



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child Development and Early
Education

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
ARIEL FORD • Director

PROCEDURES FOR OBTAINING A NORTH CAROLINA BACKGROUND CHECK FOR CHILDCARE

THIS FORM IS NOT VALID TO WORK IN A NORTH CAROLINA CHILD CARE FACILITY

As a result of the adoption of the Child Care and Development Block Grant Act of 2014, persons seeking an out of state background check must have the following checks completed:

1. A search of the State criminal and sex offender registry or repository in each state where the staff member resided during the preceding 5 years
2. A search of the State-based child abuse and neglect registries and databases in the State where the child care staff member resided during the preceding 5 years. (Public Law 113-186)

Attached is the form designed to complete this background check for the State of North Carolina. This form cannot be used to qualify someone to provide licensed care to children in North Carolina. Please complete this form for each applicant you wish to have complete a North Carolina background. You may also find an electronic version of this form at www.ncchildcare.nc.gov.

There is no charge for this service.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

LOCATION: 333 Six Forks Rd • Raleigh, NC 27609
MAILING ADDRESS: 2201 Mail Service Center, Raleigh, NC 27699-2200
www.ncdhhs.gov • TEL: 919-814-6300 • Fax: 919-715-1013

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Criminal Background Check
Out of State Background Check Request

THIS FORM IS NOT VALID TO WORK IN A NORTH CAROLINA CHILD CARE FACILITY

State requesting Background Check: _____

Date Requested: _____

Person Requesting Background Check: _____ Contact Number _____

Individual

Director

State Agency

Applicant Name: _____
Last First Middle

Maiden or Alias

DOB _____

Last 4 of SS# _____

Race _____

Gender _____

NC County/Counties where applicant has lived: _____

Address to mail Results: _____

(Cannot be a North Carolina address)

OR

Email address to receive electronic results: _____

SUBMIT COMPLETED FORM TO:

State of North Carolina
Department of Health and Human Services
Criminal Record Check Unit
2201 Mail Service Center
Raleigh, NC 27699-2200
Or

Email: DHHS.CBC.Unit@dhhs.nc.gov

INTERNAL STAFF ONLY (Date and Initial each check when completed)

RIL _____
Initial Date

CMR _____
Initial Date

SOR _____
Initial Date

AOC _____
Initial Date