

BACKGROUND CHECK NEEDS ASSESSMENT/INITIATION REQUEST
CENTRAL SUITABILITY OFFICE (CSO)

This is a request to the CSO to conduct a background check needs assessment and initiate the appropriate background check in e-QIP, if applicable, following the favorable completion of an Installation Records Check (IRC). This request should only be submitted to CSO in cases where Installation HR personnel do not have access to e-QIP.

SECTION I: APPLICANT INFORMATION

1. APPLICANT NAME <i>(Last, First, Middle) (Do not use initials or abridgements.)</i>	2. SSN	3. PHONE NUMBER
4. HOME ADDRESS	5. EMAIL ADDRESS	
6. POSITION CATEGORY <i>(If CDH Provider Household Member list Sponsor Name)</i>	7. FINGERPRINT SUBMISSION DATE/METHOD OF SUBMISSION	

SECTION II: HUMAN RESOURCES POINT OF CONTACT INFORMATION

8. HUMAN RESOURCES POINT OF CONTACT NAME <i>(Last, First, and Middle name) (Do not use initials or abridgements)</i>	
9. EMAIL ADDRESS	10. PHONE NUMBER

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child and Youth (C&Y) Programs)

OMB No. 0704-0516
OMB approval expires
May 31, 2017

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, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0516). 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.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE APPROPRIATE C&Y PROGRAM REPRESENTATIVE.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041); DoD Instruction 1402.5, Criminal History Background Checks on Individuals in Child Care Services; DoD Instruction 6060.2, Child Development Programs.

PRINCIPAL PURPOSE(S): To require each employee, DoD contractor, family child care provider, adult family member of a family child care provider, and specified volunteers of a DoD C&Y program to undergo a background check and to annually self-report changes to his or her criminal history. This form covers a five year period at the end of which a new form must be initiated. When completed, records are covered by one of the appropriate SORNs:

Army: http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-10_CFSC.html

Navy: <http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>

Air Force: http://dpclo.defense.gov/privacy/SORNs/component/airforce/F034_AF_SVA-C.html

ROUTINE USES: This form is to be used for DoD C&Y programs only. This form will be initiated by C&Y program staff and will be maintained in C&Y program offices. The DoD "Blanket Routine Uses" found at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html 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 of working with or around children.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)				2. OTHER NAME(S) USED	
3. PLACE OF BIRTH (City, State, Country)		4. DATE OF BIRTH (MM/DD/YYYY)		5. GENDER (X one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
6. INSTALLATION/PROGRAM NAME				7. DATE OF HIRE (To be completed by CDP staff only)	
8.a. Have you ever been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes," explain your answer in the space provided below.					
b. Have you ever been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.					
CHILD: <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	
(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) LAW ENFORCEMENT AUTHORITY OR COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE
9. ANNUAL CERTIFICATIONS. In the past year, I have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes," explain your answer in the space provided on the back of this form.					
a. INITIAL CERTIFICATION (1) Signature				(2) Date (YYYYMMDD)	
b. 2nd YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No		(1) Signature (2) Date (YYYYMMDD)		c. 3rd YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. 4th YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No		(1) Signature (2) Date (YYYYMMDD)		e. 5th YEAR (X as above) <input type="checkbox"/> Yes <input type="checkbox"/> No	
(1) Signature		(2) Date (YYYYMMDD)		(2) Date (YYYYMMDD)	

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

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION

10. NOTES *(Use this space to enter additional comments.)*

11. 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, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), 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 and worked. This authorization is valid for one year from the date this form was signed or upon 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. 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 competencies 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 confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct 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 compliance, or any 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 if I am charged with a crime referenced in block 9 above.

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

INSTRUCTIONS FOR COMPLETING DD FORM 2981

This Department of Defense Form is to be completed by prospective employees and/or volunteers upon application for any position within a Department of Defense Child or Youth Program. The form will be utilized for initial and annual certification that said employee/volunteer has not been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance, nor have they been arrested, charged or held by Federal, State or Other Law Enforcement 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.

Completion of this form is voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

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 place of birth to include city, state and country.
4. Provide your date of birth in mm/dd/yyyy format.
5. Provide gender.
6. Provide the installation or DoD CY program where you seek employment or to volunteer.
7. Provide the date of hire. *This is to be completed by CDP staff only.*
8. a. Place an X in the appropriate box if you have or have not been arrested, charged, or convicted by Federal, State, or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? (*Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.*)
8. b. Place an X in the appropriate box if you have been arrested, charged or held by Federal, State or Other Law Enforcement Authorities for any crime or offense involving any of the following: Mark Yes or No for each category. Failure to provide information may result in an unfavorable adjudication decision. All other charges must be included in the space provided below, even if they were dismissed. If you answered "Yes," explain your answer in the space provided below.
8. b. 1-6 Provide all specifics to any arrests, charges, or convictions in the provided space. If additional space is needed, use block 10.
9. On an annual basis, place an X in the appropriate box indicating if you have or have not been arrested, charged or held by law enforcement in regard to anything mentioned in block 8 above.

INSTALLATION RECORDS CHECK RELEASE AUTHORIZATION CENTRAL SUITABILITY OFFICE (CSO)

All individuals involved in the provision of child care services on a Department of Navy (DON) installation or in a DON-sanctioned program must complete the Installation Records Check (IRC). The IRC includes a check of the Substance Abuse Rehabilitation Program (SARP) records in the Alcohol and Drug Management Information Tracking System (ADMITS) database, a check of the Family Advocacy Program (FAP) records in the Fleet and Family Support Management Information System (FFSMIS), and an installation security/base check via the DON Consolidated Law Enforcement Operations Center (CLEOC) database and/or other law enforcement systems. This information will be used to determine suitability for the applicant in accordance with criteria for automatic and presumptive disqualifiers, per DoDI 1402.05.

PRIVACY ACT STATEMENT

AUTHORITY: Department of Defense Instruction (DoDI) 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; CNIC Notice 1700, Interim Policy for Child and Youth Programs Background Check Compliance and Audit Readiness; 10 U.S.C. §5013, Secretary of the Navy; 10 U.S.C. §5041, Headquarters, Marine Corps; DoDI 6060.2, Child Development Programs; DoDI 6060.3, School Age Care Program; DoDI 6060.4, Youth Programs; Office of the Chief of Naval Operations Instruction (OPNAVINST) 1700.9E, Child and Youth Program; Marine Corps Order P1710.30E, Marine Corps Children, Youth, and Teen Programs; and Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons, as amended.

PRINCIPAL PURPOSE(S): To require each employee, contractor, child development home (CDH) provider, family member of a CDH provider, specified/non-specified volunteers, and summer hire on a DON installation or in a DON-sanctioned program to undergo the IRC. When completed, records are covered by SORN NM01754-3.

ROUTINE USES: This release will be initiated by DON staff and will be maintained in DON offices. The DoD "Blanket Routine Uses" found at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html 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 of working with or around children.

SECTION I. APPLICANT INFORMATION (To be completed by Applicant or servicing Human Resources Office)

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

2. **OTHER NAME(S) USED**

3. **PLACE OF BIRTH** (City, State, Country)

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

5. **SOCIAL SECURITY NUMBER**

6. **CURRENT ADDRESS** (Street, City, State, Zip Code)

SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Applicant)

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

I authorize the release of information in any records from the FFSMIS, SARP / ADMITS, and CLEOC, or other law enforcement systems to the Fleet & Family Readiness Personnel Office and CSO for consideration in the suitability determination for the provision of child care services.

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 the sanctioned provision of child care services. 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 competencies of any information contained in the IRC. I also understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the IRC.

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 compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, 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.

PLEASE RETURN SIGNED RELEASE TO THE SERVICING HUMAN RESOURCES OFFICE

7a. **PRINT NAME** (Applicant or Parent/Legal Guardian)

7b. **DATE** (MM/DD/YYYY)

7c. **SIGNATURE** (Applicant or Parent/Legal Guardian)

SECTION III. POSITION AND BACKGROUND CHECK INFORMATION (To be completed by servicing Human Resources Office)

8. **INSTALLATION / REGION / HEADQUARTERS**

9. **DATE OF HIRE** (Or estimated) (MM/DD/YYYY)

10. **POSITION CATEGORY** (Regardless of position category, please check "Teen" if individual is aged 12-17)

Employee	Contractor	Specified Volunteer	Non-Specified Volunteer	Teen (12-17)
Summer Hire	CDH Provider	CDH Household Member --	Provider:	

11a. **CURRENT OR PREVIOUS DOD AFFILIATION** (If no, continue to Question 12)

YES

NO

11b. **ACTIVE DUTY?**

YES

NO

12. **CYMS RECORD CREATION CONFIRMED W/CYP** (CYP point of contact name and date confirmed) (MM/DD/YYYY)

13. **INVESTIGATION TYPE**

IRCs Only /
Transfer

Initial

SAC Only /
Annual

5-year
Reinvestigation

14. **DATE OF CURRENT INVESTIGATION EXPIRATION**

(If applicable) (MM/DD/YYYY)

15. **COMMENTS**

INSTRUCTIONS

SECTION I: APPLICANT INFORMATION. This information is provided by the applicant or servicing Human Resources Office when giving consent to the CSO to conduct the IRC. All blocks are required to be completed prior to submission.

- (1) Name. The last name, first name, and middle name of the applicant.
- (2) Other Name(s) used. All names the individual has used (maiden names or other aliases).
- (3) Place of Birth. The city, state, and country where the applicant was born.
- (4) Date of Birth. The month, date, and year the applicant was born.
- (5) Social Security Number. The full social security number of the applicant.
- (6) Current Address. The street, city, and state where the applicant currently resides.

SECTION II: AUTHORIZATION AND RELEASE CERTIFICATION.

The applicant's signature authorizes the CSO to complete the required preliminary suitability checks to determine if the applicant is suitable to perform duties under line-of-sight supervision (LOSS). Any applicant under 18 years old must have a parent or legal guardian's signature to authorize the CSO to complete the suitability checks. All blocks are required to be completed prior to submission.

- (7a) Print Name. Print Full Name of the Applicant or Parent/Legal Guardian.
- (7b) Date. Print today's date.
- (7c) Signature. Signature of the Applicant or Parent/Legal Guardian. Sign full name.

SECTION III: POSITION AND BACKGROUND CHECK

INFORMATION. This information is provided by the servicing Human Resources Office prior to submitting a release authorization to the CSO for processing. All applicable blocks are required to be completed prior to submission.

- (8) Installation / Region / Headquarters. The installation, region, and/or headquarters location the applicant intends to work.
- (9) Date of Hire. The month, date, and year the applicant was hired or estimated date of hire.
- (10) Position Category. The individual's position category (Employee, Contractor, Specified/Non-Specified Volunteer, Teen, Summer Hire, CDH Provider, or CDH Household Member). If "CDH Household Member" is checked, the Provider's name is required.
- (11a) Current or Previous DoD Affiliation. Check "Yes" if individual is a current or former DoD employee, family member of a current or former DoD employee, former military, family member of current or former military, contracted employee for a DoD entity, or volunteer worker for a DoD entity. Otherwise, check "No."
- (11b) Active Duty? Check "Yes" if currently on Active Duty. Otherwise, check "No."
- (12) CYMS Record Creation Confirmed w/ CYP. The first and last name of CYP point of contact and month, date, and year the record was confirmed.
- (13) Investigation Type. The individuals' investigation type (IRCs Only / Transfer, Initial, SAC Only / Annual, or 5-year Reinvestigation).
- (14) Date of Current Investigation Expiration. The month, date, and year the individuals' investigation expires, if applicable, for reverification or reinvestigations.
- (15) Comments. Provide any additional comments.

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
OFFICE OF FEDERAL INVESTIGATIONS

SPECIFIC RELEASE

I, _____, hereby authorize any Federal Investigator, Special Agent or duly accredited representative of the U.S. Office of Personnel Management (OPM), or other Federal Investigative agency bearing this release, or a copy thereof, to obtain the information identified below pertaining to me which is maintained by the person or organization specified below:

PERSON OR ORGANIZATION: _____

ADDRESS: _____

The information to be released is as follow:

☐ MEDICAL (May include, but not limited to: date of confinement; participation or treatment; diagnosis; doctors' orders; medication sheets; urine result reports; attendance sheets; prognosis and medical opinions regarding my health, recover and/or rehabilitation; as well as any other information indicated below):

I am aware that the information released by the above named person or organization may, but not necessarily, contain data pertaining to my use and/or abuse of alcohol and/or drugs, and my participation in a rehabilitation program with the above named organization.

☐ OTHER (Specify):

The execution of this release is voluntary on my part, and is made without duress or promise on the part of OPM or other Federal Investigative agency. I am aware that this release is valid only when presented to the addressee within 3 months from the date of its execution by me to obtain financial records (as defined by the Right to Financial Privacy Act) and has no expiration date for other purposes.

I have read and fully understand the Privacy Statement on the back of this form. I understand the purpose for which the information to be released is required as described in the Privacy Statement. I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. I consent to the release of any and all financial information obtained with this release to any Federal agency that requests it, consistent with the conditions of its collection under the Right to Financial Privacy Act, for employment suitability or security clearance purposes.

Signature,(full name) _____ social security number _____ area code/telephone number _____ Date month/day/year _____

Current address/street/city/state/zip _____ Signature of parent/guardian (as required) _____

**Bureau of Criminal Identification
Authorization Form**

I, _____, hereby consent and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the U.S. Office of Personnel Management, 1137 Branchton Road, Boyers, PA 16018, any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and the employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

Sworn to before me on this ____ day of _____, 20__.

(Notary Public)

My Commission Expires: _____

NAME _____
(Print or type)

Maiden or other names: _____

D.O.B. _____

DISCLAIMER

I am seeking employment with Child and Youth Programs/Dept of Navy and I hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to U.S. OPM investigative agent for D/Navy any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of motions, cause of actions, and demands of every kind, nature and description, arriving from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and the employees of the Attorney Generals' Office in both law and equity which I may now have or in the future may have.

FEE FOR CRIMINAL RECORD CHECK \$5.00 CHECK OR MONEY ORDER

Signature of Applicant

Sworn to before me on this _____ day of _____ 20__

Notary Public

My commission expires: _____