|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| C:\Users\eva.freimuth\Downloads\DCYF-Logo-BW (10).jpg | **Child Care Center/School-Age/ONB Background Checklist** | | | | | |
| Facility name: | Provider ID #: | | | | Date: | |
| Facility address: | City: | | | State: WA | | Zip code: |
| Facility email address: | Facility 10 digit telephone number: | | | | | |
| Name of individual completing this form: | Signature of individual completing this form: | | | | | |
| A list of **ALL** staff and volunteers in your facility must be returned with the Declaration of Compliance. | | | | | | |
| Full Name | Birthdate (mm/dd/yyyy) | Position | Date of Hire | | | PBC Expiration  Date |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
|  |  |  |  | | |  |
| **New staff and volunteers must complete the portable background check process prior to the date of hire.**  **ALL** staff and volunteers in your facility must complete the portable background check process every three years.  Information about the Portable Background Check process can be found at: [www.dcyf.wa.gov](http://www.dcyf.wa.gov)  *After DCYF receives this form and uploads it to WA Compass, the form will be shredded.* | | | | | | |