by offering responsive support when challenges arise.

(16) "**Facing Potential Expulsion**" refers to the risk of a child being expelled permanently from the registered family child care home. Indicators of potential expulsion include, but are not limited to:

(a) The use of strategies identified in the program's behavior and guidance policy (OAR 414-210-0700) without reducing or eliminating the challenging behavior;
(b) The use of temporary safety-based intervention; or
(c) The use of physical restraint with the child on more than one occasion.

(47) "**Serious safety threat**" refers to a child's behavior that presents a danger to the physical safety of themselves or others, which cannot be reduced or eliminated by the program's existing guidance and behavior strategies (OAR 414-210-0700).

(52) "**Temporary Safety-Based Intervention**" means temporarily removing a young child from a registered family child care when the child's behavior poses a serious safety threat, as defined in these rules, for such time period and for no longer than necessary to incorporate supports to reduce the

occurrence of the behavior, ensure child safety, and have the child return to the program as quickly as possible.

(57) "**Young Child**" means any child who is six weeks of age until eligible to be enrolled in kindergarten on or before the first day of the current school year.

OAR 414-210-0200 Policies

(1) A provider must have written information and policies identified in OAR 414-210-0200(1)(a) though (h) and provide them to substitute providers, parents, and volunteers. Information must be provided at the time of enrollment and when information changes.

(h) Suspension and expulsion prevention policy (OAR 414-210-0750).

~~(3) A provider's decision whether to provide or continue care for a child known to have specific needs must be made after an individualized assessment is completed. The assessment must be based on information from parents, professionals who are knowledgeable about the child's care needs, and the provider. The assessment must be documented for each child and must include:~~

~~(a) Reasonable accommodations the provider made to support the individual child's participation in the program, or an explanation of why the provider could not make reasonable accommodations;~~

~~(b) Reasonable modifications the provider made to their policies and practices to fully integrate the child into the program or an explanation of why the provider could not make reasonable modifications; and~~

~~(c) If applicable, any direct threats to the health and safety of others posed by the child's presence at the home.~~

(3) To ensure the physical, emotional and mental health, safety and wellbeing of children, a provider must complete an individual assessment whenever the provider becomes aware that a child with specific needs has either applied for enrollment or is already in care of the provider. The individual assessment must examine the home's physical environment, policies and practices to identify any reasonable modifications that are needed to support meeting both the child with specific needs, and other children enrolled in the program. The assessment must be based on all information from parents, professionals knowledgeable about the child's care needs, and the provider. The assessment must be documented for each child and must include:

(a) Descriptions of changes the provider made or will make to the home's physical environment to support the participation of the child with specific needs in the program, or an explanation of why the changes necessary to support the child's participation cannot reasonable be made;

(b) Descriptions of changes the provider made or will make to the provider's policies and practices to fully integrate the child with specific needs into the program or an explanation of why the changes necessary to fully integrate the child into the program cannot reasonably be made;

(c) If applicable, any direct threats to the health and safety of others posed by the particular child's presence at the home and an explanation of whether the treats can be eliminated with changes described pursuant to subparagraphs (a) or (b) of this rule; and

(d) If a child enrolled in care at the registered family child care is a young child, as defined in these rules, documentation that the provider has complied with OAR 414-210-0750.

(4) Compliance with the requirements in subsection (3) (a) to (d) of this rule is not intended to describe the requirements of or to ensure full compliance with applicable civil rights laws, including the federal Americans with Disabilities Act (ADA).

OAR 414-210-0260 Items Available for Review

(3) A provider must have the following items available in a prominent and frequently visited location for the parents and public to view:

(i) The provider's suspension and expulsion prevention policy.

OAR 414-210-0270 Notifications

(1) A provider must notify CCLD by 5:00pm the next business day of the following items:

(p) The implementation of a temporary safety-based intervention.

(4) A provider must immediately notify parents or an emergency contact if the parent cannot be reached and document if their child:

(n) Exhibits behaviors that require the use of a temporary safety-based intervention.

OAR 414-210-0720 Physical Restraint

(7) If not done previously, a provider must contact Every Child Belongs if physical restraint is used more than once on a specific young child. The provider must contact Every Child Belongs by 5:00pm the next business day.

OAR 414-210-0750 Suspension and Expulsion Prevention (NEW)

(1) A provider must develop and implement a suspension and expulsion prevention policy. The intent of the suspension and expulsion prevention policy is to ensure that young children are supported to remain in care.

(2) The suspension and expulsion prevention policy must:

(a) Be consistent with the provider's Behavior and Guidance policy (OAR 414-210-0700);

(b) Identify existing supports or tools that may be accessed;

(c) Identify how the provider will determine if additional supports are needed for a child;

(d) Identify when the provider will request services from Every Child Belongs (ECB); and

(e) Include the method that the provider will use to notify a family of concerns related to a child's behavior, such as written notification or an in-person conference.

(3) When a young child is facing potential expulsion, as defined in these rules, a provider must:

(a) Document the challenging behaviors and any known triggers (for example: specific activities, times of day, transitions);

(b) Document what strategies and supports the provider has used to support the child and their effectiveness;

(c) Request services from Every Child Belongs (ECB); and

(d) Concurrently with the request for services from ECB, notify the child's family regarding the behavior concerns to:

(A) Begin to collaboratively problem-solve to identify potential strategies and supports for the child; and

(B) Establish frequency and method of ongoing communication with the family.

(4) If the provider is unable to connect with the child's family, as outlined in OAR 414-210-0750(3)(d), the provider must attempt alternative methods of communication and document those attempts.

(5) A provider may implement a temporary safety-based intervention if a child's behavior creates a serious safety threat, as defined by these rules.

(6) A provider may only use a temporary safety-based intervention if:

(a) There is behavior that meets the definition of serious safety threat. The provider must document the behavior; and

(b) The provider has attempted to address the behavior through strategies outlined in their Behavior and Guidance Policy (OAR 414-210-0700), strategies suggested by the family, and any recommendations from professionals previously consulted about the child.

(7) If a provider initiates a temporary safety-based intervention, the provider must:

(a) Notify the child's family or other emergency contact immediately;

(b) Contact ECB immediately to request services, if not already done; and

(c) Notify CCLD of the temporary safety-based intervention and expected duration by 5:00 pm the next business day.

(8) The length of a temporary safety-based intervention may only be for the time necessary to incorporate supports to reduce the occurrence of the behavior. The temporary safety-based intervention must end as soon as safety can be maintained with supports in place.

(9) The provider must document the basis for the duration of the temporary safety-based intervention.

(10) During the temporary safety-based intervention, the provider must communicate with the family regarding:

(a) Updates on access to supports;

(b) Any changes to the child's behaviors while not in care; and

(c) Timeline to return to care.

(11) If requested by CCLD, a provider must update CCLD if the expected duration of the temporary safety-based intervention changes.

(12) If applicable, prior to renewing a registered family child care license, the provider must have complied with OAR 414-210-0750(3)(c).

OAR 414-210-1050 Care of Children with Specific Needs

~~When caring for a child who has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who requires health and related services of a type or amount beyond that required by children generally, a provider must have a written care plan. The written care plan must include the following, when applicable:~~

~~(1) A list of the child's diagnosis/diagnoses;~~

~~(2) Contact information for the primary care provider and any relevant sub-specialists (i.e., endocrinologists, oncologists, etc.);~~

~~(3) Medications to be administered on a scheduled basis;~~

~~(4) Medications to be administered on an emergency basis with clearly stated parameters, signs, and symptoms that warrant giving the medication written in language that is easy to understand;~~

~~(5) Procedures to be performed and person responsible for training caregivers;~~

~~(6) Allergies;~~

~~(7) Dietary modifications required for the health of the child;~~

~~(8) Activity modifications;~~

~~(9) Environmental modifications;~~

~~(10) Stimulus that initiates or precipitates a reaction or series of reactions (triggers) to avoid;~~

~~(11) Symptoms for caregivers to observe;~~

~~(12) Behavioral modifications;~~

~~(13) Emergency response plans, both if the child has a medical emergency, and special factors to consider in a programmatic emergency, like a fire;~~

~~(14) Any necessary special skills training and education for caregivers and the person responsible for training caregivers; and~~

~~(15) Any individualized services (e.g. occupational therapy, speech services) that will be provided at the home. If the individualized service required the child be out of direct supervision of caregivers, parental permission is required~~

(1) For the purpose of this section, a qualified professional includes but is not limited to physician, early intervention/early childhood special education specialist, related service providers, infant

and early childhood mental health consultant, behavior specialist, or other similarly qualified professional.

(2) When a qualified professional develops a written care plan for a child with a documented physical, developmental, behavioral, emotional, or medical condition requiring services beyond those typically needed by children of the same age, and the plan is provided to the provider with parental consent, the provider must implement the written care plan, except as provided in subsection (3) of this rule. The written care plan may be developed collaboratively with the family and the provider.

(3) If implementing the written care plan would cause the provider to be out of compliance with these rules, the provider may apply for an exception to accommodate the needs of a specific child as outlined in OAR 414-210-0160.

(4) The provider must ensure that all caregivers that come in contact with the child are aware of and follow the written care plan.