



Tennessee Department of Human Services
**Child Care Fingerprint Sample Registration/Criminal/Juvenile History
 & State Registry Review Disclosure**

Fingerprint Registration Website & Call Number: <http://www.identogo.com> 1-855-226-2937

**IF YOU FALSIFY INFORMATION ON THIS FORM,
 YOU WILL BE SUBJECT TO CRIMINAL PROSECUTION**

Note to Applicant: Log on to www.identogo.com or call 1-855-226-2937 to register and to schedule an appointment to provide your fingerprint sample. Be prepared to provide the information on this form when you register online or by phone. You must bring a valid state or federal photo ID (driver's license, passport, military ID). The fingerprint technician will give you a receipt after you have submitted your fingerprint sample, and you must return this receipt to the agency. The agency must attach the receipt to this form, which must be filed with the agency's staff records.

DHS ORI #: TN DHS 000Z

TRANSACTION TYPE – DT



1. Have you gotten fingerprinted within the last 5 years? Yes No
 2. Have you worked in another TN DHS Child Care Facility in the last 180 days? Yes No
- If you answered YES to both questions, please visit the following link to request a transfer:
<https://www.tn.gov/humanservices/for-families/child-care-services/background-checks-for-child-care-employees/180-transfer.html>

| | | | |
|--|---------------|-------------------------------|-------------------------|
| Name of Agency | | | |
| Full Provider ID (FEIN) # (including extension/suffix) | | | |
| Street Address of Agency | | | |
| Agency Email | | | |
| Part 1: Applicant Information | | | |
| Last Name | | First Name | Full Middle Name |
| Please list any other names you have ever used, including maiden name: | | | |
| Date of Birth | | Social Security Number | |
| Place of Birth | City | | State |
| Home Address | Street | | |
| City | | County | |
| State | | Zip Code | |
| Daytime Phone | | Alternate Phone | |
| Applicant Email | | | |
| Sex | | Race | |
| Hair Color | | Eye Color | |
| Height | | Weight | |

TDHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

| | | | |
|---|--|--|--|
| Applicant name: | | Applicant Social Security Number: | |
| Start Date & Position Verification (information in this box to be completed by the agency director): | | | |
| Position: | | Prospective Start Date | |

For Drivers ONLY

Will the duties of the person identified in Part 1 include driving for the agency? Yes No

If yes, please provide the following:

| | | | |
|--------------------|--|-------|--|
| Driver's License # | | State | |
|--------------------|--|-------|--|

List work history for the last five (5) years. If you need more space, use a separate sheet of paper.

| Employer Name | From | To | Your Position |
|---------------|------|----|---------------|
| | | | |
| | | | |

Part 2: Out of State Information

Please list the states (other than Tennessee) that you have lived, worked, or attended school in during the past five (5) years (if you currently reside in a state other than TN, please list that state below):

| State | From (date) | To (date) |
|-------|-------------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |

For Out-of-State Applicants Only

To complete your file please visit this website and follow the instructions for the specific state(s) that you have lived in:
<https://www.tn.gov/content/tn/humanservices/for-families/child-care-services/background-checks-for-child-care-employees/child-care-out-of-state-registry-check0/out-of-state-registry-check--if-you-work-for-a-child-care-in-tn-.html>

Or scan this QR code:



| | | | |
|------------------------|--|--|--|
| Applicant name: | | Applicant Social Security Number: | |
|------------------------|--|--|--|

Part 3: Additional Questions:

Employment with a childcare agency depends upon the outcome of the criminal/juvenile history background check and state registry reviews. This means that if a criminal or juvenile history background check determines that you have been convicted, or have pled guilty or no contest to certain crimes, or a juvenile court has found that you committed an offense that would be an excludable crime if you were an adult, or if you have certain pending criminal or juvenile charges, or you are indicated on the Department of Children’s Services indicated abuse perpetrator Registry, the Department of Health’s Vulnerable Persons Registry, the Tennessee Bureau of Investigation’s Sexual Offender Registry, you will not be able to be work in, volunteer at, provide substitute services to, reside in, or have any access whatsoever to the agency.

You must answer the following questions even if your records, including juvenile records, were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or lawyer, told you that you no longer have a record.

Have you **EVER**:

- | | | |
|---|-----|----|
| 1. been arrested, cited, or detained by any law enforcement officer (including military police) | Yes | No |
| 2. been charged with committing any crime or offense as a juvenile or an adult? | Yes | No |
| 3. been convicted/found to have committed, pled guilty or pled no contest to any crime or juvenile offense? | Yes | No |
| 4. been arrested for, charged with, convicted/found to have committed, pled guilty or pled no contest to DUI or DWI? | Yes | No |
| 5. been placed in an alternative sentencing or rehabilitative program as a juvenile or an adult? (For example: diversion, deferred prosecution, withheld adjudication)? | Yes | No |
| 6. received a suspended sentence, been placed on probation, or been paroled? | Yes | No |
| 7. been in jail, prison, or a juvenile/youth detention facility? | Yes | No |
| 8. been charged with the violation of an order of protection? | Yes | No |
| 9. been listed on the TBI sexual offender registry or sexual offender registry in any other state? | Yes | No |
| 10. been listed in the TN Department of Health vulnerable persons registry? | Yes | No |
| 11. been listed on the TN, or any other state’s, Department of Children’s Services’ indicated abuse perpetrator registry for abuse or neglect? | Yes | No |

You must complete the following table if you answered “YES” to any of the questions in 1 through 11 of Part 3 above: (if you need more space, please use a separate sheet)

| What was the criminal charge, juvenile offense, or registry listing? | Date | Location | Outcome or Disposition |
|--|------|----------|------------------------|
| | | | |
| | | | |
| | | | |

Please explain any circumstances that should be considered in determining whether to allow you to work in, volunteer at, provide substitute services to reside in, or have any access whatsoever to the center/agency:

| | | | |
|------------------------|--|--|--|
| Applicant name: | | Applicant Social Security Number: | |
|------------------------|--|--|--|

The penalty for falsification of the information required on this form is criminal prosecution and can result in a jail sentence of up to eleven (11) months and twenty-nine (29) days or a fine of up to twenty-five hundred dollars (\$2500), or both.

By signing, I Certify that in any state I have resided in the last five (5) years. I have not been indicated and am not listed on any state administrative registries for child abuse, Vulnerable persons, sex offender, or any equivalent state administrative registry. I also certify that for any state I have resided in during that past five (5) years, I am not currently charged with, have not been convicted of, pled guilty or no contest to, or otherwise committed an offense that requires exclusion from access to licensed childcare agencies pursuant Tennessee law (Tenn. Code Ann. 71-3-507)

I certify, under penalty of law, that the information I have provided is complete and accurate. I authorize the release of any adult criminal or juvenile offense, or any abuse registry records, or any information in the records, and any disclosures made in this form, to the agency at which I will be employed and to the Department of Human Services and any person or entity it may designate to assist in the review of my criminal/juvenile or abuse registry history.

| | |
|----------------------------|------|
| Applicant Signature | Date |
| Applicant Fingerprint Date | |

I acknowledge that the law requires a fingerprint application to be submitted for this individual and attest that the information within this box is accurate.

| | | | |
|----------------------------------|--|-------------|--|
| Agency Director Signature | | Date | |
|----------------------------------|--|-------------|--|

The information on this page serves as written notification that your fingerprints will be used to check the criminal history records of the FBI. If you have a criminal history record, and you wish to complete or challenge the accuracy of the information in the record, please follow the procedures outlined below.

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 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 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.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 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.)

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)

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.