



Air Force Family Child Care License Application Continuation Statement of Conviction

In accordance with Department of Defense Instruction (DODI) 1402.5, *Criminal History Background on Individuals in Child Care Services*, paragraph E7.4.1, Family Child Care (FCC) Provider Applicants, all adults, and all children 12 years and older, who reside in the household will answer the questions listed below.

FCC Applicant's Name	_____	Spouse's Name	_____
Household Member #1's Name	_____	Household Member #2's Name	_____
Household Member #3's Name	_____	Household Member #4's Name	_____

1. Have you ever been arrested for or charged with a crime involving a child?

Applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member #1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Household Member #2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member #3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Household Member #4	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Have you ever been asked to resign because of or been decertified for a sexual offense?

Applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member #1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Household Member #2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member #3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Household Member #4	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DISCLOSURE: In accordance with DODI 1402.5, paragraph E7.4.2, we understand by signing below we are signing under penalty of perjury. In addition, a false statement rendered may result in adverse action up to and including removal as a FCC Provider.

Applicant's Signature _____	Date _____
Spouse's Signature _____	Date _____
#1 Household Signature _____	Date _____
#2 Household Signature _____	Date _____
#3 Household Signature _____	Date _____
#4 Household Signature _____	Date _____

In accordance with Air Force Instruction 34-276, *Family Child Care Program*, paragraph, A5.36.4, "There is no evidence of illegal drug use, child abuse, or domestic violence current or past in the household. The provider reports any such incidents to the FCC Coordinator." My signature below verifies there has been no current or past illegal drug use, child abuse, or domestic violence in our household. I agree to report any such incidents or knowledge of previous and/or future incidents to the FCC Coordinator.

Applicant's Signature _____	Date _____
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If you answered yes to either question #1 or #2 above, please provide a description of the case disposition below. If there is a current or past incident of illegal drug use, child abuse or domestic violence, please provide a brief description of below: