



Family Home Background Check List

Facility or Licensee Name: _____

Provider ID: _____

In addition to submitting the annual declaration you will also need to complete the form below. Be sure to include all household members as well as any assistants you have working or volunteering in your child care home. You must submit a DCYF Portable Background Check (PBC) application every 3 years.

Household Members:

Full Name	Birthdate (mm/dd/yyyy)	Role	PBC Expiration Date

Assistant and/or Volunteers:

Full Name	Birthdate (mm/dd/yyyy)	Role	PBC Expiration Date

Use additional pages as need –

Signature: _____ **Date:** _____