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

OMB No. 0704-0516
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The public reporting burden for this collection of information, **OMB Control Number** 0704-0516, 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@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: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in 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 require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:
Army: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx
Navy: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx
Air Force: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/
ROUTINE USES: This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at **http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/** may apply to these records.
DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

1. **NAME** *(Last, First, and Middle Name) (Do not use initials or abridgements.)*	2. **OTHER NAME(S) USED**

3. **DATE OF BIRTH** *(MM/DD/YYYY)*	4. **INSTALLATION/PROGRAM NAME**	5. **DATE OF HIRE**
	JBLM / CYS SPORTS	

6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than $300.) *(X one)* Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

CHILD ABUSE/ NEGLECT: ☐ Yes ☐ No DRUG OR ALCOHOL: ☐ Yes ☐ No VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: ☐ Yes ☐ No
SEX CRIME: ☐ Yes ☐ No DOMESTIC VIOLENCE: ☐ Yes ☐ No

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT *(City & Country if outside the United States)*	(5) STATE	(6) ZIP CODE

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 arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. **SIGNATURE**	b. **DATE** *(YYYYMMDD)*

8. **ANNUAL CERTIFICATIONS** *(Required by Child Development and Youth Program Staff and Volunteers)*
In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.

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

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