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:

Jerry Spilecki
DLTCRP BCC Implementation Coordinator

Barbara Webb
DLTCRP Training Administrator
What is the BCC?

- A hub that consolidates existing data from nine (9) different sources
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.
Welcome to the Background Check Center!

Public Part of the BCC

- 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
Welcome to the Background Check Center!
Quick Check
First Name: Benny
Last Name: Benjamin
Registries:
- Office of Inspector General
- Public Sex Offender Registry
- Adult Abuse Registry
- Certified Nurse Aide Registry

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

Certified Nurse Aide 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.
**Quick Background Check**

<table>
<thead>
<tr>
<th>Office of Inspector General</th>
<th>Certified Nurse Aide Registry</th>
<th>Public Sex Offender Registry</th>
<th>Adult Abuse Registry</th>
</tr>
</thead>
</table>

**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
Welcome to the Background Check Center!

The Consent Form documents (2) are located here. Click to access these and other resources.
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_____________
This information is provided by the applicant who fills out this form.

V. Applicant Information

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

Name
First Name: ___________________________
Middle Name: ___________________________
Last Name: ___________________________  Suffix: ___

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
Welcome to the Background Check Center!

You must be.....

Registered as an IAS User
Approved by DLTCRP
Verified by your Company Agent
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: Retirementville, Inc.
- Social Security #: 123-45-9876
- Date of Birth: 02/13/1958

You can obtain the consent form at the Resources Tab while logged in to the BCC.
Enter New Application

Enter Applicant Information

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

Enter New Employee:
- Date of Birth: 02/13/1983
- Social Security Number: 123-45-6855

Consent

I have obtained written consent from the applicant.*
**Name**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Benny</td>
</tr>
<tr>
<td>Last Name</td>
<td>Benjamin</td>
</tr>
<tr>
<td>Suffix</td>
<td>No Suffix</td>
</tr>
</tbody>
</table>

**Address**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address 1</td>
<td>2875 Memory Lane</td>
</tr>
<tr>
<td>Address 2</td>
<td>Apt. 3</td>
</tr>
<tr>
<td>City</td>
<td>Newburgh</td>
</tr>
<tr>
<td>State</td>
<td>Delaware</td>
</tr>
<tr>
<td>Zip Code</td>
<td>19888</td>
</tr>
<tr>
<td>County</td>
<td>New Castle</td>
</tr>
<tr>
<td>Phone</td>
<td>(302) 634-5789</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:funkbros@verizon.net">funkbros@verizon.net</a></td>
</tr>
</tbody>
</table>

[Add an Alias]
Position

Category: * Technical, Unlicensed Health Care
Position: * Rehabilitation Therapy Aide

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

Name: * Certified Nurse Aide
Number: * 6346789

Add a License

Photo ID Information

Driver's License: * 8772145
State Issued: * Delaware
Gender: * Male
Race: * Black or African American
Place of Birth: * United States
Height: * 6 feet
Weight: * 190 lbs.
Verify Applicant Information

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

Comment:

I have obtained written consent from the applicant.

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

Address:
Address 1: 2872 Memory Lane
City: Newburgh
State: Delaware
Zip Code: 19809
County: New Castle
Phone: (302) 624-3769
Email: unbros@verizon.net

Position:
Technical, Unlicensed Health Care - Rehabilitation Therapy Aide

Professional License(s) and/or Certification(s):
Name: Certified Nurse Aide Number: 6243769

Photo ID Information:
Driver's License: 6TT2142
State Issued: Delaware
Gender: Male
Race: Black or African American
Place of Birth: United States
Height: 6 feet 0 inches
Weight: 160 lbs
Eye Color: Brown
Hair Color: Black
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.

<table>
<thead>
<tr>
<th>License Name</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Nurse Aide</td>
<td>6345789</td>
</tr>
</tbody>
</table>

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
- [ ] Check
- Do you want to stop the hiring process?
  - [ ] Yes
  - [ ] No
  - [x] Pending

Certified Nurse Aide Registry
- [ ] Check
- Do you want to stop the hiring process?
  - [ ] Yes
  - [ ] No
  - [x] Pending

Public Sex Offender Registry
- [ ] Check
- Do you want to stop the hiring process?
  - [ ] Yes
  - [ ] No
  - [x] Pending

Adult Abuse Registry
- [ ] Check
- Do you want to stop the hiring process?
  - [ ] Yes
  - [ ] No
  - [x] 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.
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>General</th>
<th>Specialty</th>
<th>Exclusion</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENJAMIN</td>
<td>BARBARA</td>
<td>J</td>
<td>HOME HEALTH AGENCY</td>
<td>EMPLOYEE</td>
<td>1128a1</td>
<td>MN</td>
</tr>
<tr>
<td>BENJAMIN</td>
<td>DAVID</td>
<td></td>
<td>MEDICAL PRACTICE, MD</td>
<td>GENERAL PRACTICE/FP</td>
<td>1128a2</td>
<td>NY</td>
</tr>
<tr>
<td>BENJAMIN</td>
<td>DEBRA</td>
<td>IRENE</td>
<td>NURSING PROFESSION</td>
<td>NURSE/NURSES AIDE</td>
<td>1128a4</td>
<td>WI</td>
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<td>BENJAMIN</td>
<td>EMMA</td>
<td></td>
<td>MEDICAL PRACTICE, MD</td>
<td>GENERAL PRACTICE</td>
<td>1128a3</td>
<td>NY</td>
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<td>BENJAMIN</td>
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<td></td>
<td>HOME HEALTH AGENCY</td>
<td>HEALTH CARE AIDE</td>
<td>1128a2</td>
<td>MN</td>
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<tr>
<td>BENJAMIN</td>
<td>LARRY</td>
<td>N</td>
<td>STATE/LOCAL/TRIBAL A</td>
<td>HEALTH CARE AIDE</td>
<td>1128a2</td>
<td>SC</td>
</tr>
<tr>
<td>BENJAMIN</td>
<td>MARTHA</td>
<td>KAY SCOGGINS</td>
<td>NURSING PROFESSION</td>
<td>NURSE/NURSES AIDE</td>
<td>1128b5</td>
<td>TX</td>
</tr>
<tr>
<td>BENJAMIN</td>
<td>MARY</td>
<td>LOIS</td>
<td>NURSING PROFESSION</td>
<td>NURSE/NURSES AIDE</td>
<td>1128b4</td>
<td>AZ</td>
</tr>
<tr>
<td>CONLEY-BENJAMIN</td>
<td>GAYLE</td>
<td>LOUISE</td>
<td>HOSPITAL</td>
<td>NURSE/NURSES AIDE</td>
<td>1128b4</td>
<td>NY</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Middle Name</td>
<td>General</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>BeldenGreen</td>
<td>David</td>
<td>Z</td>
<td>Dental Practice</td>
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<tr>
<td>Benjamin</td>
<td>Barbara</td>
<td>J</td>
<td>Home Health Agency</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benjamin</td>
<td>David</td>
<td></td>
<td>Medical Practice, MD</td>
</tr>
<tr>
<td>Benjamin</td>
<td>Debra</td>
<td>Irene</td>
<td>Nursing Profession</td>
</tr>
</tbody>
</table>
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.
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".
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.
For the job applicant: Please take this form to the lab as directed by your prospective employer.

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID:</td>
<td>Name:</td>
</tr>
<tr>
<td>Name:</td>
<td>Address:</td>
</tr>
<tr>
<td>Address:</td>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Contact:</td>
</tr>
<tr>
<td>SSN: ####-##-####</td>
<td>Phone: ####-####-####</td>
</tr>
<tr>
<td>DOB: ####-##-####</td>
<td>Fax: ####-####-####</td>
</tr>
</tbody>
</table>

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, Klonipin)
  - 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)
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: ______________________________________________________ Social Security #_______________________

Last  First  Middle

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: ________

Delaware Health and Social Services
Division of Long term Care Residents Protection
CRIMINAL HISTORY RECORD REQUEST FORM

This field is NOT pre-filled
### Service Letter Requests

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Facility Name</th>
<th>Date Requested</th>
<th>Date Completed</th>
<th>Service Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donald</td>
<td>Duck</td>
<td>Aloha Temporary Service 4</td>
<td>01/16/2013</td>
<td>09/07/2012</td>
<td><a href="#">View Response</a></td>
</tr>
<tr>
<td>Donald</td>
<td>Duck</td>
<td>Hawthorne Estates Neighborhood Home Longename #2</td>
<td>01/16/2013</td>
<td>09/07/2012</td>
<td><a href="#">View Response</a></td>
</tr>
<tr>
<td>Satya</td>
<td>Samir</td>
<td>Advo Serv 2</td>
<td>01/16/2013</td>
<td>09/17/2012</td>
<td><a href="#">View Response</a></td>
</tr>
<tr>
<td>Donald</td>
<td>Duck</td>
<td>Keystone Service Systems Southeast</td>
<td>01/16/2013</td>
<td>07/12/2012</td>
<td><a href="#">View Response</a></td>
</tr>
<tr>
<td>Donald</td>
<td>Duck</td>
<td>Advo Serv 2</td>
<td>01/16/2013</td>
<td>07/12/2012</td>
<td><a href="#">View Response</a></td>
</tr>
<tr>
<td>mahi</td>
<td>Reddy</td>
<td>Hawthorne Estates Neighborhood Home Longename #2</td>
<td>01/16/2013</td>
<td>07/18/2012</td>
<td><a href="#">View Response</a></td>
</tr>
<tr>
<td>Satya</td>
<td>agarwal</td>
<td>Advo Serv 2</td>
<td>01/16/2013</td>
<td>08/22/2012</td>
<td><a href="#">View Response</a></td>
</tr>
<tr>
<td>Satya</td>
<td>Samir</td>
<td>Advo Serv 2</td>
<td>01/16/2013</td>
<td>09/17/2012</td>
<td><a href="#">View Response</a></td>
</tr>
<tr>
<td>Satya</td>
<td>Samir</td>
<td>Advo Serv 2</td>
<td>01/16/2013</td>
<td>08/04/2012</td>
<td><a href="#">View Response</a></td>
</tr>
</tbody>
</table>
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.
### Registry Checks (Awaiting Results)

<table>
<thead>
<tr>
<th>Professional License</th>
<th>License #</th>
<th>Do you want to stop the hiring process?</th>
<th>Date Updated</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Nurse Aide</td>
<td>6345789</td>
<td>No</td>
<td>02/07/2013</td>
<td>Edit</td>
</tr>
</tbody>
</table>

### Check Public Registries

<table>
<thead>
<tr>
<th>Registry Name</th>
<th>Do you want to stop the hiring process?</th>
<th>Date Updated</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Inspector General</td>
<td><img src="Yes.png" alt="Yes" /> <img src="No.png" alt="No" /></td>
<td>01/31/2013</td>
<td>Cancel</td>
</tr>
<tr>
<td>Certified Nurse Aide Registry</td>
<td><img src="Yes.png" alt="Yes" /> <img src="No.png" alt="No" /></td>
<td>01/31/2013</td>
<td>Cancel</td>
</tr>
<tr>
<td>Public Sex Offender Registry</td>
<td><img src="Yes.png" alt="Yes" /> <img src="No.png" alt="No" /></td>
<td>01/31/2013</td>
<td>Cancel</td>
</tr>
<tr>
<td>Adult Abuse Registry</td>
<td><img src="Yes.png" alt="Yes" /> <img src="No.png" alt="No" /></td>
<td>01/31/2013</td>
<td>Cancel</td>
</tr>
</tbody>
</table>

### Review Service Letter(s)

This applicant has no service letters.
Application Summary

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

Registry Checks

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

This applicant has no professional license number.

Check Public Registries

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

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
- **Result:** There is no Child Protection Registry result for this applicant.

#### Drug Test

- **Drug Test Request Form Printed:** 01/31/2013
- **Letter:** No electronic results
- **Date Received:** 02/07/2013
- **Do you want to stop the hiring process?:** No
- **Date Updated:** 02/07/2013

#### Fingerprint

- **Letter:** Fingerprint
- **Date Received:** 02/05/2013
- **Date Updated:** 02/07/2013

**Decision:**

- **Pending:** Not all checks are completed.

**Options:**

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

<table>
<thead>
<tr>
<th>Date Requested</th>
<th>Letter</th>
<th>Date Received</th>
<th>Do you want to stop the hiring process?</th>
<th>Date Updated</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/24/2012</td>
<td>Child Protection Registry Letter</td>
<td>09/24/2012</td>
<td>No</td>
<td>02/06/2013</td>
<td>Edit</td>
</tr>
</tbody>
</table>

### Drug Test

<table>
<thead>
<tr>
<th>Drug Test Request Form Printed</th>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/24/2012</td>
<td></td>
<td><img src="#" alt="Alert" /></td>
</tr>
</tbody>
</table>

- Drug test NOT done at LabCorp lab

### Fingerprint

<table>
<thead>
<tr>
<th>Letter</th>
<th>Date Received</th>
<th>Do you want to stop the hiring process?</th>
<th>Date Updated</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fingerprint</td>
<td>09/24/2012</td>
<td>No</td>
<td>09/24/2012</td>
<td>Edit</td>
</tr>
<tr>
<td>Rap back</td>
<td>09/24/2012</td>
<td>No</td>
<td>09/24/2012</td>
<td>Edit</td>
</tr>
</tbody>
</table>

### Decision

- 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

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

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

Name 1: Samir, Satya H

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:

<table>
<thead>
<tr>
<th>Type</th>
<th>Level</th>
<th># Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>Level II</td>
<td>11</td>
</tr>
<tr>
<td>Neglect</td>
<td>Level III</td>
<td>01</td>
</tr>
<tr>
<td>Abuse</td>
<td>Level IV</td>
<td>03</td>
</tr>
</tbody>
</table>

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: Atrzy Sery 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 Nguyen
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

<table>
<thead>
<tr>
<th>Date Requested</th>
<th>Letter</th>
<th>Date Received</th>
<th>Do you want to stop the hiring process?</th>
<th>Date Updated</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/24/2012</td>
<td>Child Protection Registry</td>
<td>09/24/2012</td>
<td>No</td>
<td>02/06/2013</td>
<td></td>
</tr>
</tbody>
</table>

### Drug Test

<table>
<thead>
<tr>
<th>Drug Test Request Form Printed</th>
<th>Date Received</th>
<th>Reprint the Drug Test Request Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/24/2012</td>
<td></td>
<td>![Alert Icon]</td>
</tr>
</tbody>
</table>

- Drug test NOT done at LabCorp lab

### Fingerprints

<table>
<thead>
<tr>
<th>Letter</th>
<th>Date Received</th>
<th>Do you want to stop the hiring process?</th>
<th>Date Updated</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fingerprint</td>
<td>09/24/2012</td>
<td>No</td>
<td>09/24/2012</td>
<td></td>
</tr>
<tr>
<td>Rap back</td>
<td>09/24/2012</td>
<td>No</td>
<td>09/24/2012</td>
<td></td>
</tr>
</tbody>
</table>

### 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.
### Dashboard

- **In Progress:** 66
- **Pending Results:** 18
- **Pending Hiring:** 1
- **Others:** 166
- **Progress Bar**

### In Progress

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Facility Name</th>
<th>Date Created</th>
<th>Status</th>
<th>Next Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saya</td>
<td>Samir</td>
<td>Advo Serv 2</td>
<td>04/25/2012</td>
<td>Payment</td>
<td>Make Payment</td>
</tr>
<tr>
<td>Donald</td>
<td>Duck</td>
<td>Advo Serv 2</td>
<td>05/22/2012</td>
<td>Forms</td>
<td>Print Forms</td>
</tr>
<tr>
<td>Sheldon</td>
<td>Kent</td>
<td>Aloha Temporary Service 4</td>
<td>06/05/2012</td>
<td>Registry Checks</td>
<td>Check Registry</td>
</tr>
<tr>
<td>Jason</td>
<td>Zhao</td>
<td>Advo Serv 2</td>
<td>08/07/2012</td>
<td>Data Entry</td>
<td>Enter Information</td>
</tr>
<tr>
<td>Fuad</td>
<td>TestA</td>
<td>Milford Neighborhood Home</td>
<td>08/07/2012</td>
<td>Preliminary Decision</td>
<td>Make Payment</td>
</tr>
<tr>
<td>Carol</td>
<td>Johnson</td>
<td>Delaware Hospice, Inc.</td>
<td>08/09/2012</td>
<td>Payment</td>
<td>Make Payment</td>
</tr>
<tr>
<td>Rita</td>
<td>Schell</td>
<td>Milford Neighborhood Home</td>
<td>08/09/2012</td>
<td>Forms</td>
<td>Print Forms</td>
</tr>
<tr>
<td>Aletha</td>
<td>Byrd</td>
<td>Milford Neighborhood Home</td>
<td>08/13/2012</td>
<td>Registry Checks</td>
<td>Check Registry</td>
</tr>
<tr>
<td>Kristian</td>
<td>Sanders</td>
<td>Milford Neighborhood Home</td>
<td>08/13/2012</td>
<td>Registry Checks</td>
<td>Check Registry</td>
</tr>
<tr>
<td>Jason</td>
<td>Zhao</td>
<td>Delaware Hospice, Inc.</td>
<td>08/15/2012</td>
<td>Payment</td>
<td>Make Payment</td>
</tr>
<tr>
<td>Sheldon</td>
<td>Cooper</td>
<td>Milford Neighborhood Home</td>
<td>08/15/2012</td>
<td>Payment</td>
<td>Make Payment</td>
</tr>
<tr>
<td>Valerie</td>
<td>Adams</td>
<td>Advo Serv 2</td>
<td>08/15/2012</td>
<td>Print Forms</td>
<td></td>
</tr>
<tr>
<td>Ticket</td>
<td>Test</td>
<td>Milford Neighborhood Home</td>
<td>08/23/2012</td>
<td>Payment</td>
<td>Make Payment</td>
</tr>
<tr>
<td>Alana</td>
<td>Smith</td>
<td>Keystone Service Systems Southeast</td>
<td>08/29/2012</td>
<td>Data Entry</td>
<td>Enter Information</td>
</tr>
<tr>
<td>Alice</td>
<td>Smith</td>
<td>Aloha Temporary Service 4</td>
<td>09/09/2012</td>
<td>Forms</td>
<td>Print Forms</td>
</tr>
</tbody>
</table>

### Actions
- **Enter Information**
- **Make a decision**
- **Waiting for the results of Registry checks, CBC, Drug Test**

### Navigation
- **Home > Provider > Dashboard**
Dashboard

Notifications (84) View All Notifications

- Updated KIDS Result | View Nguyen on 1/30/2013 12:20:01 PM
  Dear Administrator of Advo Serv 2,

- Updated KIDS Result | View Nguyen on 1/30/2013 12:09:04 PM
  Dear Administrator of Advo Serv 2,

- Updated KIDS Result | View Nguyen on 1/30/2013 12:09:03 PM
  Dear Administrator of Advo Serv 2,

In Progress: 62 | Pending Results: 20 | Pending Hiring: 1 | Others: 161 | More

Pending Hiring

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Facility Name</th>
<th>Date Created</th>
<th>Status</th>
<th>Next Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheldon</td>
<td>Cooper</td>
<td>Delaware Hospice, Inc.</td>
<td>08/14/2012</td>
<td>Pending Hiring</td>
<td>Make Decision</td>
</tr>
</tbody>
</table>
**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,
## Applicant Profile

### Basic Information

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

### Personal Information

- **Alias(es):** Sheldon Cooper, Sheldor Cooper, John Smith
- **Address:** 333 main st nyc, DE 04567
- **County:** Kent
- **Phone:** (203) 230-2303
- **Social Security #:** XXX-XX-5555

### Driver's License or State ID

- **License #:** 5645645645
- **State Issued:** Delaware
Mr. Cooper was unable to produce documentation of completion of the FoodSafe certification and his Dietary Manager's certification. Follow up with him to obtain this information. TJK 1/13/2013
Entering an Existing Employee
Even if the Grandfathered employee has been fingerprinted, it is important to identify them as GRANDFATHERED.
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: ___/___/____
Enter Existing Employee

Enter Current Employee Information

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**

- [X] 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:** No Suffix

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
Grandfathered Employee Fingerprint Form
For fingerprinting, please proceed to the nearest facility:

• Kent County – 655 South Bay Road, Dover, DE – No appointment necessary
  • Call (302) 739-2528
• 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

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• Shall not secure a state or federal criminal history on the grandfathered employee

I, the undersigned, consent to the above.
Signature: ____________________________________________ Date: _____/____/_____
Entering a Non-Grandfathered Existing Employee
Enter all existing employees (grandfathered and 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: * Keystone Service Systems Southeast (3)

Social Security #: * 123-45-6771

Date of Birth: * 02/04/1979

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.

[ ] Check this box if the employee is grandfathered.

[Next]
The Name is already in the system and cannot be edited. However, an Alias can still be added if need be.
Photo identification data is not required for non-grandfathered employees.
Separating an Employee
### Employability Checks

#### Child Protection Registry

<table>
<thead>
<tr>
<th>Request Form</th>
<th>Date Requested</th>
<th>Date Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>No forms required</td>
<td>10/04/2012</td>
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#### Drug Test

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<td><strong>Letter</strong></td>
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<td>Do you want to stop the hiring process?</td>
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<tr>
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#### Fingerprints

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<td>Do you want to stop the hiring process?</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>No</td>
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</table>

### Final Determination

- **Decision:** I intend to hire this applicant
- **Status:** Hired
- **Decision Date:** 10/29/2012
- **Status Date:** 10/29/2012
Employee Separation

Please complete the form below.

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

Submit
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).

Service Letter

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.
BCC Administrative Functions

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

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

Username: *

Teddy.Dennis
Add New User Profile

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

New User Profile

- First Name: Teddy
- Last Name: Dennis
- Phone: (302) 999-8776
- E-mail: teddyg@gmail.com
- Access Level:
  - Human Resources
- Access to Facility:
  - Advoserv 2
### All Users

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</tbody>
</table>
Edit User Profile

Enter user information to give them access to your facility. (Add Existing User)

Edit Profile

Username: employer.hr
First Name: Teddy
Last Name: Dennis
Phone: (753) 269-8521
E-mail: thi.nguyen@ynhh.org
Access Level:
- Administrator
- Drug Test
- Human Resources
- Quick Check
Access to Facility:
- Advoserv 2
- Aloha Temporary Service 4
- Keystone Service Systems Southeast
- Delaware Hospice, Inc.
- Milford Neighborhood Home
- Bayada Nurses

* Required Fields
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.
Facility Public Information Settings

[+] Keystone Service Systems Southeast

Facility Contact Information Settings  Facility Public Information Settings  Facility Notification Settings

We are currently hiring for the following positions:
RN and LPN Full and Part-Time 3-11 and 11-7 shifts
Dietary Aides Full and Part-Time
CNAs Weekends all shifts
Posted 2/4/2013

Currently Accepting Applications

This information will be displayed on the Background Check Center website under Information/For Employees/Job Applicants/Employer Information.

Update
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
### Fingerprint Results

- State Criminal History Received
- Federal Criminal History Received

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**Provider Notification Settings**

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Regulator management have been added to Fingerprint Results.

---

**Fingerprint Results**

- State Criminal History Received
- Federal Criminal History Received

---

**[+] Service Letters**

**[+] Drug Test Results**

**[-] Fingerprint Results**

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</table>
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.
### Active Applications Report

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When you download to Excel, this is an example of what you will see.
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<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Facility Name</th>
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<th>Status</th>
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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...