



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

Division of Child Development and Early  
Education

**JOSH STEIN** • Governor

**DEVPUTTA SANGVAI** • Secretary

**CANDACE WITHERSPOON** • Director

**TO: Potential Summer Day Camp Operators**

Thank you for your interest in applying to operate a summer day camp program and in providing a safe and healthy environment for North Carolina's children. This packet has all the information and forms that are required prior to an issuance of a license. Each section that is included is described in more detail below. The Division of Child Development and Early Education (DCDEE) is here to help if you have any questions about what has been sent or if you do not understand what steps you need to take. Once you feel that your program is ready to be licensed by the DCDEE, required documents must be mailed to the following address as indicated below:

**Division of Child Development and Early Education  
Regulatory Services Section/Team Support Unit  
2201 Mail Service Center • Raleigh, NC 27699-2201**

Seasonal Recreational Programs that operate for less than 4 consecutive months per year are not required to obtain a license from the DCDEE to operate. However, operators who plan to enroll subsidized children in their summer programs, i.e., children whose care is paid with state or federal funds, are required to be licensed (and must meet licensing requirements appropriate for the children in care) in order to be approved for payment. This includes operators who operate a licensed year-round program but plan to operate a *separate* summer day camp, which will serve families and children participating in the Subsidized Child Care Assistance Program.

This packet is designed for programs that serve school-age children. The definition for a "school-age child" is a child who has attended, or is currently attending, a public or private school in grades kindergarten or above. Children who are enrolled in kindergarten in the upcoming fall, or who have attended a public or private Pre-K program, do not meet the definition for "school-age children\*."

If there is a child enrolled who has not yet attended a 5-year-old kindergarten, then that child is considered a preschool child and the preschool age-appropriate licensing requirements must be met. For additional information on licensing for preschool programs, please contact your Child Care Consultant. Summer day camps are not eligible for a Star Rated License. A Summer Day Camp License or Notice of Compliance will be issued to you after all the paperwork is complete and licensing requirements have been met. The effective dates of your Summer Day Camp License will be determined after all licensing requirements are complete.

\*"School-age child" means any child who is attending or who has attended a public or private school or kindergarten and meets age requirement as specified in G.S. 115C-364.

**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](http://www.ncdhhs.gov) • TEL: 919-814-6300 • Fax: 919-715-1013

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

REVISED 03/2025

## ITEMS INCLUDED IN THIS PACKET

Once you are familiar with the requirements, you can use the enclosed checklist before your consultant's visit. While the checklist does not have every requirement, if you use the checklist it will help you in determining if you are in compliance with a majority of the child care requirements. Using the checklist to evaluate your program should not take the place of carefully reading all the requirements.

### 1. CRIMINAL BACKGROUND CHECK REQUIREMENTS

#### **Preservice Requirement**

Each prospective child care operator and provider (which includes any *household member*, age 16 and older) must complete the criminal background check and have a valid CBC Qualification letter prior to:

- Being hired by a child care facility
- Receiving a license to own or operate a child care facility
- Becoming a household member of a Family Child Care Home (FCCH) or Center in a residence
- Moving into a FCCH or center in a residence

The forms required to complete the criminal background check and obtain a CBC qualification letter must be completed electronically using the CBC Automated Background Check Management System (ABCMS). A Qualification Letter is valid for **five years** from date of issuance. Each child care provider and household member over age 16 must re-submit forms to complete the criminal background check every **five years** thereafter.

\*\* Please visit the DCDEE website at <https://ncchildcare.ncdhhs.gov/> to complete the “Criminal Background Check requirements by logging into ABCMS.” If you have questions, contact the NC Division of Child Development and Early Education at 1-800-859-0829 (in-state only) or (919) 814-6300. Please ask to be directed to the CBC Unit.

### 2. APPLICATION-FACILITY PROFILE

When filling out this form, be sure that the entire form is completed, signed, and dated. Incomplete or incorrectly completed forms will be returned to you. **Print all information.**

### 3. PRESERVICE REQUIREMENTS FOR ADMINISTRATORS FORM

There must be one person designated as the Administrator of the program. This person may work on-site or off- site. There are no requirements for a school age only program to have an administrator on-site as long as there is a Program Coordinator on-site. A *Preservice Requirements* form must be completed for the designated administrator for each individual site.

### 4. BUILDING AND FIRE INSPECTION FORMS

If you are operating a program in a:

- **Public or private school building** – Buildings currently approved and used for public or private school occupancy are considered to meet applicable building code requirements for school-age child care. A fire inspection form or statement from the local inspector is not required.
- **Permanent roofed shelter (an area with a roof and no walls)** – You do not need to submit a fire inspection form or a signed written statement of approval.

- **Other building types** - Programs that are not located in a public or private school, but are licensed as a summer day camp, must meet the building codes that apply to summer day camps. These codes are based on the age and number of children who will be cared for, as well as the classification of the building.

If you are using a building other than a public or private school building, the local building inspector must complete the building inspection form, or you must have a signed written statement of approval from the local building inspector. You must call the local fire inspector to determine if an inspection is needed. If an inspection is needed, the enclosed form can be used, or the local inspector can provide a signed written statement of approval. These forms should be submitted with the application, as one complete packet. Forms are located at <https://ncchildcare.ncdhhs.gov/Provider/Provider-Documents-and-Forms>

If you contract with a school or another agency for use of a building, you must enclose in the licensing packet a copy of the contract with that agency. In addition to these forms, you will need to submit an 8 ½" x 11" sketch of the floor plan of your facility.

If your building was approved for a summer day camp last summer, and if you can produce a copy of the inspection form or approval statement, then you will not be required to have a new building inspection form or approval statement for the current year summer program.

## **5. SUBSIDIZED CHILD CARE ASSISTANCE PROGRAM APPROVAL**

Operators who wish to receive payment for subsidized child care services must use the NC FAST Provider Portal, to enroll. It is the responsibility of the summer day camp provider to enroll, prior to receiving any payment. Instructions on how to complete the enrollment process are included in this packet.

### **FLOOR PLAN DIAGRAM FORM**

A floor plan (on 8 ½ by 11-inch graph paper) of your facility **MUST BE ATTACHED**. Include all rooms used for children, giving room measurements in feet and inches. Also, indicate exits, toilets, and kitchen area. If one facility is used for several programs, only one floor plan is necessary. Attach a note explaining which programs share the home base.

### **OTHER REQUIREMENTS THAT MAY NEED TO BE MET**

A sanitation inspection may be required at your summer camp if food is regularly prepared at the camp. An inspection by the Division of Public Health, Environmental Health Section, must be completed based on sanitation regulations adopted by the N.C. Commission for Public Health. Contact the Environmental Health Section to verify if an inspection is needed. An inspection form is not included in this packet. If necessary, the Environmental Health Section will supply this form. Information can be found on their website at <https://ehs.dph.ncdhhs.gov/>

### **Other resources that may be helpful to you during this process:**

- **DCDEE Website** - you can access information regarding the rules, laws, licensure requirements, downloadable forms, and a variety of resources at <https://ncchildcare.ncdhhs.gov/>

- **Basic School-Age Care Training (BSAC)** – five (5) clock hours of specific school age care training for providers who must meet the staff requirement in school age care programs. Please contact your local Resource and Referral agency for information on the training schedule in your area.

Once you feel that your program is ready to be licensed by DCDEE, mail the following forms to the following address as indicated on page one.

***Forms not listed below should be mailed to the appropriate place/person indicated within the packet.***

☐ Summer Day Camp Operator Checklist

☐ Application- Facility Profile

☐ A Pre-service Requirements for Administrators form for the program's designated administrator

☐ Completed/Approved Building, Fire, and Sanitation Inspection forms (if applicable)

☐ A floor plan of your facility

If you have any questions about these requirements, please feel free to contact the Division at 1-800-859-0829 (In-State only) or (919) 814-6300.

## SUMMER DAY CAMP OPERATOR CHECKLIST

Instructions: Completion of this checklist will help you in assessing if your summer day camp is in compliance with the NC Child Care Requirements. Keep in mind that this checklist does not cover every rule, and you are always responsible for all applicable Chapter 9 Child Care Rules which includes Section .2500, and in Article 7, Chapter 110 of the North Carolina General Statutes.

**\*NOTE:** Religious-sponsored summer day camps are required to answer all applicable questions on this checklist except for the following numbered items listed below: 4, 5, 6, 7, 8, 9, 10, and 18.

**Answer Yes or No to the following statements. You may only answer N/A when the statement does not apply to your summer day camp.**

			1. Opening Date of Camp: _____
			2. Total Number of Care-Giving Staff: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO		3. When children are present the staff/child ratio is maintained. Group size is limited to no more than 25 children. [.0713(a)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		4. Each administrator is at least 21 years old and meet the requirements for a child care administer in G.S 110-91(8). [.2510(a)(1)]*
<input type="checkbox"/> YES	<input type="checkbox"/> NO		5. Each administrator is working toward the administration credential or its equivalence. [G.S. 110-91.8, .2510(a)(2)] If you have the same administrator as last year, they should have begun to work on their credentials or equivalency. *
<input type="checkbox"/> YES	<input type="checkbox"/> NO		6. At least one program coordinator is on site and is at least 18 years old with a high school diploma or equivalent. [.2510(b)(1)]*
<input type="checkbox"/> YES	<input type="checkbox"/> NO		7. Program coordinator(s) must have completed or be working towards completing 2 semester credit hours in youth development and 2 hours in school-age programming. [.2510(b)(2)]* List program coordinator's name: _____ List program coordinator's name: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO		8. Staff responsible for supervising groups of school-aged children (group leaders) shall be at least 18 years of age and has a high school diploma or its equivalent <u>prior</u> to employment and shall have completed the Basic School-Age Care Training (BSAC Training), or its equivalent. [2510(c)]*
<input type="checkbox"/> YES	<input type="checkbox"/> NO		9. All staff will receive 6 hours of on-site training related to the program's policies, activities and child safety within 6 weeks of working with children. [.2510(i)(1)] [.2510(i)(2)]**
<input type="checkbox"/> YES	<input type="checkbox"/> NO		10. Staff who assist group leaders (assistant group leader) shall be at least 16 years of age and shall complete the BSAC training, or its equivalent. [.2510(d)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	11. <u>If Religious-sponsored</u> , check yes or no according to the following statement: The Administrator is literate and at least 21 years of age, all caregiving staff are at least 16 years old, and all staff under age 18 counted toward meeting the required staff/child ratio shall work under the direction of another staff person at least 21 years old. [G.S. 110-106(e)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		12. All staff must have completed a course in basic first aid in the last 3 years. [.1102 (c)]

<input type="checkbox"/> YES	<input type="checkbox"/> NO		13. All staff must have successfully completed within the last 12 months a CPR course provided by one of the approved training organizations posted on the Division's website under: <a href="#">Training Requirements</a> . [.1102(d)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		14. One staff member shall complete training in playground safety. [.1102(e)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		15. Staff supervising children on any aquatic activity shall sign and date statements annually that they have reviewed center's aquatic activity policy. Statement shall be maintained in the employee's personnel file. [.1403(h)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		16. A signed statement is on file from each child's parent or guardian attesting that a copy of the program's written discipline policy has been given to and discussed with parent or guardian. [.1804(b)(c)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		17. No child is subjected to any form of corporal punishment by any staff member. [.1803(a)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	18. <u>If Religious-sponsored</u> check yes or no to the following statement: This program has filed a notice with the Department of Health and Human Services stating that (a) corporal punishment is part of the religious training, and (b) clearly states in its written policy of discipline that corporal punishment is part of the religious training. [G.S. 110-91(10)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		19. Each child in care has an individual application for enrollment completed and signed by the child's parent, legal guardian, or full-time custodian. [.0801(a)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		20. Emergency medical care information is on file for each individual child. That information shall include the child's name, address, home phone, parent's name and daytime phone, where to reach parents or other responsible person, name of health care provider and preferred hospital, and any chronic illnesses. The parent's signed permission to obtain medical attention is also on site. [.0802(c)] <b><i>(This information must be on file in the camp on the child's first day of attendance and accessible at all times to staff.)</i></b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	21. Written permission for administering any type of medication has been obtained from parents (if camp policy permits staff to administer medication). [.0803(1)(a)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		22. Written permission from parents shall be obtained before transporting children on field trips or leaving the premises. [.2509(d)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		23. Staff records include an application for employment and date of birth, documentation of previous education, training, and experience. [.0302(d)(1)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		24. All personnel, including substitute staff and volunteers counted in the staff/child ratio, shall have on file prior to employment a medical report signed by a licensed physician or an authorized health professional or health questionnaire form. [.0701(a)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		25. A test or screening showing each staff is free of active tuberculosis is required for all staff including substitute staff and volunteers prior to employment. [.0701(a)(d)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		26. Volunteers and substitute staff not counted in the staff/child ratio, but who work with children more than once per week have completed a health questionnaire. [.0701(a)(d)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		27. A written emergency medical plan that assures that emergency medical care is available or can be obtained for children is on site. [.0802(a)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		28. Incident reports and incident logs are completed each time a child is injured and receives medical treatment by a health professional. [.0802(e)(g)]

<input type="checkbox"/> YES	<input type="checkbox"/> NO		29. Recorded documentation of daily attendance records and monthly fire drills must be readily available for review. [.0302(d)(3-5)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	30. A first aid information sheet is posted in a prominent place for quick referral. [.0802(h)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	31. A schedule of activities, including field trips, has been developed. [.1005(b)(5),.2509]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		32. Procedures for safe pick-up and delivery of children have been established. [.1003(b)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	33. The camp's daily activities for the children are routinely conducted outdoors or off the premises at least 75% of each day. Activities must be planned to accommodate a variety of individual interests and shall provide opportunities for choice [.2502(b)(1), .2509(c)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	34. Equipment and materials must be provided to enable children to participate in at least 4 different activities each day. [.2508(c)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		35. First aid equipment is always available regardless of where activities are provided. [.2506(a)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		36. Comfortable provisions are made for children who wish to rest or are sick. [.2508(f)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		37. All equipment and furnishings are in good repair and shall be maintained in usable condition. [.0601(b)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		38. Potentially hazardous equipment is stored in a locked area when not in use or removed. Potentially hazardous items, materials & equipment are used under adult supervision. [.2506(c)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	39. Children riding bicycles shall wear safety helmets. [.2506(e)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<p>40. This camp offers water activities on or off the premises.</p> <p><b><i>If yes, please check the appropriate boxes below:</i></b></p> <p><b>Check the type of water activities offered by your summer day camp.</b></p> <p><input type="checkbox"/> Swimming      <input type="checkbox"/> Sailing      <input type="checkbox"/> River      <input type="checkbox"/> Canoeing</p> <p><input type="checkbox"/> Other (List) : _____</p> <p>_____</p> <p><b>Check where the summer day camp provides swimming:</b></p> <p><input type="checkbox"/> Pool on site*      <input type="checkbox"/> Public Pool*      <input type="checkbox"/> Private Pool*      <input type="checkbox"/> Lake</p> <p><input type="checkbox"/> Ocean      <input type="checkbox"/> River      <input type="checkbox"/> Pond</p> <p><input type="checkbox"/> Other (List) : _____</p> <p>_____</p> <p><i>*Must meet "North Carolina Rules Governing Swimming Pools" in accordance with 15A NCAC 18A .2500. [.1403(l)]</i></p>

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<p>41. The following staff-child ratios shall be maintained whenever children participated in aquatic activities:</p> <table border="0"> <tr> <td>Age of Children</td> <td>Ratio Staff/Children</td> </tr> <tr> <td>3 to 4</td> <td>1/8</td> </tr> <tr> <td>4 to 5</td> <td>1/10</td> </tr> <tr> <td>5 Years and Older</td> <td>1/13</td> </tr> </table> <p>[.1403(e)]</p>	Age of Children	Ratio Staff/Children	3 to 4	1/8	4 to 5	1/10	5 Years and Older	1/13
Age of Children	Ratio Staff/Children										
3 to 4	1/8										
4 to 5	1/10										
5 Years and Older	1/13										
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	42. When children participate in aquatic activities at no time shall there be fewer than two staff members supervising. [.1403(e)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	43. Children under age three shall not participate in aquatic activities, unless necessary to implement a child's IFSP or IEP.[.1403(d)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	44. When children participate in aquatic activities, the required number of persons with appropriate lifesaving certification is (are) present to supervise the children. [.1403(c)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	45. Center shall develop aquatic activities policies [.1403(g)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	46. For every 25 children participating in aquatic activities a certified lifeguard must be present. [.1403(c)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	47. Required staff/child ratio is maintained at swimming pools. Lifeguards are not included in meeting ratios. [.1403(c)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	48. Life jackets are worn by all children who participate in boating, rafting or canoeing activities. [.1403(n)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	49. Swimming pools located on the summer camp's premises are enclosed by a fence. [.1403(j)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO		<p>50. Transportation is provided by this summer day camp. <b><i>If yes, please complete the next 10 items below.</i></b> The following rules apply for field trips, as well as daily pick-up/delivery.</p> <p><b><i>If no, skip to item 58.</i></b></p>								
<input type="checkbox"/> YES	<input type="checkbox"/> NO		51. Each adult and child shall be restrained with an individual seat belt or appropriate child restraint device when the vehicle is in motion. [.1001(a)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO		52. Vehicles should be in good repair, safe, and free of hazards. Must meet and maintain all North Carolina DMV requirements. [.1002(a), G.S. 110-91(13)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO		53. Vehicles are insured for liability. [.1002(c)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO		54. A first-aid kit and Fire Extinguisher is in each vehicle. [.1003(c)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO		55. Emergency and ID information about each child is in the vehicle. [.1003(d)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO		56. The driver must be 21 years old, or a licensed bus driver has a valid driver's license and no convictions of DWI or any other impaired driving offence within the last three years. [.1003(e)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO		57. Each person in the vehicle is seated in the manufacturer's designated areas and no child rides in the load carrying areas or floor of a vehicle. [.1003(f)]								
<input type="checkbox"/> YES	<input type="checkbox"/> NO		58. Children are never left unattended in a vehicle. [.1003(g)]								



<input type="checkbox"/> YES	<input type="checkbox"/> NO		59. Children are loaded and unloaded only in areas safe from traffic. [.1003(h)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		60. No child shall go more than four hours without a meal or snack being provided. [.0903]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		<p>61. Check the type of food service offered by your camp:</p> <p><input type="checkbox"/> Catered (<b><i>Must provide a copy of catering agency's sanitation report</i></b>)</p> <p><input type="checkbox"/> Children bring their own*</p> <p><input type="checkbox"/> Prepared on site (<b><i>Sanitation inspection required</i></b>)</p> <p><input type="checkbox"/> Other (Lists) _____</p> <p style="text-align: center;"><b><i>(provide a copy of agency's sanitation report)</i></b></p> <p>When children bring their own food for meals or snacks to the center, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the center must provide additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the center as set forth in G.S.110-91(2) h.1, .0901(d). A statement acknowledging the parental decision to opt out of the supplemental food provided by the center signed by the child's parent or guardian shall be kept on file at the center. Opting out means that the center will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the center's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the center shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program [.0901(c)] *</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO		62. Meals and snacks are nutritious and comply with the meal patterns for children in child care standards. [.0901(a)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		63. Foods with little nutritional value (cookies, chips, donuts, soft drinks, fruit drinks, and sweets) are served only for special occasions. [.0901(i)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		64. Menus are planned one week in advance, dated and posted. [.0901(b)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	65. If food is regularly prepared at the camp, an inspection by the local health department has been completed; sanitation regulations adopted by the N.C. Health Services Commission are followed. [.2502 (e)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<p>66. If perishable food is brought from home or catered, sanitary cold storage is provided. [.2505(c)]</p> <p>Check the type of cold storage used by your camp:</p> <p><input type="checkbox"/> Refrigerator                      <input type="checkbox"/> Coolers with ice</p> <p><input type="checkbox"/> Other (Describe): _____</p>

<input type="checkbox"/> YES	<input type="checkbox"/> NO		67. Fresh drinking water is available at all times. [.2505 (c)]  Check how fresh drinking water is supplied: <input type="checkbox"/> Water fountain <input type="checkbox"/> Bottled water brought in <input type="checkbox"/> Other (Describe): _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO		68. Check the type and number of toilet facilities provided by your summer day camp:  <input type="checkbox"/> Public indoor facilities used by others # _____ <input type="checkbox"/> Public indoor facilities used just by the children # _____ <input type="checkbox"/> Portable # _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	69. Your summer day camp contracts with a school or another agency for use of the building. (If yes, you must provide a copy of the contract with that agency).
			<b>PLEASE CHOOSE ONE OF THE FOLLOWING.</b> <i>You must indicate <u>yes</u> to item, 72, 73, OR 74.</i>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	70. Your summer day camp is using an approved public or private school building. (You do not need to submit a building inspection form or written approval from the local building inspector.)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	71. Your home base is a <u>permanent roofed shelter</u> - just covering/no walls. When the camp's home base does not provide 10 square feet of primary space indoors, you must provide notarized copies of all letters, agreements or contracts which guarantee the children will be accommodated comfortably indoors in the event of inclement weather. (You do not need to submit a building inspection form or written approval from the local building inspector).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	72. If you do not meet the information outlined in 70 or 71, you must submit an approved building inspection.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	73. The outdoor play space contains at least 75 square feet of fenced play area for each child using the outdoor area at any one time. [.1402]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	74. Shaded areas are provided on the outdoor play area. [.1402(c)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	75. There is a minimum of 10 square feet per child of primary indoor space when operating <i>OUTDOORS</i> or <i>OFF THE PREMISES</i> for at least 75% of the day. (If you cannot provide 10 square feet of space indoors, you must provide notarized copies on file that show arrangements have been made with other facilities for days when there is inclement weather). [.2502 (b)(2)]
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	76. If more than 25% of the camp's activities are <i>INDOORS</i> , at least 25 square feet of indoor space is provided for each child. [.2504, .1400]
<input type="checkbox"/> YES	<input type="checkbox"/> NO		77. Do you have a Criminal Background Check qualifying letter from the Division of Child Development? If yes, date: _____ <b>If not, please go to <a href="https://ncchildcare.ncdhhs.gov/">https://ncchildcare.ncdhhs.gov/</a> and choose options "Criminal Background Check "ABCMS" This link will allow you to start the Criminal Background Check process.</b>

Please explain below any items that were marked “No” or “N/A”. Give the item number then the explanation.

**Example:**                      Item #: 40-46                      Explanation: Water activities are not offered at this camp.

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<u>ITEM #</u>	<u>EXPLANATION</u>

ID# \_\_\_\_\_

COUNTY No. \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

# DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

## APPLICATION FOR A CHILD CARE LICENSE

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

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: \_\_\_\_\_

PRESERVICE REQUIREMENTS FOR ADMINISTRATOR OF A CHILD CARE CENTER

Name of Center \_\_\_\_\_ ID# \_\_\_\_\_  
Name of Legal Operator/Owner \_\_\_\_\_

☐ On-Site ☐ Off-Site

Name of Administrator \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School Diploma/GED: Date Received \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

NC Early Childhood Credential/Equivalent: ☐ YES ☐ NO Date Received \_\_\_\_\_ School \_\_\_\_\_

NC Administration Credential/Equivalent: ☐ YES ☐ NO Date Received \_\_\_\_\_ School \_\_\_\_\_  
Level ☐ I ☐ II ☐ III

Child Development Associate: ☐ YES ☐ NO Date Received \_\_\_\_\_ Organization \_\_\_\_\_

Diplomas/Degrees: ☐ AA/AS ☐ BA/BS ☐ MA/MS ☐ Ed.D/Ph.D. Major/Minor: \_\_\_\_\_  
Date Received \_\_\_\_\_ School \_\_\_\_\_ Hrs. in Early Childhood/Related Area \_\_\_\_\_

**CHILD CARE EXPERIENCE**

Employer	Months Employed	Duties
_____	_____	_____
_____	_____	_____

**ADMINISTRATIVE EXPERIENCE**

Employer	Months Employed	Duties
_____	_____	_____
_____	_____	_____

**ADMINISTRATIVE COURSEWORK**

Course Title: \_\_\_\_\_ Date \_\_\_\_\_ ☐ Received ☐ Tested Out School \_\_\_\_\_  
Course Title: \_\_\_\_\_ Date \_\_\_\_\_ ☐ Received ☐ Tested Out School \_\_\_\_\_

*I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of statements made on this form and understand that providing false information may be grounds for denying this application.*

\_\_\_\_\_  
Signature of On-Site Administrator

\_\_\_\_\_  
Date Signed

*I have reviewed the above information and certify its accuracy.*

\_\_\_\_\_  
Signature of Legal Operator/Owner

\_\_\_\_\_  
Date Signed

(DCDEE CONSULTANT USE ONLY)		<b>Requirements Met</b>	
<b>Date of Employment</b> ____/____/____	<b>Date of Termination</b> ____/____/____	<input type="checkbox"/> 21 Yrs. + HS/GED Highest Grade: _____	NC Administration Credential <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Credentials</b> NC Early Childhood Credential <input type="checkbox"/> Yes <input type="checkbox"/> No Date received: _____ NC Administration Credential <input type="checkbox"/> Yes <input type="checkbox"/> No Level: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Date received: _____		<b>Other Qualifications Met</b> <input type="checkbox"/> 2 Yrs. Child Care Experience <input type="checkbox"/> 1 Yr. Administrative Experience <input type="checkbox"/> NCECC+ 1 yr. child care exp. <input type="checkbox"/> Enrolled in Admin. Coursework <input type="checkbox"/> CDA <input type="checkbox"/> Community College <input type="checkbox"/> Completed or tested out of Admin. Coursework <input type="checkbox"/> Degree w/ Semester Hrs.	

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**All providers who wish to participate in the Subsidized Child Care Assistance Program (SCCA) must use the NC FAST Provider Portal to:**

- ✓ Enroll in the Subsidized Child Care Assistance Program. Providers will need to log in and complete initial NC FAST Provider Portal enrollment prior to receiving any payment.
- ✓ Accept or reject children into their care. Vouchers will no longer be on paper; vouchers will be sent electronically via the NC FAST Provider Portal for providers to accept or reject. Providers will also sign these vouchers electronically using an e-signature.
- ✓ Record and submit attendance rosters.
- ✓ Review and sign the Subsidized Child Care Assistance Program Provider Agreement.
- ✓ Update private paying rates for services.

**To access the NC FAST Provider Portal, providers must do the following:**

**1. Create an NCID.**

Providers must create and maintain a Business NCID. The provider's Business NCID will be the secure username and password used to access information specific to their facility, such as vouchers and attendance tracking. Providers may designate more than one individual to use the Provider Portal on behalf of their facility. It will be important to determine who will be designated to perform the above activities. To create a Business NCID, go to the North Carolina Identity Management (NCID) website at <https://ncid.nc.gov> Each person who creates a Business NCID must have a valid email address. Providers must contact the local county Department of Social Services (DSS) / Local Purchasing Agency (LPA) to verify the provider's identity and have the Business NCID linked to the provider's account; if multiple staff members from the facility will use the Provider Portal, each must have a unique Business NCID, and it is requested that NCIDs for each staff member be provided to the LPA at one time.

**2. Enroll in NC FAST Provider Portal**

After completing the NCID process, the provider must then enroll in the NC FAST Provider Portal by entering the following information regarding the facility:

- Services (ages of children served)
- Shifts offered (first, second, third)
- Days worked (holidays, inclement weather days, and teacher workdays)
- Private pay rates
- Review display of approved subsidy rates
- Review and sign the Subsidized Child Care Assistance Program Provider Agreement

**3. Enroll in Direct Deposit.**

Providers will need to have a bank account and are required to enroll with the direct deposit processor. NC FAST will use direct deposit to make payments to providers for Subsidized Child Care Assistance. All payments will be made through direct deposit once per month, while payments from county funds will remain under the discretion of the county. FIS is the current direct deposit processor. Providers will be able to follow a simple process to enroll. The process will include:

- On the website, [www.ebtedge.com](http://www.ebtedge.com), providers will download a direct deposit contract.
  - Providers will complete the contract, attaching valid IRS information and a voided check (for checking account) or deposit slip (for savings account).
  - Providers will then mail to: FIS Merchant Services, Attn: Merchant Services, PO Box 290, Milwaukee, WI 53201-0290 or fax the contract to FIS at 414-341-7085. FIS should be able to work with any bank that follows standard Automated Clearing House practices – most banks follow these practices.

Additional information about NC FAST and the Provider Portal can be found on DCDEE's website by clicking [here](#).

Additional assistance resources:

<b><u>NCID Technical Assistance</u></b> <i>NC Identity Management:</i> <a href="https://ncid.nc.gov">https://ncid.nc.gov</a> "contact us" link to ITS <a href="mailto:its.incidents@its.nc.gov">its.incidents@its.nc.gov</a> or <b>800-722-3946</b>	<b><u>SCCAP Policy Assistance</u></b> <i>County DSS/LPA:</i> <a href="https://ncchildcare.ncdhhs.gov/Provider/Provider-Documents-and-Forms">https://ncchildcare.ncdhhs.gov/Provider/Provider-Documents-and-Forms</a> (look up County LPA contact information here)	<b><u>NC FAST</u></b> <b><u>Provider</u></b> <b><u>Portal</u></b> <b><u>Assistance</u></b> <i>Provider Help Desk:</i> <b>919-813-5460</b>
<b><u>Direct Deposit Enrollment Assistance</u></b> <i>FIS Merchant Services: 800-894-0050</i>	<b><u>Direct Deposit Technical Assistance</u></b> <i>NC FAST direct deposit processor, FIS Merchant Services: <a href="http://www.ebtedge.com">www.ebtedge.com</a> or 866-266-0180</i> (caller will need Provider Location ID)	



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH  
AND HUMAN RESOURCES

Center Name \_\_\_\_\_ ID# \_\_\_\_\_

DIVISION OF CHILD DEVELOPMENT  
AND EARLY EDUCATION  
333 EAST SIX FORKS ROAD  
RALEIGH, NC 27609  
2201 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27669

Center Capacity \_\_\_\_\_  
Building Inspection Date \_\_\_\_\_

Ceiling Height \_\_\_\_\_  
# of Rooms Approved \_\_\_\_\_

Prepared By \_\_\_\_\_  
Checked By \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_

FLOOR PLAN DIAGRAM