

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CHILD CARE LICENSING PROGRAM
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

STEP 1: Complete Consent and Release Form. Applicant and Owner/Director must sign second page of document. Incomplete forms will not be accepted and facility director will be notified of the missing information.

STEP 2: Obtain the appropriate fingerprint referral from your employer where applicable.

STEP 3: Take your Consent and Release and Fingerprint card to your Local Law Enforcement agency:

CARSON CITY, CHURCHILL, DOUGLAS COUNTY (cost and procedures varies)			
CARSON CITY SHERIFF DEPARTMENT 911 E. Musser St Carson City, NV 89701 Phone: 775-887-2500 Monday-Friday: 8:30A-4:00P	CHURCHILL COUNTY – FALLON FALLON POLICE DEPARTMENT 55 W. Williams Ave Fallon, NV 89406 Phone: 775-423-2111 Monday-Friday: 8:00A-3:00P	CHURCHILL COUNTY –FALLON FALLON SHERIFF OFFICE 73 ½ N. Main St Fallon, NV 89406 Phone: 775-423-1596 **please call for times**	DOUGLAS COUNTY – GARDNERVILLE, MINDEN, STATELINE DOUGLAS COUNTY SHERIFF OFFICE 1038 Buckeye Rd Minden, NV 89423 Phone: 775-782-9933 Monday-Friday: 8:00A-4:30P
ELKO COUNTY – Carlin, Elko, Jackpot, Spring Creek, Wells, Wendover (cost and procedures varies)			
ELKO SHERIFF OFFICE 775 W. Silver St Elko, NV 89801 Phone: 775-738-3421 Monday-Friday: 8:30A-4:30P		ELKO POLICE DEPARTMENT 1401 College Ave Elko, NV 89801 Phone: 775-777-7310 Tuesday – Thursday: 10:00A-3:00P	
HUMBOLDT, LANDER, LYON COUNTY (cost and procedures varies)			
HUMBOLDT COUNTY SHERIFF OFFICE - WINNEMUCCA 50 W. Fifth St Winnemucca, NV 89445 Phone: 775-623-6419 Monday-Friday: 8:00A-4:30P	LANDER COUNTY SHERIFF OFFICE – BATTLE MOUNTAIN 2 State Route 305 Battle Mountain, NV 89820 Phone: 775-635-1100 Monday-Friday: 8:00A-5:00P	LYON COUNTY SHERIFF OFFICE - FERNLEY 555 E. Main St Fernley, NV 89408 Phone: 775-575-3350 Wednesday ONLY: 1:00P-5:00P	LYON COUNTY SHERIFF OFFICE – DAYTON 801 Overland Loop., Ste 307 Dayton, NV 89403 Phone: 775-246-6200 Thursday ONLY: 1:00P-5:00P

MINERAL, NYE, PERSHING, STOREY COUNTY (cost and procedures varies)			
MINERAL COUNTY SHERIFF OFFICE – HAWTHORNE 105 S. A St Hawthorne, NV 89415 Phone: 775-945-2434 Monday-Friday: 2:30P-4:30P	NYE COUNTY SHERIFF OFFICE – TONOPAH 101 Radar Rd Tonopah, NV 89049 Phone: 775-482-8101 Monday-Friday: 8:00A-5:00P	PERSHING COUNTY SHERIFF OFFICE – LOVELOCK, ROUND MOUNTAIN 395 9 TH St Lovelock, NV 89419 Phone: 775-273-5111 Monday, Wednesday-Friday: 8:00A-12:00P & 1:00P-4:00P	STOREY COUNTY SHERIFF OFFICE – VIRGINIA CITY 205 S. C St Virginia City, NV 89440 Phone: 775-847-0959 Monday-Friday: 8:00A-5:00P
WASHOE, WHITE PINE COUNTY (cost and procedures varies)			
WASHOE COUNTY SHERIFF OFFICE – RENO, SPARKS 911 Parr Blvd Reno, NV 89512 Phone: 775-328-3001 Monday, Wednesday-Friday: 8:00A-4:30P		WHITE PINE COUNTY SHERIFF OFFICE – ELY 1785 Great Basin Blvd Ely, NV 89301 Phone: 775-289-8808 Monday-Friday: 8:00A-5:00P	

STEP 4: Contact Nevada Department of Public Safety at **775-684-6262** for payment and submission information. Mail the money order and the fingerprint card to:

STATE OF NEVADA DEPARTMENT OF PUBLIC SAFETY
CRIMINAL HISTORY REPOSITORY
333 West Nye Lane, Suite 100
Carson City, NV 89706

STEP 5: Upon completion of fingerprinting a copy of the Consent and Release form and applicable work card(s) must be uploaded in the employee’s profile in the employee’s Nevada Automated Background System (NABS) application and you must email dpbhccclbackgrounds@health.nv.gov to notify documents have been uploaded.

STEP 6: Once appropriate card(s) and/or reports are uploaded into NABS and emailed to dpbhccclbackgrounds@health.nv.gov, Child Care Licensing will notify the facility of the applicant’s background clearance status. You may also check your NABS account within 72 hours after uploading documents for viewing and printing of eligibility memos.

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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 "no", 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

Please take this form with you when getting fingerprinted.

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 return the completed forms to the facility in order to be uploaded into the Nevada Automated Backgrounds System (NABS).

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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**
https://childcareta.acf.hhs.gov/sites/default/files/public/child_care_subsidy_cbc_state_contacts_9-12.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