

**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.

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

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

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