



Child Care Homes Background Check and Fingerprint Instructions

If you have questions about your background check, please contact:

Background Check Unit

Phone: (505) 827-7326

Fax: (505) 827-7422

Email: cyfd.bcu@state.nm.us

Address: P.O. Drawer 5160 Santa Fe, NM 87502-5160

PULLTOGETHER.ORG

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 with notification¹ 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 must 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.²

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.³

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 providing 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.)

¹ Written notification includes electronic notification, **but** excludes oral notification.

² See 28 CFR 50.12(b).

³ 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).

CHECKLIST

Please refer to the box below that indicates correct setting.

<p style="text-align: center;"><u>FACILITY AND CENTER</u></p> <p>Submit the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application for Background Check AND Cogent Fingerprint Submission Receipt for each employee <input type="checkbox"/> Dispositions (if applicable) <input type="checkbox"/> Employer Statement for each employee 	<p style="text-align: center;"><u>LICENSED HOME</u></p> <p>Submit the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application for Background check AND <input type="checkbox"/> Cogent Fingerprint Submission Receipt for the following: <ul style="list-style-type: none"> • Primary caregiver • Employee or other caregiver • Household members over 18 years of age <input type="checkbox"/> Dispositions (if applicable)
<p style="text-align: center;"><u>REGISTERED HOME SUBSIDY & FOOD</u></p> <p>Submit the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application for Background Check AND Cogent Fingerprint Submission Receipt for the following: <ul style="list-style-type: none"> • Primary caregiver • Substitute caregiver <input type="checkbox"/> Adult Written Statement AND Cogent Fingerprint Submission Receipt for the following: <ul style="list-style-type: none"> • Household members over 18 years of age • Adults over the age of 18 that spend a significant amount of time in the home <input type="checkbox"/> Dispositions (if applicable) <p>*Please note: The primary caregiver <u>must</u> name a food sponsor in Section 1.</p>	<p style="text-align: center;"><u>REGISTERED HOME FOOD ONLY</u></p> <p>Submit the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application for Background Check AND Cogent Fingerprint Submission Receipt for the following: <ul style="list-style-type: none"> • Primary caregiver • Substitute caregiver <input type="checkbox"/> Adult Written Statement (No Fingerprint Submission Receipt required) for the following: <ul style="list-style-type: none"> • Household members over the age of 18 • Adults over the age of 18 that spend a significant amount of time in the home <input type="checkbox"/> Dispositions (if applicable) <p>*Please note: The primary caregiver <u>must</u> name a food sponsor in Section 1.</p>

Please see reverse side for background check & fingerprinting procedures.

BACKGROUND CHECK & FINGERPRINTING PROCEDURE

REGISTRATION:

To begin the application process, every new applicant is required to register either online at www.aps.gemalto.com or by phone at 877-996-6277.

1. At the time of registration you will be asked to provide an ORI and reason for fingerprinting. The proper ORI is NM920120Z and the reason for fingerprinting is Child Care Licensing.
 - If this information is entered incorrectly you may be required to re-register and pay an additional fee.
2. The fee is \$44.00 and may be paid by credit card at the time of registration or by money order made payable to Gemalto Cogent at the time of fingerprinting.

FINGERPRINTING:

To locate a fingerprinting site near you, click on the fingerprint location map and scroll down to see a variety of locations. If you are registering by phone, simply ask the customer service representative for a location near you. No appointment is necessary.

FOLLOW UP:

It is very important to remember to submit the proper CYFD background check forms along with your fingerprint registration receipt immediately to the background check unit. We will not know that you've been fingerprinted unless we receive your forms. These forms may be mailed, emailed or faxed to:

CYFD Background Check Unit
PO Drawer 5160
Santa Fe, NM 87502
Fax: (505) 827-7422
Email: cyfd.bcu@state.nm.us

If a background clearance has not been received within 4-6 weeks or if you have any questions regarding the background check process, please call for assistance.

Phone: (505) 827-7326
Toll Free: (888) 317-7326

*The information submitted will be used to conduct an FBI supported background check.

APPLICATION FOR BACKGROUND CHECK - REGISTERED HOME

Type of Home: (please check one) <input type="checkbox"/> Registered Home - Subsidy & Food <input type="checkbox"/> Registered Home - Food Only		Type of Caregiver: (please check one) <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Substitute Caregiver		Fingerprint Registration ID Number 	
Name of Primary Caregiver: _____					
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	
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) Marital Status: (circle one) Male Female 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)					
4. EMPLOYMENT HISTORY (Past ten years, include dates of employment / explain gaps in employment)			5. EDUCATIONAL HISTORY (List most recent first: University, College, Vocational Training, and High School)		
Name of Employer		Dates Employed		Name of Institution	
				Dates Attended	
a.				a.	
b.				b.	
c.				c.	
d.				d.	
Include additional sheets if necessary.			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: <i>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.</i>					
_____ CYFD Representative			_____ Date		

NAME:	SOCIAL SECURITY NUMBER:
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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

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

Primary Provider's Name: _____		Fingerprint Registration ID Number (NOT NEEDED IF FOOD ONLY HOME) _____	
Primary Provider's Address: _____			
<input type="checkbox"/> Household Member		<input type="checkbox"/> I spend a significant amount of time in Primary Provider's Home	
1. INFORMATION ABOUT THE PERSON COMPLETING THIS FORM:			
First Name:		Middle Name:	Last Name: Please include any aliases/AKA
Social Security Number:	Date of Birth:	Sex:	Telephone Number:
2. CURRENT MARITAL STATUS			
Single		Married	Separated Divorced Widowed
3. CURRENT ADDRESS			
4. PREVIOUS ADDRESSES (past five years, most recent first, and include complete addresses and dates you resided there)			
a. _____			
b. _____			
c. _____			
d. _____			
Include additional sheets if necessary			
5. EMPLOYMENT HISTORY (past ten years, include dates of employment / explain gaps in employment)		6. EDUCATIONAL HISTORY (list most recent first) (University, College, Vocational Training and High School)	
Name of Employer Dates Employed		Name of Institution Dates Attended	
a. _____		a. _____	
b. _____		b. _____	
c. _____		c. _____	
d. _____		d. _____	
e. _____		e. _____	
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: Sex (M. F.)			
a. _____			
b. _____			
c. _____			
d. _____			
Include additional sheets if necessary			
8. INTERACTION WITH CYFD			
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.			
9. INTERACTION WITH LAW ENFORCEMENT			
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:			
10. 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 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
<hr/>			
Mailing Address	City/State	Zip	Phone #
<hr/>			
SS#	DOB	Provider Number	
<hr/>	<hr/>	<hr/>	

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*		
		H	S	NC
		H	S	NC
		H	S	NC
		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 _____

