

Family Home Child Care Background Checklist

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

After DCYF receives this form and uploads it to WA Compass, the form will be shredded.

Use additional pages as need –

Signature: _____ **Date:** _____