

Joe Lombardo
Governor

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Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

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

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 childcare 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" to the above, list the states where you have resided:

If you have not resided in Nevada for the past 5 years you will be required to obtain your 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 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: _____

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://ccbgcheck.nv.gov/bcs>.

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