



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 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 subsidized children.

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 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.

www.ncdhhs.gov • www.ncchildcare.nc.gov
Tel 919-527-6335 • Fax 919-527-1012

Location: 820 South Boylan Avenue • Raleigh, North Carolina 27603
Mailing Address: 2201 Mail Service Center • Raleigh, NC 27699-2201
An Equal Opportunity / Affirmative Action Employer



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 of the requirements. This form should be submitted directly to the Licensing Supervisor listed on the front of this packet.

1. CRIMINAL RECORD CHECK REQUIREMENTS

Preservice Requirement

Effective March 4, 2013, each prospective child care operator and provider (which includes any *household member*, age 16 and older) must complete the criminal record check and have a valid CRC 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 record check must be submitted to the NC Division of Child Development and Early Education (Division) to obtain a CRC Qualification Letter. A Qualification Letter is valid for **three years** from date of issuance. Each child care provider and household member over age 16 must re-submit forms to complete the criminal record check every **three years** thereafter.

**** Please visit www.ncchildcare.nc.gov under the "DHHS Criminal Record Checks" link for complete information and additional forms. Or you may contact the NC Division of Child Development and Early Education at 1-800-859-0829 (in-state only) or (919) 527-6335. Please ask to be directed to the CRC Unit.**

2. APPLICATION-FACILITY PROFILE

When filling out this form, use a ballpoint pen and press down hard enough when you write so that the third copy of the page is readable. **Print all information.** This form should be submitted directly to the Licensing Supervisor listed on the front of this packet.

3. PRESERVICE REQUIREMENTS FOR ADMINISTRATORS FORM (DCD 0061)

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. This form should be submitted directly to the Licensing Supervisor listed on the front of this packet.

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. . (See chart below)

Proposed Capacity of Child Care Facility	Minimum Building Code Requirements to Service the Number of Children in Left Column
Fewer than 30 children in care	Residential Code – Volume IB
30 to 99 children in care	Business Occupancy
100 or more children in care	Educational, Assembly, or Institutional Occupancy

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 directly to the Licensing Supervisor listed on the front of this packet. Forms are located at http://ncchildcare.nc.gov/providers/pv_provideforms.asp.

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 CARE APPROVAL

Operators who wish to receive payment for subsidized child care services must submit the **Application For Enrollment To be A Provider Of Subsidized Child Care Form (DCD-0451)** and the **Private Paying Rates and Other Fee (DCD-0458)**. It is the responsibility of the summer day camp provider to submit these forms to their **local DSS office** along with any other forms required. These forms are required in order for an Approval Notice to be generated. The Approval Notice will be your authorization to participate in the subsidy program

and for reimbursement to be made for eligible children. The Approval Notice will include the dates of operation for your summer day camp program.

You should contact the county Department of Social Services (DSS) for more information regarding the requirements for serving children who qualify for subsidized child care services and the required forms, such as the Provider Agreement Form (DCD-0452) and the Child Care Voucher Form (DCD-0446).

6. FLOOR PLAN DIAGRAM FORM (DCD-0412)

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 local health department **must** be completed based on sanitation regulations adopted by N.C. Health Services Commission. Contact your local health department to verify if an inspection is needed. An inspection form is not included in this packet. If necessary, the local health department will supply this form.

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

- **Child Care Handbook** - you can access the Child Care Center Handbook online at www.ncchildcare.nc.gov. This handbook outlines the child care requirements and contains additional resources on best practices for caring for children.
- **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 person 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 licensing Supervisor by contacting the Division at 1-800.859.0829 (In-State only) listed on page one of this packet.

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 requirements in the NC Child Care Requirements Section .2500, and in Article 7, Chapter 110 of the North Carolina General Statutes.

***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 17.**

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 30 children. [.0712(a), .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		<p>12. Staff who has completed a course in basic first aid in the last 3 years will be on the premises at all times. The number of staff required to meet this requirement is based on the number of children present on the premises as shown in the following chart.</p> <table> <tr> <td><i>Number of children present</i></td> <td><i>Number of staff required</i></td> </tr> <tr> <td>1-29</td> <td>1 staff</td> </tr> <tr> <td>30-79</td> <td>2 staff</td> </tr> <tr> <td>80-above</td> <td>3 staff</td> </tr> </table> <p style="text-align: right;">[.0705(b)]</p>	<i>Number of children present</i>	<i>Number of staff required</i>	1-29	1 staff	30-79	2 staff	80-above	3 staff
<i>Number of children present</i>	<i>Number of staff required</i>										
1-29	1 staff										
30-79	2 staff										
80-above	3 staff										
<input type="checkbox"/> Yes	<input type="checkbox"/> No		13. There must be one person on the premises at all times who has successfully completed within the last 12 months a CPR course provided by either the American Heart Association or the American Red Cross. [.0705(d)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No		14. One staff member is knowledgeable of and able to recognize common symptoms of illness. [.0705(a)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<p>15. Staff shall complete four clock hours of safety training. [.0705(e)(1)(2)]</p> <p>The number of staff required to complete this training shall be as follows:</p> <table> <tr> <td>Capacity of less than 30 children</td> <td>1 staff</td> </tr> <tr> <td>Capacity of 30 or more children</td> <td>2 staff, including the administrator</td> </tr> </table>	Capacity of less than 30 children	1 staff	Capacity of 30 or more children	2 staff, including the administrator				
Capacity of less than 30 children	1 staff										
Capacity of 30 or more children	2 staff, including the administrator										
<input type="checkbox"/> Yes	<input type="checkbox"/> No		16. 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 employee personnel file. [.1403 (h)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No		17. 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. [.1801(a)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No		18. No child is subjected to any form of corporal punishment by any staff member. [.1801(b)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	19. <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 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		20. 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		<p>21. 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(b)]</p> <p><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></p>								
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	22. 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		23. Written permission from parents shall be obtained before transporting children on field trips or leaving the premises. [.2507(a)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No		24. 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		25. All personnel, including substitute staff and volunteers counted in the staff/child ratio, have on file within 60 days of the date of employment, a medical statement signed by a licensed physician or an authorized health professional or health questionnaire form. [.0701(a), .0702(a)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		26. A test showing each staff is free of active tuberculosis is required for all staff including substitute staff and volunteers prior to employment. [.0701(c), .0702(c)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		27. 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. [.0702(b)(c)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		28. 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		29. Incident reports and incident logs are completed each time a child is injured and receives medical treatment by a health professional. [.0802(d)(e)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		30. Recorded documentation of daily attendance records and monthly fire drills must be readily available for review. [.0302(d)(3-4)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	31. A first aid information sheet is posted in a prominent place for quick referral. [.0705(c)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	32. A schedule of activities, including field trips has been developed. [.2507(b), .2509]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		33. Procedures for safe arrival and departure of children have been established. [.1003(b)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	34. 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 [.2509(d)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	35. 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		36. First aid equipment is always available regardless of where activities are provided. [.2506(a)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		37. Comfortable provisions are made for children who wish to rest or are sick. [.2507(c)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		38. All equipment and furnishings are in good repair and shall be maintained in useable condition. [.0602(a)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		39. 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	40. Children riding bicycles shall wear safety helmets. [.2506(e)]

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>41. This camp offers water activities on or off the premises. <i>If yes, please check the appropriate boxes below:</i></p> <p>Check the type of water activities offered by your summer day camp.</p> <p><input type="checkbox"/> swimming <input type="checkbox"/> sailing <input type="checkbox"/> other (list) _____</p> <p><input type="checkbox"/> river <input type="checkbox"/> canoeing _____</p> <p>Check where the summer day camp provides swimming:</p> <p><input type="checkbox"/> pool on site* <input type="checkbox"/> public pool* <input type="checkbox"/> lake <input type="checkbox"/> ocean <input type="checkbox"/> river <input type="checkbox"/> private pool* <input type="checkbox"/> pond <input type="checkbox"/> other (list) _____</p> <p><i>*Must meet "North Carolina Rules Governing Swimming Pools" in accordance with 15A NCAC 18A .2500. [.1403(a)]</i></p>								
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>42. The following staff-child ratios shall be maintained whenever children participated in aquatic activities:</p> <table> <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 (d)]</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	43. 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	44. 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	45. 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	46. Center shall develop aquatic activities policies [.1403 (f)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	47. For every 25 children participating in aquatic activities a certified life guard must be present. [.1403 (c)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	48. 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	49. Life jackets are worn by all children who participate in boating, rafting or canoeing activities. [.1403(l)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	50. Swimming pools located on the summer camp's premises are enclosed by a fence. [.1403(i)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No		51. Transportation is provided by this summer day camp. <i>If yes, please complete the next 10 items below.</i> The following rules apply for field trips, as well as daily pick-up/delivery. <i>If no, skip to item 58.</i>								
<input type="checkbox"/> Yes	<input type="checkbox"/> No		52. 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		53. 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]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No		54. Vehicles are insured for liability. [.1002(b)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No		55. A first-aid kit is in each vehicle. [.1003(c)]								
<input type="checkbox"/> Yes	<input type="checkbox"/> No		56. Emergency and ID information about each child is in the vehicle. [.1003(d)]								

<input type="checkbox"/> Yes	<input type="checkbox"/> No		57. 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		58. 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		59. Children are never left unattended in a vehicle. [.1003(g)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		60. Children are loaded and unloaded only in areas safe from traffic. [.1003(h)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		61. Children shall not occupy the front seat if the vehicle has an operational passenger side airbag. [.1001(c)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		62. No child shall go more than four hours without a meal or snack being provided. [.0903(5)]
			<p>63. Check the type of food service offered by your camp:</p> <p> <input type="checkbox"/> catered (<i>must provide a copy of catering agency's sanitation report</i>) <input type="checkbox"/> children bring their own* <input type="checkbox"/> prepared on site (<i>sanitation inspection required</i>) <input type="checkbox"/> other (lists) _____ (<i>provide a copy of agency's sanitation report</i>) </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. 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		64. 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		65. Foods with little nutritional value (cookies, chips, donuts, soft drinks, fruit drinks, and sweets) are served only for special occasions. [.0901(h)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		66. 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	67. 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. [.2505(c)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>68. If perishable food is brought from home or catered, sanitary cold storage is provided. [.2505(d)(1)]</p> <p>Check the type of cold storage used by your camp:</p> <p> <input type="checkbox"/> refrigerator <input type="checkbox"/> coolers with ice <input type="checkbox"/> other (describe) _____ </p>

<input type="checkbox"/> Yes	<input type="checkbox"/> No		69. Fresh drinking water is available at all times. [.2505(d)(2)] Check how fresh drinking water is supplied: <input type="checkbox"/> water fountain <input type="checkbox"/> bottled water brought in <input type="checkbox"/> other (describe)_____
			70. 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	71. 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).
			PLEASE CHOOSE ONE OF THE FOLLOWING. You must indicate yes to item, 72, 73, OR 74.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	72. 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	73. 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	74. Your home base is an <u>enclosed permanent structure</u> (a covering and four walls). You must check one of the following: A. Fewer than 30 children in care, and meets residential occupancy requirements. (submit letter from local inspector) [.2503(a)(2)(A)] B. 30-99 children in care, and meets business occupancy requirements. (submit letter from local inspector) [.2503(a)(2)(B)] C. 100 or more children in care and meets: (check which one and submit building inspection form) [.2503(a)(2)(C)] <input type="checkbox"/> assembly <input type="checkbox"/> education <input type="checkbox"/> institutional occupancy requirements D. Other (please explain)_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	75. 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	76. Shaded areas are provided on the outdoor play area. [.1402(d)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	77. 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. [.2504(b)(1)] (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). [.2504(b)(2)]

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	78. 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(a)]
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<p>79. <u>CPR CERTIFICATION:</u></p> <p>a. Individual who has completed CPR course: _____ Date of last CPR course: _____ (within one year)</p> <p>b. Individual who has completed CPR course: _____ Date of last CPR course: _____ (within one year)</p> <p>c. Individual who has completed CPR course: _____ Date of last CPR course: _____ (within one year)</p> <p><u>Sponsors/Type of Course:</u></p> <p><input type="checkbox"/> <u>Red Cross:</u> <input type="checkbox"/> Infant/Child CPR <input type="checkbox"/> Adult CPR <input type="checkbox"/> Community CPR <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <u>American Heart Association:</u> <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Heart Saver Plus* <input type="checkbox"/> Pediatric (PBLIS) Plus*</p> <p>*These courses must be the specific ones with <u>Plus</u> in the title in order to meet the requirements. The standard courses (without the <u>Plus</u>) are not acceptable.</p> <p>80. <u>FIRST AID:</u></p> <p>a. Individual who has completed First Aid course: _____ Date of last First Aid course: _____</p> <p>b. Individual who has completed First Aid course: _____ Date of last First Aid course: _____</p> <p>c. Individual who has completed First Aid course: _____ Date of last First Aid course: _____</p>
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<p>81. Do you have a Criminal Record Check qualifying letter from the Division of Child Development? If yes, date: _____</p> <p>If not, please go to www.ncchildcare.nc.gov and choose options "DHHS Criminal Record Checks" and "Child Care." This link will allow you to start the DHHS Criminal Record Check process.</p>

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.

ITEM #

EXPLANATION

[illegible]

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: _____

DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

APPLICATION – FACILITY PROFILE (CONTINUED)

FOR DCDEE USE ONLY	
ID#	_____
COUNTY NO.	_____
PAGE	_____ OF _____

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)		Requirements Met	
<u>Date of Employment</u> ____/____/____	<u>Date of Termination</u> ____/____/____	<input type="checkbox"/> 21 Yrs. + HS/GED Highest Grade: _____	NC Administration Credential <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Credentials</u> 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: _____		<u>Other Qualifications Met</u> <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: _____

APPLICATION FOR ENROLLMENT TO BE A PROVIDER OF SUBSIDIZED CHILD CARE

FOR AGENCY USE ONLY: Child Care Clinical Social Workers Name _____

Parent's Name _____ County Case # _____ County Requesting Enrollment _____

PROVIDER DIRECTIONS: Complete Parts A–E & G of this form and nonlicensed providers complete Parts A, B, D, F & G. **Send both signed copies (white/pink form) to your child care social worker of the local purchasing agency.** If assistance is needed with this form, please contact the child care social worker (name is indicated at the top of this form). Staff of the local purchasing agency (LPA) should contact you upon receipt of this application. The pink copy of this form with your approved subsidy rates will be returned to you by the local purchasing agency which **must** be retained in your child care files.

Part A: Name of Center/Home Child Care Provider: _____ County: _____

Mailing Address (include City/State/Zip Code): _____

Site Address (if different from mailing address): _____

Name of Director: _____ Telephone: () _____ Tax ID #: _____

Contact Person: _____ Telephone: () _____ E-mail Address: _____

***If provider operates under more than one license or Notice of Compliance, an application must be completed for each.**

TYPE OF ARRANGEMENT (Check only one.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Licensed Center | <input type="checkbox"/> Licensed Before/After-School | <input type="checkbox"/> Licensed Family Child Care Home |
| <input type="checkbox"/> Licensed Preschool Program | <input type="checkbox"/> Licensed Part-Day Center | <input type="checkbox"/> Nonlicensed Care for Children in My Home |
| <input type="checkbox"/> Religious-Sponsored Center Operating Under G.S. 110-106 | <input type="checkbox"/> Licensed Summer Day Camp | <input type="checkbox"/> Nonlicensed Care in Child's Home |

PART B: Providers must either attach a copy of their rates to this form (DCD-0451) **OR** complete a copy of the Private Paying Rates and Other Fees form (DCD-0458) which you can request from the local purchasing agency. If applicable, you must attach a copy of your sliding fee scales and policies and scholarship program requirements.

PART C: To be completed only by Licensed Centers or Family Child Care Homes or Religious-Sponsored Centers who have been issued a Notice of Compliance or Letter of Intent.

License or Facility ID Number: _____. If the age range of the child for which care is being provided is different from the age range on your license or G.S. 110-106 letter, indicate age range here: _____.

PART D: This section must be completed by all providers.

I am interested in providing child care for children eligible for public child care funds. I understand I am required to provide care in a healthy and safe environment and must maintain compliance with all requirements for the Subsidized Child Care Program. Neither I nor anyone who is in contact with the children have been convicted of a crime involving child abuse, child neglect, or moral turpitude; nor habitually use alcoholic beverages to excess or use illegal narcotics, or other impairing drugs. I understand to obtain child care subsidy funds fraudulently is a criminal offense and I may be subject to penalties and prosecution. In addition, I understand that the Division of Child Development may impose a sanction if child care fraud occurs which would impact my ability to receive subsidy funding.

Signature of person legally responsible for operation of child care arrangement _____

Date _____

PART E: Licensed Facilities and Religious-Sponsored Facilities (G.S. 110-106 Facilities) only must complete this section.

1. Check other days and shifts that you offer care:

- | | | | | |
|-----------------------------------|------------------------------------|---|---|--|
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Snow Days | <input type="checkbox"/> Teacher Workdays | <input type="checkbox"/> Different Shifts | <input type="checkbox"/> Other (Please specify.) _____ |
|-----------------------------------|------------------------------------|---|---|--|

2. Check types of school-age care you offer if you are licensed or religious-sponsored facility (G.S. 110-106 approved facility):

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Before/After-School Care | <input type="checkbox"/> School Age-Summer Care | <input type="checkbox"/> Before-School Care | <input type="checkbox"/> After-School Care | <input type="checkbox"/> Other (Please specify.) _____ |
|---|---|---|--|--|

3. Check the types of unregulated child care arrangements that you operate:

- | | | | | | |
|---|---|---|--|---|--|
| <input type="checkbox"/> Before/After-School Care | <input type="checkbox"/> School Age-Summer Care | <input type="checkbox"/> Before-School Care | <input type="checkbox"/> After-School Care | <input type="checkbox"/> Mother's Morning Out | <input type="checkbox"/> Other (Please specify.) _____ |
|---|---|---|--|---|--|

NOTE: Subsidized funds may not be used to pay for child care in unregulated child care programs. Child care programs must become licensed or G.S. 110-106 approved before accepting a child care voucher from the parent or LPA. Also, religious-sponsored facilities must have a Notice of Compliance before subsidy payment can be made.

APPLICATION CONT'D.

PART F: Complete this section only if you are providing care for children in the child/ren's home or in your own home and you are not licensed by the state.

Date of Birth of Provider: _____

How many children do you care for, other than your own? _____

Social Security Number: _____

Please answer the questions below for every child in your care, including children that local agencies or parents pay you to keep: (If you are keeping more than 3 children, you must list each additional child on another page and staple to the original signed form.)

Child's Name: _____ Date of Birth or Age: _____

Name of Child's Parent: _____

Child's relationship to you? ☐ NONE ☐ Grandchild ☐ Niece/nephew
☐ Brother/sister ☐ Other (explain): _____

Date you began providing care for the child listed above: _____

How many hours per days per week do you provide care for the child? _____ hrs.

Hours that care is provided for child: _____ ☐ a.m. ☐ p.m. till _____ ☐ a.m. ☐ p.m. (Check a.m. or p.m.)

How much do you charge to provide care for this child? \$ _____ per week or \$ _____ per month

Child's Name: _____ Date of Birth or Age: _____

Name of Child's Parent: _____

Child's relationship to you? ☐ NONE ☐ Grandchild ☐ Niece/nephew
☐ Brother/sister ☐ Other (explain): _____

Date you began providing care for the child listed above: _____

How many hours per days per week do you provide care for the child? _____ hrs.

Hours that care is provided for child: _____ ☐ a.m. ☐ p.m. _____ ☐ a.m. ☐ p.m. (Check a.m. or p.m.)

How much do you charge to provide care for this child? \$ _____ per week or \$ _____ per month

Child's Name: _____ Date of Birth or Age: _____

Name of Child's Parent: _____

Child's relationship to you? ☐ NONE ☐ Grandchild ☐ Niece/nephew
☐ Brother/sister ☐ Other (explain): _____

Date you began providing care for the child listed above: _____

How many hours per days per week do you provide care for the child? _____ hrs.

Hours that care is provided for child: _____ ☐ a.m. ☐ p.m. till _____ ☐ a.m. ☐ p.m. (Check a.m. or p.m.)

How much do you charge to provide care for this child? \$ _____ per week or \$ _____ per month

PART G: To be completed by all providers:

Are you interested in having children referred by your local purchasing agency? ☐ YES ☐ NO

NOTE TO PROVIDER: ***Do not forget to complete this form in its entirety and return the signed white and pink copies to your LPA!***

Directions for Providers to Complete this Application:

Follow the directions on page one (1) of this form. All providers must sign the white original and pink copy (both copies) of the application and **return both copies** to the child care social worker whose name is indicated at the top of this form. Also, providers should contact their child care social worker if assistance is needed in completing this form. The local purchasing agency will return the pink copy of this form to the provider, with the approved subsidy rates. Providers must maintain a copy of this form in their child care files for a minimum of three (3) years. These files must be maintained longer if there is an ongoing local, state or federal audit.

Part A: Enter the name of your center or home (or if an individual, the provider's name), county, mailing address (including city, state and zip code, site address if different from the mailing address, name of director and contact person, telephone numbers, Tax I.D. # (if applicable), and e-mail address for the contact person (if applicable) in this part.

The type of license, Notice of Compliance, or type of home provider must be indicated (**providers must check only one box**). The following definitions are provided to assist providers with identifying their type of child care arrangement:

- **Licensed Center** is defined as a facility which has been issued a license or Notice of Compliance by the Division of Child Development to provide child care services.
 - **Licensed Preschool Program** is defined as a program for preschool-age children that operates for less than four (4) hours per day and is licensed in order to serve children receiving subsidies.
 - **Religious-Sponsored Center and Family Child Care Home operating under a Notice of Compliance or Letter of Intent** is defined as a religious-sponsored child care center or home that chooses to operate under the requirements of G.S. 110-106 rather than becoming licensed. The center or home may provide care for children receiving subsidies upon receiving a response from DCD to the provider's Letter of Intent but payment cannot be made until the facility comes in compliance with child care requirements and receives a Notice of Compliance. The Letter of Intent must be attached to the Application for Enrollment (Form DCD-0451).
 - **Licensed Before/After-School** is defined as a program for children that operates for less than four (4) hours per day and is licensed in order to serve children receiving subsidies.
 - **Licensed Part-Day Center** is defined as a child care program that operates for less than four (4) hours per day and is licensed in order to serve children receiving subsidies.
 - **Licensed Summer Day Camp** is defined as a seasonal recreation program that operates for less than four (4) consecutive months in a year and must be licensed before serving children receiving subsidies.
- Licensed Family Child Care Home** is defined as a home which has been issued a license or a Notice of Compliance by the Division of Child Development to provide child care services for more than two (2) unrelated children, but no more than eight (8) children ages birth–twelve (12) which includes no more than five (5) children younger than age 5. The provider's own children, ages birth–5 are included in the total of five (5) preschool children receiving care. **NOTE:** Centers/homes may not serve children until they are licensed or have a Letter of Intent or Notice of Compliance (G.S. 110-106).
- **Nonlicensed Care for Child(ren) in My Home** is defined as an individual who provides care for no more than two (2) unrelated children in the provider's own home for more than four (4) hours per day, **is not** required to be licensed and is approved by the local purchasing agency.
 - **Nonlicensed Care in Child's Home** is defined as an individual who provides care for a child(ren) in the child's(ren's) own home, **is not** required to be licensed and is approved by the local purchasing agency.
 - **DPI Certified Center** is defined as a school operated child care program that has previously been certified by the Department of Public Instruction (DPI) to provide subsidized care services.

PART B: The LPA must have a list of the provider's private parent paying rates and other child care fees. The provider must either choose to attach a copy of their private paying rates to this form (DCD-0451) OR complete the Private Paying Rates and Other Fees form (DCD-0458). Providers must include early payment discounts for parents, sliding fee scales and policies and scholarship program requirements. All of the rates must be sent to the LPA before the provider can receive payment for child care services provided.

PART C: Providers who operate under a license or Notice of Compliance (G.S. 110–106) must complete this part. Enter **license or facility ID number as indicated on the license or Notice of Compliance** provided. Facilities must be licensed before children receiving subsidies can be served.

PART D: This statement must be signed and dated by all providers.

PART E: Licensed or Religious-Sponsored Facilities **must** complete this part. Circle the type of care that you offer if you operate an **unregulated child care program** in addition to your licensed or G.S. 110-106 program, such as before/after-school programs or preschool programs.

PART F: This part must be completed by all nonlicensed home providers, i.e., individuals who are not required to be licensed and are providing care in the child's home or the provider's home. Space is included for you to list three children. If care is being provided for more than three (3) children, another copy of the form or another page listing all of the additional children and identifying information **must be** attached.

PART G: All providers are requested to indicate whether she is interested in caring for other children receiving subsidies.

IMPORTANT: Send **both copies (white and pink)** of this signed form to the child care social worker of the local purchasing agency indicated on the front of this form!

PRIVATE PAYING RATES AND OTHER FEES

Read the instructions on the back of the form before completing (Type or print information)

1. Name of Facility: _____
2. Facility ID No.: _____ 3. County: _____
4. Mailing Address: _____

PO Box/Street/Rural Route
City
Zip Code
5. Location address if different _____

from mailing address:
Street/Rural Route
City
Zip Code
6. Director's Name: _____ 7. Telephone : () _____
8. Contact Person: _____ 9. Telephone : () _____
10. Effective Date of Rates: _____ 11. Do you currently provide transportation to and from school or home? ☐ YES ☐ NO If YES, include your transportation rate below if not included in your child care rates.
12. You may choose to attach a copy of your Child Care Fees/Tuition Form/Letter, such as a printed booklet or fee schedule, that states all of your child care rates for private-paying children, including discounts for early payments, **instead** of completing the chart below. If applicable, you must attach a copy of your sliding fee scales and policies and scholarship program requirements. **Do not include late fees in the rates that you list below.**

Indicate if child care rates listed in chart below are weekly or monthly rates. Check One: ☐ Weekly ☐ Monthly

Ages of Children Approved to Serve in Licensed Facility	On-Time Rates Charged to Private Paying Parents	Discount Rate for Early Payment for Private Paying Parents	Ages of Children Approved to Serve in Licensed Facility	On-Time Rates Charged to Private Paying Parents	Discount Rate for Early Payment for Private Paying Parents
Under Age One (R10)	\$	\$	Before & After-School Care (R06)	\$	\$
Age One (R11)	\$	\$	Before-School Care (R06)	\$	\$
Age Two (R12)	\$	\$	After-School Care (R06)	\$	\$
Age Three (R13)	\$	\$	Transportation (Under age 3 or special needs)	\$	\$
Age Four (R14)	\$	\$	Transportation (age 3 and over)	\$	\$
Age Five (R15)	\$	\$	Initial Registration Fee (Maximum Rate-\$25.00)	\$	\$
Full Time School Age-Care (R03)	\$	\$	Annual Registration Fee (Maximum Rate-\$25.00)	\$	\$
Summer Care for School-Age Children (R03)	\$	\$	Other (Please specify)	\$	\$

NOTE: *In order to receive subsidy payment, all child care fees/rates must be reported for your licensed or G.S. 110-106 facility, including rates offered through sliding fee scales and scholarships. After enrolling in the SCC Program, if your facility has a rate change and you fail to report the change, then the payment will be effective the date the private paying rate is received by the local purchasing agency (ies): To establish a monthly rate, your private paying weekly rate will be multiplied by 4.333 and rounded to the nearest dollar. The subsidized payment for child care will be this monthly rate or the county market rate for your rated license, whichever is lower. (Bonuses and/or enhancements may be available in addition to this payment.) However, if you offer private paying parents a discount for paying early, then your subsidy payment will not be more than ten percent (10%) above your discounted early payment rate for private paying parents and shall not exceed the on-time rate or the applicable market rate. Your child care coordinator will send you a copy of your approved subsidy rates. Contact your child care coordinator if you have questions regarding your approved subsidy rates.*

I certify that the information provided on this document and all attachments is accurate to the best of my knowledge.

Official Authorized Signature and Title

Date Signed

DCD-0458
Rev. 09/07

INSTRUCTIONS FOR COMPLETING PRIVATE PAYING RATES AND OTHER FEES FORM

For initial and annual enrollment, the completed Application for Enrollment to Be a Provider of Subsidized Child Care (Form DCD-0451) must be provided to the child care coordinator in each county that you conduct business or attached to this form before your rates can be processed for subsidy payments.

1. Enter the name of the child care facility where care is being provided and for which rates are being submitted. ***If you are submitting rates for more than one facility then a separate form must be completed for each.*** The facility name should be the same name that is on your license or Notice of Compliance (G.S. 110-106). If the name is different, please notify your child care consultant in the Regulatory Section of the Division of Child Development (DCD).
2. If the facility is enrolled in subsidy, enter the **Subsidized Child Care (SCC) Facility ID number found on the Subsidized Child Care Reimbursement Summary**. This number begins with a “letter” of the alphabet, such as **J**, for example: **J9210000**. You may enter the facility license or GS. 110-106 number if you do not yet have a SCC ID number.
3. Enter the name of the county in which your facility is located.
4. Enter the mailing address to which the approved rates on the **Application for Enrollment to Be a Provider of Subsidized Child Care (Form DCD-0451)** and other reports should be sent. This address should be the same as the facility mailing address in your licensing file in the Regulatory Section of the Division. You need to notify your child care consultant or staff in the Regulatory Section of the Division if your mailing address has changed. The address in the Subsidized Child Care Reimbursement System for your facility **cannot** be changed until the child care consultant in the Regulatory Section submits this change to the Subsidy Services Section of the Division.
5. Enter the location where the child care is being provided if it is different than the mailing address. The location address must be the same address as on your license, Letter of Intent, or Notice of Compliance. If not, contact your child care consultant of the Division of Child Development. You cannot serve a subsidy child if the location is not licensed or G.S. 110-106 approved. **NOTE: Children receiving subsidy services cannot be served in an unregulated program or area.**
6. Enter the name of the facility director or other person who has on-site administrative responsibility for the child care facility.
7. Enter the area code and telephone number for the child care facility.
8. Enter the name of the person who is responsible for completing this form or who has responsibility for the rate setting process, if different from the facility director.
9. Enter the area code and telephone number for the contact person listed in # 8 of this form.
10. **Enter the date these rates become effective for your private-paying parents.** The LPA must receive this rate form and the Application for Enrollment (DCD-0451) before your initial rates may be processed for Subsidized Child Care. Your child care coordinator of the LPA will send you a copy of your approved subsidy rates. In order for this date to be the effective date for subsidy, these rates must be effective the first day of the month and the local purchasing agency (LPA) **must have received these rates 30 days before your requested effective date. Rates cannot be backdated. Example:** For a rate to become effective on May 1st for all parents, private paying and subsidized, this rate must be received by your local purchasing agency no later than the end of March. Providers may submit changes in their private paying child care rates, but rate increases will be processed **once per year only**. However, a provider who receives a higher star license may request an additional change in his/her child care rates as a result of achieving a higher star rated license. **NOTE:** Any decreases in your private paying rates must also be reported when the decrease in rates occurs. Include the effective date of the rate decrease.
11. Check (c) the **YES** box if you provide transportation to and from school or home at an additional charge to parents and if it **is not** already included in your child care rates.
12. **You may attach a copy of your private paying child care rates (fee schedule) instead of completing the rate portion of the form.** Your rate schedule should reflect **all charges** including early payment discounts, transportation, registration fees, sliding fee scales and policies and scholarship program requirements. If you charge a registration fee, indicate if it is charged **each year** the child is enrolled **or** charged **only** at the **time of initial registration** or **both**. The maximum reimbursement for initial/annual registration fee is \$25.00. When reporting rates **do not** include late fees. Report rates as weekly or monthly rates, **check (c)** one box only. **DO NOT** report or include hourly rates! **NOTE:** Some counties **do not** pay registration and/or transportation fees. Family child care homes **are not** paid registration fees. Contact your local purchasing agency if you have questions about fees that are payable through the SCC Program.

NOTE: *This form must be dated and signed by the person legally responsible for the operation of the facility or provider’s designee.*

IMPORTANT: *Mail the white-signed original to the child care coordinator of the local purchasing agency in each county that you conduct business. Be sure you retain the yellow copy of this signed form in your child care files, including a copy of the facility’s private paying rates, sliding fee scale(s) and policies and scholarship program requirements.*

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN
RESOURCES
DIVISION OF CHILD DEVELOPMENT
820 SOUTH BOYLAN AVENUE
2201 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27669

Center Name_____	ID#_____
Center Capacity_____	Ceiling Height_____
Building Inspection Date_____	# of Rooms Approved_____
Prepared By_____	Date_____
Checked By_____	Date_____

FLOOR PLAN DIAGRAM



