

Department of Health and Human Services (DHHS)

Criminal Record Check Unit Checklist

For each criminal record check you submit to DHHS, please make sure you complete this checklist and staple it to the applicant's employee file at the facility. **Do not send it to DHHS.** This will help ensure all paperwork is complete and accurate as well as assist your consultant during visits to your facility.

Applicant's Name: _____

Date of Hire: _____

Date Submitted to Raleigh: _____

LOCAL HISTORY (must be submitted for every applicant)

- _____ Included with packet
- _____ From the clerk of court's office in the county of **applicant's residence**
- _____ Less than 90 days old
- _____ Is the original with a certified seal (no photocopies)
- _____ Name on the local is correct and is exactly the same as shown on the bubble sheet and fingerprint card

BLUE BUBBLE SHEET-DCD 0050 (must be submitted for every applicant)

- _____ Included with packet
- _____ It is the new blue bubble sheet (not the old green sheets)
- _____ It is the original (no photocopies) and it is not torn, folded or mutilated in any way
- _____ It is filled out completely (front and back) and with a #2 pencil
- _____ A Division of Child Development ID# has been filled out in Box #11
- _____ The Authority For Release is signed in pen on the back of the form
- _____ Name on the bubble sheet and release is correct and is exactly the same as shown on the local & fingerprint card

FINGERPRINT CARDS (to be submitted for new applicants or applicants qualified over a year ago)

- _____ Included with packet for new applicants/applicants qualified over a year ago at another facility
- _____ Correct type of card (FD 258)
- _____ All personal data, including signature, has been completed
- _____ Fingerprints were rolled by a trained professional (local law enforcement agency)
- _____ Only one (1) card has been submitted
- _____ Name on card is correct and is exactly the same as shown on the local and bubble sheet

- _____ **All required paperwork was submitted to Raleigh within 8 days of hire**
- _____ Child Care Provider Mandatory Criminal History Check Form (DCD-0049) has **not** been submitted
- _____ Initials of person who submitted the paperwork

