

Child Care Provider Listing Form

Parent: Give this form to your child care provider immediately.

Instructions to provider — *Keep this page for your records.*

1. Please answer completely and sign the attached Child Care Provider Listing form.
 - ▶ Use black or blue ink and print clearly
2. Providers who are exempt from licensing with the Office of Child Care (OCC) are required to take the Introduction to the Child Care Health and Safety training before submitting this form.

See question 16A on the listing form for additional information. Go to the website: www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx to complete this online training. This training is in addition to any other trainings that you may have taken.

- ▶ If you are not related to a child in care, a visit to the home/facility where care is provided is required before becoming approved as a child care provider.
 - ▶ Other trainings may also be required. See *Section A* of this form for more information.
3. Contact Direct Pay Unit (DPU) for questions at: 1-800-699-9074 (*toll free*) or 503-378-5500 (*Salem area*).
 4. Return the attached form within 30 days from the date issued in the “*DHS branch Use Only*” section.
Mail the completed form to: DPU at P.O. Box 14850, Salem, OR 97309-0850 **or** fax to 503-378-5953.

Important information

The Department of Human Services (DHS) helps pay child care costs for families receiving assistance. Providers are only eligible for payment for care provided on or after the date the listing is approved by DHS. DHS will not pay for any care provided before the listing is approved.

- Providers are required to meet all DHS standards and provider requirements in order to be eligible for payment from DHS. For full standards and requirements, see the *Child Care Provider Guide* (DHS 7492) or visit: www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx.
- DHS conducts FBI fingerprint background checks for child care providers exempt from licensing by the Office of Child Care (OCC).
 - Criminal and child protective service records checks are required for the provider, any member of the household who is age 16 or older, any visitors to the home who may have unsupervised access to a child in care, the site director and each employee who may have unsupervised access to a child in care.
 - A visitor is someone who may spend time at the provider’s home during the time child care is provided but does not live in the home. This is likely when the provider needs to visit another area of the home (*bathroom, bedrooms, kitchen*), leaving the visitor an opportunity for unsupervised access to children.
 - Persons who have lived in the state for less than 5 years will require additional child welfare, sex offender and criminal interstate checks.
- This is not a billing form. You will be mailed a billing form if you are approved by DHS to receive payment as a child care provider and the parent is eligible for child care assistance.
- The family may also be responsible to pay for some of the care, including the first month of care.
- If there is more than one provider for a child, each provider will be assigned a percentage of the hours for each month.

For more information regarding child care go to DHS child care information website: www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx.

Child Care Providers – *Keep this page for your records*

Important Contacts:

- **Direct Pay Unit (DPU)** P. O. Box 14850, Salem, OR 97309-0850, 1-800-699-9074 (*toll free*) or 503-378-5500 (*Salem area*)
 - **Child Care Resource and Referral Centralized Coordination:** 1-800-342-6712 (*toll free*)
 - **211info:** dial 211 or text the keyword *children* to 898211 or email children@211.org
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Report changes to Direct Pay Unit within five (5) days by calling 1-800-699-9074, 503-378-5500 or email DPU.PROVIDERREPORTING@STATE.OR.US:

- Any change to the provider's name, phone number or address including any location where care is provided;
 - Any new person (*age 16 and older*) in the home or facility, including visitors to the home during the hours care is provided who may have unsupervised access to the children in care;
 - Any new arrests, convictions or involvement with Child Protective Services (*Child Welfare*) or any other agencies providing child or adult protective services by any of the following:
 - You;
 - Any person living with you age 16 and older;
 - Visitors;
 - Each individual used to supervise a child in the providers absence;
 - The site director of an exempt child care facility and each employee of the facility who may have unsupervised access to a child in care; and
 - Any other person required to be on the listing form.
 - If I am now licensed with OCC or have changed my license type with OCC;
 - If I am no longer licensed with OCC;
 - If I no longer meet DHS provider requirements including health and safety requirements;
 - If I am now a home care worker for any Aging and People with Disabilities programs or personal support worker through any Intellectual and Developmental Disability (IDD) or Addictions and Mental Health programs;
 - If I am a home care worker or personal support worker I will notify DPU if any changes occur with the type of care I provide or if clients have been added to my care.
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For frequently asked questions and full standards and requirements, see the *Child Care Provider Guide* (DHS 7492) or visit: www.oregon.gov/dhs/assistance/CHILD-CARE/pages/index.aspx

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DHS 7494d (01/17) recycle prior versions

Section A. Provider Requirements — Trainings and Home/Facility Visit

Child care providers not legally required to be licensed (license exempt) with the Oregon’s Early Learning Division Office of Child Care (OCC) have **new trainings and a home/facility visit that must be done before being listed and approved** with the Department of Human Services (DHS).

These requirements are for **license exempt providers who are NOT related** to a child in care. These providers are called, **Regulated Subsidy** child care providers. The federal definition of a **relative is:**

- Grandparent
- Great-grandparent
- Aunt
- Uncle
- Sibling not living in the home of the child.

If you are a relative, you will **not** be required to meet the new requirements.

If you are not related to a child in care, all requirements must be met before final approval by DHS.

Home/Facility Visits
The **first visit before approval by DHS and the yearly visits** will be done by OCC.
Visits will be done at the home/facility where child care is being provided, this includes care that is provided in the home of the child. The OCC staff person will be checking to make sure the site meets all *health and safety requirements* as required by the Early Learning Division and DHS. They also will talk with you about concerns or questions you have, and share resources or training material.

Health and safety requirements for Regulated Subsidy providers can be found at:

- The OCC website, www.childcareinoregon.org
- Questions 15, 16(a)(b)(c)(d)(e) of this form.

After DHS has looked at your provider listing form and can see all trainings have been completed, an OCC staff person will contact you to schedule a visit to the site where child care will be done.

Trainings

Trainings that must be taken before DHS approval are (See Section 16.(A) and (B) of this form):

- *Introduction Child Care Health and Safety Training (Online)*
- *Recognizing and Reporting Child Abuse and Neglect (Online)*
- *Infant Toddler CPR/First Aid Training*

Regulated Subsidy providers must complete required trainings before they are eligible to receive payment. If you are unable to take the Infant Toddler CPR/First Aid class before being approved, you may be eligible for a short term waiver.

Contact your local Child Care Resource and Referral (CCR&R) to schedule trainings and for more information about the waiver process. For a list of CCR&R offices, go to www.oregonccrr.com, call 1-800-342-6712, or see your DHS **Child Care Provider Guide** (DHS 7492).

Attach your Infant, Toddler CPR/First Aid card to this form if you previously have taken this training.

Training required within 90 days of approval with DHS:

- *DHS Orientation*

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Child Care Provider Listing

Mail this form to:

Direct Pay Unit, P.O. Box 14850, Salem, OR 97309-0850

or fax to: 503-378-5953.

Questions call: 1-800-699-9074 (toll free) or 503-378-5500 (Salem area)

DHS branch use only

PRE-LIST

DPU	DPU worker:	Provider number:	Notes:
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Child care provider section — use blue or black ink

1. Name as it appears on IRS records:	2. Social Security number or IRS number:	3. Email:
4. Name you want printed on the check:	5. Address where you provide child care*: City: State: ZIP:	
6. Phone number (including area code):	7. Address where you live: City: State: ZIP:	
8. What language do you prefer?	9. Mailing address (if different): City: State: ZIP:	

***Note:** If you provide child care at more than one address, attach a separate sheet of letter-sized paper with the additional addresses.

10. **Ethnicity:** Hispanic/Latino Not Hispanic/Latino
Racial heritage: Asian White Black or African American
 American Indian/Alaska Native Native Hawaiian/Pacific Islander

You can choose not to give your ethnic group and racial heritage information. It will not affect your provider status.

11. Is the home where care is being provided foster care certified? (*This applies if you provide care in your own home*) Yes No **If yes, you must attach a letter from the DHS foster care certifier approving you to do child care in that home or your listing will be failed.**

- 12 a) Are you working or approved to be a homecare worker through any Aging and People with Disabilities (APD) programs? Yes No
 If yes to (12a), write your provider number here: _____ and attach your *Provider Service Agreement*.

- b) Are you working or approved to be a personal support worker through any Intellectual and Development Disability (I/DD) or Addictions and Mental Health (AMH) programs? Yes No
 If yes to (12b), write your provider number here: _____ and attach your *Provider Service Agreement*.

If you marked yes to either 12a or 12b, attach a separate sheet of letter-sized paper with your work schedules (days/times) for each type of care you will be providing, including the child care schedule. The listing form is considered incomplete and will be returned if schedules are not attached.

Additional information maybe requested in order to determine child care provider eligibility.

13. Check this box if you provide child care **in the home where the child lives.**

14. List the children of the DHS families who will be in your care. (Attach additional sheets if necessary.)

Child's name (first and last)	Birth date	Mark the appropriate box if you meet one of the following relations to the child*:		
		<input type="checkbox"/> Grandparent	<input type="checkbox"/> Great grandparent	<input type="checkbox"/> Sibling
		<input type="checkbox"/> Aunt or Uncle (do not include great)		<input type="checkbox"/> Not related
		<input type="checkbox"/> Grandparent	<input type="checkbox"/> Great grandparent	<input type="checkbox"/> Sibling
		<input type="checkbox"/> Aunt or Uncle (do not include great)		<input type="checkbox"/> Not related
		<input type="checkbox"/> Grandparent	<input type="checkbox"/> Great grandparent	<input type="checkbox"/> Sibling
		<input type="checkbox"/> Aunt or Uncle (do not include great)		<input type="checkbox"/> Not related

*Relationships must be established by blood, adoption or marriage. Those relationships established before the child was adopted are included. Relationships established by marriage continue even if the marriage ends by death.

All child care providers are required to answer the Basic Provider Requirements and Health and Safety Requirements.

15. Basic Provider Requirements	Do you meet requirements?
If required by law, I will be licensed with the Office of Child Care (OCC). Information about who is exempt from licensing can be obtained by calling OCC at 503-947-1400 or 1-800-556-6616 or you may go to the OCC website at www.childcareinoregon.org .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am age 18 or over and understand that I am legally responsible for the accuracy of this form and responsible to repay any payment made in error.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am the actual person or facility providing care for the children.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am in such physical and mental health as will not harmfully affect the ability to meet the needs of safety, health and well-being of a child in care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark yes if you are not the parent, stepparent, legal guardian of the child, or on the same <i>Temporary Assistance to Needy Families</i> (TANF) case or <i>Employment Related Day Care</i> (ERDC) case as the child; OR Mark no if you do not meet this requirement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark yes if you meet this requirement. Provider cannot be a sibling and living in the same household of the child. If you are a sibling living in the same household with the child, Mark no you do not meet this requirement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark yes if you do 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); OR Mark no if you do hold a medical marijuana card, or distribute, grow or use marijuana or any controlled substance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will provide healthy, safe and dependable child care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will keep billing records and daily attendance records that show the check in and check out times each day for each child in care. The attendance records must be kept for at least one year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will allow DHS to review billing records and attendance records. I understand that I will incur an overpayment when attendance records are not submitted upon request to verify.	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. continued...

15. Basic Provider Requirements	Do you meet requirements?
I will treat DHS families the same as other families including charging DHS families the same rate (<i>or less</i>) than I normally charge non DHS families.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to develop a policy for removal and suspension of a child from the child care setting and communicate this policy to parents/caretakers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to complete the DHS Child Care Orientation class within 90 days of being approved with DHS if I am not required to be licensed with OCC, am a new provider, or am relisting after a break of one year or more.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will allow DHS to inspect the site of care during the hours child care is provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will provide proof that I meet the DHS requirements when requested.	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. A) Required Health and Safety Training — Must be completed before turning in this form.
Your listing form will not be processed and will be returned to you until the training is complete.
If you are a Licensed provider with OCC you do not need to complete this section, skip to 16C.

If you are **not required to be licensed with OCC**, you are required to take the online Introduction to Child Care Health and Safety (ICCHS) before submitting this Provider Listing form. This training is called Introduction to Child Care Health and Safety (ICCHS) and is located online at:
www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx.

<p>I have completed the online <i>Introduction to Child Care Health and Safety</i> (ICCHS) training. If you marked “yes”, no other action is required, notification of completion is automatically sent to DHS.</p> <p>If you marked “no”, you will need to take the required online Introduction to Child Care Health and Safety training before this form is processed. Go to: www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx. OR Contact your local Child Care Resource and Referral (CCR&R) office for assistance at: http://triwou.org/projects/fcco/sdamap You may also contact Direct Pay Unit at 1-800-699-9074 for more information.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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16. B) Regulated Subsidy Provider Pre-service training — Must be completed before turning in this form (*see Section A for more information*). **Your listing form will not be processed and will be returned to you until the training(s) are complete — If you are related to a child in care or you are licensed with OCC** you do not need to complete this section, skip to 16. C

<p>I have completed the online Recognizing and Reporting Child Abuse and Neglect training (RRCAN). If you marked “yes”, no other action is required.</p> <p>If you marked “no”, you will need to take this required training before this form is processed. Go to: www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I have completed the Infant & Toddler CPR/ First Aid Training.</p> <p>If you marked “yes”, no other action is required.</p> <p>If you marked “no”, you will need to take this required training before this form is processed.</p> <p>Go to: www.oregon.gov/dhs/assistance/CHILD-CARE/Pages/training.aspx. OR Contact your local Child Care Resource and Referral (CCR&R) office for assistance at: http://triwou.org/projects/fcco/sdamap</p> <p>If you have a CPR/First Aid waiver number, write it here: _____ See <i>Section A</i> of this form for more information. This waiver is for Regulated Subsidy providers only who have contacted the CCR&R Office regarding the Infant, Toddler CPR/First Aid Class.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. C) Health and Safety Requirements. If you are not required to be licensed with OCC and you check “No” to any of the questions in **16. C) below**, we will contact you on how to get help meeting these requirements. You must meet the requirements within 30 days or your listing will not be approved.

16. C) Requirements for the home/facility (<i>All child care providers are required to answer this section.</i>)	Does your home/facility meet requirements?
Each floor used by children has two usable outdoor exits (<i>this can include a sliding door or window that can be used to evacuate children</i>). If there is a second floor used for child care, there is a written plan for evacuating children.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has water that is safe to drink.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a working smoke detector on each floor and in each area where children nap.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The building, grounds, toys, equipment and furniture are kept clean, sanitary and hazard free.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a working telephone (<i>phone number must be indicated in question 6</i>).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireplaces, space heaters, electric outlets, wood stoves, stairways, pools, ponds and other hazards have barriers to protect children. All gates and enclosures may not pose a risk or hazard to any child in care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firearms, 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. D) Additional home/facility requirements (<i>All child care providers are required to answer this section.</i>)	Does your home/facility meet requirements?
<p>Mark yes (<i>I meet the requirement</i>) if no one smokes or carries any lighted smoking instrument, including e-cigarettes and vaporizers:</p> <ul style="list-style-type: none"> • 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; and • In motor vehicles when child care children are passengers; OR <p>Mark no — I do not meet the requirement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Mark yes (<i>I meet the requirement</i>) if no one uses smokeless tobacco:</p> <ul style="list-style-type: none"> • In the home or facility during child care operational hours or anytime child care children are present; and • In motor vehicles when child care children are passengers; OR <p>Mark no — I do not meet the requirement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Mark yes (<i>I meet the requirement</i>) if no one under the influence of alcohol, controlled substances (<i>except legally prescribed and over-the-counter medications</i>) or marijuana (<i>including medical marijuana</i>) is on the premises during child care operational hours or anytime child care children are present; OR</p> <p>Mark no — I do not meet the requirement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Mark yes (<i>I meet the requirement</i>) if no one consumes alcohol or uses controlled substances (<i>except legally prescribed and over-the-counter medications</i>) or marijuana (<i>including medical marijuana</i>) in motor vehicles while child care children are passengers; OR</p> <p>Mark no — I do not meet the requirement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. D) Additional home/facility requirements <i>(All child care providers are required to answer this section.)</i>	Does your home/facility meet requirements?
Mark yes (I meet the requirement) if controlled substances (<i>except lawfully prescribed and over-the-counter medications</i>), marijuana (<i>including medical marijuana, marijuana edibles, and other products containing marijuana</i>), marijuana plants, derivatives, and associated paraphernalia are not on the premises during child care operational hours or anytime child care children are present; OR Mark no — I do not meet the requirement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark yes (I meet the requirement) if child care is not conducted in a halfway house, hotel, motel, shelter or other temporary housing such as a tent, trailer or motor home. Licensed (<i>registered or certified</i>) care approved in a hotel, motel or shelter is allowed; OR Mark no — I do not meet the requirement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark yes (I meet the requirement) if child care is not conducted in a structure that is designed to be transportable and not attached to the ground, another structure or to any utilities on the same premises; OR Mark no — I do not meet the requirement.	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. E) Additional Health and Safety Requirements? <i>(All child care providers are required to answer this section)</i>	Do you meet requirements?
I will supervise children in care at all times.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child care providers and any person supervising, transporting, preparing meals, or otherwise working in the proximity of child care children and those completing daily attendance and billing records are not under the influence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will prevent people who behave in a manner that may harm children from having access to children in care. This includes anyone under the influence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will report suspected child abuse of any child in care to a DHS Child Protective Services (CPS) Office (<i>Child Welfare</i>) or a law enforcement agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will review the immunization schedule with parents and keep immunization records up-to-date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will take steps to prevent the spread of infectious diseases.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will allow custodial parents to have immediate access at all times to their children who are in care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will comply with state and federal laws related to child safety systems and seat belts in vehicles, bicycle safety and crib standards under 16 CFR 1219 and 1220.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will place infants to sleep on their backs.	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Check this box if you are currently licensed with the Office of Child Care (OCC).
Write your OCC license number here: _____.

18. Check this box if you are a **Child Care Facility** that is exempt from licensing with the OCC.

Continue to section 19...

19.Provider Agreement: Read and sign below. (All child care providers are required to answer this section.)

See the *DHS Child Care Provider Guide (DHS 7492)* for complete information or check our website at <https://apps.state.or.us/Forms/Served/de7492.pdf>. If you need a guide, contact DPU at 1-800-699-9074 (toll free) or 503-378-5500 (Salem area).

I agree to the following:

I will report any of the following changes to DPU within 5 days by calling 1-800-699-9074, 503-378-5500 or by email at DPU.PROVIDERREPORTING@STATE.OR.US:

- Any change to my name, phone number or address including any location where care is provided;
- Any new person (*age 16 and older*) in the home or facility, including visitors to the home during the hours care is provided who may have unsupervised access to the children in care;
- Any new arrests, convictions or involvement with Child Protective Services (*Child Welfare*) **Or** any other agencies providing child or adult protective services by any of the following:
 - Myself;
 - Any person living with me age 16* and older;
 - Visitors;
 - Each individual used to supervise a child in the providers absence;
 - The site director of an exempt child care facility and each employee of the facility who may have unsupervised access to a child in care; and
 - Any other person required to be on the listing form.
- If I am now licensed with the OCC or have changed my license type with OCC;
- If I am no longer licensed with OCC;
- If I no longer meet DHS provider requirements including Health & Safety Requirements;
- If I am now a home care worker for any Aging and People with Disabilities programs or personal support worker through any Intellectual Development Disability or Addictions and Mental Health programs;
- If I am a home care worker or personal support worker I will notify DPU if any changes occur with the type of care I provide or if clients have been added to my care.

Yes No

I agree with the provider requirements listed in this Child Care Provider Listing form and in the Child Care Provider Guide (DHS 7492).

Yes No

I have read the Child Care Provider Guide (DHS 7492) and understand what is required of me as a child care provider.

Yes No

I understand that making false statements or hiding information may subject me to state or federal penalties.

Yes No

I affirm, under penalty of perjury, that I have given true and complete information and my name and Social Security number or IRS identification number is valid and correct.

Yes No

I affirm, under the penalty of perjury, that I have reported criminal history and child protective services (*Child Welfare*) information completely, and will repay all payments if I do not disclose this information.

Yes No

I understand that my child care provider status with the DHS may be disclosed to other departments within the State of Oregon.

Yes No

If I choose to be a member of a provider union, I understand that deductions of dues may be made from my payments.

Yes No

Provider or Director signature

Date

Print name of Provider or Director

Continue to section 20...

20. Background checks — Read and complete. This form will be returned as incomplete if there is any missing information. Providers who are licensed with OCC do not need to answer this section.

Who must complete and sign this section (*question 20*):

- Provider;
- All household members (*age 16 or older*). This includes the parent of the child you are providing care for if you live together;
- Substitute or back up providers;
- Any visitors who may have unsupervised access to a child in care. Unsupervised access applies to most visitors in the provider's home during child care hours. A visitor is likely to have an opportunity for unsupervised access to children in care when the provider needs to visit another area of the home (*bathroom, kitchen or other areas where children nap*).
- If you provide care in the child's home and you live somewhere else, only you, the provider, must complete and sign this question (*question 20*).
- Site director of a facility exempt from licensing with OCC under regulation under ORS329A.250 and all employees who may have unsupervised access to a child in care.

By signing this form, you authorize DHS, the state court system and other agencies to disclose information and communicate for the direct and limited purpose to determine and review eligibility as a DHS provider.

- **Each person** must pass a criminal history and abuse history check.
- **Providers must make sure that everyone required to sign the form provide complete and accurate information.** You will be placed in failed status for not meeting eligibility if you fail to include a person, or if anyone on the listing form does not provide complete information regarding criminal history (*arrests/charges/convictions*) and/or child/adult protective service history. If this occurs you will not be eligible for payment and you may incur an overpayment.
- **I understand that a Federal Bureau of Investigation (FBI) background check will be completed on me and on any of the individuals listed in this section. Each background check may include:**
 - **An Oregon criminal records check;**
 - **A fingerprint-based national criminal records check through the FBI;**
 - **An Oregon abuse history check;**
 - **An abuse history check for all states in which the listed individual lived within the last 5 years;**
 - **Persons who have lived in the state for less than 5 years will require additional child welfare, sex offender and criminal interstate checks;**
 - **Court records, juvenile records, police investigations, abuse investigations, and other documentation as needed to complete the fitness determination.**

The signatures of the listed individuals and myself authorize the Background Check Unit (BCU) to process these background checks, and to request and receive any juvenile, police, court, or investigation reports needed. In the event potentially disqualifying abuse is discovered, I may be notified at the address or email I have given to provide additional information.

My submission of this form with my signature authorizes BCU to release information given in this background check request or position information to any criminal justice agency or investigative body as needed for investigation, outstanding warrants or supervision requirements.

The signatures of the listed individuals and myself authorize the Department of Human Services (DHS) to release any abuse and neglect information, provider enrollment records, and any other required information between provider enrollment units of the DHS and Oregon Health Authority (OHA).

I understand that any listed individuals and I must disclose history of:

- All arrests, charges, adjudications and convictions;
- Allegations of abuse or neglect and any involvement with Child Protective Services (*Child Welfare*) or any other agencies providing child or adult protective services.

Section 20 continued...

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Failure to disclose all information required may lead to background check closure or denial, either of which will result in my not being approved as a child care provider. I understand that I have to report to the Direct Pay Unit any new criminal history or abuse regarding any listed individual or myself within 5 days. (See #19 for more information)

I understand the background check on myself or any listed individuals may be repeated while I remain an active, failed or suspended provider.

**20. Child care provider, complete this box (or site director for a facility).
Please print clearly and sign. (Providers currently licensed by OCC do not need to complete this section.)**

Name (last, first, M.I.):	Other names used:	Authorizing signature:	
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Driver license number or ID number/state:	Birth date:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number (if none, write N/A):
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Have you lived outside Oregon in the last 5 years? Yes, list state(s): _____ No
 Have you ever had criminal arrests, conviction(s)? Yes No
 Have you ever had involvement with Child Protective Services (*Child Welfare*) or any other agencies providing child or adult protective services at any time? Yes No
If any of the boxes are checked yes, attach a separate sheet of letter-sized paper explaining all past and current history. Include each incident, date and location.

Household members age 16 and older, all other employee/volunteers and visitors (see information sheet) complete this section. Each person who is required to have a background check will need to answer the questions and sign. If you need more space, attach additional sheets of paper to this form.

Name (last, first, M.I.):	Other names used:	Authorizing signature:	
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Driver license number or ID number/state:	Birth date:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number (if none, write N/A):
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I am a (check one): Household member Visitor Employee/volunteer
 Have you lived outside Oregon in the last 5 years? Yes, list state(s): _____ No
 Have you ever had criminal arrests, conviction(s)? Yes No
 Have you ever had involvement with Child Protective Services (*Child Welfare*) or any other agencies providing child or adult protective services at any time? Yes No
If any of the boxes are checked yes, attach a separate sheet of letter-sized paper explaining all past and current history. Include each incident, date and location.

Name (last, first, M.I.):	Other names used:	Authorizing signature:	
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Driver license number or ID number/state:	Birth date:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number (if none, write N/A):
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I am a (check one): Household member Visitor Employee/volunteer
 Have you lived outside Oregon in the last 5 years? Yes, list state(s): _____ No
 Have you ever had criminal arrests, conviction(s)? Yes No
 Have you ever had involvement with Child Protective Services (*Child Welfare*) or any other agencies providing child or adult protective services at any time? Yes No
If any of the boxes are checked yes, attach a separate sheet of letter-sized paper explaining all past and current history. Include each incident, date and location.

To help ensure payments are timely, please review the most common reasons forms are incomplete.

Please double check the listing form and check off as complete.

- Completed Introduction to Child Care Health and Safety training (*if required, do not turn form in if training has not been completed*) (*see question 16a*)
- Completed the required trainings (*Regulated Subsidy Providers*)
- The form is complete and answers are clearly printed
- If question 11 is marked yes, I have attached the letter from the DHS foster care certifier
- If question 12a or question 12b is marked yes, I have attached my work schedules and my child care schedule
- I have answered the basic provider and health and safety requirements in question 15 and question 16
- I completed, signed and dated question 19
- I answered all questions in question 20 and have attached any criminal or CPS involvement that is needed (*Does not apply to licensed providers*)
- Print the form (*all 9 pages*) if this is an electronic version
- I signed question 20 (*Does not apply to licensed providers*)
- Others (***required to complete background checks***) answered all questions in question 20 and have attached any criminal or CPS involvement that is needed (*Does not apply to licensed providers*)
- Others signed question 20 (*Does not apply to licensed providers*)
- Mail this form to: DPU, P.O. Box 14850, Salem OR 97309-0850 or fax to DPU at: 503-378-5953

**Call DPU if you have any questions regarding the completion of this form.
1-800-699-9074 (toll free) or 503-378-5500 (Salem).**