

MASTER LIST RETENTION FORM

This form is provided by Delaware Health and Social Services (DHSS) for an employee whose employment is terminating and who may choose to stay on the Master List for up to 3 years post-fingerprinting in order to facilitate re-employment.

The Master List is a list maintained by the Background Check Center (BCC) for each employer. The list contains the names of all persons who:

- Are employed in the employer’s facility as defined in 16 Del.C. 1141(b)(5);
- Are employed by a temporary employment agency, home health or personal care agency, or any other entity to work in a facility or in a private residence as defined in 16 Del.C. 1145(b)(8);
- Are self-employed individuals working as an independent contractor for the employer;
- Are listed on an employer’s Master List and wish to stay on the Master list to facilitate rehire and have consented to stay on the Master List for not more than 3 years.

All persons working in facilities are required to be on the Master List of the BCC.

The BCC automatically conducts a Rap-back on all employees listed on the Master List. The Rap-back process will provide the Division of Long Term Care Residents Protection (DLTCRP) with information regarding any new arrest or conviction in the state. The DLTCRP will determine, at its discretion and depending of the nature of the alleged crime, whether or not to inform the employer of the arrest. The DLTCRP will monitor the charge until there is a disposition. When the disposition is known, the DLTCRP will inform the Employer of the outcome.

An employee whose employment is terminating may, at the time of separation, execute this Master List retention form in order to remain on the Master List of the BCC. The consent period can be up to 3 years from the date last fingerprinted. Consent cannot extend beyond 3 years from the date last fingerprinted.

An employee whose employment is terminated may remain on the Master List to facilitate re-employment by the same or another facility up to 3 years beyond the date the individual was last fingerprinted. When that date is reached, the employee will automatically be removed from the BCC Master List without further action by the employer.

I consent to remain on the Master List until the following date or until my fingerprint date expires, whichever date comes first.

Last date to remain on Master List: ___/___/___

Signature: _____ Date: ___/___/___

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

Parent/Guardian signature: _____ Relationship: _____