



RF

Instructions for Registered Family Child Care License Application

For questions or information regarding how to complete the Registered Family Child Care License Application, please call 1-800-556-6616 or 503-947-1400; or go to the CCD website at www.childcareinoregon.org

Requirements for New Applications: Steps to complete before submitting the application

- Adults are enrolled in the Criminal History Registry (CHR) as required in OAR 414-205-0040(2)(a)&(b)
- Attended the Family Child Care Overview session
- Current certification in first aid (front and back of card)
- Current certification for infant and child cardiopulmonary resuscitation (front and back of card)
- Current food handler card
- Completed two hours of training in Recognizing and Reporting Child Abuse and Neglect

Requirements for Reopen Applications:

NOTE: If you are moving or have moved, your license is non-transferable and will not be valid at the new address. It is recommended that you submit an application at least 30 days prior to the move

- Adults are enrolled in the Criminal History Registry (CHR) as required in OAR 414-205-0040(2)(a)&(b)
- Current certification in first aid (front and back of card)
- Current certification for infant and child cardiopulmonary resuscitation (front and back of card)
- Current food handler card
- Completed eight hours of prorated training required for all reopen applicants whose license closed or expired January 1st, 2002 or later. Refer to RF-201, "Criteria for Meeting the 8-Hour Training Requirement" for further information

Requirements for Renewal Applications: Applicants whose license is due to expire within 120 days

- Adults are enrolled in the Criminal History Registry (CHR) as required in OAR 414-205-0040(2)(a)&(b)
- Current certification in first aid (front and back of card)
- Current certification for infant and child cardiopulmonary resuscitation (front and back of card)
- Current food handler certification
- Completed a minimum of eight hours of training related to child care. Training must have been completed during the preceding 2-year licensing period. Refer to RF-201, "Criteria for Meeting the 8-Hour Training Requirement" for further information

Fee (DO NOT SEND CASH):

- Application process fee: \$30.00 (non-refundable)
- Provide proof of income documentation (copies of tax forms, paycheck stubs, or government assistance records) with application requirements if income is below 100% of the federal poverty level in order to qualify for the reduced application fee of \$15.00. Refer to RF-266A, Federal Family Poverty Level Table to verify annual family income level

Application Checklist:

Before submitting your application for Registered Family Child Care to the Division, complete the following checklist

Failure to submit a complete application will delay processing

- Submit \$30.00 application fee. Check or money order are accepted.
- Submit copies of required training: first aid, CPR (front and back of both cards) food handler's card, certificate of attendance of a Recognizing and Reporting Child Abuse and Neglect training, certificate of attendance for provider Overview training, and certificates of attendance for applicable hours of child care-related training (requirements according to type of RF application). Do not send original training documents.
- Mail application with original signature to: **Child Care Division Unit 22
PO Box 4395
Portland OR 97208-4395**

Retain for Your Files

- Child Care Division RF-200 "Rules for Registered Family Child Care Homes"
- Copies of application and training materials for future reference



RF

Application for Registered Family Child Care License

Instructions: Please print clearly using only blue or black ink. Send with other forms to the address on the back. Refer to instructions for a list of application requirements.

NOTE: \$10.00 of application fee will be used to support the Oregon Family Child Care Network

Section 1: Application Type and Fee (fee is non-refundable) Application Fee: \$30.00

RF License Number:

NOTE: Provide proof of income documentation with application requirements for income level that is below 100% of the federal poverty level (see page one for instructions) to qualify for the reduced application fee of \$15.00

- RF license options: New- no previous RF license, Renew - license to expire in 120 days, Reopen- closed or expired license, Reopen- address change Move date:

Section 2: Registered Family Child Care Information

Business Name (if applicable):

Form fields for Provider Name (Last, First, Middle), Physical Address, Mailing Address, Phone No, Fax, Email, City, Zip Code, State, County.

Section 3: Preferred Language NOTE: Not all materials are available in other languages

- Language options: English, Spanish, Vietnamese, Russian, Chinese, Other

Section 4: Foster Care License

Are you licensed as a foster care provider? YES NO

Section 5: Provider, Other Adults in home, Substitute Caregivers, and/or Frequent Visitors (age 18 years or older)

NOTE: Use additional page if needed

List all individuals age 18 years or older that reside in the provider's home, or who may have unsupervised contact with children. Adults must be enrolled in the Criminal History Registry (form CHR-601) as required by OAR 414-205-0040(2)(a)&(b)

Table with 7 columns: Name, DOB, CHR Number, CHR Exp Date, Live in Home, Relationship. Rows 1-5.

Section 6: All Children Living in Home (under 18 years of age) NOTE: use additional page if needed

Table with 7 columns: Name, Date of Birth, Gender. Rows 1-5.

Continued on back (signature and date required)

For CCD Representative to Complete

Form fields for CCD Representative: HSR Requested, License Start/End Dates, RF Number, Close Date, Closure Reason, Date Reinstated, C&C, Intake Initials, Continue Process, Other, CS Initials.

Read Before Signing This Application

Please read the following statements carefully. Your signature on this form indicates that you understand and agree to meet the requirements in the Rules for Registered Family Child Care (OAR 414-205-0000 through 414-205-0170).

- I understand that if CCD receives a complaint regarding child care in my home, CCD may conduct an on-site investigation (OAR 414-205-0160).
- I understand that CCD may request more information to assess my ability to care for children or to assess the suitability of other adults to be in my home (OAR 414-205-0040).
- I understand that if I do not comply with the regulations, I can be fined \$100.00 for each violation found to be of my responsibility, and my license can be suspended or revoked (OAR 414-205-0170).

The information I have provided on this application is true and complete to the best of my knowledge. I will give true and correct information in all my contacts with CCD. I understand that acceptance of this application does not obligate CCD to license my home.

Applicant's Signature

The information in this application is true and complete to the best of my knowledge. I have read the rules for registered family child care and the information above. I understand their content and agree to comply with all requirements.

Applicant's Signature

Date:

Preparer's Signature

I have read the front and back of this form to the applicant. The applicant has told me that he/she understands its contents and agrees to meet the license requirements.

Preparer Signature

Date:

Preparer Agency

Preparer Phone Number

Mail signed, completed application & fee to:

**Child Care Division Unit 22
PO Box 4395
Portland OR 97208-4395
503-947-1400 1-800-556-6616**

WorkSource Oregon Employment Department is an equal opportunity program/employer. The following services are free of cost and available to individuals with disabilities upon request: Auxiliary aids or services, alternate formats and language assistance for individuals with limited English proficiency. To request these services contact your local WorkSource Oregon Center for assistance.

WorkSource Oregon Departamento de Empleo es un programa/empleador que respeta la igualdad de oportunidades. Disponemos de los siguientes servicios para personas con discapacidades a pedido y si costo: Servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con conocimiento limitado del ingles. Para solicitar dichos servicios, contáctese con el Centro WorkSource Oregon más cercano a su area.