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# Become a Registered Home Childcare Provider

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Revised Oct. 04, 2021

PO Drawer 5619  
Santa Fe, New Mexico 87502-5619

# EARLY CHILDHOOD EDUCATION & CARE DEPARTMENT

## CHILD CARE PROVIDER NON-LICENSED REQUIREMENTS

Thank you for your interest in applying to be a registered provider to operate a non-licensed child care home. Starting a home child care program may seem complicated at first, but there is help available to assist you in starting and maintaining a quality child care program that meets the Health, Safety and Nutritional requirements of the children in your home. There are several categories of registrations available for providers:

- **Registered Home** is eligible to participate with both the Child & Adult Care Food Program and Child Care Assistance Program. All adult household are required to obtain a full background check clearance for this type of registration. Providers are responsible for all applicable federal and state taxes (income and gross receipts) for monies received from ECECD. The Department will issue IRS Form 1099 (earning statements) at the end of each year.
- **Registered Home- Food Only** is eligible to participate with the Child & Adult Care Food Program only. Only the primary caregiver is required to obtain a full background check clearance. All other household members are required to undergo a child abuse and neglect screen.
- **Exempt Home** is eligible to participate with the Child Care Assistance Program but who is exempt from participating in the Child & Adult Care Food Program because he or she is caring only for resident children or does not provide child care during the hours when a meal is served. All adult household members are required to obtain a full background check clearance for this type of registration. Providers are responsible for all applicable federal and state taxes (income and gross receipts) for monies received from ECECD. The Department will issue an IRS Form 1099 (earning statement) at the end of each year.

Listed below are the requirements that must be completed to become a registered home provider.

**Step 1- Background Check process.** Complete and follow the guidelines in the Background check and fingerprint instructions section.

**Registered Homes** and **Exempt Homes** require full background check clearances for ALL adult household members. Cost for background check clearance is \$44 per applicant.

**Registered Home- Food Only** requires a background check clearance for the primary caregiver only. All other household members are required to undergo a child abuse and neglect screen.

**Note:** You must choose and list a food sponsor on your background check application. A list of The food sponsor agencies is included in Step 4 of this packet.

**Step 2- Application process.** Once you receive your Background check approval letter(s), **submit** the following completed documents to your local Child Care Specialist:

- A. Non- Licensed Registered Family Child Care Home Application
- B. Copy of all approved background check clearance letters (all pages).
- C. Copy of your Photo ID and Social Security Card or Federal Employer Identification Number (FEIN) documentation.
- D. Proof of physical address for home being registered
- E. Provider Participation Agreement (PPA)
- F. Vendor Registration/W-9 (**for providers who are going to participate in the Child Care Assistance Program**)

Once your application and supporting documents are received, the Child Care Specialist will contact you to schedule a visit within 14 calendar days.

**Step 3 - Prepare for Home visit:**

- A. Have your \$15.00 annual processing fee: Must be in the form of a Money Order or a Cashier's Check **(Payable to ECECD, this is non-refundable)**
- B. Have Background Check clearance letter(s) available in your records.
- C. Review Regulations 8.17.2 NMAC.
- D. Review Checklist for Home Visit to make certain you meet all the requirements.
- E. Once home visit is completed and the provider and home are in compliance, the Child Care Home Registration form will be completed and issued to child care provider.

**Step 4. Contact Child Care Food Program:**

**Once you have received your approved Child Care Home Registration form, you will need to contact the Child Care Food Program Sponsor you chose during the background check process. The Food Sponsoring agency will conduct a home visit and issue a Child and Adult Care Food Program Application and Agreement verifying your participation with the food program. This documentation will be submitted to the Santa Fe Central office. The approval date from the Child and Adult Care Food Program Application will authorize you to begin receiving State Subsidy payments unless otherwise exempt.**

**If you fail to submit ALL of the information requested or if you do not comply with the Early Childhood Education & Care Department (ECECD) Non-Licensed Child Care Home registration standards, you will not be registered. You will not be eligible as a child care provider for ECECD Child Care Services Bureau to receive subsidy payments and you will not be eligible to participate in the CACFP reimbursement program.**

If you have any questions regarding the registration process please feel free to contact any of your local Child Care Specialists.

Thank you!

**CHILD CARE SERVICES BUREAU OFFICES  
REGISTERED HOMES UNIT  
CHILD CARE SPECIALIST PHONE LIST**

**CENTRAL REGION**

**Bernalillo, Sandoval, Socorro, Valencia Counties**

<b>Margaret Williams, Regulatory Oversight Regional Manager</b> 3401 Pan American Freeway NE, Albuquerque, NM 87107	Margaret.Williams2@state.nm.us	(505) 841-4840	(505) 841-4826
<b>Peggy Martin, Child Care Compliance Supv.</b> 3401 Pan American Freeway NE, Albuquerque, NM 87107	Peggy.Martin@state.nm.us	(505) 841-4827	(505) 841-4826
<b>Alicia Guerra Sr. Child Care Specialist</b> 3401 Pan American Freeway NE, Albuquerque, NM 87107	Alicia.Guerra-Felix@state.nm.us	(505) 841-4811	(505) 841-4803
<b>Vacant, Child Care Specialist</b> 3401 Pan American Freeway NE, Albuquerque, NM 87107			
<b>Vacant, Child Care Specialist</b> 3401 Pan American Freeway NE, Albuquerque, NM 87107			
<b>Vacant, Child Care Specialist</b> 3401 Pan American Freeway NE, Albuquerque, NM 87107			

**NORTHERN REGION**

**Cibola, McKinley, San Juan, San Miguel, Mora, Colfax, Harding, Union, Santa Fe,  
Torrance, Taos, Rio Arriba, Los Alamos Counties**

<b>Diana Martinez, Child Care Compliance Supv.</b> 1920 5th Street, Santa Fe, NM 87505	Diana.Martinez2@state.nm.us	(505) 827-3814	(505) 827-4250
<b>Rafael Garcia-Castaneda, Sr. Child Care Specialist</b> 1920 5th Street, Santa Fe, NM 87505	Rafael.GarciaCastan@state.nm.us	(505) 476-2319	(505) 827-4250
<b>Jacob Romero, Child Care Specialist</b> 1920 5th Street, Santa Fe, NM 87505	JacobC.Romero@state.nm.us	(505) 476-2329	(505) 827-4250
<b>Valanesia Johnson, Child Care Specialist</b> 1720 East Aztec Ave. Gallup, NM 87301	Valanesia.Johnson@state.nm.us	(505) 863-5167	(505) 863-0812

**SOUTHWEST REGION**

**Dona Ana, Grant, Hidalgo, Catron, Luna, Otero, Lincoln, Sierra Counties**

<b>Allen Anderson, Regulatory Oversight Regional Manager</b> #4 Grand Ave. Plaza Ste A, Roswell, NM 88202	Allen.Anderson@state.nm.us	(575) 625-1078	(575) 373-6648
<b>Mary Arrey, Child Care Compliance Supv.</b> 2805 Roadrunner Pkwy. Las Cruces, NM 88011	Mary.Arrey@state.nm.us	(575) 373-6609	(575) 373-6648
<b>Joel Gonzalez, Sr. Child Care Specialist</b> 2805 Roadrunner Pkwy. Las Cruces, NM 88011	JoelS.Gonzalez@state.nm.us	(575) 373-6620	(575) 373-6648
<b>James Joseph Flores, Child Care Specialist</b> 2805 Roadrunner Pkwy. Las Cruces, NM 88011	JamesJ.Flores@state.nm.us	(575) 373-6638	(575) 373-6648
<b>Sergio Contreras, Child Care Specialist</b> 2805 Roadrunner Pkwy. Las Cruces, NM 88011	Sergio.Contreras@state.nm.us	(575) 373-6618	(575) 373-6648
<b>Vacant, Child Care Specialist</b> 2805 Roadrunner Pkwy. Las Cruces, NM 88011			
<b>Marcela Quezada, Child Care Specialist</b> 2805 Roadrunner Pkwy. Las Cruces, NM 88011	Marcela.Quezada@state.nm.us	(575) 373-6636	(575) 373-6648
<b>Maura Barraza, Child Care Specialist</b> 945 Anthony, Anthony, NM 88021	Maura.Barraza@state.nm.us	(575) 882-7871 x. 1207	(575) 882-2996
<b>Zeelica Molina, Child Care Specialist</b> 945 Anthony, Anthony, NM 88021	Zeelica.Molina@state.nm.us	(575) 882-7871 x. 1208	(575) 882-2996

**SOUTHEAST REGION**

**Curry, DeBaca, Guadalupe, Chaves, Lea, Eddy, Roosevelt, Quay counties**

<b>Vacant, Child Care Compliance Supv.</b> #4 Grand Ave. Plaza Ste A, Roswell, NM 88202			
<b>Esther Lara, Child Care Specialist</b> #4 Grand Ave. Plaza Ste A, Roswell, NM 88202	Esther.Lara@state.nm.us	(575) 625-1078	(575) 625-6748

# Step 1:

## BACKGROUND CHECK AND FINGERPRINT INSTRUCTIONS

### Included in this section:

- Steps For Background Check
- Background Check Packet
- Fingerprint Locations

Complete and follow the guidelines in the Background check and fingerprint instructions included in this section.

- Registered Homes** and **Exempt Homes** require full background check clearances for ALL adult household members. Cost for background check clearance is \$44 per applicant.
- Registered Home- Food Only** requires a background check clearance for the primary caregiver only. All other household members are required to undergo a child abuse and neglect screen.

**Note:** You must choose and list a food sponsor on your background check application. A list of food sponsor agencies is included in Step 4.

## Steps for Background Check

### **Subsidy & Food**

If you are planning on receiving contracts/subsidy money from ECECD, the primary caregiver and all adults (18 years and older) must go through a full background check and pay \$44 per applicant.

*For example: I am a caregiver who wants to watch 4 or less children in my own home. My husband, son and I moved to New Mexico two years ago from Colorado. The children I plan to watch have a contract with ECECD for child care assistance (subsidy). I have two adult household members (my husband and adult son) who also live with me. I must get fingerprinted and send in the Application for Background Check-Registered Home form, the Abuse and Neglect Check Authorization form and my fingerprint submission number to the Santa Fe Background Check Unit. My husband and my son must each get fingerprinted and send in their Adult Written Statement forms, their Abuse and Neglect Check Authorization forms along with their fingerprint submission numbers to the Santa Fe Background Check Unit.*

#### **Primary Caregiver must:**

- Register at [www.aps.gemalto.com](http://www.aps.gemalto.com) or call (877) 996-6277
  - The ORI (employer) number is **NM920120Z** and the reason is **Child Care Licensing**
  - You will be issued a Fingerprint Registration ID Number after registration
- Pay the \$44 processing fee. Payment can be made by credit card at the time of registration (online or by phone) OR by money order made payable to 3M Cogent at the time of fingerprinting.
- Complete the Application for Background Check-Registered Home (front and back) and put your Fingerprint Registration ID Number on the top of the application
  - Select Registered Home -Food and Subsidy on top left corner of the application
  - You must choose a Food Sponsor to put on your application (list of Food Sponsors will be made available to you)
- If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- Go to one of the listed fingerprint locations and have fingerprints scanned
  - You will be issued a Fingerprint Submission Number (TCN number)
- Mail, fax, or email the *Application for Background Check-Registered Home, TCN number and, if applicable, the Abuse and Neglect Check Authorization form* to:

ECECD Background Check Unit  
PO Drawer 5619  
Santa Fe, NM 87502  
Fax: (505) 827-7422  
Email: [ECECD.BCU@state.nm.us](mailto:ECECD.BCU@state.nm.us)

#### **Household Members (18 years of age or older) must:**

- Register at [www.aps.gemalto.com](http://www.aps.gemalto.com) or call (877) 996-6277
  - The ORI (employer) number is **NM920120Z** and the reason is **Child Care Licensing**
  - You will be issued a Fingerprint Registration ID Number after registration
- Pay the \$44 processing fee. Payment can be made by credit card at the time of registration (online or by phone) OR by money order made payable to 3M Cogent at the time of fingerprinting.
- Complete the Adult Written Statement form (one page) and put your Fingerprint Registration ID Number on the top of the form
- If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- Go to one of the listed fingerprint locations and have your fingerprints scanned
  - You will be issued a Fingerprint Submission Number (TCN number)
- Mail, fax, or email the *Application for Background Check-Registered Home, TCN number and, if applicable, the Abuse and Neglect Check Authorization form* to:

ECECD Background Check Unit  
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Santa Fe, NM 87502  
Fax: (505) 827-7422  
Email: [ECECD.BCU@state.nm.us](mailto:ECECD.BCU@state.nm.us)

**Food-Only**

If you do not wish to receive contracts/subsidy money from ECECD, then only the primary caregiver will obtain a full background check and pay the \$44 fee. All other household members (18 years and older) will need to have a child abuse and neglect screen done.

*For example: I am a caregiver who wants to watch 4 or less children in my own home. The children I plan to watch do not have a contract with CYFD for child care assistance (subsidy) so I will only be participating in the food program. I have two adult household members (my husband and adult son) who also live with me. I must get fingerprinted and send in the Application for Background Check-Registered Home form and my fingerprint submission number to the Santa Fe Background Check Unit. My husband and my son must do not need to be fingerprinted. They only need to send in their Adult Written Statement forms to the Santa Fe Background Check Unit.*

**Primary Caregiver must:**

- Register at [www.aps.gemalto.com](http://www.aps.gemalto.com) or call (877) 996-6277
  - The ORI (employer) number is **NM920120Z** and the reason is **Child Care Licensing**
  - You will be issued a Fingerprint Registration ID Number after registration
- Pay the \$44 processing fee. Payment can be made by credit card at the time of registration (online or by phone) OR by money order made payable to 3M Cogent at the time of fingerprinting.
- Complete the Application for Background Check- Registered Home (front and back) and put your Fingerprint Registration ID Number on the top of the application
  - Select Registered Home -Food Only on top left corner of the application
  - You must choose a Food Sponsor to put on your application (list of Food Sponsors will be made available to you)
- If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- Go to one of the listed fingerprint locations and have fingerprints scanned
  - You will be issued a Fingerprint Submission Number (TCN number)
- Mail, fax, or email the *Application for Background Check-Registered Home, TCN number and, if applicable, the Abuse and Neglect Check Authorization form* to:

ECECD Background Check Unit  
PO Drawer 5619  
Santa Fe, NM 87502  
Fax: (505) 827-7422  
Email: [ECECD.BCU@state.nm.us](mailto:ECECD.BCU@state.nm.us)

**Household Members (18 years of age or older):**

- Each adult household member must complete the Adult Written Statement only (fingerprints are NOT required for household members)
- If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- Mail, fax, or email the *Adult Written Statement(s) and, if applicable, the Abuse and Neglect Check Authorization form(s)* to:

ECECD Background Check Unit  
PO Drawer 5619  
Santa Fe, NM 87502  
Fax: (505) 827-7422  
Email: [ECECD.BCU@state.nm.us](mailto:ECECD.BCU@state.nm.us)

**Exempt (Subsidy-only because children live in the registered home)**

If you are planning on receiving contracts/subsidy money from ECECD for children who reside in your home, the primary caregiver and all adults (18 years and older) must go through a full background check and pay \$44 per applicant.

*For example: I am a caregiver who wants to watch my grandchildren you live my home with their mother. The children have a contract with ECECD for child care assistance (subsidy). I have two adult household members, my daughter (the children's mother) and my adult son who also live with me. I must get fingerprinted and send in the Application for Background Check-Registered Home form and my fingerprint submission number to the Santa Fe Background Check Unit. My daughter and my son must each get fingerprinted and send in their Adult Written Statement forms along with their fingerprint submission numbers to the Santa Fe Background Check Unit.*

**Primary Caregiver must:**

- Register at [www.aps.gemalto.com](http://www.aps.gemalto.com) or call (877) 996-6277
  - The ORI (employer) number is **NM920120Z** and the reason is **Child Care Licensing**
  - You will be issued a Fingerprint Registration ID Number after registration
- Pay the \$44 processing fee. Payment can be made by credit card at the time of registration (online or by phone) OR by money order made payable to **3M Cogent** at the time of fingerprinting.
- Complete the Application for Background Check- Registered Home (front and back) and put your Fingerprint Registration ID Number on the top of the application
  - Select Registered Home -Food and Subsidy on top left corner of the application
  - Please note: Exempt providers leave the Food Sponsor section blank
- If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- Go to one of the listed fingerprint locations and have fingerprints scanned
  - You will be issued a Fingerprint Submission Number (TCN number)
- Mail, fax, or email the *Application for Background Check-Registered Home, TCN number and, if applicable, the Abuse and Neglect Check Authorization form* to:

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**Household Members (18 years of age or older) must:**

- Register at [www.aps.gemalto.com](http://www.aps.gemalto.com) or call (877) 996-6277
  - The ORI (employer) number is **NM920120Z** and the reason is **Child Care Licensing**
  - You will be issued a Fingerprint Registration ID Number after registration
- Pay the \$44 processing fee. Payment can be made by credit card at the time of registration (online or by phone) OR by money order made payable to **3M Cogent** at the time of fingerprinting.
- Complete the Adult Written Statement form (one page) and put your Fingerprint Registration ID Number on the top of the form
- If you have lived outside of New Mexico during the last five (5) years, please complete the Abuse and Neglect Check Authorization form. Please disregard if you've lived in New Mexico for the past 5 years.
- Go to one of the listed fingerprint locations and have your fingerprints scanned
  - You will be issued a Fingerprint Submission Number (TCN number)
- Mail, fax, or email the *Adult Written Statement, Abuse and Neglect Check Authorization form, TCN number and, if applicable, the Abuse and Neglect Check Authorization form* to:

ECECD Background Check Unit  
PO Drawer 5619  
Santa Fe, NM 87502  
Fax: (505) 827-7422  
Email: [ECECD.BCU@state.nm.us](mailto:ECECD.BCU@state.nm.us)



# Step 2:

## APPLICATION PROCESS

### **Included in this section:**

- Non-Licensed Registered Family Child Care Home Application
- Provider Participation Agreement (PPA)
- Vendor Registration/W-9 (for providers who are going to participate in the Child Care Assistance Program/Subsidy only)

Once you receive your Background check approval letter(s), **submit** the following completed documents to your local Child Care Specialist:

- A.** Completed Non-Licensed Registered Family Child Care Home Application
- B.** Copy of all approved background check clearance letters (all pages).
- C.** Copy of your Photo ID
- D.** Social Security Card (if applicable) or Federal Employer Identification Number (FEIN) documentation.
- E.** Proof of physical address for home being registered
- F.** Completed Provider Participation Agreement (PPA)
- G.** Completed Vendor Registration/W-9 (**for providers who are going to participate in the Child Care Assistance Program/Subsidy only**)

Once your application and supporting documents are received, the Child Care Specialist will call you to schedule a visit within 14 calendar days.



State of New Mexico  
EARLYCHILDHOOD EDUCATION & CARE DEPARTMENT



NON-LICENSED REGISTERED FAMILY CHILD CARE HOME APPLICATION

Applications are processed within 15 days of receiving the completed application and required documentation. Please answer all questions completely using a black or blue pen. Please print legibly.

<b>PURPOSE OF APPLICATION</b>			
<input type="checkbox"/> <b>INITIAL (New Applicant)</b> <input type="checkbox"/> Copy of Background Check(s) <input type="checkbox"/> Copy of Driver's License or Picture ID <input type="checkbox"/> Copy of Social Security Card (if applicable) or FEIN documentation <input type="checkbox"/> Proof of physical address <input type="checkbox"/> \$15.00 money order or cashier's check  <input type="checkbox"/> <b>ANNUAL</b> <input type="checkbox"/> Copy of Driver's License or Picture ID <input type="checkbox"/> Copy of Social Security Card (if applicable) or FEIN documentation <input type="checkbox"/> \$15.00 money order or cashier's check	<input type="checkbox"/> <b>CHANGE OF NAME</b> <input type="checkbox"/> Copy of Driver's License or Picture ID <input type="checkbox"/> Copy of Social Security Card (if applicable) or FEIN documentation <input type="checkbox"/> Proof of legal name change <input type="checkbox"/> \$15.00 money order or cashier's check  <input type="checkbox"/> <b>CHANGE OF ADDRESS</b> <input type="checkbox"/> \$15.00 money order or cashier's check <input type="checkbox"/> Please list previous address below: _____ _____	<input type="checkbox"/> <b>CHANGE OF REGISTRATION TYPE/STATUS (please select one)</b> <input type="checkbox"/> Food-Only to Subsidy & Food status <input type="checkbox"/> Copy of background check clearance letters for all adult (18+) household members  <input type="checkbox"/> Subsidy & Food to Food-Only status <input type="checkbox"/> Subsidy & Food to Exempt status <input type="checkbox"/> Food-Only to Exempt status <input type="checkbox"/> Copy of background check clearance letters for all adult (18+) household members <input type="checkbox"/> Exempt to Subsidy & Food status	
<b>PRIMARY CAREGIVER INFORMATION</b>			
LEGAL NAME (FIRST, MIDDLE, LAST): _____			
PHYSICAL ADDRESS: _____			
(STREET) (CITY) (STATE) (ZIP)			
MAILING ADDRESS: _____			
(STREET) (CITY) (STATE) (ZIP)			
PRIMARY PHONE: _____ HOME PHONE: _____ CELL PHONE: _____			
SOCIAL SECURITY NUMBER (IF APPLICABLE)(NO DASHES): _____			
DATE OF BIRTH: _____			
PRIMARY LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER: _____			
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER: _____			
RACE/ETHNICITY (OPTIONAL): <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER: _____			
E-MAIL ADDRESS: _____			
FEIN (TAX ID) NUMBER(IF APPLICABLE)(NO DASHES): _____			
FOOD SPONSOR: _____ FOOD SPONSOR'S PROVIDER NUMBER (IF APPLICABLE): _____			
ANTICIPATED DAYS/HOURS OF OPERATION: From: _____ AM To: _____ PM			
<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN			
LICENSED FOSTER/ TREATMENT FOSTER CARE PROVIDER: <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE THE CHILDREN YOU WILL BE PROVIDING CARE FOR : <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> BOTH			

HOUSEHOLD COMPOSITION: LIST ALL ADULTS (18+) INCLUDING YOURSELF, LIVING IN THE HOME (FIRST, MIDDLE, LAST NAME)	SOCIAL SECURITY NUMBER	DATE OF BIRTH MM/DD/YYYY	GENDER (M / F)
ADULTS SPENDING A SIGNIFICANT AMOUNT OF TIME IN THE HOME (FIRST, MIDDLE, LAST NAME)	SOCIAL SECURITY NUMBER	DATE OF BIRTH MM/DD/YYYY	GENDER (M / F)

HAVE YOU (OR ANY OTHER ADULT LIVING IN THE HOME) EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?  
 YES  NO

IF YES, STATE THE ADULT, TYPE OF CONVICTION(S), DATE, JUDGE, COURT OF JURISDICTION, AND ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ HEREBY CERTIFY THAT I HAVE NEVER HAD AN ARREST  
 (PRINT FIRST, MIDDLE, LAST NAME)  
 OR SUBSTANTIATED REFERRAL TO A CHILD PROTECTIVE SERVICES AGENCY.

PLEASE READ AND INITIAL EACH STATEMENT BELOW:

\_\_\_\_\_ I CERTIFY THAT I RESIDE IN AND CARE WILL BE PROVIDED AT THE ADDRESS LISTED ON THIS APPLICATION.

\_\_\_\_\_ I CERTIFY THAT I HAVE READ AND UNDERSTAND THE REGULATIONS FOR NON-LICENSED FAMILIES CHILD CARE HOMES 8.17.2 NMAC. I ASSUME RESPONSIBILITY FOR THE CONDUCT, AFFAIRS AND DEALINGS OF THE FAMILY CHILD CARE HOME FOR WHICH THE REGISTRATION IS REQUESTED. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ENSURING THAT MY CHILD CARE HOME COMPLIES WITH CURRENT NON-LICENSED FAMILY CHILD CARE HOME REGULATIONS.

\_\_\_\_\_ I UNDERSTAND THAT THE FAMILY CHILD CARE HOME IS SUBJECT TO INSPECTION BY THE CHILDREN, YOUTH AND FAMILY AUTHORIZED PERSONNEL DURING ALL HOURS OF OPERATION AND THAT PICTURES MAY BE TAKEN AT THE TIME OF ANY VISIT.

\_\_\_\_\_ I UNDERSTAND THAT FAILURE TO COMPLY WITH THE CURRENT NON-LICENSED FAMILY CHILD CARE HOME REGULATIONS MAY RESULT IN DENIAL, SUSPENSION OR REVOCATION OF THE REGISTRATION TO OPERATE A FAMILY CHILD CARE HOME.

\_\_\_\_\_ I CERTIFY I AM OVER EIGHTEEN (18) YEARS OF AGE AND DO HEREBY FILE THIS APPLICATION TO OPERATE A FAMILY CHILD CARE HOME FOR A PERIOD NOT TO EXCEED ONE (1) CALENDAR YEAR.

\_\_\_\_\_ I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF WHAT I HAVE REPORTED IS FOUND TO BE INCORRECT, MY APPLICATION MAY BE DENIED OR MY REGISTRATION TERMINATED.

**PRIMARY CAREGIVER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**STATE OF NEW MEXICO EARLY CHILDHOOD EDUCATION & CARE DEPARTMENT  
PROVIDER PARTICIPATION AGREEMENT**

Child Care providers must comply with Child Care licensing regulation 8.16.2 NMAC or Child Care non-licensed regulation 8.17.2 NMAC. Please complete this form once you become an eligible Child Care provider and every year upon certification. This form is confidential and will not be part of public record.

**SECTION I - PROVIDER INFORMATION**

Legal Name (business or person providing care, as it appears on your Federal tax form)	Primary Phone Number	FEIN (Tax ID) or Social Security Number (DO NOT USE DASHES)	
Mailing Address (for checks) Number, Street, PO Box	City	State	Zip Code
Marital Status (home care only): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other	Date of Birth (home care only):		
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 _____		

Registered Provider - Start Date (Renewals Only): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Child & Adult Care Food Program Participant (CACFP)  
 CACFP Exempt

CACFP Provider Only / Food Only - Start Date (Renewals Only): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Licensed License Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Care will be provided in:  Center  Provider's Home  Child's Home

HOUSEHOLD COMPOSITION LIST ALL ADULTS (18+) INCLUDING YOURSELF, LIVING IN THE HOME (FIRST, MIDDLE, LAST NAME)	SOCIAL SECURITY NUMBER	DATE OF BIRTH MM/DD/YYYY	GENDER (M / F)
ADULTS SPENDING A SIGNIFICANT AMOUNT OF TIME IN THE HOME (FIRST, MIDDLE, LAST NAME)	SOCIAL SECURITY NUMBER	DATE OF BIRTH MM/DD/YYYY	GENDER (M / F)

**SECTION III - PROVIDER SIGNATURE**

I understand that the information I have provided is true and accurate to the best of my knowledge and Early Childhood Education & Care Department (ECECD) 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 or the organization listed above to the requirements of this agreement.

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Print Name

**SECTION IV – PROVIDER AGREEMENT: Providers must comply with 8.15.2 NMAC and 8.16.2 NMAC or 8.17.2 NMAC in addition to the below statements. Please read and initial each statement.**

**ALL PROVIDERS**

- \_\_\_\_\_ I understand that I am not an employee of ECECD 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 parents/guardians may choose to transfer the child(ren) to another provider.
- \_\_\_\_\_ I understand that parents/guardians may visit their child(ren) at any time and that a caregiver will be available to discuss issues or concerns with the parents/guardians while the children are in their care.
- \_\_\_\_\_ I understand that I must keep daily attendance records for each child and make them available upon request from ECECD.
- \_\_\_\_\_ I certify that all caregivers are age 18 or older.
- \_\_\_\_\_ I understand that I have the right to accept or not accept a child into my care. I also understand that this decision will not be based on race, color, sex, religious creed, national origin or political beliefs of the child(ren) or parent(s).
- \_\_\_\_\_ I understand that I am responsible for the health, safety and well-being of children while they are in my care. I understand that I must meet the standards established in 8.16.2 NMAC or 8.17.2 NMAC or military authorities.
- \_\_\_\_\_ I understand that children in my care will receive nutritious meals and snacks and will meet age-appropriate USDA requirements.
- \_\_\_\_\_ I understand that I will not receive payment from ECECD or the Child and Adult Food Program (CACFP) until I am approved as a provider, begin to provide care for a child or children and meet the requirements set forth by ECECD.
- \_\_\_\_\_ I understand that if I move or change my name, I must submit a new application and pay the processing charge prior to the occurrence and receive a new on-site health and safety inspection by the department.

**PROVIDER ONLY RECEIVING SUBSIDY**       I certify that I do not receive subsidy from ECECD for child care. Initial \_\_\_\_\_

- \_\_\_\_\_ I agree to participate as a child care provider in the child care assistance program as administered by the ECECD and comply with all state and federal requirements.
- \_\_\_\_\_ I understand that the parents/guardians have the right to select their child care provider. I will be asked to sign an agreement to provide care for a particular child(ren) receiving subsidy.
- \_\_\_\_\_ I understand that collecting the required co-payment is my responsibility. Non-payment must be reported to ECECD. ECECD assists the provider in collecting the co-payment only if the co-payment has been in arrears 30 calendar days or less.
- \_\_\_\_\_ I will notify ECECD immediately if a child dis-enrolls within three (3) business days and if a child has been absent for a period of five (5) consecutively scheduled days without explanation from parents/guardians.
- \_\_\_\_\_ I understand that ECECD will pay me only for child care services I am authorized to provide and that I will make child care available at the times agreed upon.
- \_\_\_\_\_ I agree to accept the ECECD child care payment rate for services and may not charge families receiving child care assistance above the ECECD rate for the amount of hours listed on the placement agreement.
- \_\_\_\_\_ I understand that if I provide child care services at times other than authorized, ECECD is not responsible and will NOT pay for those services.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ I understand that payment will be discontinued on the date that my license or registration expires.
- \_\_\_\_\_ I understand that I may be responsible to repay any and all amounts that are paid to me in error.
- \_\_\_\_\_ I agree to provide a copy of my social security card or FEIN document and a picture ID.
- \_\_\_\_\_ I understand that I can request a copy of the child care assistance policies at any time.

Copy of Social Security Card/FEIN documentation

Copy of Picture ID

CCSB – PPA 073015

# Step 3:

## PREPARE FOR HOME VISIT

### Included in this section:

- Checklist for Home Visit
- 8.17.2 NMAC Non-Licensed Family Child Care Home Regulations

### Prepare for Home visit:

- A. Have your \$15.00 annual processing fee: Must be in the form of a Money Order or a Cashier's Check **(Payable to ECECD, this is non-refundable)**
- B. Have Background Check clearance letter(s) available in your records.
- C. Review Regulations 8.17.2 NMAC.
- D. Review Checklist for Home Visit to make certain you meet all the requirements.
- E. Once home visit is completed and the provider and home are in compliance, the Child Care Home Registration form will be completed and issued to child care provider.

## Checklist for Home Visit

Below is a simple checklist to help ensure you are ready for your visit

**1. Caregivers must be in compliance with all health and safety requirements 8.17.2.22 A-AA NMAC listed below at all times:**

- A. Home, grounds, and equipment are safe, clean in good repair and free of debris or other potentially dangerous hazards.
- B. All electric outlets within reach of the children must be covered.
- C. Multiple plugs or gang plugs are prohibited unless surge protection devices are used.
- D. Indoor temperature must be comfortable (between 68 to 82 degrees).
- E. Home must be adequately ventilated at all times.
- F. A home will install barriers or take other steps to ensure heating units are inaccessible to children. Heating units include hot water pipes, hot water baseboard heaters hotter than 110° Fahrenheit, fireplaces, fireplace inserts, and wood stoves. Home will not use un-vented heaters or open flame heaters.
- G. All homes must have hot and cold running water. **Water temperature must be at or below 110° Fahrenheit.**
- H. A caregiver must provide safe playing areas inside and outside the home. The outside play area must be approved by the registering authority.
- I. The caregiver will fence the outside play area when it is next to a highway, busy street, ditch, arroyo, or other hazardous area determined to be necessary for safety by the registered authority. The fence must have one latched gate for emergency exit. The outside play area must be safe, clean and free of debris.
- J. Trampolines are prohibited any time during the hours of operation or by any children receiving care at the registered home.
- K. All 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.
- L. Must have a working telephone and a valid phone number on file with ECECD at all times.
- M. Emergency numbers must be posted for **Police, Fire Dept., Ambulance, and Poison Control** in a visible location.
- N. Home must have at least one **operational smoke detector and carbon monoxide detector** installed in the home.
- O. All firearms (rifles, handguns, pellet or BB guns etc.) must be unloaded and kept in a locked area inaccessible to children.
- P. All weapons must be in a locked area inaccessible to children.
- Q. Smoking, consumption of alcoholic beverages in all areas, including vehicles, is prohibited when children are present. Possessing or knowingly permitting illegal drugs or non-prescription controlled substances to be possessed or sold on the premises at any time regardless of whether children are present is prohibited.
- R. Home must have a **2A-10BC fire extinguisher** in easily accessible place. A fire extinguisher must be certified once a year and will have official tags noting the date of inspection.
- S. All flammables must be stored away from water heaters, furnaces, heaters, fireplaces and laundry rooms.
- T. An updated emergency evacuation and disaster preparedness plan must be available.
- U. Home must have two (2) major exits with no obstructions in pathway accessible to children.
- V. Toys and objects (including highchairs, playpens, and cribs) must be safe durable, easy to clean & nontoxic. Cribs must meet federal standards and be kept in good repair. A home will not use plastic bags or lightweight plastic sheeting to cover a mattress and will not use pillows in cribs.
- W. Bathroom must always have  **toilet paper**,  **soap**, and  **disposable towels** accessible to children.
- X. Home must have a First-Aid kit and it must contain:  **Band-Aids**,  **Gauze Pads**,  **Tape**,  **Scissors**,  **Soap**,  **Non-porous latex gloves**, and  **a Thermometer**

- Y. All homes with pets must have  Current vaccination records for each pet,  Written notification to parents before pets are allowed in home, and  Areas of confinement (cages and pens) and outside play area must be cleaned of excrement daily. A home will not allow on the premises pets or other animals that are undomesticated, dangerous, contagious or vicious in nature.
- Z. 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 the surface after each diaper change.
- AA. If transporting children, caregiver must have:  current driver's license,  vehicle registration and  proof of insurance coverage as well as  appropriate restraining devices, such as appropriate car seats, seat belts, etc.
- BB. Refrigerators must have a working thermometer and temperature must be at or below 41° F.
- CC. If a home has a portable wading pool a home will drain and fill the wading pool with fresh water daily and disinfect the pool regularly; will empty a wading pool when it is not in use and remove it from areas accessible to children; and will not use a portable wading pool placed on concrete or asphalt.
- DD. If a home has a built in or above ground swimming pool, ditch, fishpond or other water hazard, the fixture will be constructed, maintained and used in accordance with applicable state and local regulations; will be constructed and protected so that, when not in use, it is inaccessible to children; and when in use, children will be constantly supervised and ensure adequate safety for the ages, abilities and type of water hazard in use.
- EE. A caregiver must obtain written permission from a parent or guardian before a child enters a pool.
- FF. Home must develop a policy and procedure for the expulsion of children (8.17.2.25.D NMAC)

**2. Caregiver must keep a copy of information card/sheet for each child with: (8.17.2.24 A-I NMAC)**

- A. Child's full name
- B. Child's birth date
- C. Any known food or drug allergies or unusual physical conditions
- D. Name, telephone number and location of parent or guardian to contacted in case of an emergency
- E. Name and telephone number of the child's physician
- F. Authorization from a parent or guardian for caregiver to seek professional medical care in an emergency
- G. Written permission from parent or guardian for the caregiver to administer medication prescribed by a physician or requested by the parent
- H. Current immunization record or written waiver for immunizations granted by the Department of Health
- I. Written permission from parent to transport children outside of the registered home

**3. Once steps 1- have been completed, please submit the following items to your local Child Care office:**

- Non-Licensed Registered Family Child Care Home Application
- Approved background check clearance letter for primary caregiver and all adult household members (Food Only providers do not need background check clearance letters for all household members, caregiver only)
- Copy of valid state issued ID
- Copy of social security card (if applicable) or Federal Employer Identification Number (FEIN) documentation.
- Proof of physical address
- Provider Participation Agreement (PPA)
- Vendor Registration/W-9 (only for providers participating in the Child Care Assistance Program)

**4. You will be contacted to schedule a home visit to verify compliance with all regulations. Be prepared to provide your \$15.00 money order or cashier's check payable to ECECD (cash cannot be accepted).**



# Step 4:

## CONTACT AND REGISTER WITH A FOOD PROGRAM SPONSOR

**Included in this section:**

- Child and Adult Care Food Program Brochure
- List of Statewide Food Sponsor Organizations

Once you have been issued your approved Child Care Home Registration form, you will need to contact the Child Care Food Program Sponsor you chose during the background check process. The Food Sponsoring agency will conduct a home visit and issue a Child and Adult Care Food Program Application and Agreement verifying your participation with the food program. The approval date on the Child and Adult Care Food Program Application will authorize you to begin receiving State Subsidy payments unless otherwise exempt.

### Statewide Food Sponsor Organizations

Name of CACFP Sponsoring Agency	Address	Phone Number	Fax Number
<b>Northern Region</b>			
CPLC-NM	506 W. Hwy Suite # 10, Gallup, NM 87305	(505) 722-8937	(505) 726-0036
	613 Hwy 66, Milan, NM 87021	(505) 287-7550	(505) 287-3351
	1212 National Ave, Las Vegas, NM 87706	(505) 425-9307	(505) 425-5267
	106 Gusdorf Place, Taos, NM 87571	(575) 758-3988	(575) 758-3988
Presbyterian Medical SVCS	608 Reilly #23-C, Farmington, NM 87401	(505) 326-2373	(505) 325-2477
<b>Central Region</b>			
Choices for Families	2727 San Pedro NE Suite 113, Albuquerque, NM 87110	(505) 884-0211	(505) 884-1545
Chicanos Por La Causa-NM	5101 Copper Ave NE , Albuquerque, NM 87108	(505) 317- 9674	(505) 265-0420
YDI/VIDA	428 S. Los Lentos, Los Lunas, NM 87031	(505) 270-2769	(505) 865-7422
<b>Southwest Region</b>			
CAA of Southern NM	3880 Foothills Road Suite A, Las Cruces, NM 88011	(575) 523-4085	(575) 527-9028
CPLC - NM	505 S. Main St. Suite 141, Las Cruces, NM 88001	(575) 323 - 8941	
Families & Youth, Inc.	1320 S. Solano, Las Cruces, NM 88001	(575) 522-4004	(575) 522-9017
<b>Southeastern Region</b>			
Comida Program	118 E. Fourth Street, Roswell, NM 88201	(575) 623-9438	(575) 622-3067
Eastern Plains CAA	210 West Center, Tucumcari, NM 88401	(575) 461-1914	(575) 461-1930
Southeast NM C.A.C.	1915 San Jose Blvd., Carlsbad, NM 88220	(575) 887-3939	(575) 887-6357



NEW MEXICO

**Early Childhood**

Education & Care Department

# Child Care Homes Background Check and Fingerprint Instructions

IF YOU HAVE QUESTIONS ABOUT YOUR BACKGROUND CHECK, CONTACT:

**Background Check Unit**

**Phone: (505) 827-9910**

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

**Email:**

**ECECD.BCU@STATE.NM.US**

**Address: P.O. Drawer 5619**

**Santa Fe, NM 87502-5619**

## 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).

# CHECKLIST

Please refer to the box below that indicates correct setting.

## FACILITY AND CENTER

Submit the following:

- Application for Background Check AND Cogent Fingerprint Submission Receipt for each employee
- Dispositions (if applicable)
- Employer Statement for each employee

## LICENSED HOME

Submit the following:

- Application for Background check AND Cogent Fingerprint Submission Receipt for the following:
  - Primary caregiver
  - Employee or other caregiver
  - Household members over 18 years of age
- Dispositions (if applicable)

## REGISTERED HOME - SUBSIDY & FOOD

Submit the following:

- Application for Background Check AND Cogent Fingerprint Submission Receipt for the following:
  - Primary caregiver
  - Substitute caregiver
- Adult Written Statement AND Cogent Fingerprint Submission Receipt for the following:
  - Household members over 18 years of age
  - Adults over the age of 18 that spend a significant amount of time in the home
- Dispositions (if applicable)

**\*Please note:** The primary caregiver must name a food sponsor in Section 1.

## REGISTERED HOME - FOOD ONLY

Submit the following:

- Application for Background Check AND Cogent Fingerprint Submission Receipt for the following:
  - Primary caregiver
  - Substitute caregiver
- Adult Written Statement (**No Fingerprint Submission Receipt required**) for the following:
  - Household members over the age of 18
  - Adults over the age of 18 that spend a significant amount of time in the home
- Dispositions (if applicable)

**\* Please note:** The primary caregiver must name a food sponsor in Section 1.

## BACKGROUND CHECK & FINGERPRINTING PROCEDURE

### REGISTRATION:

To begin the application process, every new applicant is required to register either online at [www.cogentid.com](http://www.cogentid.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 3M Cogent at the time of fingerprinting.

### FINGERPRINTING:

Locate a fingerprinting site during the time of registration by clicking on the fingerprint location map. You may choose from 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 ECECD 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:

ECECD Background Check  
Unit  
PO Drawer 5619  
Santa Fe, NM 87502  
Fax: (505) 827-7422  
Email:  
[ECECD.BCU@STATE.NM.US](mailto:ECECD.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) 827-9910  
Toll Free: (888) 317-7326

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

## **NEW REQUIRED FORM**

**NEW BACKGROUND CHECK REGULATIONS WENT INTO EFFECT ON OCTOBER 1, 2016, REQUIRING ABUSE AND NEGLECT SCREENS IN ALL STATES WHERE AN APPLICANT HAS RESIDED DURING THE LAST FIVE YEARS. IF AN APPLICANT HAS RESIDED OUTSIDE OF THE STATE OF NEW MEXICO WITHIN THE LAST FIVE YEARS, THEY MUST ALSO SUBMIT THE FOLLOWING ABUSE AND NEGLECT CHECK AUTHORIZATION FORM.**

**PLEASE NOTE THIS FORM IS ONLY REQUIRED IF AN APPLICANT HAS LIVED OUTSIDE OF NEW MEXICO DURING THE LAST FIVE YEARS.**

**NEW MEXICO CHILD CARE APPLICANTS**

**Early Childhood Education and Care Department (ECECD)  
Abuse and Neglect Check Authorization**

List your birth name and every married name(s), hyphenated name(s), nick name(s), or variation of a name you have ever used. Please spell out every name, no initials. If no middle name, please indicate "NMN."

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Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (city, state, country): \_\_\_\_\_

Current physical address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

List all previous addresses where you lived at any time during the past 5 years:

Street Address	City, State	Dates of Residence

I hereby authorize ECECD to seek and receive child abuse and neglect information from each State where I resided during the preceding five years for child care eligibility purposes.

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

**FOR STATE AGENCY USE ONLY**

Name of State \_\_\_\_\_

- A search of our abuse and neglect database has been completed on the above named applicant. A record of substantiated child abuse or neglect was not found.
- A search of our abuse and neglect database has been completed on the above named applicant. A substantiated report of abuse or neglect was found to exist and is as follows:

Date	Physical Abuse	Physical Neglect	Sexual Abuse

Search processed by: \_\_\_\_\_ Date \_\_\_\_\_



<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	<b>Fingerprint                  Registration ID Number</b> _____
<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:
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Primary Phone Number:	Social Security Number:
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Secondary Phone Number:	Date of Birth:
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Primary Language	Place of Birth:	Sex: (circle one) Male    Female	Marital Status: (circle one) Single    Married    Separated    Divorced    Widowed
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**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.						

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 ECECD 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 ECECD for a determination that the applicant continues to meet the criteria set forth in 8.8.3 NMAC.*

\_\_\_\_\_  
 ECECD 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 ECECD**

a. Have you ever been denied a background check from ECECD 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 ECECD 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

Primary Provider's Name: \_\_\_\_\_

Primary Provider's Address: \_\_\_\_\_

Fingerprint Registration ID Number  
(NOT NEEDED IN FOOD ONLY HOME)

\_\_\_\_\_

Household Member

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:
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**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

<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>
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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 ECECD**

Have your ever been denied a background check from ECECD 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 ECECD 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 \_\_\_\_\_

Uploaded Oct. 06, 2021

## **Disposition Request Information Sheet**

ECECD is requesting disposition because some types of convictions can result in denial of a background check clearance. Disposition means outcome. ECECD 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) 827-9910 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 ECECD. 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)

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

#### 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 ECECD. I also hereby authorize ECECD 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.