Early Learning Council

June 25, 2025

9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
700 Summer St NE, Suite 350
Salem, OR 97301

COUNCIL ACTION REQUEST

Date: June 25, 2025

AGENDA ITEM: Employment Related Day Care (ERDC) Ruleset Amendments

ACTION: Adopt proposed amendments to the administrative rules to reflect amendments include changes to implement two bills enacted in 2023: HB 2683, adding Expanded Child Welfare (EXP-CW) eligibility for ERDC and HB 2717 related to Outdoor Nature-Based (ONB) child care programs. The ruleset also includes an amendment to the ERDC Waitlist provision related to notification and removal of families on the Child Care Waitlist to ensure that the list contains individuals who still want to remain on the waitlist.

ISSUE: In administration of the ERDC program, it was determined that language amendments were required to implement legislation, reflect current practice, and promote system functionality.

BACKGROUND: DELC is responsible for administering ERDC. The proposed amendments to current rule accomplish a number of objectives. The rules update ERDC definitions to include certified ONB programs, authorized by HB 2717. Waitlist rules now require new applicants to meet both a bypass exemption and income limits. Several rules are being amended to account for families eligible under Expanded Child Welfare (EXP-CW) pursuant to HB 2683, including allowing income exclusion, setting default child care hours, and confirming that EXP-CW families are categorically eligible.

Other updates clarify self-attestation allowances, provider eligibility requirements for ONB programs, and prohibit payments to suspended or disqualified providers. Language changes also remove outdated practices no longer supported by 12-month eligibility, align rules with current payment structures, and ensure consistency with existing provider suspension policies.

PROCESS: DELC convened a Rules Advisory Committee (RAC) with child care providers, child care provider unions, early learning system partners, and other community members on April 30, 2025. A public hearing was held on May 22, 2025 and the public comment period was open until May 30, 2025.

Please see "Appendix A: Proposed Oregon Administrative Rule language for the Employment Related Day Care Program Ruleset" for full rule language text presented.

EQUITY ANALYSIS: ONB programs may have positive racial equity impacts for children and families. Increased time outdoors has been found to be associated with better executive functioning (attention and short-term memory, problem-solving) in children. In addition, spending time outdoors has several health benefits for young children including boosting the immune system, increased physical activity and less stress. Low-income families may have limited access to outdoor spaces for children to play, increasing the risks of serious health programs such as obesity and diabetes. Increasing access and affordability of ONB programs may counteract these health

risks. However, families may not be able to afford the tuition or associated costs with specialized gear needed for children to be safe and comfortable in an outdoor environment.

With licensing, ONB programs may have access to ERDC grants and other public funding to broaden access to families that qualify. Families may need full time care which ONB programs cannot accommodate without licensing. Licensing removes some of the barriers to accessing this type of care by expanding the hours children may be in the program.

ONB programs may be located in neighborhood parks or outdoor spaces, within communities lessening the need for transportation to and from the program. Outdoor Early Learning Alliance of Oregon reports that tuition may be lower in general due to the lack of overhead costs associated with operating out of a building, which may increase access as well.

Expanded Child Welfare (EXP-CW) eligibility for ERDC will allow some child welfare involved families to qualify for a child care subsidy, regardless of income. Extending ERDC benefits to these families and children will provide much needed support to some of Oregon's most vulnerable populations.

PROPOSED DRAFT MOTION: I move to adopt the proposed rule language amendments dated June 25, 2025 that adopt amendments to Oregon Administrative Rules 414-175-0002, 414-175-0010, 414-175-0020, 414-175-0023, 414-175-0024, 414-175-0025, 414-175-0040, 414-175-0051, 414-175-0060, 414-175-0075, 414-175-0080, 414-175-0085.

CONTACT: Alyssa Chatterjee, Early Learning Systems Director, Department of Early Learning and Care

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Appendix A: Proposed Oregon Administrative Rule language for Employment Related Day Care Ruleset

OAR 414-175-0002: Definitions

The following definitions apply to division 175, unless the context indicates otherwise:
(1) "Adjusted income" means the amount determined by subtracting income deductions from countable income.
(2) "Assets" mean income and resources.
(3) "Authorized representative" means an individual aged 18 years or older or an organization permitted by these rules to act on behalf of an applicant in assisting the applicant with their application, renewal of eligibility, and other on-going communications with the Department.
(4) "Basic decision notice" means a decision notice mailed no later than the date of action given in the notice.
(5) "Budgeting" means the process of calculating the benefit level.
(6) "Budget month" means the calendar month from which nonfinancial and financial information is used to determine eligibility and benefit level for the payment month.
(7) "Capital asset" means property that contributes toward earning self-employment income, either directly or indirectly. A "capital asset" generally has a useful life of over one year and a value, alone or in combination, of $100 or more.
(8) "Categorically eligible" means eligible for the ERDC program based on the presence of a single factor, or set of factors, except that certain federal requirements apply.
(9) "Caretaker" means an individual who is responsible for the care, control, and supervision of a child. The status of "caretaker" ends once the individual no longer exercises care, control, and supervision of the child for 30 days.
(10) "Certification period" means the period for which a caretaker is certified eligible for a program.
(11) "Child" includes natural, step, and adoptive children. The term "child" does not include an unborn child. A "child" need not have a biological or legal relationship to the caretaker but must be in the care and custody of the caretaker, must meet the citizenship or noncitizen status requirements of OAR 414-175-0021, and must be:
(a) Under the age of 18; or
(b) Under the age of 19 and in secondary school or vocational training at least half time.
(12) "Continuing benefit decision notice" means a decision notice that informs a caretaker of the right to continued benefits and is mailed in time to be received by the date benefits are, or would be, received.
(13) "Countable" means that an available asset (either income or a resource) is not excluded and may be considered to determine eligibility.
(14) "Custodial parents" mean parents who have physical custody of a child. "Custodial parents" may

be receiving benefits as dependent children or as caretaker relatives for their own children.
(15) "Decision notice" means a written notice of a decision by the Department regarding a caretaker's eligibility for benefits in a program.
(16) "Department" means the Department of Early Learning and Care, or its delegate, the Oregon Department of Human Services, in accordance with ORS 327.274 and as described in rule.
(17) "Domestic violence" means the occurrence of one or more of the acts described in subsections (a) to (d) of this section between family members, intimate partners, or household members:
(a) Attempting to cause or intentionally, knowingly, or recklessly causing physical injury or emotional, mental, or verbal abuse.
(b) Intentionally, knowingly, or recklessly placing another in fear of imminent serious physical injury.
(c) Committing sexual abuse in any degree as defined in ORS 163.415, 163.425 and 163.427.
(d) Using coercive or controlling behavior.
(e) As used in this section, "family members" and "household members" mean any of the following:
(A) Spouse;
(B) Former spouse;
(C) Individuals related biologically or by marriage (see section (46) of this rule), or adoption;
(D) Individuals who are cohabitating or have cohabited with each other;
(E) Individuals who have been involved in a sexually intimate or dating relationship; or
(F) Unmarried parents of a child.
(18) "Eligibility" means the decision as to whether an individual qualifies, under financial and nonfinancial requirements, to receive program benefits.
(19) "ERDC" or "Employment Related Day Care" means Oregon's primary child care assistance program for eligible families under this rule set.
(20) "Equity value" means fair market value minus encumbrances.
(21) "Experiencing homelessness" means an individual in the ERDC filing group who is experiencing a lack of a fixed, regular, and adequate nighttime residence. This includes, but is not limited to, individuals who are:
(a) Living in an emergency or transitionary shelter,
(b) Sharing housing with others due to loss of housing or economic hardship, or
(c) Staying in motels, campgrounds, hotels, cars, parks, public places, tents, trailers, or other similar settings.
(**22) "Facility" means an individual, group of individuals, or entity that is caring for a child younger than 13 years of age or a child 18 or younger with special needs.**
(2**3**~~2~~) "Fair market value" means the amount an item is worth on the open market.
(2**4**~~3~~) "Financial institution" means a bank, credit union, savings and loan association, investment trust, or other organization held out to the public as a place receiving funds for deposit, savings, checking, or investment.
(2**5**4) "Illegal activity" means an activity that is illegal under either Oregon law or federal law, or both. Working in the marijuana or psilocybin industry is considered an "illegal activity" under this rule.
(2**6**~~5~~) "Income producing property" means real or personal property that generates income for the

financial group. Examples of "income producing property" are:
(a) Livestock, poultry, and other animals.
(b) Farmland, rental homes (including a room or other space in the home or on the property of a member of the financial group), vacation homes, and condominiums.
(2~~7~~**6**) "Initial month" of eligibility means any of the following:
(a) The first month a benefit group is eligible for a program benefit in Oregon after a period during which the group is not eligible, or
(b) The first month a benefit group is eligible for a program benefit after there has been a break in the program benefit of at least one full calendar month. If benefits are suspended for one month, that is not considered a break.
(2~~8~~**8**~~7~~) "In-kind income" means income in a form other than money (such as food, clothing, cars, furniture, payments made to a third party, and fringe benefits).
(2~~9~~**9**~~8~~) "Legally married" means a marriage uniting two individuals according to:
(a) The statutes of the state where the marriage occurred;
(b) The common law of the state in which the two individuals previously resided while meeting the requirements for common law marriage in that state; or
(c) The laws of a country in which the two individuals previously resided while meeting the requirements for legal or cultural marriage in that country.
(**30**~~29~~) "Life estate" means the right to property limited to the lifetime of the individual holding it or the lifetime of some other individual. In general, a "life estate" enables the owner of the "life estate" to possess, use, and obtain profits from property during the lifetime of a designated individual while actual ownership of the property is held by another individual. A "life estate" is created when an individual owns property and then transfers ownership to another individual while retaining, for the rest of the individual's life, certain rights to that property. In addition, a "life estate" is established when a member of the financial group purchases a "life estate" interest in the home of another individual.
(3**1**~~0~~) "Lodger" means someone who:
(a) Is living with a caretaker receiving Department benefits;
(b) Is not a member of the caretaker's filing group; and
(c) Pays the filing group for room and board.
(3**2**~~1~~) "Lump-sum income" means earned or unearned income received too infrequently or irregularly to be reasonably anticipated, or received as a one-time payment. "Lump-sum income" includes but is not limited to:
(a) Retroactive benefits covering more than one month, whether received in a single payment or several payments.
(b) Income from inheritance, gifts, winnings, and personal injury claims.
(c) Income received less frequently than annually.
(3**3**~~2~~) "Marriage" means the union of two individuals who are legally married.
(3**4**~~3~~) "Minor parent" means a parent under the age of 18.
(3**5**4) Nonstandard living arrangement" means each of the following locations:
(a) Foster care.

(b) Residential Care facility.
(c) Drug or alcohol residential treatment facility.
(d) Shelter for individuals who are homeless or domestic violence shelter.
(e) Lodging house if paying for room and board.
(f) Correctional facility.
(g) Medical institution.
(3~~5~~6) "Ongoing month" means any month following the initial month of eligibility, if there is no break in the program benefit of one or more calendar months.
(3~~6~~7) "ODHS" or "Oregon Department of Human Services" means the Oregon Department of Human Services.
(3~~7~~8) "Parent" means the biological or legal parent of a child or unborn child.
(a) If the person who gave birth (parent 1) to the child lives with an individual (parent 2) and either parent 1 or parent 2 claims that parent 2 is the other biological parent of the child or unborn, and no one else claims to be the other biological parent, parent 2 is treated as a parent even if parentage has not been legally established.
(b) A stepparent relationship exists if:
(A) The individual is legally married to the child's biological or adoptive parent; and
(B) The marriage has not been terminated by legal separation, divorce, or death.
(c) A legal adoption erases all prior legal and biological relationships and establishes the adoptive parent as the legal parent. However, the biological parent is also considered a "parent" if both of the following are true:
(A) The child lives with the biological parent; and
(B) The legal parent has given up care, control, and supervision of the child.
(**39**~~38~~) "Payment month" means the calendar month for which benefits are issued.
(**40**~~39~~) "Periodic income" means income received on a regular basis less often than monthly.
(4**1**~~0~~) "Primary person" means the filing group member who is responsible for providing information necessary to determine eligibility and calculate benefits. The caretaker is the primary person for ERDC.
(4**2**~~1~~) "Real property" means land, buildings, and whatever is erected on or affixed to the land and taxed as "real property".
(4**3**~~2~~) "Reimbursement" means money or in-kind compensation provided specifically for an identified expense.
(4**4**~~3~~) "Shelter-in-kind" means an agency or individual outside the financial group provides the shelter of the financial group, or makes a payment to a third party for some or all of the shelter costs of the financial group. "Shelter-in-kind" does not include temporary shelter provided by a domestic violence shelter, shelter for individuals who are homeless, or residential alcohol and drug treatment facilities or situations where no shelter is being provided, such as sleeping in a doorway, park, or bus station.
(4**5**~~4~~) "Sibling" means the brother or sister of an individual. "Biologically-related" means they share at least one biological or adoptive parent. "Step" means they are not biologically-related, but are related by the marriage of their parents.
(4**6**~~5~~) "Spousal support" means income paid (voluntarily, per court order, or per administrative order)

by a separated or divorced spouse to a member of the financial group.
(4~~7~~6) "Spouse" means an individual who is legally married to another individual.
(4~~8~~7) "Stable income" means income that is the same amount each time it is received.
(4~~9~~8) "Standard living arrangement" means a location that does not qualify as a nonstandard living arrangement.
(5~~0~~9) "Timely continuing benefit decision notice" means a decision notice that informs the caretaker or the authorized representative of the filing group of the right to continued benefits.
(5~~1~~0) "Trust funds" mean money, securities, or similar property held by an individual or institution for the benefit of another individual.
(5~~2~~1) "USDA meal reimbursements" mean cash reimbursements made by the Oregon Department of Education for family day-care providers who serve snacks and meals to children in their care.
(5~~3~~2) "Variable income" means earned or unearned income that is not always received in the same amount each month.

OAR 414-175-0010: Waitlist for ERDC

(1) Eligibility is subject to the availability of funds. The Department may implement a Child Care Waitlist whenever the Department determines that sufficient funding is not available to sustain benefits for all of the applicants requesting ERDC benefits.
(2) The following applicants are subject to placement on the Child Care Waitlist when the Child Care Waitlist is in effect. New applicants will be placed on the Child Care Waitlist for ERDC unless ~~any member of~~ the ERDC filing group **meets the income limits in OAR 414-175-0050 and** meets at least one exemption listed in the following paragraphs:
(a) Received a partial or full month of cash benefits from the Refugee (REF), State and Family Pre-SSI (SFPSS), or Temporary Assistance to Needy Families (TANF) programs in the state of Oregon in at least one of the preceding three months.
(b) Determined eligible for, and being placed in, a current opening in a Head Start program contracted slot, an Early Head Start Child Care Partnership contracted slot, or a Baby Promise program contracted slot.
(c) The caretaker is currently working with Child Welfare as part of a Child Protective Services (CPS) assessment or open case and Child Welfare has determined the use of child care will:
(A) Prevent removal of the child from their home;
(B) Allow a child to be returned home; or
(C) Allow for placement of the child with a relative or with an adult whom the child or the family of the child has an established relationship.
(d) Determined eligible for Temporary Assistance to Domestic Violence Survivors (TA-DVS) program benefits from the state of Oregon in the current month or at least one of the preceding three months.
(e) Was part of an ERDC filing group with a break in ERDC benefits of no more than two consecutive calendar months.
(3) When the Child Care Waitlist is in effect, the Department must place all applicants who are subject

to the Child Care Waitlist under section (2) of this rule on the Child Care Waitlist for future selection. The Department sends these applicants a decision notice of ineligibility for the ERDC program.
(4) Each month, on the basis of an estimate of available funds, an appropriate number of individuals from the Child Care Waitlist are selected on a first-in and first-out basis and invited to apply for ERDC.
(5) After an individual is selected from the Child Care Waitlist, the individual must establish a date of request no later than 45 days after the date on the selection letter. The individual may request child care benefits from the Department:
(a) Without completing a new application, when the previous application is within 45 days of its date of request; or
(b) By submitting a new application for child care benefits to the Department in accordance with OAR 414-175-0005.
(6) The processing time frame for the ERDC application is the same as that specified in OAR 414-175-0005, except that:
(a) If the Department does not receive a request for benefits within the deadline to apply, the individual is dropped from the Child Care Waitlist.
(b) An individual who requests benefits after the 45-day deadline to apply (see section (5) of this rule) will be returned to the Child Care Waitlist.
(7) The Department may send periodic notices to individuals on the Child Care Waitlist to ensure that the list contains individuals who still want to receive ERDC benefits.
(a) The Department shall allow at least 30 days for individuals to respond to the notice.
(b) The Department may remove individuals from the Child Care Waitlist who indicate they no longer want ERDC benefits or who do not respond to the notice by the deadline.

OAR 414-175-0020: **General Eligibility Requirements**

(1) To be eligible for benefits, an individual must be a resident of Oregon.
(a) There is no minimum amount of time an individual must live in Oregon to be a resident.
(b) The individual must intend to remain in Oregon.
(c) An individual is not a resident if the individual is in Oregon solely for vacation.
(d) An individual continues to be a resident of Oregon during a temporary period of absence if the individual intends to return when the purpose of the absence is completed.
(2) An individual is not required to provide or apply for a social security number (SSN) to be included in the Filing group.
(3) The filing group must include a child who needs child care.
(4) A child must live with a caretaker.
(5) A filing group is not eligible for child care when the caretaker or parent in the filing group receives a grant for child care from the Office of Student Access and Completion for any month the grant is intended to cover, regardless of when the grant is received.
(6) Until May 1, 2024, children in the Need Group must meet the immigration or legal status

requirements in OAR 414-175-0021 and the age requirements in OAR 414-175-0022.
(7) The filing group must certify that they do not exceed the resource limit ~~and must meet the income limits in OAR 414-175-0050~~.
(8) The filing group must meet the income limits in OAR 414-175-0050, except filing groups categorically eligible under Expanded Child Welfare (EXP CW).
(**9**~~8~~) A filing group not willing to show verification of immunizations, proof that the immunization series has started, or a copy of the medical or non-medical exemption form for the child is not eligible for ERDC benefits.

OAR 414-175-0023: Requirement to Establish a Child Care Need and Hours Authorizations

(1) The following is required to establish a child care need:
(a) Except for as described in (2) below, every caretaker in the filing group must meet one of the following requirements:
(A) Receive income from employment. This includes self-employment and employment through a work study program.
(B) Participate in education hours, either through:
(i) Coursework that leads to a certificate, degree, or job-related knowledge or skills attainment at an institution of higher education approved to receive federal financial aid; or
(ii) Participation in a high school education or general equivalency diploma (GED) program. To be eligible under this subparagraph the caretaker must be twenty (20) years of age or younger.
(C) Be on medical leave from current employment or education.
(b) Except for as described in (2) below, if there are multiple caretakers required to be in the filing group, and one of them does not meet any of the criteria in section (1)(a) above, that caretaker is considered available to provide child care, making the filing group ineligible, except in the following situations:
(A) The adult is physically or mentally unable to provide adequate child care. This must be verified pursuant to 414-175-0024.
(B) Confirmation is received from the Office of Child Welfare Programs that supervised contact is required between the child and the adult.
(2) If a child or caretaker is Categorically Eligible for ERDC benefits in accordance with OAR 414-175-0025, sections (1), (3), and (4) of this rule do not apply and the copay is waived.
(3) When child care is covered and when copays are waived or reduced
(a) The cost of dependent child care may be paid for by the Department (is covered) when dependent child care is necessary for the caretaker to perform the caretaker's job duties or complete educational hours, including study time.
(b) The cost of dependent child care is not covered by the Department when free care is available, such as during school hours for school-age children, unless a child is not attending in-person schooling and is instead participating in distance learning.

(c) Child care is not covered if the nature of the work of the caretaker does not make it necessary for a person other than the caretaker to provide the care. Child care is not covered during a period of time when:
(A) The nature of the work allows the caretaker to provide the care without significantly affecting the work;
(B) The caretaker provides child care in a residence; or
(C) The caretaker works for a provider of child care in a residence, unless the provider is a certified family child care home under OAR 414-350-0000 to 414-350-0400.
(d) The cost of dependent child care may continue to be paid for by the Department (is covered) during the certification period with no change to the authorized child care hours or copay amount subject to the following provisions:
(A) When a reduction in work hours occurs, the copay may be adjusted.
(B) When a job loss occurs:
(i) When a caretaker has a permanent job loss from all employment the copay is waived for:
(I) The remainder of the certification period if there are three or more months remaining in the period; or
(II) For up to three months for instances where job loss occurred in months 10 through 12 of the certification period.
(ii) The waiver ends if the caretaker becomes employed.
(iii) Any reason a caretaker is experiencing job loss is a "good cause" reason and qualifies a caretaker for authorized work search.
(C) For military transition:
(i) When a caretaker who is a discharged U.S. military member returns from active duty in a military war zone, the copay is waived for up to six months starting the month after the military member returns home.
(ii) The copay waiver ends at the end of the six month period if the caretaker becomes employed. The copay waiver ends before the end of the six month period if the caretaker returns to active duty.
(D) Under this section child care may be used for work, work search, education hours, military transition activities, or other activities to maintain a part-time or full-time slot at a child care facility.
(e) In the ERDC program the cost of dependent child care may be paid for by the Department (is covered) at the beginning of the certification period or may continue to be paid for by the Department (is covered) with no change to the authorized child care hours if the caretaker is on medical leave from current employment or education during the certification period. Medical leave includes a Caretaker on leave due to their own condition or to care for a child in the Filing Group.
(A) When a Caretaker is on medical leave the reason for the leave must be verified including diagnosis and prognosis under OAR 414-175-0024, except that parental leave may be authorized for up to three calendar months without medical documentation.
(B) When a caretaker is on medical leave during the certification period and meets section (1) of this rule, the copay is waived starting the month after medical leave begins. The copay waiver:
(i) May not go beyond the last day of the certification period, subject to OAR 414-175-0011.

(ii) Ends at the end of the medical leave period, unless the caretaker is still on medical leave or requires extended parental leave and new verification is received prior to the end of the month noted on the original documentation, or for parental leave without medical documentation, prior to the end of third calendar month.
(f) When a caretaker is on medical leave at the time of initial application or certification, and meets subsection (1) of this rule, the copay may be waived. The copay waiver:
(A) May not go beyond the last day of the certification period, subject to OAR 414-175-0011.
(B) Ends at the end of the medical leave period, unless the caretaker is still on medical leave or requires extended parental leave and new verification is received prior to the end of the month noted on the original documentation, or for parental leave without medical documentation, prior to the end of the third calendar month.
(4) The cost of dependent child care may be paid for (is covered) by the Department, only if all the following are true:
(a) The child is a member of the benefit group and is in the care, control, and custody of an individual in the group.
(b) The provider of child care is not in the filing group.
(c) The provider of child care is not a parent of a child in the filing group.
(5) Child Care Hours Allowances
(a) Unless otherwise specified below, child care hours are determined as follows:
(A) When the allowable child care need totals 20 or fewer weekly hours of dependent child care, 20 weekly hours are allowed.
(B) When the allowable child care need totals more than 20 but no more than 40 weekly hours of dependent child care, 40 weekly hours are allowed.
(C) When the allowable child care need totals more than 40 weekly hours, up to 75 weekly hours are allowed.
(D) In addition to the weekly hours allowed in paragraphs (5)(a) through (c), above, study hours will be allowed as follows:
(i) 5 weekly hours for a caretaker who spends less than 12 hours a week in education settings.
(ii) 10 weekly hours for a caretaker who spends 12 or more hours a week in education settings.
(b) For a need group that has been determined Categorically Eligible for ERDC **or under Expanded Child Welfare (EXP CW)** in accordance with OAR 414-175-0025, child care hours are determined as follows:
(A) 20 weekly hours of child care are allowed.
(B) A caretaker may request additional weekly child care hours. The caretaker must state a reason for needing additional weekly child care hours. Any reason for needing additional weekly child care hours is sufficient to allow a higher amount of weekly hours in accordance with subsections (5)(a)(B) and (C) above, except that the reason cannot be to secure access to a child care facility requiring a child to be in care for more than 25 weekly hours.
(c) In addition to the hours allowance provided in (5)(a) or (b) above, a need group receives 25% of the weekly hours allowance each week for the purposes of travel or commuting.

(d) Monthly hours allowances are calculated by multiplying the need group's weekly hours allowance by 4.3.

OAR 414-175-0024: Verification Requirements

(1) Methods of verifying information include the following:
(a) Electronic: Information available and provided o 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 evaluations only from psychiatrists and licensed or certified psychologists; and measurement of visual acuity and visual fields only from ophthalmologists and licensed optometrists.
(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 56.
(a) Countable income
(b) Special Needs Rate
(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.

(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.**
~~(A) For families categorically eligible for ERDC, self-attestation is allowable.~~
~~(B) All other requests for increased 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.

OAR 414-175-0025: Categorical Eligibility for ERDC

(1) Subject to section (3) of this rule, a child or caretaker and their associated need group are categorically eligible for ERDC benefits if:
(a) A child care need is established through an application in accordance with OAR 414-175-0005, and
(b) The following factor is true for a child or a caretaker in a need group:
(A) The individual is determined eligible for Temporary Assistance for Needy Families (TANF) benefits**; or**.
(~~c~~**B) The individual is determined eligible for Expanded Child Welfare (EXP CW) based on the use of Child Welfare protective services in Oregon in one or more of the following situations:.**
(a) Currently receiving Child Abuse Prevention services;
(b) Currently receiving or has received Family Reunification services in the last 12 months;

(c) Currently receiving Foster Care services;
(d) Currently receiving Subsidized Guardianship services; or
(e) Currently participating in Family Support Services program.
(2) Subject to section (3) of this rule, any family receiving TANF JOBS child care support services for care provided in June of 2023, pursuant to OAR 461-160-0193, shall be determined categorically eligible for ERDC benefits on July 1, 2023; a family does not need to comply with OAR 414-175-0005.
(3) Categorical eligibility for ERDC requires ongoing compliance with the following federal Child Care Development Fund requirements:
(a) Until May 1, 2024, children in the Need Group must meet the immigration or legal status requirements in OAR 414-175-0021 and the age requirements in OAR 414-175-0022;
(b) The filing group must certify that they do not exceed the resource **limit;**
(c) The filing group ~~and~~ must meet the income limits in OAR 414-175-0050**, except for filing groups categorically eligible under Expanded Child Welfare (EXP CW)**; and
(~~c~~**d**) A Need group not willing to show verification that immunization requirements in accordance with OAR 414-175-0024 have been met for the child is not eligible for ERDC benefits.

OAR 414-175-0040: Prospective Eligibility and Budgeting

(1) For prospective eligibility and budgeting:
(a) The budget month and payment month are the same.
(b) The individual's anticipated income, household composition, and other relevant factors are used to determine the individual's eligibility and benefit level. The individual and Department jointly anticipate the individual's income based on the income already received and the income the individual expects to receive.
(c) Prospective budgeting is used for annualized income and prorated educational income.
(d) When prospective budgeting is used and the actual income differs from the amount determined under section (1)(b) of this rule:
(A) If the anticipated income exceeds the actual income, a**n** individual is not entitled to a benefit supplement.
(B) If the actual income exceeds the anticipated income, there may be a**n** individual-error overpayment under OAR 414-175-0099 and 461-195-0521.
(2) Income is budgeted so that the anticipated amount is the same for each month.
(3) Income that must be annualized is calculated under section (9) of this rule.
(4) For the initial month, income is budgeted so the anticipated amount is the same for each month, including the initial month. No supplement is issued based on incorrectly anticipated information.
(5) For an ongoing month: For a benefit group, the Department uses prospective eligibility and budgeting. The type of income is determined and calculated under sections (6) through (10) of this rule.
(6) Educational income is assigned to the months it is intended to cover, regardless of when it is received. The income is prorated over these months.

(7) Ongoing stable income in prospective budgeting and eligibility is treated so that the monthly amount is used to anticipate the income of the financial group. The amount of stable income for each month is determined as follows:
(a) If paid once per month, that amount is used.
(b) If paid twice per month or semi-monthly, that amount is converted to a monthly amount by multiplying it by two.
(c) If paid once every other week or biweekly, that amount is converted to a monthly amount by multiplying it by 2.15.
(d) If paid once per week, that amount is converted to a monthly amount by multiplying it by 4.3.
(8) Ongoing variable income is used as follows in prospective budgeting and eligibility so that the anticipated amount is the same for each month, unless otherwise stated in this rule.
(a) For income paid more than once per month, determine an average amount per pay period in accordance with sections (8)(b) to (8)(d) of this rule. The average amount is then converted to a monthly amount as follows, if paid --
(A) Twice per month, multiply by 2;
(B) Every other week, multiply by 2.15; or
(C) Once per week, multiply by 4.3.
(b) For variable earned income based on an hourly wage when the past is representative, monthly income is determined by calculating an average number of hours per pay period, then these hours are multiplied by the hourly wage and converted to a monthly amount under section (8)(a) of this rule.
(c) For variable earned income involving various rates of pay (overtime, shift differential, tips) when the past is representative, monthly income is determined by calculating the average income per pay period, then the average income is converted to a monthly amount under section (8)(a) of this rule.
(d) For variable earned or unearned income when the past is representative and income cannot be calculated under section (8)(b) or (c) of this rule, monthly income is determined by averaging the income over:
(A) A representative period of months by totaling the income for those months and dividing by the number of months used; or
(B) A representative number of pay periods and converting to a monthly amount under section (8)(a) of this rule.
(e) For variable earned and unearned income when the past is not representative of the income the financial group will receive during the eligibility period, the individual and the Department jointly determine the anticipated income.
(9) Annualizing and Prorating Contracted or Self-Employment Income
(a) Income from self-employment, including contract income while self-employed, is treated in accordance with OAR 414-175-0035 (81) unless the income meets the provisions of section (8)(b) of this rule.
(b) If past contract income is not representative of future income or when a substantial increase or decrease is expected in countable self-employment income in the next year, costs as allowed under OAR 414-175-0035 (81) and anticipated income are used to determine the countable income.

(c) Contract income that does not meet the criteria of self-employment income is treated as follows:
(A) Income received during a less than 12-month period but intended as a full year's income is annualized.
(B) Income received on an hourly or piecework basis or monthly over the term of the contract period is not annualized. It is treated as stable income under or variable income.
(d) Contract income that is not the annual income of the financial group and not paid on an hourly or piecework basis is prorated over the period the income is intended to cover.
(10) Periodic income is averaged over the applicable period.
(11) If the budgeting method changes from prospective to retrospective, the Department treats income from a terminated source that was counted prospectively as follows:
(a) If the actual amount received was less than or equal to the anticipated amount, the income is excluded.
(b) If the actual amount received was greater than the anticipated amount, the Department counts the difference between actual and anticipated amounts.
(12) When an individual is added to an ongoing filing group, income is budgeted in accordance with applicable sections of this rule to determine eligibility and benefit level.
(13) For filing groups eligible under Expanded Child Welfare (EXP-CW) income shall not be considered countable for purposes of this rule.

OAR 414-175-0051: Requirement to Make Copay or Satisfactory Arrangements

(1) The Need Group must use a child care provider who meets the requirements in OAR 414-175-0080 and 414-175-0085.
(2) The caretaker is responsible for paying the copayment to the primary provider of child care unless the Child Care Billing form was sent to the provider showing no copayment.
(3) If the caretaker has only one provider during a month, that provider is the primary provider. If the caretaker uses more than one provider, the caretaker must designate one as the primary provider. Notwithstanding any designation by the caretaker, the Department considers a provider having the copayment amount (not to exceed the caretaker's established copayment amount) deducted from its valid billing statement the primary provider for that period.
(4) If the copayment exceeds the amount billed by the primary provider, the Department may treat a different provider as the primary provider or split the copayment among the providers who bill for care.
(5) The copayment amount due from the caretaker to the provider is the lesser of:
(a) The copayment amount determined by the Department based on family size and income.
(b) The total amount allowed by the Department on a provider claim.
(6) A provider must notify the Department of an overdue copayment within 60 days after the Department issues payment for the month at issue. A caretaker who fails to pay a copayment to or to make satisfactory arrangements with the primary provider will be ineligible for ERDC benefits upon recertification**, except for families categorically eligible for ERDC**. A copayment is considered

paid under any of the following circumstances:
(a) On the first day of the month in which the caretaker makes the copayment or makes satisfactory arrangements with the provider.
(b) On the first day of the month after three years have lapsed from the date the caretaker failed to make the copayment.
(c) On the first day of the month in which the caretaker provides verification that the copayment debt was discharged by a bankruptcy filing.
(7) The Department will make the payment to a provider if a Child Care Billing form is mailed to the provider prior to the notification described in section (6) of this rule.

OAR 414-175-0060: Reporting changes

(1) A caretaker is required to report a change in circumstances in accordance with the reporting system in which the caretaker participates.
(2) The Department determines the appropriate reporting system.
(3) In addition to any required report form, when a caretaker is required by this division of rules to report a change in circumstances, the report may be made by telephone, office visit, report form, or other written notice.
(4) A change is considered reported effective the date a caretaker or authorized representative reports the information to an Oregon Department of Human Services branch office or within the ONE Applicant Portal.
~~(5) When multiple changes are reported at the same time, they will have the same effective date.~~
(~~6~~**5**) A change reported by a caretaker or authorized representative for one program supported by the ONE Eligibility System is considered reported for all programs in which that caretaker participates.
(~~7~~**6**) A change in employment status is considered to occur as follows:
(a) For a new job, the change occurs the first day of the new job.
(b) For a job separation, the change occurs on the last day of employment.
(~~8~~**7**) A change in source of income is considered to occur as follows:
(a) For earned income, the change occurs upon the receipt by the caretaker of the first paycheck from a new job or the first paycheck reflecting a new rate of pay.
(b) For unearned income, the change occurs the day the caretaker receives the new or changed payment.
(~~9~~**8**) A caretaker must report, orally or in writing, to the Oregon Department of Human Services the following changes within 10 days of occurrence:
(a) A change in employment status.
(b) A change in mailing address or residence.
(c) A change in membership of the filing group.
(d) A member of the filing group is discharged from the U.S. military and returning from active duty in

a military war zone.
(e) A change in income above the 250 percent federal poverty level (FPL) or 85 percent state median income (SMI), whichever is higher, as described in OAR 414-175-0050, that is expected to continue.
(~~10~~**9**) A caretaker must report to the Direct Pay Unit of the Department, orally, or in writing, a change in child care provider.
(~~11~~**10**) A caretaker is not required to report any of the following changes:
(a) Periodic cost-of-living adjustments to the federal Black Lung Program, SSB (Social Security Benefits), SSDI, SSI, and veterans assistance under Title 38 of the United States Code.
(b) Periodic cost-of-living adjustments to ERDC, GA, OSIP, REF, SFPSS, and TANF standards.
(c) Other changes in eligibility criteria based on legislative or regulatory actions.

OAR 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: A child who meets the age requirement of the program and who requires a level of care over and above the norm 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.
(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 an Alternative Pathway program** that is certified by the Child Care Licensing **Division or an Alternative Pathway Program.** ~~Division or participating in the Alternative Pathway program through the Child Care Licensing Division.~~
(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.

Early Learning Council

June 25, 2025

9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
700 Summer St NE, Suite 350
Salem, OR 97301

(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 commute time to and from work or education settings exceeds two hours per day.
(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).

[ED. NOTE: To view attachments referenced in rule text, click here for PDF copy.]

OAR 414-175-0080: Eligibility of Child Care Providers

(1) The Department must approve a child care provider if information available to the Department provides no basis for denying eligibility unless it is determined that the provider or other subject individual (see OAR 125-007-0210, 407-007-0210(12)(a)(K), and 414-061-0030) is not eligible to provide care.
(2) The Department may approve a child care provider who is legally exempt (see section (11) of this rule) as a child care provider for a child (see OAR 461-001-0000) in their household, if all members of the household have an enrollment (see OAR 414-061-0020(18)), conditional enrollment (see OAR 414-061-0020(9)), or limited enrollment (see OAR 414-061-0020(25)(b)) in the Central Background Registry (see OAR 414-061-0000) and all of the following requirements are met:
(a) There is no criminal history consisting of a disqualifying crime listed in 45 CFR 98.43(c).
(b) The household member with the criminal or child abuse and neglect history is a parent (see OAR 461-001-0000) or caretaker relative (see OAR 461-001-0000) of the child needing child care.
(c) The child care is necessary pursuant to OAR 414-175-0023.
(d) The approval for Department payments only applies for the child of the household member, or a child for whom the household member is a caretaker relative.

Early Learning Council

June 25, 2025

9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
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Salem, OR 97301

(3) Ineligibility for payment may result from any of the following and begins on the date of occurrence:
(a) A violation of a requirement under section (7) of this rule. When a provider fails to keep daily attendance records as required under subsection (7)(e) of this rule, the "date of occurrence" begins on the day for which there is no required record.
(b) A finding of "denied".
(A) A provider may be "denied" if they are not enrolled in or are suspended from the Central Background Registry, if they have submitted an application for enrollment in the Central Background Registry that has been denied for cause, or if they have been removed for cause from the Central Background Registry by final order of the Child Care Licensing Division (CCLD) and have not been re-enrolled. A subject individual who has been denied enrollment in the Central Background Registry due to a determination of unsuitability shall not be eligible for enrollment in the Central Background Registry for five years from the date of denial.
(B) A subject individual may appeal CCLD's determination not to enroll the subject individual in the Central Background Registry, for an enrollment, conditional enrollment, or limited enrollment as defined in OAR 414-061-0020(25), pursuant to OAR 414-061-0120.
(c) A finding of "failed".
(A) A provider may be "failed" if the Department determines, based on a specific eligibility requirement and evidence, that a provider does not meet an eligibility requirement of this rule not covered in paragraph (d)(A) of this section.
(B) While the provider is in "failed" status:
(i) The Department does not pay any other child care provider for child care at the "failed" provider's site.
(ii) The Department does not pay a child care provider at another site if the "failed" provider is involved in the child care operation unless the Department determines that the reasons the provider is in "failed" status are not relevant to the new site.
(C) A provider with a status of "failed" may reapply at any time by providing the required documents and information to the Department for review.
(d) A finding of "suspended".
(A) A provider may be "suspended" if the Department determines and provides notice that the provider does not meet an eligibility requirement in the following subsections and paragraphs of section (7) of this rule: (b), (d), (e), (h), (i), (j), (k), (l), (p)(H), (p)(I), (p)(L), (u), or in section (10) of this rule. A provider who has been "suspended" may challenge this status by requesting a contested case hearing.
(B) While the provider is in "suspended" status:
(i) The provider is ineligible for payment for at least six months.
(ii) The Department does not pay any other child care provider for child care at the "suspended" provider's site.
(iii) The Department does not pay a child care provider at another site if the "suspended" provider is involved in the child care operation unless the Department determines that the reasons the provider is in "suspended" status are not relevant to the new site.

(C) A provider with a status of "suspended" may be eligible for payments after the six month ineligibility period ends when the provider has been approved following reapplication, including providing the required documents and information to the Department for review.
(e) The Department has referred an overpayment against the provider for collection and the claim is unsatisfied.
(4) The provider must submit a completed Child Care Provider Listing Form (Form 7494) to the Department within 30 calendar days from the date the Department issues the listing form to the client.
(5) To receive payment or authorization for payment, the provider must comply with at least one of the following subsections:
(a) If the provider is not legally exempt:
(A) Be currently certified or registered with CCLD under ~~OAR 414-205-0000 to 414-205-0170~~ **OAR414-210-0100 through 414-210-1620**, 414-305-0000 to 414-305-1620, 414-310-0100 to 414-310-0720, ~~or~~ **414-320-0100 to 414-320-1620, or** ~~414-350-000 to 414-350-0450~~ **414-360-0100 through 414-360-1620** and be in compliance with the applicable rules;
(B) Complete the Department's listing process; and
(C) Be approved by the Department.
(b) If the provider is legally exempt and a legally exempt relative (see section (11) of this rule):
(A) Complete the Central Background Registry enrollment under OAR 414-061-0090;
(B) Complete the Department's listing process; and
(C) Be approved by the Department.
(c) If the provider is legally exempt and not a legally exempt relative for all children in care:
(A) Meet all CCLD Regulated Subsidy Provider requirements under OAR 414-180-0005 through 414-180-0100;
(B) Submit to and pass a site visit at the location where care will be provided;
(C) Complete the Central Background Registry enrollment under OAR 414-061-0090. For center-based care:
(i) At least one individual must be enrolled in the Central Background Registry; and
(ii) All other subject individuals must be enrolled or conditionally enrolled in the Central Background Registry.
(D) Complete the Department's listing process; and
(E) Be approved by the Department.
(d) In the case of a child care facility licensed by a sovereign tribal nation:
(A) Must receive annual health and safety inspections from the Indian Health Services;
(B) Each individual who may have unsupervised access to a child in care must be enrolled in the Central Background Registry;
(C) Complete the Department's listing process; and
(D) Be approved by the Department.
(6) Each provider and each subject individual must have a history of behavior that indicates no substantial risk to the health or safety of a child in the care of the provider.

Early Learning Council

June 25, 2025

9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
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(7) Each provider must:
(a) Obtain written approval from their certifier or certifier's supervisor if the provider is also certified as a foster parent.
(b) Be 18 years of age or older and meet all of the following:
(A) Be enrolled in and not suspended from the Central Background Registry or be in an approved status by the Department;
(B) Have competence, sound judgment and self-control when working with children; and
(C) Be mentally, physically and emotionally capable of performing duties related to child care.
(c) Not be in the same ERDC or TANF filing group (see OAR 461-110-0330 and 461-110-0350) as the child cared for the parent (see OAR 461-001-0000) of a child in the filing group; or a sibling living in the home of the child.
(d) Allow the Department to visit or inspect the site of care while child care is provided.
(e) Keep and provide daily records as follows:
(A) Attendance records must accurately record the arrival and departure times for each child in care.
(B) Written attendance and billing records for each child receiving child care benefits from the Department must be retained for a minimum of 12 months.
(C) All records of attendance and billing must be provided to the Department upon request.
(D) Records for absent days billed to the Department under OAR 461-155-0150 must record the hours the child was scheduled to be in care and indicate the child was absent.
(f) Be the individual or facility listed as providing the child care.
(g) Only use someone else to supervise a child on a temporary basis if all of the following are met:
(A) The person was included on the most current listing form;
(B) The person is enrolled in the Central Background Registry; and
(C) The provider notified the Direct Pay Unit (DPU).
(h) Not bill a Department client for an amount collected by the Department to recover an overpayment or an amount paid by the Department to a creditor of the provider because of a lien, garnishment, or other legal process.
(i) Report to DPU within five days of occurrence:
(A) Any arrest, indictment, or conviction of any subject individual or individual described in section (5) of this rule.
(B) Any involvement of any subject individual or individual described in section (5) of this rule with CPS; the Office of Training, Investigations and Safety (OTIS); or any other agencies providing child or adult protective services.
(C) Any change to the provider's name or address including any location where care is provided.
(D) The addition of any subject individual.
(E) Any reason the provider no longer meets the requirements under this rule.
(j) Report suspected child abuse of any child in the provider's care to the child abuse and neglect hotline or a law enforcement agency.
(k) Supervise each child in care at all times. This includes being within sight or sound of all children; being aware of what each child is doing; being near enough to children to respond when needed; and

being physically present when kindergarten-age or younger children are playing outside, unless the play area is fully fenced and hazard free.
(l) Prevent any individual who behaves in a manner that may harm children from having access to a child in the care of the provider. This includes anyone under the influence (see section (11) of this rule).
(m) Allow the custodial parent of a child in the provider's care to have immediate access to the child at all times.
(n) Inform a parent of the need to obtain immunizations for a child and have a completed, up-to-date Oregon shot record called the "Certification of Immunization Status" (CIS) form, or a non-medical or medical Exemption form, on file for each child in care.
(o) Take reasonable steps to protect a child in the provider's care from the spread of infectious diseases.
(p) Ensure that the home or facility where care is provided meets all of the following standards**, except certified Outdoor Nature Based programs are not subject to the standards in (7)(p) (A), (C), (J) and (K) below:**
(A) Each floor level used by a child has two usable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a usable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency.
(B) The home or facility has water that is safe for drinking and preparing food (see section (14) of this rule).
(C) The home or facility has a working smoke detector on each floor level and in any area where a child naps.
(D) Each fireplace, space heater, electrical outlet, wood stove, stairway, pool, pond, and any other hazard has a barrier to protect a child. Any gate or barrier may not pose a risk or hazard to any child in care.
(E) Any firearm, ammunition, and other items that may be dangerous to children, including but not limited to 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 are kept in a secure place out of a child's reach.
(F) The building, grounds, any toy, equipment, and furniture are maintained in a clean, sanitary, and hazard-free condition.
(G) The home or facility has a telephone in operating condition.
(H) No one may smoke or carry any lighted smoking instrument, including e-cigarettes or vaporizers, in the home or facility or within ten 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. No one may use smokeless tobacco in the home or facility during child care operational hours or anytime child care children are present. No one may smoke or carry any lighted smoking instrument, including e-cigarettes and vaporizers, or use smokeless tobacco in motor vehicles while child care children are passengers.
(I) No one may consume alcohol or use controlled substances (except legally prescribed and over-the-

counter medications) or marijuana (including medical marijuana) on the premises (see section (11) of this rule) during child care operational hours or anytime child care children are present. No one under the influence of alcohol, controlled substances (except legally prescribed and over-the-counter medications) or marijuana (including medical marijuana) may be on the premises during child care operational hours or anytime child care children are present. No one may consume alcohol or use controlled substances (except legally prescribed and over-the-counter medications) or marijuana (including medical marijuana) in motor vehicles while child care children are passengers.
(J) Is not a half-way house, hotel, motel, shelter, or other temporary housing such as a tent, trailer, or motor home. The restriction in this paragraph does not apply to licensed (registered or certified) care approved in a hotel, motel, or shelter.
(K) Is not a structure –
(i) Designed to be transportable; and
(ii) Not attached to the ground, another structure, or to any utilities system on the same premises.
~~(L) Controlled substances (except lawfully prescribed and over-the-counter medications), marijuana (including medical marijuana, marijuana edibles, and other products containing marijuana), marijuana plants, derivatives, and associated paraphernalia may not be on the premises during child care operational hours or anytime child care children are present.~~
(q) Complete and submit a new listing form every two years, or sooner at the request of the Department, so that the Department may review the provider's eligibility.
(r) Provide evidence of compliance with the Department's administrative rules, upon request of Department staff.
(s) 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.
(t) Place infants to sleep on their backs.
(u) Not 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).
(v) Develop and communicate expulsion and suspension policies to parents and caretakers.
(w) Provide care at a location within the state of Oregon.
(x) Controlled substances (except lawfully prescribed and over-the-counter medications), marijuana (including medical marijuana, marijuana edibles, and other products containing marijuana), marijuana plants, derivatives, and associated paraphernalia may not be on the premises during child care operational hours or anytime child care children are present.

(8) Legally exempt providers must complete the "Introduction to Child Care Health and Safety" two-hour, web-based training prior to Department approval.
(9) Legally exempt providers must complete the two part orientation provided by the Department or a Child Care Resource and Referral agency within 90 days of being approved by the Department if the provider begins providing child care services after June 30, 2010, or resumes providing child care services, after a break of more than one year that began after June 30, 2010.
(10) Child care providers and any individual supervising, transporting, preparing meals, or otherwise

working in the proximity of child care children and those completing daily attendance and billing records shall not be under the influence.
(11) For purposes of these rules:
(a) "Premises" means the home or facility structure and grounds, including indoors and outdoors and space not directly used for child care.
(b) "Under the influence" means observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the individual has used alcohol, any controlled substances (including lawfully prescribed and over-the-counter medications), marijuana (including medical marijuana), or inhalants that impairs their performance of essential job function or creates a direct threat to child care children or others. Examples of abnormal behaviors include, but are not limited to hallucinations, paranoia, or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to slurred speech as well as difficulty walking or performing job activities.
(c) "Legally exempt" means the child care provider is exempt from licensing with the CCLD because the provider is not subject to the licensing requirements under OAR 414-205-0000 to 414-205-0170, OAR 414-350-000 to 414-350-0405, and OAR 414-305-0000 to 414-300-1620.
(d) "Legally exempt relative" means a legally exempt provider who is a relative to all children in care including a great-grandparent, grandparent, aunt, uncle, or sibling not living in the home of any child in care.
(12) Legally exempt providers that are not a legally exempt relative to all children in care must meet all of the requirements in this section:
(a) Before approval by the Department:
(A) Have an up-to-date, in-person infant and child CPR and first aid certification or have a currently valid waiver of this requirement from the Child Care Resource and Referral program.
(B) Complete the Recognizing and Reporting Child Abuse and Neglect (RRCAN) web-based or classroom training.
(b) After approval by the Department:
(A) Complete six hours of ongoing education in each two-year listing period as provided in this subsection. All trainings must be accepted by the Oregon Center for Career Development (OCCD) and be part of the OCCD's 10 Core Knowledge Categories recognized by Oregon Registry Online to count toward the six hours.
(i) Two of the six hours must fall under the "Human Growth and Development" category; and
(ii) Two of the six hours must cover "Understanding & Guiding Behavior".
(B) Complete a Health and Safety training offered by OCCD annually.
(C) Complete the Child Development training offered by OCCD, as follows:
(i) Providers approved on or after October 1, 2022 must complete the training within 90 days of ODHS approval.
(ii) Providers approved before October 1, 2022 must complete the training by December 31, 2022 to remain approved.
(13) Child care centers or programs that are legally exempt from certification or registration with

Early Learning Council

June 25, 2025

9:00 a.m. – 2:00 p.m.

Department of Early Learning and Care
3rd Floor, Grand Ronde Room
700 Summer St NE, Suite 350
Salem, OR 97301

CCLD, are located in a commercial or institutional facility, and receive payment from the Department on behalf of a family receiving a child care subsidy, must comply with the following minimum staff to children in care ratios:
(a) Six weeks through 23 months of age, the minimum number of staff to children is one to four. The maximum number of children in a group is eight.
(b) 24 months through 35 months of age, the minimum number of staff to children is one to five. The maximum number of children in a group is 10.
(c) 36 months of age to attending kindergarten, minimum number of staff to children is one to 10. The maximum number of children in a group is 20.
(d) Attending kindergarten and older, the minimum number of staff to children is one to 15. The maximum number of children in a group is 30.
(e) In a mixed-age group of children, the number of staff and group size shall be determined by the age of the youngest child in the group.
(14) As used in this section, "drinking water faucet or fixture" means any plumbing fixture on the premises used to obtain water for drinking, cooking, preparing infant formula or preparing food. This section only applies to a provider who is legally exempt and not a legally exempt relative. This section applies to legally exempt providers approved to receive Department subsidy payments and who submit a completed Child Care Provider Listing form for Department-approval. This section does not apply to care provided in the child's home when the legally exempt provider lives somewhere else.
(a) In locations where care is provided, lead testing is required for each drinking water faucet or fixture.
(b) Providers must test each drinking water faucet or fixture at least once every six years from the date of the last test. Providers who have had a drinking water faucets or fixture tested within six years prior to the effective date of this rule will need to submit the results to CCLD.
(c) If a home or facility does not use any of the on-site plumbing fixtures to obtain water for drinking, cooking, preparing infant formula, or preparing food, the provider must:
(A) Submit a written statement to the Department or CCLD identifying the alternative source of water and confirming that the provider does not use any on-site plumbing fixtures for drinking, cooking, preparing infant formula, or preparing food; and
(B) Notify the Department or CCLD in writing if the alternative source of water changes.
(d) All sample collection and testing must be in accordance with the Environmental Protection Agency (EPA)'s 3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities, Revised Manual from October 2018, adopted by this reference.
(A) If test results show water from any drinking water faucet or fixture has 15 parts per billion (ppb) or more of lead, the provider must:
(i) Prevent access to that drinking water faucet or fixture immediately after receiving the test results; and
(ii) Continue to prevent access to that drinking water faucet or fixture until mitigation is completed in accordance with paragraph (B) of this subsection.
(B) Following receipt of test results showing that water from any drinking water faucet or fixture has

15 parts per billion (ppb) or more of lead, the provider must comply with all of the following sub-paragraphs:
(i) Submit a corrective action plan to the Department or CCLD for approval within 60 days of receiving the test results. The corrective action plan must identify an appropriate mitigation strategy in accordance with Module 6 of the EPA's 3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities, Revised Manual from October 2018, adopted by this reference.
(ii) Implement the mitigation method within 30 days of approval by CCLD.
(C) A provider who fails to submit a corrective action or a mitigation method is no longer eligible to receive child care subsidy payments.
(e) The provider must keep a copy of the most recent test results on-site at all times.
(f) Providers must follow the routine practices identified in Module 6 of the EPA's 3Ts for Reducing Lead in Drinking Water in Schools and Child Care Facilities, Revised Manual from October 2018.
(15) A child care provider approved to receive payment may become retroactively ineligible for payment starting on the date the provider violates a requirement under this rule, regardless of the date of the finding.
(16) The Oregon Department of Human Services Background Check Unit (BCU) shall retain their authority to determine eligibility for any child care providers whose applications, including incomplete applications, were submitted before September 1, 2022.

OAR 414-175-0085: Direct Provider Payments

(1) The Department makes payments on behalf of eligible individuals to the providers they select to care for their children. The payments are made directly to the provider. To be eligible for payment, a provider must:
(a) Charge individuals receiving ERDC benefits at a rate no higher than the rate charged other customers;
(b) Provide the Department their social security number (SSN) or IRS identification number; and
(c) Meet the requirements of OAR 414-175-0080.
(2) Payments to a provider of an individual receiving ERDC benefits are subject to each of the following limitations:
(a) Before August 1, 2021, payment is made for child care already provided in the ERDC program for all providers except Certified Centers certified by the Office of Child Care who receive payment in advance for anticipated hours a child is in care for the month.
(b) Payment is made for the amount charged to the individual but may not exceed the rate authorized in OAR 414-175-0075.
(c) No payment will be authorized unless the individual has designated a primary provider.
(d) No payment will be made for less than one dollar.
(e) Except as provided otherwise in subsection (f) of this section, a payment is made only for child care provided on or after the date the designated provider has met the requirements to be listed and paid through the Department.

(f) A designated child care provider who the Department approves to be listed and paid through the Department may receive payment for child care provided prior to obtaining Department approval if the provider met the other Department requirements and was licensed under OAR 414-205-0000 to 414-205-0170, 414-350-0000 to 414-350-0405, 414-305-0100 to 414-305-1620, or 414-310-0100 to 414-310-0720.
(g) A caretaker signature is not required on child care billing forms.
(h) A provider caring for an eligible child may receive payment in advance for hours the child is scheduled to be in care for the month.
(i) When a provider is ineligible to receive payment due to a suspension or IPV:
(A) The Department does not pay any other child care provider for child care at the ineligible provider's site.
(B) The Department does not pay a child care provider at another site if the ineligible provider is involved in the child care operation unless the Department determines that the reasons the provider is ineligible are not relevant to the new site.
(3) The Department may issue a payment to an eligible provider during a month for which child care is being provided to meet an unexpected need of the provider related to the care of a covered child. The payment may be made if, without the payment, continued care by the same provider would be jeopardized and the client could not immediately obtain child care from another provider.
(4) Child care providers must submit claims for child care on the appropriate form designated by the Department.
(a) The provider is responsible to obtain the appropriate payment form from the Department and to return the completed form to the Direct Pay Unit of the Department; or
(b) If using the Department tracking system, the provider is responsible to ensure children are checked in and out appropriately and payment requests are submitted through the system.
(5) No payment will be made for:
(a) A paper claim not received by the Department by the last day of the third month after the form was issued unless the Department determines the provider had good cause for not returning the form timely.
(b) An electronic claim if the request is not submitted by the 10th of the month following the month care is provided unless the Department determines the provider has good cause for not submitting the electronic claim timely.
(6) Child care billing forms cannot be issued or reissued more than 12 months from the month that care was provided.