



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

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## The CBR-601 application is used for:

- New enrollment in the Office of Child Care's Central Background Registry
- Renewing 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
- An employee or contractor of child care services for the nine federally recognized tribes in Oregon or administrators of the Tribal Child Care and Development Fund.

**NOTE:** Your enrollment in the Central Background Registry will be valid for five years unless you are 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 five year enrollment period so that we can 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*
- Form CO-512 Statement of No Social Security Number if applicable
- Written explanation and documentation for response to Section 5: Background Information section of application (if applicable)

Mail application with original signature to:                      Office of Child Care  
700 Summer St. NE  
Salem, OR 97301

**Note:** For renewal applications, mail your application at least 30 days prior to the enrollment expiration date.

### **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.oregonearlylearning.com](http://www.oregonearlylearning.com) for more information.

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

Refer to these instructions as you fill out each section. The application will be considered incomplete if any required information is missing. An incomplete application will be returned to you and may delay processing time.

### **Section 1: Application Type**

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.

### **Section 2: Application Information**

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.

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.oregonearlylearning.com](http://www.oregonearlylearning.com), 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.

### **Section 3: Language**

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.

### **Section 4: Employed, Volunteering or Associated**

#### **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. If the facility is not a **licensed** child care home, center or requesting agency, check "**NO**" to question number one.

If you are currently employed, volunteering or associated\* with a child care home or center that is **planning on becoming licensed**, check "**YES**" to question number two. If the facility is not a licensed child care home, center or requesting agency, and is not planning on becoming licensed, check "**NO**" to question number two. If you checked "**YES**" to either question, complete the facility information section and skip to Section 5. See position and association examples below. If you checked "**NO**" to both questions, go to Section 4B.

Position and Relationship Examples: Owner, Executive Director, Director, Substitute Director, Head Teacher, Teacher, Substitute Teacher, Aide I, Aide II, Assistant I, Assistant II, Provider, Substitute Provider, Spouse/Partner, Daughter, Son, Volunteer, Other Adult (e.g. visitor)

Requesting Agency: 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.

Requesting Agency Examples: Pre-kindergarten, Parent-as-Teacher, Early Intervention or Early Childhood Special Education Program funded by the Oregon Department of Education.

**Section 4B:**

If you are **seeking** to be employed, volunteer, or to be associated\* with a licensed child care home, center, a requesting agency, or a facility that is planning to become licensed, check **“YES”**. If you are not seeking employment in one of these facilities check **“NO”**.

**\*Note:** This includes individuals who are currently working, volunteering, or are a frequent visitor that may have unsupervised contact with children at a licensed child care home, center, or a requesting agency or are living in the home.

**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.**

**Section 5: Background Information**

Answer **“NO”** to **question number one** if you have resided **only** in Oregon during the previous 5 years. Permanent established residency **is not affected** by out-of-state vacation periods.

If you answer **“YES”** to **question number one** you must list all states resided in during the previous 5 years.

Check **“YES”** to **question number two** if you have any felony or misdemeanor convictions in your past

Check **“YES”** to **question number two** if you have committed an offense as a juvenile

Check **“YES”** to **question number three** if you have been arrested or cited for a felony or misdemeanor or committed an offense as a juvenile AND with a final disposition not yet reached

Check **“YES”** to **question number four** if you were a part of (reporting abuse as a mandatory reporter or being a victim of the investigation does not affect this question) Check **“YES”** to question number five if you were a part of...( reporting abuse as a mandatory reporter or being a victim of the investigation does not affect this question)

Check **“ YES”** to **question number seven** if your have been a licensed foster care provider and the state agency took legal action against license or you surrender your license instead of legal action taken place against your license

If you answer **“YES”** to **questions two, three, four, five, and/or seven** please read carefully the section **“IMPORTANT”** on the application for further instructions.

All subject individuals will receive instructions on how to complete the Federal Bureau of Investigation fingerprint check.

**Section 6: Privacy and Authorization Statement**

An original signature is required in order to process the application.

**CBR**

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

**Section 1: Application Type** **NEW**- No previous enrollment **RENEW**- R \_\_\_\_\_  
Enrollment to expire within 4 months **REOPEN**- R \_\_\_\_\_  
Enrollment is expired or closed**Section 2: Applicant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date Of Birth (mm/dd/yy) \_\_\_\_\_

Gender  Male  Female

SSN (required) \_\_\_\_\_

Other Names Used (aliases) \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different, include city, state, zip) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Email \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Issue State \_\_\_\_\_

Phone Number \_\_\_\_\_

**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 of instruction page for more information on answering this question)

**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 of instruction page for more information on answering this question)**Section 5: Background Information** (use additional page if necessary)

- 1) Have you lived outside of Oregon anytime during the last 5 years before today's date?  YES  NO  
If yes, complete the Out of State Information form, CBR-602
- 2) Have you ever been convicted of any crime (misdemeanors or felonies) or committed an offense as a juvenile?  YES  NO
- 3) Have you been arrested or cited for a crime that has not been resolved, or are you in a diversion program, or committed an offense as a juvenile with a final disposition not yet reached?  YES  NO
- 4) Have you ever been part of a child abuse or child neglect investigation?  Unsure  YES  NO
- 5) Have you ever been the subject of a substantiated finding of adult abuse or neglect?  Unsure  YES  NO
- 6) Have you ever been a foster care provider?  YES  NO
- 7) If you answered yes to questions 6, did any state agency take any legal action against your license/certification or did you surrender your license/certification lieu of legal action?  YES  NO

**IMPORTANT:** If you answered "YES" to questions two, three, four or five 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 "YES" to questions seven, please list the legal action(s) on a separate piece of paper. Describe the circumstances surrounding the legal actions(s), including associated legal, court proceedings or results of the action, 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 actions (s) occurred.

**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:	
CPS:		<input type="checkbox"/>		Conditional Enroll Date:	R
LEDS		<input type="checkbox"/>		Date of Final Approval:	
FBI:		<input type="checkbox"/>		Deny Date:	Withdraw Date:

**Section 6: Privacy and 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 use my fingerprints to obtain information about me from the Federal Bureau of Investigation and Oregon State Police. I authorize the Office of Child Care to obtain information about me from law enforcement agencies, courts, child protective service agencies, adult protective services, and foster care agencies in Oregon and other states; and sex offender registries in Oregon and other jurisdictions 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.

The Office of Child Care has the authority to collect information pursuant to ORS 329A.030 and ORS 181A.195 to conduct the background check. The information obtained from the background check is used to make a decision on your enrollment into the Central Background Registry. The information is kept in accordance with 181A.220, 192.365, 329A.030, Title 28, United States Code, Section 50.12, OAR (166-300-0015 Schedule Number: 2006-0017). I understand that the information I provide in Sections 4 and 5 of this application may be used to verify information provided to the Office of Child Care, including information provided as part of other applications.

Results from background checks may be shared between authorized Criminal Justice and Designated Agencies. All other secondary dissemination of background check information by authorized agencies or personnel is prohibited unless expressly permitted by Oregon Revised Statute.

I understand that by enrolling in the Office of Child Care's Central Background Registry 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 submitted to ORO may be disclosed to authorized personnel with the Office of Child Care, Oregon Center for Career Development, Department of Human Services, Teaching Research Institute, Oregon Child Care Resource and Referral Network, 211 info 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 privacy and 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 Number



# Out of State Information

Please list all of the states you currently reside or previously resided.

Last, First, MI: _____ Physical Address: _____ City: _____ State: _____ Zip Code: _____ County: _____	Resided from: (mm/yy – mm/yy)
	(        –        )

Last, First, MI: _____ Physical Address: _____ City: _____ State: _____ Zip Code: _____ County: _____	Resided from: (mm/yy – mm/yy)
	(        –        )

Last, First, MI: _____ Physical Address: _____ City: _____ State: _____ Zip Code: _____ County: _____	Resided from: (mm/yy – mm/yy)
	(        –        )

Last, First, MI: _____ Physical Address: _____ City: _____ State: _____ Zip Code: _____ County: _____	Resided from: (mm/yy – mm/yy)
	(        –        )