

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)			OMB No. 0704-0586 OMB Approval Expires: 20231031	
<p>The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>				
PRIVACY ACT STATEMENT				
<p>AUTHORITY: 34 U.S.C. 20351 (Crime Control Act of 1990); DoDI 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): To require all individuals who provide child care services, as defined by Section 20351 of 34 U.S.C. (Crime Control Act of 1990), to undergo an Installation Records Check (IRC).</p> <p>ROUTINE USES: The Routine Uses are listed in the applicable system of records notices found at:</p> <p>Army: A0215-3 SAMR, NAF Personnel Records (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570010/a0215-3-samr/) and A0690-200 DAPE, Department of the Army Civilian Personnel Systems (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570099/a0690-200-dape/)</p> <p>Navy and Marine Corps: NM 01754-3, DON Child and Youth Program, (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/)</p> <p>Air Force: F034 AF SVA C, Child Development/Youth Programs Records (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/)</p> <p>Defense Logistics Agency: S400.20, Day Care Facility Registrant, Applicant and Enrollee Records, (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570257/s40020/) and</p> <p>National Security Agency: GNSA 19, NSA/CSS Child Development Services, (https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570520/gnsa-19/)</p> <p>This release will be initiated by office or installation staff responsible for the oversight of individuals who provide child care services to children under the age of 18. Once completed, the form will be maintained by the Human Resource (HR) or Security Offices.</p> <p>DISCLOSURE: Voluntary; however, failure to provide all the requested information could preclude employment or continued service in a child care services program position, and may form the basis for withdrawal of a tentative (conditional) job offer, removal from a position and/or the federal service or prohibition from working with or around children.</p>				
SECTION I. SUBJECT'S INFORMATION				
1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)		2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)		
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 Subject or Parent/Legal Guardian)				
<p>I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and/or domestic abuse) maintained in the FAP Central Registry. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual 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 representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p>				
7a. PRINT NAME (Subject or Parent/Legal Guardian)		7b. DATE (MM/DD/YYYY)	7c. SIGNATURE (Subject or Parent/Legal Guardian)	
7d. EMAIL ADDRESS		7e. PHONE NUMBER		
SECTION III. POSITION AND BACKGROUND CHECK INFORMATION				
8a. COMMAND / INSTALLATION / ORGANIZATION		8b. POSITION HIRE / START DATE (estimated) (MM/DD/YYYY)		
8c. POSITION CATEGORY				
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)	
<input type="checkbox"/> Military Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Family Members	<input type="checkbox"/> Teen Employee	
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other			

SECTION IV. INSTALLATION RECORDS CHECK*(To be completed based on service specific procedures)***9. FAMILY ADVOCACY PROGRAM**Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

☐ No record of applicant ☐ Record on fileMet criteria incident found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: _____

9b. Signature: _____ Date: _____

10. INSTALLATION LAW ENFORCEMENTType of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

No record of applicant: ☐ Record on file: ☐Any derogatory information found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: _____

10b. Signature: _____ Date: _____

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) (Optional check)Type of Check: Initial: ☐ Annual: ☐ 5 Year Check: ☐

Date initiated: _____ Date Completed: _____

No record of applicant: ☐ Record on file: ☐Any derogatory information found: ☐ Yes ☐ No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: _____

11b. Signature: _____ Date: _____