



NEW MEXICO

Early Childhood

Education & Care Department

**Conviértase en un Proveedor
registrado de cuidado de niños en el
hogar**

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COMO SER CUIDADOR DE NIÑOS DE CASA REGISTRADA

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Revised May 25, 2023

State of New Mexico

EARLY CHILDHOOD EDUCATION & CARE DEPARTMENT



REQUISITOS PARA UN PROVEEDOR DE CUIDADO DE NIÑOS SIN LICENCIA

Gracias por su interés en aplicar para ser un proveedor registrado para operar una casa de cuidado de niños sin licencia. El empezar un programa de cuidado de niños en casa puede parecer complicado al principio, pero hay asistencia disponible para ayudarle a empezar y mantener un programa de cuidado de niños de calidad que logra los requisitos de salud, seguridad y nutrición de niños en su casa. Hay varias categorías de registración disponible para proveedores:

- **Una Casa Registrada** es elegible para participar en ambos programas, el de cuidado de niños y adulto de comida y asistencia de cuidado de niños. Todos los miembros del hogar tendrán que obtener una comprobación de antecedentes y huellas para tener este tipo de registración. Proveedores son responsables de pagar todos los impuestos federales y estatales aplicables para pagos recibidos de ECECD. El departamento proveerá la forma del IRS 1099 al final de cada año.
- **Casa registrada- solo comida** es elegible para participar en el programa de cuidado de niños y adulto de comida. Solo el proveedor principal es requerido de obtener una comprobación de antecedentes y huellas. Los otros miembros del hogar tendrán que obtener una investigación de abuso y negligencia de niños.
- **Casa exempta** es elegible para participar solo en el programa de asistencia de cuidado de niños. Pero es eximida del programa de cuidado de niños y adulto de comida porque cuida solamente a niños que son residentes del hogar, o no provee cuidado durante las horas cuando comida se serviría. Todos los miembros del hogar tendrán que obtener una comprobación de antecedentes y huellas para tener este tipo de registración. Proveedores son responsables de pagar todos los impuestos federales y estatales incluyendo los impuestos para servicios (gross receipts tax) aplicables para pagos recibidos de ECECD. El departamento proveerá la forma del IRS 1099 al final de cada año.

Abajo están los requisitos que deben ser completados para hacerse un proveedor de cuidado de niños sin licencia.

Paso 1 - Proceso de comprobación de antecedentes y huellas: Complete y siga las instrucciones en la sección de comprobación de antecedentes y huellas. (pg 13-17)

Casas registradas y exemptas requieren una comprobación de antecedentes y huellas completas para todos los miembros adultos del hogar. Cada adulto tendrá que pagar una cuota en el momento de la inscripción.

Casas registradas de solo comida requieren que solo el proveedor principal tiene que obtener una comprobación de antecedentes y huellas. Para los otros miembros del hogar se requiere que tengan una investigación de abuso y negligencia de niños.

Nota: Tiene que escoger un patrocinador de comida y ponerlo en su aplicación de comprobación de antecedentes y huellas. Una lista de agencias patrocinadoras de comida está incluida en este paquete en la página 12.

Paso 2 - Proceso de la aplicación. Cuando reciba la carta de aprobación de la comprobación de antecedentes, presente los siguientes documentos completados a su especialista:

- A. Aplicación de casa registrada(pg. 4)
- B. Copia de todas las cartas de aprobación de comprobación de antecedentes de el proveedor y todos los adultos en la casa (para participantes de solo comida solamente el proveedor tendra que entregar su carta de aprobación).
- C. Tarjeta de identidad con foto, tarjeta de seguro social (si aplica), o copia de su número de empleador federal FEIN- Siglas en ingles.
- D. Prueba de la dirección física de la casa siendo registrada
- E. Acuerdo de participación (PPA)(pg. 6)
- F. Registración de proveedor/W-9 (**para proveedores participando en el programa de asistencia de cuidado de niños.) (pg.8)**
- G. Una vez su aplicación y todos los documentos han sido recibidos, el / la especialista de cuidado de niños lo contactara para hacer una visita dentro de 14 dias.

Paso 3 – Prepárese para la visita de casa:

- A. Tenga las cartas de aprobación de comprobación de antecedentes dispónibles en sus archivos.
- B. Repase las Regulaciones 8.9.5 NMAC.
- C. Repase la lista para la visita de casa para confirmar que está cumpliendo con todos los requisitos.
- D. Una vez que la visita de casa ha sido completada, y el proveedor y la casa estan en cumplimiento, la registración para cuidado de niños en casa sera completada y dada al proveedor.
- E. Tenga su pago de proceso anual de \$15.00: Tiene que ser en forma de giro postal (giro postal o cheque bancario.) (**Pagable a ECECD, este pago no es reembolsable.**)

Paso 4- Contacte al programa de comida para cuidado de niños:

Una vez que su registración ha sido aprobada, tendrá que contactar al programa de comida que escogió durante el proceso de comprobación de antecedentes. La agencia patrocinadora de comida hará una visita en su casa y le dará la aplicación y acuerdo verificando su participación con el programa de cuidado de niño y adulto de comida. Esta documentación será presentada a la oficina central en Santa Fe. La fecha de aprobación en la aplicación del programa de cuidado de niño y adulto de comida le autorizará que puede empezar a recibir los pagos de subsidio del estado, a no ser que esté eximido.

Si falla en presentar TODA la información requerida, o si no cumple con los estándares de una casa de cuidado de niños sin licencia del Departamento de Educación y Cuidado de la Primera Infancia (ECECD) [Siglas en ingles], no podrá ser registrado. No será elegible como proveedor de cuidado de niños para el Buro de Servicios de Cuidado de Niños para recibir pago de subsidio, y tampoco será elegible para participar en el reembolso del programa de comida.

Si tiene preguntas sobre el proceso de registración, favor de contactar a cualquier especialista local de cuidado de niños.

¡Gracias!

**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
EARLY CHILDHOOD EDUCATION & CARE DEPARTMENT

APLICACIÓN DE CASA DE FAMILIA REGISTRADA DE CUIDADO DE NIÑOS SIN LICENCIA

Aplicaciones son procesadas en un promedio de 15 días después de haber recibido una aplicación completa y la documentación requerida. Favor de contestar todas las preguntas completamente usando tinta azul o negra. Favor de escribir en letra de molde legiblemente.

PROPOSITO DE LA APLICACIÓN

- | | | |
|--|--|---|
| <input type="checkbox"/> NUEVA APLICACION
<input type="checkbox"/> Copia de comprobación de antecedentes
<input type="checkbox"/> W-9
<input type="checkbox"/> Copia de Tarjeta de identidad con foto
<input type="checkbox"/> Copia de tarjeta de seguro social (si aplica) o ITIN, o copia de su número de empleador federal FEIN- Siglas en ingles
<input type="checkbox"/> Prueba de la dirección física
<input type="checkbox"/> Giro postal o cheque bancario de \$15.00

<input type="checkbox"/> ANUAL
<input type="checkbox"/> Copia de Tarjeta de identidad con foto
<input type="checkbox"/> Copia de tarjeta de seguro social (si aplicable) o ITIN, o copia de su número de empleador federal FEIN- Siglas en ingles
<input type="checkbox"/> Prueba de la dirección física
<input type="checkbox"/> Giro postal o cheque bancario de \$15.00 | <input type="checkbox"/> CAMBIO DE NOMBRE
<input type="checkbox"/> Copia de Tarjeta de identidad con foto
<input type="checkbox"/> Copia de tarjeta de seguro social (si aplicable) o ITIN, o copia de su número de empleador federal FEIN- Siglas en ingles
<input type="checkbox"/> Prueba de la dirección física

<input type="checkbox"/> CAMBIO DE DIRECCIÓN
<input type="checkbox"/> Giro postal o cheque bancario de \$15.00

<input type="checkbox"/> Por favor escriba su dirección previa abajo:

_____ | <input type="checkbox"/> CAMBIO DE TIPO/ESTATUS REGISTRACIÓN (favor seleccione uno)
<input type="checkbox"/> Solo Comida a Subsidio y comida
<input type="checkbox"/> Copia de todas las cartas de aprobación de antecedentes, para todos los miembros del hogar mayores de 18 años.
<input type="checkbox"/> Subsidio y comida a Solo Comida
<input type="checkbox"/> Subsidio y comida a Exempto
<input type="checkbox"/> Solo Comida a Exempto
<input type="checkbox"/> Copia de todas las cartas de aprobación de antecedentes, para todos los miembros del hogar mayores de 18 años
<input type="checkbox"/> Exempto a Subsidio y comida |
|--|--|---|

INFORMACIÓN DEL PROVEEDOR PRIMARIO

NOMBRE LEGAL : _____

DIRECCIÓN FÍSICA: _____
 (CALLE) (CIUDAD) (ESTADO) (CODIGO POSTAL)

DIRECCION POSTAL: _____
 (CALLE) (CIUDAD) (ESTADO) (CODIGO POSTAL)

TELEFÓNO DE CASA: _____ TELEFÓNO MOBIL: _____

NÚMERO DE SEGURO SOCIAL (SI APLICA): _____

FECHA DE NACIMIENTO: _____

IDIOMA PRIMARIO INGLÉS ESPAÑOL OTRO: _____

ESTADO CIVIL: SOLTERO/A CASADO/A DIVORCIADO/A OTRO: _____

RAZA/ETNICIDAD (OPCIONAL): BLANCA HISPANA NEGRA OTRA: _____

CORREO ELECTRONICO: _____

FEIN (NÚMERO DE IMPUESTOS SI APLICA): _____

PATROCINADOR DE COMIDA: _____ NÚMERO DE PROVEEDOR (SI APLICA): _____

DIAS/HORAS DE OPERACIÓN ANTICIPADAS: DE: _____ AM/PM A: _____ AM/PM
 LUN MAR MIE JUE VIE SAB DOM

PADRES LICENCIADOS PARA CRIANZA TEMPORAL O DE CUIDADO DE TRATAMIENTO SI NO

LOS NIÑOS PARA CUALES VA PROVEER CUIDADO SON : RESIDENTES NO-RESIDENTES AMBOS

COMPOSICIÓN DE HOGAR: INCLUYENDO A SI MISMO, NOMBRÉ A TODOS LOS ADULTOS (18+) VIVIENDO EN LA CASA (PRIMER NOMBRE, SEGUNDO NOMBRE, y APELLIDO).	NUMERO DE SEGURO SOCIAL	FECHA DE NACIMIENTO	SEXO M/F
CUALQUIER OTRA PERSONA ADULTA QUE PASE TIEMPO SIGNIFICATIVO EN LA CASA.	NUMERO DE SEGURO SOCIAL	FECHA DE NACIMIENTO	SEXO M/F

USTED O ALGUN ADULTO VIVIENDO EN EL HOGAR, EN ALGUNA OCASIÓN HAN SIDO CONVICTOS DE UNA FELONIA O DELITO MENOR? SI NO

SI LA RESPUESTA ES SI, NOMBRE AL ADULTO, TIPO DE CONVICCION(ES), FECHA, JUEZ, CORTE DE JURISDICCIÓN, Y DIRECCIÓN:

YO _____ CERTIFICO QUE NUNCA HE TENIDO UN ARRESTO O UNA REFERENCIA SUBSTANCIADA, A UNA AGENCIA DE SERVICIOS PROTECTIVOS DE NIÑOS.
(ESCRIBA NOMBRE- LETRA DE MOLDE)

FAVOR DE LEER Y PONER SUS INICIALES AL LADO DE CADA DECLARACIÓN:

_____ CERTIFICO QUE RESÍDO Y PROVEERE CUIDADO EN LA DIRECCIÓN ESCRITA EN ESTA APLICACIÓN.

_____ CERTIFICO QUE HE LEIDO Y ENTIENDO LAS REGULACIONES DE CASAS REGISTRADAS SIN LICENCIA 8.9.5 NMAC. ASSÚMO LA RESPÓNSABILIDAD POR LA CONDUCTA, ASUNTOS Y TRATOS DE LA CASA POR LA CUAL LA REGISTRACIÓN ESTA SIENDO REQUERIDA. ENTIENDO QUE SERE RESPONSABLE POR ASEGURAR QUE MI HOGAR CUMPLA CON LAS REGULACIONES DE CASAS REGISTRADAS SIN LICENCIA.

_____ ENTIENDO QUE LA CASA DE CUIDADOS DE NIÑOS SERA SUJETA A UNA INSPECCIÓN POR PERSONAL AUTORIZADO POR CYFD DURANTE TODAS HORAS DE OPERACIÓN Y QUE FOTOS PODRAN SER TOMADAS DURANTE CUALQUIER VISITA.

_____ ENTIENDO QUE FALTA DE CUMPLIR CON LAS REGULACIONES CORRIENTES DE CASAS DE CUIDADO DE NIÑOS SIN LICENCIA PUEDE RESULTAR EN EL RECHAZO, SUSPENSIÓN, O REVOCACIÓN DE LA REGISTRACIÓN PARA OPERAR LA CASA DE CUIDADOS DE NIÑOS-

_____ CERTIFICO QUE SOY MAYOR DE DIECIOCHO (18) AÑOS DE EDAD Y ARCHIVO ESTA APLICACIÓN CON CYFD PARA OPERAR LA CASA DE CUIDADOS DE NIÑOS FAMILIAR PARA UN PERIODO DE TIEMPO DE NO MÁS DE UN AÑO – 12 MESES.

_____ CERTIFICO QUE LA INFORMACIÓN QUE HE PROVEIDO ES VERDADERA Y CORRECTA A MI CONOCIMIENTO. ENTIENDO QUE SI LO QUE HE REPORTADO, ES ENCONTRADO SER INCORRECTO, MI APLICACIÓN PODRA SER RECHAZADA, O MI REGISTRACIÓN SER TERMINADA.

FIRMA DEL PROVEEDOR PRIMARIO: _____ **FECHA:** _____



ESTADO DE NUEVO MEXICO DEPARTAMENTO DE EDUCACION Y CUIDADO DE LA
PRIMERA INFANCIA ACUERDO DE PARTICIPACIÓN DE PROVEEDOR

Proveedores de cuidado de niños deben de cumplir con las regulaciones de Cuidados de Niños 8.9.4 NMAC o las regulaciones de cuidado de niños sin licencia 8.9.5 NMAC. Por favor complete esta forma, cuando UD, es un proveedor de cuidado de niños elegible, y cada año cuando recertifique. Esta forma es confidencial y no será parte del archivo público.

SECCIÓN I – INFORMACIÓN DE PROVEEDOR

Nombre Legal (negocio o persona proveyendo cuidado como aparece en su forma federal de impuestos)	Teléfono	FEIN (Número de impuestos federal) número de Seguridad Social	
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Dirección dónde recibe correo (para cheques) Número, calle, caja postal	Ciudad	Estado	Código Postal
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Estado civil (solo cuidado en casas): <input type="checkbox"/> Casado <input type="checkbox"/> Soltero <input type="checkbox"/> Divorciado <input type="checkbox"/> Otro _____	Fecha de nacimiento (solo cuidado en casas):
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Idioma Primario: <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Otro _____	Raza/Etnicidad (Opcional) <input type="checkbox"/> Blanca <input type="checkbox"/> Hispana <input type="checkbox"/> Negra <input type="checkbox"/> Otra _____
--	--

Proveedor Registrado Fecha de vencimiento: _____

Programa de comida del cuidado de niños y adultos. (CACFP) [siglas en ingles]
 CACFP Exempto

Solo programa de comida (CACFP):

Proveedor con Licencia Número de Licencia _____
Fecha de vencimiento _____

Cuidado será proveído en: Centro Casa del proveedor Casa del niño

SECCION II - COMPOSICIÓN DE HOGAR

COMPOSICIÓN DE HOGAR: INCLUYENDO A SI MISMO, NOMBRÉ A TODOS LOS ADULTOS (18+) VIVIENDO EN LA CASA (PRIM. NOMBRE, SEG. NOMBRE y APELLIDO).	NUMERO DE SEGURO SOCIAL	FECHA DE NACIMIENTO	SEXO M/F
CUALQUIER OTRA PERSONA ADULTA QUE PASE TIEMPO SIGNIFICATIVO EN LA CASA.	NUMERO DE SEGURO SOCIAL	FECHA DE NACIMIENTO	SEXO M/F

SECCIÓN III – FIRMA DEL PROVEEDOR

Entiendo que la información que he proveído es verdadera y correcta a mi conocimiento y ECECD puede verificar toda la información. Acuerdo cumplir con todos los requisitos en la Sección IV, adicionalmente con cualquier regulación estatal o federal gobernando los programas de la asistencia de cuidados de niños. También certifico que tengo la autoridad legal de firmar este acuerdo y me obligo a mí mismo o a la organización escrita arriba a los requisitos de este acuerdo.

_____ Firma	_____ Titulo	_____ Fecha
_____ Escriba nombre en letra de molde		

SECCCIÓN IV – ACUERDO DE PROVEEDOR: Proveedores deben de cumplir con 8.9.3 NMAC y 8.9.4 NMAC o 8.9.5 NMAC, adicionalmente a las declaraciones escritas abajo. Por favor lea y escriba sus iniciales al lado de cada declaración.

TODOS LOS PROVEEDORES

- _____ Entiendo que no soy empleado de ECECD y no tengo derechos a pago o beneficios más que el reembolso de subsidio descrito en el acuerdo.
- _____ Entiendo que yo seré responsable por todos los impuestos aplicables, federales y estatales. El departamento nos proporcionara las Forma del IRS 1099, (ingresos de cuenta).
- _____ Entiendo que los padres/guardianes de niños pueden escoger transferir al niño o niños a otro proveedor.
- _____ Entiendo que los padres/guardianes pueden visitar a sus niños a cualquier hora y que el proveedor estará disponible para hablar sobre problemas o preocupaciones con los padres/guardianes mientras los niños están bajo su cuidado.
- _____ Entiendo que debo mantener registros de asistencia diarios para cada niño y hacerlos disponibles a ECECD cuando los pidan.
- _____ Certifico que todos los proveedores tienen o son mayores de 18 años de edad.
- _____ Entiendo que tengo el derecho de aceptar o no aceptar cuidar a un niño/a. También entiendo que esta decisión no puede ser basada en raza, color, sexo, religión, origen nacional, o creencias políticas de los niños o los padres.
- _____ Entiendo que soy responsable por la salud, seguridad y bien estar de los niños en mi cuidado. Entiendo que debo cumplir con los estándares establecidos en 8.9.4 NMAC o 8.9.5 NMAC o autoridades militares.
- _____ Entiendo que los niños en mi cuidado recibirán comidas y meriendas nutritivas que cumplen con los requisitos de edad apropiada del USDA.
- _____ Entiendo que no recibiré pago de ECECD o del programa de comida de niños y adultos (CACFP) hasta que se me apruebe para empezar a proveer cuidado para niño/s y cumpla con los requisitos establecidos por ECECD.
- _____ Entiendo que si me cambio de dirección o de nombre, tengo que presentar una nueva aplicación y pagar el cargo de proceso antes de lo ocurrido y recibir una inspección de salud y seguridad hecha por el departamento.

PROVEEDORES RECIBIENDO SOLO SUBSIDIO Certifico que no recibo subsidio de ECECD por el cuidado de niños. Iniciales _____

- _____ Estoy de acuerdo de participar como proveedor de cuidado de niños en el programa de asistencia de cuidado de niños de manera cómo esta administrado por ECECD y cumplir con todos los requisitos estatales y federales.
- _____ Entiendo que los padres / guardianes tienen el derecho de seleccionar el proveedor de cuidado de niños. Seré consultado sobre firmar un acuerdo para proveer cuidado para niño/s, en particular, que están recibiendo subsidio.
- _____ Entiendo que cobrar el copago es mi responsabilidad. Si no recibo pago tengo que reportarlo a ECECD. ECECD me asistirá en cobrar el copago, solo si ha estado en atrasos 30 días de calendario o menos.
- _____ Notificaré a ECECD inmediatamente si un niño es dado de baja dentro de tres (3) días laborales, y si un niño ha faltado más de cinco (5) días consecutivos sin explicación de los padres o guardianes.
- _____ Entiendo que ECECD solo me pagara por servicios que estoy autorizado a proveer, y hare el cuidado de niños disponibles a las horas que yo acorde.
- _____ Estoy de acuerdo de aceptar la tarifa para servicios pagada por ECECD. No puedo cobrar más de la tarifa que paga ECECD por la cantidad de horas en el contrato del cuidado de niños a familias recibiendo asistencia.
- _____ Entiendo que si proveo servicios de cuidado de niños durante horas que no están autorizadas, ECECD no es responsables por pagarme por esos servicios.
- _____ Entiendo que el pago de cuidado de niños es proporcionado por dineros federales y estatales. Proporcionando información falsa o el mal uso de estos dineros resultara en pérdida de beneficios y será sujeto a otras acciones legales o puedo ser responsable por reembolsar estos pagos.
- _____ Entiendo que el proceso de pago no será iniciado hasta que el acuerdo firmado sea recibido por mi oficina local de cuidados de niños.
- _____ Entiendo que el pago será descontinuado el día que mi licencia o registración se vence.
- _____ Entiendo que puedo ser responsable de reembolsar cualquier y toda cantidad que se me pagó en error.
- _____ Estoy de acuerdo que proporcionaré una copia de tarjeta de seguro social o FEIN y copia de mi tarjeta de identidad con foto.
- _____ Entiendo que puedo solicitar copias de la póliza del programa de asistencia de cuidado de niños a cualquier hora.

Copia de tarjeta de seguro social o FEIN

Copia de tarjeta de identidad con foto

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		Government (Local, State, Federal, Tribe)	
Partnership		Tax-Exempt organization under IRC Section 501 C	
C Corporation / S Corporation		State of New Mexico Employee (Agency No.)	
Trust / Estate			
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership > _____)			
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)		2. REMITTANCE, IF DIFFERENT: (location specifically used for payment that is different than address 1, if applicable)	
Address Line #1		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

Lista de verificación para la inspección de la casa

A continuación se muestra una lista para asegurar que esté listo para su visita

1. En todo momento los cuidadores deben cumplir con todos los requisitos de salud y seguridad 8.9.5.22 A-KK NMAC se enumeran a continuación:
 - A. El hogar, los terrenos y el equipo son seguros, limpios, en buen estado y libres de escombros u otros peligros potenciales.
 - B. Todos los enchufes eléctricos al alcance de los niños deben estar cubiertos.
 - C. Se prohíben los enchufes múltiples o los enchufes de banda a menos que se utilicen dispositivos de protección contra sobretensiones.
 - D. La temperatura interior debe mantenerse (entre 68 y 82 grados)
 - E. El hogar debe estar adecuadamente ventilado en todo momento.
 - F. Una casa instalará barreras o tomará otras medidas para garantizar que las unidades de calefacción sean inaccesibles para los niños. Las unidades de calefacción incluyen tuberías de agua caliente, calentadores de zócalo de agua caliente más caliente que 110 ° Fahrenheit, chimeneas, insertos de chimenea y estufas de leña. Los hogares no usarán calentadores sin ventilación o calentadores de llama abierta.
 - G. Todas las casas deben tener agua corriente caliente y fría. **La temperatura del agua debe ser igual o inferior a 110 ° Fahrenheit.**
 - H. Un cuidador debe proporcionar áreas de juego seguras dentro y fuera del hogar. El área de juego exterior debe ser aprobada por la autoridad de registro.
 - I. El área de juego debe estar en las instalaciones y aprobada por la autoridad registrada. El cuidador cercará el área de juego exterior cuando se determine por la autoridad registrada que sea necesario por seguridad. El cerco tiene que estar por lo menos 4 pies de altura y debe tener una puerta con pestillo para emergencias. Para apartamentos y residencia sin área de juego afuera, un parque o un patio de recreo común se puede utilizar, pero no será inspeccionado por la autoridad registrada.
 - J. Los trampolines están prohibidos en cualquier momento durante las horas de operación o por cualquier niño que reciba atención en el hogar registrado.
 - K. Todos los venenos, materiales tóxicos, sustancias de limpieza, alcohol, objetos afilados y puntiagudos o cualquier otro material peligroso deben almacenarse en un área que sea inaccesible para los niños.
 - L. Debe tener un teléfono vigente y un número de teléfono válido en el archivo de ECECD en todo momento.
 - M. Los números de emergencia de **la policía, el Departamento de Bomberos, la ambulancia y el control de envenenamiento deben publicarse en un lugar visible.**
 - N. El hogar debe tener al menos un **detector de humo operacional y un detector de monóxido de carbono instalados en el hogar.**
 - O. Todas las armas de fuego (rifles, pistolas, pistolas de perdigones o BB, etc.) deben descargarse y mantenerse en un área cerrada e inaccesible para los niños. Todas las armas deben estar en una zona cerrada e inaccesible para los niños.
 - P. Fumar, el consumo de bebidas alcohólicas en todas las áreas, incluidos los vehículos, está prohibido cuando hay niños presentes. Está prohibido poseer o permitir a sabiendas que se posean o vendan drogas ilegales o sustancias controladas sin receta en las instalaciones en cualquier momento, independientemente de si hay niños presentes.
 - Q. El hogar debe tener un **extintor de incendios 2A-10BC** en un lugar de fácil acceso. Un extintor de incendios debe estar certificado una vez al año y tendrá etiquetas oficiales que indiquen la fecha de inspección.
 - R. Todos los inflamables deben almacenarse lejos de calentadores de agua, hornos, calentadores, chimeneas y lavaderos.
 - S. Debe estar disponible un plan actualizado de evacuación de emergencia y preparación para desastres.
 - T. El hogar debe tener dos (2) salidas principales sin obstrucción en el camino accesible para los niños.

- U. Los juguetes y objetos (incluidas las mesas de comer, los corrales y las cunas) deben ser seguros, duraderos y fáciles de limpiar y no tóxicos. Las cunas deben cumplir con los estándares federales y mantenerse en buen estado. Un hogar no usará bolsas de plástico o láminas de plástico livianas para cubrir el colchón y no usará almohadas en las cunas.
 - V. El baño debe tener **papel higiénico**, **jabón**, **toallas desechables accesibles para los niños**.
 - W. El hogar debe tener un botiquín de **primeros auxilios y debe contener**: **curitas**, **gasas**, **cinta adhesiva**, **tijeras**, **jabón**, **guantes de látex no porosos y un termómetro**.
 - X. Todos los hogares con mascotas deben tener registros de inoculación actuales para cada mascota, notificación por escrito a los padres antes de que se permitan mascotas en el hogar. El área de confinamiento (jaulas y corrales) y el área de juego exterior debe limpiarse de excrementos diariamente. Un hogar no permitirá la entrada en las instalaciones de mascotas u otros animales que no estén domesticados, sean peligrosos, contagiosos o de naturaleza viciosa.
 - Y. Los pañales y la ropa mojada y sucia se cambiarán con prontitud. La superficie para cambiar pañales debe estar limpia, segura e impermeable. El cuidador nunca cambiará el pañal en el área de preparación de alimentos. El cuidador se lavará las manos y las manos del niño después de cada cambio de pañal. El cuidador debe desechar cualquier funda desechable y desinfectar la superficie después de cada cambio de pañal.
 - Z. Si transporta niños, el cuidador debe tener: **licencia de conducir vigente**, **registro del vehículo y comprobante de coberturas de seguro, así como dispositivos de restricción apropiados, como asientos de automóvil apropiados, cinturones de seguridad, etc.**
 - AA. La persona que transporta a los niños también tomará la capacitación de prácticas de transporte seguro.
 - BB. 8.9.5.23 J El refrigerador y el congelador deben tener un termómetro que funcione. La temperatura del refrigerador debe ser igual o inferior a 41 ° F.
 - CC. 8.9.5.25 J Si una casa tiene piscina sobre el suelo, estanque de peces de zanja u otro peligro de agua, el accesorio se construirá, mantendrá y utilizará de acuerdo con las regulaciones estatales y locales aplicables, se construirá y protegerá de modo que, cuando no esté en uso, sea inaccesible para los niños: y cuando estén en uso, los niños serán supervisados constantemente y garantizarán la seguridad adecuada para las edades, habilidades y tipo de peligro de agua en uso.
 - DD. 8.9.5.25 J (1). Un cuidador debe obtener un permiso por escrito de un padre o tutor antes de que un niño ingrese a una piscina.
 - EE. El hogar debe desarrollar una póliza y un procedimiento para la expulsión de niños (8.9.5.25 D)
 - FF. 8.9.5.25 E. Póliza contra la discriminación.
 - GG. El Plan de Seguridad COVID debe completarse.
2. El cuidador debe guardar una copia de la tarjeta/hoja de información para cada niño con: (8.9.5.24 A-J NMAC)
- A. Nombre completo del niño/a
 - B. Fecha de nacimiento del niño/a
 - C. Cualquier alergia conocida a alimentos o medicamentos o condiciones físicas inusuales.
 - D. Nombre, número de teléfono y ubicación del padre o tutor a contactar en caso de una emergencia
 - E. Nombre y número de teléfono del médico del niño
 - F. Autorización de un padre o tutor para que el cuidador busque atención médica profesional en una emergencia
 - G. Permiso por escrito del padre o tutor para que el cuidador administre medicamentos recetados por un médico o solicitados por el padre.
 - H. Registro de vacunación actual o exención por escrito para inmunizaciones otorgada por el Departamento de Salud.
 - I. Permiso por escrito de los padres para transportar a los niños fuera del hogar registrado.
 - J. Formulario de inicio y cierre
 - 8.9.5.21 T Simulacro de incendio (mensual) y Registro de evacuación de emergencia (una vez cada tres meses).

ORGANIZACIONES PATROCINADORAS DE ALIMENTOS EN TODO EL ESTADO

REGIÓN DEL NORTE

Nombre de las Agencias Patrocinadoras del CACFP	DIRECCIÓN	Número de teléfono	Número de fax
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

REGIÓN CENTRAL

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

REGIÓN SUROESTE

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

REGIÓN SURESTE

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.**

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) Male Female Marital Status: (circle one) 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
a.	
b.	
c.	
d.	

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

Include additional sheets if necessary

Include additional sheets if necessary

6. COLLATERAL INFORMATION TO BE USED FOR ABUSE/ NEGLECT SCREEN:

Previous Addresses for the last five years. If you need more space, use a separate sheet of paper.

Street Address:	City:	State:	Zip:
a.			
b.			
c.			
d.			

Official Use Only - Must be signed by ECECD Representative

APPROVAL OF REGISTERED CARE:

This application has been reviewed under the applicable regulations found at 8.9.6 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]