

Child Care Center/School-Age Background Checklist

Facility address: City: State: WA Zip code:	Facility name:	Provider ID #:	<u> </u>		Date:		
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Facility email address: Facility 10 digit telephone number:	P. 11. 11	G:				7: 1	
Facility mail address: Name 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 Date PBC Expiration Date Position Date Position Date Position Date Position Date Position Date PBC Expiration Date	Facility address:	City:		I):	Zip code:	
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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.	A list of ALL staff and volunteers in your facility must be returned with the Declaration of Compliance.						
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Information about the Portable Background Check process can be found at: www.dcvf.wa.gov	Information about the Portable Peakers and Cheeker	rocess can be few	and at warmy days we	gov.			

After DCYF receives this form and uploads it to WA Compass, the form will be shredded.