

# Child Care Fingerprint Criminal History Check Application

Neb. Rev. Stat. §71-1912 requires all child care staff members and individuals residing in a child care home who are 18 years of age or older to submit criminal history background checks. This application must be completed for each required individual. Failure to complete this application in its entirety or inaccurately will result in delayed eligibility results.

**Page 1:**

**Completed by all child care staff members, license exempt staff members, college students, and household members who are 18 years of age or older applying for a Criminal History Check.**

Legal Name: \_\_\_\_\_  
 Last First Middle Initial

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

ALL Previous Names: \_\_\_\_\_  
 aliases  maiden name  name change

**\*\*HAVE YOU BEEN MADE ELIGIBLE UNDER A DIFFERENT NAME**  No  Yes \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 \*For fastest outcomes, eligibility results can be provided via email.

**\*\*\*Please read the entire question before answering yes or no\*\*\***

	Yes	No
1. Are you a child care staff member, license exempt staff member, college student or household member, who has <b>NEVER been made eligible</b> (received an eligibility letter) and/or <b>NEVER been fingerprinted for child care</b> to work or reside in child care?  <i>If YES to #1, continue to #5. You MUST get fingerprinted.                      If NO to #1, continue to #2.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been fingerprinted and previously determined eligible to work or reside in a child care, but have <b>NOT worked or resided in a child care for 180 days or more</b> ?  <i>If YES to #2, Continue to #5. You MUST complete the fingerprinting process again. Children's Service Licensing will NOT distribute your previous eligibility status results to the child care listed below.                      If NO to #2, continue to #3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a child care staff member, license exempt staff member, college student, or household member and <b>already ELIGIBLE</b> (you have received an eligibility letter in the past) to work or reside in a child care?  <i>If YES to #3, Continue to #5. The eligibility letter will be sent to the child care listed on Page 2 of this application.                      If NO to #3, sign and date Page 1 of this application and have your employer move to Page 2.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>INELIGIBLE</b> – Were you determined ineligible to work or reside in child care and would like your background check reviewed again?  <i>If YES, you MUST be past the 30-day ineligibility appeal request timeframe. You must complete the fingerprinting process again and have your employer move to Page 2.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you lived outside of Nebraska in the last 5 years? If YES, which states? _____ <i>If YES to #5, you will be required to complete additional documents to request criminal records and child and adult abuse registry checks from the above listed state(s). The Department will make these request documents available to you. Sign and date Page 1 of this application and have your employer move to Page 2.</i>	<input type="checkbox"/>	<input type="checkbox"/>

I give consent for Children's Services Licensing to check a National Criminal History Record Information Check as well as Nebraska and out-of-state fingerprint and non-fingerprint-based registries and databases and provide my employment eligibility status to the identified child care program on Page 2. I also acknowledge that I have received the Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights disclosures as required by Federal law found at the end of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Children's Services Licensing Use Only**

NDEN \_\_\_\_\_ APS/CPS \_\_\_\_\_ Sex Offender \_\_\_\_\_ Date Checked \_\_\_ / \_\_\_ / \_\_\_ Out of State? Yes \_\_\_ No \_\_\_

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**Page 2:**

**Completed by the Director/Owner/License Exempt Providers of the Child Care Program**

Is your child care program <b>LICENSED</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	License Number: _____	<small>ONLY applies to new applicants PENDING a License Number OR College students</small>
Is your child care program license <b>PENDING</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child care program <b>LICENSE EXEMPT</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>License Exempt means:</b> Providers not subject to state licensure, caring for children in the provider's own home (not including their own children) or in the home of the child; regulated by Child Care Subsidy.	Subsidy Org or ID Number: _____	
Is your child care program <b>PENDING a LICENSE EXEMPT</b> number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child Care Program Name/License Exempt Program/College Program: Southeast Community College - Early Childhood Education Progr

Address: 8800 O Street, Room V14 ~ Lincoln, NE 68520 Phone Number: 402-437-2445

Child Care Program Email: Division Administrative Assistant - Jessica Vetter - jvetter@southeas

\*For fastest outcomes, eligibility results can be provided via program's email.

**Instructions for Child Care Program**

1. Child care staff member/License Exempt Staff Member/College Students/Household Members complete Page 1 and Child Care Program/License Exempt Program/College Program complete Page 2 of this application.
  
2. **SCC Students** ~ please deliver your completed application to the Lincoln Campus (8800 O Street, Room V14) OR scan/email to Jessica Vetter – [jvetter@southeast.edu](mailto:jvetter@southeast.edu)  

***Southeast Community College will scan and send your completed application to DHHS Child Care Licensing Services!!***

**If this application is NOT sent to Children's Services Licensing, a background check cannot be processed by the Nebraska State Patrol.**
  
3. Complete the fingerprinting process with the Nebraska State Patrol <https://statepatrol.nebraska.gov/services/fingerprinting>  

**OR**

If the location is not a Nebraska State Patrol Troop location, you must submit fingerprints to the following address:  
 Nebraska State Patrol-Criminal Identification Division  
 4600 Innovation Dr  
 Lincoln NE 68521
  
4. If a fee is required, payment must be made to Nebraska State Patrol. If payment is NOT made, background checks will not be processed.
  
5. A letter will be emailed to the email address(es) provided by the child care program and/or the applicant. The child care program is responsible for keeping a copy readily available.

*I acknowledge that I understand the instructions above and attest the information provided by the applicant is true and accurate to the extent of my knowledge.*

**Owner/Director Signature:** Southeast Community College **Date:** \_\_\_\_\_