



DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS  
CHILD CARE LICENSING PROGRAM

Caller Box 10007  
Saipan, MP 96950  
Tel. (670) 664-2572 • Fax (670) 664-2571  
<http://www.cnmicclp.gov.mp>

Dear Owner, Director, Teacher, Assistant Teacher, Child Care Aide, Volunteer, Temporary Hire, Substitute, Driver, and Others:

Thank you for your interest in working in the child care setting. Before you can begin work, you must first obtain a comprehensive Criminal Background Check (“CBC”). Follow the following instructions to start the process. If you have any questions, reach out to our office at the number listed above.

Saina Ma’ase,

/s/

Gordon B. Salas  
Child Care Licensing  
Program Supervisor

## INSTRUCTIONS

**STEP 1:** Complete the Consent and Release Form for Fingerprinting and Comprehensive Criminal Background History Check/Review. You will need this at DPS as the official taking your prints will need to sign off on it.

**STEP 2:** You must sign the Consent and Release Form for Fingerprinting and Comprehensive Criminal Background History Check/Review. Incomplete forms will not be accepted and will be returned.

**STEP 3:** Proceed to the CNMI Treasury. Inform the cashier that you are making payments for fingerprinting purposes under the **Originating Agency Identification Number (ORI) MKBGA000Z**. The administrative fee assessment will be \$48.00.

**STEP 4:** Proceed to DPS' Records Office to have your fingerprints rolled. It is highly advisable that you bring on your person your official identification card which contains your social security information, place of birth, citizenship, etc. This will make processing with DPS go along faster.

**STEP 5:** Once your fingerprints have been rolled and completed, DPS will seal your fingerprint card in a prepaid envelope addressed to the proper federal agency in the United States.

**STEP 6:** You must return the sealed envelope with your fingerprint card back to the Child Care Licensing Program Office on Capitol Hill Building 1343.

**STEP 7:** Upon completion of fingerprinting, you must send or provide a copy of the Consent and Release form to DCCA's Child Care Licensing Program for filing purposes.

**STEP 8:** Once we receive the results of the comprehensive background check from the Federal Bureau of Investigation through the Department of Public Safety, we will notify you and the center's Director or the center's authorized representative.



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**CONSENT AND RELEASE FORM FOR  
FINGERPRINTING AND COMPREHENSIVE  
CRIMINAL BACKGROUND HISTORY  
CHECK/REVIEW**

**You must complete this form when originally hired and when changing child care facilities, being rehired, or obtaining a new background check. A clearance cannot be issued without this form.**

**Your original background check should take place in the jurisdiction where you will be employed. The Child Care Licensing Program requires a new background check every five years and whenever you have been separated from employment in child care for more than 180 days.**

I, \_\_\_\_\_ **(Full legal name)**, understand that as an employee or potential employee, applicant, or licensee of

\_\_\_\_\_ **(FACILITY NAME)**. I

am required to be fingerprinted and to undergo a comprehensive criminal background history check/review pursuant to NMIAC §55-40.1-226 (d)(1)(i)(ii)(iii)(iv)(v), (2), (3). I do hereby consent to be fingerprinted and agree to the following conditions and terms:

1. The fingerprints will be used to check criminal history records from:

- National Background Checks –
  - a. National Federal Bureau of Investigation criminal history check with fingerprint.
  - b. National Crime Information Center Sex Offender Registry (NSOR) Check.
- In-state (CNMI) Background Checks –
  - a. In-state Criminal History Check with fingerprint.

- b. In-state Sex Offender Registry Check.
- c. In-state Child Abuse and Neglect Registry Check.
- Inter-state (out of the CNMI) Background Check –
  - a. Inter-state Criminal History Check.
  - b. Inter-state Sex Offender Registry Check.
  - c. Inter-state Child Abuse and Neglect Registry Check.

2. I hereby authorize the FBI, the National Sex Offender Repository, the CNMI Criminal Repository, and/or other local/national law enforcement agencies and the CNMI Division of Youth Services Child Protective Unit to release criminal history information and child abuse and neglect history to the Department of Community and Cultural Affairs (“DCCA”) Child Care Licensing Program through the CNMI Department of Public Safety. The authority used for such request with the FBI will be the **CCDBG Act of 2014, CCDBG 1, CCDBG Volunteer 1, or the National Child Protection Act/Volunteers for Children Act.**

3. All information provided to DCCA’s Child Care Licensing Program is confidential relative to third party or entity.

4. I understand that the results of the check may disqualify me from employment in child care services based on the findings of the criminal record review consistent with applicable laws and regulations or on the findings of the Child Abuse and Neglect Registry.

5. At the same token, if I am employed prior to the completion of the comprehensive criminal background check, I understand that I may be suspended, terminated, or disqualified from employment in child care services based on the finding of the criminal record review consistent with applicable laws and regulations or on the findings of the Child Abuse and Neglect Registry.

6. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished by the CNMI Department of Public Safety upon request.

7. This consent and release is valid until such time that the applicant is no longer licensed and/or employed at a child care center, at a family child care home, or at an infant & toddler center.

8. I hereby release from liability and promise to hold harmless under any and all causes of legal action

or claim, the CNMI Department of Community and Cultural Affairs/CNMI Department of Public Safety, its officer(s), agent(s), and/or employee(s) who conducted and reviewed my criminal history records.

9. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions, or agencies providing such information to the CNMI Department of Community and Cultural Affairs and the CNMI Department of Public Safety.

10. I have signed this release voluntarily of my own free will without duress.

**Name of child care facility (where applying/employed) or Subsidy Program:**

**Telephone number of the above facility:**

**Facility/Subsidy Program physical address:**

If you have previously worked in child care, provide the name of the child care facility where you previously worked at:

Last date worked at facility:

**Your name:** \_\_\_\_\_  
*Last First Middle*

Maiden name, nickname, and other names used: \_\_\_\_\_

Your position at the above facility and/or subsidy program is

- Owner
- Director
- Teacher
- Assistant Teacher
- Child Care Aide
- Volunteer
- Temporary Hire
- Substitute
- Driver
- Other (specify position) \_\_\_\_\_

**Do you have any scars, marks or tattoos? (If yes, give location and description):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

*Note: Providing your social security number is voluntary.*

*However, not providing it could delay the criminal background check process.*

**Have you resided in the Commonwealth of the Northern Mariana Islands for the last 5 years?  Yes  No** **If not, list the States, Territories, or other Country you have resided in:**

**Are you a U.S. Citizen?**  Yes  No

If not a U.S. citizen, what is your citizenship? \_\_\_\_\_

**Street address:** \_\_\_\_\_  
*Street Name* *Village*

**Mailing address:** \_\_\_\_\_  
*P.O. Box#* *City* *State* *Zip Code*

**Home telephone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Eye Color:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**This form must be complete and accurate. Failure to comply may result in a rejected application.**

1. Have you ever been charged with child abuse and neglect? Yes  No

If yes, please explain \_\_\_\_\_

Date of charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

2. Do you have any pending charges or warrants against you? Yes  No

If yes, please explain \_\_\_\_\_

Dates of charges/warrants: \_\_\_\_\_

Disposition: \_\_\_\_\_

3. Check any of the following which apply, past or present. Should you need additional space, use the back side of this page.

Action	Yes	No	Dates of Conviction(s)/Charges(s)	State/Territory/Others	Disposition
Conviction(s)					
Charges(s)					

**Reference:**

§55-40.1-110(d) The Department shall request the applicant to terminate the employment of an employee who has a criminal history, employment history, or background which poses a risk to children in care.

§55-40.1-226(c) Applicants, employees, and volunteers shall be of reputable and responsible character and shall not have a criminal history record, employment history or background which poses a risk to children in care.

1. Conviction of a crime involving violence, alcohol or drug abuse, sex offenses, offenses involving children and any other conviction, the circumstances of which indicate that the applicant or employee may pose a danger to the children, are grounds for denial or revocation of a license or a reason to request termination of an employee under §55-40.1-110(d).

2. Type of criminal offense, when it occurred and evidence of rehabilitation may be considered in determining whether the criminal history record poses a risk to the health, safety or well-being of children in care.

3. An employment history indicating violence, alcohol or drug abuse and any other violation of employer rule or policy, the circumstances of which indicates that the applicant or employee may pose a danger to the children, may be grounds for denial or revocation of a license or a reason to request termination of an employee under §55-40.1-110(d).

4. Background information which shows that the individual has been identified as and substantiated to be the perpetrator of child abuse or neglect may be a basis for denial or revocation of a license or a reason to request termination of an employee under §55-40.1-110(d).

The Child Care and Development Block Grant Act of 2014 specifies disqualifying crimes or action only for child care providers and staff members who are serving children receiving CCDF assistance. The following are disqualifying criteria's:

- a. Refusing to consent to a criminal background check.
- b. Knowingly making a materially false statement in connection with the background check.
- c. Is registered, or is required 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 (42 U.S.C. 16901 et seq.).
- d. Has been convicted of a felony consisting of murder (as described in section 1111 of title 18, United States Code, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or a drug-related offense committed during the preceding 5 years
- e. Has been convicted of a violent misdemeanor committed as an adult against a child inclusive of child abuse, child endangerment, sexual assault, or of a misdemeanor involving child pornography.

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\* List all arrest, including other states, territory, or other country, even if the charges were dropped or dismissed. Please attach an extra sheet of paper if more space is needed.

<b>DATE</b>	<b>CHARGE</b>	<b>ARRESTING AGENCY</b>	<b>CITY/STATE TERRITORY/COUNTRY</b>	<b>DISPOSITION</b>




**I do hereby agree to the above stated conditions and terms and certify that the above information is true and correct. I also understand that knowingly providing false information or omitting information may result in me not being eligible to hold a license or certificate to operate, or be employed at a child care center, and that I may be subject to sanctions as provided by law.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CNMI DEPARTMENT OF PUBLIC SAFETY/LAW ENFORCEMENT AGENCY:**

**Witness:** \_\_\_\_\_  
*Print Name of Official Taking Prints*

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_  
*Signature of Official Taking Prints*

**Date:** \_\_\_\_\_