Dear Drop-In/Short-Term Child Care Provider:

Drop-in/short-term child care programs are required by Law in North Carolina in General Statute 110-86(2) (d)(d1) to register and post a notice stating that the program is not regulated by the Division of Child Development and Early Education.

If you are interested in operating this type of program, your program would meet the definition of drop-in care if the following applies:

1. Drop-in or short-term care will be provided while parents participate in activities that are not employment related and where the parents are on the premises or otherwise easily accessible, such as drop-in or short-term care provided in health spas, bowling alleys, shopping malls, resort hotels, or churches;
2. Drop-in or short-term care provided by an employer for its part-time employees where the child is provided care not to exceed two and one-half hours during that day, the parents are on the premises, and there are no more than 25 children in any one group in any one room.

If your program meets one of the above definition(s) you should proceed with the registration process as soon as possible.

What are the Steps to Becoming a Drop-In-Care Facility?

Registered Program
If you are currently registered with the Division of Child Development and Early Education (meaning you currently have a noticed posted) as a drop-in care facility:
- Complete the enclosed application by updating any new information.
- Include a copy of any flyers that are currently being used as advertisement.

Nonregistered Program
If you have not registered with the Division of Child Development and Early Education, please complete the enclosed application. Once your Registration Application is received by the Division of Child Development and Early Education, it will be reviewed to see if you meet the qualifications for a drop-in/short-term child care program. If you meet the requirements, the Division will mail you an official public notice, to be immediately posted in a place easily visible to parents. If you have questions or concerns, please contact our office at (919) 527-6335 or 1-800-859-0829.
Application Type (Please select one)

- New
- Renewal

| Program/Site Information Name of Business | Type of Business/Operation (Select all that apply):
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Bowling Alley  Casino  Church</td>
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<td></td>
<td>Health Club or Spa  Hotel  Resort</td>
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<td></td>
<td>Shopping Mall  Strip Mall</td>
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<td></td>
<td>Other: ________________________________</td>
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<table>
<thead>
<tr>
<th>Location Address (if your location address is different from your mailing address please provide your mailing address in the box labeled mailing address)</th>
<th>Mailing Address</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Telephone Number#</th>
<th>Cell Phone#</th>
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<table>
<thead>
<tr>
<th>Website Address</th>
<th>Email Address</th>
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<table>
<thead>
<tr>
<th>Name of Owner/Contact Person</th>
<th>Title</th>
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Please provide the names of any additional owners:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

Please list any website/email address that is being used for advertisement or being shared with the general public for informational purposes

________________________________________________________________________________________
A. General Information about your program:
Describe the activities parent/employees will be participating in while children are on site.
- Mother’s Morning Out Programs
- Bowling
- Exercise
- Hotel Activities
- Legal Proceedings
- Shopping
- Teaching
- Parent’s Night Out
- Other

What days of the week do you offer child care? Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

What hours of the day is care available? (When does the program open and close?)

How long can a child stay in your program in one day? 30 minutes 1 hour 1-2 hour(s) 4 hours No limit Other

* If you provide drop-in care for more than 4 hours, you will need to ensure the parents do not use the drop-in care on a regular basis.

How many days per week may the same child attend your program?

Are the parents required to be on the premises while their children are in care? Yes ___ No ___

Please mark all the ways you contact parents:
- Home Telephone
- Work Telephone
- Cell Phone
- Pager
- Email
- Other (please describe this method of contact)

B. Program Information:
What ages of children are cared for in your program? (Please check all that apply)
- Less than 1 year of age
- 1 year of age
- 2 years of age
- 3 years of age
- 4 years of age
- School age (5-12 years of age)

What is the average # of children in attendance on any given day?
- children less than 1 year of age
- children 2 years of age
- children 3 years of age
- children 4 years of age
- children school age (5-12 years)

Do you have age and developmentally appropriate toys and materials for each group of children in your program? Yes ___ No ___

Are there enough toys and materials to allow each child in a group to have the opportunity to participate in the same types of activities at the same time? Yes ___ No ___

Are activities planned using age appropriate materials on a daily basis? Yes ___ No ___

C. Meals/Snacks:
Do you provide meals and/or snacks for the children while they are in care? Yes ___ No ___
If yes, what foods are served?
__________________________________________________________

Are meals/snacks catered or prepared on site?
____Catered _____Prepared on site _____N/A

What type of food service equipment is used to store or prepare the food?
N/A __________________________________________________________________________________________

Is your facility already required to meet sanitation standards for food service and preparation?
Yes ___No ___ N/A ___

**D. Physical Environment:**
How many child care rooms do you have? _____

How many children do you allow in each child care room in your program? _____

Are there direct exits to the outside from the child care rooms? Yes __No __

If yes, what ages of children use those rooms? ______

a) What safety precautions do you take?__________________________________________________________

b) Do you cover electrical outlets? Yes __No __

c) Do you require proof of identification for the parent/guardian dropping off and picking up children?
   _____Yes_____ No

d) Do you have a fenced outdoor play area? Yes __No __

e. Other: ______________________________________________________________________________________

If you care for infants, where do you change their diapers?

a. ____On a diaper changing area _____b. On the floor on a mat _____c. On the floor on a towel

d. ____On the floor

**E. Staffing and Staff Information:**

How many children are in a group? _____

How many staff are required to work with each group of children? ______

Do you ever allow one staff member to stay with children alone? Yes ____No ____

What are the education and training requirements for your staff?
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Please list the highest level of education achieved for each staff member:

### F. Staff Education Level Achieved/Number of Staff

<table>
<thead>
<tr>
<th>Staff Current Education Level</th>
<th>Number of Staff</th>
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</thead>
<tbody>
<tr>
<td>Less than a High School Education</td>
<td></td>
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<tr>
<td>GED</td>
<td></td>
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<tr>
<td>High School Diploma</td>
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<tr>
<td>Early Childhood Credential</td>
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<tr>
<td>Early Childhood Administrators Credential</td>
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<tr>
<td>Associates Degree</td>
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<tr>
<td>Bachelor's Degree</td>
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<tr>
<td>Master’s Degree</td>
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Total number of staff________

Do you require a criminal background check on your employees? If so, what type of check do you require? ____________________________________________________________________________

What kind of training do you provide/require for staff?

a. First-Aid certification? Yes __No __
b. CPR certification? Yes __No __
c. Hand washing? Yes __No __
d. Diaper changing? Yes __No __
e. Behavior management? Yes __No __
f. Emergency evacuation procedures? Yes __No __
g. Other ____________________________

Do you have written operational procedures for staff? Yes __No__

Do you provide written procedures to parents? Yes __No__

How do you evaluate staff performance? ____________________________

What is your salary scale for your staff?

____________________________________________________________________________________

### G. Name of Position (list name of position) Salary Amount (list salary range)

<table>
<thead>
<tr>
<th>Name of Position</th>
<th>Salary Amount</th>
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</thead>
<tbody>
<tr>
<td>Administrator</td>
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<tr>
<td>Lead Teacher</td>
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<tr>
<td>Teacher Assistance</td>
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<tr>
<td>Floater</td>
<td></td>
</tr>
<tr>
<td>Cook</td>
<td></td>
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<tr>
<td>Program Coordinator</td>
<td></td>
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<tr>
<td>Substitute/Volunteer</td>
<td></td>
</tr>
</tbody>
</table>
Total number of staff

Do you offer any sort of benefits package? Yes ___ No ___

Do you offer vacation time? Yes ____ No ____

Do you offer sick leave? Yes ____ No ____

Do you offer health insurance? Yes ____ No ____

Do you offer a retirement plan? Yes ____ No ____

Name of Person completing Application: ____________________________________________

Applicant’s Name (Please Print) ______________________________________________________

Position Held with Facility: ____________________________________________________________

Signature: _________________________________________________________________________

Date ____________________________________________________________

Please Return the Registration Application to:

Division of Child Development and Early Education
Regulatory Services Section
Attention: Drop-In Care Coordinator
2201 Mail Service Center
Raleigh, NC 27699-2201