

# Reporting Changes to DPU

Within five days of occurrence, all ERDC approved child care providers, including CCLD licensed providers, are required to report the following changes to the Direct Pay Unit (DPU).

**Failure to do so may result in the provider being ineligible for or suspended from receiving ERDC payments.**

## What changes need to be reported:

- Child care providers are required to report any contact or involvement with Child Protective Services (CPS), the Office of Training Investigations and Safety (OTIS) or any other agencies providing child or adult protective services, as well as any arrests, indictments, or convictions, for the following individuals:
  - The child care provider
  - Any person living with the provider aged 18 and older
  - Each person who visits the home of the provider during the hours care is provided and may have unsupervised access to a child in care.
  - Each person supervising a child in the provider's absence
  - The site director of an exempt child care facility and anyone who works in the facility who has access to the children in care, including employees, substitute caregivers, staff and volunteers, and any other person required to be on the ERDC provider form.
- Any change to the provider's name, phone number, mailing address, and/or location where care is provided.
- Any new person (age 18 and older) in the home or facility, including visitors to the home or facility during the hours' care is provided who may have unsupervised access to the children in care.
- When a person in the home or facility turns 18 years of age.
- If the provider is now licensed with the CCLD.
- If the provider is now a home care worker for any ODHS Aging and People with Disabilities (APD) program, or a personal support worker through any Intellectual and Developmental Disability (IDD) or Oregon Health Authority (OHA) Behavioral Health Services program.
- Whether the provider is a home care worker or personal support worker, any changes that occur with the type of care the provider gives or if clients have been added to the provider's care.
- If the provider no longer meets ERDC provider requirements, including health and safety requirements.

## To report a change to DPU:

- Call 1-800-699-9074
- Email to [CustomerService.DPU@DELC.Oregon.gov](mailto:CustomerService.DPU@DELC.Oregon.gov)
- Use a Report Changes to DPU form (CCLD-1059) available on the DELC website

You are entitled to language assistance services and other accommodation at no cost. If you need help in your language or other accommodation, please contact the DELC at 1-800-556-6616.



# Report Changes to DPU

Use this form to report changes to the Direct Pay Unit (DPU). Changes are required to be reported within five days. Child care providers who are registered or certified with the Child Care Licensing Division (CCLD), need to report changes to both DPU and CCLD. Contact CCLD at 1-800-556-6616. Changes can be submitted to DPU by mail, telephone or email:

**Mail to:** DPU P.O. Box 14850,  
Salem, Oregon 97309-0850

**Telephone:** 1-800-699-9074

**Email:** [CustomerService.DPU@DEL.C.Oregon.gov](mailto:CustomerService.DPU@DEL.C.Oregon.gov)

<b>Date of report</b> (enter today's date)		<b>Report completed by</b> (Name of person completing this report)	
Date:		Name:	
<b>Date of change</b> (Enter the date when this change occurred or will occur)		<b>ERDC provider number</b>	
Date:		ERDC #	
<input type="checkbox"/> <b>Identifying information</b> (required to ensure the correct record is updated)			
Provider/facility name:		Telephone:	SSN or Tax ID number:
<input type="checkbox"/> <b>New telephone number</b>			
Old telephone #:		New telephone #:	
<input type="checkbox"/> <b>My name has changed</b>			
Old name:		New name:	
<input type="checkbox"/> <b>Change in Household Members</b> aged 18 years or older where care is provided, or someone who visits the home where care is provided during child care hours and may have unsupervised access to a child in care. Write the person's name and information below. (Use an additional page, if needed)			
Note: All Individuals aged 18 or over in the household who may have access to the children in care must be enrolled in the Central Background Registry (CBR). CBR applications may be completed here: <a href="https://www.oregon.gov/delc/providers/pages/cbr.aspx">https://www.oregon.gov/delc/providers/pages/cbr.aspx</a>			
<b>**License-Exempt Facility: see page 3 for adding new staff and submitting training updates</b>			
Full name of person: <input type="checkbox"/> Add <input type="checkbox"/> Remove	Date of Birth:	CBR # (if known):	<input type="checkbox"/> Household member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer
Full name of person: <input type="checkbox"/> Add <input type="checkbox"/> Remove	Date of Birth:	CBR # (if known):	<input type="checkbox"/> Household member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer
Full name of person: <input type="checkbox"/> Add <input type="checkbox"/> Remove	Date of Birth:	CBR # (if known):	<input type="checkbox"/> Household member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer
<input type="checkbox"/> <b>Other Changes</b> (use additional page, if needed)			
<input type="checkbox"/> <b>I have been, or</b> <input type="checkbox"/> <b>Someone living in or visiting my home has been:</b> <input type="checkbox"/> Arrested for a crime <input type="checkbox"/> Convicted of a crime <input type="checkbox"/> Involved with Child Protective Services (CPS, Child Welfare) for child abuse, child neglect, failure to protect a child or any other involvement (including referral): <b>Law enforcement agency, court or CPS (Child Welfare) local branch:</b> _____ <b>Date occurred:</b> _____ <b>Full Name of Individual:</b> _____			
<b>Description of Occurrence:</b>			

**Need to report an Address Change? See page 2**

Provider Full Name: \_\_\_\_\_ DELC ERDC #: \_\_\_\_\_

If you are licensed, please report the address change to DPU by phone call. If you are providing care in the family's home and the family has moved and you will still be providing care in their home, please report this address change by phone call to DPU. For all other scenarios please complete the sections below. Be sure to fill in the Household Member section on page 1 if there have been changes to who lives in the home where care is provided. If you need to connect a new family you will provide care for, call DPU.

<input type="checkbox"/> <b>New Address is</b> (check all that apply):				
<input type="checkbox"/> New address where child care is provided <i>(if selected, please answer all of the questions below)</i> <input type="checkbox"/> New home address of provider <input type="checkbox"/> New mailing address for provider				
New address:	City:	State:	ZIP code:	County:

**If the new address is a new location where care is provided, please complete the following:**

a. Is the home where care is taking place- foster care certified? <i>If Yes, please attach a letter from the ODHS foster care certifier approving you to do child care in that home.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. I am (or will be) providing care in the home where all the children in care live and I live somewhere else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Facility requirements where care is provided: Does the new facility meet the requirements below?	Do you meet the requirements?	
c. If there is a second floor used for child care, I have or will have a written plan for evacuating children.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> No
d. Does each floor used by children have two usable outdoor exits? (This can include a sliding door or window that can be used to evacuate children.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the home/facility have safe water for drinking or preparing food? <i>Reminder: if you are providing care outside the child's home or if you live with the child, lead testing must be completed within 90 days of beginning care at the new location.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the home/facility have a working smoke detector on each floor and in each area where children nap?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Will you ensure that the building, grounds, toys, equipment, and furniture are clean, sanitary, and hazard-free?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Does the home/facility have a working telephone? (Confirm the correct phone number is entered in your contact information.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are there barriers to protect children from fireplaces, space heaters, electric outlets, wood stoves, stairways, pools, ponds and other hazards? All gates and enclosures must not pose a risk or hazard to any child in care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Will you ensure that items dangerous to children are kept in a secure place out of a child's reach? These items include firearms, ammunition, alcohol, inhalants, tobacco and e-cigarette products, matches and lighters, any legally prescribed or over-the-counter medicine, cleaning supplies, paint, plastic bags, and poisonous and toxic materials.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. I will make sure that child care is not conducted in a halfway house, hotel, motel, shelter or other temporary housing such as a tent, trailer or motor home. Licensed ( <i>registered or certified</i> ) care approved in a hotel, motel or shelter is allowed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. I will make sure that child care is not conducted in a structure that is designed to be transportable and not attached to the ground, to another structure or to any utilities on the same premises.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**I certify that the information provided is true and accurate. I understand that I must continue to meet all ERDC requirements as originally agreed to when approved as an ERDC provider.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email to: [CustomerService.DPU@DELC.Oregon.gov](mailto:CustomerService.DPU@DELC.Oregon.gov) OR Mail to: DPU P.O. Box 14850, Salem, Oregon 97309-0850



# ERDC Facility Staff Reporting

Facility Name: \_\_\_\_\_ DELC ERDC #: \_\_\_\_\_

Site Address: \_\_\_\_\_ Facility Phone #: \_\_\_\_\_

**\*\*License-exempt Facilities:** Complete and submit with your ERDC Provider Form (CCLD-1056) and any time a new staff member or volunteer starts at the facility or has completed required training.

The director and staff members who work with children in care, and volunteers who may have unsupervised access to children, are required to be enrolled in the Central Background Registry (CBR) AND take the training listed below.

Online CBR applications may be submitted here: <https://www.oregon.gov/delc/providers/pages/cbr.aspx>

Date: \_\_\_\_\_ Fill out as many copies of this form as needed. All dates on the form should be written **m/d/yyyy**.

New Staff or Volunteer General Information					
	Director	Staff 1	Staff 2	Staff 3	Staff 4
<b>Staff/Volunteer Name</b> (Full legal name)					
<b>Birth date</b> (m/d/yyyy)					
<b>CBR #</b> (if known)					
<b>CBR Expiration Date</b> (if known)					
<b>Position</b> Director, Assistant Director, Teacher, Aide 2, Aide 1, Substitute, Volunteer, etc.					
Required Trainings (complete this section for all staff before submitting the ERDC Provider Form)					
<b>Introduction to Child Care Health and Safety (ICCHS)</b> Date of Training					
<b>Recognizing &amp; Reporting Child Abuse and Neglect (RRCAN)</b> Date of Training					
<b>Pediatric CPR/First Aid</b> Expiration Date					
Required Trainings (must be completed within 90 days of becoming approved as an ERDC Provider)					
<b>Foundations For Learning</b> Date of Training					
<b>DELC Child Care ERDC Orientation Part 1</b> Date of Training		N/A	N/A	N/A	N/A
<b>DELC Child Care ERDC Orientation Part 2</b> Date of Training		N/A	N/A	N/A	N/A
Enhanced Rate Required Training (in addition to the training listed above)					
<b>Food Handlers</b> Expiration Date					

Email to: [CustomerService.DPU@DELC.Oregon.gov](mailto:CustomerService.DPU@DELC.Oregon.gov) OR Mail to: **DPU** P.O. Box 14850, Salem, Oregon 97309-0850

Keep a copy for your records.