FMgr Background Check Request (BCR) Checklist

Family Child Care (FCC) Provider
Family Child Care Substitute Provider
Respite Care Provider
Emergency Placement Care (EPC) Provider
Family/Household Members (FCC and EPC Only)

NOTE: A separate IMCOM 30A **MUST** be completed for each individual residing in the home. Emergency Placement Care (EPC) requires both parents to be a provider. FCC Substitute and Respite Care Providers are not authorized Family/Household Members.

Provider's Name: _____
Household Member Name: _____
Garrison Name: _____
Functional Manager Name: _____

Initial and Re-Verification Document Requirements (All Categories)	
☒ **IMCOM Worksheet 30A** (1MAY23)	☒ **DA Form 5018-R** (CSSC template dtd March 2018HQDA ASAP Child/Youth Svcs Suitability Prog)
☒ **IMCOM Form 30** (1MAY22)	
☒ **DD Form 2981** (DEC21)	

Additional Document Requirements		
Initial- In Home Care Providers (IHCP) and Family/Household Members		
☐ **FCC/Substitute**	☒ **Respite/EPC**	☐ **Family/Household members** (FCC/EPC Only)
☐ Position Description	☒ Position Description	☐ Reference Check(s) – Only submit if reference is derogatory
☐ DA Form 5219 required	☒ Application or Resume	☐ IMCOM Form 30: Only required when request is submitted separately from household (v1 May22)
☐ Reference Check(s) – Only submit if reference is derogatory	☐ Reference Check(s) – Only submit if reference is derogatory	
☐ OF-306 (rev. OCT 2019)	☒ OF-306 (rev. OCT 2019)	
☐ Residency History Wrksht IMCOM 29 (v1 May23)	☒ Residency History Wrksht IMCOM 29 (v1 May23)	
☐ Proof of citizenship	☒ Proof of citizenship	
IHCP Annual Re-verification & Family/Household 5-Year Re-verification		
☐ **FCC/Substitute**	☐ **Respite/EPC**	☐ **Family/Household members** (FCC/EPC Only)
☐ Refer to initial and re-verification documents	☐ Refer to initial and re-verification documents	☐ Refer to initial and re-verification documents
Transfer		
☐ **FCC/Substitute**	☐ **Respite/EPC**	☐ **Family/Household members** (FCC/EPC Only)
☐ IMCOM Worksheet 30A (1MAY23)	☐ IMCOM Worksheet 30A (1MAY23)	☐ IMCOM Worksheet 30A (1MAY23)
☐ IMCOM Form 30 (1MAY22)	☐ IMCOM Form 30 (1MAY22)	
☐ Position Description	☐ Position Description	
☐ DA Form 5219 required	☐ Application or Resume	
☐ HQ IMCOM CYS Transfer Application		

*In Home Care Providers have an annual re-verification requirement, therefore their checks should never be more than 12 months old. A re-verification must be submitted within 75 days of the previous re-verification date.