Scheduling a Fieldprint Fingerprint Scan Appointment

Before scheduling an appointment online be sure to read and follow the instructions provided by the Department of Children and Families.

Warning: Do not share Reference IDs/Codes when scheduling an appointment!
Each individual age 18+ will be mailed a fingerprint instruction letter that is to be used only for or by the individual named in the letter. Do not share letters or codes provided in the letter.

After receiving a Fingerprint Instruction letter from the Child Care Background Unit an individual will need to schedule a Fieldprint appointment online.

https://fieldprintwisconsin.com/
New to Fieldprint?

If the subject of the search has not used Fieldprint before they will need to sign up as a new user and create a password and answer the security questions.
Used Fieldprint in Past?

If the subject of the search has used Fieldprint in the past they may sign in using their email and password.
Enter Fieldprint Code

The fingerprint instruction letter mailed by DCF includes a Fieldprint code to be used for all DCF child care background checks:

Enter in the box FPWIDCFLicensee – then click “Continue”
Add Personal Information & Follow Instructions

Personal Information

Required items are marked with an asterisk.

Acceptable Forms of ID:

Please enter your personal information below.

First Name: Jane
Middle Name: Sue
Last Name: Doe
Prefix:
Suffix:

Please enter any other names or aliases you have used.

First Name: Jane
Middle Name: Sue
Last Name: Fawn

Social Security Number: 566-55-5555

Address Line 1: 111 Oracle Lane
Address Line 2 (Suite/Apt/etc.): 
City: 
State: 
Zip Code: 

Preferred Contact Method: 
- Phone
- E-mail

Appointment Reminder: 
Would you like a message appointment reminder sent the day of your appointment? 
- Text Message
- E-mail
- No

Mobile Phone: 555-555-5555
Carrier: AT&T

Save and Continue

Enter Alias Names Here

Remember to click "save and continue" for each page.
Enter the Reference Code provided by DCF in your fingerprint instruction letter.

Enter the code provided to the specific individual named in the letter. Codes may not be shared or used multiple times.

This is a unique code provided to the individual in the instruction letter sent by DCF. Warning! Do not share reference IDs or use another person’s reference ID, as this will delay the completion of the background check.
Read and Sign Release Statements

- Read the statement
- Click “I agree”
- Enter your name and date
- Click “Continue”
Read and Sign Privacy Statement

Privacy Statement

We value your personal information and keep it secure at all times. Privacy Statement

Your information is shared as you complete each step. You can continue at any time.

Required items are marked with *.

Please read and agree to the following:

We, the government, collect personal information from you in order to comply with legal requirements. Examples include, but are not limited to: 5 U.S.C. 3101; Pub. L. 94-29; Pub. L. 101-654, and Executive Orders 10450 and 12368. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN): Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9357 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, statistics, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 U.S.C. 552a(b)) and all applicable routine uses as may be published at

I Agree: [ ]

Your Full Name: *

Today's date:
Month * [ ] Day * [ ] Year * [ ]

Continue Back
Read the Challenge Notice

RECORD COMPLETENESS OR ACCURACY CHALLENGE NOTICE

FBI Record: This record is subject to the following use and dissemination restrictions:

Under provisions set forth in Title 28, Code of Federal Regulations (CFR), Section 50.12, both governmental and nongovernmental entities authorized to submit fingerprints and receive FBI identification records must notify the individual fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. Identification Records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity.

The official making the determination of suitability for licensing or employment shall be provided the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The deciding official should not deny the license of employment based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so.

An individual should be presumed not guilty of any charges/arrests for which there is no final disposition stated on the record or otherwise determined. If the applicant wishes to correct the record as it appears in the FBI’s CJIS Division Records System, the applicant should be advised that the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.

The CJIS Division is not the source of the data appearing on identification records. All data is obtained from fingerprint submissions or related identification forms submitted to the FBI by local, state, and federal agencies. As a result, the responsibility for authentication and correction of such data rests upon the contributing agency (i.e., police department, county court, etc.). Please contact this agency or the central repository in the state where the arrest occurred to request a change, correction, or update. The FBI is not authorized to modify the record without written notification from the appropriate criminal justice agency.

Wisconsin Record:

Subject to 111.33 to 111.35, Section 111.321 of the Wisconsin Statutes prohibits act of employment discrimination based on arrest and conviction records. Applicants should be notified of their right to challenge the accuracy and completeness of any information contained in a criminal record before any final determination is made. Challenges should be submitted to the Crime Information Bureau on form DJ-LE-247 and may include a request for fingerprint comparison.

Form DJ-LE-247 and information on the Wisconsin challenge process may be found online at https://www DOJ state WI us/dfts/cbi/cbi-forms

Other State’s Record: Contact the state holding or contributing the record being challenged. Please contact the Criminal History Unit at 608-266-7314 or cbi/criminalhistory@doj state WI us if you have additional questions.
Find a Location & Schedule Your Appointment

Search for a location that is convenient for you. Enter your work or home address, click “Find” and the system will provide you with a list of Fieldprint locations near that address.
Select a location with store hours and distance that is convenient for you.

Click “Schedule Appointment” to schedule an appointment at a specific location in the list.
Enter a date and select a time convenient for you. Then Click “Schedule”
Read message and confirm by clicking “Continue”
Enter Payment Information
Review Appointment Confirmation Details

Print your confirmation receipt and directions to the location.

Read the cancelation policy and how to reschedule your appointment.

Be sure to bring acceptable forms of identification listed in your confirmation.
After the Appointment

- After the completed fingerprint scan appointment Fieldprint will send the prints to the Wisconsin Department of Justice for processing.

- The results of the background check will be sent directly to DCF.

- The DCF Child Care Background Unit will review the results and make a preliminary eligibility determination within 5-7 days and a final eligibility determination within 45 days.