

**Instructions for Application for Enrollment in the
Office of Child Care's
Central Background Registry**

The CBR-601 application is used for:

- New enrollment in the Office of Child Care's Central Background Registry
- Renewing a Registry enrollment, or reopening an expired Registry enrollment

Requirements:

You must be enrolled in the Office of Child Care's Central Background Registry if you are 18 years or older and:

- The owner, operator, employee, or volunteer of a program regulated by the Office of Child Care (OCC)
- The operator, employee, or volunteer of an Oregon pre-kindergarten or federal Head Start program
- A contractor or employee of a contractor who provides early childhood special education or early intervention services
- A provider or resident of a registered or certified family child care home
- An employee, regular visitor, or individual who has unsupervised contact with children in a regulated child care facility
- Designated employee or volunteer of a Metro service district
- Designated employee or volunteer of the Safe Families For Children Program

NOTE: Your enrollment in the Central Background Registry will be valid for two years unless suspended or removed. The Office of Child Care will mail you a renewal notice approximately four months before your expiration date.

IMPORTANT: It is your responsibility to notify the Office of Child Care in writing of a change of name, address or phone number during the two year enrollment period, so that we may update your information on file. Please include your Central Background Registry enrollment number with all correspondence with the Office of Child Care.

Application Checklist:

Before submitting your application for Enrollment in the Central Background Registry to the Office of Child Care, complete the following checklist. Please remove the instruction sheet from the application before sending the form to the Office of Child Care.

Failure to submit a complete application will delay processing

- Completed and signed form CBR-601 *Application for Enrollment in the Office of Child Care's Central Background Registry*
- \$3.00 non-refundable application processing fee. DO NOT SEND CASH. Check or money order are accepted made payable to the Office of Child Care
- Form CO-512 Statement of No Social Security Number (if applicable)
- Written explanation and documentation for response to criminal and/or child welfare background history section of application (if applicable)
- Mail application with original signature and fee to:
**Office of Child Care Unit 22
PO Box 4395
Portland OR 97208-4395**

SEE INSTRUCTIONS - "How to complete form CBR-601 Application for Enrollment in the Office of Child Care's Central Background Registry"

If you have questions, please call the Office of Child Care Central Office at 503-947-1400 or 1-800-556-6616, or go to the Office of Child Care website at www.childcareinoregon.org for more information.

HOW TO COMPLETE FORM CBR-601 APPLICATION FOR ENROLLMENT IN THE OFFICE OF CHILD CARE'S CENTRAL BACKGROUND REGISTRY

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|---|---|
| <p>Refer to these instructions as you fill out each section. The application will be considered incomplete if the fee or any required information is missing. An incomplete application will be returned to you and may delay processing time.</p> | |
| <p>SECTION 1 Fee and Application Type</p> | <p>The application processing fee for form CBR-601 is \$3.00 check or money order made payable to the Office of Child Care. DO NOT SEND CASH. If fingerprinting is required, additional fees will apply. Processing fees are non-refundable.</p> <p>Indicate what type of application you are submitting. If you are renewing or reopening your Registry enrollment with the Office of Child Care, please include your Registry number in the space provided at the top of the application. If you are unable to obtain your Registry number, you may contact the Office of Child Care Central Office at 503-947-1400 or 1-800-556-6616 for more information.</p> |
| <p>SECTION 2 Applicant Information</p> | <p>Please include all applicable information in Section 2 of the form, including your Social Security Number (SSN). The SSN is required for processing the application.</p> <p>If you do not have an SSN, please include a signed form CO-512 Statement of No Social Security Number with your application. You may download this form from the Office of Child Care website at www.childcareinoregon.org, or call the Office of Child Care Central Office at 503-947-1400 or 1-800-556-6616 to request a form be mailed to you.</p> |
| <p>SECTION 3 Language</p> | <p>Select only one language. If you check "other", please specify the language and/or dialect. However, be advised not all printed materials are available in other languages.</p> |
| <p>SECTION 4 Employed, Volunteering or Associated</p> | <p>Section 4A: If you are currently employed, volunteering or associated with a licensed child care home, center, or a requesting agency, check "YES" to question number one; OR currently employed, volunteering or associated with a home or center that is planning on becoming licensed, check "YES" to question number two. This applies to individuals who are currently working, volunteering, living in the home, or are a frequent visitor that may have unsupervised contact with children at a licensed (or planning on becoming licensed) child care home, center, or a requesting agency (See definitions below). See examples for types of position descriptions. If both questions do not apply to you, check "NO" to both and go to Section 4B.</p> <p><u>Position Description Examples:</u> Volunteer, Owner, Substitute, Teacher, Aide II, Son, Spouse/Partner, Assistant, Director, Provider, and Other Adult are all examples of position descriptions.</p> <p><u>Defined Positions for ORO enrollment:</u> Executive Director, Director, Head Teacher, Teacher, Aide 1, Aide 2, Assistant, Substitute, and Provider.</p> <p><u>Requesting Agency:</u> A childhood care and education program or individual providing care to children which is regulated by Office of Child Care, an early childhood care and education program, or a program that provides early childhood special education or early intervention services.</p> <p><u>Requesting Agency Examples:</u> Pre-kindergarten, Parent-as-Teacher, Early Intervention or Early Childhood Special Education Program funded by the Oregon Department of Education.</p> <p>Section 4B: If you are seeking to be employed, volunteer, or to be associated with a licensed child care home, center, or a requesting agency, check "YES".</p> <p>NOTICE: If you check "NO" to all three questions, the Office of Child Care is not authorized to process your application and it will be returned to the mailing address you have listed on the application.</p> |
| <p>SECTION 5 Background Information</p> | <p>Answer "NO" to question number one if you have resided only in Oregon during the previous 18 months. Permanent established residency is not affected by out-of-state vacation periods.</p> <p>If you answer "YES" to question number one, the Office of Child Care may send you a fingerprint packet with specific instructions. There is an additional processing fee for fingerprints.</p> <p>If you answer "YES" to questions two, three, or four, please read carefully the section "IMPORTANT" on the application for further instructions.</p> |
| <p>SECTION 6 Authorization Statement</p> | <p>An original signature is required in order to process the application.</p> |

**Application for Enrollment in the Office of Child Care's
Central Background Registry**

Section 1: Application Type and Fee \$3.00 Fee is non-refundable. Include a check or money order (DO NOT SEND CASH)

| | | |
|---|--|--|
| <input type="checkbox"/> NEW- No previous enrollment | <input type="checkbox"/> RENEW- R _____ Enrollment to expire within 4 months | <input type="checkbox"/> REOPEN- R _____ Enrollment is expired or closed |
|---|--|--|

Section 2: Applicant Information

| | | | | | |
|--|--|----------------|--------------------------------|----------------------------|----------------|
| Last Name | | First Name | | Middle | DOB (mm/dd/yy) |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | SSN (required) | | Other Names Used (aliases) | |
| Physical Address | | | Mailing Address (if different) | | |
| City | | State | Zip | County of Residence | |
| Drivers License No | | Issue State | Email | Phone No | |

Section 3: Preferred Language NOTE: Not all Office of Child Care materials are available in other languages

English Spanish Vietnamese Russian Chinese Other: _____

Section 4: Employment, Volunteer, or Association

Section 4A:

- 1) Are you currently employed, volunteering, or associated with a **licensed** child care home, center, or **requesting agency**? YES NO
 2) Are you currently employed, volunteering, or associated with home or center that is **planning on becoming licensed**? YES NO
 (see Section 4 on how to complete the application for definitions of "employed, volunteering, associated, and requesting agency")

IF "YES", COMPLETE FACILITY INFORMATION BELOW. IF "NO", GO TO SECTION 4B

Facility Name _____ Physical Address _____
 OCC License or ID No _____ Phone No _____ Position or Relationship _____

Section 4B:

Are you seeking to be employed, volunteer, or be associated with a **licensed** child care home, center, or **requesting agency**? YES NO
 (see Section 4 on how to complete the application for definitions of "employed, volunteering, associated, and requesting agency")

Section 5: Background Information (use additional page if necessary)

- 1) Have you lived outside of Oregon anytime during the last 18 months before today's date? YES NO
 2) Have you ever been convicted of any crime (Misdemeanors or felonies)? YES NO
 3) Have you been arrested or cited for a crime that has not been resolved, or are you in a diversion program? YES NO
 4) Have you ever been part of a child abuse or child neglect investigation? UNSURE YES NO

IMPORTANT: If you answered "YES" to questions two, three, or four, please list the specific incident(s) on a separate piece of paper. Describe the circumstances surrounding the incident(s), including associated legal, court proceedings or results of the investigation, and a description of any personal changes you have made to address the issues that led to the incident(s). You must indicate the YEAR and the STATE in which the incident(s) occurred. If you answered UNSURE, you may provide any additional information or documentation you choose.

Continued on back (signature and date required)

FOR OFFICE OF CHILD CARE REPRESENTATIVE TO COMPLETE

| | Run Date/Initials | Pending | Approve Date/Initials | C&C: <input type="checkbox"/> Y <input type="checkbox"/> N Intake Initials: Continue Process <input type="checkbox"/> Y <input type="checkbox"/> N Compliance Initials: | R |
|-------------|-------------------|--------------------------|-----------------------|--|----------------|
| CPS: | | <input type="checkbox"/> | | Conditional Enroll Date: | |
| LEDS | | <input type="checkbox"/> | | Date of Final Approval: | |
| FBI: | | <input type="checkbox"/> | | Deny Date: | Withdraw Date: |

Section 6: Authorization Statement

I have read and understand the instructions for completing this form. I authorize the Office of Child Care to use my Social Security Number as identification for the background checks. I understand that the Office of Child Care will conduct a criminal history and child welfare background check on me. I authorize the Office of Child Care to obtain information about me from the Federal Bureau of Investigation, law enforcement agencies, courts, the Department of Human Services Child Welfare, and child protective service agencies in other states. I certify that the information I have provided is correct and complete. I understand that if I give false or incomplete information, I may be denied enrollment in or removed from the Registry.

I understand that by enrolling in the Office of Child Care's Central Background Registry for one of the defined positions (see instruction form for list of defined positions) that I will automatically be enrolled in the Oregon Registry Online (ORO), a system that manages training and education records for licensing requirements. I understand that my individual contact and training and education information may be disclosed to authorized personnel with the Office of Child Care, Oregon Center for Career Development, Department of Human Services, Oregon Child Care Resource and Referral Network, and local child care resource and referral programs.

Applicant's Signature

Applicant's Signature _____ Date _____

Preparer's Signature (if applicable)

I have read this form to the applicant. The applicant has told me that he/she swears or affirms that all the information provided on this form is, and any attachments hereto, are true and accurate and agrees with the registry authorization statement. Furthermore, I have witnessed the applicant sign, or mark in the signature block of this form.

Preparer's Signature _____ Date _____

Preparer Agency _____ Phone No _____

Mail completed, signed application and fee to: Office of Child Care Unit 22 PO Box 4395 Portland OR 97208-4395

Office of Child Care statement of No Social Security Number / declaración de No tener un Numero de Seguro Social

By signing below I certify that I have never been issued a Social Security Number by the United States Social Security Administration. If I am issued a Social Security Number in the future, I will be required to provide it at my next application for certification, registration or enrollment issuance or renewal.

I understand that knowingly supplying a false statement is a Class A misdemeanor. If I do so, I could be punished by imprisonment of up to one year and a fine of up to \$6,250.

Al firmar abajo, certifico que nunca ha sido emitido a nombre mío un Número de Seguro Social por la Administración de Seguro Social de los Estados Unidos. Si se emite un Número de Seguro Social a mi nombre en el futuro, tendré que proveerlo en mi próxima solicitud de certificación, registro, emisión o renovación.

Entiendo que proveer una declaración falsa con conocimiento es un delito menor de clase A. Si lo hago, podría ser castigado con encarcelamiento hasta de un año y una multa hasta de \$6,250.

Printed Name / Nombre con letra de molde

Signature / Firma

Date / Fecha