



# Facility Staff Update List

Before you hire new staff at your facility, you are required to confirm that they are enrolled in the Office of Child Care's Central Background Registry (CBR). The enrollment letter that the individual receives is NOT proof that they are currently enrolled. You must have the confirmation letter that the Office of Child Care sends to your facility or the results sent back to you after submitting this form (see checklist below). Additionally, staff must be qualified for the position they hold.

To ensure that your facility's pre-filled staff qualification and training log is current and lists the correct staff members in their correct positions, please complete the information below, send it to the Office of Child Care, and we will update the information in your facility record. Confirmation letters for staff that are enrolled in the CBR and are now linked to your facility will be sent to you to keep on file.

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. CBR 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.**

Registered Family (RF)	Certified Family (CF)	Certified Center (CC) and Requesting Agency (RA)
Daughter	Assistant I Son	Aide I Manager Visitor
Other Adult	Assistant II Spouse/Partner	Aide II Multi-Site Coordinator Volunteer
Provider	Assistant II/Substitute Substitute	Cook Owner
Son	Daughter Visitor	Director Site Director/Supervisor
Spouse/Partner	Driver Volunteer	Director/Teacher Staff Member
Staff	Manager	Director/Head Teacher Student
Substitute	Other Adult	Driver Substitute
Visitor	Owner	Executive Director Teacher
Volunteer	Provider	Head Teacher Teacher/Aide II

**Select Your License Type:** \_\_\_\_\_

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)

*Please fill out all fields below so we can accurately update your staff list on file*

Please send completed form to: Office of Child Care  
700 Summer St #350  
Salem, OR 97301  
Fax: 503-947-1428

Email: **OCC.CustomerService@state.or.us**

I would like this form faxed or emailed to me with the results

Facility Name: \_\_\_\_\_

License or Information Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_