



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF CHILD AND FAMILY SERVICES**  
**BUREAU OF SERVICES FOR CHILD CARE**  
4150 TECHNOLOGY WAY – 3<sup>RD</sup> FLOOR  
CARSON CITY, NEVADA 89706  
**Phone (775) 684-4463 Fax (775) 684-4464**  
[http://www.dafs.state.nv.us/DCFS\\_ChildCare.htm](http://www.dafs.state.nv.us/DCFS_ChildCare.htm)

**FINGERPRINT CARD INSTRUCTIONS**

Your background check should take place in the jurisdiction where you will be employed. If you change facilities, a valid child care work card issued by one jurisdiction may be valid in another jurisdiction without another background check (please consult with law enforcement where you will be employed or call the Bureau). The Bureau requires a new background check every six years.

The Nevada Department of Public Safety has recently notified the Bureau that incomplete fingerprint cards will be returned without processing. In addition, the cards **cannot** be processed if they have been altered in any manner, including "highlighting."

**Two fingerprint cards and a \$51.25 money order** made payable to Nevada Department of Public Safety must be submitted for each person. Most law enforcement agencies have an additional fee to roll the fingerprints; you will need to contact them directly for additional fee information.

One fingerprint card will be sent to the FBI for processing, which takes 8-12 weeks. The other card will remain at the Nevada Criminal History Repository where a Nevada background check is completed. The results of the Nevada check are received in 2-4 weeks. In addition, a child abuse/neglect check is completed on each employee in the agency's CANS (Child Abuse and Neglect System).

A clearance memo will be sent to the facility upon completion of the background clearance process. **The clearance memo must be kept in the employee's file as verification of background clearance status.** Employees should not be left alone with children until the clearance memo has been received.

The Bureau of Services for Child Care will initiate an appeal process for any criminal conviction or substantiated child abuse or neglect records found during the background clearance process.

You are responsible for returning both pages of the "Consent and Release Form for Fingerprinting and Criminal History Review" to the Bureau of Services for Child Care. This form allows us to receive investigation results and provides us with the name of the facility for which the person is employed or where the person has applied.

Please see the **SAMPLE** fingerprint card on the next page. **Do not fill in the SAMPLE.** Enter information on your own two fingerprint cards **as indicated for items 1-22.** **Complete all requested fields or the cards will be returned to you for completion, causing further delay.** All fingerprint cards must be typed or printed in black ink. The Nevada Department of Public Safety, Criminal History Repository, will not process fingerprint cards without the following information:

1. **NAME:** Print or type your name, last name first, in the space at the top center of the form.
2. **SIGNATURE OF PERSON FINGERPRINTED:** Your signature must be completed in the presence of the law enforcement agency.
3. **RESIDENCE OF PERSON FINGERPRINTED:** Print or type your street address and mailing address, if different, including the city, state, and zip code.
4. **DATE:** Do not fill in the date. The person taking your prints will date the card.
5. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:** The person taking your prints will sign the card.
6. **EMPLOYER (FACILITY) AND ADDRESS**
7. **REASON FINGERPRINTED: NRS 432A.175**
8. **ALIASES (AKA)**
9. **CITIZENSHIP (CTZ):** Print or type the name of the country of which you are a citizen.
10. **YOUR NO. (OCA):**  
 CCCC-NEW or CCCC-(facility number) (Carson City Child Care)  
 ELCC-NEW or ELCC-(facility number) (Elko Child Care)  
 LVCC-NEW or LVCC-(facility number) (Las Vegas Child Care)  
 LVOYP-NEW or LVOYP-(facility number) (Las Vegas Outdoor Youth Program)
11. **FBI NO. (FBI):** Leave this space blank.
12. **ARMED FORCES NO. (MNU):** Leave this space blank.
13. **SOCIAL SECURITY NO. (SOC)**
14. **MISCELLANEOUS NO. (MNU): 880140** (agency account number)
15. **SEX:** Enter 'M' for male or 'F' for female.
16. **RACE:** Enter 'A' (Asian); 'B' (Black); 'W' (White); 'I' (Indian); 'U' (Unknown).
17. **HGT:** Enter your height.
18. **WGT:** Enter your weight.
19. **EYES:** Enter your eye color.
20. **HAIR:** Enter your hair color.
21. **DATE OF BIRTH (DOB):** Enter the month, day and year of your birth.
22. **PLACE OF BIRTH (POB):** Enter the state or country where you were born (2-letter abbreviation).

<i>SAMPLE APPLICANT CARD</i>	LEAVE BLANK	(1) TYPE OR PRINT ALL INFORMATION IN BLACK						FBI	LEAVE BLANK
		LAST NAME <u>NAME</u> MIDDLE NAME (1)	FIRST NAME						
SIGNATURE OF PERSON FINGERPRINTED (2)		ALIASES <u>AKA</u> (8)	O NV920380Z R HUMAN RESOURCES I CHILD CARE SERV CARSON CITY, NV				DATE OF BIRTH DOB MONTH DAY YEAR (21)		
RESIDENCE OF PERSON FINGERPRINTED (3)		CITIZENSHIP <u>CTZ</u> (9)	SEX (15)	RACE (16)	HGT. (17)	WGT. (18)	EYES (19)	HAIR (20)	PLACE OF BIRTH POB (22)
DATE (4)	SIGNATURE OF OFFICIAL TAKING FP (5)	LEAVE BLANK							
EMPLOYER AND ADDRESS (6)		YOUR NO. <u>OCA</u> (10)							
		FBI NO. <u>FBI</u> (11)							
		ARMED FORCES NO. <u>MNU</u> (12)	CLASS _____						
REASON FINGERPRINTED (7)  NRS 432A.175		SOCIAL SECURITY NO. SOC (13)	REF. _____						
		MISCELLANEOUS NO. <u>MN</u> (14) 880140							