



**STATE OF NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT**  
**Temporary Family, Friend and Neighbor (FFN)**  
**Home Safety Checklist**

Before you choose to provide child care as a FFN caregiver, you will want to feel confident that the areas the children will use, both indoors and outdoors, are safe. The first step is to ensure that you have been provided with enough information about the child(ren) you will be caring for in case of an emergency. Please complete this Home Safety Checklist, Application, Caregiver and Parent Agreement and W-9 forms and return to the Child Care Services Bureau local office for review and approval.

**\*We suggest that you and the parent of the child(ren) complete this checklist together.**

**The FFN caregiver/home must be in compliance with all health and safety requirements listed below:**

- ☐ Caregiver and individuals over the age of 18 living in the home (where care is provided) must obtain a CYFD approved Background clearance
- ☐ Caregivers are required to obtain First-Aid and CPR certification. Online certification is acceptable during the Public Health Emergency period.
- ☐ Caregivers will be required to complete the online Health and Safety training located at [www.newmexicokids.org](http://www.newmexicokids.org)
- ☐ Caregivers must keep an information card for each child;
  - o the child's full name;
  - o the child's birth date;
  - o any known food or drug allergies or unusual physical condition;
  - o the name, telephone number, and location of a parent or other responsible adult to be contacted in any emergency;
  - o the name and telephone number of the child's physician;
  - o authorization from a parent or guardian for the caregiver to seek professional medical care in an emergency;
  - o written permission from a parent or guardian for the caregiver to administer medication prescribed by a physician or requested by the parent;
- ☐ Residence, grounds, and equipment are safe, clean in good repair and free of debris or other potentially dangerous hazards and rodents. Please verify each of the following is being met prior to approval:
  - o Residence must have two (2) major exits with no obstructions in pathway accessible to children to exit the residence.
  - o All electric outlets within reach of the children are covered.
  - o Provide safe and secure playing area inside and outside the residence.
    - Store all power tools and gas fired objects (such as lawn mowers, etc.) away from the outdoor play area.
    - All flammables must be stored away from water heaters, furnaces, heaters, fireplaces and laundry rooms.
  - o Residence must have hot and cold running water. Water temperature must not exceed 110° Fahrenheit.

- All medications, poisons, toxic materials, cleaning substances, alcohol, sharp and pointed objects or any other dangerous materials must be stored in an area that is inaccessible to children.
- Residence/Caregiver must have access to a working telephone on-site at all times.
- Emergency numbers must be posted for **Police, Fire Dept., Ambulance, and Poison Control** in a visible location.
- Residence must have at least one installed smoke detector *and* carbon monoxide detector.
- Residence must have a fire extinguisher in working condition.
- All firearms (rifles, handguns, pellet or BB guns etc.) must be unloaded and kept in a locked area inaccessible to children.
- All weapons must be in a locked area inaccessible to children.
- Toys and objects (including highchairs, playpens, and cribs) must be safe, durable, easy to clean & nontoxic. These must be cleaned regularly.
- Bathroom must have toilet paper, soap and disposable towels accessible to children. Soap and towels should be available for washing hands after toileting, diapering, and messy activities before meals and snacks.
- Wet and soiled diapers and clothing will be changed promptly. Diaper changing surface must be clean, safe and waterproof. Caregiver will never change a diaper in a food preparation area.
- Caregiver will wash their hands and the child's hands after every diaper change. Caregiver must discard any disposable covers and disinfect surface after each diaper change.
- Residence must have a First-Aid kit that is stocked and kept where it can be easily accessible to the adult but out of reach of children.
- All pets in the residence must have current vaccination records for each pet.
- Participation in the food program is not mandatory but encouraged. The local Child Care office can supply further information.

**NOTE:** If there is any area on this checklist that is not complete, please correct the deficiencies immediately. Safe Child Care is important for your child.

**I verify the residence meets the safety standards outlined in this checklist.**

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Signature of FFN Caregiver

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Signature of Parent

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DATE

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DATE

Please return the signed Home Safety Checklist; Temporary Family, Friend and Neighbor Application; Caregiver and Parent Agreement; Background Check Clearance letter(s); W9; ID; SS card; voided check (if direct deposit requested); First-Aid/CPR certification and Health and Safety training certification to your local Child Care office for final approval.



**STATE OF NEW MEXICO DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**  
**Temporary Family, Friend and Neighbor (FFN)**  
**APPLICATION**

During a CYFD recognized emergency, Family, Friend and Neighbor Caregiver must complete and adhere to guidelines identified in the FFN certification and Parent agreement form. If you wish to continue to provide child care services after the state of emergency is lifted, you will be required to adhere to Child Care Non-Licensed regulations 8.17.2 NMAC and receive on-site home visits.\*

**SECTION I - CAREGIVER INFORMATION**

Legal Name (business or person providing care, as it appears on your Federal tax form)	Telephone	FEIN (Tax ID) or Social Security Number	
Mailing Address (for checks) Number, Street, PO Box	City	State	Zip Code
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other		Date of Birth:	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		Race/Ethnicity (Optional) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other _____	

**SECTION II – HOUSEHOLD COMPOSITION – List all household members over the age of 18 and anyone who spends a significant amount of time in the home where care is provided.**

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

**SECTION III – CAREGIVER SIGNATURE**

I understand that the information I have provided is true and accurate to the best of my knowledge and Children, Youth and Families Department (CYFD) may verify all information provided. I agree to meet all requirements listed in Section IV in addition to any state or federal regulations governing the child care assistance programs. I also certify that I have the legal authority to sign this agreement and to bind myself to the requirements of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION IV – CAREGIVER AGREEMENT: Please read and initial each statement.**

- \_\_\_\_\_ I must complete and submit a W-9 form, provide a copy of my social security card, ITIN or FEIN document and a picture ID.
- \_\_\_\_\_ I understand that I am not an employee of CYFD and that I am not entitled to payment or benefits other than the subsidy reimbursement outlined in the agreement.
- \_\_\_\_\_ I understand that I will be responsible for all applicable federal and state taxes. The Department will issue IRS Form 1099 (Earnings Statement).
- \_\_\_\_\_ I understand that payment will be discontinued after the Public Health Emergency related to COVID-19 has been lifted. If I wish to continue being a caregiver, I must complete the entire Registration process before additional payment will be made.
- \_\_\_\_\_ I understand that payment for child care is provided by state and federal monies. Providing false information or the misuse of these monies will result in loss of benefits, be subject to other legal action, and/or be responsible for repayment.
- \_\_\_\_\_ I understand that the payment process will not be initiated until a signed agreement is received by my local Child Care Office and I will not be paid until the month after services are provided.
- \_\_\_\_\_ I understand that I may be responsible to repay any and all amounts that are paid to me in error.
- \_\_\_\_\_ I understand that I can request a copy of the child care assistance policies at anytime.

\*If care is provided in the parent/child residence, care must cease once the state of emergency is lifted. The caregiver can elect to resume care in their own residence in accordance with 8.17.2 NMAC.

**STATE OF NEW MEXICO DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**  
**Temporary Family, Friend and Neighbor (FFN) Caregiver and Parent Agreement Form**

Caregiver Certification/Agreement	Parent Certification/Agreement
_____ I certify that I am 18 years of age or older.	_____ I understand that the FFN care will not begin until all necessary paperwork is in place and an agreement is signed.
_____ I understand and agree that the Children, Youth, and Families Department is not financially responsible for any injury or harm to or caused by a child in my care or for meeting any legal, medical or other costs which might arise as a result of such injury or harm. I agree to hold the Department harmless from all such costs.	_____ I understand and agree that the Children, Youth, and Families Department is not financially responsible for any injury or harm to or caused by a child in my care or for meeting any legal, medical or other costs which might arise as a result of such injury or harm. I agree to hold the Department harmless from all such costs.
_____ I certify that I have completed the home safety check list.	Care will be provided in: Caregiver Residence _____ Parent/Child Residence _____
_____ I understand that payment will be discontinued after the state of Public Health Emergency related to COVID-19 has been lifted. If I wish to continue being a Caregiver, I must complete the entire Registration process before additional payment will be made.	_____ I understand that payment to this Temporary FFN Caregiver will be discontinued after the state of Public Health Emergency related to COVID-19 has been lifted. If I wish to continue to use this FFN Caregiver, they must complete the entire Registration process before additional payment will be made on my behalf by the department.
_____ I understand that I am responsible for the health, safety and well-being of the children in my care.	_____ I certify that I have completed the home safety check list with the Caregiver and I am comfortable leaving my child in their care.

\_\_\_\_\_  
 Signature of Family, Friend and Neighbor  
 Caregiver

\_\_\_\_\_  
 Signature of Parent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

[Type here]

**FOR INTERNAL USE ONLY:**

Date of receipt of application: \_\_\_\_\_

Approved \_\_\_\_\_ Dates of Waiver Approval: \_\_\_\_\_ until \_\_\_\_\_

Denied \_\_\_\_\_ Reason(s) for Denial: \_\_\_\_\_

Review Date: \_\_\_\_\_

## Instructions for Completing this Form

This form substitutes for the IRS W-9 form. Complete this form if you will receive payment from the State of New Mexico and/or you are a vendor who provides goods and services to the State of New Mexico. To comply with the Internal Revenue Service (IRS) regulations regarding 1099 reporting, the State of New Mexico is required to collect the following information to be completed on the Substitute W-9 form. The information collected on this form will allow the State to confirm that our records contain the official name of your business, the Tax Identification Number (TIN) that the IRS has on file for your business and business type.

Check the appropriate box(s) that this form is to be utilized and fill in the corresponding section(s) indicated next to the box(s) checked.

### PART I: VENDOR INFORMATION

1. **Legal Business Name** Enter the legal name as registered with the IRS or Social Security Administration.
2. **DBA/Trade Name** Individuals leave blank. Sole Proprietorships: Enter DBA (doing business as) name. All Others: Complete only if business name is different than Legal Name.
3. **Entity Type** Check ONE box which describes business entity. If a current, past, or becoming a state employee, please also mark the State of New Mexico Employee box and enter the Business Unit number for the agency. Also, provide the 6 digit employee ID as assigned in SHARE HCM in the Part II Taxpayer Identification Number (TIN) & Taxpayer Identification Type section and mark the Employee ID box.
4. **1099 Reporting** Check the appropriate box that applies to the type of services being provided to the State. If the type of service is not specifically stated, enter the type of service in the Other box.

### PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. **Taxpayer Identification Number** Enter TIN with no dashes in the boxes provided
  - a. TIN is always a 9-digit number. Provide the Social Security Number (SSN) assigned by the Social Security Administration (SSA) or the Federal Employer Identification Number (FEIN) assigned to the business or other entity by the Internal Revenue Service (IRS).
  - b. **Employee ID** is always a 6-digit number. Provide the employee ID assigned by the State of New Mexico for payroll processing in SHARE HCM.
2. **TIN Identification Type** Mark the appropriate box for the TIN provided above.

### PART III: ADDRESS

1. **Address** Where correspondence, payment(s), purchase order(s) or 1099s should be sent.
  - a. **Employees** If a current employee, please provide this following:
    - i. **Address Line #1:** State Agency Name
    - ii. **Address Line #2:** Field Office Mailing Address
    - iii. **Address Line #3:** N/A
  - b. **CDBG** When providing a Community Development Block Grant (CDBG) remittance address, enter CDBG on line #1 and entities remittance address in address line #2
2. **Remittance Address** If different than Address
3. **Zip Code and Phone Number** The 5 + 4 code will be required to be entered for all zip codes. If the last 4 digits are unknown, then 4 zeros (0) can be entered. Do not enter the "-" as part of the zip code. When entering the phone number, only enter the 10 digit number. Do not enter the "(" or "-" as part of the phone number.

### PART IV: CERTIFICATION

By signing this document you are certifying that all information provided is accurate and complete. The person signing this document should be the partner in the partnership, an officer of the corporation, the individual or sole proprietor noted under legal name above, or the New Mexico State Employee for which the vendor account is established.

Identifying information is required of the person signing the form.

**PART V: OPTIONAL DIRECT DEPOSIT (ACH)** You may elect to receive payments from the State of New Mexico through Automated Clearing House (ACH) direct deposit. Please provide a copy of a voided check or letter from financial institution with the banking information. Without one of the two items, ACH information WILL NOT be entered and payments will be made by warrant. Select the type of account being provided.

**I Acknowledge** Print name and sign to acknowledge the IAT warning and to authorize the State of New Mexico to initiate direct deposit of funds to your financial institution provided.

**Privacy Act Notice** Section 6109 requires you to furnish your correct TIN to persons who must file information

DO NOT SEND TO  
IRS - SUBMIT  
FORM TO  
REQUESTING  
AGENCY

FCD 02/2017

NEW MEXICO DEPARTMENT OF FINANCE & ADMINISTRATION  
FINANCIAL CONTROL DIVISION  
SUBSTITUTE FORM W-9



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION

TYPE OR PRINT NEATLY, PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION

PART I: VENDOR INFORMATION

1. Legal Business Name: (As it appears on the IRS EIN records, CP575, 147C - or - Social Security Administration records, Social Security Card, certified Form SSA7028)

2. If you use a DBA/Trade Name, please list below:

3. Entity Type (Check only one, unless you are or have been a State of New Mexico Employee, then also check State of New Mexico Employee box):

- |   |  |
|---|--|
| <input type="checkbox"/> Individual / Sole Proprietorship             | <input type="checkbox"/> Estate or Trust                                 |
| <input type="checkbox"/> Single Member / LLC (Individual)             | <input type="checkbox"/> Government (Local, State, Federal, Tribe)       |
| <input type="checkbox"/> Partnership General / LLC                    | <input type="checkbox"/> Tax-Exempt organization under IRC Section 501 C |
| <input type="checkbox"/> Corporation / Professional Corporation / LLC | <input type="checkbox"/> State of New Mexico Employee (Agency No.)       |
| <input type="checkbox"/> Non-United States Business Entity            |  |

4. 1099 Reporting: Services provided to the State by vendor:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Health care or medical service | <input type="checkbox"/> Royalties                            | <input type="checkbox"/> Agency Volunteer (Agency No.) |
| <input type="checkbox"/> Attorney services              | <input type="checkbox"/> State of NM Appointed Board member / | <input type="checkbox"/> Supplier & Active NM Employee |
| <input type="checkbox"/> Rental of Real Property        | commissioner / committee member                               | <input type="checkbox"/> Other                         |

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES)

2. Taxpayer Identification Type (check appropriate box):

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Employer ID No. (EIN) | <input type="checkbox"/> Social Security No. (SSN) | <input type="checkbox"/> Employee ID | <input type="checkbox"/> N/A (Non-United States Business Entity) |
|--|--|--------------------------------------|--|

PART III: ADDRESS

1. Address: (Location where payments and correspondances can be sent)  
(If a NM state employee, enter Agency name and Field Office Address)  
Address Line #1

2. REMITTANCE, IF DIFFERENT: (location specifically used for  
payment that is different than address 1, if applicable)  
Address Line #1

Address Line #2

Address Line #2

Address Line #3

Address Line #3

City	State	Zip - 9 Digit	City	State	Zip - 9 Digit
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PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND
3. I am a U.S. Citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Printed Name

Occupation

Telephone Number

Signature

Email for receiving ACH advices

Date (mm/dd/yyyy)

PART V: OPTIONAL DIRECT DEPOSIT (ACH)

Warning: The State of New Mexico will not process International ACH Transactions (IAT). If any payment to you from the State will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments

Type of Account ☐ Checking ☐ Savings

I acknowledge the IAT warning and authorize the State of New Mexico to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.

Signature

Printed Name



Children Youth &  
Families Department

## **Registered Child Care Homes**

# **Background Check and Fingerprint Instructions**

IF YOU HAVE QUESTIONS ABOUT YOUR BACKGROUND CHECK, CONTACT:

**Background Check Unit**

**Phone: (505) 827-7326**

**Fax: (505) 827-7422**

**Email: [cyfd.bcu@state.nm.us](mailto:cyfd.bcu@state.nm.us)**

**Address: P.O. Drawer 5160**

**Santa Fe, NM 87502-5160**

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



## **NEW REQUIREMENT**

**New Background Regulations went into effect on October 1, 2016, requiring abuse and neglect screens in all states where an applicant has lived during the previous five years.**

**\*\*Please contact the Background Check Unit at (505) 827-7326 if you have lived outside New Mexico in the previous five years for the appropriate state's form and instructions to prevent delay in processing your application.**

**STATE FUNDED  
BACKGROUND CHECK PROCEDURES**

**REGISTRATION:**

To begin the application process, every applicant is required to register by phone with the Background Check Unit at (505) 827-7326 or (888) 317-7326.

**FINGERPRINTING:**

Log onto the Gemalto Fingerprint Website at [www.aps.gemalto.com](http://www.aps.gemalto.com) and click on the Fingerprint Location Map to find a location close to you. Please take the Fingerprint Registration Number provided to you at the time of registration and be fingerprinted.

**ONCE YOU ARE FINGERPRINTED:**

It is very important to remember to submit the proper CYFD background check forms immediately to the Background Check Unit. These forms may be mailed, emailed or faxed to:

**AS / CYFD BACKGROUND CHECK UNIT  
PO DRAWER 5160  
SANTA FE, NM 87502  
FAX: (505) 827-7422  
EMAIL: [cyfd.bcu@state.nm.us](mailto:cyfd.bcu@state.nm.us)**

# APPLICATION FOR BACKGROUND CHECK - REGISTERED HOME

<b>Type of Home:</b> (please check one) <input type="checkbox"/> Registered Home - Subsidy & Food <input type="checkbox"/> Registered Home - Food Only	<b>Type of Caregiver:</b> (please check one) <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Substitute Caregiver	<div style="border: 2px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <b>Fingerprint Registration ID Number</b>    </div>
<b>Name of Primary Caregiver:</b> _____		

**1. Please Choose a Food Sponsor (Primary Caregiver ONLY)**

Sponsor:	Representative:	Phone:
Address:	City/State:	Zip:

**2. INFORMATION ABOUT THE APPLICANT/CAREGIVER:**

First Name:	Middle Name:	Last Name:	Please include any aliases/AKA
<input type="checkbox"/> No Middle Name <input type="checkbox"/> Initial Only			
Physical Address:		Mailing Address: <input type="checkbox"/> Same as Physical	
City, State and ZIP:		City, State and ZIP:	
Primary Phone Number:		Social Security Number:	
Secondary Phone Number:		Date of Birth:	
Primary Language	Place of Birth:	Sex: (circle one) Male    Female	Marital Status: (circle one) Single    Married    Separated    Divorced    Widowed

**3. INFORMATION ON CURRENT ADULT HOUSEHOLD MEMBERS**

If you need more space, use a separate sheet of paper.

First Name:	Middle Name:	Last Name:	Social Security Number:	Date of Birth:	Relationship:	Sex (M/F)
1.						
2.						
3.						
4.						

<b>4. Employment History (past ten years, include dates of employment/explain gaps in employment)</b>	<b>5. Educational History (list most recent first) University, College, Vocational Training, and High School</b>
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Name of Employer	Dates Employed
a.	
b.	
c.	
d.	
Include additional sheets if necessary	

Name of Institution	Dates Attended
a.	
b.	
c.	
d.	
Include additional sheets if necessary	

**6. COLLATERAL INFORMATION TO BE USED FOR ABUSE/NEGLECT SCREEN:**

Previous Addresses for the last five years. If you need more space, use a separate sheet of paper.

Street Address:	City:	State:	Zip:
a.			
b.			
c.			
d.			

**Official Use Only - Must be signed by CYFD Representative**

**APPROVAL OF REGISTERED CARE:**

*This application has been reviewed under the applicable regulations found at 8.8.3 NMAC General Provisions, Governing Background Checks and Employment History Verification, and a determination has been made that this applicant is granted Background Check Eligibility. Any changes to this application must be immediately reported to CYFD for a determination that the applicant continues to meet the criteria set forth in 8.8.3 NMAC.*

\_\_\_\_\_  
 CYFD Representative

\_\_\_\_\_  
 Date

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**7. ALL HOUSEHOLD MEMBERS THAT HAVE LIVED WITH YOU WITHIN THE LAST FIVE YEARS (list all adults and children)**

First Name: Middle Name: Last Name: Social Security Number: Date of Birth: Relationship: Sex (M/F)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Include additional sheets if necessary

**8. INTERACTION WITH CYFD**

a. Have you ever been denied a background check from CYFD or another state or federal licensing agency of any kind?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, you must provide a detailed explanation of the circumstances.

b. Have you ever been the subject of a CYFD or other state social service agency investigation of abuse/neglect of children or adults as the alleged perpetrator or household member? Note: If you do not understand this question, seek clarification. Failure to answer this question truthfully may lead to a denial of your application.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, you must provide a detailed explanation of the circumstances of each investigation, date and outcome.

**9. INTERACTION WITH LAW ENFORCEMENT**

Have you ever been charged with, arrested for, or convicted of a crime?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes:

When? \_\_\_\_\_

Where? \_\_\_\_\_

List the name of the crime(s) you were charged with:

What was the disposition (outcome)? Please attach a copy of the court disposition.

Explain the circumstances surrounding each criminal charge, arrest or conviction:

**10. APPLICANT SIGNATURE**

I understand that information submitted will be used to conduct an FBI supported background check and I, \_\_\_\_\_, hereby affirm under penalty of perjury that all the answers given on this statement are true and accurate to the best of my knowledge. By signing this affirmation, I am acknowledging that any falsehoods, omissions, or intentionally misleading answers will be grounds for denial of my application. If I do not understand any of the questions, I will seek help and ask for more information.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## ADULT WRITTEN STATEMENT - REGISTERED HOME

<b>Primary Provider's Name:</b> _____		<b>Fingerprint Registration ID Number</b> <b>(NOT NEEDED IN FOOD ONLY HOME)</b> _____
<b>Primary Provider's Address:</b> _____		
<input type="checkbox"/> Household Member <input type="checkbox"/> I spend a significant amount of time in Primary Provider's Home		
<b>1. INFORMATION ABOUT THE PERSON COMPLETING THIS FORM:</b>		
First Name:	Middle Name:	Last Name: Please include any aliases/AKA
Social Security Number:	Date of Birth:	Sex: Telephone Number:
<b>2. CURRENT MARITAL STATUS</b>		
Single	Married	Separated Divorced Widowed
<b>3. CURRENT ADDRESS</b>		
_____		
<b>4. PREVIOUS ADDRESSES (past five years; most recent first; and include complete addresses and dates you resided there)</b>		
a. _____		
b. _____		
c. _____		
d. _____		
Include additional sheets if necessary		
<b>5. EMPLOYMENT HISTORY (past ten years; include dates of employment / explain gaps in employment)</b>		<b>6. EDUCATIONAL HISTORY (list most recent first) (University, College, Vocational Training and High School)</b>
Name of Employer	Dates Employed	Name of Institution Dates Attended
a. _____	_____	a. _____
b. _____	_____	b. _____
c. _____	_____	c. _____
d. _____	_____	d. _____
e. _____	_____	e. _____
<b>7. ALL HOUSEHOLD MEMBERS THAT HAVE LIVED WITH YOU WITHIN THE LAST FIVE YEARS (list all adults and children)</b>		
First Name:	Middle Name:	Last Name: Social Security Number: Date of Birth: Sex (M. F.)
a. _____	_____	
b. _____	_____	
c. _____	_____	
d. _____	_____	
Include additional sheets if necessary		
<b>8. INTERACTION WITH CYFD</b>		
Have you ever been denied a background check from CYFD or another state or federal licensing agency of any kind? Yes _____ No _____ If yes, you must provide a detailed explanation of the circumstances.		
Have you ever been the subject of a CYFD or other state social service agency investigation of abuse/neglect of children or adults as the alleged perpetrator or household member? Note: if you do not understand this question, seek clarification. Failure to answer this question truthfully may lead to a denial of your application. Yes _____ No _____ If yes, you must provide a detailed explanation of the circumstances of each investigation, date and outcome.		
<b>9. INTERACTION WITH LAW ENFORCEMENT</b>		
Have you ever been charged with, arrested for, or convicted of a crime? Note: if you do not understand this question, seek clarification. Failure to answer this question truthfully may lead to a denial of your application. Yes _____ No _____ If yes: When _____ Where _____ List the name of the crime(s) you were charged with: _____ What was the disposition (outcome)? (Please attach a copy of the court disposition). Explain the circumstances surrounding each criminal charge, arrest or conviction: _____		
<b>10. SIGNATURE</b>		
I understand that information submitted will be used to conduct an FBI supported background check and I, _____, hereby affirm under penalty of perjury that all the answers given on this statement are true and accurate to the best of my knowledge. By signing this affirmation, I am acknowledging that any falsehoods, omissions, or intentionally misleading answers will be grounds for denial of my application. If I do not understand any of the questions, I will seek help and ask for more information.		
Signature of Adult _____		Date _____

## **Disposition Request Information Sheet**

CYFD is requesting disposition because some types of convictions can result in denial of a background check clearance. Disposition means outcome. CYFD wants to know the final outcome of the arrest.

### **Where to find disposition**

Disposition can often be found at the courts in the county where you were arrested. You can also contact the agency that arrested you, or contact the attorney who represented you, if you had one.

Phone numbers for the Courts, Police Departments, and Attorneys can generally be found in the phone book, in the Government and/or Yellow pages. Out of state information might be found on the internet.

### **Acceptable forms of disposition**

Dispositional information can be found in documents called:

- ✓ Judgment and Sentence
- ✓ Plea and Disposition Agreement
- ✓ Nolle Prosequi
- ✓ Certificate of Conviction

If you are unsure which of the forms contains your disposition, ask the Court clerk for help.

### **We will not accept**

- ☒ Clerk's Certificates marked "No Felony Convictions"
- ☒ Documentation from the arresting agency marked "No Record Found"
- ☒ An explanation of the arrest from your attorney.

Please call our office at (505) 827-7326 if you have any questions.

Disposition must be received no later than 15 days after the date of the request. It is your responsibility to provide this information to CYFD. This sheet is for informational purposes only. Your search for disposition should not be limited to the ideas presented here.



## REGISTERED HOME - FOOD ONLY

### ADDING ALL ADULTS OVER 18 YEARS OF AGE

#### CAREGIVER'S INFORMATION

Provider Name: (include complete names)

Last Name	First Name	Middle Name	Aliases/AKA
Mailing Address	City/State	Zip	Phone #
SS#	DOB	Provider Number	

#### NEW ADULT INFORMATION

All adult household members over 18 years of age and adults that spend a significant amount of time in the Provider's home will undergo a criminal history and an abuse and neglect screen to identify any disqualifying events. Please provide information below:

Name (include complete names; First, Middle, & Last)	Relationship to Provider	Please Circle All That Apply*		
1. _____	_____	H	S	NC
2. _____	_____	H	S	NC
3. _____	_____	H	S	NC
4. _____	_____	H	S	NC

\*H = Household Member

\*S = Adult spending significant amount of time in provider's home but does not reside in the provider's home.

\*NC = Adult previously cleared but needs a new background check.

Note: Please attach an Adult Written Statement for each new adult.

Background checks are required for all providers.

I certify that all information is true and correct. I have listed all persons over the age of 18 residing in my home and adults that spend a significant amount of time in my home on this form. If any additional adults move into my home or begin spending a significant amount of time in my home at any time during the next 12 months, I will notify CYFD. I also hereby authorize CYFD to conduct a Background Check as applicable.

Signature of Provider

Date

Date of Clearance Letter: \_\_\_\_\_

Sponsor \_\_\_\_\_

**TITLE 8            SOCIAL SERVICES**  
**CHAPTER 8       CHILDREN, YOUTH AND FAMILIES GENERAL PROVISIONS**  
**PART 3           GOVERNING BACKGROUND CHECKS AND EMPLOYMENT HISTORY**  
**VERIFICATION**

**8.8.3.1            ISSUING AGENCY:** Children, Youth and Families Department  
[8.8.3.1 NMAC - Rp, 8.8.3.1 NMAC, 10/1/16]

**8.8.3.2            SCOPE:** This rule has general applicability to operators, volunteers, including student interns, staff and employees, and prospective operators, staff and employees, of child-care facilities, including every facility, CYFD contractor, program receiving CYFD funding or reimbursement, the administrative office of the courts (AOC) supervised visitation and safe exchange program, or other program that has or could have primary custody of children for twenty hours or more per week, juvenile treatment facilities, and direct providers of care for children in including, but not limited to the following settings: Children's behavioral health services and licensed and registered child care, including shelter care.  
[8.8.3.2 NMAC - Rp, 8.8.3.2 NMAC, 10/1/16]

**8.8.3.3            STATUTORY AUTHORITY:** The statutory authority for these regulations is contained in the Criminal Offender Employment Act, Section 28-2-1 to 28-2-6 NMSA and in the New Mexico Children's and Juvenile Facility Criminal Records Screening Act, Section 32A-15-1 to 32A-15-4 NMSA 1978 Amended.  
[8.8.3.3 NMAC - Rp, 8.8.3.3 NMAC, 10/1/16]

**8.8.3.4            DURATION:** Permanent  
[8.8.3.4 NMAC - Rp, 8.8.3.4 NMAC, 10/1/16]

**8.8.3.5            EFFECTIVE DATE:** October 1, 2016, unless a later date is cited at the end of a section.  
[8.8.3.5 NMAC - Rp, 8.8.3.5 NMAC, 10/1/16]

**8.8.3.6            OBJECTIVE:**  
A.        The purpose of these regulations is to set out general provisions regarding background checks and employment history verification required in settings to which these regulations apply.  
B.        Background checks are conducted in order to identify information in applicants' backgrounds bearing on whether they are eligible to provide services in settings to which these regulations apply.  
C.        Abuse and neglect screens are conducted by BCU staff and include a screen of abuse and neglect information in databases in New Mexico and in each State where the applicant resided during the preceding five years in order to identify those persons who pose a continuing threat of abuse or neglect to care recipients in settings to which these regulations apply.  
[8.8.3.6 NMAC - Rp, 8.8.3.6 NMAC, 10/1/16]

**8.8.3.7            DEFINITIONS:**  
A.        AOC means administrative office of the courts.  
B.        ADMINISTRATIVE REVIEW means an informal process of reviewing a decision that may include an informal conference or hearing or a review of written records.  
C.        ADMINISTRATOR means the adult in charge of the day-to-day operation of a facility. The administrator may be the licensee or an authorized representative of the licensee.  
D.        ADULT means a person who has a chronological age of 18 years or older, except for persons under medicaid certification as set forth in Subsection K below.  
E.        APPEAL means a review of a determination made by the BCU, which may include an administrative review or a hearing.  
F.        APPLICANT means any person who is required to obtain a background check under these rules and NMSA 1978, Section 32A-15-3.  
G.        ARREST means notice from a law enforcement agency about an alleged violation of law.  
H.        BCU means the CYFD background check unit.  
I.        BACKGROUND CHECK means a screen of CYFD's information databases, state and federal criminal records and any other reasonably reliable information about an applicant.  
J.        CARE RECIPIENT means any person under the care of a licensee.



**K. CHILD** means a person who has a chronological age of less than 18 years, and persons under applicable medicaid certification up to the age of 21 years.

**L. CONDITIONAL EMPLOYMENT** means a period of employment status for a new applicant prior to the BCU's final disposition of the applicant's background check.

**M. CRIMINAL HISTORY** means information possessed by law enforcement agencies of arrests, indictments, or other formal charges, as well as dispositions arising from these charges.

**N. DIRECT, PHYSICAL SUPERVISION** means continuous visual contact or live video observation by a direct provider of care who has been found eligible by a background check of an applicant during periods when the applicant is in immediate physical proximity to care recipients.

**O. DIRECT PROVIDER OF CARE** means any individual who, as a result of employment or, contractual service or volunteer service has direct care responsibilities or potential unsupervised physical access to any care recipient in the settings to which these regulations apply.

**P. ELIGIBILITY** means the determination that an applicant does not pose an unreasonable risk to care recipients after a background check is conducted.

**Q. EMPLOYMENT HISTORY** means a written summary of the most recent three-year period of employment with names, addresses and telephone numbers of employers, including dates of employment, stated reasons for leaving employment, and dates of all periods of unemployment with stated reasons for periods of unemployment, and verifying references.

**R. LICENSED** means authorized to operate by the licensing authority by issuance of an operator's license or certification certificate.

**S. LICENSEE** means the holder of, or applicant for, a license, certification, or registration pursuant to 7.20.11 NMAC, 7.20.12 NMAC, 8.16.2 NMAC, 7.8.3 NMAC; 8.17.2 NMAC or other program or entity within the scope of these regulations, including AOC supervised visitation and safe exchange program providers. **CYFD LICENSEE** means program or entity within the scope of these regulations except the AOC supervised visitation and safe exchange program providers.

**T. LICENSING AUTHORITY** means the CYFD division having authority over the licensee.

**U. MORAL TURPITUDE** means an intentional crime that is wanton, base, vile or depraved and contrary to the accepted rules of morality and duties of a person within society. In addition, because of the high risk of injury or death created by, and the universal condemnation of the act of driving while intoxicated, a crime of moral turpitude includes a second or subsequent conviction for driving while intoxicated or any crime involving the use of a motor vehicle, the elements of which are substantially the same as driving while intoxicated. The record name of the second conviction shall not be controlling; any conviction subsequent to an initial one may be considered a second conviction.

**V. RELEVANT CONVICTION** means a plea, judgment or verdict of guilty, no contest, nolo contendere, conditional plea of guilty, or any other plea that would result in a conviction for a crime in a court of law in New Mexico or any other state. The term **RELEVANT CONVICTION** also includes decrees adjudicating juveniles as serious youthful offenders or youthful offenders, or convictions of children who are tried as adults for their offenses. Successful or pending completion of a conditional discharge under Section 31-20-13 (1994) NMSA 1978, or Section 30-31-28 (1972) NMSA 1978, or a comparable provision of another state's law, is not a relevant conviction for purposes of these regulations, unless or until such time as the conditional discharge is revoked or rescinded by the issuing court. The term **RELEVANT CONVICTION** does not include any of the foregoing if a court of competent jurisdiction has overturned the conviction or adjudicated decree and no further proceedings are pending in the case or if the applicant has received a legally effective pardon for the conviction. The burden is on the applicant to show that the applicant has a pending or successful completion of any conditional discharge or consent decree, or that the relevant conviction has been overturned on appeal, or has received a legally effective pardon.

**W. UNREASONABLE RISK** means the quantum of risk that a reasonable person would be unwilling to take with the safety or welfare of care recipients.

[8.8.3.7 NMAC - Rp, 8.8.3.7 NMAC, 10/01/16]

**8.8.3.8 APPLICABILITY:** These regulations apply to all licensees and direct providers of care in the following settings:

- A.** behavior management skills development;
- B.** case management services;
- C.** group home services;
- D.** day treatment services;

- E. residential treatment services;
- F. treatment foster care services agency staff;
- G. licensed child care homes;
- H. licensed child care centers;
- I. registered child care homes;
- J. licensed shelter care;
- K. licensed before and after school care;
- L. non-licensed or exempt after school programs participating in the at risk component of the child and adult care food program;
- M. comprehensive community support services;
- N. CYFD contractors and any other programs receiving CYFD funding or reimbursement; and
- O. AOC supervised visitation and safe exchange program providers.

[8.8.3.8 NMAC - Rp, 8.8.3.8 NMAC, 10/1/16]

#### **8.8.3.9 NON-APPLICABILITY:**

A. These regulations do not apply to the following settings, except when otherwise required by applicable certification requirements for child and adolescent mental health Services 7.20.11 NMAC or to the extent that such a program receives funding or reimbursement from CYFD:

- (1) hospitals or infirmaries;
- (2) intermediate care facilities;
- (3) children's psychiatric centers;
- (4) home health agencies;
- (5) diagnostic and treatment centers;
- (6) unlicensed or unregistered child care homes.

B. These regulations do not apply to the following adults:

- (1) treatment foster care parents;
- (2) relative care providers who are not otherwise required to be licensed or registered;
- (3) foster grandparent volunteers;
- (4) all other volunteers for any program or entity within the scope of these regulations if the

volunteer spends less than six hours per week at the program, is under direct physical supervision, and is not counted in the facility ratio.

[8.8.3.9 NMAC - Rp, 8.8.3.9 NMAC, 10/01/16]

#### **8.8.3.10 COMPLIANCE:**

A. Compliance with these regulations is a condition of licensure, registration, certification or renewal, or continuation of same or participation in any other program or contract within the scope of these regulations.

B. The licensee is required to:

(1) submit an electronic fingerprint submission receipt and the required forms for all direct providers of care, household members in licensed and registered child care homes, or any staff member, employee, or volunteer present while care recipients are present, or other adult as required by the applicable regulations prior to the commencement of service, whether employment or, contractual, or volunteer. In the case of a licensed child care home and a registered home, the licensee must submit an electronic fingerprint submission receipt and the required forms for new household members or for any adult who is required to obtain a background check pursuant to 8.16.2 NMAC or 8.17.2 NMAC as applicable. However, in the case of a registered family child care food-only home, all household members are only required to undergo a criminal history and child abuse and neglect screening.

(2) verify the employment history of any prospective direct provider of care by contacting references and prior employers/agencies to elicit information regarding the reason for leaving prior employment or service; the verification shall be documented and available for review by the licensing authority; EXCEPTION: verification of employment history is not required for registered home providers or child care homes licensed for six or fewer children.

(3) submit an adult household member written statement form for each adult household member in a registered family child care food-only home setting in order to conduct criminal history and child abuse and neglect screens on such household members; an adult household member is an adult living in the household or an adult that spends a significant amount of time in the home; the licensee must submit the required forms for new adult household members pursuant to 8.17.2 NMAC.

(4) provide such other information BCU staff determines to be necessary; and

(5) maintain documentation of all applications, correspondence and eligibility relating to the background checks required; in the event that the licensee does not have a copy of an applicant's eligibility documentation and upon receipt of a written request for a copy, the BCU may issue duplicate eligibility documentation to the original licensee provided that the request for duplicate eligibility documentation is made within one year of the applicant's eligibility date.

C. If there is a need for any further information from an applicant at any stage of the process, the BCU shall request the information in writing from the applicant. If the BCU does not receive the requested information within fifteen calendar days of the date of the request, the BCU shall deny the application and send a notice of background check denial.

D. Any person who knowingly makes a materially false statement in connection with these requirements will be denied eligibility.

[8.8.3.10 NMAC - Rp, 8.8.3.10 NMAC, 10/01/016]

#### **8.8.3.11 COMPLIANCE EXCEPTIONS:**

A. An applicant may not begin providing services prior to obtaining background check eligibility unless all of the following requirements are met:

(1) the CYFD licensee may not be operating under a corrective action plan (childcare), sanctions, or other form of disciplinary action;

(2) until receiving background eligibility the applicant shall at all times be under direct physical supervision; this provision does not apply to registered child care home applicants;

(3) the licensee or applicant shall send the BCU a completed application form and an electronic fingerprint submission receipt prior to the commencement of supervised services; and

(4) no more than 45 days shall have passed since the date of the initial application unless the BCU documents good cause shown for an extension.

B. With the exception of the provision under 8.16.2.19 NMAC and 8.17.2.11 NMAC, if a direct provider of care has a break in employment or transfers employment more than 180 days after the date of an eligibility letter from the BCU, the direct provider of care must re-comply with 8.8.3.10 NMAC. A direct provider of care may transfer employment, as permitted by 8.16.2.19 NMAC and 8.17.2.11 NMAC, or for a period of 180 days after the date of an eligibility letter from the BCU without complying with 8.8.3.10 NMAC only if the direct provider of care submits a preliminary application that meets the following conditions:

(1) the direct provider of care submits a statement swearing under penalty of perjury that he or she has not been arrested or charged with any crimes, has not been an alleged perpetrator of abuse or neglect and has not been a respondent in a domestic violence petition;

(2) the direct provider of care submits an application that describes the prior and subsequent places of employment, registration or certification with sufficient detail to allow the BCU to determine if further background checks or a new application is necessary; and

(3) the BCU determines within 15 days that the direct provider of care's prior background check is sufficient for the employment or position the direct provider of care is going to take.

[8.8.3.11 NMAC - Rp, 8.8.3.11 NMAC, 10/01/16]

#### **8.8.3.12 PROHIBITIONS:**

A. Any CYFD licensee who violates these regulations is subject to revocation, suspension, sanctions, denial of licensure, certification, or registration or termination of participation in any other program within the scope of these regulations. AOC supervised visitation and safe exchange program providers will be monitored and sanctioned by the AOC.

B. Licensure, certification, registration or participation in any other program within the scope of these regulations is subject to receipt by the licensing authority of a satisfactory background check for the licensee or the licensee's administrator.

C. Except as provided in 8.8.3.13 NMAC below, licensure, certification, registration or participation in any other program within the scope of these regulations may not be granted by the licensing authority if a background check of the licensee or the licensee's administrator reveals an unreasonable risk.

D. A licensee may not retain employment, volunteer service or contract with any direct provider of care for whom a background check reveals an unreasonable risk. The BCU shall deliver one copy of the notice of unreasonable risk to the facility or program by U.S. mail and to the licensing authority or the AOC by facsimile transmission, e-mail or hand delivery.

E. A licensee shall be in violation of these regulations if it retains a direct provider of care for more than ten working days following the mailing of a notice of background check denial for failure to respond by the BCU.

F. A licensee shall be in violation of these regulations if it retains any direct provider of care inconsistent with Subsection A of 8.8.3.11 NMAC.

G. A licensee shall be in violation of these regulations if it hires, contracts with, uses in volunteer service, or retains any direct provider of care for whom information received from any source including the direct provider of care, indicates the provider of care poses an unreasonable risk to care recipients.

H. Any firm, person, corporation, individual or other entity that violates this section shall be subject to appropriate sanctions up to and including immediate emergency revocation of license or registration pursuant to the regulations applicable to that entity or termination of participation in any other program within the scope of these regulations.

[8.8.3.12 NMAC - Rp, 8.8.3.12 NMAC, 10/01/16]

#### **8.8.3.13 ARRESTS, CONVICTIONS AND REFERRALS:**

A. For the purpose of these regulations, the following information shall result in a conclusion that the applicant is an unreasonable risk:

(1) a conviction for a felony, or a misdemeanor involving moral turpitude, and the criminal conviction directly relates to whether the applicant can provide a safe, responsible and morally positive setting for care recipients;

(2) a conviction for a felony, or a misdemeanor involving moral turpitude, and the criminal conviction does not directly relate to whether the applicant can provide a safe, responsible and morally positive setting for care recipients if the department determines that the applicant so convicted has not been sufficiently rehabilitated;

(3) a conviction, regardless of the degree of the crime or the date of the conviction, of trafficking in controlled substances, criminal sexual penetration or related sexual offenses or child abuse;

(4) a substantiated referral, regardless of the date, for sexual abuse or for a substantiation of abuse or neglect relating to a failure to protect against sexual abuse;

(5) the applicant's child is in CYFD or another State's custody at the time the application is processed by the BCU; or

(6) a registration, or a requirement to be registered, on a State sex offender registry or repository or the national sex offender registry established under the Adam Walsh Child Protection and Safety Act of 2006.

B. A disqualifying conviction may be proven by:

(1) a copy of the judgment of conviction from the court;

(2) a copy of a plea agreement filed in court in which a defendant admits guilt;

(3) a copy of a report from the federal bureau of investigation, criminal information services division, or the national criminal information center, indicating a conviction;

(4) a copy of a report from the state of New Mexico, department of public safety, or any other agency of any state or the federal government indicating a conviction;

(5) any writing by the applicant indicating that such person has been convicted of the disqualifying offense, provided, however, that if this is the sole basis for denial, the applicant shall be given an opportunity to show that the applicant has successfully completed or is pending completion of a conditional discharge for the disqualifying conviction.

C. If a background check shows pending charges for a felony offense, any misdemeanor offense involving domestic violence, child abuse, any other misdemeanor offense of moral turpitude, or an arrest but no disposition for any such crime, there shall be a determination of unreasonable risk if a conviction as charged would result in a determination of unreasonable risk.

D. If a background check shows a pending child protective services referral or any other CYFD investigation of abuse or neglect, there shall be a determination of unreasonable risk.

E. If a background check shows that an applicant has an outstanding warrant, there shall be a determination of unreasonable risk.

[8.8.3.13 NMAC - Rp, 8.8.3.13 NMAC, 10/01/16]

#### **8.8.3.14 UNREASONABLE RISK:**

A. The BCU may, in its discretion, use all reasonably reliable information about an applicant and weigh the evidence about an applicant to determine whether the applicant poses an unreasonable risk to care recipients. The BCU may also consult with legal staff, treatment, assessment or other professionals in the process of determining whether the cumulative weight of credible evidence establishes unreasonable risk.

B. In determining whether an applicant poses an unreasonable risk, the BCU need not limit its reliance on formal convictions or substantiated referrals, but nonetheless must only rely on evidence with indicia of reliability such as:

- (1) reliable disclosures by the applicant or a victim of abuse or neglect;
- (2) domestic violence orders that allowed an applicant notice and opportunity to be heard and that prohibits or prohibited them from injuring, harassing or contacting another;
- (3) circumstances indicating the applicant is or has been a victim of domestic violence;
- (4) child or adult protection investigative evidence that indicates a likelihood that an applicant engaged in inappropriate conduct but there were reasons other than the credibility of the evidence to not substantiate; or
- (5) any other evidence with similar indicia of reliability.

[8.8.3.14 NMAC - Rp, 8.8.3.14 NMAC 10/01/16]

**8.8.3.15 REHABILITATION PETITION:** Any applicant whom the BCU concludes is an unreasonable risk on any basis other than those described at Paragraphs (1), (3), (4), (5), or (6) of Subsection A of 8.8.3.13 NMAC, may submit to the BCU a rehabilitation petition describing with specificity all information that tends to demonstrate that the applicant is not an unreasonable risk. The petition may include, but need not be limited to, a description of what actions the applicant has taken subsequent to any events revealed by the background check to reduce the risk that the same or a similar circumstance will recur.

[8.8.3.15 NMAC - Rp, 8.8.3.15 NMAC 10/1/16]

**8.8.3.16 ELIGIBILITY SUSPENSIONS, REINSTATEMENTS AND REVOCATIONS:**

A. An applicant's background check eligibility may be suspended for the following:

- (1) an arrest or criminal charge for any felony offense, any misdemeanor offense involving domestic violence, child abuse or any other misdemeanor offense of moral turpitude if a conviction as charged would result in a determination of unreasonable risk;
- (2) a pending child protective services referral or any other CYFD investigation of abuse or neglect; or
- (3) an outstanding warrant.

B. It is the duty of the administrator of a facility or the licensee and the background check eligibility holder, upon learning of any of the above, to notify the licensing authority immediately. Failure to immediately notify the licensing authority may result in the revocation of background check eligibility.

C. A suspension of background check eligibility shall have the same effect as a determination of unreasonable risk until the matter is resolved and eligibility is affirmatively reinstated by the BCU.

D. Background check eligibility may be reinstated as follows:

- (1) If the applicant can provide information relating to the disqualifying criminal charge that would show that a criminal conviction as charged would not lead to an unreasonable risk;
- (2) If the matter causing the suspension is resolved within six months of the suspension, the applicant may provide documentation to the BCU showing how the matter was resolved and requesting reinstatement of background check eligibility. After review, the BCU may reinstate background check eligibility or may revoke eligibility. If, the applicant's eligibility is revoked, the applicant may appeal the revocation.
- (3) If the matter causing the suspension is resolved after six months of the suspension, the applicant may reapply for clearance for the same licensee by submitting an electronic fingerprint submission receipt and the required forms. After review, the BCU may reinstate background check eligibility or may revoke eligibility. If the applicant's eligibility is revoked, the applicant may appeal the revocation.

[8.8.3.16 NMAC - N, 10/1/16]

**8.8.3.17 APPEAL RIGHTS:**

A. **Denials:** Any applicant who is found ineligible after completion of background check may request an administrative review from CYFD. The request for an administrative review shall be in writing and the applicant shall cause the BCU to receive it within 15 days of the date of the BCU's written notice of a determination of unreasonable risk. If the request is mailed, three days are added after the period would otherwise expire. The

administrative review shall be completed by a review of the record by a hearing officer designated by the cabinet secretary. The hearing officer's review is limited to:

(1) whether the BCU's conclusion of unreasonable risk is supported by any section of these regulations; and

(2) whether the applicant has been erroneously identified as a person with a relevant conviction or substantiated referral. The review will be completed on the record presented to the hearing officer and includes the applicant's written request for an administrative review and other relevant evidence provided by the applicant. The hearing officer conducts the administrative review and submits a recommendation to the cabinet secretary no later than 60 days after the date the request for administrative review is received unless CYFD and the applicant agree otherwise.

**B. Suspensions and revocations:** A previously cleared applicant whose eligibility has been suspended or revoked may appeal that decision to CYFD and shall be entitled to a hearing pursuant to CYFD's administrative hearing regulations at 8.8.4 NMAC. The request for appeal shall be in writing and the applicant shall cause the BCU to receive it within 15 days of the date of the BCU's written notice of suspension. If the request is mailed, three days are added after the period would otherwise expire.

[8.8.3.17 NMAC - Rp 8.8.3.16, 10/1/16]

#### **HISTORY OF 8.8.3 NMAC:**

**Pre-NMAC History:** The material in this part was derived from that previously filed with the State Records Center:

HED 85-6 (HSD), Regulations Governing Criminal Records Check and Employment History of Licensees and Staff of Child Care Facilities, 8/30/85.

#### **History of Repealed Material:**

HED 85-6 (HSD), Regulations Governing Criminal Records Check and Employment History of Licensees and Staff of Child Care Facilities, filed - Repealed 7/30/2001.

8.8.3 NMAC, Governing Criminal Records Checks and Employment History Verification, filed 7/30/2001 - Repealed effective 3/29/2002.

8.8.3 NMAC, Governing Criminal Records Checks and Employment History Verification, filed 3/15/2002 - Repealed effective 10/30/03.

8.8.3 NMAC, Governing Background Checks and Employment History Verification, filed 10/16/2003 - Repealed effective 3/31/2006.

8.8.3 NMAC, Governing Background Checks and Employment History Verification, filed 3/31/2006 - Repealed effective 10/1/2016.

## CHILD'S ADMISSION FORM

First day of Attendance: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_

Child's Information: \_\_\_\_\_

Last Name	First	Middle	Birth Date	Sex	
Address (Street)			(City)	Zip code	Phone

Parent/Guardian Information:

Father's Name	Business Address	Business Phone
---------------	------------------	----------------

Mother's Name	Business Address	Business Phone
---------------	------------------	----------------

### EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Significant Medical Information or Special Needs:

\_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for Emergency Medical

Transportation      // Yes      // No

Treatment          // Yes      // No

Name two (2) Local Emergency Contacts (other than parents or guardians)

1.	_____	_____	_____
	Name	Address	Telephone
2.	_____	_____	_____
	Name	Address	Telephone

At the end of the day or during any day my child may be released to the person or persons that have legal custody or the following persons:

1. _____	2. _____
3. _____	4. _____

\_\_\_\_\_  
Signature of Parent or Guardian

Revised 03/02/04

\_\_\_\_\_  
Date

## INSCRIPCIÓN PARA NIÑOS

Primer día de presencia: \_\_\_\_\_ Ultimo día de presencia: \_\_\_\_\_

### Información de Niño / Niña

Apellido	Primero	Segundo	Fecha de Nacimiento	Sexo
Dirección			Teléfono	

### Información de los Padres o Guardián

Nombre de Padre	Dirección de Empleo	Teléfono de Empleo
Nombre de Madre	Dirección de Empleo	Teléfono de Empleo

### INFORMACIÓN DE EMERGENCIA

Alergias \_\_\_\_\_

Problemas Médicos o Necesidades Especiales \_\_\_\_\_

Medico	Dirección	Teléfono
Hospital o Clínica	Dirección	Teléfono
Yo doy permiso para Emergencia Medical		
Transportación	/ / Sí	/ / No
Tratamiento	/ / Sí	/ / No

### Dos Contactos de Emergencia Local (que no son las padres)

1.	Nombre	Dirección	Teléfono
2.	Nombre	Dirección	Teléfono

Estas personas pueden recoger mi hijo o hija

1. _____	2. _____
3. _____	4. _____

\_\_\_\_\_  
Firma de Padre /Madre /Guardián Legal

\_\_\_\_\_  
Fecha