



PSC 477 BOX 20  
FPO AP 96306  
DSN: 263-3524

Dear Applicant:

Welcome to the Navy Child Development Home Program. We are pleased that you wish to provide childcare in your home for our military families. This letter contains important information to prepare you for certification.

The Navy CDH Program requires that you be:

- *At least 18 years of age*
- *Responsible and capable of exercising good judgment in caring for children*
- *Physically, mentally, and emotionally stable*
- *Able to read, speak, and write in English*
- *A military dependent*
- *Authorized to reside in government housing*
- *Willing to undergo prescribed training*

*You and your family must also be free from communicable diseases.*

The enclosed application packet contains the forms listed below. Both applicant and sponsor should complete these forms and return them and their resumes to CYP for processing. CYP will process all background checks so please refrain from going to these respective base offices for processing your checks. Simply fill out the required information and return the forms to us.

- *CDH Application Form*
- *Statement of Admission*
- *Consent to Conduct IRC*
- *Special Agreement Checks*
- *Authority for Release of Information*
- *Finger Print Request and Processing Form*
- *Declaration for Federal Employment*
- *Reference Information*
- *Housing Office Clearance\**
- *Division Officer Clearance\**
- *CYP English Reading Comprehension Form\**

*\*CDH Applicant only*

Additional documentation required for CDH certification:

- ***In-Home Family Interview:*** This interview will be conducted by the CDH Monitor and will involve the entire family. Your certification will not be delayed if your spouse is deployed; however, a second interview will be conducted when your spouse returns. The CDH Monitor will set an appointment with you at a time that is convenient for you and your family.
- ***Pet Immunizations:*** If you have a pet, please provide a copy of updated immunization records to the CDH monitor.

- ***Family Member Immunizations:*** You will need to provide a copy of all immunization records for each family member, including the most recent influenza vaccine.
- ***Medical Screening:*** You and your family members must be free from communicable diseases and have no health problems that would interfere with childcare or place any child at risk. The CDH Monitor will work with Occupational Health to schedule your health screening.
- ***Auto Insurance:*** If you plan to transport children, please provide a copy of your automobile accident and liability insurance that has a provision for transporting people as part of your home business. Under no circumstances are children to be transported in a vehicle that is not insured. Provide copies of your insurance to the CDH office.
- ***Home Inspections:*** After your home has been set-up, the CDH Monitor will conduct an initial walk-through to ensure that your home is ready to be inspected by the Fire/Safety Department, Preventive Medicine Department, and Child and Youth Programs. These inspections are to ensure a safe and healthy environment for the children.
- ***20 Hour Child Development Home Orientation:*** The Child Development Home Monitor will inform you when the next orientation will take place.
- ***Liability Insurance:*** Information for this insurance will be provided at the orientation training.
- ***Quality Review Board:*** After your application has been fully completed it will be taken to the Quality Review Board (QRB). The QRB meets quarterly or on an as needed basis. They will recommend your home for certification to the Commanding Officer if all certification requirements have been met. You do not need to attend the QRB, but will be notified as to when it will take place.

On behalf of the Navy Child Development Homes Program, the entire CYP Management Team looks forward to working with you. Please do not hesitate to contact me if you have any questions or need my assistance at: 264-6381.

Respectfully,

Danika Maher  
CDH Monitor

# APPLICATION FOR NAVY CHILD DEVELOPMENT HOMES CERTIFICATION

REQUIRING DIRECTIVE OPNAVINST 1700.9

## PRIVACY STATEMENT

**AUTHORITY:** P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397. and OPNAVINST 1700.9 "Child and Youth Programs."  
**PURPOSE:** To provide Child and Youth Programs (CYP) with information to determine the qualifications, suitability and availability of applicants for positions within the CYP.  
**ROUTINE USES:** This form is to be used during initial application and recertification for Child Development Home (CDH) providers. The information provided will be used to assess qualifications and overall suitability. Information furnished may be disclosed upon request to any Department of Defense component or other federal, state, and local governmental agencies in the pursuit of their official duties relating to proper child supervision. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.  
**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of certification application.

Applicant's Name:	Address:  On Base <input type="checkbox"/> Off Base <input type="checkbox"/>	Telephone Numbers: Home:  Cell:
Do you own your home or rent: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> GOV'T QUARTERS		
E-Mail Address:		
Spouse's Name:	Spouse's Command or Employer:	Spouse's Cell Phone Number:

EDUCATION	Name and Location	Graduate/Degree	Major/Subjects or Course of Study
High School/GED			
College or University			
Specialized Training or Other Education			

Do you have any pets: <input type="checkbox"/> YES <input type="checkbox"/> NO Breed and age		
Breed and age		
Are there any weapons in the home? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please list all persons who reside in the home, include name, age and relationship to applicant. All residents 18 and older will be required to submit for background checks.		
Name	Age	Relationship to Applicant

## PREVIOUS EXPERIENCE WORKING WITH CHILDREN (if applicable)

Employer Name and Address:	Start Date:	Supervisor Name:
	End Date:	Phone #:
Brief Job Description/Title:		
Employer Name and Address:	Start Date:	Supervisor Name:
	End Date:	Phone #:
Brief Job Description/Title:		

Please describe any additional experience working with children, including any volunteer experience, experience babysitting or experience as a state or military family child care provider.

**Please list three (3) references; include name, address, phone number and email. References must be non-family members. In-laws are considered family members.**

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>
<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>
<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>

I am requesting to establish a Child Development Home (CDH) in accordance with OPNAVINST 1700.9 Series and CDH program standards. By signing this application, I attest that the above information is true and accurate to the best of my knowledge. Any misrepresentation of information will result in the denial of this application and possibly future applications.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

# CYP FINGERPRINT REQUEST AND PROCESSING FORM

\*\*\*\*\* FOR COMPLETION BY APPLICANT \*\*\*\*\*

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

DATE: \_\_\_\_\_

Please tell us where you have lived from PRESENT going back ONLY 5 years.

Note complete addresses are NOT being requested, only states, FPO Addresses, or countries.

If you require additional space please continue in space below.

Location 1 (Mo/Yr): From: \_\_\_\_\_ To: PRESENT STATE: \_\_\_\_\_ FPO/APO: Yes No Country: \_\_\_\_\_

Location 2 (Mo/Yr): From: \_\_\_\_\_ To: \_\_\_\_\_ STATE: \_\_\_\_\_ FPO/APO: Yes No Country: \_\_\_\_\_

Location 3 (Mo/Yr): From: \_\_\_\_\_ To: \_\_\_\_\_ STATE: \_\_\_\_\_ FPO/APO: Yes No Country: \_\_\_\_\_

Location 4 (Mo/Yr): From: \_\_\_\_\_ To: \_\_\_\_\_ STATE: \_\_\_\_\_ FPO/APO: Yes No Country: \_\_\_\_\_

Thank you for completing this request form.

\*\*\*\*\* FOR COMPLETION BY SECURITY OR HR \*\*\*\*\*

This case has the state of \_\_\_\_\_ which requires \_\_\_\_\_

This case has the state of \_\_\_\_\_ which requires \_\_\_\_\_

This case has the state of \_\_\_\_\_ which requires \_\_\_\_\_

EMPLOYER NAME: CNRJ N926 (circle):      CFAY      NAFA      CFAS

EMPLOYER ADDRESS: NAVY CYP, ATTN: CSO 716 SICARD ST SE SUITE 204

WASHINGTON NAVY YARD, DC 20374

REASON FOR FINGERPRINTING: EMPLOYMENT

SON: 595K      SOI: DODS      IPAC: 17008711

UIC (circle):      61054      61057      61058      FBI PRINTS (circle):      PAPER      ELECTRONIC

\*\*\*\*\* FOR COMPLETION BY FINGER PRINTING OFFICE \*\*\*\*\*

FINGERPRINT TRANSACTION NUMBER: \_\_\_\_\_

FINGERPRINTING COMPLETED BY: \_\_\_\_\_

DATE FINGERPRINTED: \_\_\_\_\_

**When fingerprints are complete please return this form to HR or Security**

## SPECIAL AGREEMENT CHECKS (SAC)

OFI FORM 86C  
MAY 2010U.S. OFFICE OF PERSONNEL MANAGEMENT  
INVESTIGATIVE SERVICES

Agency Agreement Number	OPM USE ONLY	OPM Codes	Case Number
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**AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)**

1. SUBJECT'S FULL NAME				2. DATE OF BIRTH	
Last Name	First Name	Middle Name	Abbrev.	Month Day Year	
3. PLACE OF BIRTH · Use the 2 letter code for the state				4. SOCIAL SECURITY NUMBER	
City	County	State	Country		
5. OTHER NAMES AND DATES WHEN USED					
Name		Month/Year Month/Year To		Name	
				Month/Year Month/Year To	
Name		Month/Year Month/Year To		Name	
				Month/Year Month/Year To	
6. SEX (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male		7. SPECIAL AGREEMENT CODES 8, B		8. POSITION TITLE	
9 SON 595K		10 SOI DODS		11 IPAC-ALC NUMBER 17008711	
12 ACCOUNTING DATA					

## 13 OTHER INFORMATION REQUIRED BY AGREEMENT

( CODE 8 ) Child Care searches– Complete additional information needed for State Criminal History Repository checks. Fill in subject's address for every place lived in the past 5 years, beginning with the present (#1) and working backwards. If additional space is needed, attach a continuation sheet to this form.

Month/Year to Month/Year 1. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 2. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 3. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 4. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 5. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 6. to	Street Address	Apt. #	City	State	Zip
Month/Year to Month/Year 7. to	Street Address	Apt. #	City	State	Zip

14 Requesting Official Name and Title Dana Woodford, Security Specialist	Signature <i>Dana Woodford</i>	Telephone Number (including area code) (202) 433-5127	Date
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## LIST OF REFERENCES

For

CNRJ Child and Youth Applicant

NAME OF APPLICANT: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Street Address, City, State: \_\_\_\_\_

Zip Code or PSC Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please check one: PERSONAL REFERENCE ☐ JOB REFERENCE ☐

\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Street Address, City, State: \_\_\_\_\_

Zip Code or PSC Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please check one: PERSONAL REFERENCE ☐ JOB REFERENCE ☐

\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Street Address, City, State: \_\_\_\_\_

Zip Code or PSC Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please check one: PERSONAL REFERENCE ☐ JOB REFERENCE ☐

\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Street Address, City, State: \_\_\_\_\_

Zip Code or PSC Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please check one: PERSONAL REFERENCE ☐ JOB REFERENCE ☐

\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Street Address, City, State: \_\_\_\_\_

Zip Code or PSC Address: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please check one: PERSONAL REFERENCE ☐ JOB REFERENCE ☐

\*\*\*\*\*

*NOTE: It is required by law to check and inquire about your personal and job references. If you have local references, please provide their PSC address. Prefer local references to save time.*

**DEPARTMENT OF DEFENSE  
AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

Authority to request the following information is derived from 5 U.S.C. 301, 10 U.S.C. 5031, Executive Order 9397, and DOD Instruction 1402.5. Implementing Public Law 101-647, Section 231, and Public Law 102-190, Section 1094.

**PRINCIPAL PURPOSE:** The form will be used by officials of the Department of the Navy to obtain background clearance information regarding prospective child development employees/child development home providers/youth programs personnel for use in the employment/certification process.

**ROUTINE USES:** No information will be disclosed outside the Department of Defense.

**DISCLOSURE:** Completion of this form is voluntary, however, if the requested information is not provided, employment and/or certification may be denied. Providing false information can result in adverse action up to and including removal.

**RIGHT TO CHALLENGE:** You have the right to challenge the accuracy of records under the provision of DoD Directive 5400.11.

I authorize the Criminal Investigations Division, Fleet and Family Support Center, Counseling and Advocacy Services, and U.S. Naval Hospital Alcoholic Program Division to disclose any pertinent information in their files concerning my suitability for employment in Child Care Center/Youth Activity programs to the Personnel Office, Morale Welfare and Recreation Department, Fleet Activities, Yokosuka, managers and directors of such programs, on a need to know basis. I understand that such information is required in the screening process to determine suitability for employment or volunteer service and will not be used for any other purpose.

This authorization is valid for one year after my signing. Upon request, a copy of this signed statement may be furnished to any former and present school, employer, and landlord; and criminal justice agency or other person furnishing such information or record.

APPLICANTS FULL NAME ( Last, First, Middle):	
MAIDEN NAME (if applicable):	
DATE OF BIRTH:	
SOCIAL SECURITY #:	
SPONSORS NAME (if applicable):	
SPONSORS SOCIAL SECURITY# (if applicable):	
DATE (YEAR, MONTH, DAY)	SIGNATURE

**FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE**



DEPARTMENT OF THE NAVY  
NAVAL AIR FACILITY ATSUGI  
MORALE, WELFARE AND RECREATION DEPARTMENT  
PSC 477 BOX 20  
FPO AP 96306

Date: \_\_\_\_\_

FROM: Monitor, Child Development Home (N926)  
TO: NAF Atsugi, Housing Office

Subj: BACKGROUND CLEARANCE FOR CHILD DEVELOPMENT HOME (CDH) APPLICATION

Ref: (a) OPNAVINST 1700.9E

1. As required by reference (a), in-depth background checks are required on all individuals seeking to work with children in our Child Development Program. These background checks are to determine that the individuals in question have not been involved in any misconduct involving children, assertive behavior, substance abuse and larceny.

2. \_\_\_\_\_ has applied to work with children as a CDH Provider. It is requested that all available records pertaining to the applicant and his/her sponsor and ALL Household members 12 years and older be screened of any information that might adversely affect his/her suitability to work with children in our program. **For Housing Office, please disclose any information for the occupants which may preclude them from CDH certification (multiple housing complaints, excessive damage or failure to maintain housing, etc.).** Additionally, please verify that the above provider is residing in approved living quarters (Townhouse, 1<sup>st</sup> floor tower/garden apartment).

Sponsor: \_\_\_\_\_

Other Household members over twelve years: \_\_\_\_\_

3. Navy owned, leased or public private venture (PPV) housing units in which CDH is provided shall not be subject to activities which cause accelerated deterioration of the units due to child care activity. Negligent action that causes damage or accelerated deterioration may result in revocation of CDH certification. Housing Office shall notify CDH Monitor of any immediate concerns or decisions to revoke CDH certification.

\_\_\_\_\_  
Monitor, Child Development Homes

-----  
Date: \_\_\_\_\_

FIRST ENDORSEMENT

From: \_\_\_\_\_  
To: Monitor, Child Development Home (N926)

1. A check of all records pertaining to the above named individual(s) disclosed the following:

( ) No record of applicant      ( ) No adverse information  
( ) No record of sponsor      ( ) Adverse information as stated below

2. Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Applicant resides in the following approved housing units:

( ) Townhouse      ( ) Tower/garden apartment      ( ) Tower, floor \_\_\_\_

\_\_\_\_\_  
Signature, Rank/Position

Upon Completion  
FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

DEPARTMENT OF THE NAVY  
NAVAL AIR FACILITY ATSUGI  
MORALE, WELFARE AND RECREATION DEPARTMENT  
PSC 477 BOX 20  
FPO AP 96306

Date: \_\_\_\_\_

FROM: Monitor, Child Development Home (N926)  
TO: Sponsor's Division Officer

Subj: BACKGROUND CLEARANCE FOR CHILD DEVELOPMENT HOME (CDH) APPLICATION

Ref: (a) OPNAVINST 1700.9E

1. As required by reference (a), in-depth background checks are required on all individuals seeking to work with children in our Child Development Program. These background checks are to determine that the individuals in question have not been involved in any misconduct involving children, assertive behavior, substance abuse and larceny.

2. \_\_\_\_\_ has applied to work with children as a CDH Provider. It is requested that all available records pertaining to the applicant and his/her sponsor and ALL Household members 12 years and older be screened of any information that might adversely affect his/her suitability to work with children in our program. **For sponsor's command, please pass to Division Officer for service record check of sponsor mentioned below on information, which may preclude them from CDH certification (i.e., child abuse, family violence, substance abuse, or a criminal offense).**

3. **Please ensure that this screening covers the previous two years and the previous duty station.**

Applicant: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Other Household members over twelve years:

\_\_\_\_\_

\_\_\_\_\_  
Monitor, Child Development Home

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Date: \_\_\_\_\_

FIRST ENDORSEMENT

From: DIVO-\_\_\_\_\_

To: Monitor, Child Development Home (N926)

1. A check of all records pertaining to the above named individual(s) disclosed the following:

<input type="checkbox"/> No record of applicant	<input type="checkbox"/> No adverse information
<input type="checkbox"/> No record of sponsor	<input type="checkbox"/> Adverse information as stated below

2. Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature, Rank/Position

Upon Completion  
FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

**NAVY CHILD AND YOUTH PROGRAMS  
ENGLISH READING COMPREHENSION FORM**

REQUIRING DIRECTIVE OPNAVINST 1700.9

1. Read the following case and answer the questions:

Dear CYP Professional,

The accompanying doctor's note says that Johnny is allergic to milk and milk products. It makes him have a runny nose, a rash, and a cough. Please do not let him have any.

Thanks,  
Johnny's Mother

What is Johnny's problem?

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What does Johnny's mother want you to do?

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Check all the food items Johnny may NOT have:

- ☐ Milk
- ☐ Ice Cream
- ☐ Chicken
- ☐ Cheese

- ☐ Yogurt
- ☐ Apples
- ☐ Vanilla Pudding
- ☐ Green Beans

- ☐ Orange Juice
- ☐ Cottage Cheese
- ☐ Crackers

2. One of the Navy regulations concerning MEDICATION states only prescribed medication labeled with the child's name, medication name, duration, dosage, time and physician's name may be administered. Use this regulation to answer the following questions:

a. Johnny's mother informed you that Johnny woke up with a fever and could you please give him 1 tsp of Tylenol she purchased this morning? What do you do and why?

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**NAVY CHILD AND YOUTH PROGRAMS  
ENGLISH READING COMPREHENSION FORM**

REQUIRING DIRECTIVE OPNAVINST 1700.9

The following is a sample medicine bottle label:

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LOCAL CLINIC

123456	Dr. Green, Harry
Smith, Jacob	
Give orally 3x daily, 1/2 hour before meal times. Keep refrigerated.	
Penicillin 5 ml	
No Refills	QTY: 50 ml
1/14/07	

-----

b. Where should you store the medicine?

\_\_\_\_\_

c. If you serve lunch at 11:00, what time do you give the medicine to the child?

\_\_\_\_\_

d. What is the name of the medicine the patient is taking?

\_\_\_\_\_

e. Jacob's mom tells you to administer the medicine to Jacob's sister because she is pulling at her ears too. What do you tell her and why?

\_\_\_\_\_

\_\_\_\_\_

3. Navy regulation concerning SAFETY states cleaning substances shall be stored out of the reach of children. Medication shall be stored out of sight and inaccessible to children. The medication shall be stored away from food and at the proper temperature. Medication containers shall include child-resistant caps. Use this regulation to answer the following questions:

a. Your cleaning supplies are stored in a cabinet above the washer and dryer. Is that acceptable? Why or why not?

\_\_\_\_\_

\_\_\_\_\_

b. Your medicines are stored in a hall closet on the top shelf. Is that acceptable? Why or why not?

\_\_\_\_\_

\_\_\_\_\_

4. A Navy regulation concerning APPROVED SUBSTITUTE PROVIDER states she/he must be a military dependent 18 years of age or older, certified in CPR and First Aid, has completed the two (2) hours training course in Child Abuse Neglect and local background checks, and is approved to provide substitute care in a certified CDH provider's home. Certified CDH providers may also serve as approved substitute providers. Use this regulation to answer the following questions:

- a. Your mother is visiting and you have to go to the grocery store for a few minutes while you are watching CDH children. You leave the children with your mother. Is that acceptable? Why or why not?

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- b. You have a doctor's appointment and you call another certified provider to watch your CDH children? Is that acceptable? Why or why not?

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5. On the next page is a sample list of EMERGENCY TELEPHONE NUMBERS listed by housing areas. You live in Housing Area Two. Read the list and answer the following questions:

- a. A child in your care needs to go to the hospital immediately. What number do you call? \_\_\_\_\_

- b. There is a fire in your kitchen. After getting the children out, what number do you call? \_\_\_\_\_

- c. A child looks like he may have chicken pox. You need help in deciding if he does. Who can you call? \_\_\_\_\_

**NAVY CHILD AND YOUTH PROGRAMS  
ENGLISH READING COMPREHENSION FORM**

REQUIRING DIRECTIVE OPNAVINST 1700.9

<b>EMERGENCY PHONE NUMBERS</b>			
	<b>Housing Area One</b>	<b>Housing Area Two</b>	<b>Housing Area Three</b>
Military Information	471-7110	471-7110	471-7110
Ambulance/Emergency	471-7116	684-7116	655-7116
Base Police	474-1237	684-6222/3	653-0000
Child/Spouse Abuse	471-9458	684-8248	653-0208
Crisis Hotline	521-4555	521-4555	521-4555
Family Service Center	474-4222	684-7290	653-0203
Fire Department	471-7117	471-7117	471-7117
Pediatric Clinic	471-1880	684-6245	653-5340
Poison Control Center	941-4411	941-4411	041-4411
<b>Preventive Medicine</b>	<b>471-2212</b>	<b>471-2212</b>	<b>471-2212</b>
<b>Family Advocacy</b>	<b>471-9458</b>	<b>684-8248</b>	<b>653-0208</b>
<b>Child Protective Services</b>	<b>832-5300</b>	<b>853-5300</b>	<b>832-5300</b>