



## Community-Based Living Arrangement Services Employee Background Check Instructions

On Dec. 19, 2018, LCB File No. R134-18 amending Chapter 433 of Nevada Administrative Code (NAC) became effective. LCB File No. R134-18 requires that all Community-Based Living Arrangement Services (CBLAs) complete a criminal history background check on each employee, independent contractor or adult who is not a recipient of services who will be present during the provision of services. Each of the above-mentioned individuals must be fingerprinted and have the fingerprints submitted to the Central Repository for Nevada Records of Criminal History within 10 days of hire and repeated every 5 years.

**STEP 1:** Each CBLA provider must establish an account with the Department of Public Safety (DPS) so fingerprint-based criminal history background checks can be conducted on each employee/ independent contractor or any adult who will be present during the provision of services per LCB File No. R134-18. Contact DPS at **775-684-6262** and indicate you are a CBLA provider requesting to set up an account. Once DPS has provided notification that your account has been approved (you receive your DPS account number) you **MUST** begin conducting the required background checks.

**STEP 2:** Have each employee/independent contractor or any adult who will be present during the provision of services:

- 1) Complete the *Fingerprint Background Waiver* form **before going to get fingerprinted.** Keep a copy of all signed and dated forms on file. A copy of the form can be found on the DPS website at:  
[http://rccd.nv.gov/uploadedFiles/gsdnv.gov/content/FeesForms/0505RCCD-003-072017rev\\_Background%20Waiver\\_fillable.pdf](http://rccd.nv.gov/uploadedFiles/gsdnv.gov/content/FeesForms/0505RCCD-003-072017rev_Background%20Waiver_fillable.pdf)
- 2) Complete the *Notice Pursuant to the National Child Protection Act of 1993 as Amended by the Volunteers for Children Act* form **before going to get fingerprinted.** Click here to obtain the form:  
[http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Reg/HealthFacilities/HF\\_-\\_Non-Medical/Community-Based\\_Living\\_Arrangements/NCPA-VCA-ApplicantNotice.pdf](http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Reg/HealthFacilities/HF_-_Non-Medical/Community-Based_Living_Arrangements/NCPA-VCA-ApplicantNotice.pdf)

It is recommended that you have each employee/independent contractor or any adult who will be present during the provision of services attest in writing that he or she has not been convicted of any of the disqualifying crimes listed in this document, before going to get fingerprinted.

**STEP 3:** Send the employee/independent contractor or any adult who is not a recipient of services but will be present during the provision of services to get fingerprinted. Have the

employee complete a Fingerprint Request Form before going to get fingerprinted and bring it with him or her to be fingerprinted. An example template that can be used can be found on the DPS website at:

[http://rccd.nv.gov/uploadedFiles/gsdnvgov/content/FeesForms/Fingerprint Information and Forms/0506RCCD-001-082019rev\\_Fingerprint%20Request%20Form%20\(10%20Jan%202019\).pdf](http://rccd.nv.gov/uploadedFiles/gsdnvgov/content/FeesForms/Fingerprint%20Information%20and%20Forms/0506RCCD-001-082019rev_Fingerprint%20Request%20Form%20(10%20Jan%202019).pdf)

To print a copy of the fingerprint sites to send an individual for fingerprinting go to:

Law Enforcement Fingerprint sites:

[http://rccd.nv.gov/uploadedFiles/gsdnvgov/content/FeesForms/Fingerprint Information and Forms/Fingerprint%20Sites\\_GOVERNMENT.pdf](http://rccd.nv.gov/uploadedFiles/gsdnvgov/content/FeesForms/Fingerprint%20Information%20and%20Forms/Fingerprint%20Sites_GOVERNMENT.pdf)

Private Fingerprint Sites:

[http://rccd.nv.gov/uploadedFiles/gsdnvgov/content/FeesForms/Fingerprint Information and Forms/DPS%20Website%20-%20FP%20sites%2001.18.2019.pdf](http://rccd.nv.gov/uploadedFiles/gsdnvgov/content/FeesForms/Fingerprint%20Information%20and%20Forms/DPS%20Website%20-%20FP%20sites%2001.18.2019.pdf)

**STEP4:** DPS will send you the RAP (record of arrest and prosecution) back record for each individual fingerprinted. You must review the RAP back record to make a determination of employment eligibility based on the disqualifying crimes noted below. Individuals convicted of any of the disqualifying crimes noted below should be terminated from employment or be directly supervised or prohibited from being present in the facility during the provision of services after allowing the person time to correct the information.

If an employee, independent contractor or other adult believes that the information provided in the background check results is incorrect, the employee, independent contractor or other adult may immediately inform the provider. The provider that is so informed shall give the employee, independent contractor or other adult a reasonable amount of time of not less than 30 days to correct the information received from the background check before terminating the employment.

Disqualifying Crimes-

- (1) *Murder, voluntary manslaughter or mayhem;*
- (2) *Assault or battery with intent to kill or to commit sexual assault or mayhem;*
- (3) *Sexual assault, statutory sexual seduction, incest or lewdness or indecent exposure that is punished as a felony, or any other sexually related felony;*
- (4) *A felony involving domestic violence;*
- (5) *A misdemeanor involving domestic violence, within the immediately preceding 7 years;*
- (6) *A misdemeanor involving assault or battery, within the immediately preceding 7 years;*
- (7) *Abuse or neglect of a child or contributory delinquency;*

(8) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, within the immediately preceding 7 years;

(9) Abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person, including, without limitation, a violation of any provision of [NRS 200.5091](#) to [200.50995](#), inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;

(10) A violation of any law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;

(11) A violation of any provision of [NRS 422.450](#) to [422.590](#), inclusive;

(12) A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;

(13) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;

(14) Any felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or

(15) An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years.

**STEP5:** Complete and sign the determination form (sample form below). Include a copy of the completed form and proof of fingerprinting in the employee file. Inspectors will review employee files to verify background checks have been completed and determination of employment eligibility have been completed.

**It is imperative you follow all instructions provided by the Department of Public Safety in the handling and storage of criminal history.**

# Community-Based Living Arrangement Employee Background Check Determination

Employee Name: \_\_\_\_\_

I acknowledge I have reviewed the RAP (record of arrest and prosecution) back record for the above-named employee and determined that they are eligible to be employed in a Community Based Living Arrangement facility. The background check failed to disclose any disqualifying crimes per NAC 433.339.

## Disqualifying Crimes :

- (1) Murder, voluntary manslaughter or mayhem;
- (2) Assault or battery with intent to kill or to commit sexual assault or mayhem;
- (3) Sexual assault, statutory sexual seduction, incest or lewdness or indecent exposure that is punished as a felony, or any other sexually related felony;
- (4) A felony involving domestic violence;
- (5) A misdemeanor involving domestic violence, within the immediately preceding 7 years;
- (6) A misdemeanor involving assault or battery, within the immediately preceding 7 years;
- (7) Abuse or neglect of a child or contributory delinquency;
- (8) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, within the immediately preceding 7 years;
- (9) Abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person, including, without limitation, a violation of any provision of [NRS 200.5091](#) to [200.50995](#), inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
- (10) A violation of any law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;
- (11) A violation of any provision of [NRS 422.450](#) to [422.590](#), inclusive;
- (12) A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;
- (13) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;
- (14) Any felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or
- (15) An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years.

Owner/Administrator Name: \_\_\_\_\_

Owner/Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_