



ECCF

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
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Section 2: Program Operation

Facility Type:

- School program operated by the school district Community Based Program operating in a school building
 Head Start operating in their current location Head Start operating in a new location
 Other: _____

Capacity	Age Range of Children Served Months Years
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)

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:

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

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.



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. **NOTE:** Applicants who work in school districts may utilize background checks by the district.

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)

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