Washington State Department of Social and Health Services

Transforming Lives

THE BCCU BUZZ
BCS quarterly news & updates

The Background Check Central Unit (BCCU)

Office hours 8 a.m.- 4:30 p.m., Monday through Friday (except holidays)

- **Email** – bccuinquiry@dshs.wa.gov
  Please allow 1-2 business days for a response.
- **Phone** – 360-902-0299
  Phone support is available 9-11 a.m. and 1-3 p.m. Monday through Friday (there are exceptions depending on availability)
- **Website & Newsletter Archive** – https://www.dshs.wa.gov/ffa/background-check-central-unit
  Our website contains a lot of helpful information for customers including FAQs and Turnaround Times.

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Autumn is calling!
Welcome to October's edition of The BCCU Buzz.

To receive the newsletter, please join our Listserv. Information on our Listserv and how to join can be found here.

AVERAGE TURNAROUND TIMES:

Month Year	Background Checks (approximately 20% requiring staff review)	Records Requested by Applicants	Court Documents
April 2024	1.1	2.2	4.3
May 2024	2	3.6	4.7
June 2024	3.3	3.2	7.6
July 2024	2.4	2.2	4.5
August 2024	1.9	2	3.8
September 2024	1.6	5.3	1.5

—Announcing—
EXTENDED HOURS

We heard you! We have increased our live phone support by 2 hours each weekday. Live phone support is available from 1-3pm to make it easier for you to get help in the afternoon.

You can also find answers to most of your questions in our help guides and FAQs. Click the links below.

FAQs

User Guides

New YouTube Tutorial

We have created a [YouTube tutorial](#) to assist in completing the [online BCS Access Request Form.](#) We have also updated our printable [paper form](#) to make it easier to read and complete.

This form is used for requesting access for any new Primary Account Admintrator or PAA. The PAA will add and remove all other BCS users. Instructions on adding users can be found in our [BCS Entity Admin User Guide](#).

BACKGROUND CHECK SYSTEM (BCS)
DSHS BCS Access Request

DSHS authorized service providers who serve vulnerable adults, juveniles, and children may request access to the online Background Check System (BCS) through SecureAccess Washington (SAW) to process background checks. The purpose of this form is for external contracted / authorized service providers (Entity) to request a new Primary Account Administrator (PAA), remove PAA access, or update a PAA username or email address in BCS.

Request Type (Required):   *Updated Options!*

☐ Add New PAA access
   Use for new accounts or if you are taking over as PAA, but the current PAA needs to continue to have access to BCS.

☐ Replace PAA access
   Use if the current PAA is no longer with the entity / facility. We will remove their access.

☐ Change PAA Name / Email
   Use if you need to update your profile with a new name or email address.

Background Check Authorization Form

Enter first, middle, and last name as they are listed on applicant's current driver's license or other primary photo ID. First and last name must match exactly otherwise the applicant may be required to reschedule their fingerprint appointment. Leave non-applicable fields blank. Do not enter "None" or "N/A"

Q: Does an applicant's state-issued ID need to be from Washinton state?

A: Any valid US ID will work.

BCCU continues to get paper background check authorization forms mailed and faxed to us. We no longer accept paper forms and we do not retain copies. If an applicant needs to submit a fingerprint hard card, they don't need to include their background check authorization form. Instructions on submitting fingerprint hards cards to BCCU can be found at the link below.

[Hard Card Instructions](#)

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Background Check Authorization

Section 1. Required: Applicant Information (All sections completed by the applicant, the person receiving a background check). The requesting entity will submit the applicant's information through the online Background Check System (BCS).

1. **REQUIRED:** LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)
   FIRST | MIDDLE | LAST

2. **REQUIRED:** OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED
   FIRST | MIDDLE | LAST

3. **REQUIRED:** DATE OF BIRTH (MM/DD/YYYY)
4. **REQUIRED:** PHONE NUMBER (INCLUDE AREA CODE)
   ☐ I authorize BCCU to leave a detailed message.

5. EMAIL ADDRESS
   ☐ By checking this box, I consent to and authorize BCCU to email my confidential and sensitive background check information, including a fingerprint rap sheet (if applicable), to the email address I have provided. By NOT checking this box, BCCU will use the mailing address provided to send me my background check information.

6. SOCIAL SECURITY NUMBER
7A. **REQUIRED:** VALID DRIVER'S LICENSE OR STATE ID **(WRITE NONE IF NONE)**
7B. **REQUIRED:** ISSUING STATE

8. **REQUIRED:** HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)?
   ☐ Yes ☐ No

9. **REQUIRED:** MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION
   STREET | APT. NO. | CITY | STATE | ZIP CODE

10. **REQUIRED:** PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)
    STREET | APT. NO. | CITY | STATE | ZIP CODE

Section 2. Required: Self-Disclosure Questions for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. **SEE INSTRUCTIONS.**

11A. Have you been convicted of any crime? If yes, complete Page 2, Section 3........................☐ Yes ☐ No
11B. Do you have charges (pending) against you for any crime? If yes, complete Page 2, Section 4.........................☐ Yes ☐ 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? ..☐ Yes ☐ 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?..☐ Yes ☐ No
14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child? .☐ Yes ☐ No
   - Permanent vulnerable adult protection order / restraining order, either active or expired.
   - Sexual assault protection order.
   - Permanent civil anti-harassment protection order, either active or expired.

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 the box below means:
   - 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 requesting my background check and those persons or entities 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.

15. **REQUIRED:** SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.
16. **REQUIRED:** TODAY'S DATE (MM/DD/YYYY)

What's the difference?

Name and Date of Birth (NDOB) Background Check

Type of Background Check

🔘 Name and Date of Birth

⚪ Fingerprint (includes WA State Name & Date of Birth AND Fingerprint Check)

A NDOB background check includes a search of the Administrative Office of Courts, Washington State Patrol, Department of Health, Department of Corrections, and the Department's founded findings of abuse/neglect of a child or vulnerable adult, and the applicant's self-disclosure.

Fingerprint Background Check

Type of Background Check

⚪ Name and Date of Birth

🔘 Fingerprint (includes WA State Name & Date of Birth AND Fingerprint Check)

Fingerprint based background checks search the same databases as NDOB checks, as well as the FBI, the national sex offender registry, and state police records in Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Wyoming.

Tips:

🔎 If your entity does not have the statutory authority from the Washington State Patrol (WSP) to request a fingerprint-based background check, you will not see this option.

🔎 You do not need to submit a name and date of birth request and then a fingerprint request. You will have the opportunity to decide if you want to continue the fingerprint-based background check after the interim or NDOB result.

🔎 Only a fingerprint-based background check will allow an applicant to schedule a fingerprint appointment with Idemia/Identogo.

- ➢ [Online Background Check Authorization Form Tutorial](#)
- ➢ [Background Check Application Guide](#)
- ➢ [Additional Information Request Tutorial](#)
- ➢ [Fingerprinting Fact Sheet](#)
- ➢ [Consumer Direct Care Network Guide](#)

Applicants continue to send their confirmation codes to BCCU. Please help us by ensuring that you are providing applicants with instructions on where to send their confirmation code **and** DOB once they complete the online background check authorization form. There is a place where applicants can write down the code on the Background Check Application Guide.

Confirmation Code Example: **WES3A7C22B**

Confirmation Code Number

- Contact hiring entity and provide them with your confirmation code and your date of birth. They will need both pieces of information to run your background check through the system.

Employee Spotlight

Name: Julie Jarrett
Position: Training & Quality Assurance Supervisor
Length of Employment: 21 Years

Favorite Part of Job: Training and mentoring in BCCU is one of my favorite things. Seeing people succeed throughout the years and falling in love with the work is a bonus. The BCCU work family I've gained over the years has played a huge role in my career here as well. We have a great group of people that genuinely care about each other and the work we do. All that combined is what has kept me here all these years.

Hobbies: I have so many fun things I love to do. Riding bikes, hiking, going to the beach, gardening and any of that accompanied with my husband and our girls (aka the dogs) and I am in heaven.

The holidays are Coming!

While BCCU will be working additional hours to make sure we maintain turnaround times during the holidays, please help us by planning ahead for background check renewals and avoid leaving them to the last minute.

BCCU Holiday Schedule

Monday, November 11, 2024- Closed
Thursday, November 28, 2024- Closed
Friday, November 29, 2024- Closed
Wednesday, December 25, 2024- Closed
Wednesday, January 1, 2025- Closed

"We extend our heartfelt gratitude for your support and collaboration".
-BCCU Team