



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

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

Requirements:

You must pass the Office of Child Care's Emergency Background Check (EBC) if you are 18 years or older and:

- The owner, operator, employee, or volunteer of a program approved to operate an Emergency Child Care Facility.

NOTE: If approved, your EBC is only valid for the duration of the emergency as authorized by Executive Order of Governor Brown and while the Early Learning Division is under a waiver from the U.S. Department of Health & Human Services Office of Child Care (HHS/OCC) of federal Child Care and Development Fund requirements applicable to background checks. Unless suspended or revoked by the Office of Child Care (OCC) sooner, all EBC approvals are effective until September 30, 2021 when the current waiver expires, and may be extended to remain effective through December 31, 2021 if the HHS/OCC approves a new waiver. OCC may suspend or remove your approval prior to the end of the emergency as provided in ELD's Temporary Changes to Child Care Rules in Response to COVID 19 State of Emergency.

IMPORTANT: 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 or allow you to work in a licensed child care facility.

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 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, 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 facility, 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 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 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 <input type="checkbox"/> Male <input type="checkbox"/> 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? YES NO

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

Facility Name _____ Physical Address _____
 OCC ID No _____ Phone No _____ Position or Relationship _____

Section 3B:

Are you seeking to be employed, volunteer, or be associated with an **emergency** child care? YES NO
 (see Section 3 of instruction page for more information on answering this question)

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. 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 while a waiver from the U.S. Department of Health & Human Services Office of Child Care applicable to Child Care and Development Fund background check requirements is active. I also understand that The Office of Child Care may suspend or remove my approval prior to the end of the emergency. 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 _____