North Carolina Division of Child Development and Early Education
Criminal Record Check Change of Information Form

This form is to be completed by the Owner/Administrator and submitted within 5 days to the Criminal Record Check Unit when you hire a new employee and/or a household member moves into your home. All fields are required and must be completed.

Child Care Centers: Complete this form when you hire a new employee.

Centers in a Residence and Family Child Care Homes: Complete this form when you hire a new employee or a new household member moves into your home.

Please print or type.

Employee/Household Member Information	**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:**
Telephone #: ( )	**County of Residence:**			

Facility Information	**Date Employed at/Moved in this Facility:** / /		
Name of Current Facility:	**Facility ID # (on license):**	**Facility Telephone #:** ( )	
Address of Current Facility:	**City:**	**State:**	**Zip Code:**

Comments:

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

Questions: Criminal Record Check Unit
919-527-6500
DCDEE: 1-800-859-0829

Website: www.ncchildcare.net