



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
BUREAU OF SERVICES FOR CHILD CARE
4126 TECHNOLOGY WAY – 3RD FLOOR
CARSON CITY, NEVADA 89706**

Fingerprinting Phone (775) 684-7950 Fax (775) 684-4455

http://www.dcfhs.state.nv.us/DCFS_ChildCare.htm

**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 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 the Bureau). The Bureau requires a new background check every six years.

I, _____, understand that as an employee, applicant,

Your name (please print clearly)
licensee or resident of _____,

Name of facility (please print clearly)

a child care facility, 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 **three (3)** working days after date of hire or **three (3)** days of presence in the facility and every 6 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, Nevada Criminal History Repository, and/or other local law enforcement agencies and Child Protective Services agencies to release criminal history information and CANS history to the Bureau of Services for Child Care.
3. All information provided to the Bureau of Services for Child Care 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 the Bureau of Services for Child Care in accordance with dissemination restrictions as provided for in the Nevada Revised Statutes.
5. I may be suspended, terminated, or disqualified from employment 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 (CANS).
6. 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.
7. _____

↑Name of Nevada child care facility where you worked **previously**

↑Last **date** worked there

**NOTE: THE BUREAU MUST BE IN RECEIPT OF THIS FORM
WITHIN FIVE (5) WORKING DAYS FROM DATE OF FINGERPRINTING.
WHEN SIGNED BY THE LAW ENFORCEMENT AGENCY, MAKE A COPY OF THIS FORM
FOR YOUR RECORDS AND SEND THE ORIGINAL TO:**

(DO NOT SEND FP CARDS OR MONEY ORDERS HERE.)

BUREAU OF SERVICES FOR CHILD CARE
4126 TECHNOLOGY WAY – 3RD FLOOR
CARSON CITY NV 89706

Name of child care facility (where applying): _____ Telephone: _____

Facility mailing address: _____
Street City State Zip Code

Your name: _____
Last First Middle

Maiden name, nickname, and other names used: _____

Your position at the above facility is (please check): ☐ Owner ☐ Director ☐ Staff Member _____ (title)
☐ Cook ☐ Driver ☐ Resident ☐ Other _____ (position) ☐ Volunteer

Do you have any scars, marks or tattoos? (If yes, give location and description.): _____

Social Security Number: _____ Are you a U.S. Citizen? _____

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: _____

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 NRS 432A.170-CONVICTIONS WHICH MAY PREVENT EMPLOYMENT IN CHILD CARE.

LIST ALL ARRESTS, INCLUDING OTHER STATES, EVEN IF CHARGES WERE DROPPED OR DISMISSED:

DATE	CHARGE	ARRESTING AGENCY	CITY/STATE	DISPOSITION
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I DO HEREBY AGREE TO THE ABOVE-STATED CONDITIONS AND TERMS AND CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature: _____ Date: _____
Applicant Date of Hire, Rehire or Renewal (circle one)

MY SIGNATURE BELOW INDICATES THAT I HAVE REVIEWED ARRESTS SHOWN ABOVE, IF ANY.

Signature: _____ Date: _____
Facility Director/Owner or Office Manager (circle one)

LAW ENFORCEMENT AGENCY: _____

Witness: _____ Date: _____
Signature of Official Taking Prints