



BACKGROUND AUTHORIZATION

Read all instructions before completing this form
Form must be dated and signed

SECTION 1. Completed by the Department of Early Learning	SECTION 2. Required Information Completed by Provider and Initialed by Applicant
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DEL Local Office and Office ID	Name and address of child care provider TESC Campus Children's Center 2824 Fireweed Ln NW Olympia, WA 98505		Applicant's Initials: _____
	Provider # (Required) 121114 (Leave blank if not currently licensed)		
DEL Inquiry ID #	Mailing address if different TESC Campus Children's Center 2700 Evergreen Pkwy NW Bldg 201 Olympia, WA 98505	Provider's E-mail address lalondec@evergreen.edu emmetta@evergreen.edu	

Check the appropriate box as it applies to this applicant. Employee or Household member Volunteer

Additional facilities with the same owner that the applicant may also be cleared for - (multiple site facilities only)

Provider #	Provider #	Provider #	Provider #
Applicant's Initials: _____	Applicant's Initials: _____	Applicant's Initials: _____	Applicant's Initials: _____

SECTION 3. Applicant Information (Completed by person to be checked)

2. Social Security Number (Optional)	3. Date of Birth (MM/DD/YYYY) (Required)	4. Current phone number (Required) (Write NONE if none) () _____ - _____
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5. Print your complete name(s) (Required)

5a. Current last name (Write NONE if none)	5b. Current first name (Write NONE if none)	5c. Current middle Name (Write NONE if none)
6a. Birth last name (write SAME if same as current name)	6b. Birth first name (write SAME if same as current name)	6c. Birth middle name (write SAME if same as current name)

7. Other names you have used or been known by. List all combinations of names; **Include your name exactly as listed on your State license or ID card (Required)** (Write **NONE** if none)

Last name(s)	First name or nickname	Middle name(s) or second name(s)

8. Current Driver's License or State Identification Number (Write **None** if none)
8a. Number: (For Washington State this must be 12 digits)

8b. Name of state:	Years	Months

If you have lived in WA State for less than three years you must complete the fingerprint process – see instructions for details

10a. Current address: Where you live now (REQUIRED)						
Street	City	State	Zip Code	From	Month	Year
10b. Previous address – The address where you lived before your current address. Write NONE if you do not have a previous address.						
STREET	City	State	Zip Code	From	Month	Year

<p>11. Have you been convicted of any crime or had any other disposition of criminal charges against you in any local, state, federal, military (either through judicial or non-judicial means), tribal or foreign jurisdiction? For the purposes of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor. <input type="checkbox"/> Yes <input type="checkbox"/> No (REQUIRED) If yes, fill in the blanks below; add a page if you need more room.</p>			
Crime:	Jurisdiction:	Decision:	Decision Date:
Crime:	Jurisdiction:	Decision:	Decision Date:
<p>12. Do you have any criminal charges pending against you for any crime in any local, state, federal, military, tribal or foreign jurisdiction? For the purposes of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor. <input type="checkbox"/> Yes <input type="checkbox"/> No (REQUIRED) If yes, fill in the blanks below; add a page if you need more room.</p>			
Crime:	Jurisdiction:	Degree:	Charge Date:
Crime:	Jurisdiction:	Degree:	Charge Date:
<p>In any local, state, federal, military, tribal or foreign jurisdiction: (REQUIRED)</p>			
<p>13. Have you ever received a notice or order from a court or government agency stating that you have or may have physically abused, sexually abused, neglected, abandoned, or exploited a child, juvenile or vulnerable adult<input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>14. Has a court ever issued a restraining order, an order of protection, no contact order, or similar order against you for physically abusing, sexually abusing, neglecting, abandoning, exploiting, harassing, or committing domestic violence against a child, juvenile or adult (including but not limited to a vulnerable adult)?..... <input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>15. Has any court ever found you to be in violation of a restraining order, order of protection, or no contact order, or similar order?.....<input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>16. Have you ever been disqualified based on a background check from having unsupervised access to children, juveniles or vulnerable adults?<input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>17. Has a government agency (including, but not limited to, a professional disciplinary board) ever notified you that an adverse finding or decision was made against you or that adverse action was taken against you:</p> <ul style="list-style-type: none"> • With regard to a professional, business, or occupational license or certification. This includes, but is not limited to, the revocation, denial, and suspension of a license, the assessment of civil penalties, and/or restrictions on practice, to include being required to operate under the supervision of another person <input type="checkbox"/>Yes <input type="checkbox"/>No • With regard to a contract. This includes, but is not limited to the denial, termination, or suspension of a contract. <input type="checkbox"/>Yes <input type="checkbox"/>No 			
<p>18. Have you ever voluntarily surrendered a professional, business, occupational license or certification or a contract in lieu of adverse action by a court or government agency?<input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>19. I declare under penalty of perjury under the laws of the State of Washington that all information provided on this form is true and correct. I understand that if the information I provided is determined not to be true and correct I may be charged with perjury, I may be disqualified from having unsupervised access to children in care, and, if I am a child care licensee, DEL may revoke my license or take other enforcement action against me. In addition, my signature in box 20 means:</p> <ul style="list-style-type: none"> a) I give DEL and DSHS permission to check my background with any government entity, including but not limited to law enforcement agencies. b) I give any governmental entity, including but not limited to law enforcement agencies, permission to release to DEL and DSHS any background check information that DEL and DSHS requests. c) In the event my background check information becomes pertinent to an appeal of a background check disqualification or a licensing action, I give DEL and DSHS permission to release my background check information to an administrative law judge, and administrative law review judge, or to a court. d) I give DEL and DSHS permission to release my background check information as required by court order, the Public Disclosure Act, Chapter 42.56 RCW, or other laws pertaining to privacy, confidentiality, or the release of public records. e) I give DEL permission to give my background information to the person or entity named in Section 2. <p>These permissions are not time-limited.</p>			
<p>20. YOUR SIGNATURE (REQUIRED)</p>		<p>21. YOUR PARENT OR GUARDIAN'S SIGNATURE (REQUIRED) IF YOU ARE LESS THAN 18 YEARS OF AGE.</p>	
<p>22. Please indicate where this form was signed (Example: Name of city or county)</p>		<p>23. Today's Date (REQUIRED)</p>	

INSTRUCTION SHEET FOR FILLING OUT THE BACKGROUND AUTHORIZATION FORM

You must fill in **ALL** boxes on this form as instructed. **READ** the instructions for each Section and each box. Most background authorization forms are sent back for the following reasons:

- The wrong form is used
- Some boxes are not filled in
- It is hard to read the handwriting
- A person under 18 signs the form without a parent or guardian signature
- The form is signed and dated more than three months from the date DEL received the form

Section 1: This section is completed by the Department of Early Learning

Section 2: This section must be completed by the licensee and initialed by the applicant. The licensee is the program licensed by DEL. Fill in the licensee name and address as it is or will be listed on the license.

The Provider # is the number found at the top left hand side of the license. It is your license control ID. It is **NOT** the SSPS Provider number. If you are applying to be licensed for the first time, go to Section 3.

Section 3: You MUST fill out this section if you are the person we are checking.

2. **You MAY** put your social security number (SSN) in this box. Your SSN is not required.
3. **You MUST** fill in your date of birth.
4. **You MUST** fill in your phone number. **You MUST** put **NONE** if you do not have a phone number.
- 5a. **You MUST** put your last name. If you do not have a last name, you **MUST** put **NONE**.
- 5b. **You MUST** put your first name. If you do not have a first name, you **MUST** put **NONE**.
- 5c. **You MUST** put your middle name. If you do not have a middle name, you **MUST** put **NONE**.
- 6a. **You MUST** put your **Birth** last name. You **MUST** put **SAME** if it is the same as your name in 5A.
- 6b. **You MUST** put your **Birth** first name. You **MUST** put **SAME** if it is the same as your name in 5B.
- 6c. **You MUST** put your **Birth** middle name. You **MUST** put **SAME** if it is the same as your name in 5C.
7. **You MUST** put any other names you have been known by including nicknames. This includes name as it appears on your State identification. You **MUST** put **NONE** if you have **NOT** used or been known by any other name.
- 8a. **You MUST** put your driver's license or state identification number in this box.
- 8b. **You MUST** put the name of the state in the box.
9. **You MUST** put the number of years and months you have lived in Washington State without living in another state or country. If you have moved out of Washington to another state or country, you **MUST** start counting the years and months from the date you moved back to Washington State. This includes attending school in another state.
- 10a. **You MUST** fill in the address where you live now. **You MUST** indicate the years and month you have lived at this address.
- 10b. **You MUST** fill in the address where you lived prior to your current address if you have lived at your current address for less than three years. Write **NONE** if you do not have a previous address.

11. **You MUST** answer YES or NO. If your answer is **YES** you **MUST** fill in your conviction information. This includes:

- Crime - The name of the crime as listed on the conviction records
- Decision – Example: Guilty, probation...
- Jurisdiction – You must clearly identify what court system this crime was processed through.
- Example: WA superior court.
- Decision date: based on the conviction records what is the date of the conviction

12. **You MUST** answer YES or NO. If your answer is **YES** you **MUST** fill in your pending charges information. This includes:

- Crime - The name of the crime as listed on the charging records
- Degree – Example: Felony, misdemeanor...
- Jurisdiction – You must clearly identify what court system this crime was processed through.
- Example: WA superior court.
- Charge date: the date the court system charged you with the crime

13. through 18. **You MUST** answer YES or NO.

19. **You MUST** read the statement in this box. Your signature under number 20 means you have read and agree to the statements in number 19.

20. **You MUST** sign your name here.

21. If you are **NOT** 18 years old, your parent or guardian **MUST** also sign here or provide proof of emancipation.

22. **You MUST** fill in the location where you signed this form. Example: Name of city or county

23. **You MUST** fill in the date you signed this form and submit the form to the local DEL office.

The fingerprint process for DEL is as follows, effective 2/1/2011

1. Submit **this form** to the local DEL office
2. Local DEL office will issue a fingerprint appointment form and send it to the licensee identified by you on this form in section 2.
3. Contact L-1 (fingerprint vendor) to schedule an appointment
4. Licensee must pay for the fingerprint process by:
 - E-Check from Saving or Checking Account
 - Credit or Debit Card
 - L-1 Enrollment Services Preapproved escrow account

REMINDER

Department of Early Learning Chapter 43.215 RCW 43.215.215(2) In order to determine the suitability of applicants for an agency license, licensees, their employees, and other persons who have unsupervised access to children in care, and who have not resided in the state of Washington during the three-year period before being authorized to care for children, shall be fingerprinted.

(a) The fingerprints shall be forwarded to the Washington state patrol and federal bureau of investigation for a criminal history record check.

(b) The fingerprint criminal history record checks shall be at the expense of the licensee. The licensee may not pass this cost on to the employee or prospective employee, unless the employee is determined to be unsuitable due to his or her criminal history record.

DO NOT GO TO A POLICE DEPARTMENT TO HAVE FINGERPRINTS PROCESSED