



North Carolina Department of Health and Human Services  
Division of Child Development and Early Education

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Robert W. Kindsvatter  
Director

**TO:** Potential Family Child Care Home Operator

Thank you for your interest in applying for a license to operate a child care facility in North Carolina. It is important to the Division of Child Development and Early Education to assist citizens in providing a safe and healthy environment for the children of North Carolina.

**Steps of the Application Process:**

Step 1: Review all documents carefully.

Step 2: Complete the **Facility Profile** (enclosed) and submit all additional documents requested.

Step 3: **Mail to:**

**Attention: Regulatory Services Section/CS**  
**Division of Child Development and Early Education**  
2201 Mail Service Center • Raleigh, NC 27699-2201

Step 4: Your **Child Care Consultant** will contact you to schedule an Initial Assessment Visit.

Step 5: Initial Assessment Visit

During the Visit, Appendix forms necessary for completing the application process will be provided by your Child Care Consultant. The Consultant will assist you in completing these forms and discuss additional application requirements. During the same visit, the Consultant will begin reviewing all applicable child care requirements for the type of license which you have requested. The Consultant will observe **all** areas of your home to ensure that applicable Family Child Care Home requirements have been met. Since the entire premises is being licensed, the Consultant will observe all spaces, including the second story, basement and the outdoor area, including any outside buildings.

Step 6: After all requirements for licensure have been successfully completed, the Child Care Consultant will issue a license to your facility. *Note: More than one visit may be needed to ensure compliance with all requirements.*

www.ncdhhs.gov • www.ncchildcare.dhhs.state.nc.us

Tel 919-662-4499 • Fax 919-661-4845

Location: 319 Chapanoke Road • Raleigh, NC 27603

Mailing Address: 2201 Mail Service Center • Raleigh, NC 27699-2201

An Equal Opportunity / Affirmative Action Employer



The Division of Child Development and Early Education appreciate your efforts to provide quality child care and education. Please contact our Customer Service Unit at 1-800-859-0829, if you have any questions about this information.

**Please keep in mind that until you have completed the application process and you are licensed, you may legally care for two children or less who are unrelated to you. It is a Class I felony to willfully operate a family child care home without being licensed.**

## 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
- Caring for children in a nonlicensed home and receiving subsidy payments
- Becoming a household member of a Family Child Care Home (FCCH) or Center in a Residence
- Moving into a FCCH, center in a residence, or a nonlicensed home receiving subsidy

The forms required to complete the criminal record check must be submitted to the North Carolina Division of Child Development and Early Education to obtain a Criminal Record Check (CRC) Qualification letter. A Qualification letter is valid for three (3) years from date of issuance. Each child care provider and household member **age 16 and older** must re-submit forms to complete the criminal record check every three (3) years thereafter. Please visit [www.ncchildcare.dhhs.state.nc.us](http://www.ncchildcare.dhhs.state.nc.us) under the “DHHS Criminal Record Checks” link to read over the process for completing and submitting a criminal record check. Online information and resources include:

- New CRC Law Requirements
- CRC Basic Instruction Guide
- Online Payment System Process
- Live Scan information (electronic fingerprinting)
- Mandatory Notice (DCD-0049)

Included in this packet is the Information Guide and Checklist for Child Care Providers. If you have any questions about the criminal record check requirements please call the Criminal Record Check Unit at **(919)773-2856** or **1-800-859-0829** (in state only).

**2. AGE AND EDUCATION REQUIREMENTS**

All new family child care home operators must be at least 21 years old and have a high school diploma or a GED. This also includes any additional caregivers you employ or use as substitutes.

**3. APPLICATION-Facility Profile (DCD-0055)**

When filling out this form, please use a blue or black ink pen and press down hard enough when you write so that the third copy of the page can be read. Print all information.

**4. CHILD CARE REQUIREMENTS AND RESOURCE MATERIALS**

The following items are available online at [www.ncchildcare.dhhs.state.nc.us](http://www.ncchildcare.dhhs.state.nc.us)

- **Child Care Law and Rules**-Read over the child care requirements thoroughly. Once you are licensed, you must maintain compliance with these requirements at all times.
- **Family Child Care Handbook**-The handbook was created to assist potential and licensed providers with achieving and maintaining compliance with the child care requirements.
- **Provider Documents**-Required and sample forms are available online to help you in planning and operating your Family Child Care Home business.

**Have You Submitted the Following Information?**

<p>_____ <b>Submit</b> completed Facility Profile Page</p>	<p>_____ <b>Submit</b> a copy of negative results on a TB test taken within the last year and a completed health questionnaire (Form available online under Provider Documents)</p>
<p>_____ <b>Submit</b> a copy of up-to-date pet vaccinations for any pet that you have, including expiration dates.</p>	<p>_____ <b>Submit</b> a copy of a negative well water bacteriological analysis if you are on a private well</p>
<p>_____ <b>Submit</b> a <b>photocopy</b> of your valid CRC Qualification letter, dated within three (3) years of issuance.</p>	<p>_____ <b>Submit</b> a copy of an American Heart Association or American Red Cross CPR course certification, completed in the last year and appropriate for the ages of children you will care for in your home</p>
<p>_____ <b>Submit</b> a copy of a first aid course certification, completed in the last year.</p>	<p>_____ <b>Submit</b> a copy of zoning approval/privilege license, if applicable in your area. For more information on specific requirements, contact your local City or County Government office.</p>
<p>_____ <b>Submit</b> a copy of an approved sanitation inspection, if applicable in your area. For more information on specific requirements, contact your local Health Department.</p>	<p>_____ <b>Submit</b> a copy of an approved fire inspection, if applicable in your area. For more information on specific requirements, contact your local Fire Department.</p>

This information should be mailed to the child care consultant listed on the first page of this packet. If you have any questions about these requirements, please feel free to call our Customer Service Unit at **(919) 662-4499** or **1-800-859-0829 (in-state only)**. You may also visit the Division’s website at [www.ncchildcare.dhhs.state.nc.us](http://www.ncchildcare.dhhs.state.nc.us)

**DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION**

**APPLICATION FOR A CHILD CARE LICENSE**

<u>FOR DCDEE USE ONLY</u>	
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)**

<u>FOR DCDEE USE ONLY</u>	
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 \_\_\_\_\_

## New CRC Requirements

### Preservice Requirement

CRC qualification must be issued prior to:

- Being hired by a child care facility
- Receiving a license to own or operate a child care facility
- Living in a FCCH or center in a residence
- Moving into a FCCH or center in a residence

### More Comprehensive Check

- Federal fingerprint check **prior** to employment and every 3 years thereafter (even if they stay at the same facility)
  - \$25 payable online to DHHS
- Statewide Administrative Office of the Courts (AOC) check completed by DHHS (no cost)
- Responsible Individual List check (no cost)
- Sex Offender Registry check (no cost)
- Volunteers counted in staff/child ratio or who have unsupervised access to children will complete a statewide AOC (no cost) prior to assuming care of children.
- Mandatory reporting requirement
  - Any charge, indictment or conviction received after qualification must be reported to DHHS by email at [DHHS.CRC.Unit@dhhs.nc.gov](mailto:DHHS.CRC.Unit@dhhs.nc.gov) or by phone at (919)773-2856.

### Procedural Change

- When an applicant is qualified prior to employment, licensure or residency, the applicant can work/live in any facility in North Carolina while the qualification is valid without having to complete a new fingerprint check.
- If an applicant changes facilities while the qualification is valid, the applicant must fill out a "Change of Information" form to notify the DHHS Criminal Record Check Unit of their change of employment/residency. The owner/director is responsible for ensuring the Unit is in receipt of the form. The required change form is the same form used by the Workforce Education Unit.
- Applicants currently qualified may continue to work or have residency under their current qualification letter until it expires.
  - For applicants who have already received a requalification as of March 4, 2013, the expiration date is printed in bold on the letter.
  - For those applicants who **have not** received a requalification letter as of March 4, 2013, the letter will expire three years from the date of hire printed on the letter (next to the date of birth and above the facility ID#).
  - Once automation changes are made, the expiration date will be printed on all notification letters. Going forward, the CRC letters will expire three years from the date of qualification.
- Applicants may submit their renewal requests (DHHS-004 form and fingerprint impressions) up to six months prior to the expiration date.
- If the qualification letter is expired, applicants must leave the facility immediately.

# 2013 Information Guide & Checklist for Child Care Providers

## Department of Health and Human Services Criminal Record Check Unit

This is a tool to assist individuals seeking employment in child care or individuals seeking re-qualification to submit a complete and accurate criminal record check packet. **Do not send it to DHHS.**

### **BUBBLE SHEET-DHHS 004** (must be submitted for every packet)

- Included with packet and is the new **purple** bubble sheet, revised 1/13. (Not the old purple, green, brown or blue sheets)
- It is the original (no photocopies) and it is not torn, folded or mutilated in any way
- It is filled out completely (front and back) and with a #2 pencil
- The Authority For Release is signed by the applicant in pen on the back of the form. If the applicant is less than 18 yrs old, the parent or legal guardian's signature is required in addition to the applicant's signature.
- Name on the bubble sheet/release is correct & is exactly the same as shown on the fingerprint impression paperwork

### **LIVE SCAN FORMS** (submitted when prints are taken electronically)

- Included with packet and is the correct type of forms (for child care providers)
- The form has been signed by the applicant and law enforcement agency that is taking the prints.
- Name on forms is correct and is exactly the same as shown on the bubble sheet.

**NOTE:** **DHHS will accept 3 year re-qualification requests up to 6 months in advance of the expiration date.**

## **Things to Remember When Submitting CRC Paperwork**

- All applicants must have a valid qualification letter prior to employment and every 3 years thereafter. You may not work in child care if you do not have a qualification letter or your qualification letter has expired.
- Payment for the federal fingerprint check (\$25) must be received prior to a decision letter being issued.
- Full, legal name of applicant is written/signed exactly the same on all 3 forms. **Do not use** nicknames or middle names as first names. If a name is **hyphenated**, it must be hyphenated on all paperwork.
- Disqualified applicants must contact DCDEE for re-application prior to working in child care. Disqualified applicants are not eligible for hire or re-hire until a subsequent qualifying letter has been issued.

## **Paperwork Submission Instructions**

**New applicants** or applicants **applying for requalification** should submit the following:

1. Completed Live Scan forms (in lieu of a fingerprint card), or FD258 fingerprint card
2. Completed DHHS 004 form (purple bubble sheet)
3. Copy of Payment Confirmation from RegOnline

\*Applicants who live out of state are also required to submit a current, local criminal history from the clerk of superior court in their county of residence. DHHS doesn't have access to out of state records.

## **Where to Submit**

- Mailing address: DHHS Criminal Record Check Unit/Child Care Team  
2201 Mail Service Center  
Raleigh, NC 27699-2201
- Unit phone number: (919)773-2856 or (800)859-0829 (in state only)
- Unit email address: [DHHS.CRC.UNIT@dhhs.nc.gov](mailto:DHHS.CRC.UNIT@dhhs.nc.gov)

For additional information on criminal record checks and Live Scan forms, please go to [www.ncchildcare.net](http://www.ncchildcare.net) and choose the "DHHS Criminal Record Checks", "Child Care" options.

**FAMILY CHILD CARE HOME OPERATOR CHECKLIST**

**Instructions:** Completion of this checklist will help you in assessing if your family child care home is in compliance with the NC Child Care Requirements. **Keep in mind that this checklist is not all inclusive and you are always responsible for all requirements in the NC Child Care Requirements Section .1700, and in Article 7, Chapter 110 of the North Carolina General Statutes.** An unannounced visit may be made by your child care consultant at any time to verify compliance.

**Please check Yes or No to the following statements. You may only select N/A when the statement does not apply.**

Yes	No	N/A	<b>10A NCAC 09.1701 General Provisions Related to Licensure of Homes</b>
			I and any additional caregivers other than emergency caregivers have completed a health questionnaire. Emergency caregivers provide care during unplanned absences of the operator. [.1701 (a)-(e)] <b>(Form included in FCCH Handbook and Sample on the web site)</b>
			I allow parents unlimited access to my home while their children are in my care [.1701(g)].
			I and caregivers who provide care more than five hours a week will complete 12 hours of inservice training a year. Caregivers who have 10 or more years of experience will complete 8 hour of inservice training a year [.1701(b) & .1705(b)(5)].
			I have reviewed the child care requirements with any additional caregiver and substitutes and have written verification on file in my home [.1701(d)].
			Each operator must develop and adopt a written plan of care for completing routine tasks; including running errands, meeting family and personal demands, and attending classes, to ensure that routine tasks do not interfere with the care of children. [Refer to Rule .1701(i) (1-6) (j) & (k) for a complete list of items that must be included in the plan of care.] <b>(Sample form located on web site.)</b>
Yes	No	N/A	<b>10A NCAC 09.1702 Application for a License for a Family Child Care Home</b>
			I comply with any local ordinances that apply to my community or neighborhood. [G.S. 110-91 & .1702(d)] <i>If applicable, submit a copy of supporting documentation to your child care consultant.</i>
			My dwelling meets residential building codes and has a ground level exit. [.1702(c)(1)(A)&(B)]
			I have at least a 5 pound 2A:10-B: C type fire extinguisher. [.1702(c)(1)(D)]
			I have a working battery-operated smoke detector and an electric smoke detector located next to each other or an electrically operated smoke detector which has a battery backup. [.1702(c)(1)(C)]
			I have received a negative bacteriological analysis for any well water used for the children's water supply. <i>Complete every 2 years.</i> [.1720(d)(1)]
			A protective screen is securely mounted around any fireplace, wood heater unit or other space heater [.1702(c) (1) (E)].
			A protective screen is securely mounted around any fireplace, wood heater unit or other space heater [.1702(c) (1) (E)].
			All hot pipes or radiators accessible to children are covered or insulated [1702(c) (3)].
Yes	No	N/A	<b>10A NCAC 09.1705 Health and Training Requirements for Family Child Care Home Operators</b>



			I and any additional caregivers will complete training in child development yearly [.1705(b) (5)].
			I and any additional caregivers and substitutes have completed a health questionnaire [.1705(a) and (b)] (Form included in FCCH Handbook).
			I and caregivers who provide care more than five hours a week will complete 12 hours of inservice training a year. Caregivers who have 10 or more years of experience will complete 8 hours of inservice training a year [.1701(b) & .1705(b)(5)].
			I maintain a record of the annual in-service training activities in which I and any additional caregivers have participated [.1705(b) (5) (B)].
			If licensed to care for infants aged 12 months or younger; I will receive ITS-SIDS training within four months of receiving a license [G.S. 110-91(15) & .1705(b) (4)].
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>10A NCAC 09. 1706 Nutrition Standards</b>
			I will provide a statement acknowledging the parental decision to opt out of the supplemental food provided by my facility which shall be signed by each child's parent or guardian and kept on file [1706 (b)].
			I understand that food required by special diets for medical, religious or cultural reasons, may be provided by the operator or may be brought to the program by the parents. If the diet is prescribed by a health care professional, a statement signed by the health care professional shall be on file at the program and written instructions must be provided by the child's parent, health care professional or a licensed dietitian/nutritionist. If the diet is not prescribed by a health care professional, written instructions shall be provided by the child's parent and shall be on file in my home. [1706 (c)].
			I understand that parents shall be allowed to provide breast milk for their children. I will make accommodations for breastfeeding mothers that include seating and an electrical outlet. The location shall be in a place other than a bathroom, that is shielded from view by staff and the public, which may be used by mothers while they are breastfeeding or expressing milk [1706 (c)].
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>10A NCAC 09. 1718 Requirements for Daily Operations</b>
			I provide adequate resting accommodations and individual linens for each child. [1718(8)]
			I comply with the Meal Patterns for Children in Child Care [.1718(1)] ( <b>Form included in FCCH Handbook and Sample on the web site.</b> )
			I have a Feeding Schedule for each child less than 15 months old [.1718(6)].
			Adequate supervision is provided for children who are awake. [.1718(10)(a)]
			I plan developmentally appropriate activities for the children in my care on a written schedule [.1718(6) (a-c)].
			I have materials and equipment available to carry out the activities listed on the written schedule [.1718(13)].
			I carry out the activities listed on the written schedule daily [.1718(6)].
			I have a copy of my schedule displayed so that parents can see it [G.S.110-91(12) & .1718(13) (b)].
			I will provide a safe sleep environment by ensuring that when a child is sleeping, bedding or other objects will not be placed in a manner that covers the child's face, regardless of the age of the child. [.1718(11)]
			I will place infants aged 12 months or younger, in a bassinet, play pen or crib when sleeping [.1718(8)].
			I always visually supervise children that are awake [1718(5)].
			I will give infants aged 12 months or younger, the opportunity each day to play while awake while positioned on his or her stomach. [.1718(12)]

Yes	No	N/A	<b>10A NCAC 09.1719 Requirements for a Safe Indoor and Outdoor Environment</b>
			All stairs and steps used by children are solid and safe, and if there are two or more steps, they are railed. [.1719(6)]
			I have placed a guard (gate) across indoor stairs with more than two steps if children under three are in care.[.1719(6)]
			I have securely anchored all stationary outdoor play equipment and the footings which anchor the equipment are not exposed. [.1719(3)]
			No stationary outdoor play equipment is placed over concrete or asphalt.[.1719(3)]
			All electric fans are securely mounted out of the reach of children, or each has a mesh guard. [.1719(4)]
			All electrical outlets are covered with safety caps. [.1719(5)]
			I have securely anchored all stationary outdoor play equipment and the footings which anchor the equipment are not exposed. [.1719(3)]
			I have enclosed all in-ground swimming pools on premises by a fence no less than four feet high. [.1719(8)]
			I have locked and secured ladders on all above-ground pools or have stored the ladders in an area inaccessible to children. [.1719(8)]
			I have placed all appliances with heating elements, such as, bottle warmers, crock pots, irons, coffee pots, and curling irons out of the reach of children. Appliances are not stored on countertops [.1719(a) (6)].
			Prior to new parents enrolling their children, I will make them aware of any animals that their child may have access to while in care in my family child care home. Parents must sign a form acknowledging the type of animal and where the animal will be during operating hours. The documentation will remain in each child's file [.1719(b)].
Yes	No	N/A	<b>10A NCAC 09.1720 Safety, Medication, and Sanitation Requirements</b>
			I have a good variety of first aid supplies and supplies are readily available (i.e. band-aids, gauze, tweezers, sterile water) [.1720(a)(5)]
			I keep a working thermometer in my refrigerator, and the temperature is maintained at 45 degrees Fahrenheit or below. [.1720(d)(6)]
			I lock all cleaning supplies or store them so they are inaccessible to children. [.1720(a)(4)]
			All firearms are separated from ammunition, and I keep in locked storage. [.1720(a)(1)]
			All toys and equipment provided are developmentally appropriate for the children in my care and are in good condition. [.1720(a)(7)]
			I have a working telephone in my home and I have emergency telephone numbers readily available [.1720(a) (8)].
			I conduct and keep a written record of monthly fire drills. [.1721(b)(2)] <b>(Form included in FCCH Handbook and Sample on the web site)</b>
			I have proof of up-to-date vaccinations for any pets. [.1720(d)(10)]
			I keep all refrigerated and un-refrigerated medications under lock-and-key storage [.1720(a)(3)]
			I have established a sanitary diaper change area, and I wash my hands before and after changing each child.[.1720(d)(2)]

			If more than one child is bottle fed, I label and date all bottles for children. [.1720(d)(7)]
			I have a means of transportation always available for emergencies. [.1720(a)(9)]
			I have covered both indoor and outdoor garbage cans with tight-fitting lids [.1720(d)(11)]
			I will not care for a child who has a fever of at least 100° degrees axillary or 101° orally, or who has certain symptoms or contagious illnesses (ex: diarrhea, chicken pox, lice, etc. [.1720(b)(1-11)] I will keep tobacco products out of reach or in locked storage when children are in care.[.1720(a)(6)]
			I will not use tobacco products at any time while children are in care. Smoking or Use of tobacco products will not be permitted indoors while children are in care or in a vehicle when children are transported [.1720(f)].
			Prescription or over-the-counter (OTC) medications and topical, non-medical ointment, repellent, lotion, cream or powder will not be administered to any child <b>(A)</b> without written authorization from the child's parent; <b>(B)</b> without written instructions from the child's parent, physician or other health professional; <b>(C)</b> in any manner not authorized by the child's parent, physician or other health professional; <b>(D)</b> after its expiration date; or <b>(E)</b> for non-medical reasons, such as to induce sleep. [.1720(c)((1)]
			Any time prescription or OTC medications are administered to a child, I will record the child's name, the date, time, amount and type of medication given, and the name and signature of the person administering the medication. This information will be available for review and maintained on file for at least six months after the medication is administered. [.1720(c)(13)]
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>10A NCAC 09.1721 Requirements for Records</b>
			I have a Health and Emergency Information form on file for each child, including my own child (ren). Each form is fully completed and signed by the parent. [.1721(a)(3)(A-G)] <b>(Form included in FCCH Handbook and Sample on the web site)</b>
			I will maintain a record of when medication is administered and authorization to administer the specific medication according to the parent's or physician's instructions [(a)(4)] <b>(Form included in FCCH Handbook and Sample on the web site)</b>
			I have completed an Emergency Procedures Form[.1721(b)(1)]
			Incident reports are/will be completed and submitted to my child care consultant any time a child receives medical treatment from a health professional following an incident that occurred in my child care home. [.1721(b)(3)] <b>(Form included in FCCH Handbook and Sample on the web site).</b>
			I will record each incident that requires medical treatment on my Incident Log and it is kept in my files. [.1721(b)(4)] <b>(Form included in FCCH Handbook and Sample on the web site).</b>
			I keep a copy of each child's health assessment and immunization records, including my own preschool children. [.1721(a) (1-2)].
			I keep daily attendance records. [.1721 (b)(6)]
			I conduct and keep a record of monthly inspections of the outdoor area that is used by the children in my care. [1721(b)(5)] <b>(Form included in FCCH Handbook and Sample on the web site).</b>
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>10A NCAC 09.1722 Discipline Policy</b>
			I do not use any form of corporal punishment as a disciplinary method on children, on children, unless I am a religious sponsored child care home under G.S. 110-106. [.1722] I have developed and given a copy of a Discipline Policy to the parents of all children that I care for in my home. Parents have signed that they have received their copy of my Discipline Policy[.1722(a)].

Yes	No	N/A	<b>10A NCAC 09.1723 Transportation</b>
			If I transport children, the driver has: <b>(A)</b> a valid driver's license; <b>(B)</b> no DWI or other impaired driving offense within the last three years <b>(C)</b> written permission to transport from parent; and <b>(D)</b> emergency and identification information for each child in vehicle whenever children are transported. [.1723]
			When children are transported I ensure that: <b>(A)</b> parents are informed of who will be transporting the children; <b>(B)</b> each child is restrained by an individual seat belt or child-restraint device; <b>(C)</b> all children are attended by an adult while in the vehicle; and <b>(D)</b> no child sits in the front seat if there is an operational air bag. [.1723]
Yes	No	N/A	<b>10A NCAC 09.1724 Safe Sleep Policy</b>
			If licensed to care for infants aged 12 months or younger, I have developed and adopted a written safe sleep policy that specifies required information found in Section .1724(a) (1-9). [G.S. 110-91(15) & .1724]
			If licensed to care for infants aged 12 months or younger; a copy of the safe sleep policy or a poster about safe sleep practices will be posted in a prominent place in the infant sleeping room or area. [.1724(b)]
			If licensed to care for infants aged 12 months or younger, a copy of my safe sleep policy was given and explained to parents on or before the first day the infant attended the home. The parent signed a statement acknowledging the receipt and explanation of the policy. A copy of the acknowledgement will be maintained in the child's record for as long as the child is enrolled at the home. [.1724 (c)]
			If the safe sleep policy is amended, I will give written notice of the amendment to the parents of all enrolled infants aged 12 months or younger at least 14 days before the amended policy is implemented. Each parent will sign a statement acknowledging the receipt and explanation of the amendment. A copy of the acknowledgement will be maintained in the child's record for as long as the child is enrolled at the home. [.1724(d)]
			A physician's or parent's waiver of the requirement that all infants aged 12 months or younger must be placed on their backs for sleeping contains the infant's name and birth date, is signed and dated by the infant's physician or parent, and specifies the infant's authorized sleep positions. I will maintain a copy of this waiver on file for as long as the child is enrolled at the home. [.1724(e)]
Yes	No	N/A	<b>General Statues</b>
			If licensed to care for infants aged 12 months or younger; have developed and adopted a written safe sleep policy that specifies required information found in Section .1724(a) (1-9). [GS 110-9115) & .1724]
			A parent of each child is given a copy of the NC Summary of the Child Care Law. [G.S. 110-102]
			I have posted a copy of the NC Summary of the Child Care Law in a prominent place in my home for parents to view G.S. 110-102]
			Infants aged 12 months or younger, will be placed on his or her back for sleeping unless I receive a written waiver as required by G.S. 110-91(15) (a-c). [G.S. 110-91(15)]
			I am 21 years old, and have a high school diploma/equivalent [G.S.110-91(8)].
			I have a copy of my schedule displayed so that parents can see it [GS 110-91 (12)].

**\*\*\*Note: Sample forms are located on the Division of Child Development's web site at [www.ncchildcare.dhhs.state.nc.us](http://www.ncchildcare.dhhs.state.nc.us) . From the home page click on provider and then click on provider documents.**

This checklist does **NOT** need to be given to your Child Care Consultant. Completing this checklist prior to your consultants visit and from time to time will assist you with maintaining compliance with child care regulations. Keep in mind this checklist is not all inclusive and you are always responsible for all requirements in the NC Child Care Requirements Section .1700, and in Article 7, Chapter 110 of the North Carolina General Statutes.

### EMERGENCY INFORMATION ON STAFF

NAME: _____	
ADDRESS: _____	
NAME OF DOCTOR: _____	PHONE: _____
:	
<u>HOSPITAL PREFERENCE:</u>	
_____	
PHONE: _____	
LIST ANY CHRONIC MEDICAL CONDITIONS, INCLUDING MEDICATIONS TAKEN FOR THAT CONDITION, WHICH WOULD BE RELEVANT IN AN EMERGENCY SITUATION: _____	
_____	
_____	
<u>EMERGENCY CONTACT PERSONS:</u>	
NAME: _____	RELATIONSHIP _____
ADDRESS: _____	
HOME PHONE: _____	BUSINESS PHONE: _____
:	
NAME: _____	RELATIONSHIP _____
ADDRESS: _____	
HOME PHONE: _____	BUSINESS PHONE: _____

### STAFF HEALTH QUESTIONNAIRE

<i>IMPORTANT</i> — Current health information must be completed annually by: All staff (including the director). (2) All volunteers and substitutes prior to their coming into contact with the children.	
NAME: _____	
HOME ADDRESS: _____	
TELEPHONE NUMBER: _____	
I certify that I am emotionally and physically fit to care for children.	
Signature: _____	Date: _____

Director's Statement:

I understand that I may request another evaluation of the employee's emotional and physical fitness to care for children when there is reason to believe that there has been deterioration in the employee's emotional or physical fitness to care for children, as stated in Child Care Rule 10A NCAC 09 .0701(b).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tuberculin (TB) Test

All staff members are required to have a negative test result before coming in to contact with children. Volunteers and Substitutes present more than once per week must also have evidence of a negative test.

NAME \_\_\_\_\_  
Last First Middle

HOME ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

### Evidence of tuberculin test:

Type of test \_\_\_\_\_ Date given \_\_\_\_\_

Results  Negative  Positive

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Health Professional

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number