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| STEVE SISOLAKGovernorRICHARD WHITELY, MSDirector |   | JULIE KOTCHEVAR, Ph.D.AdministratorIHSAN AZZAM, Ph.D., M.D.Chief Medical Officer |
| DEPARTMENT OF HEALTH AND HUMAN SERVICESDIVISION OF PUBLIC AND BEHAVIORAL HEALTHCHILD CARE LICENSING PROGRAM3811 W. Charleston Blvd., Ste 210Las Vegas, Nevada 89102Telephone (702) 486-3822 • Fax (702) 486-6660http://dpbh.nv.gov |

http://dpbh.nv.gov

**STEP 1:** Complete Consent and Release Form. Applicant and Owner/Director must sign second page of document. Incomplete forms will not be accepted and will be returned.

**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:

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

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| **MINERAL, NYE, PERSHING, STOREY COUNTY (cost and procedures varies)** |
| **MINERAL COUNTY SHERIFF OFFICE – HAWTHORNE**105 S. A StHawthorne, NV 89415Phone: 775-945-2434Monday-Friday:2:30P-4:30P | **NYE COUNTY SHERIFF OFFICE – TONOPAH**101 Radar RdTonopah, NV 89049Phone: 775-482-8101Monday-Friday:8:00A-5:00P | **PERSHING COUNTY SHERIFF OFFICE – LOVELOCK, ROUND MOUNTAIN**395 9TH StLovelock, NV 89419Phone: 775-273-5111Monday, Wednesday-Friday:8:00A-12:00P & 1:00P-4:00P | **STOREY COUNTY SHERIFF OFFICE – VIRGINIA CITY**205 S. C StVirginia City, NV 89440Phone: 775-847-0959Monday-Friday:8:00A-5:00P |
| **WASHOE, WHITE PINE COUNTY (cost and procedures varies)** |
| **WASHOE COUNTY SHERIFF OFFICE – RENO, SPARKS**911 Parr BlvdReno, NV 89512Phone: 775-328-3001Monday, Wednesday-Friday:8:00A-4:30P | **WHITE PINE COUNTY SHERIFF OFFICE – ELY**1785 Great Basin BlvdEly, NV 89301Phone: 775-289-8808Monday-Friday8:00A-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 sent to Child Care Licensing for audit purposes.

**STATE OF NEVADA**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

**CHILD CARE LICENSING PROGRAM**

**ATTN: BACKGROUND INVESTIGATIONS**

**727 Fairview Dr. Ste E**

**Carson City, NV 89701**

**FAX: 775-684-4464**

**STEP 6:** Once appropriate card(s) and/or reports are received, Child Care Licensing will notify the facility of the applicant’s background clearance status.

STEVE SISOLAK

Governor

RICHARD WHITLEY, MS

Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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JULIE KOTCHEVAR, Ph.D.

Administrator

IHSAN AZZAM, Ph.D., M.D.

Chief Medical Officer



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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 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:

1. **Do you have pending charges/warrants against you?** Yes No Dates of charges/warrants:

If yes, explain:

# 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 Dr. 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\****

STEVE SISOLAK

*Governor*

RICHARD WHITLEY, MS

*Director*

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*Administrator*

IHSAN AZZAM, Ph.D., M.D.

*Chief Medical Officer*



**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**](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