



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Helping people. It's who we are and what we do.



CONSENT AND RELEASE FORM FOR FINGERPRINTING AND CRIMINAL HISTORY REVIEW

A memo will not be issued without this form.

You must complete this form when originally hired and when changing child care facilities, being rehired or obtaining a new background check. Your original background check should take place in the jurisdiction where you will be employed. Child Care Licensing requires a new background check every five years.

As an actively participating provider within subsidy programs, you are required to complete this form and the processes that follow.

I, _____, understand that as an employee, applicant, licensee or resident of certain child care programs that in accordance with the Child Care and Development Fund (CCDF) (a.k.a. the Child Care and Development Block Grant (CCDBG) Act (Title 42 United States Code (U.S.C.) §9858(f)) and Nevada Revised Statute (NRS) 432A.175, states shall have requirements, policies and procedures to require all licensed, regulated and registered child care providers to conduct a comprehensive criminal background check upon all current and prospective employees who are employed by a child care provider for compensation or whose activities involve unsupervised access to children who are cared for by the child care provider. Nevada Administrative Code (NAC) 432A.200(4)(a) requires fingerprinting be completed and submitted within **24 hours after date of hire, or date of registration if you are a subsidy provider, and every 5 years thereafter.**

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are stated herein. Notice must be provided to you in writing pursuant to the Privacy Act of 1974(5 U.S.C. §552a), and 28 Code of Federal Regulations (CFR) 50.12, among other authorities.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include federal law, state law, and presidential executive orders. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Child Care Licensing

3811 W. Charleston Blvd. Suite 210 • Las Vegas, Nevada 89102
702-486-3822 • Fax 702-486-6660 • dwss.nv.gov

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose, you have the following rights:

1. The fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI) and the Nevada Criminal History Repository.
2. You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
3. You must be provided with the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
4. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
5. If the agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the agency policy does not permit it to provide you with a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
6. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
7. You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

By completing this form, I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions, or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

Child Care Licensing

3811 W. Charleston Blvd. Suite 210 • Las Vegas, Nevada 89102
702-486-3822 • Fax 702-486-6660 • dwss.nv.gov

Name of Childcare Facility (where applying/Employed) or Subsidy Program:

Facility/Subsidy Program Physical Address:

Street *City* *State* *Zip Code* () - *Phone Number*

Your Name: _____
Last *First* *Middle*

Maiden Name, Nicknames, and other names used: _____

Your position at the above facility and/or Subsidy Program is (please check):

- Owner Director Staff Member(title): _____ Cook Driver Resident
- Volunteer Subsidy Provider Practicum Interim: (dates) _____
- Other(position) _____

Do you have any scars, marks or tattoos? (if yes, give location and description): _____

Social Security Number: _____

Have you resided in Nevada for the last 5 years? Yes No If "no" please list the state(s) you resided in:

If you have not resided in Nevada for the past 5 years, you will be required to obtain your own Criminal History and Child Abuse and Neglect report from the state in which you resided, within 90 days of hire.

Are you a U.S. Citizen? Yes No If not a US Citizen, what is your citizenship? _____

Current Address: _____
Street *City* *State* *Zip Code*

Mailing Address: _____
Street *City* *State* *Zip Code*

Home Phone: _____ Cell Phone Number: _____

Email Address: _____

Eyes: _____ Hair: _____ Weight: _____ Race: _____ Sex: _____

Birthdate: ____/____/____ Birthplace: _____

This form must be completed and accurate. Failure to comply may result in a rejected Application.

- 1. Have you ever had a substantiation(validation) of child abuse and neglect?** Yes No
If yes, please explain: _____
Date of Charge: _____
- 2. Do you have pending charges/warrants against you?** Yes No Dates/Charges: _____
If yes, please explain: _____
- 3. Check any of the following which apply, past or present** (if additional space is needed use the back of this page):
Conviction(s): Yes No Date(s) of Conviction: _____
Arrest(s): Yes No Date(s) of Arrest: _____
Charge(s): Yes No Date(s) of Charges: _____
Citation(s): Yes No Date(s) of Citation: _____

Reference NRS432.170 – Convictions which may prevent employment in child care. List all arrests, including other states, even if the charges were dropped or dismissed. Please attach a separate page if extra space is needed.

| DATE | CHARGE | ARRESTING AGENCY | CITY/STATE | DISPOSITION |
|-------|--------|------------------|------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

I do hereby agree to the above stated conditions and terms and certify that the above information is true and correct.

Signature: _____

Date: _____

Applicant

Hire Rehire Renewal FFN

My signature below indicates that I have reviewed the arrests shown above, if any.

Parent/Guardian Signature: _____

Date: _____

My signature below indicates that I have reviewed the arrests shown above, if any.

Signature: _____

Date: _____

Director/Owner/FFN Representative

Please take this form with you when getting fingerprinted.

FINGERPRINTING AGENCY:

Witness: _____

Date: _____

Signature of Official Taking Prints

Fingerprinting must be completed and submitted within **24 hours of hire and every 5 years thereafter**. Make a copy of this form for your records and return the completed forms to the facility in order to be uploaded into the Nevada Automated Backgrounds System (NABS), which can be accessed at <https://ccbgscheck.nv.gov/bcs>.

***Do not send fingerprint cards or money orders to
Child Care Licensing.
They will be returned, which can delay the process***