

# Guide to Background Checks

This guide is an extension of the Practices and Procedures 6800. Background Checks policy and for quick reference only. Background checks are:

- Required by state and federal law for the purpose of gathering criminal and negative action history information to assess the suitability of an individual;
- Conducted prior to authorizing unsupervised access to a child who is in the care and custody of the department, as well as any person employed at a group care facility, including those not directly working with children; and
- Not required for normal childhood activities less than 72 hours under the Reasonable Prudent Standard. For more information, go to <https://app.leg.wa.gov/rcw/default.aspx?cite=74.13.710>.



## ADMINISTRATIVE SERVICES DIVISION

Reason for Request	How to Request	National Crime Information Center (NCIC)	FBI Background Check (Fingerprint-Based)	Washington State Background Check (Name and Date-of-Birth)	Washington Child Abuse/Neglect History Check (FamLink)	Out-of-State Child Abuse/Neglect History Check Each State
<p><b>Contracts</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>• Issuing a new contract</li> <li>• Approving a new individual to work under a contract</li> <li>• Renewing a contract</li> </ul>	<ol style="list-style-type: none"> <li>1. Instruct individual to complete online Background Check Authorization form at <a href="https://fortress.wa.gov/dshs/bcs">https://fortress.wa.gov/dshs/bcs</a> using Google Chrome web browser or manually complete Background Check Authorization DSHS 09-653 for other languages.</li> <li>2. Obtain individual's online confirmation code, full name, and date of birth or Background Check Authorization DSHS 09-653 and review for completeness available online at <a href="http://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title">www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title</a>.</li> <li>3. Complete and email a Background Check Request/Decision DCYF 09-131 form available online at <a href="http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx">http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx</a>, and the Background Check Authorization DSHS 09-653 if completed manually, to <a href="mailto:dcyf.bcu@dcyf.wa.gov">dcyf.bcu@dcyf.wa.gov</a>.</li> </ol>	<b>NO</b>	<b>YES</b> if applicant, age 16 and older, has lived outside of WA in the last three years	<b>YES</b> if applicant, age 16 and older, has lived in WA for three years consecutively before application	<b>YES</b>	<b>NO</b>

## CHILD WELFARE PROGRAMS AND FIELD OPERATIONS DIVISIONS

Reason for Request	How to Request	National Crime Information Center (NCIC)	FBI Background Check (Fingerprint-Based)	Washington State Background Check (Name and Date-of-Birth)	Washington Child Abuse/Neglect History Check (FamLink)	Out-of-State Child Abuse/Neglect History Check Each State
<p><b>CPS Investigations (NCIC Purpose Code C)</b></p> <p>This is <b>not a requirement</b> and completed at the discretion of the investigating caseworker when assessing the child or youth and the caseworker’s safety on alleged subjects and other adults related to the investigation</p> <ul style="list-style-type: none"> <li>• Prior to the caseworker’s initial visit to the home</li> <li>• When any new adult related to the investigation is identified and has not been previously assessed prior to completing a safety assessment</li> </ul>	<p>Call 1-800-998-3898 and be prepared to provide the following:</p> <ul style="list-style-type: none"> <li>• Intake number</li> <li>• Names and dates of births of subject adults or other adults who reside at the home where the abuse or neglect is alleged</li> </ul> <p>NCIC will process your request as soon as possible and send you a completed NCIC Purpose Code C Background Check Summary DCYF 09-154 available online at <a href="http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-154.docx">http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-154.docx</a> to help plan your response.</p>	YES	NO	NO	NO	NO
<p><b>Emergent Placement (NCIC Purpose Code X)</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>• Determining if a child or youth can be placed with an unlicensed individual, including VPAs, that has not completed a background check and there is a sudden unavailability of the child or youth’s current primary caregiver (e.g., parents, legal guardians, or licensed or unlicensed caregivers), or</li> <li>• An emergent placement could not be approved for an unlicensed home and child or youth was initially placed in licensed care, but another relative or other suitable person has come forward and the child or youth has been in licensed care for less than seven calendar days</li> </ul> <p>Background checks:</p> <ul style="list-style-type: none"> <li>• Are required on all household members age 16 and older who may have unsupervised access to a child or youth, including those living on the premises</li> <li>• May be completed on youth under the age 16 with your supervisor’s approval to ensure the safety of the foster child in the home</li> </ul>	<p>Call 1-800-998-3898 and be prepared to provide the names and dates of births for all adults residing in the home where you want to place the child or youth.</p> <p>NCIC will determine if the emergent placement can be conditionally approved within one hour of your request.</p> <p>If conditionally approved, follow the instructions in the email sent to you by NCIC, which includes:</p> <ol style="list-style-type: none"> <li>1. Instruct all household individuals age 16 and older to complete online Background Check Authorization form at <a href="https://fortress.wa.gov/dshs/bcs">https://fortress.wa.gov/dshs/bcs</a> using Google Chrome web browser or manually complete Background Check Authorization DSHS 09-653 available online at <a href="http://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title">www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title</a> for other languages.</li> <li>2. Obtain individual’s online confirmation code, full name, and date of birth or Background Check Authorization DSHS 09-653 and review for completeness.</li> <li>3. Complete and email a Background Check Request/Decision DCYF 09-131 form available online at <a href="http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx">http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx</a> with “placement” selected as the purpose of the background check, and the Background Check Authorization DSHS 09-653 if completed manually, to <a href="mailto:ncic@dcyf.wa.gov">ncic@dcyf.wa.gov</a>.</li> </ol>	YES	<p>YES</p> <p>for:</p> <ul style="list-style-type: none"> <li>• All adults</li> <li>• Minors ages 16 and 17 who have lived outside of WA in the last three years</li> </ul> <p>Fingerprints must be submitted <b>within 15 calendar days</b> of NCIC request or child must be removed</p>	<p>YES</p> <p>for minors age 16 or 17 who have lived in WA for three years consecutively before application (under age 16 requires supervisor approval)</p>	YES	<p>YES</p> <p>from each state an individual age 18 or older has lived in the last five years</p>

## CHILD WELFARE PROGRAMS AND FIELD OPERATIONS DIVISIONS

Reason for Request	How to Request	National Crime Information Center (NCIC)	FBI Background Check (Fingerprint-Based)	Washington State Background Check (Name and Date-of-Birth)	Washington Child Abuse/Neglect History Check (FamLink)	Out-of-State Child Abuse/Neglect History Check Each State
<p><b>Placing a Child in Out-of-Home Care</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>Caregiver needs respite for a dependent child or youth</li> <li>Court requests to use DCYF's placement resources for a CHINS case</li> <li>ICPC and parent is not in the home and not a border agreement</li> <li>Planned change in placement</li> <li>Reinstatement of parental rights</li> <li>Unlicensed placement with a relative or other suitable person</li> <li>Voluntary Placement Agreement (VPA)</li> <li>Unlicensed placement (including new member to unlicensed home)</li> </ul> <p>Background checks:</p> <ul style="list-style-type: none"> <li>Are required on all household members age 16 and older who may have unsupervised access to a child or youth, including those living on the premises</li> <li>May be completed on youth under the age 16 with your supervisor's approval to ensure the safety of the foster child in the home</li> </ul>	<ol style="list-style-type: none"> <li>Instruct individual to complete online Background Check Authorization form at <a href="https://fortress.wa.gov/dshs/bcs">https://fortress.wa.gov/dshs/bcs</a> using Google Chrome web browser or manually complete Background Check Authorization DSHS 09-653 available online at <a href="http://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title">www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title</a> for other languages.</li> <li>Obtain individual's online confirmation code, full name, and date of birth or Background Check Authorization DSHS 09-653 and review for completeness.</li> <li>Complete and email a Background Check Request/Decision DCYF 09-131 form available online at <a href="http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx">http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx</a>, and the Background Check Authorization DSHS 09-653 if completed manually, to <a href="mailto:dcyf.bcu@dcyf.wa.gov">dcyf.bcu@dcyf.wa.gov</a>.</li> </ol>	<p><b>NO</b></p>	<p><b>YES</b></p> <p>for:</p> <ul style="list-style-type: none"> <li>All adults</li> <li>Minors ages 16 and 17 who have lived outside of WA in the last three years</li> </ul>	<p><b>YES</b></p> <p>for minors age 16 or 17 who have lived in WA for three years consecutively before application (under age 16 requires supervisor approval)</p>	<p><b>YES</b></p>	<p><b>YES</b></p> <p>from each state an individual age 18 or older has lived in the last five years</p>

## CHILD WELFARE PROGRAMS AND FIELD OPERATIONS DIVISIONS

Reason for Request	How to Request	National Crime Information Center (NCIC)	FBI Background Check (Fingerprint-Based)	Washington State Background Check (Name and Date-of-Birth)	Washington Child Abuse/Neglect History Check (FamLink)	Out-of-State Child Abuse/Neglect History Check Each State
<p><b>Trial Return Home (Sirita's Law)</b> <b>RCW 13.34.138</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>• Prior to returning a dependent child or youth home for all adult household members, including the parents</li> <li>• A background check is required for all adults even when the children are court-ordered to return home, or when a new adult resides in the home after reunification</li> <li>• This is not for the purpose of disqualification but to assess for any additional services needed to ensure the safety of the child prior to returning the child home</li> <li>• See 43051A. Trial Return Home online at <a href="http://www.dcyf.wa.gov/4305-permanent-and-concurrent-planning/43051a-trial-return-home">www.dcyf.wa.gov/4305-permanent-and-concurrent-planning/43051a-trial-return-home</a> for more information about assessing adult caregivers when returning a dependent child home</li> </ul>	<ol style="list-style-type: none"> <li>1. Instruct individual to complete online Background Check Authorization form at <a href="https://fortress.wa.gov/dshs/bcs">https://fortress.wa.gov/dshs/bcs</a> using Google Chrome web browser or manually complete Background Check Authorization DSHS 09-653 available online at <a href="http://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title">www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title</a> for other languages.</li> <li>2. Obtain individual's online confirmation code, full name, and date of birth or Background Check Authorization DSHS 09-653 and review for completeness.</li> <li>3. Complete and email a Background Check Request/Decision DCYF 09-131 form available online at <a href="http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx">http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx</a>, and the Background Check Authorization DSHS 09-653 if completed manually, to <a href="mailto:dcyf.bcu@dcyf.wa.gov">dcyf.bcu@dcyf.wa.gov</a>.</li> </ol>	NO	YES only for adults	NO	YES	YES from each state an individual age 18 or older has lived in the last five years
<p><b>ICPC Border Agreement</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>• Prior to Oregon placing a dependent child in a bordering WA county</li> <li>• Only authorized for the following counties: Asotin, Benton, Clark, Columbia, Cowlitz, Franklin, Garfield, Klickitat, Pacific, Skamania, Wahkiakum, and Walla Walla</li> </ul> <p>Background checks:</p> <ul style="list-style-type: none"> <li>• Are required on all household members age 16 and older who may have unsupervised access to a child or youth, including those living on the premises</li> <li>• May be completed on youth under the age 16 with your supervisor's approval to ensure the safety of the foster child in the home</li> </ul>	<ol style="list-style-type: none"> <li>1. Instruct individual to complete online Background Check Authorization form at <a href="https://fortress.wa.gov/dshs/bcs">https://fortress.wa.gov/dshs/bcs</a> using Google Chrome web browser or manually complete Background Check Authorization DSHS 09-653 available online at <a href="http://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title">www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title</a> for other languages.</li> <li>2. Obtain individual's online confirmation code, full name, and date of birth or Background Check Authorization DSHS 09-653 and review for completeness.</li> <li>3. Complete and email a Background Check Request/Decision DCYF 09-131 form available online at <a href="http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx">http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx</a>, and the Background Check Authorization DSHS 09-653 if completed manually, to <a href="mailto:dcyf.bcu@dcyf.wa.gov">dcyf.bcu@dcyf.wa.gov</a>.</li> </ol>	NO	YES for: • All adults • Minors ages 16 and 17 who have lived outside of WA in the last three years	YES for all residents age 16 and older for initial placement (under age 16 requires supervisor approval)	YES	YES from each state an individual age 18 or older has lived in the last five years

## CHILD WELFARE PROGRAMS AND FIELD OPERATIONS DIVISIONS

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<p><b>ICPC Placement with the Parent</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>Prior to placing a dependent child or youth from another state in Washington state with their parent</li> </ul>	<ol style="list-style-type: none"> <li>Instruct individual to complete online Background Check Authorization form at <a href="https://fortress.wa.gov/dshs/bcs">https://fortress.wa.gov/dshs/bcs</a> using Google Chrome web browser or manually complete Background Check Authorization DSHS 09-653 available online at <a href="http://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title">www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title</a> for other languages.</li> <li>Obtain individual's online confirmation code, full name, and date of birth or Background Check Authorization DSHS 09-653 and review for completeness.</li> <li>Complete and email a Background Check Request/Decision DCYF 09-131 form, and the Background Check Authorization DSHS 09-653 if completed manually, to <a href="mailto:dcyf.bcu@dcyf.wa.gov">dcyf.bcu@dcyf.wa.gov</a>.</li> </ol>	NO	YES only for adults	NO	YES	YES from each state an individual age 18 or older has lived in the last five years
<p><b>Unsupervised Access</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>Authorizing unsupervised access to an unlicensed individual that is: <ul style="list-style-type: none"> <li>Not related to a normal childhood activity less than 72 hours</li> <li>Regular and ongoing regardless of the length of time</li> </ul> </li> <li>Babysitting</li> <li>Respite with unlicensed individual</li> <li>Safety-plan participant and the parent is not present</li> <li>Support for case services <ul style="list-style-type: none"> <li>Supervising visits</li> <li>Transportation</li> <li>Visitation that is unsupervised</li> </ul> </li> </ul> <p>Background checks are required on individuals age 16 and older who may have unsupervised access to a child or youth</p>	<ol style="list-style-type: none"> <li>Instruct individual to complete online Background Check Authorization form at <a href="https://fortress.wa.gov/dshs/bcs">https://fortress.wa.gov/dshs/bcs</a> using Google Chrome web browser or manually complete Background Check Authorization DSHS 09-653 available online at <a href="http://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title">www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title</a> for other languages.</li> <li>Obtain individual's online confirmation code, full name, and date of birth or Background Check Authorization DSHS 09-653 and review for completeness.</li> <li>Complete and email a Background Check Request/Decision DCYF 09-131 form available online at <a href="http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx">http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx</a>, and the Background Check Authorization DSHS 09-653 if completed manually, to <a href="mailto:dcyf.bcu@dcyf.wa.gov">dcyf.bcu@dcyf.wa.gov</a>.</li> </ol>	NO	YES if applicant, age 16 and older, has lived outside of WA in the last three years	YES if applicant, age 16 and older, has lived in WA for three years consecutively before application	YES	NO

## CHILD WELFARE PROGRAMS AND FIELD OPERATIONS DIVISIONS

Reason for Request	How to Request	National Crime Information Center (NCIC)	FBI Background Check (Fingerprint-Based)	Washington State Background Check (Name and Date-of-Birth)	Washington Child Abuse/Neglect History Check (FamLink)	Out-of-State Child Abuse/Neglect History Check Each State
<p><b>Placements</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>• Completing a home study for adoption or placement (licensed or unlicensed)</li> <li>• Issuing a new state of child placing agency (CPA) foster home license</li> <li>• New licensed respite provider household members age 16 and older who may have unsupervised access to a child, including those living on the premises</li> </ul>	<ol style="list-style-type: none"> <li>1. Instruct individual to complete online Background Check Authorization form at <a href="https://fortress.wa.gov/dshs/bcs">https://fortress.wa.gov/dshs/bcs</a> using Google Chrome web browser or manually complete Background Check Authorization DSHS 09-653 available online at <a href="http://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title">www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title</a> for other languages.</li> <li>2. Obtain individual's online confirmation code, full name, and date of birth or Background Check Authorization DSHS 09-653 and review for completeness.</li> <li>3. Complete and email a Background Check Request/Decision DCYF 09-131 form available online at <a href="http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx">http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx</a>, and the Background Check Authorization DSHS 09-653 if completed manually, to <a href="mailto:dcyf.bcu@dcyf.wa.gov">dcyf.bcu@dcyf.wa.gov</a>.</li> </ol>	<b>NO</b>	<b>YES</b> for: <ul style="list-style-type: none"> <li>• All adults</li> <li>• Minors ages 16 and 17 who have lived outside of WA in the last three years</li> </ul>	<b>YES</b> for minors age 16 or 17 who have lived in WA for three years consecutively before application	<b>YES</b> regardless of household member's age	<b>YES</b> from each state an individual age 18 or older has lived in the last five years
<p><b>CPA Employees, Renewals, and Substitute Care Providers</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>• Renewing a state foster home license</li> <li>• Licensed respite provider renewal</li> <li>• Substitute care provider (e.g., babysitting, etc.) not related to normal childhood activity less than 72 hours, but includes regular and ongoing care regardless of the length of time</li> <li>• New employee, intern or volunteer at a CPA</li> <li>• Renewing a CPA license</li> <li>• Renewing a group care facility license</li> </ul>	<ol style="list-style-type: none"> <li>1. Instruct individual to complete online Background Check Authorization form at <a href="https://fortress.wa.gov/dshs/bcs">https://fortress.wa.gov/dshs/bcs</a> using Google Chrome web browser or manually complete Background Check Authorization DSHS 09-653 available online at <a href="http://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title">www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=09-653&amp;title</a> for other languages.</li> <li>2. Obtain individual's online confirmation code, full name, and date of birth or Background Check Authorization DSHS 09-653 and review for completeness.</li> <li>3. Complete and email a Background Check Request/Decision DCYF 09-131 form available online at <a href="http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx">http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/09-131.docx</a>, and the Background Check Authorization DSHS 09-653 if completed manually, to <a href="mailto:dcyf.bcu@dcyf.wa.gov">dcyf.bcu@dcyf.wa.gov</a>.</li> </ol>	<b>NO</b>	<b>YES</b> if applicant or household member, age 16 or older, has lived outside of WA in the last three years	<b>YES</b> for all applicants or household members age 16 or older who have lived in WA for three years consecutively before application	<b>YES</b> regardless of applicant or household member's age	<b>NO</b>
<p><b>Group Care Facility Employee, Intern, or Volunteer</b></p> <p>When:</p> <ul style="list-style-type: none"> <li>• A new employee, intern, or volunteer at a group care facility, this includes individuals that do not work directly with children</li> <li>• Renewing a background check for a group care facility employee, intern, or volunteer</li> </ul>	Group care agencies submit background check requests directly to the DCYF Background Check Unit.	<b>NO</b>	<b>YES</b> for all new applicants age 18 or older, or age 16 or 17, who have lived outside of WA in the last three years	<b>YES</b> for renewing an applicant age 16 or older who has lived in WA for three years consecutively before application	<b>YES</b> regardless of applicant's age	<b>YES</b> from each state an individual age 18 or older has lived in the last five years

If you would like copies of this document in an alternative format or language, please contact DCYF Constituent Relations (1-800-723-4831 | 360-902-8060, [ConstRelations@dcyf.wa.gov](mailto:ConstRelations@dcyf.wa.gov)).