



Staff or Volunteer (Applicant) Instructions for a Background Check Request

Dear Applicant:

Please complete the steps below for your background check request application. The law requires you to complete a background check because you were hired on or after September 25, 2019, or your program could not show proof of your fingerprint results taken prior to September 25, 2019, at the time of their New York City Department of Health and Mental Hygiene (NYC Health Department) inspection.

Step 1: Get your fingerprints taken, and get a receipt.

Your background check request requires your fingerprints be checked against New York State and federal criminal records databases. Fingerprinting is available at Identogo Centers, which are located throughout the five boroughs as well as outside of NYC.

- To make a fingerprint appointment, visit uenroll.identogo.com. For more information and instructions on the fingerprint process, see nyc.gov/doi and search for **fingerprinting**. When scheduling the appointment:
 - Enter the Service Code 157XX3 when scheduling the appointment for non-Department of Education (DOE)-contracted programs.
 - DOE-contracted programs will receive their service code from DOE. If your program is a DOE-contracted program, ask your program for the Service Code for your fingerprint appointment.

You should get a fingerprint receipt at the appointment. A copy of the receipt will need to be uploaded with the application.

Step 2: Complete the paperwork.

- Authorization and Affirmation Form - sign and date
- Applicant Worksheet



Staff or Volunteer (Applicant) Authorization and Affirmation Form for a School-Based Child Care Program Background Check

Each applicant must complete and sign this form. By signing this form, you authorize the New York City Department of Health and Mental Hygiene (NYC Health Department) to conduct the required child care background checks, and you are affirming that all the information you have provided to the school-based child care program is true and accurate.

Applicant Information

Applicant First and Last Name (print or type):

Authorization and Affirmation

By signing below, I affirm the following:

1. I authorize the NYC Health Department to conduct a child care background check on me.
2. The information provided for this application is true and accurate to the best of my knowledge.
3. I acknowledge that this background check will be processed through the Federal Bureau of Investigation and New York State registries that maintain arrest and criminal history.
4. I understand that any information revealed in this background check will be used solely for the purpose of determining my eligibility to work in a school-based child care program.

Signature of Applicant

Date