



### BACKGROUND CHECK INFORMATION AND AUTHORIZATION

Type or print all information. Please read the instructions before you begin. Be sure to **complete both sides** of this form.

#### License-Exempt Family Provider:

I understand the Division for Children, Youth and Families, Child Development Bureau will conduct a background check to include but not limited to: NH State Police Criminal Records (age 18 and older); Fingerprint-based criminal record check of the FBI national database (age 18 and older); check of the state and national sex offender registry and; a central registry for child abuse and neglect check (12 years or older) for every state lived in for the past 5 years. This is in accordance with RSA 170-E: 3-a, 170-E: 7 and federal laws (Adam Walsh Act and Megan’s Law), and is required for all individuals who reside in my home, and other individuals not living in the home who have contact with the children for whose care I receive child care reimbursement from the Department.

#### License-Exempt Child Care Center:

I understand the Division for Children, Youth and Families, Child Development Bureau will conduct a background check to include but not limited to: NH State Police Criminal Records (age 18 and older); Fingerprint-based criminal record check of the FBI national database (age 18 and older); check of the state and national sex offender registry and; a central registry for child abuse and neglect check (12 years or older) for every state lived in for the past 5 years. This is in accordance with RSA 170-E: 3-a, 170-E: 7 and federal laws (Adam Walsh Act and Megan’s Law), and is required for all individuals who are employed or volunteer for licensed-exempt child care centers, and who have contact with the children for whose care I receive child care reimbursement from the Department.

- I understand that the Division for Children, Youth and Families, Child Development Bureau shall check the National and State Sex Offender Registries, the DCYF Central Registry Name Search and the NH State Police Criminal Records and FBI database.
- I understand that I am required to complete and submit a notarized NH Health and Human Services Criminal History Record Information Authorization (DSSP372) and a notarized DCYF Central Registry Name Search Authorization (Form 2503) and that my name will be reviewed against the National and State Sex Offender Registries.
- I understand that every member of my household, employee or volunteer age 12 and older will submit a notarized DCYF Central Registry Name Search Authorization (Form 2503) and their names will be reviewed against the National and State Sex Offender Registries.
- I understand that every member of my household, employee or volunteer age 18 and older will submit a notarized NH Health and Human Services Criminal Record Information Authorization (DSSP372).
- I understand that I am required to complete and submit any other Background Check Information forms as required by any state that I have lived in during the past five years.
- I understand that every member of my household, employee or volunteer age 18 and older is required to complete and submit any other Background Check Information forms as required by any state that they have lived in during the past five years.
- I understand that I am required to complete and submit a new Background Check Information (Form 2505) and all required authorizations on the first day that any information in this form changes. For example: someone moves into your home or begins to have contact with children.
- I certify that all information on this form is true and complete. Providing falsified information may be grounds for denying enrollment.

|                               |                         |                             |  |
|-------------------------------|-------------------------|-----------------------------|--|
| <b>PROVIDER INFORMATION:</b>  |                         |                             |  |
| <i>Print Clearly</i>          |                         |                             |  |
| <hr/> <i>Last Name</i>        | <hr/> <i>First Name</i> | <hr/> <i>Middle Initial</i> | <hr/> <i>Date of Birth</i>                       |
| <hr/> <i>Street</i>           |                         |                             | <hr/> <i>Last 4 digits of SSN or the Fed ID#</i> |
| <hr/> <i>City</i>             |                         | <hr/> <i>State</i>          | <hr/> <i>Zip Code</i>                            |
| <hr/> <i>Other Names Used</i> |                         |                             | <hr/> <i>Signature of Applicant/Provider</i>     |

|  |   |   |                       |
|--|---|---|-----------------------|
| <b>PLACE OF CARE</b>   |   |   |                       |
| IN CHILD’S HOME <input type="checkbox"/>   | IN PROVIDER’S HOME <input type="checkbox"/> | IN NON-RESIDENCE BY AGENCY <input type="checkbox"/> |                       |
| If the place of care is the child or the provider’s home the parent <b>must</b> sign on the last page. |   |   |                       |
| <b>ADDRESS WHERE CARE IS PROVIDED</b>  |   |   |                       |
| <hr/> <i>Street</i>  | <hr/> <i>City</i>                           | <hr/> <i>State</i>                                  | <hr/> <i>Zip Code</i> |



**HOME PROVIDER**

1. Do you or any other household member have criminal charges pending? Yes  No
2. Have you ever or has any other household member been convicted or found by a court to have committed a felony, a crime of violence or unlawful sexual act? Yes  No
3. Have you or has any other household member been identified, in the past seven years, as responsible for the abuse or neglect of a child in a founded report of child abuse or neglect? Yes  No

*If any answer above is Yes please complete the following*

| Full Name (last, first, middle) | Charges, Convictions or Findings | State | Year  |
|---------------------------------|----------------------------------|-------|-------|
| _____                           | _____                            | _____ | _____ |
| _____                           | _____                            | _____ | _____ |
| _____                           | _____                            | _____ | _____ |

**AGENCY PROVIDER**

1. Do you or any employee or volunteer have criminal charges pending? Yes  No
2. Have you ever or has any employee or volunteer been convicted or found by a court to have committed a felony, a crime of violence or unlawful sexual act? Yes  No
3. Have you or has any employee or volunteer been identified as responsible for the abuse or neglect of a child in a founded report of child abuse or neglect in the past seven years? Yes  No

*If any answer above is Yes please complete the following*

| Full Name (last, first, middle) | Charges, Convictions or Findings | State | Year  |
|---------------------------------|----------------------------------|-------|-------|
| _____                           | _____                            | _____ | _____ |
| _____                           | _____                            | _____ | _____ |
| _____                           | _____                            | _____ | _____ |

Have you or other individuals listed on the preceding page(s) resided in another state within the past 5 years? Yes  No

*If any answer above is Yes please complete the following*

| Last Name, First, Middle | Other Names Used | In what City and State | From Year | To Year |
|--------------------------|------------------|------------------------|-----------|---------|
| _____                    | _____            | _____                  | _____     | _____   |
| _____                    | _____            | _____                  | _____     | _____   |
| _____                    | _____            | _____                  | _____     | _____   |
| _____                    | _____            | _____                  | _____     | _____   |
| _____                    | _____            | _____                  | _____     | _____   |

**\*\*\*\*A Parent's Name And Signature Must Be Entered If Care Is Being Provided In The Provider's Or Child's Home\*\*\*\***

Name of Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date \_\_\_\_\_



## Instructions to the Background Check Information and Authorization

### PURPOSE:

The Background Check Information and Authorization is used to release copies of child abuse and neglect findings to the DCYF Child Development Bureau for license-exempt child care providers.

For home providers, this form is used when the child care provider has not had a background check in the past 3 years, for other persons living in the household, and for any persons not living in the home who have regular contact with the children in care. The home provider must update this form whenever anyone moves into the household or begins to have regular contact with the children in care. The names, birth names, dates of birth, and former addresses of all persons who are 12 years and older must be checked as a condition of receiving state funds in accordance with the provisions of RSA 170-E: 3-1 and 170-E: 7.

For agency providers, this form is used for all employees and volunteers. The agency must update this form whenever they add a new employee or volunteer. The names, birth names, dates of birth, and addresses of all persons who are 12 years and older must be checked as a condition of receiving state funds in accordance with the provisions of RSA 170-E: 3-1 and 170-E: 7.

**License-exempt child care providers cannot receive child care scholarship reimbursement prior to criminal records and central registry approval. The Department will not reimburse the provider if his or her criminal records and/or child abuse or neglect findings check indicate that the provider or other persons with regular contact with children might reasonably be expected to pose a threat to a child.**

### INSTRUCTIONS:

Form 2505 is completed by the license-exempt child care provider. Both the provider and parent who is requesting or receiving a child care scholarship from the Department must sign this form.

Identify the place where child care is being provided. The last name, first name and date of birth of the provider must be completed. For identification purposes either the Federal Identification Number or Social Security Number of the provider can be entered on this form. Enter the provider's physical address, other names used (alias/maiden name) and sign the form.

List all household members, age 12 and older and all other persons not living in the home who will have regular contact with the children in care. For an agency, list all employees and volunteers.

Answer the questions on the form and indicate if there are any known charges, convictions or findings.

Indicate if anyone listed on the form has resided out of state during the past 5 years. Indicate who, where and when for each individual who resided out of state.

Parents whose child care will take place in the provider's home or in the child's home must complete and sign this form and sign.

Currently enrolled license-exempt child care providers who need to report information about individuals in their home, or who are employed or volunteer for an agency may request forms from the local DCYF District Office or obtain them through the Child Development Bureau website [www.dhhs.state.nh.us](http://www.dhhs.state.nh.us)

Complete and return Form 2505 to:

Child Development Bureau  
129 Pleasant Street  
Concord, NH 03301

### RETENTION:

Form 2505 is valid for 5 years and retained by the Child Development Bureau

***For child care enrollment information, contact the Child Development Bureau at 1-800-852-3345 (X 2175)***