



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. The enclosed application packet should only be completed and submitted, after successful completion of the Family Child Care Home (FCCH) Pre-Licensing Workshop. If you have not completed the workshop please review the "FCCH Process for Licensure" document for next steps.

**Step 2:** Upon successful completion of the FCCH Pre-Licensing Workshop, and completed checklist, 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 lead child care consultant will be assigned to work with you based on where you reside. A lead child care consultant will contact you to schedule an announced pre-licensing consultation visit upon receipt of a complete application and supporting documentation.

**Step 5:** A pre-licensing consultation visit will be scheduled. During the pre-licensing consultation visit, the lead child care consultant will review of all applicable child care requirements, observe all indoor and outdoor areas of your home, and provide technical assistance to ensure you have all the information needed to prepare for licensure. If there are additional forms necessary for completing the application process, they will be provided during the visit.

**Step 6:** After all applicable requirements for licensure have been successfully completed, contact the lead child care consultant to request an initial assessment. During this visit, all applicable licensure requirements will be reviewed to ensure compliance. Since the entire premises is being licensed, the lead child care consultant will observe the entire child care home and adjacent property, including but not limited to natural areas, outbuildings, dwellings, vehicles, and other structures. If the lead consultant determines that all requirements have been met, a temporary license will be issued. This license is valid for six months. During the six-month period, two visits will be conducted, and if interested, the rated license application process will be initiated.

The Division of Child Development and Early Education appreciates 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.

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



**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.**

**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](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/dhhsrsrc\\_childcare.asp](http://ncchildcare.nc.gov/general/dhhsrsrc_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](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](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 the Pre-Licensing Workshop training certificate with completion date.	A copy of a negative well water bacteriological analysis, if the home has a private well
A copy of the First Aid and CPR training certificate or card with completion date/expiration date.	A copy of the ITS-SIDS Training certificate with completion date, if planning to care for children 12 months and younger.
A copy of a completed health questionnaire. <i>(Form available online under Provider Documents)</i>	Submit copies of documentation that you meet any city, county or local ordinance requirements, if applicable, including zoning approval/privilege license. <i>(For information specific for your area, contact the local county or city ordinance office or child care consultant)</i>
A copy of up-to-date pet vaccinations for any pets you have as required by law and local ordinances.	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

<u>FOR DCDEE USE ONLY</u>	
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: \_\_\_\_\_

<u>FOR DCDEE USE ONLY</u>	
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: \_\_\_\_\_