



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
CHILD CARE LICENSING PROGRAM  
3811 Charleston Blvd., Ste 210  
Las Vegas, Nevada 89102  
Telephone (702) 486-3822 • Fax (702) 486-6660  
<http://dpbh.nv.gov>

**CONSENT AND RELEASE FORM FOR FINGERPRINTING  
AND CRIMINAL HISTORY REVIEW**

A clearance cannot 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. A valid child care work card issued by one jurisdiction may be valid in another jurisdiction without another background check (please consult with law enforcement where you will be employed or call Child Care Licensing). 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 \_\_\_\_\_ (FACILITY NAME) and/or applicant or registrant for \_\_\_\_\_ (SUBSIDY PROGRAM),

I am required to be fingerprinted and to undergo a criminal record review pursuant to NRS 432A.175. 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. I do hereby consent to be fingerprinted and agree to the following conditions and terms:

1. The fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), the Nevada Criminal History Repository, and the Child Abuse and Neglect System (CANS).
2. I hereby authorize the FBI, the National Sex Offender Repository, Nevada Criminal History Repository, and/or other local/national law enforcement agencies and Child Protective Services agencies to release criminal history information and CANS history to Child Care Licensing.
3. All information provided to Child Care Licensing is confidential, as relating to a third party or entity.
4. I hereby authorize the Nevada Criminal History Repository to retain a fingerprint card in the central repository's master file for the sole purpose of identifying same against subsequent disqualifying criminal arrest and I authorize the Nevada Criminal History Repository to release criminal history information to Child Care Licensing in accordance with dissemination restrictions as provided for in the Nevada Revised Statutes.
5. I may be suspended, terminated, or disqualified from employment/FFN participation, and/or licensure based on the findings of the criminal record review consistent with applicable laws and regulations or on the findings of the Child Abuse and Neglect System.
6. I understand that I may review the challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.
7. This waiver and its authority is valid until such time as the applicant is no longer licensed and/or employed at a child care facility.
8. 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.

Name of child care facility (where applying/employed) or Subsidy Program: \_\_\_\_\_

Telephone number at the above facility: \_\_\_\_\_

Facility/Subsidy Program physical address: \_\_\_\_\_

*Street City State Zip Code*

Name of Nevada child care facility where you worked previously

Last date worked at facility

Your name: \_\_\_\_\_

*Last First Middle*

Maiden name, nickname, 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  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 not, list the States you have resided in: \_\_\_\_\_

If you have not resided in the State of Nevada for the past 5 years you will be required to complete the attached Out of State Verification Form within 90 days of hire.

Are you a U.S. Citizen?  Yes  No

If not a U.S. citizen, what is your citizenship? \_\_\_\_\_

Street address: \_\_\_\_\_

*Street City State Zip Code*

Mailing address: \_\_\_\_\_

*Street City State Zip Code*

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

This form must be complete 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, explain: \_\_\_\_\_  
Date of charge: \_\_\_\_\_

2. Do you have pending charges/warrants against you? Yes  No  Dates of charges/warrants: \_\_\_\_\_

If yes, 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 of conviction: \_\_\_\_\_

Arrest(s): Yes  No  Date of arrest: \_\_\_\_\_

Charge(s): Yes  No  Date of charge: \_\_\_\_\_

Citation(s): Yes  No  Date 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: \_\_\_\_\_ (Check Below)

*Applicant*

Hire  Rehire  Renewal  FFN

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

Signature: \_\_\_\_\_

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

*Director/Owner/FFN Representative*

LAW ENFORCEMENT 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 mail or fax to:

State of Nevada – DPBH  
Attention: Background Investigations  
Child Care Licensing Program  
727 Fairview Drive Ste E  
Carson City, NV 89701  
Fax: 775-684-4464

*\*Do not send fingerprint cards or money orders to this address. They will be mailed back to you\**

BRIAN SANDOVAL  
Governor



JULIE KOTCHEVAR, Ph.D.  
Interim Administrator

RICHARD WHITLEY, MS  
Director

LEON RAVIN, M.D.  
Acting Chief Medical Officer

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**Out of State Background Verification Form**

**\*\*This Form must be received by Child Care Licensing within 90 days of hire\*\***

Date of Completion: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Facility: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Were you able to obtain a Criminal History Background Check and a Child Abuse and Neglect Check from previously lived in State(s)?**       Yes       No       N/A

If yes, please attach any and all documents received. If not, please explain: \_\_\_\_\_

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

**\*\* The State of Nevada does not currently have a comprehensive list of Out of State Criminal Agencies, however please see the following link from Florida: <http://www.dcf.state.fl.us/programs/backgroundscreening/docs/BackgroundScreening-CHR-AHContact-List.pdf>**

List the agency/person you spoke with and their contact information regarding this matter:

Person Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Agent/Agency Phone: \_\_\_\_\_ Agency Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary