CRIMINAL RECORD CHECK VERIFICATION

FOR VERIFYING CRIMINAL RECORD CHECKS CONDUCTED ON PUBLIC SCHOOL EMPLOYEES
WORKING WITH CHILDREN IN PROGRAMS REGULATED BY
NORTH CAROLINA DIVISION OF CHILD DEVELOPMENT

On the reverse side of this form: list **staff who work with children in programs *licensed by* or *scheduled to be licensed by* the Division of Child Development** (DCD).

(School System)L.E.A Name: _____

School Name: _____

Mailing Address:

_____

_____

_____

Type of Program: *please check the appropriate boxes*

☐ Preschool Education ☐ Even Start ☐ Head Start ☐ Exceptional Children
☐ Title 1 ☐ Before/After School Care
☐ Other (Specify) _____
☐ ID# (if licensed by DCD)_____ Subsidy ID# _____

Type of Background Check Completed: *please check the appropriate boxes*

☐ Local County History
☐ State History with fingerprinting
☐ Federal History with fingerprinting
☐ Other (Specify)_____

The employees listed on the reverse side of this form have successfully passed a criminal background check required by the agency listed above and are eligible for employment.

_____ _____
Superintendent of Schools/Principal Signature *Date*

If you have any questions about this form call your Child Care Licensing Consultant or the Division of Child Development at 1-800-859-0829 and ask to speak to someone in the Criminal Record Check (CRC) Unit. **DCD does not send a response to your agency; this is for verification purposes only.**

- Return the original form to:

NC Division of Child Development
Attention: Public School CRC Verification
Criminal Record Check Unit
2201 Mail Service Center
Raleigh, NC 27699-2201

STAFF LIST

Full Name	Date of Birth	Last 4 digits of Social Security #

Please retain a copy of this form for your records