



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

ANNA CARTER
DIRECTOR

TO: Potential Family Child Care Home Operator

Thank you for your interest in applying for a license to operate a child care facility in North Carolina. It is important to the Division of Child Development and Early Education to assist citizens in providing a safe and healthy environment for the children of North Carolina.

Steps of the Application Process:

Step 1: Review this information carefully.

Step 2: Complete the enclosed Application - Facility Profile page. In addition, there are several other documents that should be submitted along with the Application - Facility Profile page. Refer to the checklist provided below. The child care consultant will review the information and contact you if any additional information is needed.

Step 3: Mail to:

**Division of Child Development and Early Education
Regulatory Services Section/Team Support Unit
2201 Mail Service Center
Raleigh, NC 27699**

Step 4:

A child care consultant will be assigned to work with you based on where you reside. A child care consultant will contact you to schedule an announced visit upon receipt of a complete application and supporting documentation.

Step 5: A pre-licensing consultation and initial assessment visit will be scheduled. During this time, the child care consultant will review of all applicable child care requirements, observe all indoor and outdoor areas of your home, complete a pre-licensing consultation, and monitor to ensure all requirements have been met. More than two visits may be needed. Since the entire premises is being licensed, the child care consultant will observe the entire child care facility and adjacent property, including but not limited to natural areas, outbuildings, dwellings, vehicles, and other structures. Additional forms necessary for completing the application process will be provided during the visit.

Step 6: After all applicable requirements for licensure have been successfully completed, the child care consultant will issue a license to you to operate a Family Child Care Home.

The Division of Child Development and Early Education appreciate your efforts to provide quality child care and education. Please contact the Division toll free at 1-800-859-0829, if you have any questions about this information.

Keep in mind that until you have completed the application process and you are licensed, you may legally care for two children or less who are unrelated to you. It is a Class I felony to willfully operate a family child care home without being licensed.

www.ncdhhs.gov • www.ncchildcare.nc.gov

Tel 919-527-6335 • Fax 919-715-1012

Location: 820 South Boylan Avenue • Raleigh, NC 27603

Mailing Address: 2201 Mail Service Center • Raleigh, NC 27699-2200

An Equal Opportunity / Affirmative Action Employer



Important Online Resources:

- **Child Care Law and Rules** - Read over the child care requirements thoroughly. Prior to licensure and once you are licensed, you are responsible for maintaining compliance with all applicable requirements at all times. Monitoring visits will be conducted annually to verify compliance of application rules. Electronic copies of the law and rules are available on the Division's website at http://ncchildcare.nc.gov/general/mb_ccrulespublic.asp.
- **Criminal Background Check Pre-service Requirements** - Visit the Division's website at http://ncchildcare.nc.gov/general/dhhsccr_childcare.asp under the "DHHS Criminal Background Checks" read over the information for completing and submitting a criminal background check. You must obtain a qualifying criminal background check letter prior to a license being issued and submit updated criminal background check qualification paperwork once every three years; applies to applicant and ALL household members age 16 years and older. If anyone in your household has a criminal record, including pending charges, you may be denied a FCCH license.
- **Provider Documents** – Refer to the Provider Documents available on the Division's website at http://ncchildcare.nc.gov/providers/pv_provideforms.asp. Required and sample forms are available online to help you in planning and operating your child care business.
- **Star Rated License Information** – A new family child care home is issued a One Star License. After the first six months of business, the operator is eligible for higher stars (Two to Five Star License). Higher star ratings recognize child care operators for the higher quality child care they provide. The star rated license acts as a roadmap for child care operators to follow as they strive to improve the quality of their child care. Talk to your child care consultant during pre-licensing to learn more about North Carolina's Star Rated License System and visit the Division's website at http://ncchildcare.nc.gov/providers/pv_sn2_ov_sr.asp.

In addition to submitting your Application – Facility Profile the following supporting documentation must be submitted:

Have You Submitted the Following Information?

A copy of a non-expired criminal background check qualification letter. Also, includes household members age 16 years and older.	A copy of negative results on a tuberculosis (TB) test completed within the past year. <i>(Form available online under Provider Documents)</i>
A copy of up-to-date pet vaccinations for any pet that you have, including expiration dates.	A copy of a negative well water bacteriological analysis if the home has a private well
A copy of completed Pediatric First Aid and CPR course appropriate for the ages of children you will care for in your FCCH, completed in the past year.	Submit copies of documentation that you meet any city, county or local ordinance requirements, if applicable. <i>(For information on specific requirements for your area, contact local ordinance office or child care consultant)</i>
A copy of a completed health questionnaire. <i>(Form available online under Provider Documents)</i>	A copy of zoning approval/privilege license, if applicable in your area. For more information on specific requirements, contact your local City or County Government office.
A copy of completed ITS-SIDS Training, if planning to care for children 12 months and younger.	If you rent your home, you will need to submit a copy of your rental agreement/lease or have something in writing from your landlord that you have permission to operate a child care business in your home.

DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

APPLICATION FOR A CHILD CARE LICENSE

FOR DCDEE USE ONLY

ID _____

COUNTY No. _____ PAGE _____

_____ OF _____

APPLICATION – FACILITY PROFILE

Profile Page Instructions:

- Complete this form neatly in ink
- Be sure to sign and date the form
- Incomplete or incorrectly completed forms will be returned to you

1. Owner Name: _____

2. Facility Name: _____

3. Facility Mailing Address: _____
STREET/PO BOX CITY STATE ZIP CODE

4. Facility Phone Number: (____) _____ - _____ ☐ Land Line / ☐ Published ☐ Unpublished ☐ Cellular Phone

5. Location Address: _____
STREET CITY ZIP CODE COUNTY

6. Ownership Type: ☐ Individual Owner ☐ Corporate Owner ☐ Government

7. Facility Contact Person (if different from applicant): _____
 Date of Birth (if applicable) _____ Phone Number: (____) _____ - _____
 Email Address: _____ Cell Phone Number: (____) _____ - _____
 Fax Number: (____) _____ - _____

8. Requested Age Range: _____

9. Hours of Operation: _____ to _____ Days of Operation: _____

10. Types of care to be provided: ☐ Full Day ☐ Part Day ☐ School-age Only ☐ Preschool Only
☐ First Shift ☐ Second Shift ☐ Third Shift ☐ Preschool and School-age

11. Type of Building ☐ New Construction ☐ Purchasing Existing Child Care Operation
☐ Renovating Building for Child Care ☐ Other _____

12. Type of Facility ☐ Family Child Care Home ☐ Drop-in ☐ Center in a Residence
☐ Center ☐ Religious Sponsored (GS-110) ☐ Summer Day Camp

13. Proposed Opening Date: _____ Did you attend a Prelicensing Workshop? ☐ Yes ☐ No
 If yes, please list the Prelicensing Workshop Date _____ City _____ County _____
 If no, select reason: ☐ Pending ☐ Current Owner ☐ DPI ☐ Location Change

14. Proposed Number of Children to Be Served: _____

ID# _____

COUNTY NO. _____

PAGE _____ OF _____

DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION**APPLICATION – FACILITY PROFILE (CONTINUED)****Type of Business Operation****Check only one box:**

- ☐ **Sole Proprietorship:** A business owned and operated by one person for profit
- ☐ **General Partnership:** Two or more people who carry on a business as co-owners for profit.
- ☐ **Limited Partnership:** Consists of two or more people who jointly own or operate a business for profit. It is similar to a general partnership except that one or more partners have limited liability and no rights to management. A limited partnership must have at least one general partner.
- ☐ **Limited Liability Company:** A business entity created by Statute. Owners are called members. One or more members are required to organize a limited liability company. Management of the business of the Limited Liability Company is vested in its managers.
- ☐ **Corporation:** An organization formed under state or federal law. It is an artificial entity legally separated from its owners.
- ☐ **Non-Profit Corporation:** A corporation intended to have no income or intended to have income, none of which is distributable to its members, directors, or officers.
- ☐ **Government:** A program operated by city, county, state, or a federal entity.

HAVE YOU, OR ANY OTHER PERSON LISTED ON THIS APPLICATION, PREVIOUSLY OPERATED A CHILD CARE FACILITY?

☐ Yes ☐ No This applies to any child care facility in the US, including military installations.

If yes, list facility name, ID# and location: _____

DO YOU CURRENTLY HAVE A CHILD CARE LICENSE FOR ANOTHER LOCATION?

☐ Yes ☐ No

If yes, list facility name, ID# and location: _____

I ATTEST, UNDER PENALTY OF PERJURY, THAT I AM (CHECK ONE OF THE FOLLOWING):

- ☐ A citizen of the United States
- ☐ A non-citizen national of the United States
- ☐ A lawful permanent resident (Alien # _____)
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date if applicable)
- ☐ Other, please explain _____

Proof of residency must be verified by providing documentation such as a birth certificate, U.S. passport, Certificate of Naturalization, or U.S. Citizen Identification Card.

I hereby certify that I do not habitually use alcoholic beverages to excess nor use illegal narcotics or other impairing drugs I certify that I have given true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I understand that failure to provide true accurate and complete information may result in denial, revocation, or summary suspension of my license.

Signature of Applicant

Date

FOR DCDEE STAFF USE ONLY DATE RECEIVED: ____ / ____ / ____ CONSULTANT NAME: _____

DATE OF FINAL REVIEW: ____ / ____ / ____ CONSULTANT NAME: _____

DATE REVIEWED BY SUPERVISOR: ____ / ____ / ____ SUPERVISOR NAME: _____