



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

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
ANNA CARTER • Director

PROCEDURES FOR OBTAINING A NORTH CAROLINA BACKGROUND CHECK FOR CHILDCARE

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. 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. You may mail this form to:

NC DHHS
Criminal Background Check Unit
2201 Mail Service Center
Raleigh, NC 27699-2200

There is no charge for this service.

Do NOT fill out this form if you are a North Carolina resident

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

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/Countries where applicant has lived: _____

State Agency Address to mail 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

Do NOT fill out this form for a North Carolina resident

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

RIL _____
Initial Date

CMR _____
Initial Date

SOR _____
Initial Date

AOC _____
Initial Date