Washington State Department of CHILDREN, YOUTH & FAMILIES

Child Care Center/School-Age 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