



NEW MEXICO

Early Childhood

Education & Care Department

Become a Registered
Home Childcare
Provider

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Become a Registered Home Childcare Provider

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Revised May 25, 2023

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 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 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(pg.13-17).

Registered Homes and **Exempt Homes** require full background check clearances for ALL adult household members. Each adult will need to pay a fee at the time of registration.

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 pg. 12 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(pg.4)
- B. 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).
- 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) (pg.6)
- F. Vendor Registration/W-9 (**for providers who are going to participate in the Child Care Assistance Program**) (pg.8)
- G. 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 Background Check clearance letter(s) available in your records.
- B. Review Regulations 8.9.5 NMAC.
- C. Review Checklist for Home Visit to make certain you meet all the requirements.
- D. 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.
- E. 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**)

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 and 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!

**EARLY CHILDHOOD EDUCATION AND CARE DEPARTMENT
REGISTERED HOMES UNIT
PHONE LIST**

**CENTRAL REGION
Bernalillo, Sandoval, Socorro, Valencia Counties**

TITLE, OFFICE ADDRESS	PHONE NUMBER	FAX NUMBER
Regulatory Oversight Regional Manager 4801 Indian School RD NE, Albuquerque, NM 87110	(505) 412-5311	(505) 206-5719
Child Care Compliance Supervisor 4801 Indian School RD NE, Albuquerque, NM 87110	(505) 331-3578	(505) 206-5719
Senior Child Care Specialist 4801 Indian School RD NE, Albuquerque, NM 87110	(505) 709-8100	(505) 206-5719

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

Child Care Compliance Supervisor 1920 5th Street, Santa Fe, NM 87505	(505) 231-6411	(505) 827-4250
Senior Child Care Specialist 1920 5 th Street, Santa Fe, NM 87505	(505) 690-7520	(505) 827-4250

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

Regulatory Oversight Regional Manager 2805 Roadrunner Pkwy. Las Cruces, NM 88011	(575) 640-8291	(575) 373-6648
Child Care Compliance Supervisor 2805 Roadrunner Pkwy. Las Cruces, NM 88011		(575) 373-6648
Senior Child Care Specialist for both SW and SE Region 2805 Roadrunner Pkwy. Las Cruces, NM 88011	(575) 343-5620	(575) 373-6648

**SOUTHEAST REGION
Curry, DeBaca, Guadalupe, Chaves, Lea, Eddy, Roosevelt, Quay Counties**

Child Care Compliance Supervisor #4 Grand Ave. Plaza Ste A, Roswell, NM 88202	(575) 625-1078	(575)625-6748
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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.

PURPOSE OF APPLICATION

- | | | |
|---|---|--|
| <input type="checkbox"/> INITIAL (New Applicant)
<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"/> ANNUAL
<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"/> CHANGE OF NAME
<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"/>
<input type="checkbox"/> CHANGE OF ADDRESS
<input type="checkbox"/> \$15.00 money order or cashier’s check
<input type="checkbox"/> Please list previous address below:

_____ | <input type="checkbox"/> CHANGE OF REGISTRATION TYPE/STATUS (please select one)
<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 |
|---|---|--|

PRIMARY CAREGIVER INFORMATION

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: ENGLISH SPANISH OTHER: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED OTHER: _____

RACE/ETHNICITY (OPTIONAL): WHITE HISPANIC BLACK 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: _____ To: _____

- MON TUE WED THURS FRI SAT SUN

LICENSED FOSTER/ TREATMENT FOSTER CARE PROVIDER: YES NO

ARE THE CHILDREN YOU WILL BE PROVIDING CARE FOR : RESIDENT NON-RESIDENT 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 8.9.5 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 EARLY CHILDHOOD EDUCATION & CARE 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 8.9.4 NMAC or Child Care non-licensed regulation 8.9.5 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 8.9.3 NMAC and 8.9.4 NMAC or 8.9.5 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 8.9.4 NMAC or 8.9.5 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.

<input type="checkbox"/> Copy of Social Security Card/FEIN documentation	<input type="checkbox"/> Copy of Picture ID
--	---

DO NOT SEND TO
IRS - SUBMIT
FORM TO
REQUESTING
AGENCY

FCD 04/2021

NEW MEXICO DEPARTMENT OF FINANCE & ADMINISTRATION
FINANCIAL CONTROL DIVISION
SUBSTITUTE FORM W-9



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION

TYPE OR PRINT NEATLY, PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION

PART I: SUPPLIER INFORMATION

1. Name: (as shown on your income tax return). Name is required; do not leave blank.		2. Business name/disregarded entity name, if different from #1:	
3. Entity Type (Check only one, unless you are or have been a State of New Mexico Employee, then also check State of New Mexico Employee box):			
Individual / Sole Proprietorship / Single Member LLC Partnership C Corporation / S Corporation Trust / Estate Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership > _____)		Government (Local, State, Federal, Tribe) Tax-Exempt organization under IRC Section 501 C State of New Mexico Employee (Agency No.)	
4. 1099 Reporting: Services provided to the State by vendor:			
Health care or medical service	Royalties	Agency Volunteer (Agency No.)	
Attorney services	State of NM Appointed Board member /	DUAL Supplier & Active NM Employee	
Rental of Real Property	commissioner / committee member	Other	

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES)			
2. Taxpayer Identification Type (check appropriate box):			
Employer ID No. (EIN)	Social Security No. (SSN)	Employee ID	N/A (Non-United States Business Entity)

PART III: ADDRESS

1. Address: (Location where payments and correspondances can be sent) (if a NM state employee, enter Agency name and Field Office Address) Address Line #1		2. REMITTANCE, IF DIFFERENT: (location specifically used for payment that is different than address 1, if applicable) Address Line #1			
Address Line #2		Address Line #2			
Address Line #3		Address Line #3			
City	State	Zip Code	City	State	Zip - 9 Digit

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), **AND**
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have **not** been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **AND**
- I am a U.S. Citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Printed Name	Occupation	Telephone Number
Signature	Email for receiving ACH advices	Date (mm/dd/yyyy)

PART V: OPTIONAL DIRECT DEPOSIT (ACH)

Warning: The State of New Mexico will not process International ACH Transactions (IAT). If any payment to you from the State will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments	Type of Account	Checking	Savings
	I acknowledge the IAT warning and authorize the State of New Mexico to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.		
Signature	Printed Name		

Instructions for Completing this Form

This form substitutes for the IRS W-9 form. Complete this form if you will receive payment from the State of New Mexico and/or you are a vendor who provides goods and services to the State of New Mexico. To comply with the Internal Revenue Service (IRS) regulations regarding 1099 reporting, the State of New Mexico is required to collect the following information to be completed on the Substitute W-9 form. The information collected on this form will allow the State to confirm that our records contain the official name of your business, the Tax Identification Number (TIN) that the IRS has on file for your business and business type.

Check the appropriate box(s) that this form is to be utilized and fill in the corresponding section(s) indicated next to the box(s) checked.

PART I: VENDOR INFORMATION

- 1. Legal Business Name** Enter the legal name as registered with the IRS or Social Security Administration.
- 2. DBA/Trade Name** Individuals leave blank. Sole Proprietorships: Enter DBA (doing business as) name. All Others: Complete only if business name is different than Legal Name.
- 3. Entity Type** Check ONE box which describes business entity. If a current, past, or becoming a state employee, please also mark the State of New Mexico Employee box and enter the Business Unit number for the agency. Also, provide the 6 digit employee ID as assigned in SHARE HCM in the Part II Taxpayer Identification Number (TIN) & Taxpayer Identification Type section and mark the Employee ID box.
- 4. 1099 Reporting** Check the appropriate box that applies to the type of services being provided to the State. If the type of service is not specifically stated, enter the type of service in the Other box.

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

- 1. Taxpayer Identification Number** Enter TIN with no dashes in the boxes provided
 - a. TIN** is always a 9-digit number. Provide the Social Security Number (SSN) assigned by the Social Security Administration (SSA) or the Federal Employer Identification Number (FEIN) assigned to the business or other entity by the Internal Revenue Service (IRS).
 - b. Employee ID** is always a 6-digit number. Provide the employee ID assigned by the State of New Mexico for payroll processing in SHARE HCM.
- 2. TIN Identification Type** Mark the appropriate box for the TIN provided above.

PART III: ADDRESS

- 1. Address** Where correspondence, payment(s), purchase order(s) or 1099s should be sent.
 - a. Employees** If a current employee, please provide this following:
 - i. Address Line #1:** State Agency Name
 - ii. Address Line #2:** Field Office Mailing Address
 - iii. Address Line #3:** N/A
 - b. CDBG** When providing a Community Development Block Grant (CDBG) remittance address, enter CDBG on line #1 and entities remittance address in address line #2
- 2. Remittance Address** If different than Address
- 3. Zip Code and Phone Number** The 5 + 4 code will be required to be entered for all zip codes. If the last 4 digits are unknown, then 4 zeros (0) can be entered. Do not enter the "-" as part of the zip code. When entering the phone number, only enter the 10 digit number. Do not enter the "(" or "-" as part of the phone number.

PART IV: CERTIFICATION

By signing this document you are certifying that all information provided is accurate and complete. The person signing this document should be the partner in the partnership, an officer of the corporation, the individual or sole proprietor noted under legal name above, or the New Mexico State Employee for which the vendor account is established.

Identifying information is required of the person signing the form.

PART V: OPTIONAL DIRECT DEPOSIT (ACH) You may elect to receive payments from the State of New Mexico through Automated Clearing House (ACH) direct deposit. Please provide a copy of a voided check or letter from financial institution with the banking information. Without one of the two items, ACH information WILL NOT be entered and payments will be made by warrant. Select the type of account being provided.

I Acknowledge Print name and sign to acknowledge the IAT warning and to authorize the State of New Mexico to initiate direct deposit of funds to your financial institution provided.

Privacy Act Notice Section 6109 requires you to furnish your correct TIN to persons who must file information

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 8.9.5.22 A-KK 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 electrical 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 maintained (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. Homes will 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. Play area must be on premises. 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. If park/playground used it will not be inspected by the registered authority.
 - 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. All weapons must be in a locked area inaccessible to children.
 - P. 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 premises at any time regardless of whether children are present is prohibited.
 - Q. 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.
 - R. All flammables must be stored away from water heaters, furnaces, heaters, fireplaces, and laundry rooms.
 - S. An updated emergency evacuation and disaster preparedness plan must be available.
 - U. Home must have two (2) major exits with no obstruction in pathway accessible to children.
 - V Toys and objects (including highchairs, playpens, and cribs) must be safe, durable and easy to clean & non-toxic. Cribs must meet federal standards and be kept in good repair. A home will not use plastic bags or lightweight plastic sheeting to cover mattress and will not use pillows in cribs.
 - X. Bathroom must always have **toilet paper, soap, disposable towels accessible to children.**
 - W. Home must have First-Aid kit and it must contain: **Band-Aids, Gauze Pads, Tape, Scissors, Soap, non-porous latex gloves, and a Thermometer.**
 - Z. All homes with pets must have current inoculation records for each pet, Written notification to parents before pets are allowed in home, and areas if confinement (cages and pens) and outside play area must be cleaned of excrement daily. A home will not allow on the premises of pets or other animals that are undomesticated, dangerous, contagious, or vicious in nature.

- AA. Wet and soiled diapers and clothing will be changed promptly. Diaper changing surface must be clean, safe, and waterproof. Caregiver will never change diaper in 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.
 - BB If transporting children, caregiver must have: **current driver's license**, **vehicle registration and proof of insurance coverages as well as** **appropriate restraining devices, such as appropriate car seats, seat belts, etc.**
 - KK. Provider transporting children will also take the safe transportation practices training.
 - 8.9.5.23 J Refrigerator and freezer must have a working thermometer. Refrigerator temperature must be at or below 41° F.
 - 8.9.5.25 J If a home has a bult in or above ground swimming pool, ditch fishpond or other water hazard, the fixture will 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.
 - 8.9.5.25 J (1). A caregiver must obtain written permission from a parent or guardian before a child enters a pool.
 - Home must develop a policy and procedure for the expulsion of children (8.9.5.25. D NMAC)
 - 8.9.5.25 E. Anti-discrimination policy.
 - Covid Safety Plan must be completed.
2. Caregiver must keep a copy of information card/sheet for each child with: (8.9.5.24 A-JNMAC)
- 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.
 - J. Sign-in and Sign-out form
 - 8.9.5.22 T Fire drill (monthly) and Emergency Evacuation Log (once every three months).

Statewide Food Sponsor Organizations

NORTHERN REGION

Name of CACFP - Sponsoring Agency	Address	Phone Number	Fax Number
CPLC-NM (Chicanos Por La Causa-NM)	601 West Aztec, Gallup, NM 87301	(505)-445-5788	(505) 287-7550
	900 Mt. Taylor Ave Grants	(505)317-2282	(505) 287-3351
	719 Douglas Ave. Las Vegas, NM 87701	(505)465-9067	(505) 425-9307
Presbyterian Medical SVCS	608 Reilly #23-C, Farmington, NM 87401	(505) 326-2373	(505) 325-2477
CAA of Southern NM (Santa Fe)	2727 San Pedro Dr. Ne Albuquerque NM, 87110	(505) 977-9240	(505) 214-5517

CENTRAL REGION

CPLC-NM (Chicanos Por La Causa-NM)	5101 Copper Ave NE, Albuquerque, NM 87108	(505)317-9674	(505) 265-0420
YDI	428 S. Los Lentos, Los Lunas, NM 87031	(505) 270-2769	(505) 865-7422
CAA of Southern NM	2727 San Pedro Dr. Ne 87110	(505) 977-9240	(505) 214-5517

SOUTHWEST REGION

CAA of Southern NM	3880 Foothills Road Suite A, Las Cruces, NM 88011	(575) 523-4085	(575) 527-9028
CPLC-NM (Chicanos Por La Causa-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

SOUTHEAST REGION

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

Email: ececd.bcu@ececd.nm.gov

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 notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) 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.

Please see reverse side for background check & fingerprinting procedures.

BACKGROUND CHECK & FINGERPRINTING PROCEDURE

REGISTRATION & FINGERPRINTING:

To begin the application process, every applicant is required to register for fingerprinting at: <https://nm.state.identogo.com>

To register select "Schedule a new appointment".

ORI #: NM931220Z

Fingerprint Reason (please see options below):

- 5 year background check renewal, select: NMSA 9-29-8-1 ECECD EMPL-facilities, home programs, depart-cont prov
- Volunteer, select: NMSA 9-29-8-1 ECECD VOLS-facilities, home programs, depart-cont prov
- New Applicant, select: NMSA 9-29-8-1 ECECD applicant facility / home program Schedule Location along with date and time to be fingerprinted

PLEASE NOTE: Applicant must be fingerprinted at location selected on the date and time chosen.

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. Please note: fingerprint results are only valid for 29 days after the applicant has been fingerprinted. Therefore, please submit packet immediately after the applicant has been fingerprinted to avoid any delays. These forms may be mailed, emailed or faxed to:

**ECECD Background Check Unit PO
Drawer 5619
Santa Fe, NM 87502
Email: ECECD.BCU@ECECD.NM.GOV**

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

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

NEW REQUIREMENT

New Background Regulations went into effect on October 1, 2016, requiring abuse and neglect screens in all states where an applicant has lived during the previous five years.

****Please contact the Background Check Unit at (505) 827-9910 if you have lived outside New Mexico in the previous five years for the appropriate state's form and instructions to prevent delay in processing your application.**

APPLICATION FOR BACKGROUND CHECK - REGISTERED HOME

Type of Home: (please check one) Type of Caregiver: (please check one)

- Registered Home - Subsidy & Food
 Registered Home - Food Only

- Primary Caregiver
 Substitute Caregiver

**TCN Number(Provided
After Fingerprint
Submission):**

Name of Primary Caregiver: _____

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 _____
 No Middle Name Initial Only

Physical Address: _____ Mailing Address: _____ Same as Physical

City, State and ZIP: _____ City, State and ZIP: _____

Primary Phone Number: _____ Social Security Number: _____

Secondary Phone Number: _____ Date of Birth: _____

Primary Language _____ Place of Birth: _____ Sex: (circle one) Marital Status: (circle one)
 Male Female Single Married Separated Divorced Widowed

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

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 8.9.6 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 8.9.6 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

ADULT WRITTEN STATEMENT - REGISTERED HOME

Primary Provider's Name: _____

Primary Provider's Address: _____

Household Member

I spend a significant amount of time in Primary Provider's Home

TCN Number (NOT NEEDED IN FOOD ONLY 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:

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

5. EMPLOYMENT HISTORY (past ten years, include dates of employment / explain gaps in employment)

Name of Employer	Dates Employed
a.	
b.	
c.	
d.	
e.	

6. EDUCATIONAL HISTORY (list most recent first) (University, College, Vocational Training and High School)

Name of Institution	Dates Attended
a.	
b.	
c.	
d.	
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 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.

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 _____

Date _____

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)

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

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 9 EARLY CHILDHOOD EDUCATION AND CARE
PART 6 GOVERNING BACKGROUND CHECKS AND EMPLOYMENT HISTORY
VERIFICATION

8.9.6.1 ISSUING AGENCY: Early Childhood Education and Care Department (“ECECD”)
[8.9.6.1 NMAC - N, 11/01/2022]

8.9.6.2 SCOPE: This rule has general applicability to operators, volunteers, including student interns, employees, and prospective operators, staff and employees, of child-care facilities, including every facility, ECECD contractor, program receiving ECECD funding or reimbursement, or other program that has or could have primary custody of children for twenty hours or more per week, and direct providers of care for children including, but not limited to the following settings: licensed and registered child care, home visiting programs, and Family Infant Toddler (FIT) programs.
[8.9.6.2 NMAC - N, 11/01/2022]

8.9.6.3 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. ECECD’s rule making authority for this rule arises from Subsection E of Section 9-29-6 NMSA 1978; Subsection H of Section 9-29-8 NMSA 1978; and Section 9-29-8.1 NMSA 1978.
[8.9.6.3 NMAC - N, 11/01/2022]

8.9.6.4 DURATION: Permanent
[8.9.6.4 NMAC - N, 11/01/2022]

8.9.6.5 EFFECTIVE DATE: November 1, 2022, unless a later date is cited at the end of a section.
[8.9.6.5 NMAC - N, 11/01/2022]

8.9.6.6 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 of databases in New Mexico are conducted by BCU staff 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. Applicants required to obtain background checks pursuant to 8.9.4 NMAC and 8.9.5 NMAC will also undergo a screen of abuse and neglect information and an inter-state criminal history check in each State where the applicant resided during the preceding five years.

[8.9.6.6 NMAC - N, 11/01/2022]

8.9.6.7 DEFINITIONS:

- A.** **“Administrative review”** means an informal process of reviewing a decision that may include an informal conference or hearing or a review of written records.
- B.** **“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.
- C.** **“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.
- D.** **“Appeal”** means a review of a determination made by the BCU, which may include an administrative review or a hearing.
- E.** **“Applicant”** means any person who is required to obtain a background check under these rules and NMSA 1978, Section 32A-15-3.
- F.** **“Arrest”** means notice from a law enforcement agency about an alleged violation of law.
- G.** **“BCU”** means the ECECD background check unit.
- H.** **“Background check”** means a screen of ECECD’s information databases, state and federal criminal records and any other reasonably reliable information about an applicant.

- I. **“Care recipient”** means any person under the care of a licensee.
- J. **“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.
- K. **“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.
- L. **“Criminal history”** means information possessed by law enforcement agencies of arrests, indictments, or other formal charges, as well as dispositions arising from these charges.
- M. **“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.
- N. **“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.
- O. **“Eligibility”** means the determination that an applicant does not pose an unreasonable risk to care recipients after a background check is conducted.
- P. **“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.
- Q. **“Licensed”** means authorized to operate by the licensing authority by issuance of an operator’s license or certification certificate.
- R. **“Licensee”** means the holder of, or applicant for, a license, certification, or registration pursuant to, 8.9.4 NMAC, 8.9.5 NMAC or other program or entity within the scope of these regulations. ECECD LICENSEE means program or entity within the scope of these regulations.
- S. **“Licensing authority”** means the ECECD division having authority over the licensee.
- T. **“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.
- U. **“Notice of provisional employment”** means a written notice issued to a child care center or home applicant indicating the BCU reviewed the applicant’s fingerprint based federal or New Mexico criminal record and made a determination that the applicant may begin employment under direct physical supervision until receiving background eligibility. A notice may also indicate the applicant must receive a complete background eligibility prior to beginning employment.
- 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 executive 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.
[8.9.6.7 NMAC - N, 11/01/2022]

8.9.6.8 APPLICABILITY: These regulations apply to all licensees and direct providers of care in the following settings:

- A. licensed child care homes;

- B. licensed child care centers;
 - C. registered child care homes;
 - D. home visiting programs;
 - E. licensed before and after school care;
 - F. non-licensed or exempt after school programs participating in the at risk component of the child and adult care food program;
 - G. Family Infant Toddler (FIT) programs;
 - H. ECECD contractors, and any other programs receiving ECECD funding or reimbursement, that:
 - (1) has or could have primary custody of children for twenty hours or more per week; or
 - (2) will have direct contact with children in the provision of ECECD sponsored services.
- [8.9.6.8 NMAC - N, 11/01/2022]

8.9.6.9 NON-APPLICABILITY:

- A. These regulations do not apply to the following settings, except to the extent that such a program receives funding or reimbursement from ECECD:
 - (1) hospitals or infirmaries;
 - (2) intermediate care facilities;
 - (3) children’s psychiatric centers;
 - (4) home health agencies;
 - (5) diagnostic and treatment centers; and
 - (6) unlicensed or unregistered child care homes.
 - (7) behavior management skills development;
 - (8) case management services;
 - (9) day treatment services;
 - (10) residential treatment services;
 - (11) treatment foster care services agency staff;
 - (12) licensed shelter care;
 - (13) comprehensive community support services;
 - (14) AOC (administrative office of the courts) supervised visitation and safe exchange program providers.

- 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; and
 - (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.
- [8.9.6.9 NMAC - N, 11/01/2022]

8.9.6.10 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 8.9.4 NMAC or 8.9.5 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) Applicants required to obtain background checks pursuant to 8.9.4 NMAC and 8.9.5 NMAC must indicate states where they resided during the preceding five years and obtain the following:
 - (a) a screen of abuse and neglect information in each state where the applicant resided during the preceding five years; and

(b) an inter-state criminal history check in each state where a new applicant resided during the preceding five years. An inter-state criminal history check is not required if a new applicant has resided in a state that participates in the federal bureau of investigation's national fingerprint file. All existing staff hired after October 1, 2016, must undergo an inter-state criminal history check in each state where the applicant resided during the preceding five years at the time of application. An inter-state criminal history check is not required if an applicant has resided in a state that participates in the federal bureau of investigation's national fingerprint file.

(3) 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.

(4) 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 8.9.5 NMAC.

(5) provide such other information BCU staff determines to be necessary; and

(6) 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.

[8.9.6.10 NMAC - N, 11/01/2022]

8.9.6.11 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 ECECD licensee may not be operating under a corrective action plan (childcare), sanctions, or other form of disciplinary action;

(2) the licensee or applicant shall send the BCU a completed application form and an electronic fingerprint submission receipt prior to employment;

(3) until receiving background eligibility, the applicant shall at all times be under direct physical supervision. See next paragraph for standards regarding applicants required to obtain a background check pursuant to 8.9.4 NMAC or 8.9.5 NMAC;

(4) a licensee or applicant required to obtain a background check pursuant to 8.9.4 NMAC or 8.9.5 NMAC must receive either a notice of provisional employment or background check eligibility prior to beginning employment. Applicants working after receipt of a notice of provisional employment shall at all times be under direct physical supervision until receiving background check eligibility. Upon completion of Paragraph 2 of this subsection, a notice of provisional employment decision will be provided to the child care center or home within five days unless the BCU determines there is good cause shown for an extension; and

(5) 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 8.9.4.19 NMAC and 8.9.5.11 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 8.9.6.10 NMAC. A direct provider of care may transfer employment, as permitted by 8.9.4.19 NMAC and 8.9.5.11 NMAC, or for a period of 180 days after the date of an eligibility letter from the BCU without complying with 8.9.6.10 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.
[8.9.6.11 NMAC - N, 11/01/2022]

8.9.6.12 PROHIBITIONS:

A. Any ECECD 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.

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 8.9.6.13 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, facsimile transmission, secure (or encrypted) e-mail or hand delivery, and to the licensing authority by facsimile transmission, secure (or encrypted) 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 issuing 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 8.9.6.11 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.

[8.9.6.12 NMAC - N, 11/01/2022]

8.9.6.13 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 New Mexico's Children, Youth, and Families Department (CYFD) or another state's custody; 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 CYFD child protective services referral or any other investigation of abuse or neglect by ECECD, CYFD, or any other state or federal agency with authority to investigate, 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.

[8.9.6.13 NMAC - N, 11/01/2022]

8.9.6.14 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.

[8.9.6.14 NMAC - N, 11/01/2022]

8.9.6.15 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 8.9.6.13 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.

[8.9.6.15 NMAC - N, 11/01/2022]

8.9.6.16 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 CYFD child protective services referral or any other investigation of abuse or neglect by ECECD, CYFD, or any other state or federal agency with authority to investigate allegations of abuse or neglect;

(3) an outstanding warrant; or

(4) any other reason that creates an unreasonable risk determination pursuant to these regulations.

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 or revoked 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.

[8.9.6.16 NMAC - N, 11/01/2022]

8.9.6.17 APPEAL RIGHTS:

A. Denials: Any applicant who is found ineligible after completion of background check may request an administrative review from ECECD. 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 ECECD 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 ECECD and shall be entitled to a hearing pursuant to ECECD's identified administrative hearing regulations. 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.

[8.9.6.17 NMAC - N, 11/01/2022]

HISTORY OF 8.9.6 NMAC: [RESERVED]