



# Instructions for Application for Enrollment in the Office of Child Care's Central Background Registry for Individuals with Certain Founded or Substantiated Child Abuse Dispositions

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The CBR-601-A application is used for new enrollment in the Office of Child Care's Central Background Registry, or renewing enrollment or reopening an expired Registry enrollment for an individual that:

- received a founded or substantiated disposition for child abuse that either
  - occurred on or after September 1, 2019 and involved a child for whom you were either providing child care as defined in ORS 329A.250(4)<sup>1</sup>, or care identified in ORS 329A.250(4)(a)<sup>2</sup>, (c)<sup>3</sup>, (f)<sup>4</sup>, (g)<sup>5</sup>, (h)<sup>6</sup> or (i)<sup>7</sup> OR
  - occurred on or after January 1, 2017, and involved a child who died or suffered serious physical injury, as defined in ORS 161.015,<sup>8</sup>
- and that individual is seeking to provide care
  - in the home of the child;
  - for children from only one family other than your own family; or
  - for no more than three children other than your own children.<sup>9</sup>

(Other individuals must use Form CBR-601 to apply for enrollment in the Central Background Registry.)

## Requirements:

If you are one of the individuals identified above, you must be enrolled in the Office of Child Care's Central Background Registry prior to providing care in the home of the child; for children from only one family other than your own family; or for no more than three children other than your own children.<sup>10</sup>

**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.

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<sup>1</sup> "Subject to ORS 329A.440, 'Child care' means the care, supervision and guidance on a regular basis of a child, unaccompanied by a parent, guardian or custodian, provided to a child during a part of the 24 hours of the day, in a place other than the child's home, with or without compensation." ORS 329A.250(4). Child Care does not include the conduct listed in ORS 329A.250(4)(a) to (i).

<sup>2</sup> "In the home of the child;" ORS 329A.250(4)(a).

<sup>3</sup> "By a person related to the child by blood or marriage within the fourth degree as determined by civil law;" ORS 329A.250(4)(c).

<sup>4</sup> "By a babysitter;" ORS 329A.250(4)(f). Babysitter means "a person who goes into the home of a child to give care during the temporary absence of the parent or legal guardian or custodian." ORS 329A.250(1).

<sup>5</sup> "By a person who cares for children from only one family other than the person's own family;" ORS 329A.250(4)(g).

<sup>6</sup> "By a person who cares for no more than three children other than the person's own children;" ORS 329A.250(4)(h).

<sup>7</sup> "By a person who is a member of the child's extended family, as determined by the [Office of Child Care] on a base-by-case basis." ORS 329A.250(4)(i).

<sup>8</sup> Serious physical injury "means physical injury which creates a substantial risk of death or which causes serious and protracted disfigurement, protracted impairment of health or protracted loss or impairment of the function of any bodily organ." ORS 161.015(8).

<sup>9</sup> ORS 329A.030(2)(b).

<sup>10</sup> ORS 329A.030(2)(b).

## 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-A Application for Enrollment in the Office of Child Care's Central Background Registry for Individuals with Certain Founded or Substantiated Child Abuse Dispositions*
- Check or money order for \$75.00 made payable to the Office of Child Care
- 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-A Application for Enrollment in the Office of Child Care's Central Background Registry for Individuals with Certain Founded or Substantiated Child Abuse Dispositions"**

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-A APPLICATION FOR ENROLLMENT IN THE OFFICE OF CHILD CARE'S CENTRAL BACKGROUND REGISTRY FOR INDIVIDUALS WITH CERTAIN FOUNDED OR SUBSTANTIATED CHILD ABUSE DISPOSITIONS

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: Founded or Substantiated Child Abuse Disposition

1. If you received a founded or substantiated disposition for child abuse that either:
  - a. occurred on or after September 1, 2019 and involved a child for whom you were either providing child care as defined in ORS 329A.250(4)<sup>11</sup>, or care identified in ORS 329A.250(4)(a)<sup>12</sup>, (c)<sup>13</sup>, (f)<sup>14</sup>, (g)<sup>15</sup>, (h)<sup>16</sup> or (i)<sup>17</sup>, **OR**
  - b. occurred on or after January 1, 2017, and involved a child who died or suffered serious physical injury, as defined in ORS 161.015,<sup>18</sup>then **check "YES"** to number one.
2. If you are seeking to provide care:
  - a. in the home of the child;
  - b. for children from only one family other than your own family; or
  - c. for no more than three children other than your own children.<sup>19</sup>then **check "YES"** to number two.

<sup>11</sup> "Subject to ORS 329A.440, 'Child care' means the care, supervision and guidance on a regular basis of a child, unaccompanied by a parent, guardian or custodian, provided to a child during a part of the 24 hours of the day, in a place other than the child's home, with or without compensation." ORS 329A.250(4). Child Care does not include the conduct listed in ORS 329A.250(4)(a) to (i).

<sup>12</sup> "In the home of the child;" ORS 329A.250(4)(a).

<sup>13</sup> "By a person related to the child by blood or marriage within the fourth degree as determined by civil law;" ORS 329A.250(4)(c).

<sup>14</sup> "By a babysitter;" ORS 329A.250(4)(f). Babysitter means "a person who goes into the home of a child to give care during the temporary absence of the parent or legal guardian or custodian." ORS 329A.250(1).

<sup>15</sup> "By a person who cares for children from only one family other than the person's own family;" ORS 329A.250(4)(g).

<sup>16</sup> "By a person who cares for no more than three children other than the person's own children;" ORS 329A.250(4)(h).

<sup>17</sup> "By a person who is a member of the child's extended family, as determined by the [Office of Child Care] on a base-by-case basis." ORS 329A.250(4)(i).

<sup>18</sup> Serious physical injury "means physical injury which creates a substantial risk of death or which causes serious and protracted disfigurement, protracted impairment of health or protracted loss or impairment of the function of any bodily organ." ORS 161.015(8).

<sup>19</sup> ORS 329A.030(2)(b).

**NOTICE: If you check “NO” to all two questions, the Office of Child Care is not authorized to process your application using this form 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 a child abuse or child neglect investigation other than the founded or substantiated disposition indicated above in your answer to Section 4 Question 1 (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 have ever been the subject of a substantiated finding of adult abuse or neglect (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 you have been a licensed foster care provider and the state agency took legal action against your license or you surrendered your license instead of having legal action taken 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 to process the application.



**CBR**

**Application for Enrollment in the Office of Child Care’s  
Central Background Registry for Individuals  
with Certain Founded or Substantiated Child Abuse Dispositions**

**Section 1: Application Type**

<input type="checkbox"/> <b>NEW</b> - No previous enrollment	<input type="checkbox"/> <b>RENEW</b> - R _____ Enrollment to expire within 4 months	<input type="checkbox"/> <b>REOPEN</b> - R _____ Enrollment is expired or closed
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**Section 2: Applicant Information**

Last Name		First Name		Middle	Date Of Birth (mm/dd/yy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> 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: Founded or Substantiated Child Abuse Disposition**

1) Have you received a founded or substantiated disposition for child abuse that occurred on or after January 1, 2017?  YES  NO

2) Are you currently providing or seeking to provide (a) care in the home of the child; (b) care for children from only one family other than your own family; or (c) care for no more than three children other than your own children?  YES  NO

(see Section 4 of instruction page for more information on answering these questions)

If you answered “YES” to question one of Section 4, 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. Also attach a copy of the founded or substantiated child abuse disposition.

**Section 5: Background Information**

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 other than the founded or substantiated disposition indicated above in your answer to Section 4 Question 1?  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 of Section 5 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 question seven of Section 5, please list the legal action(s) on a separate piece of paper. Describe the circumstances surrounding the legal action(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 action(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:
OR Court		<input type="checkbox"/>			
Out of State- Criminal		<input type="checkbox"/>			
Out of State- CAN		<input type="checkbox"/>			
Out of State- SOR		<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 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