



CHR

Instructions for Enrollment in the Criminal History Registry Application

The CHR-601 application is used for:

- New enrollment in the Division's Criminal History Registry; or to
- Renew a Registry enrollment; reopen an expired Registry enrollment

Requirements:

You must be enrolled in the Division's Criminal History Registry if you are 18 years or older and:

- The owner, operator, employee, or volunteer of a program regulated by the Child Care Division (CCD)
- The operator, employee, or volunteer of an Oregon pre-kindergarten or federal Head Start program
- A contractor or employee of a contractor who provides early childhood special education or early intervention services
- A provider or resident of a Registered or Certified Family Child Care Home
- An employee, regular visitor, or individual who has unsupervised contact with children in a regulated child care facility

NOTE: Upon approval for enrollment in the Criminal History Registry, your status of enrollment will be valid for a period of two (2) years unless suspended or removed from enrollment. Approximately four months before the enrollment expiration date, a renewal application will be mailed to your address on file with the Division.

IMPORTANT: It is your responsibility to notify the Division in writing of a change of address or phone number during the two year enrollment period, so that we may update your information on file. Please include your Criminal History Registry enrollment number with all correspondence with the Division.

Fingerprints Requirement

An FBI check is required in the following situations:

- Applicant has lived outside the state of Oregon in the last 18 months
- An Oregon State Police computerized criminal history check indicates a multi-state offender status
- The Division has obtained information that you have committed a crime in another state

Application Checklist:

Before submitting your Application for Enrollment in the Criminal History Registry to the Division, complete the following checklist. **Failure to submit a complete application will delay processing**

- Completed and signed form CHR-601 Application for Enrollment in the Criminal History Registry
- \$3.00 non-refundable application processing fee. DO NOT SEND CASH. Check or money order are accepted made payable to the Child Care Division
- Form CO-512 Statement of No Social Security Number (if applicable)
- Written explanation and documentation for response to criminal and/or child welfare background history section of application (if applicable)
- Mail application with original signature and fee to: **Child Care Division Unit 22
PO Box 4395
Portland OR 97208-4395**

SEE INSTRUCTIONS ON BACK- "How to complete form CHR-601 Application for Enrollment in the Criminal History Registry"

If you have questions, please call the Child Care Division Central Office at 503-947-1400 or 1-800-556-6616, or go the Division website at www.childcareinoregon.org for more information.

HOW TO COMPLETE FORM CHR-601 APPLICATION FOR ENROLLMENT IN THE CRIMINAL HISTORY REGISTRY

<p>Refer to these instructions as you fill out each section. The application will be considered incomplete if the fee or any required information is missing. An incomplete application will be returned to you and may delay processing time.</p>	
SECTION 1	<p>The application processing fee for form CHR-601 is \$3.00 check or money order made payable to the Child Care Division. DO NOT SEND CASH. If fingerprinting is required, additional fees will apply. Processing fees are non-refundable.</p> <p>Indicate what type of application you are submitting. If you are renewing or reopening your Registry enrollment with the Division, 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 Division at 503-947-1400 or 1-800-556-6616 for more information.</p>
SECTION 2	<p>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.</p> <p>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 Division website at www.childcareinoregon.org, or call the Child Care Division Central Office at 503-947-1400 or 1-800-556-6616 to request a form be mailed to you.</p>
SECTION 3	<p>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.</p>
SECTION 4	<p>Check the box for “YES” if you are currently employed or associated with a child care facility regulated or authorized by the Division. Complete the information below on what type of facility you are currently are employed or associated with, including their contact information and license number.</p> <p>Check the box for “NO” if you are <u>NOT currently employed or associated</u> with a child care facility regulated or authorized by the Division. Skip to Section 5, and do not complete the facility information below.</p> <p>RENEWAL OR REOPEN APPLICATIONS: If the Division does not have a record of employment or association with a child care facility in your previous two (2) year enrollment period, we are not authorized to process your application.</p>
SECTION 5	<p>If you answer “YES” to this question, the Division may send you a fingerprint packet with specific instructions. There is an additional processing fee for fingerprints. See instructions on page one of this form “Fingerprints Requirement” for additional information.</p>
SECTION 6	<p>If you answer “YES” to one of these questions, please read carefully the section “IMPORTANT” on application for further instructions.</p>
SECTION 7	<p>An original signature is required in order to process the application.</p>



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Application for Enrollment in the Criminal History Registry

Section 1: Application Type and Fee \$3.00 Fee is non-refundable. Include a check or money order (DO NOT SEND CASH)

NEW - no previous enrollment, RENEW - R, REOPEN - R

Section 2: Applicant Information

Form fields for applicant information: Last Name, First, Middle, DOB, Gender, SSN, Other Names Used, Physical Address, Mailing Address, City, State, Zip, County of Residence, Drivers License No, Issue State, Email, Phone No.

Section 3: Preferred Language NOTE: Not all Division materials are available in other languages

English, Spanish, Vietnamese, Russian, Chinese, Other: specify

Section 4: Employment or Association with a Child Care Facility

I am currently employed or associated with a Division regulated or authorized child care facility YES NO

IF "YES", COMPLETE INFORMATION BELOW CAREFULLY. IF "NO", SKIP TO SECTION 5

- Registered Family Child Care Home, Certified Family Child Care Home, Certified Child Care Center, Child Care Resource and Referral Organization, Head Start, Pre-Kindergarten, Parent-as-Teacher, Early Intervention or Early Childhood Special Ed Program funded by the Oregon Department of Education

Form fields for facility information: Name of Facility, CCD License No, Physical Address of Facility, Phone No, Position or Relationship

Section 5: Residence

Have you lived outside of Oregon anytime during the last 18 months before today's date? YES NO

Section 6: Criminal and/or Child Welfare Background (use additional page if necessary)

- 1) Have you ever been convicted of any crime (Misdemeanors or felonies)? YES NO
2) Have you been arrested or cited for a crime that has not been resolved, or are you in a diversion program? YES NO
3) Have you ever been part of a child abuse or child neglect investigation? YES NO UNSURE

IMPORTANT: If you answered yes to any of the questions above in Section 6, 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 UNSURE, you may provide any additional information or documentation you choose.

Section 7: Authorization Statement

I have read and understand the instructions for completing this form. I understand that the Division will conduct a criminal history and child welfare background check on me. I authorize the Division to obtain information about me from the Federal Bureau of Investigation, law enforcement agencies, courts, and the Department of Human Services Child Welfare. 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. I authorize the Division to use my Social Security Number as identification for the background checks.

Signature Date

FOR CCD REPRESENTATIVE TO COMPLETE

Form fields for representative completion: Run Date/Initials, Pending, Approved Date/Initials, C&C: Y N, Intake Initials, R, CPS, LEDS, FBI, Conditional Enroll Date, Date of Final Approval, Deny Date, Withdraw Date

Mail completed, signed application and fee to: Child Care Division Unit 22 PO Box 4395 Portland OR 97208-4395