

Charge/Arrest Report Form

Tenn. Rules & Regs. § 1240-07-10-.09 (11)

(a) A center shall immediately notify the Department if it receives information, either through first-hand knowledge or via a third party, that a person who is operating, working in, volunteering at, or has any access whatsoever to the adult day services center: 1. Is currently charged with a criminal offense; 2. Has a criminal conviction; or 3. Is listed on the state vulnerable persons registry, sexual offender registry, or Department of Children’s Services substantiated perpetrator registry. (b) Such notification shall be made by telephoning the Department within twenty-four (24) hours of receiving such information. This shall include all information received by the center that was not included in the criminal background check/state registry review that was required to be conducted prior to the person assuming any role at the center. (12) The failure of an adult day services center to immediately exclude individuals with a criminal background history or state registry review status that requires exclusion pursuant to T.C.A. § 71-2-403 and this rule, as directed by the Department, shall be the basis for the immediate suspension, denial or revocation of the adult day services center’s license.

To report a known charge or arrest of an individual working in an adult day services center in the state of Tennessee, please answer the following questions:

1. Name of individual: _____

First
Middle
Last
2. Date of Arrest: _____
3. Name of Arresting Agency: _____
4. Nature of the Charge (describe the charge/reason for arrest):

5. Is the TN Department of Health involved? Yes No
6. Adult Care Center’s Information:
 - a. Name of Center: _____
 - b. Center’s Director: _____
 - c. Center’s Licensing Consultant: _____
 - d. Address of Center: _____

7. How did you learn about this charge/arrest (e.g., social media/news report, newspaper, etc.)?

If you have the police report, charge/court documents, news article, etc., please include them when submitting this form

Please submit this completed form to: CCBackground.DHS@tn.gov (email) or 615-532-9956 (fax)