



## North Carolina Department of Health and Human Services

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

Pamela L. Shue, Director  
Child Development and Early Education

**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 all documents 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: Your **Child Care Consultant** will contact you to schedule an Initial Assessment Visit.

Step 5: Initial Assessment Visit

During the Visit, Appendix forms necessary for completing the application process will be provided by your child care consultant. The consultant will assist you in completing these forms and discuss additional application requirements. During the same visit, the consultant will begin reviewing all applicable child care requirements for the type of license which you have requested. The consultant will observe all indoor and outdoor areas of your home to ensure that applicable Family Child Care Home requirements have been met. Since the entire premises is being licensed, the consultant will observe all spaces, including the second story, basement and the outdoor area, including any outside buildings.

Step 6: After all requirements for licensure have been successfully completed, the Child Care Consultant will issue a license to your facility. *Note: More than one visit may be needed to ensure compliance with all requirements.*

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.

**Please 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



**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. Electronic copies of the law and rules are available at: [http://ncchildcare.nc.gov/PDF\\_forms/DCDEE\\_Rulebook.pdf](http://ncchildcare.nc.gov/PDF_forms/DCDEE_Rulebook.pdf)
- **Criminal Record Check Preservice Requirements** - Visit the Division’s website at [http://ncchildcare.nc.gov/general/dhhscre\\_childcare.asp](http://ncchildcare.nc.gov/general/dhhscre_childcare.asp) under the “DHHS Criminal Record Checks” link to read over the information for completing and submitting a criminal record check. Read and follow instructions carefully. You must obtain a Qualifying CRC letter prior to a license being issued and submit updated CRC 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, 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.

**The following items must be submitted along with your Application – Facility Profile page:**

**Have You Submitted the Following Information?**

<p>_____ <b>Submit a <u>photocopy</u> of your valid CRC Qualification letter.</b></p>	<p>_____ <b>Submit</b> a copy of negative results on a TB test taken within the last year and a completed health questionnaire (Form available online under Provider Documents)</p>
<p>_____ <b>Submit</b> a copy of up-to-date pet vaccinations for any pet that you have, including expiration dates.</p>	<p>_____ <b>Submit</b> a copy of a negative well water bacteriological analysis if you are on a private well</p>
<p>_____ <b>Submit</b> a copy of a first aid course certification, completed in the last year.</p>	<p>_____ <b>Submit</b> a copy of an American Heart Association or American Red Cross CPR course certification, completed in the last year and appropriate for the ages of children you will care for in your home</p>
<p>_____ <b>Submit</b> a copy of an approved sanitation inspection, if applicable in your area. For more information on specific requirements, contact your local Health Department.</p>	<p>_____ <b>Submit</b> 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.</p>
<p>_____ <b>Submit</b> a copy of a training certificate for completion of the ITS-SIDS Safe Sleep training, if caring for children 12 months and younger. <i>(Training must be completed within 4 months of obtaining a license.)</i></p>	<p>_____ <b>Submit</b> a copy of an approved fire inspection, if applicable in your area. For more information on specific requirements, contact your local Fire Department.</p>
<p>_____ <b>Submit</b> copies of any supporting documentation that you and/or your home meet any city, county or local zoning requirements. <i>(For information on specific requirements for the area in which you will operate your FCCH, contact your local child care licensing consultant or supervisor)</i></p>	<p>_____ <b>If you rent your home or the place where the FCCH will operate, you will need to <b>submit</b> 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.</b></p>

# 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: \_\_\_\_\_

<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: \_\_\_\_\_