

Frequently Asked QuestionS about the BCC

- **When did the BCC governing statute become effective?**
- **What providers are required to use the BCC?**
- **Do I have to use the BCC? Is it required?**
- **Are any employees exempt from the BCC?**
- **How do I log on BCC?**
- **What is the Rap Back?**
- **If I need a password, how does the public access the BCC?**
- **What is the Dashboard?**
- **What are Notifications?**
- **I know that Nursing Homes have had to do background checks for some time now but my company is not a Nursing Home. We provide Home Care. Do we need to be in the BCC?**
- **Do I need to logon to the BCC to do a Quick Check of an individual?**
- **Do I need a “special” computer or operating system to use the BCC?**
- **Why doesn't a Grandfathered Employee have to have a criminal background check?**
- **Will I still get a disqualifying letter for an applicant with a felony conviction?**
- **Why do I have to get the applicant's consent to access criminal history data when I can access the 4 Public Registries without consent?**
- **Do I have to pay to use the BCC?**
- **Who manages the BCC or has the authority to oversee it?**

BACKGROUND CHECK CENTER (BCC)

User Training

Conducted by:

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DLTCRP BCC Implementation Coordinator

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DLTCRP Training Administrator

What is the BCC?

- A hub that consolidates existing data from nine (9) different sources



The Background Check Center

- ▣ **How did we get here?**
 - ▣ **We have completed background checks for long term care facility employees, including checks for those who care for the elderly and people with impairments who live in other settings.**
 - ▣ **We have been able to monitor criminal activity for employees who are already in the system but it has been a manual process.**
 - ▣ **Providers have had to obtain required information from multiple sources, by multiple methods, and in varied timeframes.**
 - ▣ **The system could be more efficient in obtaining, storing, retrieving, and sharing critical data.**
 - ▣ **CMS has motivated the States to systematize the criminal background check function and has developed incentives (\$) for doing so.**

Basic BCC Processes

1. Gaining Access as a User *
2. Using The Quick Check Feature for reviewing the 4 Public Registries *
3. Entering a New Applicant into the BCC System *
4. Entering an Existing Employee into the BCC System (Only Until 9/30/13) *
5. Create necessary Forms and distribute to Applicant *
6. Review other Registries *
7. Review Criminal background Check Results *
8. Review Service Letter
9. Review Drug Test results *
10. Surveying the Dashboard *
11. Search Applications
12. Sort Applicant data
13. Review Notifications
14. Create a Note within the system
15. Decide to Conditionally Hire, Not Hire, or Withdraw *
16. Adding a New User to the BCC system *
17. Changing the access level(s) of Existing Users *
18. Create Reports from Applicant Data using search feature
19. Download searched data to Excel
20. Editing Provider Public Information Settings
21. Editing Provider Notification Settings

10 Cool Features of the BCC

1. Once an individual has been entered into the BCC database, their information will not have to be entered again. Subsequent employers will only need to enter the SS# and DOB and the remaining info will be populated from the database.
2. When an employee is separated from employment (either voluntarily or involuntarily) you are prompted to complete a service letter. The service letter is a BCC component and when completed, the information is stored in the BCC database for five years then culled. Subsequent employers will have immediate access to the service letter if within the five-year period. Note: this letter is required by the Dept. of Labor. See IMP # 10
3. The Rap back feature continually monitors any and all arrests and convictions of persons on the Master List. The DLTCRP monitors and reviews convictions when they occur and alerts the employer.
4. The Dashboard of the BCC gives the employer a quick glance of the status of all applicants, no matter where they are in the hiring process. This provides organization and details the next steps for employers.

5. Providers can, in the Account Settings/Provider Public Information Settings, post active employment information to let prospective applicants know that they are actively receiving applications. In addition, employers can provide any descriptive information about available positions. This information is available on the BCC website to persons interested in and seeking employment. They can even search by facility! The Quick Background Check is available to the public on the BCC website. You can search a name (first and last) for any findings in the four public registries which include: The Adult Abuse Registry; The Public Sex Offender Registry; The Office of the Inspector General Registry; and the Certified Nurse Aide Registry.
6. Private citizens interested in hiring someone to provide care in their own residences, can benefit from this feature. They can determine up front if there are findings on an applicant.
7. There is a note feature in the BCC Dashboard that allows the user to write an electronic note about an applicant that is stored in the dashboard and visible by a little note icon that sits right next to the applicant's name. When you click the icon, the note pops up providing word-for-word what you wrote.

8. When you are entering a Grandfathered Employee, and check the box indicating that designation, the BCC will print out the correct Fingerprint Request Form when you get to that point in the process. Grandfathered Employees do not receive a criminal background check so the Request Form is different from the standard one, also produced by the BCC.
9. In the Reports Section of the Dashboard, the User can sort applicants and/or employees in a variety of ways and upload to Excel, allowing for customized reports.
10. The BCC Dashboard alerts you when you have notifications that have arrived since your last logon. If the results of a registry check have arrived, the notifications section will let you know. A running list of notifications is maintained through the Notifications Tab.



Background Check Center

Provided by Delaware Health & Social Services



Home » Welcome Page

Secure Login

[Forgot your password?](#)

Welcome to the Background Check Center!

SERVICES

Background Check Center

Quick Background Check

Support

Resources

INFORMATION

[+] For Providers/Facilities

[+] For Employees/Job Applicants

[+] For General Public

Public Part of the BCC





Home » Welcome Page

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SERVICES

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INFORMATION

[+] [For Providers/Facilities](#)

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Welcome to the Background Check Center!

Quick Check



Secure Login

Username

Password

Login

[Forgot your password?](#)

- SERVICES**
- Background Check Center
 - Quick Background Check**
 - Support
 - Resources
- INFORMATION**
- [+] For Providers/Facilities
 - [+] For Employees/Job Applicants
 - [+] For General Public

Quick Background Check

* Required Fields

Applicant Information

First Name

Last Name

Registries Office of Inspector General
 Public Sex Offender Registry
 Adult Abuse Registry
 Certified Nurse Aide Registry

Check



Secure Login

Login

[Forgot your password?](#)

Quick Background Check

* Required Fields

Office of Inspector General

Certified Nurse Aide Registry

Public Sex Offender Registry

Adult Abuse Registry

Search Criteria

First Name: Benny

Last Name: Benjamin

The applicant's name was not found in the Office of Inspector General.

SERVICES

Background Check Center

Quick Background Check

Support

Resources

INFORMATION

[+] For Providers/Facilities

[+] For Employees/Job Applicants

[+] For General Public



Secure Login

[Forgot your password?](#)

Quick Background Check

* Required Fields

Office of Inspector General **Certified Nurse Aide Registry** Public Sex Offender Registry Adult Abuse Registry

Search Criteria

First Name: Benny
Last Name: Benjamin

The applicant name was not found in the Certified Nurse Aide Registry.

All states have Public Certified Nurse Aide Registry. Please check registry of other states where the applicant may have worked. Click [here](#) for other states.

- SERVICES**
- Background Check Center
 - Quick Background Check
 - Support
 - Resources
- INFORMATION**
- [+] For Providers/Facilities
 - [+] For Employees/Job Applicants
 - [+] For General Public



Secure Login

[Forgot your password?](#)

SERVICES

Background Check Center

Quick Background Check

Support

Resources

INFORMATION

[+] For Providers/Facilities

[+] For Employees/Job Applicants

[+] For General Public

Quick Background Check

* Required Fields

Search Criteria

First Name: Benny

Last Name: Benjamin

Unable to access Public Sex Offender Registry due to technical issue. Please check back in 24 hours.

Consent Forms



Secure Login

[Forgot your password?](#)

Welcome to the Background Check Center!

The Consent Form documents (2) are located here. Click to access these and other resources

SERVICES

[Background Check Center](#)

[Quick Background Check](#)

[Support](#)

[Resources](#)

INFORMATION

[+] [For Providers/Facilities](#)

[+] [For Employees/Job Applicants](#)

[+] [For General Public](#)

Background Check Center (BCC) Consent Form

The BCC process applies to any person who is employed to provide care or services: 1) in any capacity, including as an employee, an agent, or an independent contractor, in a nursing facility, home care, or similar facility licensed pursuant to Chapter 11 of Title 16 of the Delaware Code, or 2) as an employee of a hospice agency, a home care agency, or a personal assistance services agency (home care agency) licensed pursuant to §122(3)(m), (3)(o) and (3)(x) of Title 16 of the Delaware Code working in a private residence, or 3) temporary employment agencies providing individuals to work in the settings identified in 1 and 2 above.

Three (3) different consents are required: one for the criminal history (state and federal), one for the Child Protection Registry, and one for the transmission of drug test results, as required by 11 Del.C. 1142 and 1146.

For purposes of this form, all of these work settings will be called entity/entities all persons or entities hiring a person for work are employers, all persons working will be called employees, regardless of whether self-employed, or employed by another, and the prospective employer will be the employer seeking to vet an employee prior to hiring, or as directed by statute

I. Criminal Background Check

I am seeking employment in an entity that requires that my application be processed through the BCC, 29 Del.C. §7970. The BCC contains information, derived from the State Bureau of Identification, regarding both my State of Delaware and federal criminal history records. I consent to the sharing of my criminal history record with the Division of Long Term Care Residents Protection (DLTCRP) and the prospective employer. I understand that the criminal history information provided to the prospective employer and DLTCRP is strictly confidential and that it may be used solely to determine my suitability for hiring and continued employment. I also understand that if hired, I will be subject to a periodic update of my criminal history (Rap-Back), and I consent to that process.

If I am directed to work in an entity and the entity is not my employer, I consent to the sharing of my criminal history information by my employer with the entity where I am directed to work. If I am a student training in health care services and am directed to work in an entity as part of that training, I consent to the sharing of my criminal history information by the school I am attending with the entity where I am directed to work. If I am directed by my employer to work with a patient in the community, I consent to the sharing of my criminal history information with the patient, or the patient's surrogate or agent.

I am providing the information in the space below to facilitate the process of securing my criminal history for the BCC. The information I have provided is true and accurate. I have been informed that failure to provide accurate information could result in a civil penalty of not less than \$1,000 nor more than \$5,000 for each violation.

I hereby grant the employer or prospective employer a full release from liability related to the procurement or evaluation of my criminal history now, or in the future, if additional information is provided through the Rap-Back. I also grant the employer or prospective employer a full release from liability related to the sharing of my criminal history with an entity where I have been directed to work.

I further understand that any employment prior to the receipt of the criminal history record review is conditional and that such conditional employment is limited to 60 days.

Signature: _____ Date: ____/____/____

****A parent/guardian must sign this form if the applicant is a minor.**

Parent/Guardian signature: _____

Relationship: _____

II. Child Protection

Have you ever been involved in a substantiated case of child abuse or neglect? [] Yes [] No

If Yes, please explain: _____

I hereby authorize the Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____ Date: ____/____/____

****A parent/guardian must sign this form if the applicant is a minor.**

Parent/Guardian signature _____ Relationship: _____

Name of agency or organization _____

III. Drug Testing

I am required to submit to drug testing as part of the employment process (11 Del.C. §1142 and 1146).

The BCC will electronically transmit the drug test results directly from the testing laboratory to the prospective employer if the testing laboratory is connected to the Delaware Health Information Network (DHIN). If the testing laboratory is not part of the DHIN, the results will be transmitted to the prospective employer directly by whatever method is mutually agreed upon. The drug test results shall be used solely for the purpose of determining my suitability for employment. The prospective employer is required by law to maintain the confidentiality of the results.

I consent to the release of the drug test results to the prospective employer.

Signature: _____ Date: ____/____/____

****A parent/guardian must sign this form if the applicant is a minor.**

Parent signature _____ Relationship _____

IV. Service Letters

As required by the provisions of 19 Del.C. §708 and 11 Del.C. §8563, I hereby authorize the completion of the Delaware Department of Labor, Office of Labor Law Enforcement Service Letter. The letter(s) may be completed by my most recent previous employer or by a health care facility or child care facility employer for whom I worked in the past (5) years or by a current employer.

I consent to the release of the service letter results to the prospective employer.

Signature: _____

Date: ____/____/____

****A parent/guardian must sign this form if the applicant is a minor.**

Parent signature _____ Relationship _____

V. Applicant Information

DOB: __/__/____ SSN: ____-__-____

Name

First Name: _____

Middle Name: _____

Last Name: _____ Suffix: ____

This information is provided by the applicant who fills out this form.

Alias

Alias First Name: _____

Alias Middle Name: _____

Alias Last Name: _____ Alias Suffix: ____

Alias

Alias First Name: _____

Alias Middle Name: _____

Alias Last Name: _____ Alias Suffix: ____

Address

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone: _____ E-mail: _____

Position

Position Applying for: _____

Professional License(s)

Prof. License #: _____

Photo ID Information

Driver's License/State Photo ID #: _____ Issued by the state of: _____

Gender: _____ (Female, Male)

Race: _____ (Asian/Pacific Islander, American Indian/Eskimo, Black, Unknown, White)

Place of Birth: _____ (Country)

Height: ____ ft. ____ in. Weight: _____ lbs.

Eye Color: _____ Hair Color: _____

Send notices to me via (Check one):
 US Mail at the address above
 E-mail at the address above
 Text message at this number _____

Applicant Rights

I understand that upon my request, the DLTCRP will give me a copy of any potentially adverse information associated with me, based on the Applicant Information I have supplied. The Division cannot provide a copy of the Drug Test. Only the employer or prospective employer has that information.

I understand that if I believe the information provided through the BCC is inaccurate, it is my responsibility to contact the agency that maintains the data source to correct the information. I can find out the source of the data on the BCC website, or by contacting DLTCRP at 302-577-1406.

Log-in Screen



Secure Login

benny.benjamin

Login

[Forgot your password?](#)

Welcome to the Background Check Center!

You must be.....

Registered as an IAS User

Approved by DLTCRP

Verified by your Company Agent

SERVICES

Background Check Center

Quick Background Check

Support

Resources



Background Check Center

Provided by Delaware Health & Social Services



Welcome, employer.corp (satusdfsfya@test.com - Change) | Profile Settings | Help | User Manual | Log Out

Home » Provider » **New Application**

Thursday, February 07, 2013

- Dashboard
- Enter New Application**
- Enter Existing Employee
- Search Applications
- Manage Users
- Account Settings
- Reports
- Resources**

Enter any new applicant you wish to hire.
Select Facility, enter the applicant's Social Security Number (SSN) and date of birth. Then click "Next" to start a new application.

Enter New Applicant Information

Facility * ▼

Social Security # * ?

Date of Birth *

You can obtain the consent form at the Resources Tab while logged in to the BCC



Background Check Center

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Home » Provider » Applicant Information

Thursday, January 31, 2013

- Dashboard
- Enter New Application**
- Enter Existing Employee
- Search Applications
- Manage Users
- Account Settings
- Reports
- Resources

Enter Applicant Information

* Required Fields

Enter the applicant's information. Click "Next" to complete the application.

| 02/13/1983 | 123-45-6855 | NEW EMPLOYEES | DATA ENTRY | GRUBB ROAD NEIGHBORHOOD HOME

Consent

have obtained written consent from the applicant. *

Name

First Name: *	<input type="text" value="Benny"/>
Middle Name:	<input type="text"/>
Last Name: *	<input type="text" value="Benjamin"/>
Suffix:	<input type="text" value="No Suffix"/>

[Add an Alias](#)

Address

Address 1: *	<input type="text" value="2875 Memory Lane"/>
Address 2:	<input type="text" value="Apt. 3"/>
City: *	<input type="text" value="Newburgh"/>
State: *	<input type="text" value="Delaware"/>
Zip Code: *	<input type="text" value="19888"/>
County: *	<input type="text" value="New Castle"/>
Phone: *	<input type="text" value="(302) 634-5789"/>
E-mail:	<input type="text" value="funkbros@verizon.net"/>

Position

Category: *

Position: *

Professional License(s) and/or Certification(s)

Name: *

Number: *

[Delete](#)

[Add a License](#)

Photo ID Information

Driver's License: * ?

State Issued: *

Gender: * Male Female

Race: *

Place of Birth: *

Height: *

Weight: * lbs.

ne



Verify Applicant Information

Verify Applicant Information

Please make sure all information is accurate. Use the "Back" button to make any changes.

20200222 | BENNY BENJAMIN | 021211999 | 30063049999 | NEW EMPLOYEE | VERIFICATION | GRUBB ROAD NEIGHBORHOOD HOME

0 NOTES (0)

Comment

I have obtained written consent from the applicant.

Name

First Name: Benny
Middle Name:
Last Name: Benjamin
Suffix:

Address

Address 1: 2975 Memory Lane
Address 2: Apt 9
City: Newburgh
State: Delaware
Zip Code: 19999
County: New Castle
Phone: (302) 694-2799
E-mail: bnbros@verizon.net

Position

Position: Technical, Unlicensed Health Care - Rehabilitation Therapy Aide

Professional License(s) and/or Certification(s)

Name:	Number:
Certified Nurse Aide	6942799

Photo ID Information

Driver's License: 6772149
State Issued: Delaware
Gender: Male
Race: Black or African American
Place of Birth: United States
Height: 6 feet 0 inches
Weight: 190 lbs
Eye Color: Brown
Hair Color: Black

- Dashboard
- Enter New Application
- Enter Existing Employee
- Search Applications
- Manage Users
- Account Settings
- Reports
- Resources

Registry Checks

* Required Fields

Please follow the steps below to conduct registry verifications/checks for your applicant.

2AAA335Z BENNY BENJAMIN | 02/13/1983 | XXX-XX-6855 | NEW EMPLOYEES | REGISTRY CHECKS | GRUBB ROAD NEIGHBORHOOD HOME [+] NOTES (0) [EDIT]

Verify Professional License(s) and/or Certification(s)

Please verify that the applicant license/certificate exists in Professional Regulation and/or Certified Nurse Aide Registry when applicable.

You will need to validate that the license/certificate number is in good standing.

License Name	License #
Certified Nurse Aide	6345789



Unable to access Certified Nurse Aide Registry due to technical issue. Please check back in 24 hours.

Do you want to stop the hiring process?

- Yes
 No
 Pending

Check Public Registries

Check the registries below for negative results that can lead to stopping the hiring process.

Office of Inspector General

Do you want to stop the hiring process?

Yes No Pending

Certified Nurse Aide Registry

Do you want to stop the hiring process?

Yes No Pending

Public Sex Offender Registry

Do you want to stop the hiring process?

Yes No Pending

Adult Abuse Registry

Do you want to stop the hiring process?

Yes No Pending

Review Service Letter(s)

If the applicant has previously worked for a DE healthcare or child-care facility, that facility is required by DE law to provide reference information on the applicant in a designated format(service letter).

There are no service letters for this applicant on record within the system.

If you would like to have a service letter from an employer that is not listed, contact that employer directly.

Office of Inspector General

Certified Nurse Aide Registry

Public Sex Offender Registry

Adult Abuse Registry

Close X

Search Criteria : Benjamin

Last Name	First Name	Middle Name	General	Specialty	Exclusion	State
BENJAMIN	BARBARA	J	HOME HEALTH AGENCY	EMPLOYEE	1128a1	MN
BENJAMIN	DAVID		MEDICAL PRACTICE, MD	GENERAL PRACTICE/FP	1128a2	NY
BENJAMIN	DEBRA	IRENE	NURSING PROFESSION	NURSE/NURSES AIDE	1128a4	WI
BENJAMIN	EMMA		MEDICAL PRACTICE, MD	GENERAL PRACTICE	1128a3	NY
BENJAMIN	KIMBERLY		HOME HEALTH AGENCY	HEALTH CARE AIDE	1128a2	MN
BENJAMIN	LARRY	N	STATE/LOCAL/TRIBAL A	HEALTH CARE AIDE	1128a2	SC
BENJAMIN	MARTHA	KAY SCOGGINS	NURSING PROFESSION	NURSE/NURSES AIDE	1128b5	TX
BENJAMIN	MARY	LOIS	NURSING PROFESSION	NURSE/NURSES AIDE	1128b4	AZ
CONLEY-BENJAMIN	GAYLE	LOUISE	HOSPITAL	NURSE/NURSES AIDE	1128b4	NY

Last Name	First Name	Middle Name	General
BELDENGREEN	DAVID	Z	DENTAL PRACTICE
BENJAMIN	BARBARA	J	HOME HEALTH AGENCY

Detail Results for BARBARA BENJAMIN

Name: BARBARA BENJAMIN
Business: N/A
UPIN: No data
DOB: 05/10/1953
General: HOME HEALTH AGENCY
Excl Type: 1128a1
Specialty: EMPLOYEE
Address: 7715 TANGLEWOOD COURT
EDINA, MN 55439
Date: 09/20/2006
Reinstmt: No data

BENJAMIN	DAVID		MEDICAL PRACTICE, MD
BENJAMIN	DEBRA	IRENE	NURSING PROFESSION

Check Public Registries

Check the registries below for negative results that can lead to stopping the hiring process.

Office of Inspector General

Check

Do you want to stop the hiring process?

- Yes No Pending

Certified Nurse Aide Registry

Check

Do you want to stop the hiring process?

- Yes No Pending

Public Sex Offender Registry

Check

Do you want to stop the hiring process?

- Yes No Pending

Adult Abuse Registry

Check

Do you want to stop the hiring process?

- Yes No Pending

Review Service Letter(s)

If the applicant has previously worked for a DE healthcare or child-care facility, that facility is required by DE law to provide reference information on the applicant in a designated format(service letter).

There are no service letters for this applicant on record within the system.

If you would like to have a service letter from an employer that is not listed, contact that employer directly.

Back

Next



Dashboard

Applications

Applicants

Manage Facilities

Manage Users

Reports

Preliminary Hiring Decision

2AAA335Z | BENNY BENJAMIN | 02/13/1983 | XXX-XX-6855 | NEW EMPLOYEES | PRELIMINARY DECISION | GRUBB ROAD NEIGHBORHOOD HOME

[+] NOTES (0)

Based on the results of the registry checks, select your preliminary hiring decision below.



I intend to continue the hiring process

- I am withdrawing this application from the hiring process
- The applicant withdraw from the hiring process
- I not hiring this applicant based on the negative results found on the registry checks

The Child Protection Registry result will be requested when you click "Next".

Back

Next



Background Check Center

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Home » Provider » Application Forms

Thursday, January 31, 2013

Dashboard **Enter New Application** Enter Existing Employee Search Applications Manage Users Account Settings Reports Resources

Forms

2AAA335Z | BENNY BENJAMIN | 02/13/1983 | XXX-XX-6855 | NEW EMPLOYEES | FORMS | GRUBB ROAD NEIGHBORHOOD HOME

[+] NOTES (0)

You have completed the registry checks and the Child Protection Registry results have been requested for this applicant. You must now request the drug test and fingerprint-based check.

Drug Test Request Form

Download Drug Test Request Form ([PDF](#))

Click on the PDF and print the Drug Test Request Form for the applicant to take to the drug test lab.

Fingerprints Request Form

Download Fingerprints Request Form ([PDF](#))

Click on the PDF and print the Fingerprints Request Form for the applicant to take to the fingerprint center.

A message will appear here if the fingerprints for the job applicant are less than 3 years old. Employers can decide to move forward with fingerprinting or ignore the printing of the form.

Print the forms above and give them to the applicant to complete. Instruct the applicant to take a drug test and get fingerprinted.

**BACKGROUND CHECK CENTER
DRUG TEST REQUEST FORM
Date of Request: ##/##/####**

For the job applicant: Please take this form to the lab as directed by your prospective employer.

<u>Applicant</u>	<u>Employer</u>
ID: Name: Address: City, State, Zip: SSN: ###-##-#### DOB: ##/##/####	Name: Address: City, State, Zip: Contact: Phone: ###-###-#### Fax: ###-###-####

Pre-Employment Drug Tests

Five Panel Test (SAMHSA-5) This is the basic drug test required by law
Includes:

- Marijuana (THC)
- Cocaine
- Amphetamines
- Opiates
- Phencyclidine (PCP)

Optional Drugs To Be Tested Employers can choose additional drug testing for their applicants
Check the box below next to the optional drugs to be tested:

- Barbiturates** (e.g. Amobarbital, Pentobarbital, Phenobarbital)
- Benzodiazepines** (e.g. Xanax, Ativan, Valium, Klonopin)
- Methadone** (e.g. Symoron, Dolophine, Amidone)
- Propoxyphene** (e.g. Balacet, Darvon, Darvocet)
- Methaqualone** (e.g. Quaaludes)
- Oxycodone** (e.g. OxyContin, Roxicodone)
- Ethanol** (e.g. alcohol)

Other Pre-Employment Drug Tests Requested (Please Specify Test Below)

Delaware Health and Social Services

Division of Long term Care Residents Protection

CRIMINAL HISTORY RECORD REQUEST FORM

I am seeking employment in a health care setting that requires a criminal background check (CBC) which includes both my State of Delaware and federal record. I consent to the sharing of the CBC results with the Division of Long Term Care Residents Protection (DLTCRP) and the prospective employer. I understand that the criminal history information provided to the employer and DLTCRP is strictly confidential and that it may be used solely to determine my suitability for hiring and continued employment. I understand that I am being processed for employment through the Background Check Center, 29 Del.C. §7970, and consent to having my criminal history updated periodically during the period of my employment (Rap-Back).

If I am directed to work in a facility and the facility is not my employer, I consent to the sharing of my CBC results by my employer with the facility where I am directed to work.

I am providing the information in the space below to facilitate the CBC. The information I have provided is true and accurate. I have been informed that failure to provide accurate information could result in a civil penalty of not less than \$1,000 nor more than \$5,000 for each violation.

I hereby grant the employer a full release from liability related to the procurement or evaluation of my criminal history now, or in the future if additional information is provided through the Rap-Back. I also grant the employer a full release from liability related to the sharing of my criminal history with a facility where I have been directed to work.

I further understand that any employment prior to the receipt of the criminal history record review is conditional and that such conditional employment is limited to 60 days.

Signature: _____ Date: ____/____/____

**A parent must sign this form if the applicant is a minor. Parent signature _____ Relationship _____

Applicant Information

Employer: _____

Application ID: _____

Name: _____

Last First Middle

Social Security # _____

This field is NOT pre-filled

Previous Name(s): _____

Address: _____

(Street) (City) (State) (Zip)

Date of Birth: ____/____/____ Sex: ____ Race: ____ Telephone Number _____

Driver's License/State Issued ID #: _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____



Background Check Center

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Home » Provider » Dashboard

Tuesday, February 05, 2013

- Dashboard**
- Enter New Application
- Enter Existing Employee
- Search Applications
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- Reports
- Resources

[+] Notifications (82) [View All Notifications](#)

In Progress: 63 | Pending Results: 20 | Pending Hiring: 1 | Others: 161 | [More](#)

- In Progress
- Pending Results
- Pending Hiring
- Service Letter Requests**
- Notifications
- Summary

First Name	Last Name	Facility Name	Date Requested	Date Completed	Service Letter
Donald	Duck	Aloha Temporary Service 4	01/16/2013	09/07/2012	View Response
Donald	Duck	Hawthorne Estates Neighborhood Home Longername #2	01/16/2013	09/07/2012	View Response
Satya	Samir	Advo Serv 2	01/16/2013	09/17/2012	View Response
Donald	Duck	Keystone Service Systems Southeast	01/16/2013	07/12/2012	View Response
Donald	Duck	Advo Serv 2	01/16/2013	07/12/2012	View Response
mahi	Reddy	Hawthorne Estates Neighborhood Home Longername #2	01/16/2013	07/18/2012	View Response
Satya	agarwal	Advo Serv 2	01/16/2013	08/22/2012	View Response
Satya	Samir	Advo Serv 2	01/16/2013	09/17/2012	View Response
Satya	Samir	Advo Serv 2	01/16/2013	09/17/2012	View Response

SERVICE LETTER

The provisions of 19 Del. C. §708 require that we obtain a service letter from you as an employer or former employer of the person named below. The provisions of 19 Del. C. §708 also require any employer who receives a request for a service letter to provide the information on this form within ten (10) business days from receipt of the request. This law provides for penalties of \$1,000

- \$5,000 for failing to disclose all applicable and available truthful information known to the employer.

TO BE COMPLETED BY EMPLOYER REQUESTING SERVICE LETTER.

Name of Business/Employer requesting service letter: _

Address of Business/Employer: _____

Type of Business of Employer requesting service letter (Check one):

_____ Health Care Facility _____ Child Care Facility

Name of applicant: _____

Social Security Number: _____

Dates of Employment: From: _____ To: _____

TO BE COMPLETED BY EMPLOYER RECEIVING SERVICE LETTER REQUEST.

The above-named person has applied for employment/licensure with our organization. The applicant indicated on his/her application that s/he was or is employed by you and has signed an authorization and release form that permits you to truthfully answer these questions without liability.

1. Complete Name of Business/Employer: _____

Address of Business/Employer: _____

Type of Business: _____

2. Dates of Service for employee: From: _____ To: _____

If this information is not available, please explain:

3. Please answer the following questions:

A. Type of service performed by the person during the course of his/her employment.

(Please Check One.)

_____ The employee was directly involved on a daily or frequent basis providing services and/or care to clients/patients/residents/children.

SERVICE LETTER

_____The employee was not directly involved providing services and/or care to clients/patients/residents/children on a daily or frequent basis, but did occasionally provide some care and/or services.

_____The employee did not provide services and/or care to clients/ patients/residents/children, but did have some contact with them.

_____The employee had no contact with clients/patients/residents/children.

_____This information is not available. (Please Explain.)

B. Reason for separation from service (please check one.)

_____ Laid-off

_____ Resigned

_____ Resigned in lieu of discharge

_____ Discharged

_____ Abandoned Position

_____ Other (Specify) _____

_____ Information not available (Explain) _____

C. Information relating to employee's performance (please check all statements which apply to this person and circle action/s taken.)

_____The employee was counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving his/her violent behavior or threats of violence in the workplace.

_____The employee was counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving abuse of patients/clients/residents/children.

_____The employee was counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving negligence/neglect of patients/clients/residents/children.

_____The employee was never counseled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving violent behavior in the workplace, abuse or negligence/neglect of patients/clients/residents/children.

_____Not applicable to this employee. (Please Explain.) _____

4.(Optional) I would rehire this individual _____yes _____no

I hereby swear/affirm that the information provided above is a full and complete disclosure of the facts required, and that the information is true and correct to the best of my knowledge and belief.

Printed name/title of person completing the form

Signature:_____Date :_____

This form is provided by the Delaware Department of Labor. Reproduce additional copies as needed.

Application Summary

* Required Fields

Overview of the current application information. Click a header marked with a [+] to expand/collapse content.

2AAA335Z | BENNY BENJAMIN | 02/13/1983 | XXX-XX-6855 | NEW EMPLOYEES | **PENDING RESULTS** | GRUBB ROAD NEIGHBORHOOD HOME | [\[+\] NOTES \(0\)](#) [EDIT](#)

[-] Registry Checks (Awaiting Results)

Verify Professional License(s) and/or Certification(s)

Professional License	License #	Do you want to stop the hiring process?	Date Updated	Update
Certified Nurse Aide	6345789	No	02/07/2013	Edit

Check Public Registries

Registry Name	Do you want to stop the hiring process?	Date Updated	Update
Office of Inspector General	<input type="radio"/> Yes <input checked="" type="radio"/> No	01/31/2013	Cancel
Certified Nurse Aide Registry	<input type="radio"/> Yes <input checked="" type="radio"/> No	01/31/2013	Cancel
Public Sex Offender Registry	<input type="radio"/> Yes <input checked="" type="radio"/> No	01/31/2013	Cancel
Adult Abuse Registry	<input type="radio"/> Yes <input checked="" type="radio"/> No	01/31/2013	Cancel

Review Service Letter(s)

This applicant has no service letters.

Dashboard | Enter New Application | Enter Existing Employee | **Search Applications** | Manage Users | Account Settings | Reports | Resources

Application Summary

* Required Field

Overview of the current application information. Click a header marked with a [+] to expand/collapse content.

2AAA084R | SATYA SAMIR | 12/12/1980 | XXX-XX-3546 | NEW EMPLOYEES | **CONDITIONAL HIRE** | ADVO SERV 2

[+] NOTES (0) [EDIT](#)

[-] Registry Checks

Verify Professional License(s) and/or Certification(s)

This applicant has no professional license number.

Check Public Registries

Registry Name	Do you want to stop the hiring process?	Date Updated	Update
Office of Inspector General	No	09/24/2012	Edit
Certified Nurse Aide Registry	No	09/24/2012	Edit
Public Sex Offender Registry	No	09/24/2012	Edit
Adult Abuse Registry	No	09/24/2012	Edit

Review Service Letter(s)

Service letter received from ABC Nursing Home 9/25/2012

[-] Employability Checks (Awaiting Results)

Child Protection Registry



Date Requested 01/31/2013

There is no Child Protection Registry result for this applicant.

Drug Test

Drug Test Request Form Printed 01/31/2013 [Reprint the Drug Test Request Form](#)

Letter	Date Received	Do you want to stop the hiring process?	Date Updated	Update
No electronic results	02/07/2013	No	02/07/2013	Edit

Fingerprints

Letter	Date Received	Do you want to stop the hiring process?	Date Updated	Update
Fingerprints	02/05/2013	No	02/07/2013	Edit
Fingerprints	02/05/2013	No	02/07/2013	Edit

Decision

Pending

Not all checks are completed.



Based on the checks above, please select your decision below.

- I intend to have this applicant start working immediately on a conditional employment basis
- I intend not to hire this applicant

Child Protection Registry

Date Requested	09/24/2012			
Letter	Date Received	Do you want to stop the hiring process?	Date Updated	Update
Child Protection Registry Letter	09/24/2012	No	02/06/2013	Edit

Drug Test

Drug Test Request Form Printed 09/24/2012 [Reprint the Drug Test Request Form](#)

Drug test NOT done at LabCorp lab

Fingerprints

Letter	Date Received	Do you want to stop the hiring process?	Date Updated	Update
Fingerprints	09/24/2012	No	09/24/2012	Edit
Rap back	09/24/2012	No	09/24/2012	Edit

Decision

Pending

Not all checks are completed.

This applicant has an existing flag in this system.

Based on the checks above, please select your decision below.

- I intend not to hire this applicant
- I am withdrawing this applicant from the hiring process
- The applicant withdrew from the hiring process



Kids Result Letter

alices Test
Advo Serv 2
4185 Kirkwood-St. Georges Rd
Bear, DE 19701-2272

Name 1: Samir, Satya H

DOB: 12/12/1980
Sex: Male
Race: White

As of 09/24/2012, a search of the Department of Services for Children, Youth and Their Families Child Protection Registry disclosed that the above named person is listed as substantiated for:

Type	Level	# Cases	
Abuse	Level II	11	
Neglect	Level III	01	
Abuse	Level IV	03	IETS

Under the Child Protection Registry Check Law - Title 11, Chapter 85, Section 8563 of the Delaware Code, this person is **Ineligible** for employment at this time.

For further information, the person seeking employment must contact **Kriston Lowry-Sims, Master Family Service Specialist** at (302) 633-2714. Please provide a copy of this letter to the person seeking employment.



Eligible Letter

Provider Name: Advo Serv 2

Provider Phone: (789) 789-7897

Provider Address: 4185 Kirkwood-St. Georges Rd Bear, DE 19701-2272

Provider Email: jason@test.com

Applicant Name: View Neuwen

Applicant DOB: 11/11/1980

Investigator Name: Employer Corpl

Investigator Phone: (676) 786-7856

The applicant is eligible for employment.

The complete state criminal history is available for review. The history will be available through the BCC for employers and at LTCRP for applicants. Applicants can call 302-577-6661 for an appointment.

Child Protection Registry

Date Requested	09/24/2012			
Letter	Date Received	Do you want to stop the hiring process?	Date Updated	Update
Child Protection Registry Letter	09/24/2012	No	02/06/2013	

Drug Test

Drug Test Request Form Printed 09/24/2012 [Reprint the Drug Test Request Form](#)

Drug test NOT done at LabCorp lab

Fingerprints

Letter	Date Received	Do you want to stop the hiring process?	Date Updated	Update
Fingerprints	09/24/2012	No	09/24/2012	
Rap back	09/24/2012	No	09/24/2012	

Decision

I intend not to hire this applicant

Based on the checks above, please select your decision below.

A final hiring decision has already been made for this applicant. To make a correction or more information, please contact your regulator.

Close



Dashboard | Enter New Application | Enter Existing Employee | Search Applications | Manage Users | Account Settings | Reports | Resources

Enter New Application

+ Notifications (86) | [View All Notifications](#)

In Progress: 66 | **Pending Results: 18** | **Pending Hiring: 1** | **Others: 166** | [More](#) ← **Progress Bar**

In Progress | Pending Results | Pending Hiring | Service Letter Requests | Notifications | Summary

First Name	Last Name	Facility Name	Date Created	Status	Next Step
Satya	Samir	Advo Serv 2	04/25/2012	Payment	Make Payment
Donald	Duck	Advo Serv 2	05/22/2012	Forms	Print Forms
Sheldon	Kent	Aloha Temporary Service 4	06/05/2012	Registry Checks	Check Registry
Jason	Zhao	Advo Serv 2	08/07/2012	Data Entry	Enter Information
fudad	testA	Milford Neighborhood Home	08/07/2012	Preliminary Decision	Preliminary Decision
Carol	Johnson	Delaware Hospice, Inc.	08/09/2012	Payment	Make Payment
Rita	Schell	Milford Neighborhood Home	08/09/2012	Forms	Print Forms
Aletha	Byrd	Milford Neighborhood Home	08/13/2012	Registry Checks	Check Registry
kristian	Sanders	Milford Neighborhood Home	08/13/2012	Registry Checks	Check Registry
Jason	Zhao	Delaware Hospice, Inc.	08/15/2012	Payment	Make Payment
Sheldon	Cooper	Milford Neighborhood Home	08/15/2012	Payment	Make Payment
Valerie	Adams	Advo Serv 2	08/23/2012	Payment	Make Payment
ticket	test	Milford Neighborhood Home	08/23/2012	Payment	Make Payment
Alana	Smith	Keystone Service Systems Southeast	08/29/2012	Data Entry	Enter Information
Alice	Smith	Aloha Temporary Service 4	09/20/2012	Forms	Print Forms

Make a decision

Waiting for the results of Registry checks, CBC, Drug Test

Enter information



Background Check Center

Provided by Delaware Health & Social Services



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Home » Provider » Dashboard

Monday, February 04, 2013

Dashboard

Enter New Application

Enter Existing Employee

Search Applications

Manage Users

Account Settings

Reports

Resources

[-] Notifications (84) [View All Notifications](#)

Updated KIDS Result | View Nguyen on 1/30/2013 12:20:01 PM

Dear Administrator of Advo Serv 2,

Close X

Updated KIDS Result | View Nguyen on 1/30/2013 12:09:04 PM

Dear Administrator of Advo Serv 2,

Close X

Updated KIDS Result | View Nguyen on 1/30/2013 12:09:03 PM

Dear Administrator of Advo Serv 2,

Close X

In Progress: **62** | Pending Results: **20** | Pending Hiring: **1** | Others: **161** | [More](#)

In Progress

Pending Results

Pending Hiring

Service Letter Requests

Notifications

Summary

First Name	Last Name	Facility Name	Date Created	Status	Next Step
Sheldon	Cooper	Delaware Hospice, Inc.	08/14/2012	Pending Hiring	Make Decision



Background Check Center

Provided by Delaware Health & Social Services



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Home » Provider » **Notifications » Updated KIDS Result | View Nguyen**

Monday, February 04, 2013

Dashboard | Enter New Application | Enter Existing Employee | Search Applications | Manage Users | Account Settings | Reports | Resources

Notifications

Inbox | Archive | **View**

Notification: State Criminal History Received
Subject: Updated KIDS Result | View Nguyen
Sent: 1/30/2013 12:20:01 PM
To: State Criminal History Received
Dear Administrator of Advo Serv 2,

Back | **Archive**



Dashboard | Enter New Application | Enter Existing Employee | **Search Applications** | Manage Users | Account Settings | Reports | Resources

Applicant Profile

2AAA350T | [SHELDON COOPER](#) | 05/05/1985 | XXX-XX-5555 | NEW EMPLOYEES | FORMS | KEYSTONE SERVICE SYSTEMS SOUTHEAST

[+] NOTES (0)

Basic Information

[Print](#)

Name:	Sheldon Lee Cooper (2AAA350T)	Type:	New Employees
Facility Name:	Keystone Service Systems Southeast (3AAA016K)	Status:	Forms
Date Entered:	02/01/2013	Date Updated:	02/04/2013

Personal Information

Alias(es):	Sheldor Cooper Sheldor asd Cooper John Smith	Address:	333 main st nyc, DE 04567
Date of Birth:	5/5/1985	County:	Kent
Social Security #:	XXX-XX-5555	Phone:	(203) 230-2303
Gender:	Male	E-mail:	
Race:	White		

Driver's License or State ID

License #:	5645645645	State Issued:	Delaware
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Position



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Home » Provider » Dashboard

Monday, February 04, 2013

Dashboard

Enter New Application

Enter Existing Employee

Search Applications

Manage Users

Account Settings

Reports

Resources

[+] Notifications 86) [View All Notifications](#)

In Progress: 62 | Pending Results: 20 | Pending Hiring: 1 | Others: 161 | [More](#)

In Progress

Pending Results

Pending Hiring

Service Letter Requests

Notifications

Summary

First Name	Last Name	Facility Name	Date Created	Status	Next Step
Satya	Samir	Advo Serv 2	04/25/2012	Payment	Make Payment
Donald	Duck	Advo Serv 2	05/22/2012	Preliminary Decision	Preliminary Decision
Sheldon	Kent	Aloha Temporary Service 4	06/05/2012	Registry Checks	Check Registry
Hello	Goodbye	Delaware Hospice, Inc.	08/02/2012	Preliminary Decision	Preliminary Decision
Jason	Zhao	Advo Serv 2	08/07/2012	Data Entry	Enter Information
fudad	testA	Milford Neighborhood Home	08/07/2012	Preliminary Decision	Preliminary Decision
Carol	Johnson	Delaware Hospice, Inc.	08/09/2012	Payment	Make Payment
Rita	Schell	Milford Neighborhood Home	08/09/2012	Forms	Print Forms
Aletha	Byrd	Milford Neighborhood Home	08/13/2012	Registry Checks	Check Registry

Entering an Existing Employee



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Home » Provider » Current Employee Entry

Thursday, January 31, 2013

- Dashboard
- Enter New Application
- Enter Existing Employee**
- Search Applications
- Manage Users
- Account Settings
- Reports
- Resources

Enter all existing employees (grandfathered/non-grandfathered) that were hired before you started using BCC.
 Select Facility, enter employee's Social Security Number (SSN) and Date of Birth. Then click "Next" to Register an employee.

Enter Existing Employee Data

Facility * Grubb Road Neighborhood Home (3AAA) ▼

Social Security # * 684-16-8644 ?

Date of Birth * 03/31/1985 

Is this Grandfathered Employee?

- Hire date before July 1, 2001 - Home Health Care
- Hire date before March 31, 1999 - All other employers

Check this box if the employee is grandfathered.

Even if the Grandfathered employee has been fingerprinted, it is important to identify them as GRANDFATHERED

Cancel Next

Grandfathered Employee Consent Form

"Grandfathered employee" means an employee of a facility who was not fingerprinted because the employment commenced before the effective date of March 31, 1999 (July 1, 2001 for Home Care Employees), and no requirement for fingerprinting has since applied.

All grandfathered employees must consent to fingerprinting by the State Bureau of Identification (SBI) within 120 days from the date of Background Check Center (BCC) implementation to maintain employment.

SBI:

- Shall use the fingerprints to establish the grandfathered employee's identity for the sole purpose of enabling the person's criminal record to be monitored for new criminal activity while the grandfathered employee continues to work at a nursing facility, home care, or similar facility;
- Shall not secure a state or federal criminal history on the grandfathered employee

I, the undersigned, consent to the above.

Signature: _____

Date: ____/____/____

Dashboard | Enter New Application | **Enter Existing Employee** | Search Applications | Manage Users | Account Settings | Reports | Resources

Enter Current Employee Information

* Required Fields

Enter employee information. Click "Next" after data entry is completed.

| 03/31/1985 | 684-16-8644 | **GRANDFATHERED EMPLOYEES** | DATA ENTRY | GRUBB ROAD NEIGHBORHOOD HOME

Consent

I have obtained written consent from the applicant. *

The Consent Form for a Grandfathered Employee is different from Job Applicants

Name

First Name: *

Middle Name:

Last Name: *

Suffix:

[Add an Alias](#)

Similar to a new Job Applicant, the Grandfathered Employee fields will be blank and will need to be filled out along with the I-9 fields listed below



Verify Applicant Information

Please make sure all information is accurate. Use the "Back" button to make any changes.

00000002 | BENNY BENJAMIN | 02/21/1993 | 000000000000 | NEW EMPLOYEES | VERIFICATION | GRUBB ROAD NEIGHBORHOOD HOME | 0/NOTES(00)

Consent

I have obtained written consent from the applicant.

Name

First Name: Benny

Middle Name:

Last Name: Benjamin

Suffix:

Address

Address1: 2670 Memory Lane

Address2: Apt 9

City: Newburgh

State: Delaware

Zip Code: 19966

Country: New Castle

Phone: (302) 624-3766

Email: bbenbna@verizon.net

Position

Position: Technical, Unlicensed Health Care - Rehabilitation Therapy Aide

Professional License(s) and/or Certification(s)

Name:	Certified Nurse Aide	Number:	6040766
-------	----------------------	---------	---------

Photo ID Information

Driver's License: 8772148

State Issued: Delaware

Gender: Male

Race: Black or African American

Race of Birth: United States

Height: 6'4&1/2" inches

Weight: 180 lbs

Eye Color: Brown

Hair Color: Black

Grandfathered Employee Fingerprint Form

For fingerprinting, please proceed to the nearest facility:

- Kent County – 655 South Bay Road, Dover, DE – No appointment necessary
- Sussex County – Corner of Shortly Road and Route 113, Georgetown, DE – **Appointment required**
 - Call (302) 739-2528
- New Castle County – Troop 2, on Rt. 40, Rt. 72, and Rt. 896, Bear DE – **Appointment required**
 - Call 1-800-464-4357 or 302-739-2528

"Grandfathered employee" means an employee of a facility who was not fingerprinted because the employment commenced before the effective date of March 31, 1999 (July 1, 2001 for Home Care Employees), and no requirement for fingerprinting has since applied.

All grandfathered employees must consent to fingerprinting by the State Bureau of Identification (SBI) within 120 days from the date of Background Check Center (BCC) implementation to maintain employment.

SBI:

- Shall use the fingerprints to establish the grandfathered employee's identity for the sole purpose of enabling the person's criminal record to be monitored for new criminal activity while the grandfathered employee continues to work at a nursing facility or similar facility;
- Shall not secure a state or federal criminal history on the grandfathered employee

I, the undersigned, consent to the above.

Signature: _____ Date: ____/____/____

LONG TERM CARE GRANDFATHERED EMPLOYEE

Applicant Information

Application ID: _____

Name: _____
Last First Middle

Social Security # _____ **This field is NOT pre-filled**

Previous Name(s): _____

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: ____/____/____ Sex: ____ Race: ____ Telephone Number _____

Entering a Non-Grandfathered Existing Employee



Background Check Center

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Home » Provider » Current Employee Entry

Monday, February 04, 2013

Dashboard | Enter New Application | **Enter Existing Employee** | Search Applications | Manage Users | Account Settings | Reports | Resources

Enter all existing employees (grandfathered **non-grandfathered) that were hired before you started using BCC.**
Select Facility, enter employee's Social Security Number (SSN) and Date of Birth. Then click "Next" to Register an employee.

Enter Existing Employee Data

Facility: *

Social Security #: * ?

Date of Birth: *

Is this Employee Grandfathered?
• Hire date before July 1, 2001 - Home Health Care
• Hire date before March 31, 1999 - All other employers

Check this box if the employee is **grandfathered**.

Cancel

Next



- Dashboard
- Enter New Application
- Enter Existing Employee**
- Search Applications
- Manage Users
- Account Settings
- Reports
- Resources

Enter Current Employee Information

* Required Fields

Enter employee information. Click "Next" after data entry is completed.

| 02/04/1979 | 123-45-6771 | CURRENT EMPLOYEES | DATA ENTRY | KEYSTONE SERVICE SYSTEMS SOUTHEAST

Consent

I have obtained written consent from the applicant. *

Name

First Name: *	Benny
Middle Name:	
Last Name: *	Benjamin
Suffix:	Sr.

[Add an Alias](#)

Address

Address 1: *	<input type="text" value="3 Motown Court"/>
Address 2:	<input type="text" value="Apt 10"/>
City: *	<input type="text" value="Claymont"/>
State: *	<input type="text" value="Delaware"/>
Zip Code: *	<input type="text" value="19707"/>
County: *	<input type="text" value="New Castle"/>
Phone: *	<input type="text" value="(302) 239-0017"/>
E-mail:	<input type="text" value="BBTunes@comcact.com"/>

For Non-Grandfathered Employees the information in these screens will be populated except for the Position and Category fields. Complete these and then verify the contents and update with any necessary changes

Position

Category: *	<input type="text" value="Executive, Administrative, Managerial"/>
Position: *	<input type="text" value="Business Manager"/>

Professional License(s) and/or Certification(s)

[Add a License](#)

Photo ID Information **Photo identification data is not required for non-grandfathered employees**

Separating an Employee

Employability Checks

Child Protection Registry

Request Form	Date Requested	Date Collected		
No forms required	10/04/2012	10/04/2012		
Letter	Date Received	Do you want to stop the hiring process?	Date Updated	
Child Protection Registry Letter	10/04/2012	No	10/04/2012	

Drug Test

Request Form	Date Requested	Date Collected		
PDF	10/4/2012	10/4/2012		
Letter	Date Received	Do you want to stop the hiring process?	Date Updated	
Drug Test Result		No	10/04/2012	

Fingerprints

Request Form	Date Requested	Date Collected		
PDF	10/04/2012			
Letter	Date Received	Do you want to stop the hiring process?	Date Updated	
Fingerprints	10/29/2012	No	10/29/2012	

Final Determination

Decision: I intend to hire this applicant Decision Date: 10/29/2012
 Status: Hired Status Date: 10/29/2012

Back **Change Decision**



Background Check Center

Provided by Delaware Health & Social Services



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Home > Provider > **Application Summary**

Thursday, February 14, 2013

- Dashboard
- Enter New Application
- Enter Existing Employee
- Search Applications**
- Manage Users
- Account Settings
- Reports
- Resources

Application Summary

* Required Fields

Overview of the current application information. Click a header marked with a [+] to expand/collapse content.

2AAA356T | [ROBERT REDSTONE](#) | 03/15/1971 | JOX-XX-5835 | GRANDFATHERED EMPLOYEES | HIRED | DELAWARE HOSPICE, INC. [\[+\] NOTES \(0\)](#) [EDIT](#)

[+] Employability Checks

Decision

I intend to hire this applicant

Based on the checks above, please select your decision below.

I intend to separate with this applicant

Close

Make Decision



Background Check Center

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Home » Provider » Separation

- Dashboard
- Enter New Application
- Enter Existing Employee
- Search Applications**
- Manage Users
- Account Settings
- Reports
- Resources

Employee Separation

Please complete the form below.

2AAA294T | GRANDFATHERED JOHNSON | 11/11/1980 | XXX-XX-8506 | GRANDFATHERED EMPLOYEES | HIRED | ALOHA TEMPORARY SERVICE [+] NOTES (0) [EDIT]

Date Separated: 02/17/2014

Master List: This applicant wants to remain on the Master List until 08/12/2014
 This applicant wants to be removed from the Master List.

The employee was separated due to conviction

Cancel **Submit**



Background Check Center

Provided by Delaware Health & Social Services



Welcome, [employer.corp](#) (satusdfsfya@test.com - [Change](#)) | [Profile Settings](#) | [Help](#) | [User Manual](#) | [Log Out](#)

Home » [Provider](#) » [Service Letter](#)

[Dashboard](#) | [Enter New Application](#) | [Enter Existing Employee](#) | [Search Applications](#) | [Manage Users](#) | [Account Settings](#) | [Reports](#) | [Resources](#)

Service Letter

If the applicant has previously worked for a DE healthcare or child-care facility, that facility is required by DE law to provide reference information on the applicant in a designated format(service letter).

2AAA294T | [GRANDFATHERED JOHNSON](#) | 11/11/1980 | XXX-XX-8508 | GRANDFATHERED EMPLOYEES | [SEPARATED](#) | ALOHA TEMPORARY | [\[+\] NOTES \(0\)](#) [EDIT](#)

1 Please answer the following questions:

A. Type of service performed by the person during the course of his/her employment. (Please check one.)

- The employee was directly involved on a daily or frequent basis providing services and/or care to clients/patients/residents/children.
- The employee was not directly involved providing services and/or care to clients/patients/residents/children on a daily or frequent basis but did occasionally provide some care and/or services.
- The employee did not provide services and/or care to clients/patients/residents/children but did have some contact with them.
- The employee had no contact with clients/patients/residents/children.
- This information is not available. (Please explain.)

C. Information relating to employee's performance (Please check all statements that apply to this position, and circle action/s taken.)

- The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving his/her violent behavior or threats of violence in the workplace.
- The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving abuse of patients/clients/residents/children.
- The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving negligence/neglect of patients/clients/residents/children.
- The employee was never counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving violent behavior in the workplace, abuse or negligence/neglect of patients/clients/residents/children.
- Not applicable to this employee. (Please explain.)

2. (Optional) Would you rehire this individual?

- Yes, I would rehire this individual.
- No, I would not rehire this individual.

Print

Return to Dashboard

Submit

BCC Administrative Functions

- Adding a New User
- Editing an Existing User Profile
- Editing Notification Access

Background Check Center

Provided by Delaware Health & Social Services



Welcome, employer.corp (need.help@state.de.us - Change) | Profile Settings | Help | User Manual | Log Out

Home » Provider » Manage Users » Add User

Monday, February 25, 2013

Dashboard Enter New Application Enter Existing Employee Search Applications **Manage Users** Account Settings Reports Resources

Add Existing User

* Required Fields

To add a new DLTCRP Staff user, enter the IAS username and click "Next".

All Users **Add New User**

Enter Existing Username

Give existing user access to your facility.

Username: *

Teddy.Dennis

Next



- Dashboard
- Enter New Application
- Enter Existing Employee
- Search Applications
- Manage Users**
- Account Settings
- Reports
- Resources

Add New User Profile

Required Fields

Enter new user information to give them access to your facility. ([Add Existing User](#))

- All Users
- Add New User**

New User Profile

First Name:

Last Name:

Phone:

E-mail

Access Level

- Administrator
- Drug Test
- Human Resources
- Quick Check

Access to Facility

- Advo Serv 2
- Aloha Temporary Service 4
- Keystone Service Systems Southeast
- Delaware Hospice, Inc.
- Milford Neighborhood Home



- Dashboard
- Enter New Application
- Enter Existing Employee
- Search Applications
- Manage Users**
- Account Settings
- Reports
- Resources

[Advanced Search](#)

All Users Add New User

Username	First Name	Last Name	Access Level	Date Created	Date Modified	Status	Edit
employer.corp	Employer	Corpl	Administrator	04/20/2012	02/07/2013	Active	Edit
employer.hr	Teddy	Dennis	Human Resources	04/20/2012	01/30/2013	Active	Edit
employer.dte	Ponne	has	Drug Test	04/20/2012	02/07/2013	Active	Edit
employer.qac	employer	qac	Quick Check	04/20/2012	01/29/2013	Active	Edit
Fuad.Abujarad	sa	administration	Human Resources	04/20/2012	02/05/2013	Active	Edit
satya.ghodiwala	Satya	Ghodiwala	Administrator	05/14/2012	01/08/2013	Active	Edit
a2222222	Ponne	ha	Human Resources	05/14/2012	01/08/2013	Active	Edit
a111111111	a	ha	Human Resources	05/14/2012	11/30/2012	Disabled	Edit
ssss3333	asdga	asgasg	Administrator	05/14/2012	11/27/2012	Active	Edit
a234234	Pay	ha	Administrator	05/15/2012	10/24/2012	Active	Edit
sdgfasdgsdg	Test	Test	Quick Check	05/16/2012	10/24/2012	Deleted	Edit
subsub	Ponne	Johnson	Administrator	05/17/2012	11/01/2012	Active	Edit
			Administrator	05/18/2012	11/20/2012	Pending	Edit
test.treat	Test	Treat	Quick Check	05/21/2012	01/10/2013	Deleted	Edit

- Dashboard
- Enter New Application
- Enter Existing Employee
- Search Applications
- Manage Users**
- Account Settings
- Reports
- Resources

Edit Profile

* Required Fields

Enter new user information to give them access to your facility. ([Add Existing User](#))

Edit User Profile

Username: employer.hr

First Name: Teddy

Last Name: Dennis

Phone:

E-mail*

Access Level*

- Administrator
- Drug Test
- Human Resources
- Quick Check

Access to Facility*

- Advo Serv 2
- Aloha Temporary Service 4
- Keystone Service Systems Southeast
- Delaware Hospice, Inc.
- Milford Neighborhood Home
- Bavada Nurses



- Dashboard
- Enter New Application
- Enter Existing Employee
- Search Applications
- Manage Users
- Account Settings
- Reports
- Resources

Provider Contact Information Settings

* Required Fields

[+] Advo Serv 2

Provider Contact Information Settings

Provider Public Information Settings

Provider Notification Settings

Provider E-Payment Settings

First Name: *

Last Name: *

Title:

Company:

Address 1: *

Address 2:

City: *

This is the User identified as being the primary contact for the BCC in your facility or company. It can be changed at any time by the Corporate User or designee.



Background Check Center

Provided by Delaware Health & Social Services



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Home » Provider » Account Settings » Notification

Monday, February 04, 2013

Dashboard | Enter New Application | Enter Existing Employee | Search Applications | Manage Users | **Account Settings** | Reports | Resources

Provider Notification Settings

[+] Advo Serv 2

Provider Contact Information Settings | Provider Public Information Settings | **Provider Notification Settings** | Provider E-Payment Settings

[+] Service Letters

[+] Drug Test Results

[+] Fingerprint Results

[+] Child Protection Registry Results

[+] Low Accounting Records Usage Balance

[+] Warning an Application is nearing Administrative Closure

[+] Advo Serv 2

Provider Contact Information Settings

Provider Public Information Settings

Provider Notification Settings

Provider E-Payment Settings

[+] **Service Letters**

[+] **Drug Test Results**

[-] Fingerprint Results

Service Letters

- State Criminal History Received
- Federal Criminal History Received

Username	Name	Status	Access Level	Action
employer.corp	Employer	Active	Administrator	Add
employer.hr	Jane	Active	Human Resources	Add
employer.dte	Ponne	Active	Drug Test	Add
employer.qac	employer	Active	Quick Check	Add
regulator.management	Teddy	Active	Management	Add
regulator.supervision	regulator	Active	Supervision	Add
regulator.investigation	regulator	Active	Investigation	Add
regulator.support	regulator	Active	Support	Add
sa.administration	sa	Active	System Administrator	Add

regulator management have been added to Fingerprint Results.

[+] Service Letters

[+] Drug Test Results

[-] Fingerprint Results

- State Criminal History Received
- Federal Criminal History Received

Username	Name	Status	Access Level	Action
employer.corp	Employer	Active	Administrator	Add
employer.hr	Jane	Active	Human Resources	Add
employer.dte	Ponne	Active	Drug Test	Add
employer.qac	employer	Active	Quick Check	Add
regulator.management	Teddy	Active	Management	Remove
regulator.supervision	regulator	Active	Supervision	Add
regulator.investigation	regulator	Active	Investigation	Add



Background Check Center

Provided by Delaware Health & Social Services



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Home » Provider » **Reports**

Monday, February 04, 2013

Dashboard | Enter New Application | Enter Existing Employee | Search Applications | Manage Users | Account Settings | **Reports** | Resources

Click on the report link to access the report.

Active Applications

A list of all Applications that are in a state of progress and require action.

Master List

Monitor a list of everyone who is fingerprinted and the results have been sent to the Background Check Center, except for the applicants who opted not to receive a Rap Back after separation, or those who are not hired and their last fingerprint date exceeds 3 years to date.

All Applications

List of all Applications created by your organization in the Background Check Center.



Background Check Center

Provided by Delaware Health & Social Services



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Home » Provider » Reports » Active Applications Report

Monday, February 04, 2013

- Dashboard
- Enter New Application
- Enter Existing Employee
- Search Applications
- Manage Users
- Account Settings
- Reports**
- Resources

Active Applications Report

Download in Excel

First Name	Last Name	Facility Name	Date Created	Status	Next Step
Alana	Smith	Keystone Service Systems Southeast	08/29/2012	Verification	Verify Information
Sheldon	Cooper	Aloha Temporary Service 4	11/01/2012	Verification	Verify Information
Sheldon	Cooper	Aloha Temporary Service 4	11/01/2012	Verification	Verify Information
Sheldon	Cooper	Aloha Temporary Service 4	11/01/2012	Verification	Verify Information
Sheldon	Cooper	Aloha Temporary Service 4	11/01/2012	Verification	Verify Information
Sheldon	Cooper	Aloha Temporary Service 4	11/01/2012	Verification	Verify Information
Sheldon	Cooper	Advo Serv 2	11/09/2012	Verification	Verify Information
Donald	Duck	Advo Serv 2	01/07/2013	Verification	Verify Information
Neo	Anderson	Aloha Temporary Service 4	01/07/2013	Verification	Verify Information
Charles	Whitmore	Bayada Nurses	01/07/2013	Verification	Verify Information

File Home Insert Page Layout Formulas Data Review View

Clipboard Font Alignment Number

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B I U

Wrap Text Merge & Center

General \$ % , .00 .00

A1 fx FirstName

	A	B	C	D	E	F	G	H	I	J	K
1	FirstName	LastName	Dob	FacilityNa	Created_Date	Status					
2	alice	smith	9/2/1986	Backgrou	9/20/2012	Withdrawn					
3	Sarah	Johnson	11/11/1980	Backgrou	9/24/2012	Withdrawn					
4	Test	Test 2	1/10/1990	Backgrou	9/24/2012	Withdrawn					
5	xxx	xxx	9/8/1979	Backgrou	10/1/2012	Not Hired					
6	Test	Test	12/15/1979	Backgrou	10/2/2012	Not Hired					
7	Alice	Smith	9/2/1986	Backgrou	10/2/2012	Separated					
8	Barrett	Smith	12/26/1972	Backgrou	10/2/2012	Not Hired					
9	albertha	adams	5/5/1985	Backgrou	10/2/2012	Separated					
10	Jacqueline	Irungu	4/5/1981	Backgrou	10/3/2012	Withdrawn					
11	Satya	Ghodiwal	11/19/1979	Backgrou	10/4/2012	Hired					
12	Satya	Ghodiwal	11/19/1979	Backgrou	10/4/2012	Separated					
13	Doris	Armah	2/23/1964	Backgrou	10/4/2012	Separated					
14	Nicole	Albani	9/1/1982	Backgrou	10/5/2012	Hired					
15	Nicole	Smith	10/9/1992	Backgrou	10/5/2012	Separated					
16	Michelle	Abraham	12/29/1987	Backgrou	10/5/2012	Separated					
17	Salina	smith	8/7/1988	Backgrou	10/5/2012	Withdrawn					
18	Michael	Baptiste	10/23/1964	Backgrou	10/5/2012	Withdrawn					
19	Daniel	Ames	6/1/1963	Backgrou	10/9/2012	Separated					
20	John	Ekah	8/7/1971	Backgrou	10/9/2012	Separated					
21	Test	One	1/8/1992	Backgrou	10/9/2012	Conditional Hire					
22	Test	Two	1/23/1989	Backgrou	10/9/2012	Withdrawn					
23	Test	Three	6/21/1976	Backgrou	10/9/2012	Separated					
24	nicole	albani	9/9/1982	Backgrou	10/9/2012	Separated					
25	MaryAnne	Smith	1/22/1978	Backgrou	10/9/2012	Hired					
26	shina	charles	9/19/1966	Backgrou	10/10/2012	Withdrawn					
27	Mary	Smith	8/16/1982	Backgrou	10/10/2012	Conditional Hire					

When you download to Excel, this is an example of what you will see.

- Dashboard
- Enter New Application
- Enter Existing Employee
- Search Applications
- Manage Users
- Account Settings
- Reports
- Resources

First Name:
 Last Name:
 Status: Separated ▼
 [Simple Search](#)

Facility Name: Retirementville, Inc.
 Social Security #: ?
 Date Created: 01/02/2012 to 02/18/2013

First Name	Last Name	Facility Name	Date Created	Status	Next Step
Alice	Smith	Background Check Center	10/02/2012	Separated	Change Decision
albertha	adams	Background Check Center	10/02/2012	Separated	Change Decision
Satya	Ghodiwala	Background Check Center	10/04/2012	Separated	Change Decision
Doris	Armah	Background Check Center	10/04/2012	Separated	Change Decision
Nicole	Smith	Background Check Center	10/05/2012	Separated	Change Decision
Michelle	Abraham	Background Check Center	10/05/2012	Separated	Change Decision
Daniel	Ames	Background Check Center	10/09/2012	Separated	Change Decision
John	Ekah	Background Check Center	10/09/2012	Separated	Change Decision
Test	Three	Background Check Center	10/09/2012	Separated	Change Decision
nicole	albani	Background Check Center	10/09/2012	Separated	Change Decision
Marie	Madonna	Background Check Center	10/10/2012	Separated	Change Decision
Janee	Witherspoon	Background Check Center	10/10/2012	Separated	Change Decision
john	madison	Background Check Center	10/11/2012	Separated	Change Decision
Alice	Smith	Background Check Center	10/15/2012	Separated	Change Decision

BCC Helpful Hints

- Do Not use the browser back (<) button while using the BCC
- Always check your email address for accuracy at the blue welcome bar when you come to the welcome page
- If the Applicant has no Driver's license or State ID-use Passport # if available
- If the Applicant has no phone number, use the facility or company #
- Because information is securely saved in the BCC you need to print less documentation
- Strive to make the number of applicants in the "In Progress" section be Zero
- For Grandfathered Employees, written consent is received for only the fingerprinting for the Rap Back
- When you see the symbol ? within a circle, it is a "Quick Tip" click on it to reveal the tip or shortcut.
- View the Dashboard as the "bird's eye view" of your "to-do" landscape. You can instantly see work flow priorities, and target priorities as well.
- You cannot save your data in the application without clicking next at the bottom of the page.
- When you click the first name of an applicant while at the Dashboard, you will see the Applicant profile for that person.

Frequently Asked QuestionS about the BCC

- Who manages the BCC or has the authority to oversee it?
- When did the BCC governing statute become effective?
- What providers are required to use the BCC?
- Do I have to use the BCC? Is it required?
- Are any employees exempt from the BCC?
- How do I log on to the BCC?
- What is the Rap Back
- If I need a password, how does the public access the BCC?
- What is the Dashboard?
- What are Notifications?
- I know that Nursing Homes have had to do background checks for some time now but my company is not a Nursing Home. We provide Home Care. Do we need to be in the BCC?
- Do I need to logon to the BCC to do a Quick Check of an individual?
- Do I need a “special” computer or operating system to use the BCC?
- Why doesn't a Grandfathered Employee have to have a criminal background check?
- Will I still get a disqualifying letter for an applicant with a felony conviction?
- Why do I have to get the applicant's consent to access criminal history data when I can access the 4 Public Registries without consent?
- Do I have to pay to use the BCC?

Questions and Discussion

**Thank you and we
wish you success in
using the BCC**

255-9150 - IAS Helpdesk...

