

# Child Foster Home Caregiver Qualifications Quick Reference Guide

May 28, 2026

## Caregiver Qualifications

[Find a copy of the Caregiver Qualifications](#)

### What is the Caregiver Qualifications?

This is a required form created by the Office of Developmental Disabilities Services (ODDS). You must use this form to provide the required information. It centralizes the documentation of the requirements for providers, co-providers, and caregivers.

### How to complete the Caregiver Qualifications?

Start by filling out the providers name and address of the foster home.

Across the top of the columns, fill out the name of each provider, co-provider, and caregiver. All qualifications need to be current at the time your certificate is issued and have to be completed before providing care.

For each row, apply the information to each relevant position.

- Background check: Enter the date the person's background check expires
- Mandatory abuse: Enter the date the person completed their annual mandatory abuse training.
- Annual Training: Enter the number of training hours the person completed within the past year. Oregon Administrative Rule requires 10 hours of annual training. Caregivers that are newly hired have 1 year to obtain the 10 hours of training.

- RN delegation/physician training: Enter the date each person received training or delegation by a registered nurse or physician to perform nursing tasks for the individual(s). If any individuals do not require nursing tasks, this may be blank.
- Safeguarding interventions/Equipment Date: Enter the date each person received training to perform approved safeguarding interventions for the individual(s). If any individuals do not have approved safeguarding interventions or equipment, this may be blank.
- Emergency Plan annual training: Enter the date each person completed training and practice on the Emergency Plan.
- ODL expiration: Enter the date each person's Oregon Driver's License expires, if they will be transporting individuals. If they will not be transporting individuals, this may be blank.
- Vehicle Insurance: If the person will be using their own vehicle to transport individuals, enter the date of their vehicle insurance. If they will not be transporting individuals in their vehicle, this may be blank.
- ISP's/Service Agreement Training: Enter the initials of each individual living in the home and the date of their Individual Support Plan on a separate line. Then, enter the date each person completed training for each individual's plan.
- Positive Behavior Support Plan: Enter the initials of each individual with a Positive Behavior Support Plan and the date of the plan on a separate line. Then, enter the date each person completed training for each individual's Positive Behavior Support Plan. If no individuals have a Positive Behavior Support plan, this may be blank.

If you will be serving children with significant medical needs, you will need to complete these additional fields:

- Six of the 10 hours of annual training is specific medical training beyond CPR/First Aid: Enter yes or no if they completed at least 6 hours of annual medical training, that does not include CPR or First Aid.
- CPR/First Aid: Enter the date the person's CPR/First Aid training expires.

If you know information in the caregiver qualifications is or will not be compliant with Oregon Administrative Rule, you should make plan to come into compliance before your inspection.

You must keep records of each qualification on file at your foster home and they must be available for review upon request.

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You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the ODDS Foster Licensing Unit at [dd.licensingfoster@odhs.oregon.gov](mailto:dd.licensingfoster@odhs.oregon.gov) or 503-373-2052. We accept all relay calls.