



## School Age Child Care Center RULES ADVISORY COMMITTEE APPLICATION



***Thank you for your interest in the School Age Child Care Center Rules Advisory Committee!*** The Early Learning Council must adopt rules to govern child care for school age children. This RAC will help develop and shape rule language to carry out implementation and promulgation of the school age rule set and positively impact organizations across Oregon.

### **WHAT IS A RULES ADVISORY COMMITTEE?**

A Rules Advisory Committee (RAC) is a group of internal and external partners who come together to help implement rules in response to new or updated legislation. RACs are composed of state agency staff and members of groups impacted by rulemaking.

For this School Age Child Care RAC, we are seeking a diverse group of individuals interacting in the program. Diversity of voice includes, but is not limited to, race, ethnicity, socioeconomic status, geographic location, English language proficiency. We are also looking for individuals representing culturally specific organizations (CSOs) providing or interested in providing their input into the development of the school age rule set. Those chosen to participate in this RAC will be individuals who are able to represent a broad perspective of various populations served. Participants will be reimbursed for their time dedicated to this RAC.

To apply, simply complete the RAC application attached to this form and send it along in PDF form to [kelly.scales@ode.oregon.gov](mailto:kelly.scales@ode.oregon.gov) OR mail copies of documents to Rules Advisory Committees C/O ELD, 700 Summer St NE Suite #350, Salem, OR 97301. For consideration, all applications should be received by **March 18, 2022**.

### **WHEN AND WHERE IS IT?**

There will be between four and six meetings of the School Age Child Care RAC held over the course of two months. Four meetings will be required; we will only go beyond the four meetings if we have not developed the finalized rule recommendation. The meetings will be held virtually. Scheduling will be finalized with the RAC participants.

### **ADDITIONAL QUESTIONS?**

Feel free to contact Kelly Scales at (971) 304-4001 OR [kelly.scales@ode.oregon.gov](mailto:kelly.scales@ode.oregon.gov). We look forward to working with you!



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This form is an application for a Rules Advisory Committee (RAC) informing the Early Learning Division. To complete your application packet, please return this form to the Division's office. You must be an Oregon resident to apply unless otherwise noted. Please contact Kelly Scales at (971) 304-4001 or [Kelly.scales@ode.oregon.gov](mailto:Kelly.scales@ode.oregon.gov) if you have any questions.

<b>Options to Return Application Packet:</b>	
<b>Mail:</b> Rules Advisory Committees C/O ELD, 700 Summer Street NE, Suite 350, Salem, OR 97301	
<b>Email:</b> <a href="mailto:Kelly.scales@ode.oregon.gov">Kelly.scales@ode.oregon.gov</a> ( <i>all attachments as PDFs</i> )	
<b>Note:</b> This application is subject to the Public Records Act and may be disclosed upon request. Personal information will be redacted.	
Organization / Company: _____	
Stakeholder Group:	<input type="checkbox"/> <b>Out of school time educators</b> <input type="checkbox"/> <input type="checkbox"/> CCR&R <input type="checkbox"/> Union or advocate <input type="checkbox"/> <input type="checkbox"/> Early Learning Hub <input type="checkbox"/> Parent/family of eligible children <input type="checkbox"/> <input type="checkbox"/> Tribal Nations <input type="checkbox"/> Other: _____
First Name: _____	MI: _____
Last Name: _____	
Preferred Name: _____	Title: (Mr., Ms., Dr.) _____
Suffix: (Jr, PhD) _____	
Work or Permanent Address: _____	
City: _____	County: _____
Zip Code: _____	
Email: _____	Home Phone: _____
Cell Phone: _____	Work Phone: _____
To better assist us in meeting our affirmative action objectives, we would appreciate information about your gender identity and background. This information is optional and is used for data collection only. Under state and federal law, this information may not be used to discriminate against you. Thank you for your participation.	
Gender identity:	Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other: _____
Race / Ethnicity:	African American / Black <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latinx <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Multi / Other: _____
Disability:	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Please provide brief (1 – 3 sentences) answers to the questions below.

*(1) Why do you want to participate on this RAC?*

*(2) Do you have any previous work or volunteer experience that would be applicable to this RAC?*