### CUI (when filled in)

# 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.mbx.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, (NDAA 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 552a(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.

potential violati	on of law.											
	of routine uses may be foun fense.gov/Portals/49/Docum				SDI-02 DoD,	Personnel Ve	etting Record	s System,	at			
	: Voluntary. However, failur	Ť		•	vorable adju	idication or de	termination r	egarding s	suitability or	fitness to work with		
1. NAME (La	ast, First, and Middle Name)	(Do not use initials or ab	oridgements.)	2. OTI	IER NAME	(S) USED						
3. DATE OF	*BIRTH (YYYYMMDD) 4.			DATE OF I	HIRE (YYYYMMDD)							
Uniform ( current al from the category.	EVER been apprehende Code of Military Justice), llegation/investigation of of Family Advocacy Prograr For any YES answers, on or potential mitigating in SE/	State law, County law child abuse/neglect or or an incident that recomplete columns 1-6	or Municipal law? r domestic violence net Department of l s and provide a con	(Do not inc by you, or Defense cri nplete sum	clude traffic have you c teria for chi	c fines of less otherwise be ild maltreatm incident on VIOLENT	s than \$300 en involved nent or dom page 2, blo	i.) In add I in any a nestic abu ock 9. Su	dition, are y ct or receivuse? Mark	you aware of a yed notification Yes or No for each		
SEX CRIME	Yes No	DOMESTIC	VIOLENCE:	Yes 1	10	OTHER:	Yes	No				
(a) Month/ Year(MM/YYYY	(b) Off	ense	(c) Action Taken	(d) Cou (City & Co	rt or Law E	nforcement side the Unit	Agency ted 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.												
a. SIGNATU		·								(YYYYMMDD)		
In the pas (including aware of notificatio No for ea	CERTIFICATIONS (Rest year, have you been a the Uniform Code of Milia current allegation/invest n from the Family Advocation category.	pprehended, arrested tary Justice), State la tigation of child abuse acy Program of an inc	I, charged, or convi w, County law, or Ne/neglect or domes cident that met Dep	icted by Fed Municipal la tic violence partment of	deral, State w? (Do no by you, or Defense cri	e, or local aut t include trat have you ot iteria for chil	thorities for ffic fines of herwise bed d maltreatn	any viola less than en involvenent or de	ation of any 1 \$300.) In ed in any a omestic ab	y Federal law addition, are you act or received use? Mark Yes or		
a. 2nd YEA	o disclose accurate info R (1) SIGNATURE	rmation may be gro	(2) DATE	b. 3rd	-	(1) SIGNA		ating in	tne progra	ım. (2) DATE		
(Yes or No	` '		(YYYYMMDD)		or No)	(1) 51514	TIVIL			(YYYYMMDD)		
c. 4th YEAF (Yes or No			(2) DATE (YYYYMMDD)		d. 5th YEAR (Yes or No)		(1) SIGNATURE			(2) DATE (YYYYMMDD)		
		Failure to provide in	formation may re	sult in an u	nfavorabl	e adjudicati	on decisio	n.				

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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.

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a.	<b>SIGNATURE</b>	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.