



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child Development and Early
Education

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
ARIEL FORD • Director

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 General Statute 110-99(b) to 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) and you are interested in proceeding with the registration process the next step would be to contact your local zoning and planning departments to determine additional requirements to operate a business in your city/town.

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 notice 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 drop-in/short-term child care definition, 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) 814-6300 or 1-800-859-0829.

Submit your Registration:

Once you have completed the Registration packet, you can submit your registration via email at dcd.regulatory.admin@dhhs.nc.gov or mail it to the Division of Child Development and Early Education.

DROP-IN/SHORT-TERM CARE REGISTRATION APPLICATION

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

LOCATION: 333 East Six Forks Rd • Raleigh, NC 27609
MAILING ADDRESS: 2201 Mail Service Center, Raleigh, NC 27699-2200
www.ncdhhs.gov • TEL: 919-814-6300 • Fax: 919-715-1013

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Registration Required by Law G.S. 110-86(2)(d)(d1) G.S. 110-99(b)

Application Type (Please select one) _____ New _____ Renewal

Program/Site Information Name of Business	Type of Business/Operation (Select all that apply): ____ Bowling Alley ____ Casino ____ Church ____ Health Club or Spa ____ Hotel ____ Resort ____ Shopping Mall ____ 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.

_____ 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 _____ Cell Phone _____
Pager ___ Email ___ Other (please describe this method of contact) _____

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 ___ School age (5-12 years of age)

B. Physical Environment:

How many childcare rooms do you have? _____

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

Are there direct exits to the outside from the childcare 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: _____

C. 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?

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?

_____ First Aid Certification _____ CPR Certification _____ Hand Washing

_____ Diaper Changing _____ Behavior Management _____ Emergency evacuation procedures

Other: _____

Applicant Name (Please Print): _____

Position held with Facility: _____

Signature: _____

****By signing this registration, you are agreeing to operate within the parameters of the definition of Drop-In/Short Term Care and that you are meeting all local city and county business ordinances.****

PLEASE RETURN THE REGISTRATION APPLICATION TO:

Email: dcd.regulatory.admin@dhhs.nc.gov

OR

Mail to:

**Division of Child Development and Early Education
Regulatory Services Section
ATTN: Regulatory Team Support Supervisor
2201 Mail Service Center
Raleigh, NC 27699-2201**