

CRIMINAL BACKGROUND CHECK BASIC INSTRUCTIONS FOR CHILD CARE

The North Carolina Child Care Law (General Statute 110-90.2) requires a criminal background check be conducted on all persons who provide child care in a licensed or regulated child care facility. All individuals who reside in a family child care home and are age 16 and older must also complete a criminal background check, regardless of whether they are caring for children or not.

Each *prospective* child care operator and provider (which includes any *household member*), age 16 and older, must complete the criminal background check and have a valid CBC Qualification letter **prior** to:

- Being hired by a child care facility
- Receiving a license to own or operate a child care facility
- Becoming a *household member* of a Family Child Care Home (FCCH) or Center in a residence
- Moving into a FCCH, or center in a residence
- Working as a substitute in a child care facility
- Working as an uncompensated provider who will be counted in staff/child ratio or left alone with children in a child care facility

Applicants/providers who are *out of state residents* must submit the required local history report to the Division.

A Qualification letter is valid for three years from the date of qualification. Each child care provider and household member age 16 and older must re-submit forms to complete the criminal background check every three years thereafter. **All** providers are required to maintain a valid qualification letter to continue to work or have residency in a child care facility.

The forms to complete the criminal background check for requalification may be submitted up to six months prior to the expiration date.

The forms required to complete the criminal background check must be submitted to the NC Division of Child Development and Early Education (Division) to obtain a CBC Qualification letter.

What must be done to complete the check and meet the Law and Rules?

1. **MANDATORY NOTICE (Form DCD-0049)**

(Complete and keep in your file.)

- A *Mandatory Notice* statement (DCD-0049) is included with these instructions. The *Mandatory Notice* explains that a criminal background check is required by Law for each child care provider or prospective provider. This form should be retained by the provider along with his/her valid CBC qualification notice.

2. **ONLINE PAYMENT FOR CRIMINAL BACKGROUND CHECK PROCESS**

- Each individual must submit a credit card payment to the Department of Health and Human Services for the background check using the designated online payment agent. You may access the payment site from the www.ncchildcare.nc.gov website, under the “*DHHS Criminal Background Checks*” link on main page.
- A copy of the Payment Confirmation receipt is to be submitted with the packet.

ITEMS TO BE COMPLETED FOR SUBMISSION TO THE DIVISION

3. **FINGERPRINT IMPRESSIONS (CARD or LIVE SCAN FORMS) (excludes uncompensated providers)**

- Each child care provider (or household member) must complete at least one set of fingerprint impressions for a state and federal check. **The provider is required to present a picture identification card in their current name at the time fingerprints are taken.**

Electronic Processing

A list of agencies that are authorized to transmit the provider’s fingerprint impressions to the SBI is available (*Agencies Approved For Electronic Fingerprinting*). Please visit www.ncchildcare.nc.gov under the “DHHS Criminal Background Checks” link for Child Care for updated list. Please call the agency in advance for scheduled days and/or times.

- ***The law enforcement agency identified on the list of Agencies Approved For Electronic Fingerprinting will process the prints electronically and submit the prints immediately to the SBI. (The provider is not required to be a resident of the county to have fingerprints taken.) The provider must have the required forms (Fingerprint Submission Release & Applicant Information Form) completed and appropriately signed before the agency will take the fingerprints. The agent must sign the Fingerprint Submission Release and return it to the person being fingerprinted. This form takes the place of the fingerprint card. The Release form must be mailed immediately to the Division with the other packet items.***

Manual Fingerprinting

- ***If prints are rolled or processed manually, the type of fingerprint card that must be used is called the **APPLICANT CARD** and the form number is **FD-258**.*** Included in this mailing is a *sample* of how the card **must** be filled out and additional instructions on completing the other required information. *The Division does not provide the cards.*
- **The fingerprint card must be mailed to the Division with other criminal background check items. Information should not be mailed to the SBI.**
- The fingerprint card must not be folded when mailed to the Division.

4. OUT OF STATE RESIDENTS ONLY (LOCAL OR COUNTY CRIMINAL HISTORY REPORT)

- In addition to submitting a fingerprint card, providers who are out of state residents must get a **certified local history report** from the Clerk of Superior Court of the Circuit or District Court in their county of residence, or the State Repository office for their state. The record check must reflect the provider's *legal and current first and last name* and must be consistent with the name written on *all other criminal background check forms*. The county of residence must be consistent with the provider's current address as shown on the other forms. This county or local check **must have been done within the last 90 days (of date the forms are mailed to the Division)**. South Carolina residents may contact the State Law Enforcement Division (SLED) at www.sled.state.sc.us. Virginia residents may contact the Virginia State Police (VSP) at www.vsp.state.va.us. *For other states, contact the county Clerk of Court, or the State Repository.* Once obtained, the **original certified local history report from the Clerk of Court, SLED, VSP, or State Repository office must be submitted to the Division.** (Record checks from local law enforcement or other criminal records agencies are not acceptable and will delay the process if submitted.)

5. IDENTIFYING INFORMATION FORM – DHHS 004**[DHHS-004 forms may be obtained from the Division or local agencies](#)**

- Each child care provider (or household member) **must complete an original Identifying Information Form DHHS-004 (bubble form)**. The information provided on this form must be consistent with all other forms. The form must be completed with a No. 2 pencil and must not be folded, torn or mutilated. **Please read the specific instructions on the form very carefully.** Unnecessary blank spaces should not be left between letters in a name as this will distort information. Information should be filled in consecutively in the boxes and ovals unless otherwise directed on the form. A photocopy may not be submitted. *Please do not place staples or make any marks or hole punches on any of the black marks on this form.*

Help with completing the *Identifying Information Form* sheet:

Please list maiden name and all previous names used on the lines provided, if applicable.

- #1 Write and fill in ovals for Name. Last name is first and must match the names on other forms submitted for the individual. *(Please be consistent with hyphenation and dual last names.)*

If first or last name exceeds space allowed, please print full name at top of form.

- #2 Write and fill in ovals for individual's social security number.
- #3 Write and fill in ovals for individual's date of birth. The year must be 4 digits.
- #4 Indicate the individual's gender.
- #5 Indicate the individual's race.
- #6 Provide a current and active contact telephone number for the individual.
- #7 Write and fill in ovals for the home mailing address. If needed, there is extra space for the address on the bottom right hand side of the form. If the mailing address is a Post Office Box, please write the physical address in the extra space provided.
- #8 *Write in* the name of the county of residence. The county name must match the current county where the person lives and the address in item # 7.
- #9 Write and fill in ovals for the individual's active email address.

“Authority for Release of Information (State and Federal Record Check)”

This section must be signed with first and last name (in blue or black ink) and dated by the individual listed in item #1. If the individual is under age 18, parental consent (by signature) is also required.

REQUIRED FORMS- FOR ELECTRONIC FINGERPRINTING (REFER TO ITEM 3)

Print Forms from www.ncchildcare.nc.gov site, under “DHHS Criminal Background Checks” link on main page.

6. APPLICANT INFORMATION FORM

- ***Each child care provider who visits a law enforcement agency approved for electronic fingerprinting must take a completed Applicant Information form to the agency. The information on this form must be consistent with all other forms.***

7. FINGERPRINT SUBMISSION RELEASE OF INFORMATION

- ***Each child care provider must take a completed Fingerprint Submission Release of Information form to the agency. A photo identification card is required before the prints are taken. The provider (individual) must sign this form using the current name on their picture identification card. This form must be presented to the***

agent at time fingerprints are taken to be submitted electronically. The official taking the fingerprints must sign the original copy of the Fingerprint Submission Release to certify that the fingerprints were taken, and identify if transmitted or printed manually, and return the form to the provider. The provider must submit the original certified copy to the Division with the other packet items when the fingerprints have been processed electronically. If the local agency is not able to process the fingerprints electronically, the manual card is to be mailed to the Division with the other packet items.

ADDITIONAL INFORMATION

Each provider (or household member) must have a complete criminal background check packet submitted to the Division within three days after submitting the credit card payment. If an item is inadvertently omitted from the mailing, please do not send it separately. You must wait until the Division returns the packet to you. **The Division will not process a decision letter until proof of payment has been made. Payment must be made separately for each individual requesting the criminal background check.**

If fingerprints for any provider are being submitted electronically by the law enforcement agency, the remaining packet items must be mailed to the Division immediately. If the packet items and/or payment are not received by the Division within 60 days after electronic fingerprinting has been done, the SBI results sent to the Division will no longer be valid for use. The provider must submit new information for the background check to be completed, including new fingerprints and payment.

If the child care provider has a conviction (*guilty judgment or admission of guilt*), pending charge or indictment, is under deferred prosecution, has received a Prayer for Judgment, or is on probation for a crime, the provider can submit additional information for the Division to consider when making the decision to qualify or disqualify. **This should be sent in at the same time the other forms are submitted.** We urge each provider to do this so that a more complete history is known about the conviction or the pending case.

When the Division receives the results of the fingerprint check from the SBI, the *entire criminal history record* of the provider will be reviewed. The provider may be requested to provide additional information before a decision is made. A **letter of notification** will be sent to the provider (or household member). This notification will indicate if the individual is *qualified* or *not qualified*, but cannot give any specific details about the reason for a disqualification. **A letter of disqualification prevents an individual from owning, operating, providing transportation, working or being employed as a child care provider/employee, or being present while children are in care in a child care program in North Carolina.** Included in the disqualification letter will be details about appealing the decision that was made.

A complete criminal background check packet has the following items:

√	A completed original <i>Identifying Information</i> form (bubble form) with Release Statement - Form DHHS-004 (with revision date after 1/2013)
√	<p>Original Fingerprint Submission Release form with Certification from approved by law enforcement agency that fingerprints were submitted electronically to the SBI</p> <p style="text-align: center;">OR</p> <p>One completed fingerprint card (Applicant Card -Form FD258).</p>
√	<p>Submission of payment via Credit Card for background check through the designated payment agent. (<i>Visit www.ncchildcare.nc.gov, DHHS Criminal Background Checks, and child care option. You should retain your online receipt as proof of payment.</i>)</p> <p><u>Include a copy of your receipt with packet items.</u></p>
√	<p>For out of state resident, an <i>original certified</i> local criminal history check from the Clerk of Court’s office in the county where the person lives (with raised seal), or State Repository, and must be dated within the last 30 days.</p>

FOR ELECTRONIC SUBMISSION, PLEASE MARK ENVELOPE WITH A LARGE “E”
AND ADDRESS ENVELOPE MARKED “CONFIDENTIAL” TO:

DHHS – CRIMINAL BACKGROUND CHECK UNIT
DOCD – ELECTRONIC PROCESS
2201 MAIL SERVICE CENTER
RALEIGH NC 27699-2200

FOR MANUAL FINGERPRINT CARD SUBMISSION, PLEASE ADDRESS ENVELOPE MARKED ‘CONFIDENTIAL’ TO:

DHHS CRIMINAL BACKGROUND CHECK UNIT
CHILD CARE TEAM
2201 MAIL SERVICE CENTER
RALEIGH NC 27699-2200

PLEASE DO NOT FOLD OR BEND FORMS
Questions – 1-800-859-0829 (in State calls only) or (919) 527-6500

NOTICE
CHILD CARE PROVIDER MANDATORY CRIMINAL HISTORY CHECK

NORTH CAROLINA LAW REQUIRES THAT A CRIMINAL HISTORY CHECK BE CONDUCTED ON ALL PERSONS WHO PROVIDE CHILD CARE IN A LICENSED OR REGULATED CHILD CARE FACILITY, AND ALL PERSONS PROVIDING CHILD CARE IN NONLICENSED CHILD CARE HOMES, OR FACILITIES THAT RECEIVE STATE OR FEDERAL FUNDS.

“Criminal history” means a county, state, or federal criminal history of conviction, pending indictment of a crime, or criminal charge, whether a misdemeanor or a felony, that bears on an individual’s fitness to have responsibility for the safety and well-being of children. Such crimes include, but are not limited to, the following North Carolina crimes contained in any of the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7A, Rape and Kindred Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary; Article 16, Larceny; Article 17, Robbery; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19C, Identity Theft; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 29, Bribery; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication. Such crimes also include cruelty to animals in violation of Article 3 of Chapter 19A of the General Statutes, violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. In addition to the North Carolina crimes listed in this notice, such crimes also include similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have responsibility for the safety and well-being of children, you shall have the opportunity to complete, or challenge the accuracy of, the information contained in the SBI or FBI identification records.

If you disagree with the determination of the North Carolina Department of Health and Human Services on your fitness to provide child care, you may file a civil lawsuit within 60 days after receiving written notification of disqualification in the district court in the county where you live.

Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history record check shall be guilty of a Class 2 misdemeanor.

Maintain Copy with Qualification Letter

Print Current Forms from www.ncchildcare.nc.gov site, under “DHHS Criminal Background Checks” link on main page.

SIDE 2

INSTRUCTIONS FINGERPRINT SUBMISSION RELEASE OF INFORMATION

- This form must accompany remainder of *packet items* when fingerprints are submitted electronically to the SBI by a law enforcement agency.
- All items must be mailed to the Division of Child Development and Early Education (DCDEE).
- This form must be signed by the person being fingerprinted.
- Form must be completed prior to visiting the law enforcement agency.
- It can be copied but you can not develop your own form.
- Do not mail form to the SBI.

SAMPLE FINGERPRINT CARD

(Take this information with you when you go to get your fingerprints taken.)

IMPORTANT: When you get your fingerprints taken, your card must contain the information shown on the sample below, along with your identifying information. It is very important that box **B** and the two circled boxes below are filled in with these exact words whether typed or printed by hand. If they are not, the SBI will not be able to return the results of the fingerprint check to the Division of Child Development and Early Education. The actual fingerprint cards (Form FD-258) are available from your local police department, sheriff's offices and other private individuals or companies that offer fingerprinting services. You may have your fingerprints taken at any of these locations.

APPLICANT		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK						FBI	LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED 13		ALIASES <u>AKA</u> 2	LAST NAME <u>NAM</u> 1			FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED 14		O R I NCBCIOOO ST BU OF INV RALEIGH, NC	CITIZENSHIP <u>CTZ</u> 4		SEX 5	RACE 6	HGT 7	WGT 8	EYES 9	HAIR 10	DATE OF BIRTH <u>DOB</u> MONTH DAY YEAR 3
DATE 15	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 16		YOUR NO. <u>OCA</u> 4	PLACE OF BIRTH <u>POB</u> 11							
EMPLOYER AND ADDRESS DOCD 2201 Mail Svc Center Raleigh NC 27699 Child Care Provider <u>NC.G.S. 110-90.1 & 110-91</u> STATE & FEDERAL CHECK		FBI NO. <u>FBI</u> B	LEAVE BLANK								
REASON FINGERPRINTED C		ARMED FORCES NO. <u>MNU</u>	CLASS _____								
		SOCIAL SECURITY NO. <u>SOC</u> 12	REF. _____								
		MISCELLANEOUS NO. <u>MNU</u>									

17				
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
18				

SAMPLE

INSTRUCTIONS FOR COMPLETING APPLICANT FINGERPRINT CARD FOR CHILD CARE

EACH FINGERPRINT CARD MUST CONTAIN THE INFORMATION SHOWN BELOW.

- A. OCA Print or type in "DCD00000"**
- B. Employer and Address: Print or type**
"DOCD
2201 MAIL SVC CENTER
RALEIGH NC 27699-2200"
- C. Reason Fingerprinted: Print or type**
(For State & Federal) "CHILD CARE PROVIDER
N.C.G.S. 110-90.1 &110-91"

Complete other blocks as indicated.

1. NAM - Complete last name, first name, and middle name of individual being fingerprinted.
2. AKA - List any and all alias names or nicknames, maiden name or other married name.
3. DOB - List date of birth numerically - month, day, and year. Example: May 31, 1948 should be shown as 05 31 48.
4. CTZ - Indicate American citizenship (US), or indicate other nationality.
5. SEX - Male (M), Female (F)
6. RACE: White (W) Black (B) Hispanic (H) American Indian or Alaskan Native (I)
 Asian or Pacific Islander (A) Other (O)
7. HGT - Height in feet and inches using all numerics. Example: 6' 01"=601
8. WGT - Weight in pounds using all numerics. Example: 135lbs. = 135
9. EYES - List eye color: BLK - Black BLU - Blue BRO - Brown
 GRY - Gray GRN - Green HAZ - Hazel
10. HAIR - List hair color: BLK - Black BLN - Blond or Strawberry
 BRO - Brown GRY - Gray or partially SDY - Sandy
 RED - Red or Auburn BAL - Bald (if hairless or lost most of hair)
11. POB - Indicate city and state where the individual was born. Abbreviate State.
12. SOC - Social Security Number of individual.
13. SIGNATURE - Legible signature of person being fingerprinted must appear in this space.
14. CURRENT RESIDENCE - Complete number, street, city, state, and zip.
15. DATE - Indicate date fingerprints were taken.
16. Signature of person taking the fingerprints.
17. & 18. Fingerprint impressions.