PERSONAL AUTHORIZATION FOR CRIMINAL HISTORY BACKGROUND CHECK INQUIRY - EARLY CHILDHOOD
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-CBCU
SFN 831 (8-2016)

Children and Family Services-CBCU
North Dakota Dept. of Human Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250
dhscfscbc@nd.gov
FAX: 701-328-3538

ATTENTION APPLICANT

Should you, as a prospective: early childhood services licensee, document holder, staff member or household member; are age 18 or older and ***choose to initiate a criminal history background check*** through the NDDHS, Children & Family Services Division, Criminal Background Check Unit (CBCU), please review the following information and complete as directed.

The Personal Authorization for Criminal History Background Check Inquiry-Early Childhood (SFN 831) http://www.nd.gov/eforms/Doc/sfn00831.pdf and the Criminal History Background Check Address Disclosure/Release of Information Form (SFN 377) http://www.nd.gov/3forms/Doc/sfn00377.pdf are available as fill-able, printable e-forms and are the only forms accepted by the CBCU to initiate a criminal history background check. To eliminate the issue of illegible forms, applicants are encouraged to complete all forms by using either the fill-able, printable e-forms option (preferred method); or to complete applicant forms by typing or printing information.

Required information: **Completed *SFN 831***, ***Completed SFN 377,*** and either (a): ***LiveScan fingerprint submission*** (preferred method) conducted by a trained Scanner Operator from any of the (8) Regional Human Service Centers; law enforcement personnel or other BCI-trained official; or (b) ***(2) inked fingerprint cards.*** If applicant chooses to have inked fingerprint cards rolled by law enforcement personnel or other BCI-trained official, agency contact must provide applicant with (2) program-specific blank fingerprint cards/envelope (supplied by CBCU) to bring to their fingerprinting appointment. Applicant information on fingerprint cards must be **completed in black ink only**. **Marker/highlighter cannot be used on the fingerprint cards.** To prevent instances of applicants tampering with completed inked fingerprint cards, officials rolling fingerprints will seal applicants inked fingerprint cards within envelope and affix their agency stamp or official signature to envelope/envelope flap before handing over to applicant. Applicant must return the *sealed* envelope to agency contact for submission to CBCU.

NOTE TO APPLICANT/AGENCY CONTACT

- Review each section of forms for legibility and accuracy in completion to prevent a delay in processing of criminal history background check. **Please Note: All applicant forms will be returned unprocessed by CBCU to the licensed provider or Director for required action if:** 1) applicant, as applicable, has self-disclosed arrest(s), conviction(s), confinement, and/or dismissal(s) in any state, city, federal, tribal court or military process or indicates they have been the subject of child abuse/neglect reports(s) but fails to provide complete information (including name of state(s); date(s) and explanation of incident(s); 2) date applicant signs forms and the date their forms are received in the CBCU is greater than 10 working days; or 3) any section of the SFN 831 and/or the SFN 377 is illegible; incomplete; or contains information inconsistent with data listed on fingerprint cards.
- **Processing Fees:** NDDHS pays all criminal background check related applicant fees for Early Childhood Services Programs.

YOUR RIGHTS AND RESPONSIBILITIES

The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number: Disclosure of the social security number is voluntary and is requested for the purpose of conducting a criminal history background check. Failure to disclose this information may affect the applicants ability to become a licensed childcare provider, a holder of a self declaration or in-home registration document or to be a staff member in early childhood services program.

I understand that as a person who is subject to a criminal history background check, I am entitled to: (a) obtain a copy of any criminal background check report from the Bureau of Criminal Investigation (BCI) or the Federal Bureau of Investigation (FBI) by following their record request procedures; (b) obtain a copy of the child abuse & neglect index registry check report; (c) challenge the accuracy and completeness of any such report (in the jurisdiction involved with the charge or conviction); (d) obtain a prompt resolution before a final determination is made by the authorized agency; and (e) request a review of the results by submitting a written request for review to the NDDHS within thirty (30) calendar days of the date of the department's memo outlining the results. The individual's request for review must include a statement of each disputed item and the reason for the dispute.

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to complete or challenge the accuracy of the information contained in the he FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 C.F.R. § 16.34.

For the Early Childhood Services Programs, this application and the results of the criminal background check are a public document and must be made available upon request. Information may be redacted pursuant to state and federal statute and rule.

As A Prospective Early Childhood Services Licensee, Self-Declaration Provider, Registered In-Home Provider, Household Member (adult over age 18 residing in home where child care is provided) or Staff Member

Staff Member: I understand that the Department of Human Services may request a criminal history background check pursuant to NDCC 50-11.1. I further understand that prior to the completion of the criminal history background check,the early childhood services program may deny me unsupervised access to any child/children for whom the program provides care.

I understand that completion of the SFN 831 “Personal Authorization for Criminal History Background Check Inquiry-Early Childhood” is a required step to gain employment in an early childhood services program pursuant to NDCC 50-11.1.

Prospective Early Childhood Services Licensee, Self Declaration Provider, Registered In-Home Provider, or Household Member (adult over age 18 residing home where child care is provided): I understand that the Department of Human Services may request a criminal history background check pursuant to NDCC 50-11.1.

I understand that completion of the SFN 831 “Personal Authorization for Criminal History Background Check Inquiry-Early Childhood” is a required step for licensure as an early childhood services provider, as a self-declaration provider, registered in-home provider or household member pursuant to NDCC 50.11.1. I further understand that an application may be denied pursuant to 50-11.1-04. Application for license - Prerequisites for issuance - License granted - Term. 1. c.

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Clear Fields

Applicant's Photo ID Check: (must be verified by Scanner Operator or Official rolling prints)

ID Used: ☐ Driver's License or State ID ☐ Passport ☐ Tribal or Military ID

Legal Authority: NDCC 50-11.1 (Early Childhood Services) provides for a fingerprint based criminal history background check.

REQUIRED INFORMATION TO BE COMPLETED BY SOCIAL SERVICE AGENCY (Social Service agency means the county social service agency conducting a licensing study or prospective employee screening for Early Childhood Services.)

Social Service Agency:	Licensor:		Email Address:	
Address:	City:	State:	ZIP Code:	Telephone Number:

REQUIRED INFORMATION TO BE COMPLETED BY DIRECTORS OR PROVIDERS

Program Type:
☐ Center ☐ Family ☐ Group ☐ Preschool ☐ School Aged ☐ Self-Declaration/In-Home Registered

Full Legal Name of Childcare or Preschool Program:	Director/Provider Name (First, Last):		Email Address:	
Mailing Address:	City:	State:	ZIP Code:	Telephone Number:

REQUIRED INFORMATION TO BE COMPLETED BY APPLICANT (check all that apply)

☐ New Owner/Provider ☐ Re-Licensure ☐ Emergency Designee ☐ Household Member ☐ Current Staff ☐ New Staff

Full Legal Name	**LAST** Name:	**FIRST** Name:	**FULL MIDDLE** Name: ☐ None	Social Security Number: *	
Birth Name	**LAST** Name:	**FIRST** Name:	**FULLMIDDLE** Name: ☐ None	Date of Birth:	Gender: ☐ M ☐ F
Other Married (**LAST** Name(s)):			Aliases, Nicknames:		
Current Physical Address:	City:		State:	ZIP Code:	Telephone Number:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND CHECK ONE BOX FOR EACH SET OF STATEMENTS:

1. ☐ I have OR ☐ I have not resided in North Dakota at all times in the past five years

2. ☐ I have never been the subject of any child abuse/neglect reports in any state; OR

   ☐ I have been the subject of a child abuse/neglect report(s). I understand that I must provide the name of the state(s), date(s) and complete description of the incident(s) or my paperwork will be returned, *unprocessed*, to agency contact listed above.

3. ☐ I have never been arrested or convicted of any crimes in any state, city, federal, tribal court or military process; OR

   ☐ I have been arrested or convicted of a crime(s) in any of the courts or processes named above. I understand that I must provide a complete description of my crime(s); including date(s) and city/county/state(s), along with details surrounding my arrest(s); conviction(s), confinement(s) and/or dismissal(s) or my paperwork will be returned, *unprocessed*, to agency contact listed above.

I give the North Dakota Department of Human Services permission to:

(1) use my fingerprints and the information on this form as a means of searching for my name on the National Crime Information Database; (2) search for my name on the North Dakota Child Abuse/Neglect Index or any state's Child Abuse/Neglect Central Registry or through any tribal court or Indian child welfare agency; (3) search for my name on the North Dakota or any state's sex offender or offender against children registry; (4) request any supplemental documentation about me related to any offense revealed through the course of this criminal background records check; (5) share any relevant information derived from any source with any authorized child welfare agency or early childhood services program indicated above.

I understand that an application may be denied if it contains false or misleading material information or if I intentionally withheld material information. Furthermore, I understand that:

Based on NDCC 12.1-11-02. False Statements.
(2) A person is guilty of a class A misdemeanor if, in a governmental matter, he:
   a. Makes a false written statement, when the statement is material and he does not believe it to be true;
   b. Intentionally creates a false impression in a written application for a pecuniary or other benefit, by omitting information necessary to prevent a material statement therein from being misleading;

I certify that all information I have provided on this form is true and correct to the best of my knowledge. I certify that all statements on this form have been read by me or read to me and I understand all the questions.

Signature of Applicant: _____ Date: _____

SFN 831 must be received in CBCU within 10 working days from date signed by applicant. (Note: Applicant may need to re-sign/re-date SFN 831 to fulfill this requirement)

Fingerprint ID Number (PCN)
For Scanner Operator Use Only:

* See Page 4, Your Rights and Responsibilities

Use this space to expand the explanations or information related to questions from page 3

I certify that all the information I have provided on this form is true and correct to the best of my knowledge. I certify that all statements on this form have been read by me or read to me and I understand all the questions.

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DISTRIBUTION OF SFN 831

If Electronic Fingerprint Submission:

Scanner Operator: Scan SFN 831 (pages 3 and 4 only), submit to DHS Criminal Background Check Unit via Group EMail Address - dhscfscbc@nd.gov

If Inked Fingerprint Submission:

Two Signed Copies to DHS Criminal Background Check Unit

Mail to: Children and Family Services-CBCU
North Dakota Dept. of Human Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250