

CRIMINAL RECORD BACKGROUND CHECK BASIC INSTRUCTIONS INCLUDING INFORMATION FOR ELECTRONIC FINGERPRINTING

Please maintain a copy of these instructions and blank forms for future use

The North Carolina Child Care Law (General Statute 110-90.2) requires a criminal record check for all child care operators and providers (which includes household members, age 16 and older) in licensed or regulated facilities and nonlicensed facilities approved to receive State or federal funds for providing child care.

You must submit completed criminal record check forms immediately to the NC Division of Child Development and Early Education (Division) for anyone in your program who has not submitted forms previously for the background check. The Law requires that completed forms for each new provider or employee be submitted to the Division no later than eight (8) working days after beginning work.

This version of the Criminal Record Background Check Instructions includes information for electronic fingerprinting. The SBI and certain local law enforcement agencies (LEA) have formed a partnership agreement that allows child care providers/applicants to have their fingerprints submitted electronically to the SBI for processing. This arrangement provides a higher quality of print impressions and reduces the possibility of rejected prints. It also reduces the response time for completing the criminal record background check when you and your employees use these agencies. Please follow the instructions carefully when submitting forms under this arrangement. A list of agencies that are authorized to transmit your fingerprint impressions to the SBI is available (Agencies Approved For Electronic Fingerprinting). Please visit www.ncchildcare.net under the "DHHS Criminal Record Checks" link for updated list and information. Please call agency in advance for scheduled days and/or times.

What must be done to complete the check and meet the Law and Rules? (Also refer to the Supplemental Instructions if you are a potential owner/operator of a child care facility.)

MANDATORY NOTICE & PRIOR CONVICTION STATEMENT (Form DCD-0049)

- Each child care provider must be given a copy of a statement (*Mandatory Notice*) which explains that a criminal record check is required by Law. Each child care provider must sign a *Prior Conviction/Pending Indictment* statement that is to be kept in the provider's personnel file. A sample *Mandatory Notice* statement and *Conviction/Pending Indictment* statement (one form, DCD-0049) is included in this packet.

This form should be kept in the employee's personnel file and **is not to be mailed to the Division**. The owner/operator must also keep a copy of his or her own statement on file.

ITEMS TO BE COMPLETED FOR SUBMISSION TO THE DIVISION

1. FINGERPRINT IMPRESSIONS (CARD or LIVE SCAN FORMS)

- Each child care provider (or household member) must complete at least one set of fingerprint impressions for a state (SBI) check. *If the provider has not lived in North Carolina for the last five (5) years in a row, a **'state and national (FBI) check'** is required to meet the Child Care Law requirements. **The provider is required to present a picture identification card in their current name at the time fingerprints are taken.***

- *If the provider goes to one of the law enforcement agencies identified on the list of Agencies Approved For Electronic Fingerprinting, the prints will be processed **electronically**. (The provider is not required to be a resident of the county to have fingerprints taken.) **The provider must have the required forms (4 & 5) completed and appropriately signed before the agency will take the fingerprints.** *The provider must indicate or notify the law enforcement agent (LEA) prior to printing when 'state and national check' is required. (See additional information for Applicant Information [4] and Electronic Fingerprint Submission Release of Information [5] forms.) **If the prints are processed electronically, the fingerprint impressions will be transmitted immediately to the SBI.** The agent must sign the Electronic Fingerprint Submission Release **and return it to the person being fingerprinted.** This form takes the place of the fingerprint card. **The Release form must to be mailed immediately to the Division with the other packet items.****

- *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 record check items. Information should not be mailed to the SBI.**
- The fingerprint card must not be folded when mailed to the Division.
- If the provider has not lived in North Carolina for the last five (5) years in a row, the fingerprint card will also be used to obtain a national (FBI) check.

2. LOCAL OR COUNTY CRIMINAL RECORD REPORT

- Each child care provider (or household member) must obtain a **certified criminal record check** from the **county** in which they **reside**. 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 be obtained from the County Clerk of Court's office** and must have been done **within the last 90 days (of date the forms are mailed to the Division)**. This type of record check is also known as a "certified name check." 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 record check forms*. (Record checks from local law enforcement or other criminal records agencies are not acceptable and will delay the process if submitted.) Providers who

are out of state residents must get a certified report from the Clerk of Court of the Circuit or District Court in their county of residence, or the State Repository office for their state. 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. Once obtained, the **original certified record check from the Clerk of Court, SLED, VSP, or State Repository office must be submitted to the Division.** A copy of the local record check must be kept in the employee's personnel file. If there are criminal convictions indicated on the local check, this does not mean that the Division will automatically disqualify the person. However, an owner/employer may choose to use this information during their hiring process.

- 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.

3. IDENTIFYING INFORMATION FORM – DHHS 004 (revision of DCD 0050) – WITH RELEASE INFORMATION

- Each child care provider (or household member) **must complete and submit an original Identifying Information Form DHHS-004 (bubble form)**. The information provided on this form must be consistent with all other forms. This form will be submitted to the Division and scanned by computer. 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 and review the form that each employee completes before mailing to the Division.** Leaving a corresponding oval blank for a filled in box, or completing two or more blanks in one row, will cause incorrect information to be recorded or the form to be rejected. 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. If you need additional forms, you may call the Division's Raleigh office. You will be asked for your license ID #, mailing address, and contact information. *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 person. *(Please be consistent with hyphenation and dual last names.)*
- #2** Write and fill in ovals for the person's social security number.
- #3** Write and fill in ovals for the person's date of birth. The year must be 4 digits.
- #4** Indicate the person's gender.

- #5** Indicate the person's race.
- #6** Must be answered: *If the person has lived in North Carolina for less than 5 years in a row (up to the current year), this item must be answered "No."*
- #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** The county code must match the current county where the person lives and the address in item # 7.
- #9** Only mark one program type.
- #10** Choose only one job type.
Owner - owner or operator of the child facility or family child care home.
Employee - anyone employed by a child care facility or who assists the owner in a family child care home.
Household member over age 15 (they have had their 16th birthday) - one who lives in the home (on a permanent or temporary basis) and is not involved with child care.

The Law does not require volunteers, contract persons, and any other employees not providing care to a child to submit forms to the Division. *If you are unsure about who needs the check please contact your child care consultant or the Division's Criminal Record Check (CRC) Unit.*
- #11** This number is listed on the child care facility license permit or noted in visit summaries left by your child care consultant (for church exempt programs). *You should contact your child care consultant if you do not have a facility ID # and you are not the potential owner/operator of a new family child care home.*
- #12** Only *local purchasing agencies* and other programs approved by the Division are to complete this section.
- #13** Write in the complete name, address and phone number of the child care facility, even if it is a nonlicensed or family child care home.
- #14** Date of hire or employment at child care facility identified in box 13. *For Family Child Care Home, this is date home was opened or issued permit, or date of eligibility as a household member. For non-licensed home, this is date approved for subsidy funds.*

"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 person listed in item #1. If the person is under age 18, parental consent is also requested.

To Print Forms: Select Child Care Electronic Prints Form 1 (SBI Release) & Child Care Electronic Prints Form 2 (Applicant form) (Adobe reader required) from www.ncchildcare.net site, under “DHHS Criminal Record Checks” link on main page.

REQUIRED FORMS- FOR ELECTRONIC FINGERPRINTING (REFER TO ITEM 1)

4. 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. The type of check required for “Reason fingerprinted” must be indicated by the provider, director or program agent before visiting the law enforcement agency.***

If the provider has lived in the state less than the last five (5) years in a row, or is a non-resident, a “state & federal” check is required and must be indicated on the form for the agent prior to printing. Must be consistent with response on DHHS-004.

5. ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION (with SBI Letterhead) - Replacement for Fingerprint Card only

- ***Each child care provider must take a completed and authorized Electronic Fingerprint Submission Release of Information form to the agency. A photo identification card is required before the prints are taken. The provider (employee) must sign this form using the current name on their picture identification card. The form must also be signed by the program owner, director or other agent to authorize the individual to be fingerprinted and have the fingerprints submitted to the SBI electronically. The owner/operator must authorize his or her own form. 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 Electronic Fingerprint Submission Release to certify that the fingerprints were taken and return the form to the provider. You must submit the original certified copy to the Division with the other packet items when the fingerprints have been processed electronically. A copy must be kept in the employee’s personnel file.***

ADDITIONAL INFORMATION

Each provider who visits a local law enforcement agency approved to transmit fingerprints electronically must complete and take the required forms to the agency. The local law enforcement agency will not have blank forms. If the local agency is not able to process the fingerprints electronically the provider will be advised by the agent.

Each provider (or household member) must have a complete criminal record check packet submitted to the Division. **The Division will not accept an incomplete packet or items mailed separately.** You can send in each individual’s complete packet separately, or send packets for some or all individuals at one time. All the forms for one provider should be stapled in the upper right hand

corner to prevent forms from becoming mixed up and **must not be folded**. 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.

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 in a separate envelope. The envelope must be marked with a large "E" (for Electronic fingerprinting) to identify it from any other criminal record mailings. If the packet items are not received by the Division within 30 days after electronic fingerprinting has been done, the SBI results will become invalid. The provider must submit new information for the background check to be completed, including new fingerprints. INFORMATION SHOULD NOT BE MAILED TO THE SBI.

Any new employee that is hired must submit forms in the timeframe specified in rule 10A NCAC 09 .2702(a). This rule requires that new employees submit all completed forms to you within 5 working days after beginning work. You then have 3 additional working days to submit the forms to the Division. You should keep copies of the forms until a decision is received from the Division.

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) and the employer, program owner or other agency, as applicable. 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 in a child care program in North Carolina. If the individual lives in a home where child care is provided, a letter of disqualification may require that the individual not be present when children are in care; that child care may no longer be funded; or that child care may no longer be provided in the home.*** Included in the disqualification letter will be details about appealing the decision that was made.

FOR EMPLOYEES WHO PREVIOUSLY COMPLETED THE CRIMINAL RECORD CHECK PROCESS

If you, or a new employee submitted criminal record check forms from *another* child care program, child care rule .2702 states that if the date of qualification (based on fingerprinting) on the Notice is within the last 12 months then new fingerprint cards do not need to be submitted. The rules do require that a *current original local criminal record* report be submitted to the Division. (Current means dated within the last 90 days.) Along with the new local criminal record, the provider must submit a new *Identifying Information* form with the identification number of your child care program. Copies of all submitted forms must be maintained in the personnel file. If you, or your new employee have a Notice with a ***qualification date*** that is more than 12 months ago, all forms, including the fingerprint card(s), must be submitted.

*If forms were previously submitted by another child care program but the *Notice of Qualification* has not been received, please attach a note to the new forms with the name of the former child care program and include the date the initial forms were submitted (if known).

3 YEAR RE-CHECK FOR QUALIFICATION

- Effective November 1, 2007, Child Care Rule 10A NCAC 09 .2702 requires that all child care providers and household members who are employed or remain at the same facility for three (3) consecutive years be subject to a modified criminal record check by the Division. On each three (3) year anniversary date of employment at the facility, owners and employees (who have a previous Notice of Qualification) must submit the completed Identifying Information (DHHS-004) form to the Division. *For a family child care home, the owner, employee(s), and household member(s) shall complete and submit the Identifying Information form to the Division on each three year anniversary from the date the child care home was opened or issued license, or from the date of eligibility as household member.* The Division will notify the provider (or household member), employer, or other agency of the result of the three (3) year review. *(Out of state residents may be required to submit a certified report from the Clerk of Court in their county of residence, or the State Repository office for their state.)*

A complete criminal record check packet has the following 3 items:

√	A completed <i>Identifying Information</i> form (bubble form) with Release Statement - Form DHHS-004 (revision of DCD-0050)
√	One completed fingerprint card (Applicant Card -Form FD258) OR Original Electronic Fingerprint Submission Release form with Certification from approved law enforcement agency that fingerprints were submitted electronically to the SBI.
√	An <i>original certified</i> local criminal record (history) check from the Clerk of Court’s office in the county where the person lives (with raised seal), or State Repository for out of state residents, and must be dated within the last 90 days.

The envelope (with fingerprint card) must be addressed exactly as written below and marked “CONFIDENTIAL”

DHHS CRIMINAL RECORD CHECK UNIT
CHILD CARE TEAM
2201 MAIL SERVICE CENTER
319 CHAPANOKE ROAD, SUITE 120
RALEIGH NC 27699-2201

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

DHHS – CRIMINAL RECORD CHECK UNIT
DOCD – ELECTRONIC PROCESS
2201 MAIL SERVICE CENTER
319 CHAPANOKE ROAD, SUITE 120
RALEIGH NC 27699-2201

PLEASE DO NOT FOLD OR BEND FORMS
Questions – 1-800-859-0829 (in State calls only) or (919) 773-2856

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 registered child care facility, and all persons providing child care in nonlicensed child care homes, or facilities that receive state or federal funds.

“Criminal history” includes county, state, and federal convictions or pending indictments of any of the following crimes: 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 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication; 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; or 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 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 shall be guilty of a Class 2 misdemeanor.

PRIOR CONVICTION/PENDING INDICTMENT STATEMENT

(Please check one)

____ I swear, under penalty of perjury, that I **have** been convicted of a crime and/or I **have** pending indictments or pending charges that are not minor traffic violations.

____ I swear, under penalty of perjury, that I **have not** been convicted of a crime, **nor** have any pending indictments or pending charges, other than a minor traffic violation.

I also swear that I am _____, am not ____ under a deferred prosecution agreement or on probation for a crime. If I have been convicted of a crime, have pending indictments or pending charges, am under a deferred prosecution agreement, have received a Prayer for Judgment, or am on probation for a crime, I understand that my employment is conditional pending approval from the Division of Child Development and Early Education. I also understand that I may submit to the Division of Child Development and Early Education additional information concerning the conviction or charges that could be used by the Division in making the determination of my qualification for employment. The Division may consider the following in making their decision: length of time since conviction; nature of the crime; circumstances surrounding the commission of the offense or offenses; evidence of rehabilitation; number of prior offenses; and my age at the time of occurrence.

Signature Printed Name Date

The Division makes no representations regarding this person's eligibility to provide child care based solely on this Statement.

**INSTRUCTIONS
MANDATORY NOTICE STATEMENT**

- **Each employee must receive a statement concerning the mandatory criminal record check.**
- **Each employee must sign a Prior Conviction/Pending Indictment statement.**
- **This form is a sample form and can be copied. Maintain an original form for ongoing use as new employees are hired.**
- **If you choose to develop your own form it must contain the text that is substantially similar to the text on this form.**
- **The signed form is to be kept in the provider's personnel file.**

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 registered child care facility, and all persons providing child care in nonregistered child care homes, or facilities that receive state or federal funds.

“Criminal history” includes county, state, and federal convictions or pending indictments of any of the following crimes: 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 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication; 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; or 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 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 shall be guilty of a Class 2 misdemeanor.

PRIOR CONVICTION/PENDING INDICTMENT STATEMENT

(Please check one)

___ I swear, under penalty of perjury, that I **have** been convicted of a crime and/or I **have** pending indictments or pending charges that are not minor traffic violations.

___ I swear, under penalty of perjury, that I **have not** been convicted of a crime, **nor** have any pending indictments or pending charges, other than a minor traffic violation.

I also swear that I am _____, am not ___ under a deferred prosecution agreement or on probation for a crime. If I have been convicted of a crime, have pending indictments or pending charges, am under a deferred prosecution agreement, have received a Prayer for Judgment, or am on probation for a crime, I understand that my employment is conditional pending approval from the Division of Child Development and Early Education. I also understand that I may submit to the Division of Child Development and Early Education additional information concerning the conviction or charges that could be used by the Division in making the determination of my qualification for employment. The Division may consider the following in making their decision: length of time since conviction; nature of the crime; circumstances surrounding the commission of the offense or offenses; evidence of rehabilitation; number of prior offenses; and my age at the time of occurrence.

Signature Printed Name Date

The Division makes no representations regarding this person's eligibility to provide child care based solely on this Statement.

**INSTRUCTIONS
MANDATORY NOTICE STATEMENT**

- **Each employee must receive a statement concerning the mandatory criminal record check.**
- **Each employee must sign a Prior Conviction/Pending Indictment statement.**
- **This form is a sample form and can be copied. Maintain an original form for ongoing use as new employees are hired.**
- **If you choose to develop your own form it must contain the text that is substantially similar to the text on this form.**
- **The signed form is to be kept in the provider's personnel file.**

Select & print associated forms: *Electronic Prints – Form 1 & Form 2 (Adobe reader required)* from www.ncchildcare.net site, under “DHHS Criminal Record Checks” link.

INSTRUCTIONS
ELECTRONIC 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.
- This form must be authorized by the owner, director, or other agent of the child care program for the person to be fingerprinted and have the fingerprints submitted to the SBI electronically. Form must be completed prior to visiting the law enforcement agency.
- It can be copied but you can not develop your own form.
- Maintain an original form for ongoing use.
- Do not mail form to the SBI.

Select & print associated forms: *Electronic Prints – Form 1 & Form 2 (Adobe reader required)* from www.ncchildcare.net site, under “DHHS Criminal Record Checks” link.

INSTRUCTIONS
ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION

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- 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.
- This form must be authorized by the owner, director, or other agent of the child care program for the person to be fingerprinted and have the fingerprints submitted to the SBI electronically. Form must be completed prior to visiting the law enforcement agency.
- It can be copied but you can not develop your own form.
- Maintain an original form for ongoing use.
- 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 circled 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.

Please Note - Only 1 completed fingerprint card is required. If you have lived in North Carolina for less than the last 5 years in a row, a state and national check will be performed.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK						FBI LEAVE BLANK		
		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME						
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I		NCBCIOOO ST BU OF INV RALEIGH, NC		DATE OF BIRTH <u>DOB</u>				
13		2						MONTH		DAY		YEAR
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX <u>5</u>		RACE <u>6</u>		HGT <u>7</u>		WGT <u>8</u>		
14		4		EYES <u>9</u>		HAIR <u>10</u>		PLACE OF BIRTH <u>POB</u>		11		
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		LEAVE BLANK							
15	16		FBI NO. <u>FBI</u> DOCD00000		CLASS _____							
EMPLOYER AND ADDRESS		B		ARMED FORCES NO. <u>MNU</u>		REF. _____						
DOCD (CRC) 2201 Mail Svc Center Raleigh NC 27699		C		SOCIAL SECURITY NO. <u>SOC</u>								
REASON FINGERPRINTED		C		<u>12</u>								
<u>Child Care Provider</u> <u>N.C.G.S. 110-90.2</u>				<u>MNU</u>								

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	
				17					
				18					

SAMPLE

LEFT FOUR FINGER TAKEN SIMULTANEOUSLY L. THUMB R. THUMB RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

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 27699-2201”
- C. Reason Fingerprinted: Print or type (For State Only) “CHILD CARE PROVIDER**
N.C.G.S. 110-90.2”
- (For State & Federal) “CHILD CARE PROVIDER**
N.C.G.S. 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.