



North Carolina Department of Health and Human Services

Pat McCrory
Governor

Richard O. Brajer
Secretary

Pamela L. Shue, Director
Child Development and Early Education

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.

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



**DROP-IN/SHORT-TERM CARE
REGISTRATION APPLICATION
(Registration Required by Law)
G.S. 110-86(2)(d)(d1)
GS110-99(c)**

Application Type (Please select one)

New
 Renewal

| | |
|--|---|
| Program/Site Information Name of Business | Type of Business/Operation (Please Circle One Item): <input type="checkbox"/> Bowling Alley <input type="checkbox"/> Casino <input type="checkbox"/> Church <input type="checkbox"/> Health Club or Spa <input type="checkbox"/> Hotel <input type="checkbox"/> Resort <input type="checkbox"/> Shopping Mall <input type="checkbox"/> Strip Mall Other: _____ |
| Location Address <i>(if your location address is different from your mailing address please provide your mailing address in the box labeled mailing address).</i> | Mailing Address |
| Telephone Number# | Cell Phone# |
| Website Address | Email Address |
| Name of Owner/Contact Person | Title |
| 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.

- a. Mother's Morning Out Programs
- b. Bowling
- c. Exercise
- d. Hotel Activities
- e. Legal Proceedings
- f. Shopping
- g. Teaching
- h. Parent's Night Out
- i. 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:

- a. Home Telephone
 - b. Work Telephone
 - c. Cell Phone
 - d. Pager
 - e. Email
 - f. 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)

- a. Less than 1 year of age
- b. 1 year of age
- c. 2 years of age
- d. 3 years of age
- e. 4 years of age
- f. School age (5-12 years of age)

What is the average # of children in attendance on any given day?

- a. children less than 1 year of age
- b. children 2 years of age
- c. children 3 years of age
- d. children 4 years of age
- e. 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

| Staff Current Education Level | Number of Staff |
|---|-----------------|
| Less than a High School Education | |
| GED | |
| High School Diploma | |
| Early Childhood Credential | |
| Early Childhood Administrators Credential | |
| Associates Degree | |
| Bachelor's Degree | |
| Master's Degree | |

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)

| Name of Position | Salary Amount |
|----------------------|---------------|
| Administrator | |
| Lead Teacher | |
| Teacher Assistance | |
| Floater | |
| Cook | |
| Program Coordinator | |
| Substitute/Volunteer | |

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