



# WASHOE COUNTY

## HUMAN SERVICES AGENCY

350 S. CENTER STREET  
RENO, NEVADA 89501  
PHONE: (775) 337-4470  
FAX: (775) 337-4495

### Child Care Licensing Background Process

Please review the following process for employees **over age 18 only**. Failure to complete any steps may result in a delay or non-issuance of clearance. Staff must work under direct supervision until a final memo of eligibility is issued.

<p><b>STEP 1</b></p> <p>Complete <a href="#">Consent and Release Form</a> and <a href="#">Personal Data Sheet</a>.</p> <ul style="list-style-type: none"> <li>• Applicant and Owner/Director must sign third page of Consent and Release.</li> <li>• Incomplete forms will not be accepted and facility director will be notified of the missing information.</li> </ul>	<p><b>STEP 4</b></p> <p>Submit copy of your fingerprint receipt to your employer as temporary authorization to work under supervision pending background results. You cannot work, even under supervision, until your employer has verification that you started the background process.</p>
<p><b>STEP 2</b></p> <p>Visit an approved fingerprinting business or agency that can run <b>Live Scan</b> fingerprints. A current list is included with the Child Care Licensing <a href="#">fingerprint instruction sheet</a>, attached. <b>Washoe County Sheriff's Office does NOT run Live Scan for Child Care Fingerprints at this time, only physical fingerprint cards.</b></p> <p>Bring your completed consent and release form and the fingerprint instruction sheet with you to your fingerprinting appointment. <b>Make sure the fingerprinting business signs the third page of your consent and release!</b></p> <p>Fingerprint fees vary by location and will be collected at the time of fingerprinting - please call the fingerprint business to verify their individual fees. Please expect to pay <b>\$40.25 <u>in addition</u></b> to the fee to roll fingerprints. A money order is no longer necessary as most businesses accept debit or credit.</p>	<p><b>STEP 5</b></p> <p>If you have lived out of state within the previous 5 years while over age 18, you <b>MUST</b> complete the attached <a href="#">Out of State Verification form</a> within <b>90 days</b>.</p> <ul style="list-style-type: none"> <li>• Applicants must obtain the appropriate Child Abuse and Neglect Registry results <b>and</b> Criminal History records from each state you resided in within the previous 5 years. A link to a list of most state agencies is included on the Out of State Form.</li> <li>• A notary is only necessary if an applicant has attempted to obtain the results and is unsuccessful.</li> </ul> <p>Once complete, provide the completed form and any supporting documents to Washoe County Child Care Licensing in person or via email.</p> <p><b><i>Please note, your memo of eligibility may be revoked if this step is not completed.</i></b></p>
<p><b>STEP 3</b></p> <p>Deliver or email the following items:</p> <ul style="list-style-type: none"> <li>• Fingerprint Receipt</li> <li>• Consent and Release Form, signed by center director and fingerprinting agency staff</li> <li>• Complete Personal Data Sheet</li> <li>• State-issued identification card or photo copy of identification card. <b>Student ID cards or expired forms of ID cannot be accepted.</b></li> </ul> <p>to: Washoe County Human Services Agency 350 S. Center St., 1<sup>st</sup> Floor 9:00am-4:00pm 775-337-4470 <a href="mailto:HSA-pdsforms@washoecounty.gov">HSA-pdsforms@washoecounty.gov</a></p> <p>A payment of <b>\$11.50</b> is required at the time documents are submitted. Payments can now be accepted via credit card or e-check!</p> <p><b>If emailing your documents, payment must be made over the phone before your documents can be accepted.</b></p>	<p><b>STEP 6</b></p> <p>Once background check is complete, an eligibility memo will be sent to your employer confirming your work status. You may request a copy of this memo from your employer or from Washoe County Child Care Licensing. A Memo of Eligibility is required for you to work without direct supervision.</p> <p><b><i>Please refer questions regarding background check status to State Child Care Licensing at 702-486-3822 or via email at <a href="mailto:ChildCareLicensing@health.nv.gov">ChildCareLicensing@health.nv.gov</a></i></b></p>

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
CHILD CARE LICENSING PROGRAM  
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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 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
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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:** \_\_\_\_\_ **(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.**

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).



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RENO, NEVADA 89501  
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### EMPLOYEE PERSONAL DATA SHEET

Each new employee must complete all areas of this form WITHIN 24 HOURS of commencing work. Employee should deliver this form attached to completed fingerprint card and Consent and Release (if over 18) to Washoe County Human Services Agency at 350 S. Center St., 1<sup>st</sup> Floor.

This form can also be emailed to [hsa-pdsforms@washoecounty.gov](mailto:hsa-pdsforms@washoecounty.gov)

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name and any other names/aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employee Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employee Phone: \_\_\_\_\_ Employee Email: \_\_\_\_\_

Employee New to Child Care? ☐ No ☐ Yes Current Eligibility Memo? ☐ No ☐ Yes - Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Fingerprinted: \_\_\_\_/\_\_\_\_/\_\_\_\_ TB Test Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous child care employment - list names of facilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Lisa Sherych  
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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Administrator

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

**STEP 1:** Complete [Consent and Release Form](#). The child care facility applicant **and** owner/director must sign third page. Incomplete forms will not be accepted and will be returned.

**STEP 2:** Take your Consent and Release Form and the information highlighted below to your local fingerprinting business/agency (fingerprint cards and/or live scan accepted).

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
				LAST NAME	FIRST NAME	MIDDLE NAME	
				Doe, John Quincy			
SIGNATURE OF PERSON FINGERPRINTED		ALIASES		OR I		DATE OF BIRTH	
Signature of Applicant		AKA		NVBGA000Z		DOB	
RESIDENCE OF PERSON FINGERPRINTED						Month Day Year	
Address of Applicant						01 01 55	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP	SEX	RACE	HGT	WGHT	EYES
Today	Signature of Person Taking Prints	US	M	W	511	168	Blu
EMPLOYER AND ADDRESS		YOUR NO.	PLACE OF BIRTH				
Applicant's Employer & Address		QCA	POB				
		FBI NO.	CA				
		ARMED FORCES NO.	Bill to: Account Number (if applicable)				
		MNU	CLASS				
REASON FINGERPRINTED		SOCIAL SECURITY NO.	REF.				
CCDBGA		000-00-0000					
		MISCELLANEOUS NO.					
		MNU					
		152755					

\*\*\*A list of fingerprinting businesses/agencies in Nevada that have met the technical security requirements to electronically transmit fingerprints to the Nevada Department of Public Safety via the approved Nevada Gateway (Idemia Enrollment Services Division) can be found at the end of this document.\*\*\*

**STEP 3:** Ensure fingerprint business/agency signs the Consent and Release Form.

**STEP 4:** Payments made directly to fingerprinting businesses/agencies and Nevada Department of Public Safety (NDPS) can vary. Contact your local fingerprinting business/agency for payment information.

**STEP 5:** Ensure fingerprinting business/agency sends the live scan, rolled or completed fingerprint card to NDPS:

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

**STEP 6:** Child care facility to upload copy of completed Consent and Release Form to its Nevada Automated Background Check System (NABS) account at <https://ccbgcheck.nv.gov/bcs>.

**STEP 6:** Once reports are received and assessed for determination, Child Care Licensing will update the applicant's information within the facility's NABS account.

**\*Please allow up to 90 days for account information to be processed and updated.\***



89301	<p>Ely Drug Testing &amp; Fingerprinting  1665 Avenue F, Ste A  Ely NV 89301  775-296-1304  No appointment needed  <b>Currently submitting electronically to DPS</b></p>
89502	<p>Martin Ross &amp; Associates  350 South Rock Blvd #200  Reno NV 89502  775-336-4440 must make an appointment.  <a href="http://www.martinrosssecurity.com">www.martinrosssecurity.com</a>  <b>Currently submitting electronically to DPS</b></p>
89502	<p>Fingerprinting Express  5000 Smithridge Dr Ste A-9  Reno, NV 89502  775-322-5587  Mon-Fri 9am-6pm  Sat 10am-3pm  Accepting walk-ins and appointments  Mobile services available by appointment  <a href="http://www.fingerprinitingexpress.com">www.fingerprinitingexpress.com</a>  <b>Currently submitting electronically to DPS</b></p>
89503	<p>The UPS Store #3120  10580 N. McCarran Blvd #115  Reno NV 89503  775-746-3988  <a href="http://www.theupsstorelocal.com/3120">www.theupsstorelocal.com/3120</a>  <b>Currently submitting electronically to DPS</b></p>
89509	<p>Fieldprint – The Computer Guy (Reno)  1185 California Avenue  Reno, NV 89509  877-614-4364  Hours: M-F 9:30am – 5:30pm; Sat 10:30am – 3:30pm  Website: <a href="https://FieldprintNevada.com">https://FieldprintNevada.com</a>  Appointment required.  Please visit <a href="https://FieldprintNevada.com">https://FieldprintNevada.com</a> to schedule an appointment.  <b>Currently submitting electronically to DPS</b></p>
89521	<p>Fieldprint – The UPS Store #4290 (Reno)  59 Damonte Ranch Parkway  Reno, NV 89521  877-614-4364  Hours: M-F 8:00am – 6:30pm; Sat 9:00am – 4:30pm  Website: <a href="https://FieldprintNevada.com">https://FieldprintNevada.com</a>  Appointment required.  Please visit <a href="https://FieldprintNevada.com">https://FieldprintNevada.com</a> to schedule an appointment.  <b>Currently submitting electronically to DPS</b></p>

89521	<p>The UPS Store #4290  59 Damonte Ranch Pkwy #B  Reno NV 89521  775-852-3777  <a href="https://reno-nv-4290.theupsstorelocal.com/">https://reno-nv-4290.theupsstorelocal.com/</a>  <b>Currently submitting electronically to DPS</b></p>
89521	<p>Quick Prints Inc  8670 Technology Way  Reno NV 89521  775-682-3535  <b>Currently submitting electronically to DPS</b></p>
89705	<p>Fieldprint – The UPS Store #4959 (Carson City)  963 Topsy Lane  Carson City, NV 89705  877-614-4364  Hours: M-F 9:00am – 5:30pm; Sat 9:30am – 3:30pm.  Website: <a href="https://FieldprintNevada.com">https://FieldprintNevada.com</a>  Appointment required.  Please visit <a href="https://FieldprintNevada.com">https://FieldprintNevada.com</a> to schedule an appointment.  <b>Currently submitting electronically to DPS</b></p>
89801	<p>A-1 Alcohol &amp; Drug Collection  1098 Lamoille Hwy Ste 5  Elko NV 89801  775-738-6973  <a href="http://www.a1alcoholanddrugtesting.com">www.a1alcoholanddrugtesting.com</a>  <b>Currently submitting electronically to DPS</b></p>