



## Instructions for the Office of Child Care's Emergency Background Check Application

Passing an emergency background check permits individuals 18 years of age or older *not enrolled in the Central Background Registry* to work at a child care facility during a state of emergency declared by the Governor.

- For licensed programs, this background check permits a person to serve as an aide 1 (Certified Child Care Center) or assistant 1 (Certified Family Child Care Home). If an individual is in any other position, full enrollment in the Central Background Registry is required.
- For unlicensed emergency child care facilities including those operating as a preschool or school age recorded program, this check allows the individual to serve in any capacity.

### IMPORTANT:

- Your approved Office of Child Care Emergency Background Check is only valid for the duration of the emergency. The Office of Child Care may suspend or remove your approval prior to the end of the emergency.
- Expiration means you will not be able to continue to work in a child care facility licensed by the Office of Child Care until you are enrolled in the Office of Child Care's Central Background Registry. This will require you submit a new application for enrollment in the Office of Child Care's Central Background Registry.
- Office of Child Care's Emergency Background Check is not the same as OCC's Central Background Registry and passing this check does not enroll you in the Central Background Registry.

### Application Checklist:

Before submitting your application for Office of Child Care's Emergency Background Check to the OCC, complete the following checklist. Please remove the instruction sheet from the application before sending the form to the OCC.

#### **Failure to submit a complete application will delay processing**

- Completed and signed form EBC-601 *Application for the Office of Child Care's Emergency Background Check*
- Form CO-512 Statement of No Social Security Number (if applicable)
- Written explanation and documentation for response to Section 4: Background Information section of application (if applicable)
  - Email application to **OCC.CustomerService@state.or.us**
  - Fax application to (503) 947-1428
  - Mail application with original signature to: Office of Child Care  
700 Summer St. NE Salem, OR 97301

### **SEE INSTRUCTIONS - "How to complete form EBC-601 Application for Office of Child Care's Emergency Background Check"**

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 EBC-601 APPLICATION FOR THE OFFICE OF CHILD CARE'S EMERGENCY BACKGROUND CHECK

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 Information**

Please include all applicable information in Section 1 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. This form included as part of the Emergency Background Check Application packet and can also be found on 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 2: 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 3: Employed, Volunteering or Associated**

#### **Section 3A:**

If you are currently employed, volunteering or associated with an **Emergency** Child Care or licensed child care check "**YES**" to question number one.

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)

#### **Section 3B:**

If you are **seeking** to be employed, volunteer, or to be associated with an emergency child care or licensed child care, or a facility that is planning to become an emergency child care, check "**YES**". If you are not seeking employment in one of these facilities, check "**NO**".

#### **Section 3C:**

If you are willing to have your name shared with resource and referral agencies helping to connect potential employees to Emergency Child Care Facilities and Licensed Child Care seeking employees check "**YES**". If you are not willing to have your name shared with resource and referral agencies helping to connect potential employees to Emergency Child Care Facilities and Licensed Child Care facilities check "**NO**".

### **Section 4: Background Information**

Check "**YES**" to **question number one** if you have any felony or misdemeanor convictions in your past or have committed an offense as a juvenile.

Check "**YES**" to **question number two** if you have been arrested or cited for a crime that has not been resolved, or you are in a diversion program, or you committed an offense as a juvenile with a final disposition not yet reached.

Check "**YES**" to **question number three** if you were a part of a child abuse or neglect investigation (reporting abuse as a mandatory reporter or being a victim of the investigation does not affect this question).

If you answer "**YES**" to **questions one, two, or three** please read carefully the section "**IMPORTANT**" on the application for further instructions.

### **Section 5: Privacy and Authorization Statement**

For Emergency Background Checks, applications may be scanned or photographed for submission via email.



**EBC**

# Application for the Office of Child Care's Emergency Background Check

## Section 1: Applicant Information

Last Name		First Name		Middle	Date Of Birth (mm/dd/yy)
Gender	Male	Female	SSN (required or fill out form CO-512)		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 2: Preferred Language NOTE: Not all Office of Child Care materials are available in other languages

English
  Spanish
  Vietnamese
  Russian
  Chinese
  Other: \_\_\_\_\_

## Section 3: Employment, Volunteer, or Association

### Section 3A:

1) Are you currently employed, volunteering, or associated with an **Emergency** child care facility?  YES  NO

**IF "YES", COMPLETE FACILITY INFORMATION BELOW. IF "NO", GO TO SECTION 3B**

Facility Name \_\_\_\_\_ Physical Address \_\_\_\_\_

OCC License or ID No \_\_\_\_\_ Phone No \_\_\_\_\_ Position or Relationship \_\_\_\_\_

### Section 3B:

Are you seeking to be employed, volunteer, or be associated with an **Emergency** child care facility?  YES  NO

(see Section 3 of instruction page for more information on answering this question)

### Section 3C:

If approved, may we pass your name on to **Emergency** child care facilities seeking employees?  YES  NO

## Section 4: Background Information (use additional page if necessary)

- 1) Have you ever been convicted of any crime (misdemeanors or felonies) or committed an offense as a juvenile?  YES  NO
- 2) Have you been arrested or cited for a crime that has not been resolved, or are you in a diversion program, or have you committed an offense as a juvenile with a final disposition not yet reached?  YES  NO
- 3) Have you ever been part of a child abuse or child neglect investigation?  UNSURE  YES  NO

**IMPORTANT:** If you answered "YES" to questions one, two, or three please list the specific incident(s) on a separate piece of paper. If you answered "UNSURE" to question 3 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.

**Continued on back (signature and date required)**

**FOR OFFICE OF CHILD CARE REPRESENTATIVE TO COMPLETE**

	Run Date/Initials	Pending	Approve Date/Initials	C&C: Y N Intake Initials: Continue Process Y N Compliance Initials:	EBC No:
CPS:				Date of Approval:	
LEDS				Date of Not Passed:	
OR Court		<input type="checkbox"/>			
NSOR		<input type="checkbox"/>			

**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 obtain information about me from law enforcement agencies, courts, child protective service agencies in Oregon; 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 not be approved.

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 background check. 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 3 and 4 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 passing the Office of Child Care Emergency Background Check 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.

If approved, I understand this Office of Child Care Emergency Background Check will be valid for the duration of the Governor declared state of emergency unless I am suspended or revoked. I also understand that if I wish to continue providing child care in a program regulated by the Office of Child Care after this time, I must first apply and be enrolled in the Office of Child Care's Central Background Registry.

**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



## 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