

Instructions for Application for Enrollment in the Department of Early Learning and Care's Central Background Registry (CEN-0001)



The CEN-0001 application is used for:

- New enrollment in the Department of Early Learning and Care (DELIC)'s Central Background Registry (CBR).
- Renewing enrollment or reopening an expired Registry enrollment

Requirements:

You must be enrolled in the Department of Early Learning and Care's Central Background Registry if you are 18 years or older and:

- The owner, operator, employee, or volunteer of a program regulated by the Department of Early Learning and Care.
- 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. (May not be required. Check with your HR Department)
- 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.
- A provider, household member, child's parent if the provider and the parent of the child live together, a regular visitor during hours the child is in care, and any substitute or backup caregiver in an unlicensed home receiving payment for the care from DELIC.
- A site director, employee, substitute caregiver, regular visitor or volunteer of a non-licensed child care facility receiving payment for child care from DELIC.
- The operator, an employee, or volunteer of a preschool recorded program or a school-age recorded program.
- Designated employee or volunteer of a Metro service district
- Designated employee or volunteer of the Safe Families for Children Program
- An employee or contractor of child care services for the nine federally recognized tribes in Oregon or administrators of the Tribal Child Care and Development Fund.

NOTE: Your enrollment in the Central Background Registry will be valid for five years unless you are suspended or removed. The Department of Early Learning and Care will mail you a renewal notice approximately four months before your expiration date.

IMPORTANT: It is your responsibility to notify the Department of Early Learning and 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 Department of Early Learning and Care.

How to Complete Form CEN-0001 Application for Enrollment in the Department of Early Learning and Care's Central Background Registry

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 Department of Early Learning and 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 Department of Early Learning and 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 a SSN, please complete the Statement of No Social Security Number (CEN-0009) in section 2.**

Section 3: Language

You may select more than 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: Employed, Volunteering or Associated

Section 4A:

If you are currently employed, volunteering or associated* with a **licensed** child care home, center, recorded program, or a requesting agency check **"YES"** to question number one. If the facility is not a **licensed** child care home, center, recorded program, or requesting agency, check **"NO"** to question number one.

If you are currently employed, volunteering or associated* with a child care home, center, preschool, or school-age program that is **planning on becoming licensed or a recorded program**, check **"YES"** to question number two. If the facility is not a licensed child care home, center or requesting agency, and is not planning on becoming licensed, check **"NO"** to question number two.

- Position and Relationship Examples: Owner, Executive Director, Director, Substitute Director, Teacher, Substitute Teacher, Aide I, Aide II, Assistant I, Assistant II, Program Coordinator, Program Leader, Assistant Program Leader, Provider, Substitute Provider, Spouse/Partner, Daughter, Son, Volunteer, Other Adult (e.g. visitor)
- Requesting Agency: A childhood care and education program or individual providing care to children which is regulated by Department of Early Learning and Care, an early childhood care and education program, or a program that provides early childhood special education or early intervention services.
- Requesting Agency Examples: Pre-kindergarten, Parent-as-Teacher, Early Intervention or Early Childhood Special Education Program funded by the Oregon Department of Education.

If you are currently employed, volunteering or associated* with a licensed exempt child care receiving payment from DELC, check **"YES"** to question number three. If the facility is not a **license exempt** child care home or center, check **"NO"** to question number three.

If you are currently employed, volunteering or associated* with a child care home or center that is **planning on becoming listed with DELC**, check **"YES"** to question number four. If the facility is not a licensed exempt child care home or center and is not planning on becoming listed, check **"NO"** to question number four.

- Licensed Exempt Position and Relationship Examples: Site Director, Substitute caregiver, staff member, Provider, Household member, visitor, and volunteer.

If you checked **"YES"** to any of the questions, complete the facility information section and skip to Section 5. See position and association examples below. If you checked **"NO"** to all of the questions, go to Section 4B.

Section 4B:

If you are **seeking** to be employed, volunteer, or to be associated* with a licensed child care home, center, recorded program, a requesting agency, or a facility that is planning to become licensed, check **"YES"**. If you are not seeking employment in one of these facilities check **"NO"**.

***Note:** This includes individuals who are currently living in, working, volunteering at, or are a regular visitor that may have unsupervised contact with children at a licensed child care home, center, recorded program, home or facility being paid for care by DELC, or a requesting agency.

NOTICE: If you check "NO" to all three questions, the Department of Early Learning and Care is not authorized to process your application 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 complete **section 6 Out of State Information** form.

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 neglect investigation (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 were a subject of a substantiated adult abuse or neglect finding (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 license or you surrender your license instead of legal action taken place 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.

Section 6: Out of State Information

List each location you have lived outside of Oregon in the past five years.

Section 7: Privacy and Authorization Statement

An original signature is required in order to process the application.

**CBR**

Application for Enrollment in the Central Background Registry (CEN-0001)

Section 1: Application Type

If you are renewing or reopening your Registry enrollment with the DELC, please include your Registry number.

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

Please print clearly

Last Name		First Name		Middle	Date of Birth (mm/dd/yy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Other Names Used (aliases)			Phone Number	
Physical Address			Email		
City		State	Zip	County of Residence	
Mailing Address (if different, include city, state, zip)			Driver's License Number		Issue State

Social Security Number (SSN): _____ or ☐ NO Social Security Number

Note: Your SSN is **required** for processing the application. If you do not have a SSN, please check the No SSN box above, and then read and sign the Statement of No Social Security Number (CEN-0009) below.

Statement of No Social Security Number (CEN-0009)

By signing below, I certify that I have never been issued a Social Security Number by the United States Social Security Administration. If I am issued a Social Security Number in the future, I will be required to provide it at my next application for certification, registration or enrollment issuance or renewal. I understand that knowingly supplying a false statement is a Class A misdemeanor. If I do so, I could be punished by imprisonment of up to one year and a fine of up to \$6,250.

Date: _____ **Signature:** _____

Section 3: Preferred Language

NOTE: Not all Department of Early Learning and Care materials are available in other languages

☐ English ☐ Spanish ☐ Vietnamese ☐ Russian ☐ Chinese ☐ Other: _____

Section 4: Employment, Volunteer, or Association

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

Section 4A:

- 1) Are you currently employed, volunteering, or associated with a **licensed** child care home, center, **recorded** program or **requesting agency**? ☐ YES ☐ NO
- 2) Are you currently employed, volunteering or associated* with a child care home, center, preschool, or school age program that is **planning on becoming licensed or a recorded program**? ☐ YES ☐ NO
- 3) Are you currently employed, volunteering, or associated with a **licensed exempt child care receiving payment** from DELC/ODHS? ☐ YES ☐ NO
- 4) Are you currently employed, volunteering, or associated with a home or center that is **planning on becoming listed with DELC/ODHS**? ☐ YES ☐ NO

IF "YES", COMPLETE FACILITY INFORMATION BELOW. IF "NO", GO TO SECTION 4B

Facility Name _____ Physical Address _____
CCLD License, CCLD ID No or ERDC # _____ Phone # _____ Position or Relationship _____

Continued on back

Section 4B (see Section 4 of instruction page for more information on answering this question):

Are you seeking to be employed, volunteer, or be associated with a **licensed** child care home, center, **recorded program** or **requesting agency**?

☐ YES ☐ NO

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 section 6 below, Out of State Information

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? ☐ 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 in lieu of legal action? ☐ YES ☐ NO

IMPORTANT: If you answered "YES" to questions two, three, four or five 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 actions(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 actions (s) occurred.

Section 6: Out of State Information

Please list all the states you currently reside in, or have resided in the last five years. Use an additional page, if necessary.

First Name	Last Name	Resided from (m/d/y - m/d/y)	
Physical Address			
City	State	Zip code	County
First Name	Last Name	Resided from (m/d/y - m/d/y)	
Physical Address			
City	State	Zip code	County
First Name	Last Name	Resided from (m/d/y - m/d/y)	
Physical Address			
City	State	Zip code	County

Continued on next page (signature and date required)

FOR CHILD CARE LICENSING DIVISION REPRESENTATIVE TO COMPLETE

R		C&C: <input type="checkbox"/> YES <input type="checkbox"/> NO Intake Initials:	Continue Process <input type="checkbox"/> YES <input type="checkbox"/> NO Compliance Initials:
	Run Date/Initials	Pending	Approve Date/Initials
CPS		<input type="checkbox"/>	
LEDS		<input type="checkbox"/>	
APS		<input type="checkbox"/>	
FBI		<input type="checkbox"/>	
NSOR		<input type="checkbox"/>	
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 7: Privacy and Authorization Statement

I have read and understand the instructions for completing this form. I authorize the Department of Early Learning and Care to use my Social Security Number as identification for the background checks. I understand that the Department of Early Learning and Care will conduct a criminal history and child welfare background check on me. I authorize the Department of Early Learning and Care to use my fingerprints to obtain information about me from the Federal Bureau of Investigation and Oregon State Police. I authorize the Department of Early Learning and 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 Department of Early Learning and 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 my 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 Department of Early Learning and Care, including information provided as part of other applications.

The Department of Early Learning and Care will not share the results of the background check except in a statement that indicates whether I am eligible for employment or not and will only share information obtained in the background check, including with other public entities, as permitted or required by law.

I understand that by enrolling in the Department of Early Learning and 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 Department of Early Learning and Care, Department of Early Learning and 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

Application Checklist:

Before submitting your application for Enrollment in the Central Background Registry to the Department of Early Learning and Care, complete the following checklist. Please remove the instruction sheet from the application before sending the form to the Department of Early Learning and Care.

Failure to submit a complete application will delay processing*

- ☐ Completed and signed form, CEN-0001 *Application for Enrollment in the Department of Early Learning and Care's Central Background Registry*
- ☐ Written explanation and documentation for responses to Section 5: Background Information section of application (if applicable)

Mail application with original signature to:

Department of Early Learning and Care
Attn: Background
700 Summer St. NE
Salem, OR 97301

***Note:** After submitting this application, all subject individuals will receive instructions on how to complete the Federal Bureau of Investigation fingerprint check. These instructions will be mailed to you and emailed to the email address provided on this application. **Fingerprints must be submitted within 30 days.**

For renewal applications, submit your application at least 30 days prior to the enrollment expiration date.

If you have questions, please call Central Services Office at 503-947-1400 or 1-800-556-6616, or go to the Department of Early Learning and Care website at www.oregon.gov/delc for more information.