



Facility Staff Update List

Before you hire new staff at your facility, you are required to confirm that they are enrolled in the Office of Child Care's Central Background Registry (CBR). The enrollment letter that the individual receives is NOT proof that they are currently enrolled. You must have the confirmation letter that the Office of Child Care sends to your facility or the results sent back to you after submitting this form (see checklist below). Additionally, staff must be qualified for the position they hold.

To ensure that your facility's pre-filled staff qualification and training log is current and lists the correct staff members in their correct positions, please complete the information below, send it to the Office of Child Care, and we will update the information in your facility record. Confirmation letters for staff that are enrolled in the CBR and are now linked to your facility will be sent to you to keep on file.

Please provide the following information in the table below:

1. Last name, first name and middle initial of the individual
2. Individual information- **(Provide one of the following):**
 - a. Last four digits of SSN
 - b. Date of birth
 - c. CBR Registry number (begins with an "R")
3. Employment hire date
4. Staff position- please select from the options below
5. Position start date
6. Employment end date - **Used only if the person leaves your employment. Use date they actually leave.**

Registered Family (RF)	Certified Family (CF)		Certified Center (CC)		
Daughter	Assistant I	Son	Aide I	Manager	Visitor
Other Adult	Assistant II	Spouse/Partner	Aide II	Multi-Site Coordinator	Volunteer
Provider	Assistant II/Substitute	Substitute	Cook	Owner	
Son	Daughter	Visitor	Director	Site Director/Supervisor	
Spouse/Partner	Driver	Volunteer	Director/Teacher	Staff Member	
Staff	Manager		Director/Head Teacher	Student	
Substitute	Other Adult		Driver	Substitute	
Visitor	Owner		Executive Director	Teacher	
Volunteer	Provider		Head Teacher	Teacher/Aide II	

1. Name (Last, First, MI)	2. Identification Information (a-c)	3. Hire Date (mm/dd/yy)	4. Staff Position	5. Position Start Date (mm/dd/yy)	6. Employment End Date (mm/dd/yy)	Results (OCC Use Only)

Please fill out all fields below so we can accurately update your staff list on file

Please send completed form to: Office of Child Care
 875 Union St NE
 Salem, OR 97311
 Fax: 503-947-1428
 Email: ChildCareCustServ.EMP@state.or.us

Facility Name: _____
 License Number: _____
 Contact Name: _____
 Phone Number: _____
 Fax Number: _____
 Email: _____

I would like this form faxed or emailed to me with the results