



Application for Emergency Child Care Facility

Instructions: Please print clearly using only blue or black ink, no pencil. Send with applicable documentation to the address on the back of the form.

Section 1: Emergency Child Care Facility Information

Facility Name:

| | | | |
|----------------------|------|----------|----------|
| Site Address | City | Zip Code | County |
| Site Mailing Address | City | State | Zip Code |
| Site Phone Number | Fax | Email | |

Owner

| | | | |
|-----------------|------|-------|----------|
| Owner Name | | | |
| Mailing Address | City | State | Zip Code |
| Phone Number | Fax | Email | |

Primary Contact

| | |
|-------------------------------------|-------------------------------|
| Contact Person's Name (First, Last) | Contact Person's Phone Number |
| Contact Person's Email | |

Section 2: Program Operation

Facility Type:

- | | |
|--|---|
| <input type="checkbox"/> School program operated by the school district | <input type="checkbox"/> Community Based Program operating in a school building |
| <input type="checkbox"/> Head Start operating in their current location | <input type="checkbox"/> Head Start operating in a new location |
| <input type="checkbox"/> Licensed Provider (provide number below) License Number: _____ | <input type="checkbox"/> Other: _____ |

Age Range of Children Served and Capacity: Please check all that apply and include capacity number.

- 0 to 2 year olds _____ Capacity
- 3 to 5 year olds _____ Capacity
- School-aged (6 to 12) _____ Capacity

**Please note emergency child care maximum group size and ratio below*

| | |
|-------------------|---|
| Hour of Operation | Days of the Week in Operation |
| | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday |

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

- English Spanish Vietnamese Russian Chinese Other: specify _____

Continued on back (signature and date required)

Application Submission

- All staff and volunteers 18 years of age and older must pass the Office of Child Care's Emergency Background Check or be enrolled in the Office of Child Care's Central Background Registry
NOTE: Applicants who work in school districts may utilize background checks by the district.

Application Process:

Submitting an incomplete application will delay processing

- Complete the application
 There is no fee for this application.
 Complete Facility Staff List (EBC-612)
 Email completed application and facility staff list to: OCC.CustomerService@state.or.us

By submitting this application, you agree to do the following:

1. Abide by the requirement outlined in the [Executive Order 20-12](#):

"Childcare must be carried out in maximum stable groups of 10 or fewer children ('stable' means the same 10 or fewer children are in the same group each day), and in a classroom or home that cannot be accessed by children outside the stable group."

2. Prioritize serving children of **Essential Workers** in the following order:

- first responders, emergency workers, health care professionals,
- followed by critical operations staff and essential personnel,
- followed by individuals working outside of the home

3. Maintain awareness and follow "Safety Procedures and Guidance for Child Care Facilities Operating During COVID-19" established by the [Oregon Health Authority](#) and the [Early Learning Division](#).

Applicants Signature

The information I have provided on this application is true and complete to the best of my knowledge.

An approved Emergency Child Care Facility is only valid for the duration of the emergency. The Office of Child Care may suspend or revoke your approval prior to the end of the emergency.

Applicant's Signature

Date

(Person must be authorized by the owner to complete the application)

Email signed, completed application, and documentation:

OCC.CustomerService@state.or.us
Fax: 503-947-1428

Department of Education is an equal opportunity program/employer.

FOR OFFICE OF CHILD CARE REPRESENTATIVE TO COMPLETE

| | |
|---|--|
| Emergency Child Care Facility Start Date: | RA |
| Close Date: | Closure Reason: <input type="checkbox"/> Voluntary <input type="checkbox"/> Agency <input type="checkbox"/> Denied |
| Reinstate Date | C&C <input type="checkbox"/> Y <input type="checkbox"/> N Intake Initials: <input type="checkbox"/> Continue Process <input type="checkbox"/> Other (see CCRIS) CS Initials: |



Emergency Facility Staff Update List

Before you hire new staff at your facility, you are required to confirm that they have passed the Office of Child Care's Emergency Background Check or confirm enrollment in the Office of Child Care's Central Background Registry. Additionally, staff must be qualified for the position they hold.

Confirmation emails for staff that have passed the Emergency Background Check.

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. EBC 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.**

| Emergency Child Care Facility Staff Positions |
|---|
| Director |
| Teacher |
| Aide |
| Assistant |
| Cook |
| Driver |
| Manager |
| Volunteer |

| 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) |
|--------------------------|-------------------------------------|-------------------------|-------------------|-----------------------------------|-----------------------------------|------------------------|
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Facility Name: _____ RA Number: _____

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

Please email completed form to: OCC.CustomerService@state.or.us or Fax to: 503-947-1428