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| C:\Users\eva.freimuth\Downloads\DCYF-Logo-BW (10).jpg | **Child Care Center/School-Age/ONBBackground 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 ExpirationDate |
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| **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.*  |