



This section is to be completed by the applicant seeking to become a  
FCC provider.



## FORT MOORE CHILD AND YOUTH SERVICES FAMILY CHILD CARE



**Title:** Family Child Care Provider

**Activity:** Family Child Care

### **Description of Duties**

#### **Supervisory Controls**

Performs routine or repetitive tasks, following verbal and written instructions, under the general supervision of the Family Child Care (FCC) Director/Administrator and activity oversight of the Training Specialist. Work is reviewed monthly, sometimes more while in progress and in completion, to ensure and assess the provider's progress and to evaluate competence of training objectives.

#### **Major Duties**

Ensures that childcare is provided in compliance with IMCOM Regulation 608-10-1, CYS regulations, installation standard operation procedures, and NAFCC developmentally appropriate position statement. Plan and conduct an effective FCC program to meet the physical, social, emotional and intellectual needs of children contracted for care. Manages a home that ensures the health, welfare, and safety of all children and youth in care. Maintains control and accountability for the whereabouts and safety of children and youth. Must be at least 18 years of age. Must be able to speak, read, and write the English language to the extent that they are able to execute health and safety directives and implement developmental activities for children effectively as determined by the CYS Coordinator. Provide and lead planned activities for program participants. Establishes an environment which promotes positive child and youth interactions. Prepares, arranges and maintains indoor and outdoor activity areas. Ensures that materials used are developmentally appropriate to accommodate the lesson plans and daily activities. Interacts with children and youth using appropriate child and youth guidance and techniques. Interacts professionally and respectfully with parents, CYS/FCC staff members and fellow providers. Promote and role model safety, fitness, health and nutrition practices.

Creates a pleasant inviting atmosphere for children and youth. Ensure the safety of children by providing constant supervision, effective arrangement of space, proper maintenance of equipment etc. Plans developmentally appropriate activities to foster individual and group activities. Lead children in circle time activities, games, songs etc.

Observe children and youth on a daily basis to detect early signs of distress or abnormal behavior, illnesses and health problems. Notifies parents and FCC Director/Administrator in accordance with (IAW) the CYS Health SOP. Report child abuse allegations in accordance with garrison reporting procedures.

Plans, prepares and provides appropriate snacks and meals IAW USDA requirements and recommendations. Maintains USDA paperwork on a continuous basis. Submits information as applicable on a monthly basis. Maintains a high level of cleanliness in all designated childcare areas. Completes and submits monthly FCC paperwork (subsidy documents, USDA paperwork and Sign-In sheets), monthly to ensure timely reimbursements.

**Driving Responsibilities:** Yes or No (Will you be transporting FCC children in your POV?)

***CYS/FCC and parent approval required prior to transporting children.***

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FCC Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CHILD DEVELOPMENT SERVICES (CDS) FAMILY CHILD CARE (FCC) PROVIDER APPLICATION

For use of this form, see AR 608-10, the proponent agency is ACSIM

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, United States Code, Section 3013

**PRINCIPAL PURPOSE:** Information is used by DA personnel to identify potential FCC providers and services to be provided. Provide household information, background and references.

**ROUTINE USES:** Information provided may be released (AW the Army's blanket routine uses contained in AR 340-21.

**DISCLOSURE:** Disclosure of requested information is voluntary; however, if information is not provided, certification of the candidate may be denied.

NAME (Last, first, MI)	MAIDEN	NAMES FROM ALL PREVIOUS MARRIAGES	
ADDRESS (Include ZIP Code)		BIRTH DATE	TELEPHONE
NAME OF SPONSOR (Last, first, MI)		ORGANIZATION	
DUTY STATION			TELEPHONE
SUBMIT THIS FORM TO (Address) (Include ZIP Code)			

### PROVISION OF SERVICES

HOURS AND DAYS AVAILABLE FOR CARE

MON \_\_\_\_\_ WED \_\_\_\_\_ FRI \_\_\_\_\_ SUN \_\_\_\_\_

TUES \_\_\_\_\_ THURS \_\_\_\_\_ SAT \_\_\_\_\_

NUMBER OF CHILDREN DESIRED FOR CARE

UNDER 2 YEARS _____	2-6 YEARS _____	6-12 YEARS _____	TOTAL _____
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PLEASE ANSWER THE FOLLOWING QUESTIONS	Check One	
	YES	NO
ARE YOU CURRENTLY CARING FOR CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN WITHOUT REGARD TO RACE, COLOR, CREED OR NATIONAL ORIGIN	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR HOURLY CARE	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR NIGHT CARE	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR EXTENDED HOURS	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING HOLIDAYS	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING SCHOOL VACATION	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING SUMMER	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT HANDICAPPED CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT MILDLY ILL CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>

### HOUSEHOLD INFORMATION (list all members of your household)

FULL NAME	BIRTH DATE	RELATIONSHIP

**HOUSEHOLD INFORMATION** *(list all members of your household (Cont'd))*

FULL NAME	BIRTH DATE	RELATIONSHIP

ARE THE MEMBERS OF YOUR HOUSEHOLD IN FAVOR OF YOU BECOMING PART OF THE \_\_\_\_\_  
 FCC HOME SYSTEM     YES     NO

DO YOU HAVE INDOOR HOUSEHOLD PETS *(If yes, please list)*

YES     NO

**BACKGROUND**

WHAT IS THE LAST GRADE YOU COMPLETED IN SCHOOL

HAVE YOU HAD TRAINING OR OTHER TYPES OF EXPERIENCE WHICH WILL HELP YOU AS AN FCC PROVIDER. IF YES, DESCRIBE.

YES     NO

HAVE YOU EVER BEEN ASKED TO RESIGN OR BEEN DECERTIFIED AS A CHILD CARE PROVIDER BECAUSE OF SUBSTANTIATED ALLEGATIONS OF CHILD ABUSE OR NEGLECT. IF YES, DESCRIBE.

YES     NO

HAVE YOU OR ANY FAMILY MEMBER OR PERSON RESIDING IN THE HOME EVER BEEN CONVICTED OF ANY OFFENSE *(other than minor traffic violations)* OR ARE YOU CURRENTLY UNDER CHARGES FOR ANY VIOLATION OF LAW. IF YES, DESCRIBE.

YES     NO

ARE YOU INVOLVED IN ANY HOME BUSINESS OPERATION, I.E., SALE OF PRODUCTS, SEWING. IF YES, DESCRIBE.

YES     NO

**REFERENCES**

PLEASE GIVE THE NAMES AND ADDRESSES OF THREE PERSONS *(other than relatives)* WHOM THE ARMY MAY CONTACT FOR REFERENCES. THEY SHOULD KNOW YOU PERSONALLY AND BE WILLING TO CERTIFY TO YOUR CHARACTER, ABILITY, AND EXPERIENCE.

FULL NAME	ADDRESS	TELEPHONE

**STATEMENT OF APPLICATION**

I hereby apply to have my home studied for certification by the Army as a provider of child care services at this installation's FCC System. I understand that in order to qualify, both I and my home must meet all standards contained in AR 608-10 and all installation requirements pertaining to the care of children. I further understand that upon my certification, the Army will refer my name to potential patrons who will then contact me directly regarding services for their children. I will not provide child care services for any child not centrally registered in the CDS Family Child Care System. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

SIGNATURE

DATE

# Declaration for Federal Employment\*

Form Approved  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## General Information

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (Include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

YES  NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc.)

6. **PHONE NUMBERS** (Include area codes)

Day

Night

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

## Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below)  NO

*If your only active duty was training in the Reserves or National Guard, answer "NO."*

*If you answered "YES," list the branch, dates, and type of discharge for all active duty.*

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*  YES  NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*  YES  NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved.*  YES  NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*  YES  NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*  YES  NO

# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relativeworks.  YES  NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?  YES  NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

## Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM / DD / YYYY)

17b. Appointee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM / DD / YYYY)

### Appointing Officer:

Enter Date of Appointment or Conversion  
MM / DD / YYYY

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? \_\_\_\_\_ Date: \_\_\_\_\_  
(MM / DD / YYYY)

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?  YES  NO  DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.  YES  NO  DO NOT KNOW



**ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION**

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

**SECTION A - CONSENT**

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,   
(client's full name)

do hereby voluntarily consent to the release of the following information by HQDA ASAP   
(name of installation ADAPCP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation, or research to Child and Youth Services

Suitability Program for the purpose of completing a background check requirement in accordance with Department of Defense Instruction 1402.05 and Army Directive 2014-23.

\_\_\_\_\_

\_\_\_\_\_ namely,

\*\*\*see above\*\*\*

(extent or nature of information to be disclosed)

**SECTION B - EXPIRATION/REVOCATION**

(Check applicable paragraph)

1.  I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2.  I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to \_\_\_\_\_

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS <small>(Type or print)</small>	SIGNATURE	DATE

**SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION**

*NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.*

In my judgment, the release of an evaluation of the present or past status of \_\_\_\_\_   
(client's name)   
 in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE <small>(Type or print)</small>	DATE
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SIGNATURE
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**CHILD DEVELOPMENT SERVICES (CDS) FAMILY CHILD CARE (FCC)  
PROVIDER BACKGROUND CLEARANCE REQUEST**

For use of this form, see AR 608-10; the proponent agency is DCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, United States Code, Section 3013

**PRINCIPAL PURPOSE:** To provide background information regarding prospective FCC Providers to CDS personnel for use in the certification process.

**ROUTINE USES:** Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

**DISCLOSURE:** Disclosure of requested information is voluntary; however, if information is not provided, certification of the candidate may be denied.

<b>NAME OF APPLICANT</b> ( <i>Last, first, MI</i> )	<b>DATE</b>
---	-------------

Applicant has applied for certification as a Family Child Care (FCC) Home Provider within the \_\_\_\_\_  
\_\_\_\_\_ quarters-based Family Child Care Home System. This office must pursue all means to verify the competency of \_\_\_\_\_  
to provide for the physical, social, emotional and intellectual needs of young children in a caregiving situation within his/her own home.

**CHARACTER REFERENCE INFORMATION**

TO YOUR KNOWLEDGE, DOES THIS INDIVIDUAL	<i>Check One</i>		
	YES	NO	N/A
1. RELATE TO CHILDREN AND ADULTS IN A SENSITIVE AND POSITIVE MANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HAVE THE STAMINA, PATIENCE AND CAPABILITY TO CARE FOR CHILDREN FOR SUSTAINED TIME PERIODS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SHOW EVIDENCE OF REPUTABLE CHARACTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ACT RESPONSIBLY IN CRISIS SITUATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. MAINTAIN A SAFE, AND SANITARY HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SPEAK, READ AND WRITE ENGLISH TO THE EXTENT HE/SHE CAN EXECUTE HEALTH AND SAFETY DIRECTIONS AND CAN PLAN PROGRAM ACTIVITIES FOR CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SHOW ANY EVIDENCE OF MENTAL HEALTH PROBLEMS WHICH COULD ADVERSELY AFFECT THE HEALTH OR SAFETY OF CHILDREN IN CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. HAVE ANY ANIMAL(S) WHICH MIGHT POSE A THREAT TO CHILDREN'S WELL BEING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. TO YOUR KNOWLEDGE HAS THERE BEEN ANY CONVICTION OF, ADMISSION TO, OR SUBSTANTIVE EVIDENCE OF AN ACT OF CHILD ABUSE ( <i>i.e. battering, molesting, etc</i> ) OR NEGLIGENCE; USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE BY THIS INDIVIDUAL OR ANY RESIDENT OF THE FCC HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. HOLD ANOTHER JOB, EITHER FULL TIME OR PART TIME, DURING THE HOURS CHILDREN WOULD BE IN CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: EXPLAIN ANY (NO) ANSWERS TO ITEMS 1 - 6 AND (YES) ANSWERS TO ITEMS 7 - 10. ADDITIONAL INFORMATION RELEVANT FOR THE PURPOSES OF THIS BACKGROUND CLEARANCE REQUEST MAY BE PROVIDED ON THE REVERSE SIDE. INFORMATION ABOUT OTHER INDIVIDUALS RESIDING IN THE HOME MAY BE ADDRESSED IN THIS SPACE.

<b>TITLE</b>	<b>ADDRESS</b>	<b>SIGNATURE</b> ( <i>Person submitting information</i> )
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**SUBMIT THIS FORM TO ADDRESS LISTED BELOW**

**ADDRESS**

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PROVIDER BACKGROUND CLEARANCE REQUEST**

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to provide for the physical, social, emotional and intellectual needs of young children in a caregiving situation within his/her own home.

**CHARACTER REFERENCE INFORMATION**

TO YOUR KNOWLEDGE, DOES THIS INDIVIDUAL	<i>Check One</i>		
	YES	NO	N/A
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2. HAVE THE STAMINA, PATIENCE AND CAPABILITY TO CARE FOR CHILDREN FOR SUSTAINED TIME PERIODS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SHOW EVIDENCE OF REPUTABLE CHARACTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ACT RESPONSIBLY IN CRISIS SITUATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**SUBMIT THIS FORM TO ADDRESS LISTED BELOW**

ADDRESS

**CHILD DEVELOPMENT SERVICES (CDS) FAMILY CHILD CARE (FCC)  
PROVIDER BACKGROUND CLEARANCE REQUEST**

For use of this form, see AR 608-10, the proponent agency is DCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, United States Code, Section 3013

**PRINCIPAL PURPOSE:** To provide background information regarding prospective FCC Providers to CDS personnel for use in the certification process.

**ROUTINE USES:** Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

**DISCLOSURE:** Disclosure of requested information is voluntary; however, if information is not provided, certification of the candidate may be denied.

<b>NAME OF APPLICANT</b> ( <i>Last, first, MI</i> )	<b>DATE</b>
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Applicant has applied for certification as a Family Child Care (FCC) Home Provider within the \_\_\_\_\_  
\_\_\_\_\_ quarters-based Family Child Care Home System. This office must pursue all means to verify the competency of \_\_\_\_\_  
to provide for the physical, social, emotional and intellectual needs of young children in a caregiving situation within his/her own home.

**CHARACTER REFERENCE INFORMATION**

TO YOUR KNOWLEDGE, DOES THIS INDIVIDUAL	<i>Check One</i>		
	YES	NO	N/A
1. RELATE TO CHILDREN AND ADULTS IN A SENSITIVE AND POSITIVE MANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HAVE THE STAMINA, PATIENCE AND CAPABILITY TO CARE FOR CHILDREN FOR SUSTAINED TIME PERIODS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SHOW EVIDENCE OF REPUTABLE CHARACTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ACT RESPONSIBLY IN CRISIS SITUATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. MAINTAIN A SAFE, AND SANITARY HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SPEAK, READ AND WRITE ENGLISH TO THE EXTENT HE/SHE CAN EXECUTE HEALTH AND SAFETY DIRECTIONS AND CAN PLAN PROGRAM ACTIVITIES FOR CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SHOW ANY EVIDENCE OF MENTAL HEALTH PROBLEMS WHICH COULD ADVERSELY AFFECT THE HEALTH OR SAFETY OF CHILDREN IN CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. HAVE ANY ANIMAL(S) WHICH MIGHT POSE A THREAT TO CHILDREN'S WELL BEING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. TO YOUR KNOWLEDGE HAS THERE BEEN ANY CONVICTION OF, ADMISSION TO, OR SUBSTANTIVE EVIDENCE OF AN ACT OF CHILD ABUSE ( <i>i.e. battering, molesting, etc.</i> ) OR NEGLIGENCE, USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE BY THIS INDIVIDUAL OR ANY RESIDENT OF THE FCC HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. HOLD ANOTHER JOB, EITHER FULL TIME OR PART TIME, DURING THE HOURS CHILDREN WOULD BE IN CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: EXPLAIN ANY (NO) ANSWERS TO ITEMS 1 - 6 AND (YES) ANSWERS TO ITEMS 7 - 10. ADDITIONAL INFORMATION RELEVANT FOR THE PURPOSES OF THIS BACKGROUND CLEARANCE REQUEST MAY BE PROVIDED ON THE REVERSE SIDE. INFORMATION ABOUT OTHER INDIVIDUALS RESIDING IN THE HOME MAY BE ADDRESSED IN THIS SPACE.

<b>TITLE</b>	<b>ADDRESS</b>	<b>SIGNATURE</b> ( <i>Person submitting information</i> )
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**SUBMIT THIS FORM TO ADDRESS LISTED BELOW**

ADDRESS

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION  
(Department of Defense Child Care Services Programs)**

OMB No. 0704-0516  
OMB approval expires:  
20241031

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs mc-alex.esd mhx dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 34 U.S.C. 20351, Child Care Worker Employee Background Checks Requirements for Background Checks, Public Law 115-91, Section 925, (NDA for FY2018) Background and Security Investigations for Department of Defense Personnel (10 U.S.C. 1564 note); 5 U.S.C. 9101, Access to Criminal History Records for National Security and Other Purposes; Executive Order 10450 Security Requirements for Government Employees; DoD Instruction 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

**PRINCIPAL PURPOSE(S):** To collect criminal history information of DoD personnel or contractors seeking to work with children in DoD child care services programs. Information received may be used to assess preliminary interim, on-going, or final suitability/fitness of DoD personnel or contractors working with children in these programs.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 522a(b)(3), including as follows: To designated officers and employees of Federal, State, local, territorial, tribal, international, or foreign agencies, or other public authorities, or to other offices or establishments in the executive, legislative, or judicial branches of the Federal Government, in connection with the hiring or retention of an employee, the conduct of a suitability, credentialing, or security investigation, the classifying of jobs, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter and the Department deems appropriate; to the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DUSDI-02 DoD, Personnel Vetting Records System, at <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNS/OSDJS/DUSDI-02-DoD.pdf>

**DISCLOSURE:** Voluntary. However, failure to provide all requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children.

<b>1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)</b>	<b>2. OTHER NAME(S) USED</b>	
<b>3. DATE OF BIRTH (YYYYMMDD)</b>	<b>4. INSTALLATION/PROGRAM NAME</b>	<b>5. DATE OF HIRE (YYYYMMDD)</b>

**6. Have you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. For any YES answers, complete columns 1-6 and provide a complete summary of the incident on page 2, block 9. Summary should include any disposition or potential mitigating information.**

CHILD ABUSE/ NEGLECT: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRUG OR ALCOHOL: <input type="checkbox"/> Yes <input type="checkbox"/> No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SEX CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	DOMESTIC VIOLENCE: <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER: <input type="checkbox"/> Yes <input type="checkbox"/> No	

(a) Month/ Year(MM/YYYY)	(b) Offense	(c) Action Taken	(d) Court or Law Enforcement Agency (City & Country if outside the United States)	(e) State	(f) Zip Code	(g) Date of Self- Report(YYYYMMDD)

**7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law referenced in block 6. In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.**

<b>a. SIGNATURE</b>	<b>b. DATE (YYYYMMDD)</b>
---------------------	---------------------------

**8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers. Certify for the most year recent only.)**  
In the past year, have you been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.  
**Failure to disclose accurate information may be grounds for dismissal, termination, or debarment from participating in the program.**

<b>a. 2nd YEAR</b> <i>(Yes or No)</i>	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> <i>(YYYYMMDD)</i>	<b>b. 3rd YEAR</b> <i>(Yes or No)</i>	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> <i>(YYYYMMDD)</i>
<b>c. 4th YEAR</b> <i>(Yes or No)</i>	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> <i>(YYYYMMDD)</i>	<b>d. 5th YEAR</b> <i>(Yes or No)</i>	<b>(1) SIGNATURE</b>	<b>(2) DATE</b> <i>(YYYYMMDD)</i>

Failure to provide information may result in an unfavorable adjudication decision.

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION  
(Department of Defense Child Care Services Programs)**

9. NOTES (Use this space to enter additional comments.)

**10. AUTHORIZATION AND RELEASE CERTIFICATION**

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Counterintelligence and Security Agency (DCSA), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or until termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and completeness of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be safeguarded, including for the purpose of conducting the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of good-faith compliance, or any good-faith attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

I declare under penalty of perjury that the statements made by me on this form are true, complete and correct. In addition to the annual certification, I understand that it is my responsibility to immediately inform my employer/supervisor or Child and Youth Programs representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law with a crime referenced in block 6. (Do not include traffic fines of less than \$300.). In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. I also understand that if I am a family child care provider that I will make the same report for the same offenses for members in my household.

**WARNING:** False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

**11. PARENT CONSENT FOR MINORS:**

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background checks. The Parent/Legal Guardian is certifying they understand the purposes of these checks and hereby provide consent for the background checks.

a. SIGNATURE OF PARENT/GUARDIAN (if under age 18)

b. DATE SIGNED (YYYYMMDD)

## INSTRUCTIONS

This Department of Defense Form is to be completed by prospective or current employees, volunteers, DoD contractors or employees of DoD contractors, Family Child Care (FCC) providers, and adults residing in the FCC home upon application for any position within a Department of Defense Child Care Services Programs. The form will be utilized for initial certification that said individual has not been apprehended, arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), Military law, State law, County law, or Municipal law, Regulation or Ordinance, nor have they been apprehended, arrested, charged or held by Federal, State or Local Authorities for any crime or offense involving any of the following: Crime involving a child, sex crime, drug or alcohol offense, domestic violence, violent crime/assaultive behavior, or other. FCC providers will also report the same offenses for members in their household. Individuals who work and volunteer in DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to provide requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children in support of DoD child care services programs

1. Provide your last, first, and middle name. Do not use initials or abridgements.
2. Provide any other names used to include maiden name.
3. Provide your date of birth in YYYYMMDD format.
4. Provide the installation and DoD program where you seek employment or to volunteer; if operating or residing in a FCC home, provide the address of the FCC home.
5. Provide the date of hire. *To be completed by HR or Security Manager.*
6. Place an X in the appropriate box based on whether you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you would not otherwise need to disclose them on an employment application or forms, as they may be identified in the background check process. You must also disclose all covered incidents, even if you did so on a previous consent and self-disclosure form and/or even if the incident was previously adjudicated.

If you answered "Yes," explain your answer in the space provided. If additional space is needed, use block 9.

Use column 6.g for subsequent self-reports (as applicable).

7. Sign and Date.
8. On an annual basis, for the most recent year only, select the appropriate answer (yes or no) or write in the appropriate response indicating if you have been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.
9. If needed, use this space for additional comments to explain blocks 6 and/or 8.
10. Sign and date.

# Residency Information Sheet

For individuals requiring a T1 or higher (with SCHR), OFI86C (SCHR) or INTERPOL

## CHECK FULL LEGAL NAME

Last	First	Middle
Maiden / Former Name	MM/YY to MM/YY	Maiden / Former Name
Maiden / Former Name	MM/YY to MM/YY	Maiden / Former Name
Place of birth (City, County, State, Country)	Sex	Email address

## FEDERAL EMPLOYMENT WORK HISTORY/STATUS

- 1) Are you a current federal employee? (civilian, contractor, In Home Care Provider, military,,etc):
- YES (STOP. Complete residency history below)
- NO (proceed to question 2)
- 2) List federal jobs worked within past 2 years and organization?
- proceed to question 3
- 3) Have you had a two year break in federal service?
- YES: Date last worked in Federal Service:
- NO: Date last worked in Federal Service:
- N/A: I have never worked in Federal Service
- Complete residency history below.

PLEASE LIST PLACES WHERE YOU HAVE LIVED STARTING WITH YOUR CURRENT ADDRESS AND GOING BACK A COMPLETE 5 YEARS. DO NOT USE A POST OFFICE BOX, UNLESS STATION OVERSEAS THEN AN APO/FPO **MUST** BE USED, INSTEAD OF THE FOREIGN COUNTRY PHYSICAL ADDRESS. YOU MAY OMIT TDY LOCATIONS UNDER 90 DAYS (list permanent address instead). MAKE SURE TO INCLUDE PHYSICAL RESIDENCE ADDRESS WITH A COMPLETE STREET ADDRESS WITH CITY, STATE, ZIP CODE, AND COUNTRY.

(1) (mm/yy)	<input style="width: 40px;" type="text"/>	to	<input style="width: 40px;" type="text"/>	Address	<input style="width: 95%; height: 20px;" type="text"/>
	City		State	Zip	Country
	<input style="width: 150px;" type="text"/>		<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>
(2) (mm/yy)	<input style="width: 40px;" type="text"/>	to	<input style="width: 40px;" type="text"/>	Address	<input style="width: 95%; height: 20px;" type="text"/>
	City		State	Zip	Country
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(5) (mm/yy)	<input style="width: 40px;" type="text"/>	to	<input style="width: 40px;" type="text"/>	Address	<input style="width: 95%; height: 20px;" type="text"/>
	City		State	Zip	Country
	<input style="width: 150px;" type="text"/>		<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>
(6) (mm/yy)	<input style="width: 40px;" type="text"/>	to	<input style="width: 40px;" type="text"/>	Address	<input style="width: 95%; height: 20px;" type="text"/>
	City		State	Zip	Country
	<input style="width: 150px;" type="text"/>		<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/>

SIGNATURE:

DATE COMPLETED:



This section is to be completed by the spouse (sponsor) of the FCC provider applicant.

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION**  
 (Department of Defense Child Care Services Programs)

OMB No. 0704-0516  
 OMB approval expires:  
 20241031

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<b>1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)</b>		<b>2. OTHER NAME(S) USED</b>	
<b>3. DATE OF BIRTH (YYYYMMDD)</b>	<b>4. INSTALLATION/PROGRAM NAME</b>	<b>5. DATE OF HIRE (YYYYMMDD)</b>	

**6. Have you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. For any YES answers, complete columns 1-6 and provide a complete summary of the incident on page 2, block 9. Summary should include any disposition or potential mitigating information.**

CHILD ABUSE/ NEGLECT: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRUG OR ALCOHOL: <input type="checkbox"/> Yes <input type="checkbox"/> No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SEX CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	DOMESTIC VIOLENCE: <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER: <input type="checkbox"/> Yes <input type="checkbox"/> No	

(a) Month/ Year(MM/YYYY)	(b) Offense	(c) Action Taken	(d) Court or Law Enforcement Agency (City & Country if outside the United States)	(e) State	(f) Zip Code	(g) Date of Self- Report(YYYYMMDD)

**7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law referenced in block 6. In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.**

<b>a. SIGNATURE</b>	<b>b. DATE (YYYYMMDD)</b>
---------------------	---------------------------

**8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers. Certify for the most year recent only.)**  
 In the past year, have you been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.  
 Failure to disclose accurate information may be grounds for dismissal, termination, or debarment from participating in the program.

<b>a. 2nd YEAR</b> (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	<b>b. 3rd YEAR</b> (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)
<b>c. 4th YEAR</b> (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	<b>d. 5th YEAR</b> (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)

Failure to provide information may result in an unfavorable adjudication decision.

**BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION  
(Department of Defense Child Care Services Programs)**

9. NOTES (Use this space to enter additional comments.)

**10. AUTHORIZATION AND RELEASE CERTIFICATION**

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Counterintelligence and Security Agency (DCSA), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or until termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and completeness of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be safeguarded, including for the purpose of conducting the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of good-faith compliance, or any good-faith attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

I declare under penalty of perjury that the statements made by me on this form are true, complete and correct. In addition to the annual certification, I understand that it is my responsibility to immediately inform my employer/supervisor or Child and Youth Programs representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law with a crime referenced in block 6. (Do not include traffic fines of less than \$300.). In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. I also understand that if I am a family child care provider that I will make the same report for the same offenses for members in my household.

**WARNING:** False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

**11. PARENT CONSENT FOR MINORS:**

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background checks. The Parent/Legal Guardian is certifying they understand the purposes of these checks and hereby provide consent for the background checks.

a. SIGNATURE OF PARENT/GUARDIAN (if under age 18)

b. DATE SIGNED (YYYYMMDD)

## INSTRUCTIONS

This Department of Defense Form is to be completed by prospective or current employees, volunteers, DoD contractors or employees of DoD contractors, Family Child Care (FCC) providers, and adults residing in the FCC home upon application for any position within a Department of Defense Child Care Services Programs. The form will be utilized for initial certification that said individual has not been apprehended, arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), Military law, State law, County law, or Municipal law, Regulation or Ordinance, nor have they been apprehended, arrested, charged or held by Federal, State or Local Authorities for any crime or offense involving any of the following: Crime involving a child, sex crime, drug or alcohol offense, domestic violence, violent crime/assaultive behavior, or other. FCC providers will also report the same offenses for members in their household. Individuals who work and volunteer in DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to provide requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children in support of DoD child care services programs

1. Provide your last, first, and middle name. Do not use initials or abridgements.
2. Provide any other names used to include maiden name.
3. Provide your date of birth in YYYYMMDD format.
4. Provide the installation and DoD program where you seek employment or to volunteer; if operating or residing in a FCC home, provide the address of the FCC home.
5. Provide the date of hire. *To be completed by HR or Security Manager.*
6. Place an X in the appropriate box based on whether you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you would not otherwise need to disclose them on an employment application or forms, as they may be identified in the background check process. You must also disclose all covered incidents, even if you did so on a previous consent and self-disclosure form and/or even if the incident was previously adjudicated.

If you answered "Yes," explain your answer in the space provided. If additional space is needed, use block 9.

Use column 6.g for subsequent self-reports (as applicable).

7. Sign and Date.
8. On an annual basis, for the most recent year only, select the appropriate answer (yes or no) or write in the appropriate response indicating if you have been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than \$300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.
9. If needed, use this space for additional comments to explain blocks 6 and/or 8.
10. Sign and date.

**ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION**

For use of this form, see AR 600-85, the proponent agency is DCS, G-1.

**SECTION A - CONSENT**

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,   
(client's full name)

do hereby voluntarily consent to the release of the following information by HQDA ASAP   
(name of installation ADAPCP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation, or research to Child and Youth Services

Suitability Program for the purpose of completing a background check requirement in accordance with Department of Defense Instruction 1402.05 and Army Directive 2014-23.

\_\_\_\_\_ namely,

\*\*\*see above\*\*\*

(extent or nature of information to be disclosed)

**SECTION B - EXPIRATION/REVOCAION**

(Check applicable paragraph)

1.  I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2.  I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to \_\_\_\_\_

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS <small>(Type or print)</small>	SIGNATURE	DATE

**SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION**

*NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.*

In my judgment, the release of an evaluation of the present or past status of \_\_\_\_\_   
(client's name)

in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE <small>(Type or print)</small>	DATE
SIGNATURE	

**ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION**

For use of this form, see AR 600-85, the proponent agency is DCS, G-1.

**SECTION A - CONSENT**

I, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,   
(client's full name)

do hereby voluntarily consent to the release of the following information by HQDA ASAP   
(name of installation ADAPCP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to Child and Youth Services

Suitability Program for the purpose of completing a background check requirement in accordance with Department of Defense Instruction 1402.05 and Army Directive 2014-23.

\_\_\_\_\_

\_\_\_\_\_ namely,

\*\*\*see above\*\*\*

(extent or nature of information to be disclosed)

**SECTION B - EXPIRATION/REVOCAION**

(Check applicable paragraph)

1.  I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

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Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS <small>(Type or print)</small>	SIGNATURE	DATE

**SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION**

**NOTE:** Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of \_\_\_\_\_   
(client's name)   
 in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE <small>(Type or print)</small>	DATE
SIGNATURE	

**INSTALLATION MANAGEMENT COMMAND (IMCOM)  
SPONSOR'S UNIT COMMANDER REFERENCE CHECK FORM**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231(Crime Control Act of 1990); DODI1402.05 (Background Checks on Individuals in DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of screening and Background Checks for Individuals Who Have Regular Contact with Children in Army Programs), DODI60606.02 (Child Development Programs (Child Development Programs (CDPs), 5 Aug 2014).

**PURPOSE:** To assess the suitability of persons and to determine the loyalty, eligibility and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

**ROUTINE USE:** The DOD "Blank Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. Uses can be found online at: <http://dpcid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>

**DISCLOSURE:** Voluntary, however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

**Application Information**

\_\_\_\_\_, spouse of \_\_\_\_\_ has applied for certification as a Family Child Care (FCC) provider with Fort Moore Child and Youth Services.

**Permission to Perform Check**

I, \_\_\_\_\_ give permission for my Unit Commander to release the information requested on this form about myself and the following family members: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Commander Reference**

As part of the application process, it is required that the sponsor's Unit Commander provide a reference check on the suitability of the provider and all the individuals that reside in the household over the age of 12. Although you may not personally know the dependents in question, you have knowledge of the conduct and character of the sponsor and may know of any problems in the household.

**Please answer the questions to the best of your knowledge.**

Do you have any knowledge of instances of family violence, child neglect, alcohol abuse or use of illegal drugs by any person in the home?  Yes  No

All family members should be stable, responsible, mature and of good moral character. Do you have any knowledge that IS NOT the case for any of the family members in the household?  Yes  No

If yes, please provide details: \_\_\_\_\_

Name of Unit Commander: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We appreciate your help in our endeavor to ensure the best qualified applicants with the best possible home environment become FCC Providers. Please email the completed reference form to the FCC office point of contact listed below:

Scan and email to: \_\_\_\_\_ at \_\_\_\_\_.

Any questions pertaining to this form, please contact the FCC office at 706-545-4368/2079.

Updated 2020 March 17