

Residential Care Services

Adult Family Home

Background Checks

Fingerprint Checks

December 2016





Two Types of Background Checks

Washington Name and Date of Birth (NDOB)

- Information comes from Washington State Patrol
- AFH Regulations
 - WAC 388-76-101631
 - WAC 388-76-10175
- Must be renewed every 2 years
 - WAC 388-76-10165

Fingerprint (FP)

- Information comes from FBI and Sex Offender Registry
- AFH Regulations
 - WAC 388-76-101632
 - WAC 388-76-10176
- Does not expire and good indefinitely.
 - WAC 388-76-10165

Washington State Name and Date of Birth Background Check

Includes convictions, pending charges, and negative actions from the following sources:

- Washington State Patrol;
- Washington & other state court systems;
- Department of Corrections;
- Applicant/Employee's self-disclosure;
- Adult Protective Services, Residential Care Services, Child Protective Services & Department of Health (DOH).



When is the Name and DOB Background Check required to be completed?

- Upon hire or during initial licensing.
- Every two years after initial NDOB was conducted. For example: If the “Completed On” date listed on the result letter is May 1, 2015, then it expires on May 1, 2017.
- If an individual, over the age of 11, is in the home who could have unsupervised access to residents. This means the day after their 11th birthday.

Background Checks Who needs to have?

Providers are required to have Name and Date of Birth on:

- Caregivers, managers, entity representatives **AND themselves**
- Persons who **may** have unsupervised access to vulnerable adults, such as:
 - Volunteers
 - Staff persons who are not caregivers or administrators
 - Managers who do not provide direct care
 - Contractors
- AFH household members over the age of 11 – day after 11th birthday.

WAC 388-76-10161

FINGERPRINTING PROCEDURE



Live scan fingerprinting is the process of capturing fingerprints electronically with an advanced live scan machine. With live scan fingerprinting, there is no ink or card. Your fingerprints are “rolled” across a glass plate and scanned. It is faster, cleaner, and more accurate than the old ink and roll method.

National Fingerprint Based Background Checks

Includes convictions, pending charges, and negative actions from the following information sources:

- Washington State records;
- State police records of Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Wyoming (Western Identification Network (WIN) check);
- Federal Bureau of Investigation record including the national sex registry.



Who needs to be fingerprinted?

- Any caregivers hired after January 7, 2012 who may have unsupervised access to vulnerable adults.
- Any provider who obtained their license after January 7, 2012 or person named as entity representative after January 7, 2012.
- Caregivers who were exempt from having a fingerprint check done because they worked prior to January 7, 2012 will have to have a fingerprint done if they change employers after January 7, 2012.



120 Days – Pending results of National Fingerprint Background Check

- If an applicant/employee is *not* disqualified by the NDOB, they may work up to 120 days from the hire date **pending** the outcome of the FP-based portion of their background check.
- If the FP-based portion of the check is not back by the 120th day, the applicant/employee may not have unsupervised contact/work with vulnerable adults.
- There are no exceptions to the law, WAC 388-76-10176.

Background Check Forms



What does a Background Check Application look like?

([Form 09-653](#))

Background Check Authorization		PROCESSING CODE
SECTION 1: ENTITY INFORMATION (COMPLETED BY DSHS STATE PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)		
1A. ENTITY REQUESTING THE BACKGROUND CHECK	1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A	1C. NAME OF SECONDARY ENTITY
2. REQUIRED: NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK PRINTED NAME: _____ SIGNATURE: _____		
3. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT DSHS POSITION NUMBER: _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____ <input type="checkbox"/> Permanent appointment <input type="checkbox"/> Non-permanent appointment <input type="checkbox"/> Work study / student Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Acting		
4. REQUIRED: SDCU ACCOUNT NUMBER	5. DSHS TO NUMBER OR NAME	
SECTION 2: THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)		
6. SOCIAL SECURITY NUMBER	7. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	
8. REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR OTHER PHOTO (E. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER. FIRST: _____ MIDDLE: _____ LAST: _____		
9. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER. FIRST: _____ MIDDLE: _____ LAST: _____		
REQUIRED: SELF-DISCLOSURE QUESTIONS: SEE INSTRUCTIONS. You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.		
11A. Have you been convicted of any crime? If yes, fill in the blanks below. _____ Degree: _____ State: _____ Conviction date: ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. _____ Degree: _____ State: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> Permanent vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34. Sexual assault protection order under RCW 7.90. Permanent civil anti-harassment protection order, either active or expired, under RCW 10.14. See instructions for description of "permanent."		
15. REQUIRED: PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE)	16. REQUIRED: PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID	
17. REQUIRED: Have you lived in any state or country other than Washington State within the last three years (36 months)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. A. REQUIRED: PRINT YOUR MAILING ADDRESS (WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION) APT. NO. _____ CITY _____ STATE _____ ZIP CODE _____		
B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS) APT. NO. _____ CITY _____ STATE _____ ZIP CODE _____		
C. REQUIRED: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED		
19. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my signature in box number 19 means: <ul style="list-style-type: none"> I give DSHS permission to check my background with any governmental entity and law enforcement agency. My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law. If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result. DSHS will give my background check result to the persons or entities named in Section 1 and may release my background check results to other persons or entities within the law authorized or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law. The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program. 		
20. REQUIRED: YOUR SIGNATURE, YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18	21. REQUIRED: TODAY'S DATE (MM/DD/YYYY)	
PROGRAM USE - FOLLOW INSTRUCTIONS PROVIDED BY YOUR DATA OVERSIGHT PROGRAM		

Processing Code box:

- Write **"Fingerprint (FP) required"** if a FP is required.
- Write **"New Hire"** if a FP is not required.
- If neither apply, **leave blank**, i.e. two year renewal or a FP had previously been completed.

Sample Background Check Application

Background Check Authorization			PROCESSING CODE
SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR) 1A. ENTITY REQUESTING THE BACKGROUND CHECK Perfect Adult Family Care			Optional - See Instructions: - Fingerprint Required - New Hire - Initial Contract
1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A 1234 5th Street Seattle, WA 98117		1C. NAME OF SECONDARY ENTITY	
2. REQUIRED: NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK PRINTED NAME: John Smith SIGNATURE: <i>John Smith</i>			
3. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT DSHS POSITION NUMBER _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____ <input type="checkbox"/> Permanent appointment <input type="checkbox"/> Non-permanent appointment <input type="checkbox"/> Work study / student internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Acting			
4. REQUIRED: BCCU ACCOUNT NUMBER N100506			
SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)			
6. SOCIAL SECURITY NUMBER 123-12-1234 (Not Required)		7. REQUIRED: DATE OF BIRTH (MMDDYYYY) 01/02/1981	
8. PRINT YOUR E-MAIL ADDRESS Mary.Jones123@gmail.com			
9. REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER. FIRST: Mary MIDDLE: Michele LAST: Jones			
10. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER. FIRST: N/A MIDDLE: N/A LAST: Brown			
REQUIRED: SELF DISCLOSURE QUESTIONS. SEE INSTRUCTIONS. You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.			
11A. Have you been convicted of any crime? If yes, fill in the blanks below. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driving Under the Influence Degree: N/A State: WA Conviction date: 02/12/2008			
11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> Permanent* vulnerable adult protection order / restraining order, either active or expired, under RCW 74.74. Sexual assault protection order under RCW 7.90. Permanent* civil anti-harassment protection order, either active or expired, under RCW 10.14. See instructions for description of "permanent."			
15. REQUIRED: PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE) JONESMM193PT		REQUIRED: PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID Washington	
16. REQUIRED Have you lived in any state or country other than Washington State within the last three years (36 months)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
17. A. REQUIRED: PRINT YOUR MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION 5544 Cherry Street APT. NO. C-404 CITY Seattle STATE WA ZIP CODE 98117			
B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS) Same			
C. REQUIRED: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED 206-555-6789			
18. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my signature in box number 19 means: <ul style="list-style-type: none"> I give DSHS permission to check my background with any governmental entity and law enforcement agency. My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law. If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result. DSHS will give my background check result to the persons or entities named in Section 1 and may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law. The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program. 			
19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18. <i>Mary Jones</i>		20. REQUIRED: TODAY'S DATE (MMDDYYYY) 10/01/2016	
PROGRAM USE - FOLLOW INSTRUCTIONS PROVIDED BY YOUR DSHS OVERSIGHT PROGRAM			

TIPS

- Use the directions when completing the form.
- #11A – ensure crime(s) listed is exactly as it appears on the official documents.
- #13 is not referring to drivers license
- Read the “Important information about answering self-disclosure questions” on the instructions page.
- If faxing, keep a copy of the fax confirmation page.



Fingerprint-Based Background Check Notice

Information about your fingerprint-based background check:

1. In order to determine a person's character, competence and suitability to have unsupervised access to vulnerable individuals, the Department of Social and Health Services requires a background check that is based upon the person's fingerprints. These background checks are required by several state laws, including RCW 43.43.837.
2. Your fingerprints will be used to check the criminal history record files that are kept by the Washington State Patrol (WSP) and the Federal Bureau of Investigation (FBI). Once the fingerprint check is complete, you may obtain a copy of your background check result by contacting the Background Check Central Unit at 360-902-0299 or BCCUinquiry@dshs.wa.gov.
3. If you believe the results of your background check are not complete or are wrong, you have an opportunity to complete or challenge the accuracy of the information as described below.
 - a. The background check result letter explains how to correct information that was provided by the Washington State Patrol, the Washington Courts, the Department of Corrections, or the Department of Health.
 - b. There are two ways to correct information on the FBI Identification Record:
 - Contact the state or federal agency or agencies that provided the information to the FBI; or
 - Send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division by writing to the following address:

FBI CJIS Division
Attention: Correspondence Group
1000 Custer Hollow Road
Clarksburg, WV 26306

Your written request to the FBI should clearly identify the information that you feel is inaccurate or incomplete and should include copies of any available proof or documents that support your claim. For example, if information about what happened to a criminal charge against you is incorrect or missing, you may submit documentation from the court or the office that prosecuted the offense. The Correspondence Group will contact appropriate agencies to try to verify or correct challenged entries for you. When the FBI receives official communication from the agency with jurisdiction over the matter, the FBI will make appropriate changes and notify you of the outcome. (This process is described in 28 C.F.R. § 16.34.)

4. The Federal Bureau of Investigation (FBI) Privacy Act Statement is available on the FBI website at <http://www.fbi.gov/about-us/cjis/cclibrary/privacy-act-statement-1>.

By signing this notification I acknowledge that:

I received a copy of this notice because I am required to have a fingerprint-based background check. The person or entity that requested the background check is required to keep a copy of this signed notice for their records and to return the original notice to me. I will be notified of the result of my background check when the person or entity that requested the background check received the final fingerprint result letter.

APPLICANT SIGNATURE	DATE	PRINTED NAME
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What happens after the applicant completes the form?

1. The form goes to the Background Check Central Unit (BCCU).
 - FAX: 360-902-0292
 - Mail: DSHS BCCU, PO Box 45025, Olympia 98504-5025
2. Once the AFH gets the results, the provider will determine what needs to occur next based on the result letter received.
3. The home is required to have the result letter for the NDOB and FP, as well as the Character, Competence & Suitability form (if needed) available for licensors to review.



AFH licensors will:



- Review **ALL** background checks of anyone, over the age of 11, who lives or works in the home and has unsupervised access to vulnerable adults; and
- Check all background checks of employees employed in the home since the last survey, even if they no longer work in the home.

Result/Notification Letters

- There are two versions of letters you will see in the homes, result letters received before October 14, 2015 and notification letters received after October 14, 2015.
- The next two slides compare the language used in each version of the letters.

Result Letters dated/sent PRIOR to October 14, 2015

- No Record**
- AB**-A criminal conviction or pending criminal conviction charge, OR negative actions.
- ABC**- the 'C' denotes that more information may be required (if AB does not apply), the applicant/employee is not permitted to work unsupervised until information is provided to BCCU and new letter is issued

NOTE: If the letter does not indicate “interim” (on the NDOB results, or “final” (on the FP results) the background check is a re-check.

Result Letter: **NO RECORD**



- When a result letter says **“No Record”** it means that BCCU was unable to find any record of criminal convictions or pending charges.

Result Letter: AB

- When a result letter says:
 - A. A criminal conviction or pending charge; or
 - B. A Negative Action.
- BCCU found a criminal conviction, pending charge or negative action that is not disqualifying. Review RAP (Record of Arrests and Prosecutions) sheet/source for further determination.



- What do I do with a AB Result Letter?
 - ❖ Complete a Character, Competence, and Suitability Review (CC&S).

WAC 388-76-10181.

Name and Date Background Check Result Letter: AB



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Background Check Central Unit
PO Box 45025, Olympia, Washington 98504-5025
Phone: (360) 902-0299 / Email: bccuinquiry@dshs.wa.gov

This is an Interim
Record Letter or an
“A, B Letter” (based
on a Name and
DOB check)

CONFIDENTIALITY NOTICE

For authorized personnel only. This information is intended for use by the requestor. All information received from the Background Check Central Unit immediately at bccuinquiry@dshs.wa.gov or any attachments are protected under State and Federal law. Anyone receiving this information is prohibited from disclosing, copying, or distributing the information.

Review Date: *Month, Day, Year*

First, Middle, Last

Date of Birth: *00/00/0000*

Inquiry ID/OCA: *0000000*

The applicant, the Washington State Patrol, the Department of Corrections, the Department of Social and Health Services, the Department of Health, the Washington Courts, and possibly other states provided the information in this background check result. As of the date of this background check, the applicant has at least one of the following on his/her record:

- A. A criminal conviction or pending criminal charge;
- OR
- B. A negative action.

Interim Result Letter – A Washington State name and date of birth background check was completed. When the fingerprint check is complete, a final result letter will be sent to you.

NOTICE TO THE PERSON WHO REQUESTED THIS BACKGROUND CHECK

The Background Check Central Unit (BCCU) gathers and provides background information upon request. BCCU does NOT decide the character, competence, or suitability of the applicant and does not decide if background information is disqualifying. BCCU does NOT make hiring, contracting, placement, or licensing decisions for the Department or its service providers. Federal law prohibits BCCU from providing a copy of the fingerprint record to the requester.

The background check requester acknowledges his/her responsibility to:

1. Give the applicant a copy of this letter and any attached information.
2. Make sure the name and date of birth listed above are correct and to contact BCCU if it is not correct. Provide the applicant's name and inquiry ID/OCA number.
3. Follow Washington law, administrative rules, and program requirements to:

Fingerprint Background Check Result Letter: AB



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Background Check Central Unit
PO Box 45025, Olympia, Washington 9850
Phone: (360) 902-0299 / Email: bccuinquiry@dshs.wa.gov

This is a final Record Letter or an "A, B Letter" (based on a fingerprint check)

CONFIDENTIALITY NOTICE

For authorized personnel only. This information is intended for use by the recipient of the Background Check Central Unit immediately at bccuinquiry@dshs.wa.gov. All attachments are protected under State and Federal law. Anyone receiving this information is prohibited from disclosing, copying, or distributing the information.

Review Date: **Month, Day, Year**
First, Middle, Last
Date of Birth: **00/00/0000**
Inquiry ID/OCA: **0000000**

The applicant, the Washington State Patrol, the Department of Corrections, the Department of Social and Health Services, the Department of Health, the Washington Courts, and possibly other states provided the information in this background check result. As of the date of this background check, the applicant has **at least one** of the following on his/her record:

- A. A criminal conviction or pending criminal charge;**
 - B. A negative action.**
- OR**
- Final Result Letter – A fingerprint check was completed.**

NOTICE TO THE PERSON WHO REQUESTED THIS BACKGROUND CHECK

The Background Check Central Unit (BCCU) gathers and provides background information upon request. BCCU does NOT decide the character, competence, or suitability of the applicant and does not decide if background information is disqualifying. BCCU does NOT make hiring, contracting, placement, or licensing decisions for the Department or its service providers. Federal law prohibits BCCU from providing a copy of the fingerprint record to the requester.

- The background check requester acknowledges his/her responsibility to:
1. Give the applicant a copy of this letter and any attached information.
 2. Make sure the name and date of birth listed above are correct and to contact BCCU if it is not correct. Provide the applicant's name and inquiry ID/OCA number.
 3. Follow Washington law, administrative rules, and program requirements to:

Result letter: ABC

When a result letter says:

- “C” means that the BCCU found a criminal conviction, pending charge or a negative action that is disqualifying WAC [388-113-0020](#)
or
- BCCU does not have enough information to make a decision. Such as:
 - A crime with no degree, i.e. theft or assault
 - DOH action needing further review

Result letter: ABC

CONFIDENTIALITY NOTICE

For authorized personnel only. This information is intended for use by the requester ONLY. If received in error, contact the Background Check Central Unit immediately at bccuinquiry@dshs.wa.gov or (360) 586-4200. All information and any attachments are protected under State and Federal law. Anyone receiving this information is prohibited from disclosing, copying, or distributing the information.

Review Date: Month, Day, Year

First, Middle, Last

Date of Birth: 00/00/0000

Inquiry ID/OCA: 0000000

This is an "ABC"
Letter

The applicant, the Washington State Patrol, the Department of Corrections, the Department of Social and Health Services, the Department of Health, the Washington Courts, and possibly other states provided the information in this background check result. As of the date of this background check, the applicant has at least one of the following on his/her record:

- A. A criminal conviction or pending criminal charge that is on the Department Secretary's List of Crimes and Negative Actions;
- OR
- B. A negative action that is on the Department Secretary's List of Crimes and Negative Actions;
- OR
- C. Has an unknown conviction, pending charge or other action that requires more information from the applicant.

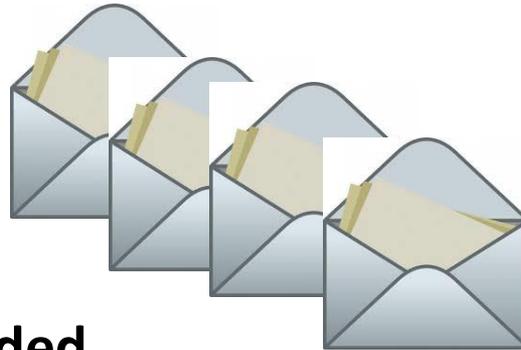
What do I do with this result letter?

- If a result letter shows a crime with no degree or is missing disposition information, the applicant must complete the BCCU Applicant Affidavit form, provide the final legal order by the court and submit to BCCU. The employee is unable to work with residents unsupervised until BCCU re-issues another result letter.
- If you have questions about a crime on the RAP sheet being equivalent to a crime listed in WAC 388-113-0020, please contact BCCU for further review.
- If the result letter is disqualifying and the individual is a caregiver, entity representative or resident manager, then he or she must not be hired.
- If the result letter is disqualifying and the individual is a household member over the age of eleven, volunteer, student or non-caregiving staff, then the home must not allow the individual to have unsupervised access to residents.

Notification Letter dated/sent AFTER October 14, 2015

- The new letters will clearly denote the following:

- No Record
- Review Required
- Disqualify
- Additional Information Needed



- 'Interim' is no longer referenced on the NDOB letters.
- The term 'final' is denoted on the FP letter.

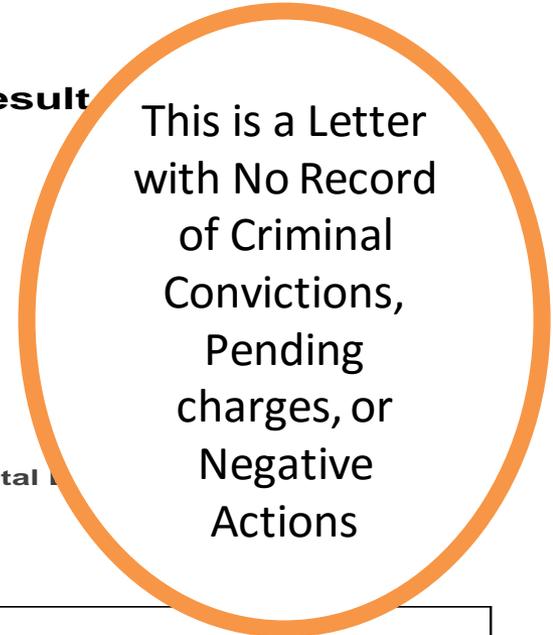
Notification Letter: No Record



When a notification letter says “No Record” it means that BCCU was unable to find any record of criminal convictions or pending charges.



Notification of Background Check Result



This is a Letter with No Record of Criminal Convictions, Pending charges, or Negative Actions

Completed On: **March 15, 2015**
 Applicant: **NAME NAME NAME**
 Date of Birth: **00/00/0000**
 Inquiry ID/OCA: **12345123**
 Entity Account #: **888888888**
 Requesting Entity: **ABC Health Care Services**
 DSHS Oversight Program: **Developmental Disabilities Administration, Developmental I**
 Background Check Type: **Final Fingerprint – A fingerprint check was conducted**

Background Check Result:

NO RECORD

As of the date of the background data search, the applicant has:

No background information reported.

This means none of the background check data sources reported criminal or negative action records that disqualify the applicant from having unsupervised access to children or vulnerable adults and there are no background check records for you to review.

Notification Letter: **Review Required**



- BCCU found a criminal conviction, pending charge or negative action that is not disqualifying. Review RAP sheet/source for further determination.
and
- Complete a Character, Competence, and Suitability Review (CC&S).
WAC 388-76-10181.

Review Required Letter



Notification of Background Check Result

Completed On: **March 15, 2015**
 Applicant: **NAME NAME NAME**
 Date of Birth: **00/00/0000**
 Inquiry ID/OCA: **12345123**
 Entity Account #: **888888888**
 Requesting Entity: **ABC Home Services**
 DSHS Oversight Program: **Aging and Long-Term Support Administration, Home and Community Services**
 Background Check Type: **Washington State Name and Date of Birth Background Check**

Background Check Result:

REVIEW REQUIRED

As of the date of the background data search, the applicant has:

Information reported by one or more background check sources that requires a Character, Competence, and Suitability review.

This means you must determine whether or not the applicant can work in a position that may have unsupervised access to children or vulnerable adults by:

- Completing a character, competence, and suitability review; and
- Documenting your decision as required by the DSHS oversight program.

The applicant's background check records are attached to this notification.

It is the requester's responsibility to provide the applicant with a copy of this background check result within 10 days of receipt. If the applicant wishes to dispute or clarify the information reported on this background check result, the applicant may contact the Background Check Central Unit for additional information.

Notification Letter: Additional Information Needed Letter

- If a result letter shows a crime with no degree or is missing disposition information, the applicant must provide the final legal order by the court to identify the **degree** of theft. Send the final legal order and the BCCU Affidavit form to BCCU.
- The employee is unable to work with residents unsupervised until BCCU re-issues another result letter.

Note: The Applicant Affidavit form can be found on the BCCU website.

- If you have questions about a crime on the RAP sheet being equivalent to a crime listed in WAC 388-113-0020, please contact BCCU for further review.

Additional Information Letter



Notification of Additional Information Needed

Date: **March 15, 2015**

Applicant: **NAME NAME NAME**

Date of Birth: **00/00/0000**

Inquiry ID/OCA: **12345123**

Entity Account #: **888888888**

Requesting Entity: **ABC Home Services**

DSHS Oversight Program: **Aging and Long-Term Support Administration, Home and Community Services**

Background Check Type: **Washington State Name and Date of Birth Background Check**

Background Check Result:

ADDITIONAL INFORMATION NEEDED

You requested a background check for the applicant listed above. The Background Check Central Unit (BCCU) requires additional information before a determination about this applicant's background can be made.

Contact BCCU at 360-902-0299 or e-mail bccuinquiry@dshs.wa.gov. Reference the OCA# listed on this notice. We will provide you instructions for completing the additional information request.

The status of this background check is pending until additional information is received by BCCU and a final result letter is returned to the requesting entity.

Notification Letter: Disqualify

- If the individual is a caregiver, entity representative or resident manager, then he or she cannot be hired by the home, per WAC 388-76-101631.
- If the individual is a household member over the age of eleven, volunteer, student or non-caregiving staff, then the home must not allow the individual to have unsupervised access to residents.
- A CC&S can't be used when the applicant/employee has an automatically disqualifying conviction, pending charges or negative action.



Disqualify Letter



Transforming lives

Notification of Background Check Result

Completed On: March 15, 2015
Applicant: NAME NAME NAME
Date of Birth: 00/00/0000
Inquiry ID/OCA: 12345123
Entity Account # 888888888
Requesting Entity: ABC Adult Family Home
DSHS Oversight Program: Aging and Long Term Support Administration, Residential Care Services
Background Check Type: Final Fingerprint – A fingerprint check was conducted

Background Check Result:

DISQUALIFY

As of the date of the background data search, the applicant has:

Disqualifying information* reported by one or more background check data sources.

This means the applicant cannot have unsupervised access to children or vulnerable adults. If you allow the applicant to have unsupervised access to children or vulnerable adults, you may be violating federal or state regulations and your DSHS oversight program may take action against your license or contract. The applicant's background check records are attached.

** Based on a review of the disqualifying crimes and negative actions adopted by the DSHS oversight program listed above.*

It is the requester's responsibility to provide the applicant with a copy of this background check result within 10 days of receipt. If the applicant wishes to dispute or clarify the information reported on this background check result, the applicant may contact the Background Check Central Unit for additional information.

Source Information

Source of Background Check Information Reported:

Source: Applicant
Answered YES to #11A, Have you been convicted of any crime?
Date of Action:
Type of Action: Conviction
Crime:
State:

Source: Applicant
Answered YES to #11A, Have you been convicted of any crime?
Date of Action:
Type of Action: Conviction
Crime:
State:

Source: Applicant
Answered YES to #11A, Have you been convicted of any crime?
Date of Action:
Type of Action: Conviction
Crime:
State:

Source: Out of state court
Date of Action:
Type of Action: Pending
Crime:
State:

Source: Out of state court
Date of Action:
Type of Action: Conviction
Crime:
State:

Source: Out of state court
Date of Action:
Type of Action: Conviction
Crime:
State:

Source: Out of state court
Date of Action:
Type of Action: Pending
Crime:
State:

Source: Fingerprint check
Fingerprint-based background check conducted. Federal law prohibits the Background Check Central Unit from sending a copy of the fingerprint record to non-governmental entities or unauthorized governmental agencies. The applicant may contact BCCU to receive a copy of their fingerprint record and may choose to share it with the with the background check requester.

Source: Applicant
Answered YES to #11B, Do you have charges (pending) against you for any crime?

Types of sources:

- Fingerprint, WSP, DOH, APS, CPS, RCPP, AND/OR applicant

If the source is FP, then:

- The applicant has an FP on file;
- The applicant must obtain the FP results from-BCCU and provide to employer.

What drives a Disqualifying Letter?

- A disqualifying conviction;
- A disqualifying pending charge;
- A disqualifying negative action;
- Self-disclosure.
- See WAC [388-113-0020](#)



Can an applicant/employee disagree with the information from the BCCU?

YES!

- If the applicant/employee disagrees with the findings, he or she should be informed by the provider to follow the instructions on the result letter to get more information or correct the issue.
- The applicant/employee must get a copy of his or her result/notification letter and all attached documents from the employer.
- If updated court information will change the result of your background check, notify BCCU of the change after the court has updated their system

What else comes with the letter?

The results/notification letter may come with a RAP sheet:

-  The RAP sheet from the Washington State Patrol is associated with the name and DOB check will accompany the results letter from the BCCU.
- The RAP sheet from the **FBI** is associated with the fingerprint check and will not accompany the results letter from the BCCU due to federal laws. The employee must request a copy from the BCCU and provide to the employer.

Requesting a copy of the FP RAP sheet

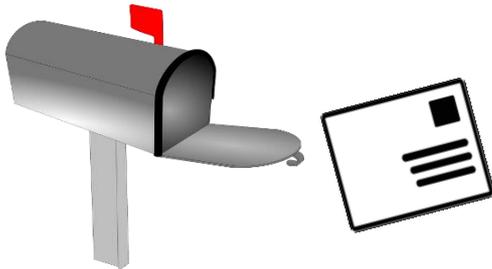
- To request a copy of the FP RAP sheet, the applicant must request the information by completing the DSHS 27-110 titled “Applicant Request for a Copy of Their Completed Background Check Information.” Information about the form:
 - It is completed by the employee;
 - It cannot be sent from the employers mail, fax or email address; and
 - The results must be sent to the employee.
- The employee is able to work in the home unsupervised for up to 120 days with a name and DOB background check but must provide the FP RAP sheet to the employer in order to continue working in the home unsupervised after the 120 days.
- The form can be found on the BCCU website.

What about pending charges?

Pending *disqualifying* charges as listed in WAC 388-113-0020 are *always* disqualifying



The Applicant/Employee must have a court disposition that reflects the crime was NOT DISQUALIFYING.



Negative Actions

- Disqualifying findings and actions are referred to as "negative actions" and they are listed in WAC 388-76-10180. Negative actions or findings come from the following sources:
 - Adult Protective Services (APS), Child Protective Services (CPS), Resident Client Protection Program (RCPP) or Department of Health (DOH).
- The required action for Non-disqualifying findings or actions is to conduct a character, competence and suitability review per WAC 388-76-10181.

Sharing of Background Information

WAC [388-76-10174](#)

Name and Date of Birth

- Result/notification letters
 - Sharable between health care facilities.
- RAP Sheet
 - Sharable between health care facilities

Fingerprint

- Result/notification letters
 - Sharable between health care facilities.
- RAP Sheet
 - **Not sharable between health care facilities.** The feds do not allow BCCU to release a FP RAP Sheet to anyone other than the applicant/employee.



Character, Competence & Suitability Review



Character Competency and Suitability Review

What is it and when should it be completed?

A **Character Competency & Suitability Review (CCS)** is a review process which documents that the provider is aware of the crime and has determined the concern will not negatively impact the care of the resident or the applicant's ability to safely care for the resident(s). It should be completed by the provider:



- When a criminal conviction or pending charge that is not disqualifying
- When a Review Required letter is received from the BCCU; or
- After new information is received/disclosed to the provider showing a new/pending crime or negative action.

This documentation must be kept in the personnel records.

Things to Consider When Conducting a CCS?



- Vulnerability of the resident(s) under their care.
- Age the individual was convicted or when he/she committed the act that resulted in a negative action.
- Whether he/she self disclosed the crime(s)/pending charge(s) and/or negative actions.
- Concern about whether he/she would be unable to meet the care needs of the resident(s).
- Pattern of offenses or other behaviors that may put the residents at risk.
- Behaviors since the convictions, charges negative actions or other adverse behaviors.

- The following slide is an example of the RCS CCS form. [Form 15-456](#).
- A CC&S determination can never be used to allow an individual to work when they have *automatically disqualifying*: (Result Letter)
 - Conviction(s),
 - Pending charge(s),
 - Negative action(s)
- The WAC does not require a specific form for CCS be used as long as there is a review and documentation of the Character, Competence and Suitability of the individual who will have access to vulnerable adults in accordance with WAC 388-76-10181.

<p>Section 4. Results of CCS determination</p> <p>After careful review of the Information above, the department or designee has determined that the individual (check either A or B below):</p> <p><input type="checkbox"/> A. <u>May</u> have unsupervised access to minors or vulnerable adults; or</p> <p><input type="checkbox"/> B. <u>May not</u> have unsupervised access to minors or vulnerable adults because:</p> <p><input type="checkbox"/> There is a concern the individual is not able to meet the care needs of the client.</p> <p><input type="checkbox"/> There is a pattern of offenses that may put the client at risk.</p> <p><input type="checkbox"/> There is a concern that the individual is putting the client's health, safety, or well-being at risk.</p> <p><input type="checkbox"/> The individual failed to self-disclose the following:</p> <p><input type="checkbox"/> Other (specify):</p> <p>COMMENTS</p>
<p>Important Note: In deciding that an individual may not have unsupervised access to minors or vulnerable adults, you may consider points other than those listed above.</p>
<p>REVIEWER'S SIGNATURE</p>

Instructions

A CCS determination is required whenever an individual has non-disqualifying crime(s), pending charge(s), and/or negative action(s) that appear on a background check result. In addition, a CCS may be completed when there are concerns about an individual related to the client's health and safety, or other risks to the client. To make the CCS determination, please complete all 4 sections of this form.

Section 1

Write in the individual's name and date of birth, applicant's name and reviewer information. Mark whether or not this a new CCS review or a renewal.*

* Renewal means that a CC and S was completed in the past and nothing has changed since the last review.

Section 2

Have a copy of the individual's background check results letter and a copy of any documents attached to that letter, in order to make an informed decision. You may ask the individual to obtain and provide to you a copy of his or her fingerprint results from BCCU. List the individual's crimes, pending charges, negative actions or other applicable information that you have about the individual in the table on Page 1. The individual's crimes, pending charges and/or negative actions can be found in the background check results letter from the BCCU and in the documents (WSP RAP sheet, FBI RAP sheet, individual self-disclosure, etc.) attached to the letter.

Have copies of any supporting documentation received from the applicant. Recommended supporting documentation includes final orders from a court or administrative tribunal, and enforcement documentation. The Department of Health source information can be obtained at <https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>.

Finally, have a copy of the signed disclosure statement from the applicant.

Section 3

Review the information in Section 2 using the factors to consider list to help you make your determination.

Section 4

Fill out the "Results" section of this form documenting your decision, and sign your name on the signature line. You may state whether or not the individual should have unsupervised access to vulnerable adults.

Important Note: You may not disclose the details of the individual's fingerprint results to a non-governmental agency.

Questions?

BCCU

360-902-0299

BCCUInquiry@DSHS.wa.gov

Sherise Baltazar

Long Term Care Policy Program Manager

360-725-3204

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Disclaimer: WACs are subject to change so always refer to AFH program WACs for the most updated and accurate rules.