

**Checklist for Enrollment of an Out of State Child Care Provider**

Out-of-State Providers must have the following information prior to enrollment:

Name of Provider: \_\_\_\_\_

State of Residence: \_\_\_\_\_

Item Needed	County/LPA Validation Date	Comments	DCDEE Provider Manager Validation Date	Comments
License Status (licensed or license-exempt) <i>(attach copy of license)</i>				
Expiration Date of License				
Center or Home				
Health & Safety Inspection Report (within the last 12 months) <i>(attach copy of report)</i>				
Criminal Record Check or Qualification Letter (owner or director) <i>(attach copy of check/letter)</i>				

DSS/LPA should complete first 2 columns. Submit form and all supporting documentation to:  
 Kellie McCarthy, DCDEE Provider Data Manager  
 Email: [Kellie.McCarthy@dhhs.nc.gov](mailto:Kellie.McCarthy@dhhs.nc.gov)  
 Fax: 919-715-0976