

Delaware Early Care and Education (ECE)

Guide to Printing Background Check Form for Applicants

WELS Systems Foundation

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Overview and Getting Started

The Delaware Early Care and Education (ECE) Portal was designed for you to have one place to keep track of your career information and goals, as well as to apply for various programs.

We believe that supporting our educators is the first step to supporting our children and our future.

Need Help?

Do not hesitate to contact us!

Use the **chat** in the Professional Portal at the bottom left corner of your screen.

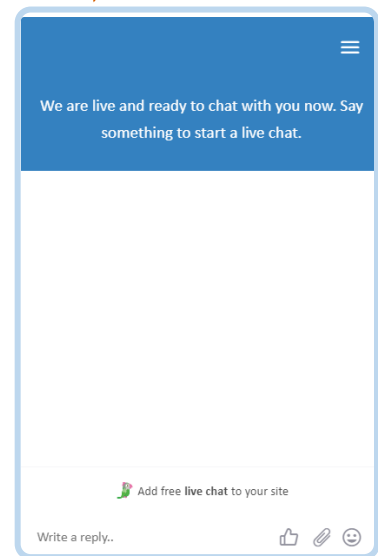
Send us a message via **email** at:

Support@WelsFoundation.org

Call us at:

(302) 549-4212

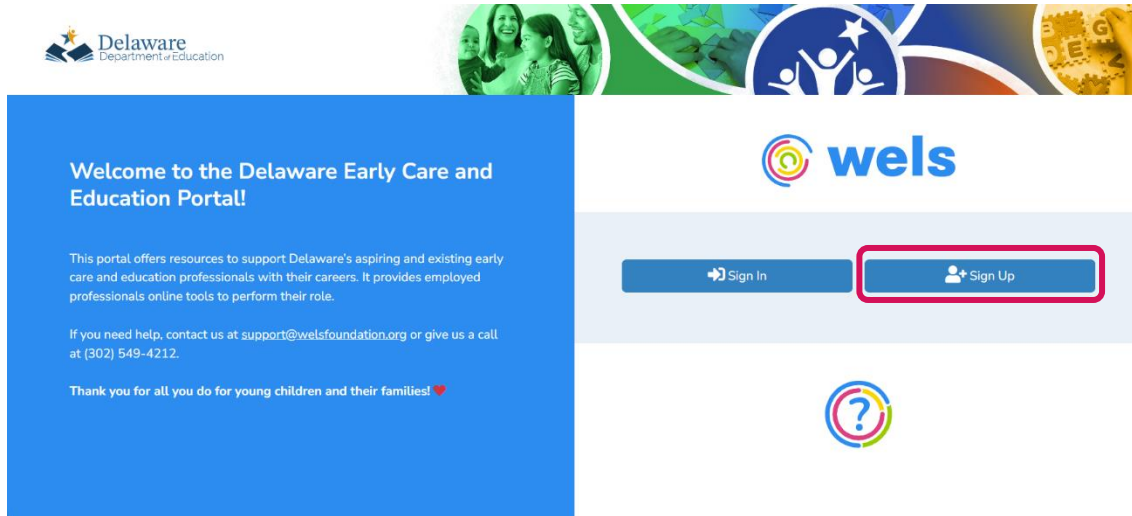
Monday - Friday, 9am to 5pm



Sign Up

If this is your first time applying, you will need to create a Professional Portal profile. To do so, open a browser window, such as Google or Internet Explorer, and type <https://portal.delawareece.com/> to get to the homepage of the Professional Portal.

Click **Sign Up** to create your personal account.



Fill in basic information about yourself, including:

- Email Address (This will also be your username)
- Password
- First and Last Name
- Date of Birth*
- Phone Number

When you are done, click **Sign Up**.

After you have signed up, you will receive an email confirming that your Professional Portal profile has been created. This message will include your username, which is the email address you provided, and also the contact information for Help Desk support.

*This information is required for verification purposes.

Sign In

Access the Log In page by typing <https://www.portal.delawareece.com> in your browser and selecting **Sign In**.

Log In

✉ aesnowden@gmail.com ✓

🔒

➔ Sign In 🏠 Home 👤 Sign Up

Once you have created your Professional Portal profile, enter your username and password and click **Sign In**. You will also select **Sign In** if you have already created a profile for a Child Care Bonus, Scholarship, or a Quality Improvement Plan.

Forgot Your Password?

From the Log In page, click the **Reset Password** link. Enter the email address you used to sign up and click **Send**. You will receive an email with a link to reset your password.

OR

Reset Password

{ Forgot your Password? [Reset Password](#) } →

✉ aesnowden@gmail.com ✓

➔ Send 🏠 Home

Clicking this link will take you back to the Professional Portal where you will be prompted to create a new password. Make sure your new password has each of the following:

- 1 uppercase letter
- 1 lowercase letter
- 1 number
- 1 symbol
- At least 6 characters

When you are finished, click **Update** and use your new password to sign in to your account.

Two-Factor Authentication

We want to keep your account safe by making sure only *you* can sign in to your account. That is why you will be asked to go through two-factor authentication when logging into the WELS Portal from a new device or browser.

Two-Factor authentication ensures it is you signing into your account by asking you to use two different methods of signing in. The first of these methods is through your username and password and is done from the Log In page.

The image shows a two-step login process. The top part is a 'Log In' form with a text input for the email 'aesnowden@gmail.com' and a password input field. Below these are buttons for 'Sign In', 'Home', and 'Sign Up'. A yellow arrow points from the 'Sign In' button to the second screen. The second screen is titled 'Two Step Authentication is required for your account.' and displays 'Your code was sent to: XXX-XXX-5555'. It features a 'Verification Code' input field with a placeholder 'Enter Verification Code', a 'Remember Browser' dropdown menu currently set to 'No', and a 'Sign In' button. There are also links for 'Didn't receive verification code? Resend Code' and 'Not your phone Number? Contact Support'.

Once you have clicked **Sign In**, this will bring you to a screen where you will confirm it is *you* signing in by entering the six-digit code that was sent via text message to the phone number you provided when you created your profile.

When you receive your code, enter it in the *Verification Code* box.

Select **Yes** under *Remember Browser* to save this information and bypass two-factor authentication when logging in from the browser you used to sign in when you went through the above process.

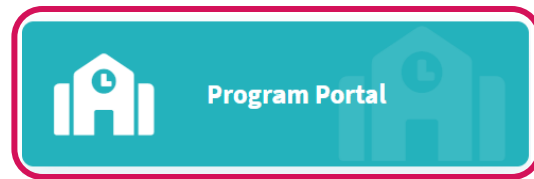
Click **Sign In** to access your Professional Portal profile.

If you are not able to access your phone, contact support by sending an email to delawareece@welsfoundation.org or call (302) 549-4212.

Program Portal Dashboard

Once you log in, click on **Program Portal**.

The Program Portal has your personalized early childhood facility profile.



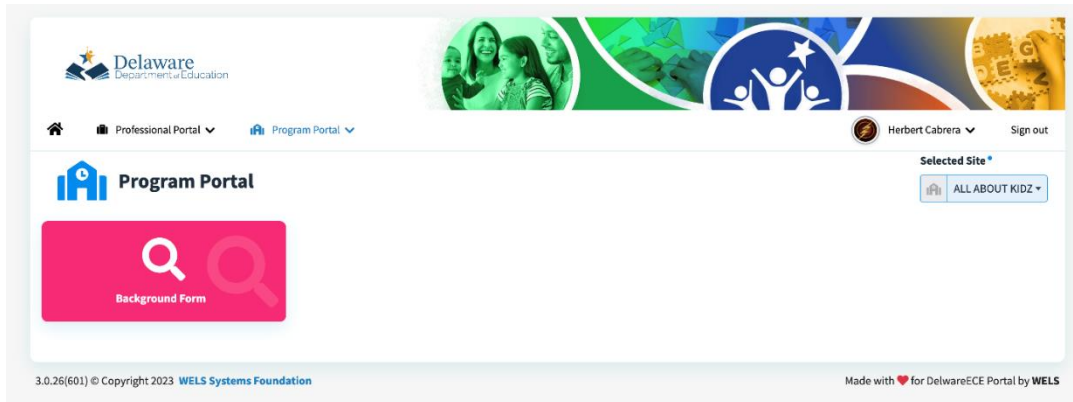
Phase One: Claiming Your Delaware Child Care Facility

NOTE: *If you are a center administrator, family child care provider, or large family provider who had a Professional Profile prior to September, you will already have a Program Portal button pre-populated. You can skip these Phase One: Claiming Your Delaware Child Care Facility instructions.*

When you first enter the **Program Portal**, you will be prompted to enter information about your Child Care Facility. You will need to enter your Child Care Facility License number and your affiliation. You must also affirm the request. You may also be prompted for employment information if you had not entered it previously through your Career Journey.

A screenshot of the Delaware Department of Education's Program Portal dashboard. The header includes the Delaware Department of Education logo and navigation links for "Professional Portal" and "Program Portal". A user profile for "Sandro Perce" is visible with a "Sign out" link. The main content area is titled "Program License" and "Documentation". A light blue box contains instructions: "The Program Portal is where you input, view, and manage information regarding a licensed site. In order to claim a site, the Facility Owner or Administrator of the site must submit the License Number. Once this information has been validated, you will then be asked to upload a copy of the facility's license (from the Delaware Office of Child Care Licensing). Once the above information is verified, you will receive an email letting you know that you have rights to the site in the portal." Below this, there are three input fields: "License Number" with a placeholder "Enter License Number", "Type" with a dropdown menu showing "Administrator", "Family Home Owner", and "Center Owner" (which is highlighted in blue), and "I affirm my request within this Site" with a "No" option and a "Verify License Number" button. The footer contains copyright information: "3.0.26/601 © Copyright 2023 WELS Systems Foundati" and "Made with ❤️ for DelawareECE Portal by WELS".

Your information will be verified and once approved, you will receive an email letting you know that you can now access the Program Portal where you will be able to download the background form.



Phase Two: Downloading the Background Form

Background Form is where you will generate a background form with your Child Care Facility Information. This is the form that you will use to fill out for each new staff requiring a background check.

*If any of the prefilled fields such as the **Name**, **License Number**, and **Address**, need changing the please contact your Licensing Specialist
Please type in the name of your CHU Contact Person and program phone number below to generate your background check form.*

Program Name	Address	License Number
LITTLE BEAR LLC	462 SE 4th St, Milford, DE 19963	123456

CHU Contact Person	Phone Number
<input type="text" value="Enter CHU Contact Person"/>	<input type="text" value="(302) 123-4567"/>

You will be required to enter:

- CHU Contact Person
- Phone Number

Once you have entered this information, click **Generate Background Check Form** to save and download your background form.

Print and Fill Out the Background Form

Once you have the background form downloaded to your device, print it and give it to each new hire applicant to fill out, sign, date, and return to the Criminal History Unit (CHU) via email: DSCYF_CHU@delaware.gov or fax: (302) 633-5191. Upon receipt of the completed form, CHU will email the person the IdentoGO Service Code and No Charge Authorization Code. The email from CHU will include information regarding how to schedule an appointment.



State of Delaware
The Department of Services
For Children, Youth and
Their Families

LICENSED CHILD CARE
CRIMINAL HISTORY RECORD AND CHILD ABUSE AND NEGLECT
BACKGROUND CHECK REQUEST FORM



Please **PRINT** all the required information, sign, and date. Submit the completed form to the Criminal History Unit via email: DSCYF_CHU@delaware.gov or fax: (302) 633-5191. You will be given your IdentoGO Service Code and No Charge Authorization Code (NCAC) upon receipt of this form.

Name: _____ Date of Birth: ____ - ____ - ____ Gender: M F
Last First Middle m m d d y y y y

Ethnicity: _____ Race: _____ Alias/Other Name(s): _____

Driver's License # or ID # _____ State: _____

Address: _____
(Street) (P.O./Apt. # if applicable) (City) (State) (Zip)

Personal E-Mail Address: _____ Telephone Number: (____) ____ - ____

Have you ever been substantiated for a case of child abuse or neglect? [] Yes [] No **If yes, explain** _____

Have you ever been convicted or adjudicated delinquent of a crime? [] Yes [] No **If yes, explain** _____

List all non-Delaware addresses you have resided at within the past five years.
Attach additional sheet, if necessary, and indicate "See attached sheet."

Street Address	City	County	State & Zip	Dates of Residency

BACKGROUND CHECK REQUEST REQUIRED FOR: (Check only one in each column)

- Applicant for Licensure
- Employee
- Volunteer
- Substitute
- Household Member
- Family Child Care Home
- Large Family Child Care Home
- Child Care Center
- License Youth Camp

Name of Center, Camp, or Family/Large Family Child Care Provider: LITTLE BEAR LLC

OCCL License Number: 123456

Address: 462 SE 4th St, Milford, DE 19963

CHU Contact Person: Jane Doe Telephone Number: (555) 5555555

I hereby consent to the release of any criminal record concerning me by the FBI, Delaware SBI, Police and Public Safety Officials to the State of Delaware Department of Services for Children, Youth and Their Families (DSCYF). I also consent to the release of any child abuse and neglect information concerning me from state and local government records to DSCYF and the above named facility/provider. I understand that my failure to disclose any information involving criminal convictions/adjudications or any substantiated cases of child abuse or neglect against me may be grounds for an Office of Child Care Licensing enforcement action or termination from employment. I also understand that information acquired through this process and including any subsequent criminal charges or child abuse or neglect incidents will be used to evaluate my eligibility to provide licensed child care or have direct access to children receiving care at a child-serving entity. I further release the Delaware DSCYF and all its officers and employees from any and all claims arising out of or in any way connected to the release and/or dissemination of any information concerning me.

Signature: _____ Date: _____

This background check is authorized under 31 Delaware Code, Section 309 and the Federal Child Care Development Block Grant Act of 2014. Fingerprints obtained through this process will be used to search the criminal history records at the Delaware SBI and the FBI. This background check also includes searches of state criminal and child abuse and neglect records, the National Sex Offender Registry and state sex offender registries.

FBI fingerprint record – The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in 28 CFR 16.34. Go to www.fbi.gov for further information.

DO NOT WRITE BELOW THIS LINE – FOR DSCYF USE ONLY

DE CPR: Yes No Date ____/____/____ OOS CAN: State: ____ Yes No Date ____/____/____ State: ____ Yes No Date ____/____/____

DE SOR: Yes No Date ____/____/____ OOS SOR: State: ____ Yes No Date ____/____/____ State: ____ Yes No Date ____/____/____

NSOR: Yes No Date ____/____/____ OOS CH: State: ____ Yes No Date ____/____/____ State: ____ Yes No Date ____/____/____

ELIGIBLE INELIGIBLE PROHIBITED Date: ____/____/____ INITIAL: _____