Department of the Navy
Morale, Welfare & Recreation Department
Child Development Homes Program, Code N9252
915 North Road
Pearl Harbor, Hawaii 96860-4456
Telephone: (808) 471-8444
Facsimile: (808) 471-8442

CERTIFICATION PROCESS

Requirements For Provider Candidate Prior To Initial Certification:

a. Authorized resident in Navy housing who possesses the skills and training required to perform his/her duties.

b. The sponsor of the applicant and all other family members residing in the home will approve of the service being offered.

c. Adult family members and individuals regularly present in the CHILD DEVELOPMENT HOMES PROGRAM (CDH) home during operating hours will be stable, mature, and of good reputation.

d. Any person residing in a CDH home may not use alcohol, drugs, or smoke during child care hours or prior to child care when the residual or permanent effects may continue into child care hours. CDH Providers may not use prescription drugs while caring for children if the drug makes them drowsy or unable to perform childcare giving or make responsible decisions such as acting in an emergency.

e. Applicants must be free of communicable diseases.

f. There will not be conviction of, admission to, or evidence of, an act of child battery, child abuse, child molestation, child neglect or use of illegal drugs by any person operating as a CDH Provider or living in a CDH home. All applicants will be required to sign a statement of admission based on this information. Applicants who have had a case of substantiated child abuse/neglect will not be considered for certification. Applicants who have had a case of substantiated spouse abuse/neglect within 2 years of application also will not be considered for certification. If the spouse abuse/neglect was prior to 2 years, all parties will have to show proof of attending recommended counseling. All cases will be reviewed by the QRB prior to certification decision.

g. CDH Providers must be able to speak, read, and write English to the extent that they are able to execute health and safety directives. They must be able to implement developmental activities for children effectively.

h. The CDH Provider must not hold another job either full or part time during the hours the CDH home is in operation. Operation of businesses on the premises such as sewing, the sale of cosmetics, jewelry, cleaning agents, household items, insurance, etc., will not occur while children are in care.

INITIAL CERTIFICATION

The certification process involves the completion of various requirements outlined below:

a. The Child Development Homes Program (CDH) application packet must be completed with sponsor's approval, three references which verify ability to properly care for children, completed Statement of Admission, and background check form signed by applicant and sponsor. The background check will be sent to Family Advocacy, Fleet & Family Readiness Support Center, Base Security, Substance Abuse Rehabilitation Program & Forest City Residential Management.

b. Interview in the Provider's home with spouse and other family members to determine suitability and appropriateness of the family for working with children.

c. Providers need to obtain a health card from Preventive Medicine. All family members shot records with necessary immunizations and PPD need to be turned in prior to attending the CDH Orientation. A copy of your spouse's PPD can be copied from his/her medical records.

   (1) Call the Preventive Medicine Department central appointment line at 471-8066 ext 348. Tell the operator your need to make an appointment to have a medical clearance card done for the Child Development Homes Program. Please note that these appointments are only made on Monday and Wednesdays between hours 0800-1100 only. If you should have any questions please call Preventive Medicine at the above mentioned number.

   (2) Take your medical records and shot record to Preventive Medicine to obtain your medical clearance. *DO NOT TAKE CHILDREN TO CLINIC.*

d. Make known to the CDH Program any medical problems that may interfere with his/her ability to provide child care. The CDH provider may be requested to supply a statement from a physician as to his/her ability to provide child care.

e. Complete CDH Orientation.

   (1) Attend all training workshops. *YOU CANNOT BRING CHILDREN.*

   (2) Program Introduction / Fire Safety / Child Development / Positive Guidance / Child Abuse and Neglect

   (3) USDA Food Program / Food Sanitation / Preventive Medicine / Health & Safety

   (4) Business Practices and Hawaii General Exise Tax ($20.00 fee for GE tax license) / Planning Daily and Weekly Schedules and Activities

   (5) Successful completion of CPR **(Adult, Child , Infant)** & First Aid courses are required prior to accepting child in care. Please contact **Hickam/Pearl Harbor American Red Cross at 449-0166** to schedule your training. The classes are offered on the 1st and 3rd Saturday of the month. The classes fill quickly, so be sure to call early. Alternative American Red Cross offices: Schofield Barracks at 655-4927 or Kaneohe Bay Marine Corps Base at 257-8848.

(6) Home Assessment & Module Training Program / Family Style Dining / Discussion and Self Assessment

f. Successfully pass all background checks or verifications from CDH Director, Forest City Residential Management, Fleet & Family Readiness Support Center, Family Advocacy, Substance Abuse Rehabilitation Program, CNIC and Division Officer. Meet and pass inspections of home conducted by CDH Monitor, Fire Prevention, and Preventive Medicine.

g. Turn in 2 fingerprint cards that can be obtain from Base Security office by application due date.

h. Purchase liability insurance through the CDH Office. Liability insurance can be purchased after successfully passing all background checks including NAC and completion of all training requirements and inspections. Certificate will not be issued until liability insurance is purchased. Insurance must be renewed every six months or yearly (depends on how you purchase the insurance policy).

i. Provide a copy of automobile insurance cared with date of coverage and expiration date.

j. Provide at least 2 names, phone numbers and addresses of back up providers.

k. Provide emergency plans for fire. A copy of fire evacuation plan must be posted at each exit.

l. Equip home with fire extinguisher, smoke detector, a working flashlight, and a first aid kit. *Child proof your home.*

m. Animals are permitted in the CDH provided you provide proof of pet immunizations with a currant Pet Health Certificate from a veterinarian that your pet is certified and free of diseases that could endanger the health of children. This document(s) is required prior to accepting any children in care. Animals are restricted to domestic animals such as cats, dogs, aquarium fish, terrarium inhabitants such as frogs and small caged mammals such as hamsters, guinea pigs, mice, gerbils, and rabbits.

n. Initial and sign CDH Self-Assessment Agreement.

o. The CDH Director will forward the CDH application to the Quality Review Board showing approval from all agencies and completion of all requirements. The QRB will recommend approval or denial of certification to the Commanding Officer. Providers shall post the CDH certificate in the home where it is visible to parents. Certification must be renewed annually.

p. Upon receiving your certification the CDH monitor make unannounced monthly visits to your home to ensure that children are safe and to assist you with providing high quality child care. During these visits feel free to ask questions, ask for advice or new ideas.

Navy Child Development Homes Program

PROVIDER APPLICATION

Please fill in the application completely. Areas marked with a gray highlight need a code that can be obtain in the office from a CDH staff.

PROVIDER INFORMATION:

Name _____ Home Phone _(_____)_____
Last First Middle Initial

Address _____ Cell Phone _(_____)_____

City _____ State _____ Zip _____ Date of Birth _____/_____/_____
Mon/Day/Year

ID # _____-_____-_____ Place Of Birth: City _____ State _____

Maiden Name _____ Alias _____ Tax ID # _____-_____

Email address _____

BACKGROUND INFORMATION:

Previous Military Service? ☐ Yes, Military Branch _____ ☐ No

Are you involved in any home business operation, or do you have a second job outside of the home?

☐ Yes, Business Name _____ ☐ No

Do you have any medical condition, or are you currently taking any medication that may affect child care?

☐ Yes, Medication(s) _____ ☐ No Please explain below:

_____

_____

_____

EDUCATION:

☐ High School ☐ Associates ☐ Bachelors ☐ Masters ☐ PhD ☐ Other College Years if no Degree _____

CERTIFICATIONS AND EXPERIENCE:

Check all that apply:

☐ Previously Certified, if yes specify: ☐ Military Branch _____, Duty Station _____

☐ Previously Denied, Suspended, or Revoked ☐ Military Branch _____, Duty Station _____

☐ Certified by State _____ Previous Experience: _____

☐ CDA, Certificate Date _____ ☐ Module Completion, Certificate Date _____ ☐ Home Accredited

SPONSOR INFORMATION:

Name _____ Home Phone _(_____)_____
Last First Middle Initial

Duty Station _____ Other Phone _(_____)_____

Work Address _____ Date of Birth _____/_____/_____
Mon/Day/Year

City _____ State _____ Zip _____ Place Of Birth _____

Military Status: ☐ Active ☐ Active Reserve ☐ National Guard ☐ Retired ☐ DOD

Branch: ☐ Navy ☐ Marine ☐ Army ☐ Coast Guard ☐ Air Force Grade _____

ID # _____-_____-_____ Rank _____

FAMILY MEMBERS: (List all household members other than yourself and sponsor.)

Name _____ Relation _____
Last First Middle Initial

School _____ Date of Birth _____/_____/_____
Mon/Day/Year

Place Of Birth: City _____ State _____

Name _____ Relation _____
Last First Middle Initial

School _____ Date of Birth _____/_____/_____
Mon/Day/Year

Place Of Birth: City _____ State _____

Name _____ Relation _____
Last First Middle Initial

School _____ Date of Birth _____/_____/_____
Mon/Day/Year

Place Of Birth: City _____ State _____

If additional family members need to be listed please ask for an additional form.

Navy Child Development Homes Program
PROVIDER APPLICATION

Applicant's Name: _____ Home Phone: _____

PERSONAL REFERENCES: List the names and addresses of 3 people, other than relatives, who the Navy can contact for references. These individuals should know you personally and be willing to certify to the applicant's character, ability, and experience. These people should also complete one of the attached Personal Reference Sheets.

	Name	Address
1-	_____	_____
2-	_____	_____
3-	_____	_____

EMPLOYMENT REFERENCES: List the names and phone numbers of 3 previous supervisors that we may contact.

	Supervisor Name	Phone Number
1-	_____	_____
2-	_____	_____
3-	_____	_____

STATEMENT OF APPLICATION: I hereby apply to the Child Development Homes Program to become a certified child care provider for the U.S. Navy. I understand that in order to provide child care services in my home all standards contained in OPNAVINST 1700.9 series and all other Child Development Homes Program requirements must be met. I further understand that upon certification, my name will be referred to parents who will then contact me directly regarding child care services.

_____ _____

Applicant's Signature Date

Navy Child Development Homes Program

PERSONAL REFERENCE SHEET

APPLICANT NAME: _____ DATE: _____

Applicant has applied for certification as a Navy Child Development Homes Program (CDH) Provider. This reference is a means to assess the ability of the applicant to provide for the physical, social, emotional and intellectual needs of young children in a caregiving situation within his/her own home.

****

CHARACTER REFERENCE INFORMATION

To your knowledge, does this individual:

1. Have the stamina, patience and capability to care for children for sustained time periods? Yes[ ] No[ ] N/A[ ]
2. Show evidence of reputable character? Yes[ ] No[ ] N/A[ ]
3. Speak, read and write English to the extent he/she can execute health and safety directions and can plan program activities for children? Yes[ ] No[ ] N/A[ ]
4. Show any evidence of mental health problems, which could adversely affect the health, or safety of children in care? Yes[ ] No[ ] N/A[ ]
5. Hold another job, either full time or part time during the hours children would be in care? Yes[ ] No[ ] N/A[ ]
6. Act responsibly in crisis situations? Yes[ ] No[ ] N/A[ ]
7. Maintain a safe and sanitary home? Yes[ ] No[ ] N/A[ ]
8. Has there been any conviction of, admission to, or substantive evidence of child abuse or neglect; use of illegal drugs or alcohol abuse by this individual or any resident of the CDH home? Yes[ ] No[ ]
9. Why would this person be an asset to the CDH Program?

   _____

****

REMARKS: Explain any [Yes] answers to items 4,5,8 and [No] answers to items 1,2,3,6,7. Additional information relevant for the purposes of this personal reference request may be provided in the space below or on the reverse side of this form.

Print Name:_____

Signature:_____

Address:_____

Phone Number:_____

Date:_____

Navy Child Development Homes Program

PERSONAL REFERENCE SHEET

APPLICANT NAME: _____ DATE: _____

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2. Show evidence of reputable character? Yes[ ] No[ ] N/A[ ]
3. Speak, read and write English to the extent he/she can execute health and safety directions and can plan program activities for children? Yes[ ] No[ ] N/A[ ]
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   _____

****

REMARKS: Explain any [Yes] answers to items 4,5,8 and [No] answers to items 1,2,3,6,7. Additional information relevant for the purposes of this personal reference request may be provided in the space below or on the reverse side of this form.

Print Name:_____

Signature:_____

Address:_____

Phone Number:_____

Date:_____

Navy Child Development Homes Program

PERSONAL REFERENCE SHEET

APPLICANT NAME: _____ DATE: _____

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1. Have the stamina, patience and capability to care for children for sustained time periods? Yes[ ] No[ ] N/A[ ]
2. Show evidence of reputable character? Yes[ ] No[ ] N/A[ ]
3. Speak, read and write English to the extent he/she can execute health and safety directions and can plan program activities for children? Yes[ ] No[ ] N/A[ ]
4. Show any evidence of mental health problems, which could adversely affect the health, or safety of children in care? Yes[ ] No[ ] N/A[ ]
5. Hold another job, either full time or part time during the hours children would be in care? Yes[ ] No[ ] N/A[ ]
6. Act responsibly in crisis situations? Yes[ ] No[ ] N/A[ ]
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9. Why would this person be an asset to the CDH Program?

   _____

****

REMARKS: Explain any [Yes] answers to items 4,5,8 and [No] answers to items 1,2,3,6,7. Additional information relevant for the purposes of this personal reference request may be provided in the space below or on the reverse side of this form.

Print Name:_____

Signature:_____

Address:_____

Phone Number:_____

Date:_____

Navy Child Development Homes Program

APPLICANT AGREEMENTS

Applicant's Name: _____ Home Phone: _____

STATEMENT OF APPLICATION

I hereby apply to the Child Development Homes Program to become a certified child care provider for the U.S. Navy. I understand that in order to provide child care services in my home all standards contained in OPNAVINST 1700.9 series and all other Child Development Homes Program requirements must be met. I further understand that upon certification, my name will be referred to parents who will then contact me directly regarding child care services.

_____ _____

Applicant's Signature Date

OPNAVINST/COMNAVBASEPEARLINST AGREEMENT

In accordance with OPNAVINST 1700.9 series and COMNAVPEARLINST 1754.1 series, it is required that I be permitted to establish a Child Development Homes Program in my military family quarters. I will comply with the rules and regulations established governing military family housing. Additionally, I will be responsible for all damages to family quarters determined to be beyond "normal wear and tear."

_____ _____

Applicant's Signature Date

AUTO AND PERSONAL LIABILITY UNDERSTANDING

In accordance with OPNAVINST 1700.9 series, all Child Development Homes Program Providers using private vehicles must carry vehicle liability insurance (no fault insurance). You must supply our office with a current copy of your Hawaii No Fault insurance card.

All certified Child Development Homes Program Providers shall have personal liability insurance. Liability insurance is available for certified providers through AVEX International, as well as Morgan & Associates. You may contact the Child Development Homes office for further information concerning fees and coverage.

The signed statement acknowledges that I have been advised of the above requirement.

_____ _____

Applicant's Signature Date

Navy Child Development Homes Program
BACKGROUND CHECK

FOR CDH USE ONLY
Initial Application

Sent: _____

Rec'd: _____

AUTHORIZATION FOR RELEASE OF INFORMATION TO NAVY CHILD DEVELOPMENT HOMES PROGRAM

Privacy Act Statement

Under the provisions of the Privacy Act of 1974, the Social Security numbers of the Child Development Homes Program provider applicant and his/her military sponsor are requested. This information will be used by the Child Development Homes Program in accomplishing all purposes encompassed by OPNAV INSTRUCTION 1700.9 series, including background checks, to determine if the applicant meets the qualifications required. Disclosure of this information is voluntary, however, failure to do so will result in disapproval of the application to provide child care in Navy housing.

1. I authorize the following organizations to release personal information to the Child Development Homes Program for the purpose of accomplishing a background check:

   a. Family Advocacy
   b. Base Security
   c. Substance Abuse Rehabilitation Prog.
   d. Forest City Residential Management
   e. CNIC

2. I understand that the documentation and information obtained for this background check will be exempt form various provisions of the Freedom of Information Act (5USC 552) and the Privacy Act (5USC 552a). The information will not be divulged to the applicant/sponsor in violation of these statutes.

3. Have you been on active duty/reserve status? No _____ Yes _____ Type of Discharge _____

Applicant (Printed Name)		Social Security Number
Home Street Address, City, Zip Code		Birth Date
Housing Area	Phone	Place of Birth
Signature	Date	Former Names
Sponsor (Printed Name)	Branch	Social Security Number
Duty Station	Phone	Birth Date
Duty Station Address		Place of Birth
Signature	Date	Former Names

Name and Social Security numbers of other household members over twelve years of age.

_____

_____

_____

_____

CHILD DEVELOPMENT/YOUTH PROGRAMS CONDITION OF EMPLOYMENT

STATEMENT OF ADMISSION

THIS FORM MUST BE COMPLETED PRIOR TO EMPLOYMENT/FCC CERTIFICATION

PRIVACY ACT STATEMENT: 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/family child care 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.

Applicant_____ SSN_____

Military Sponsor_____ SSN_____
Military Sponsor Only

Address_____

City_____ State_____ Zip_____ Phone_____

MY SIGNATURE VERIFIES THAT THE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant's Name (print)	Applicant's Signature	Date

Spouse's Signature	Date

Have you ever been arrested or charged for a crime involving a child victim, a sex crime, a substance abuse felony, or a violent crime?

Applicant: (Circle one) Yes No

Have you ever been asked to resign a position or been decertified from a position for a sexual offense?

Applicant: (Circle one) Yes No

If yes, to either question, please provide a detailed description of the arrest or charge and the disposition of the case. Use the back of this paper if additional writing space is needed.

_____
_____
_____
_____
_____
_____
_____
_____

NAVPERS 1700/1 (7-00)

STATEMENT OF ADMISSION (cont'd)

APPLICANTS for the Family Child Care Program are to provide the following information for total family background clearances.
List all family members, over the age of 12 years, residing in your household.

NAME	AGE	SOCIAL SECURITY NUMBER

Have any of your family members ever been arrested or charged for a crime involving a child victim, a sex crime, a substance abuse felony, or a violent crime?

(Circle one) Yes No

Have any of your family members ever been asked to resign a position or been decertified from a position for a sexual offense?

(Circle one) Yes No

If yes to either of these question, please provide a detailed description of the arrest or charge and the disposition of the case.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

FOR OFFICIAL USE ONLY (Person verifying this statement of admission)

Name (print)	Signature

Title	Date

NAVPERS 1700/1(7-00)

FOR CDH USE ONLY
Initial Application

Sent: _____

Rec'd: _____

Navy Child Development Homes Program

DIVISION OFFICER FORM

AUTHORIZATION FOR RELEASE OF INFORMATION TO NAVY CHILD DEVELOPMENT HOMES PROGRAM, PEARL HARBOR, HAWAII

Privacy Act Statement

Under the provisions of the Privacy Act of 1974, the Social Security numbers of the Child Development Homes Program provider applicant and his/her military sponsor are requested. This information will be used by the Child Development Homes Program Coordinator in accomplishing a background check to determine if the applicant meets the qualifications required by OPNAV INSTRUCTION 1700.9 series. Disclosure of this information is voluntary, however, failure to do so will result in disapproval of the application to provide child care in Navy housing.

1. I authorize the following Division Officer to release personal information to the Navy Child Development Homes Program Coordinator for the purpose of accomplishing a background check:

   _____
   Division Officer Name

2. I understand that the documentation and information obtained for this background check will be exempt from various provisions of the Freedom of Information Act (5 USA 552) and the Privacy Act (5 USC 552a). The information will not be divulged to the applicant/sponsor in violation of these statutes.

Print Name of Applicant		Social Security Number
Home Address		Date of Birth
Housing Area	Phone Number	Place of Birth
Applicant Signature	Date	Former Names
Printed Name of Military Sponsor	Branch of Service	Social Security Number
Duty Station	Phone Number	Date of Birth
Duty Station Address		Place of Birth
Sponsor Signature	Date	Former Names

Name and Social Security Numbers of other household members over twelve years of age.

_____

Child Development Homes Program

DIVISION OFFICER FORM

Provider/Family Background Check Information

From: **Navy Child Development Homes Program Coordinator, Pearl Harbor**
To: **Division Officer**

Subject: **Background Checks for Navy Child Development Homes Program (CDHP) Applicants**

1. The active duty member and spouse have applied for certificate from the Commanding Officer, Pearl Harbor, to provide child care in their assigned government quarters. These residents have given permission for the CDHP staff to check for information in their records that would preclude them from CDHP certification, i.e., child abuse, family violence, substance abuse or a criminal record.

2. Please check the service member's records for any of the above mentioned incidents and complete one of the statements below and return this form to the CDHP office via the mail.

a. The records of _____ show no documentation of child abuse, family violence, substance abuse or a criminal record.

b. The records of _____show documentation of _____ on date _____.

3. Please list any other issues that you feel might interfere with the applicant providing a safe, healthy environment for children in a day care setting.

_____

_____

_____

4. For any questions and or concern, please call Navy Child Development Homes Program at 471-8444.

Person verifying background check:

_____
Print Name and Title Date

_____
Signature

Please return results to:
Morale, Welfare & Recreation Department
Child Development Homes Program, Code N9252
915 North Road
Pearl Harbor, Hawaii 96860-4456

Provider Application Checklist:

- ☐ Obtain health card from Preventive Medicine and turn in a copy to the office.
- ☐ Turn in a current copy of PPD shot for all family members over the age of 12.
- ☐ Turn in all family members (under the age of 12) registration cards, full shot record, family profiles, and POA.
- ☐ Successfully complete Adult, Infant & Child CPR & First Aid courses and turn in a copy of each card to the office.
- ☐ Turn in set of fingerprint cards by _____.
- ☐ Provide a copy of automobile insurance with date of coverage and expiration date.
- ☐ Work on fire evacuation floor plan.
- ☐ Collect items for First aid kit and have an accessible working flashlight.

10 Band Aids	Disposable latex gloves (in a Ziploc)
Gauze Pads	Scissors
Surgical Tape	Ice Pack
Rolled Gauze	Anti Bacterial Soap/Baby Wipes
Tweezers	Thermometer

- ☐ Provide proof of pet immunizations with a current Pet Health Certificate and turn in a copy to the office.
- ☐ Read *Provider Handbook*.
- ☐ Read *Healthy Kids Keep Everybody Healthy*. Your assigned Monitor will provide you with a copy at your home interview.