



Updated on 20250407

Please fill out the packet electronically.

If you cannot fill it out electronically, then it needs to be printed

in BLACK INK ONLY

ALL Volunteers including Therapist, College Students, Foster Grand Parents, Contractors, Foren Nationals, “regardless of hours” MUST have backgrounds completed before working in the room/coach.

**Foren Nationals must supply a Letter of Good Conduct from their home country with the background check Request.

- **Initials and Wet Signatures need to be done in Black ink ONLY (NO digital signatures.)**
- **We need a copy of your current Flu Shot and 2 Professional References with your background packet. Facility will call your references.**
- **You need to SIGN & DATE - THE DATE YOU TURN IN THE PACKET at the facility, you want to volunteer in, they will verify the packet before sending it to us.**
Date format throughout the packet **must be yyyy/mm/dd** unless specified differently.

ANY PII should be sent via email encrypted, best to hand carry to facility or to your Functional Manager (FM).

- **It is mandatory, per Garrison for all volunteers to go register with the Volunteer Core at ACS and Volunteer Management Information System (VMIS) prior to Volunteering on Post. ACS is Located at Bldg. 250 Club Road 915-569-7733 POC: Yvette Ramirez**
VMIS: <https://vmis.armyfamilywebportal.com/>
- **Once we received your Background request, it will be sent to the HUB in San Antonio for processing. Once accepted by the HUB you will receive an email from them with the *Fingerprint Request Worksheet (IMCOM 28)* attached. That email will include our local Security Office who will email you within one day with a scheduled fingerprint appointment. **You must reply to ALL and confirm or decline the given date (so they may reschedule). If you arrive without confirming, you will be rescheduled.****
- **!!!If your Fingerprints are not completed by the date given to you from the FM, your background request will be canceled and will have to be resubmitted!!!**
- **Once you are no longer Volunteering (PCS, ETS, ect...). You are required to let your Facility and your FM know via email.**

Any Questions? Call or email

(FM CYS) Elvia Walker 915-568-9014 elvia.walker.civ@army.mil

Poole, Dalia P 915-569-5040 dalia.p.poole.naf@army.mil;

Tribble, Kasey 915-568-4466 kasey.a.tribble.naf@army.mil

or

(FM FCC) Cherlyn Duran (915) 568-04198 cherlyn.m.duran.naf@army.mil

Memorandum for Volunteers at Child and Youth Services (CYS) Programs

Date: 13 August 2024

Subject: CYS Background Check Requirements

Reference: Volunteer Management Information System (VMIS) and Fingerprints

When you apply for volunteering in any CYS Program background checks must be completed IAW our assigned requirements. This includes registering with the Volunteer Core at ACS for CYS and completing fingerprints.

- It is up to the volunteer to schedule an appointment with ACS for Registration, but it must be done prior to Volunteering. Please call 915-569-7733 to schedule the appointment.
- CYS schedules fingerprints for prospective volunteers in order to complete the process. The request must come from CYS. You cannot request to schedule fingerprints yourself.
- CYS has had several no shows to fingerprint appointments with no notification to CYS that you will not be able to make the appointment. Please contact the Finger Print Office at 915-568-2425 or CYS at 915-915-568-9014 or 915-568-4198 or as soon as possible if you are unable to make the scheduled appointment.
- You can only get rescheduled three (3) times. After the third (3rd) time volunteer is required to resubmit the application and re-initiate the process.
- Not attending your appointment or having to re-initiate the application process delays your volunteer start date.

If you have any questions you can reach Elvia Walker 915-568-9014 or Cherlyn Duran at 915-568-4198.

Volunteer Print Name

Volunteer Signature

Date

CYS Representative Print Name

CYS Representative Signature.

Date



Fort Bliss, TX
Child and Youth Services
CYS SKIES Contractor Application
Revised on 13 August 2024



PRINT in BLACK INK Only

Prefix: Mr. _____ Mrs. _____ Miss. _____ Ms. _____

Last:

As reflected on official identification *

First

As reflected on official identification *

Middle

As reflected on official identification *

Maiden Name (*Non applicable – N/A*)

Social Security Number

Physical Address: Street

City

State

Zip Code

Phone: (*mandatory*)

2nd Phone: (*mandatory*)

Email Address (*mandatory*)

2nd Email Address (*mandatory*)

Date of Birth (*yyyymmdd*)

Place of Birth: *Country*

State

City

Have you had any personal experience(s) involving children/youth, if so please explain.

Previous CYS Experience (*check only one*):

☐ New

☐ Transfer (*moved here less than 2 years ago*)

Approximate year backgrounds where completed

Previous Garrison: _____

Completed By:

CDE/Volunteer position _____ CPAC/Job _____

POC from prior Garrison _____

DO NOT list your spouse or family members as references.

You must list your last 2 previous supervisors and or professionals

Reference #1 Full Name, Telephone Number,

Reference #2 Full Name, Telephone Number,

Reference #3 Full Name, Telephone Number,

Reference #4 Full Name, Telephone Number,

I declare under penalty that the information contained in this application form and any attachments and documents submitted with my application are true and correct to the best of my knowledge, information, and belief.

Signature

Date (*yyyymmdd*)

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. 552a(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.

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.dod.mil/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.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)				2. OTHER NAME(S) USED			
3. DATE OF BIRTH (YYYYMMDD)			4. INSTALLATION/PROGRAM NAME			5. DATE OF HIRE (YYYYMMDD)	
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	
SEX CRIME:		<input type="checkbox"/> Yes <input type="checkbox"/> No		DOMESTIC VIOLENCE:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				VIOLENT CRIME/ ASSAULTIVE BEHAVIOR:		<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.							
a. SIGNATURE						b. DATE (YYYYMMDD)	
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.							
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.							

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.

DA Form 5018-R (Same as “Appendix M CSSC Template DA-5018-R fillable March 2018”) Instructions

The Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) Client's Consent Statement for Release of Treatment Information (DA Form 5018-R) is completed by the applicant. By signing, the applicant agrees that ADAPCP can release information regarding their treatment. Use the most up to date file located on the CDE sharepoint website, named "DA Form 5018_R fillable March 2018" or the CSSC sharepoint file named "Appendix M-CSSC Template DA Form 5018_R fillable March 2018."

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, John Smith, this 6 day of September, 2018,
(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/Youth Svcs Suitability Prog

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 <u>John Smith</u>	DATE <u>09/06/2018</u>
NAME OF WITNESS (Type or print) Jane Doe	SIGNATURE <u>Jane Doe</u> DATE <u>09/06/2018</u>

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 (Type or print)	DATE
SIGNATURE	

SECTION A:

1. Name field reflects client's first and last name, but will be accepted with the middle initial or full middle name.
2. Date field needs to include the last two digits of the current year.
3. The remaining fields are prefilled on the most current file located on the CDE sharepoint website. **If your form says anything other than what is reflected here, you have the wrong form!**

SECTION B:

1. Option 1 checked.
 2. *Signature of client field can either be digital or printed.
 3. Date field **MUST MATCH** the date field of the witness.
 4. Name of witness can either be typed or printed.
 5. Signature of witness can either be digital or printed.
 6. Date field of witness **MUST MATCH** the date field of the client.
- *If the applicant is a minor, a parent or guardian must sign in the "signature of client" field.*

SECTION C:

1. Leave Section C blank.

ASAP 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 ASAP)

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/Youth Svcs Suitability Prog _____ 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 10-22 and 10-27, 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 ASAP, 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 (Type or print)

SIGNATURE

DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC/DHA 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/DHA Commander OR DESIGNATED REPRESENTATIVE (Type or print)

SIGNATURE

DATE

CIVILIAN PERFORMANCE STANDARDS

Child & Youth Services Volunteer Program Associate Instructor

1. **Lesson plans Critical Standard.** Help run class according to the developed lesson Plans in the instructional program in accordance with HQDA, and professionally recognized and accepted curriculum, including scope and sequence of skills and indicating learning objectives for each session. Utilize guidelines from local or national acceded program in the development of lesson plans, and supervisor guidance and policies. Help advice the SKIES Director and principle staff on all matters relating to instructional program's progress. Functions with instructor's supervision to resolve problems and conflict situations and clearly articulates difficult issues with supporting information to supervisor for guidance. Maintains control of and accounts for the participant's safety. Acts to simulate and encourage Students interest and to establish an environment that promotes positive child, youth and adult interaction. Help communicate with parents informally and formally of student Progress/ Class time changes or cancelations.

No more than four instances per rating period of failure to meet any of the requirements.

2. **Management. Critical Standard.** Serves as associate Volunteer instructor with the responsibility for the day-to-day operations of an instructional program in accordance with applicable regulations and Instructor supervision. Help provides individual and or group lessons to participants. May help coordinates classes /work schedules with Supervisor. Develops lesson plans for group instruction. Help implement changes and adjust to the instructional program and plans to meet unusual situations associated with the needs of individual children and youth. Follows instructions from the supervisor on activity assignments and gets the work started in accordance with the daily activity plans. Demonstrates proper work methods. Help resolves problems and conflict situations or obtains information and guidance from the supervisor. Role models appropriate guidance techniques. Checks with supervisor on problems.

No more than four instances per rating period of failure to meet any of the requirements.

3. **Health, Welfare & Accountability Procedures. Critical Standard.** Help maintains control of and accounts for the whereabouts and safety of children and youth. Help observes program participants for signs that may indicate illness, abuse or neglect and reports as directed. Helps to ensure that children Attendance is current on monthly rosters. Helps to maintain an up to date household database in CYMS, to include emergency contacts, to ensure that Instructors have access to the household information in a timely manner. Help contacts parents/designees when children become ill, injured. Help ensures others follow safety, accountability, health and nutrition procedures. Help provides care, oversight and accountability for program participants in compliance with DoD, Army and local policies, guidelines and standards. You are never to be alone with students, Paid instructors must be in the classroom with you.

No more than one substantiated failure to comply with the requirements per quarter with no repeat of same during the rating period.

4. **Program Planning and Execution. Critical Standard.** Help plans, develops, and conducts age/skill appropriate activities IAW mission and community needs and capabilities. Help ensures staff assist with appropriate lesson plans that include the four service areas on a weekly basis. Helps to ensure that classrooms and environments are prepared prior to children's arrival. Help ensure that each staff conducts an annual Drills and safety plans and help develop an action plan for improvement.

No more than one substantiated complaint regarding unsatisfactory planning and/or execution per year.

5. **Customer Service. Critical Standard.** Promptly, courteously, and attentively assists all visitors/callers, to include both internal and external customers, independently providing requested information to customers, based on knowledge of Child & Youth Services missions, or refers inquiries directly to appropriate individual. Establishes and maintains positive communication linkages with parents, teachers and administrators. Help includes recognizing the parent's role, greeting parents and children during arrival and departure time. Help sharing information regularly with parents about their child's experiences at the center. Help the instructor keeping parents informed of child's developmental progress. Participating in parent conferences and involving the parent in the program. Use learned telephone techniques and telephone courtesy.

No more than one substantiated complaint regarding unsatisfactory customer service per quarter with no repeat of it during the rating period. Actions and attitudes contribute to good customer relations.

6. **Property Control. critical Standard.** Help to maintain equipment/furnishings in good repair or remove it from child's use and submit a work order or seek immediate assistance from maintenance worker/Director. Ensure proper cleaning of toys/furnishings/vehicles on a regular basis IAW AR 608-10 and SOP. Help to maintain a list of essential program supplies. Ensure that program assistants have input into developing, maintaining, and accessing essential supplies to perform individual tasks. Help prepare orders to include pricing for supplies as requested by the supervisor. Develop a wish list separate from a required list to record those items (equipment/supplies) that are not mission essential. Comply with all Internal Controls procedures and guidelines (safeguarding property, etc).

No more than four substantiated instance where required supplies are not available and have not been recorded. No more than one substantiated instance of disrepair or lack of cleanliness has not been resolved in a timely manner (3 work days).

7. **Record Keeping. Critical Standard.** Help records daily, compiles and maintains monthly rosters. Help completes accident/incident/injury reports legibly and coherently within required time frame IAW regulatory guidance and local SOP. Help ensures confidentiality between Instructors in the collection and sharing of observations. Help assists in maintaining and updating household information utilizing CYMS system to include the forwarding of updated forms to Central Registration.

All work will be completed within established suspense dates/guidelines with no more than one instance per quarter where suspenses are not met or taskers not completed within established guidelines.

8. **Fire & Safety Duties. Critical Standard.** Helps to perform as the alternate Fire & Safety Officer in the absence of the supervisor. May conduct weekly safety and fire checks of both interior and exterior of site utilizing established checklists. Performs daily spot checks of environments and vehicles to ensure that all hazards are removed from children's contact. Help perform and document monthly fire drills as directed. Help instructs volunteers on evacuation procedures and location of and proper use of fire extinguishers and pull stations within first day of work. No more than one substantiated failure to comply with the above requirements per year with no repeat of it during the rating period after being rescheduled

9. **Training Requirements. Critical Standard.** Help ensure certifications in First-Aid and Cardio-Pulmonary Resuscitation are current 100% of the time. Attend mandatory classes as scheduled to ensure current skills and knowledge in Child Abuse Reporting & Identification, Blood Borne Pathogens, Medications and Communicable Diseases and Consideration to Others (CO2). Attend 24 hours of approved in-service training per reporting period. Complete Annual IDP requirements.

No more than one substantiated failure to comply with the above requirements per year with no repeat of it during the rating period after being rescheduled.

11. **EEO/POSH. Critical Standard.** Demonstrate support for EEO by role modeling and conducting activities that promote diversity, tolerance, and equality. Must attend Face-to-Face Ethics and on-line POSH training each year.

No substantiated instance per rating period where bias, isolation, segregation, intolerance or prejudices are expressed or inferred to anyone.


JOY CLICKENER

NAME

COMPLETE HOME ADDRESS

Home Phone: (555) 555-5555 Cell: (111) 111-1111

Email example EMAIL@hotmail.com (NO YAHOO PLEASE)

QUALIFICATIONS

Example: 9 years child care experience.

EXPERIENCE

List **YOUR** past work history / self-employment / unemployed beginning with most recent and go back at least 5 years with no gaps in dates. Use this date format: MM/YYYY to MM/YYYY.

See EXAMPLE below starting with current place of employment:

05/2015 to Present

ABC Child Care Center

Work Address: 1234 Side St. Ft. Bliss, TX 79916

Phone: (915) 555-5555

- List EXPERIENCE HERE
- Childcare provider
- X
- X
- X

10/2014 to 05/2015 (Continue with no gaps in dates)

Unemployed

Home Address: 1234 Home Address Ft. Riley, KS 12345

Phone: (555) 555-5555

03/2012 to 10/2014 (Continue with no gaps in dates)

Children's Learning Center

Work Address: 1234 Corner St. El Paso, TX 79934

Phone: (915) 555-5555

- List EXPERIENCE HERE
- X
- X
- X

09/2009 to 03/2012 (Continue with no gaps in dates, go back at least 5 yrs)

Unemployed

Home Address: 1234 Home Address El Paso, TX 79904

Phone: (555) 555-5555

EDUCATION

Your certification/training history is ***not required*** for your resume submission. If you choose to include certification/training on your resume, start with The Most Recent/Within the previous 5 years; must include the following information in this format:

- Name of Institution certification/training was received
- Dates attended formatted MM/YYYY
- Complete street address, city, state, and zip code
 - Date MM/YYYY certificate was received

Child Services Background Check Citizenship/Legal Status Verification

For individuals needing a T1 or higher (with SCHR) or OF186C (SCHR)

In order to submit an investigation to the Office of Personnel Management (OPM), provide **ONE** (1) of the following to verify your citizenship/legal status:

- U.S. Birth Certificate
- U.S. Passport (current or expired)
- DS-1350 or FS-545 (Certification of Report of Birth)
- FS-240 (Report of Birth Abroad of a Citizen of the U.S.)
- N-550 or N-551 or N-570 (Naturalization Certificate)
- N-560 or N-561 (Certificate of U.S. Citizenship)
- I-327 (Permit to Re-enter the U.S.)
- I-551 (Permanent Resident Card or Resident Alien Card)
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- I-94 (Arrival/Departure Record) **and** Visa

Source: PSIP Requestor Guide

Declaration for Federal Employment*

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

Form Approved:
OMB No. 3206-0182

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. Most applicants are asked to complete this form after a tentative offer of employment has been made; however, depending on your position, you may be asked to complete this form earlier during the hiring process. Follow instructions that the agency provides. 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

RESIDENCY HISTORY WORKSHEET INSTRUCTIONS

The Residency History Worksheet must be completed for personnel (i.e., employees, contractors, military, in home care providers, etc.) working in a child services position requiring a background check inclusive of State Criminal History Records (SCHR) checks and/or Interpol checks. This worksheet is designed to capture the applicant's five-year or ten-year residency history, federal service work history, and breaks in federal service to determine the background check investigation and check requirements.

Residency history requirements vary by type of investigation.

When completing your residency history you will need to provide between 5-10 years of residency information based on the type of investigation your position requires:

Tier 1 Investigations: 5 years

Tier 2-5 Investigations: 10 years

Contact the agency POC submitting your background check request to validate if you are being submitted for a Tier 1 or a Tier 2-5 investigation.

WORKSHEET INSTRUCTIONS

REQUIRED INFORMATION	DESCRIPTION
LAST, FIRST, MIDDLE	List current legal name as identified on driver's license, marriage license, passport, social security card, etc. Example: Doe, John Joe
MAIDEN/FORMER NAME	<u>Maiden Name</u> - the surname that a married woman used from birth, prior to its being legally changed at marriage and or divorced. <u>Former Name</u> - refers to any surname (last name) you may have used in the past for any reason. It can also mean any first and last name you may have used in the past.
MM/YY to MM/YY	This refers to the period in which you were referred to by a different name (Maiden/Former name). Example: if you were born 06/07/70 and got married or your name changed 07/20/90 you would enter 06/70 to 07/90 . Continue for each name change.
PLACE OF BIRTH (city, county, state, country)	Place of birth- describes the location a person was born by city, county, state, country.
SEX	Sex is defined in two categories, male or female. A woman/girl is considered a female. A man/boy is considered a male.
EMAIL ADDRESS	An email address is a unique identifier for an email account. It is used to both send and receive email messages over the Internet. Every email address has two main parts: a username and domain name. The username comes first, followed by an at (@) symbol, followed by the domain name. Only use a valid email address.
HAVE YOU EVER WORKED IN FEDERAL SERVICE	Federal service is inclusive of all the following: APF/NAF Civilian, Contractor, In Home Care Provider, Military, volunteer with existing Investigation, etc.
LIST LAST DATE WORKED IN FEDERAL SERVICE	Date last worked in federal service (excluding Leave Without Pay (LWOP)).
ARE YOU CURRENTLY WORKING IN FEDERAL SERVICE?	Working in federal service is when an individual is in a pay status with a federal government agency, excluding Leave Without Pay (LWOP). IMPORTANT: An employee on Leave without Pay (LWOP) is in a temporary non-pay status and absence from duty but is classified as a current employee.

Residency History Worksheet

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

FEDERAL SERVICE WORK HISTORY/STATUS

%& Uj Y mci Yj Yf k cf YX b ZXYU gYf j JW3 Federal service is inclusive of all the following APF/NAF Civilian, Contractor, In Home Care Provider, Military, volunteer with existing Investigation etc.

YES- proceed to question 2

NO- **STOP**. Complete residency history below

3) When was the last date worked? (provide month and year)

- Complete residency history below

2) Are you currently working in federal service? (select yes if in LWOP status)

YES- **STOP**. Complete residency history below

NO- proceed to question 3

NOTE: A two year break in federal service requires a new Tiered investigation.

PLEASE LIST PLACES WHERE YOU HAVE LIVED STARTING WITH YOUR *CURRENT* ADDRESS AND GOING BACK 5 or 10 YEARS BASED ON INVESTIGATION REQUIREMENT. DO NOT USE A POST OFFICE BOX, UNLESS STATIONED 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) _____ to _____ Address _____

City _____ State _____ Zip _____ Country _____

(2) (mm/yy) _____ to _____ Address _____

City _____ State _____ Zip _____ Country _____

(3) (mm/yy) _____ to _____ Address _____

City _____ State _____ Zip _____ Country _____

(4) (mm/yy) _____ to _____ Address _____

City _____ State _____ Zip _____ Country _____

(5) (mm/yy) _____ to _____ Address _____

City _____ State _____ Zip _____ Country _____

(6) (mm/yy) _____ to _____ Address _____

City _____ State _____ Zip _____ Country _____

Signature: _____

Date completed: _____

*If additional space is needed, attach a continuation sheet to this worksheet.

APPLICANT/CONTRACTOR CONSENT AND AUTHORIZATION TO RETAIN FINGERPRINTS

The Department of Public Safety (DPS) and Federal Bureau of Investigation (FBI) retain fingerprints to provide notification to agencies of future events to the criminal history record at the state and national level. In order for each applicant to participate in the Fingerprint-based Applicant Clearinghouse of Texas (FACT) and "Rap Back" (notification services), please have each applicant provide the following information:

Last Name	First Name	M.I.	Maiden Name if Applicable
Date of Birth	Last four SSN	DL/ID#	Employee/License# if Applicable

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated agency with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy, including 28 U.S.C. 534 and 34 U.S.C. 41101.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the relevant agency. I also understand the agency may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature

Date

References
From the last
2 Supervisors
Are needed
On Form DA 3439

(Facility will fill those out and add to packet)

Statement of Understanding Child and Youth Services Personnel

Standards of Conduct and Accountability in Child and Youth Services (CYS) Programs

I understand that:

1. I am responsible for providing guidance in accordance with (IAW) CYS Policy by using knowledge, skills and abilities to identify appropriate and inappropriate behavior of children/youth based on their age and social/emotional development. I will role-model and explicitly teach problem-solving strategies, impulse control, empathy and acceptance of self and others as well as pro-social behavior.
2. I will never use corporal/physical punishment, psychological abuse or coercion as an acceptable form of guidance. Guidance will never be punitive in nature. Children will not be punished physically or verbally for lapses in toilet training or refusing food. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation, time away/timeout, or overly punitive restrictions; confinement in closets, boxes, or similar places or locked seclusion; manual, mechanical, or chemical restraint; humiliation, demeaning, shaming, verbal abuse, taunting, teasing, degrading language or activities, or psychological pain; deprivation of meals, hydration, snacks, outdoor play opportunities, or other program components; aversive stimuli; forced physical exercise to eliminate behaviors; punitive work assignments; punishment by peers; or group punishment or discipline for individual behavior. Restricting the use of specific play materials and equipment, or participation in a specific activity will be based on the developmental age and social/emotional development of the child and if it poses a safety concern for the child or others.
3. I am responsible for knowing the boundaries for appropriate and inappropriate touching that are established to ensure that CYS personnel have a clear understanding of what is acceptable and what is not. These boundaries are specified in the Standards of Conduct and Accountability SOP.
4. If an allegation of abuse/neglect is made against me, it will be grounds for immediate closure of my Family Child Care (FCC) home or reassignment outside of CYS until the investigation is completed.
5. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times, including when sleeping. Mirrors and video monitoring do not replace direct sight and sound supervision. Preschool and kindergarten children are supervised by sight most of the time, with the exception of brief periods when children cannot be seen but still heard, as long as I check frequently on children who are out of sight (e.g. child using the toilet independently, child in a library area). Kindergarteners and School-age children may leave my supervision for brief periods, so long as they are in a safe environment (such as going to a hall bathroom) but must be within sight and/or hearing most of the time. Middle School and Teen youth are supervised by monitoring areas where youth are engaged in

activities and requires that I move throughout the facility.

6. I am responsible for maintaining specific accountability for each Child Development Center (CDC)/Family Child Care (FCC) child in my group or each School Age Center (SAC)/Middle School Teen (MST) youth in my facility. I will follow the systems in place to account for children and youth at regular intervals, especially during periods of transition in CDC/SAC and during off-site activities based on risk assessment analysis. If I observe a child slipping away from or leaving his/her primary care group or discover a youth in an off-limits area within the facility, I will notify the primary caregiver. These instances are not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.

7. I will conduct or participate in a face-to-name count of children conducted once per hour in CDCs and during transitions in and out of the classroom. I will monitor all School Age children and Middle School/Teen youth while they independently move throughout the facility.

8. I must ensure the physical count of children/youth and/or the system that is used to monitor the whereabouts of children matches the number signed in (applies to direct care and management staff). I must ensure that the physical count of children/youth matches the number swiped into Child and Youth Management System (CYMS) (applies to management staff only).

9. I will focus my full attention on the children/youth in my care and will refrain from using personal electronic devices (to include cell phones, tablets, laptops and smart watches) while counted in ratio.

10. I am responsible for ensuring that all children/youth safely evacuate the building in the event of an emergency.

11. I understand that CYS facilities are under continuous video and audio surveillance through Closed Circuit Television (CCTV). I also understand that recordings may be used to substantiate or refute allegations of child abuse/neglect or employee misconduct, as a training aide, or to recognize positive performance.

12. I may be observed by a manager or Training Specialist as part of a documented training or performance observation any time during my duty hours, either in person or through the use of the CCTV System.

13. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC) and local Child Protective Services (CPS) (if located in the U.S.) any incident I witness which a reasonable person would consider child abuse or neglect.

14. If I witness an incident that a reasonable person would not consider child abuse or neglect, but is still a violation of this guidance, I will immediately verbally report it to my supervisor or other management staff, and follow up in writing.

15. I am responsible for completing reports on accidents, injuries to children/youth, or other unusual incidents that occur while I am on duty.

16. I will wear my appropriate color coded apparel (ensuring apparel can be seen at all times and from all angles) when caring for children/youth.

17. I will refrain from commenting, passing judgment, or providing guidance or input on sensitive topics with children/youth. I will encourage children/youth to reach out to a trusted family member or counselor for discussion.

18. The following Social Media and Electronic Communications are prohibited:

- Displaying in the workplace or any other place likely to embarrass or undermine the professional credibility of the CYS program or otherwise interfere with CYS operations, any material that is sexually explicit, provocative, inappropriate, inflammatory, or unprofessional. Such materials shall not be present on CYS premises.
- Communication to staff or children/youth that is unprofessional or inappropriate.
- Communication with children/youth through social media platforms except via the program's official social media pages (e.g. facebook, twitter).
- Communication with children/youth by email and messaging except via staff's .mil email address – all electronic communications with children/youth will have a parent and at least one other paid staff member on the cc line.
- Communication with children/youth by text message via a personal device.
- Sharing home or personal email, messaging, phone numbers or social media addresses with children/youth.
- Posting media to a personal social media site which includes non-familial children/youth enrolled in CYS programs.
- Use of Personal Electronic Devices while on duty.

19. I am required to immediately inform my supervisor/program director if I am charged with a crime referenced on the DD Form 2981 Basic Criminal History and Statement of Admission.

SUZANNE V. KING
Chief, Child and Youth Services

CYS PROFESSIONAL'S CREED

I am an Army CYs a professional trained in my duties. I serve Department of Defense Families who protect the nation by protecting their children/youth and ensure accountability for children/youth in my care.

I will always provide a safe, nurturing, and enriching environment. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army professionals are key members of the Army Team. I am an Army professional.

My signature acknowledges that I have read, understand, and will comply with the Caregiver's Creed and the Standards of Conduct and Accountability SOP on appropriate guidance, touching, interactions, social media, and accountability of children/youth, and my role in preventing and reporting child abuse or neglect in CYs programs.

In addition, my signature acknowledges I have read and understand:

- a. AR 608-10, sections pertaining to the Touch Policy and supervision of children, and other sections as directed by management;
- b. AR 608-18 Chapter 8, Out of Home Cases in DoD Sanctioned Activities;
- c. Latest CYs Multi-Disciplinary Team Inspection tool sections on Risk Management and Supervision; and
- d. My Position Description, which states my designation as a mandated reporter of child abuse or neglect.

I understand that failure to comply with these policies may result in adverse disciplinary action taken against me.

Year 1:

CYS Personnel Signature

Print Name

Date

Year 2:

CYS Personnel Signature

Print Name

Date

Year 3:

CYS Personnel Signature

Print Name

Date