

## ADDITIONAL CAREGIVER FILE CHECKLIST

Name of Employee: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

**The following items must be included in the additional caregiver's file including substitutes. Items with an \* go in the emergency substitute file. To get more detailed information about each record listed below, go to the corresponding chapter of the Family Child Care Home Handbook noted in parentheses. Forms are available online at [www.ncchildcare.net](http://www.ncchildcare.net).**

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Verification of age – 21 years-old. (Chapter 1) 18 years-old if emergency substitute*	Prior to license	
<input type="checkbox"/> Tuberculin (TB) Test (Chapter 1)	Prior to license	
<input type="checkbox"/> First Aid Training Certificate or card (Chapter 1)	Prior to hire date Renew every three years	
<input type="checkbox"/> CPR Certification (Chapter 1)	Prior to hire date Renew every two years	
<input type="checkbox"/> Copy of HS Diploma or GED (Chapter 1)  Not required if additional caregiver works less than five hours.	Prior to hire date	
<input type="checkbox"/> Criminal History Check* (Chapter 1)  Keep until you receive the qualifying letter from the Division.	By the end of the fifth working day	
<input type="checkbox"/> DCD Qualifying Letter (Chapter 1)	NA	
<input type="checkbox"/> Modified Criminal Record Check* (Chapter 1)	Every 3 years	
<input type="checkbox"/> Health Questionnaire (Chapter 1)	Within 60 days of employment date Annual compliance visit	
<input type="checkbox"/> ITS-SIDS Training (Chapter 1)	Within 4 months of hire date, if applicable, and every 3 years	
<input type="checkbox"/> In-service Training Record and Documentation for each training event (Chapter 1)  Not required for an additional caregiver that works less than five hours.	Annual compliance visit	
<input type="checkbox"/> Early Educator Certification (Chapter 1)	Prior to start date	
<input type="checkbox"/> Child Care Requirements and Law Review statement* (Chapter 1)	Prior to providing care	

## Application for Employment

(Fully complete both pages)

\_\_\_\_\_ Date of Application

**Please Print**

Social Security Number		Last Name			First Name		Middle Name		
Address (street number and name)				City			County		
State	Zip Code	Phone (home or where you can be reached)			Business Phone				

Position Applied For: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ N. C. Driver's License Number \_\_\_\_\_  
(month) (day) (year)

Have you ever been convicted of breaking a law other than a minor traffic violation?  
 YES  NO If yes, give the date and explain fully on an additional piece of paper if more space is needed

Have you ever had a Department of Social Services (DSS) substantiation?  
 YES  NO If yes, list county/State and give the date and explain fully on an additional piece of paper if more space is needed

(The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

### Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Schools	Name and Location	Dates Attended	Coursed of Study	Degree/Diploma
High School				
		to		
College or University		to		
		to		
		to		
		to		
		to		
Graduate or Professional		to		
		to		
Educational, Vocational Schools, etc.		to		
		to		
		to		
		to		

Child care training you have completed in the last three years (such as first aid, CPR, CDA, ITS-SIDS, etc.):

\_\_\_\_\_

\_\_\_\_\_

## Tuberculin (TB) Test

All staff members are required to have a negative test result before coming in to contact with children. Volunteers and Substitutes present more than once per week must also have evidence of a negative test.

NAME \_\_\_\_\_  
Last First Middle

HOME ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

### Evidence of tuberculin test:

Type of test \_\_\_\_\_ Date given \_\_\_\_\_

Results  Negative  Positive

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Health Professional

4306 Baker Ave  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number



APPLICANT INFORMATION

Name: Last: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Middle: \_\_\_\_\_ Residence: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Aliases: \_\_\_\_\_ Employer and Address: DOCD, 2201 Mail Service Center, Raleigh, NC, 27699-2201

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
(Circle Appropriate Box)

Reason Fingerprinted (Must indicate one):

Race: \_\_\_\_\_  
(Write the appropriate letter in the space provided)

State Check Only \_\_\_\_\_ (Over 5 yrs in NC)  
NC Day Care Provider, NCGS 110-90-2

W - White, B - Black, I - American Indian,  
A - Asian or Pacific Islander, U - Unknown

State and Federal Check \_\_\_\_\_ (Less than 5 yrs in NC)  
NC Day Care Provider, NCGS 110-90-1 to 110-91

Height: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(\*Optional)

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_  
(Write the appropriate letters in the space provided)

Your Case NO. (OCA): DOCD00000

BLK - Black GRY - Gray MAR - Maroon  
BLU - Blue BRO - Brown GRN - Green  
HAZ - Hazel PNK - Pink XXX - Unknown

Type of Transaction: NFUF

Hair Color: \_\_\_\_\_  
(Write the appropriate letters in the space provided)

NC FP Card Type: CCP

BAL - Bald BLK - Black BLN - Blond or strawberry  
BRO - Brown GRY - Gray or partially  
RED - Red or Auburn SDY - Sandy

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

This form is to be submitted to the Division of Child Development with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.

**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. I also understand that I may submit to the Division of Child Development 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 of Child Development makes no representations regarding this person's eligibility to provide child care based solely on this Statement.

Maintain Original Form in Employee Personnel File

Rev. 11/07 & 11/08

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# Staff Health Questionnaire

(To be completed by all operators and placed in file once per year)

NAME \_\_\_\_\_  
Last First Middle

HOME ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

## HEALTH STATUS

1. I am in excellent mental and physical health and am free of communicable disease. (If not, please explain)

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2. I take the following medications regularly (please explain)

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*This health statement is accurate to the best of my knowledge. I will advise the child care consultant if my health status changes.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Review Statement**

I have reviewed NC General Statute 110 and the NC Child Care Requirements with, \_\_\_\_\_, the additional caregiver and/or emergency substitute in my Family Child Care Home as required in .1701(d).

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Operator Signature

\_\_\_\_\_  
Date



**North Carolina Department of Health and Human Services  
 North Carolina Division of Child Development and Early Education  
 Workforce Change of Information Form (DCDEE.0120)**

**DCDEE Education Unit Use Only**  
 WFID#

This form can be completed and submitted to both the Workforce Education Unit and the Criminal Record Check Unit when you have a change of information in name, address and/or facility of employment. If you only need to request an education evaluation for a different child care position(s) or have an update in completed post-secondary education, submit this form only to the Workforce Education Unit. **Please note:** You must initially apply to the Workforce Education Unit by completing and submitting an Education and Equivalency Form prior to sending a Change of Information form. **Please print or type.**

<b>Required Fields</b> (Complete all fields in this section)		SSN (Last 4 Digits Only):	Email Address:	
Date of Birth (mm/dd/yy): / /	Current Legal Name (First, Middle Initial, Last):			
Current Home Mailing Address:			City:	State: Zip Code:
Home Phone #: ( )	Cell Phone # (If Applicable): ( )	County of Residence:		

<b>A. Change of Name</b> (Complete this section if your legal name has changed)	Date Current Name Effective: / /
Previous Legal Name (First, Middle Initial, Last):	

<b>B. Change of Address</b> (Complete this section if your mailing address has changed)	Date Current Address Effective: / /
Previous Home Mailing Address:	City: State: Zip Code:

<b>C. Change of Employment</b> (Complete this section if your facility of employment has changed)	Date Employed at this Facility: / /	
Name of Current Facility:	Facility ID # (on license):	Facility Telephone #: ( )
Address of Current Facility:	City:	State: Zip Code:
Name of Previous Facility:	Facility ID # (on license):	Date Employment Ended: / /
Are you currently dual employed in more than one child care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list the Facility ID#(s) where you are currently employed: _____		

<b>D. Need evaluation of additional post-secondary education OR child care position(s)</b>	Attach all paperwork to qualify for the checked position(s), including all <b>NEW college level</b> official transcripts which have not been previously submitted to the Division of Child Development and Early Education, Workforce Education Unit.
<input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Family Child Care Home Provider <input type="checkbox"/> Group Leader <input type="checkbox"/> Program Coordinator	
<b>Note: If the change of child care position is for an Administrator, then you must submit an original NC Child Care Administrators Education and Equivalency Form (DCDEE.0173) to be evaluated for qualification as an Administrator.</b>	

**Mail to:** NC DCDEE  
 Attn: Education Unit **OR**  
 Attn: Criminal Record Check Unit  
 2201 Mail Service Center  
 Raleigh, NC 27699-2201

**Questions:** Education Unit  
 919-662-4567  
Criminal Record Check Unit  
 919-773-2856  
 DCDEE: 1-800-859-0829

**Website:** [www.ncchildcare.net](http://www.ncchildcare.net)

**Comments:**