

Form Must Be Returned

To: _____
 Name of county department of social services (DSS) or local purchasing agency (LPA)

By: _____ **To:** _____
 Date Name of DSS or LPA Child Care Social Worker

Address of local DSS or LPA Zip Code

Nonlicensed Home Checklist

Items a – c are completed by DSS or LPA Child Care Social Worker:

- a. Name of Parent/Responsible Adult (RA): _____
 (Please Print)
- b. Case Number: _____ Address: _____
- c. Parent's Home Telephone Number: () _____ Work Telephone Number: () _____

Items 1-30 are completed by provider and parent/responsible adult (RA):

1. Provider's Name: _____ Date of Birth: _____

Location

Address: _____

County: _____

Directions to the home: _____

2. Telephone Number: () _____

The parent/responsible adult and provider must check an answer for each of the following questions:

- | | Parent/RA | | Provider | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| 3. Does the provider have a completed and signed health and emergency form on file for each child?
See Child's Identifying and Emergency Information for Family Child Care Homes (DCD-0377). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: If the Child's Identifying and Emergency Information for Family Child Care Homes (DCD-0377)

is not used for the child(ren) in care, then the provider must use a form that includes the following information: child's name/address/date of birth; names of individuals to whom the child may be released; the general status of the child's health; allergies or restrictions on child's participation with specific instructions from child's parent(s) or health professional; names and phone numbers of persons to contact in emergency; name and phone number of child's health provider and preferred hospital; authorization for the provider to administer specified medication according to the parent's instructions, if the parent desires; authorization of provider to seek emergency medical care in parent's absences; and a record of child's immunizations.

Checklist Continued

	Parent/RA		Provider	
	Yes	No	Yes	No
<ul style="list-style-type: none">Form is signed by the parents or guardians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Form will be on file on the first day the child is to receive care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Immunization records for each child will be completed within 30 days after the first day the child begins care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the type of discipline to be used with each child been discussed and agreed upon by the provider and parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>NOTE: Corporal punishment, such as spanking, is prohibited. Also, locked or closed rooms, closets, or boxes may never be used as discipline for children.</i>				
5. Are all areas used by the children, indoors and outdoors, kept clean and orderly and free of hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Examples of hazards include, but are not limited to, cleaning products, medications, fuel, combustible items, abandoned cars, weapons, power tools, nails, lawn mowers, and other equipment.)				
6. Are all hazardous materials such as combustibles, medications and cleaning supplies in locked storage or stored out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all firearms and ammunition stored separately and in locked storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the provider's in-ground pool enclosed by a fence that is at least 4 feet high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Does the pool have a locking and securing ladder in place or storage for the ladder that is not accessible to children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is garbage kept in waterproof containers with tight fitting lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are first aid supplies in a place easily accessible to provider but out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The provider understands that any over-the-counter or prescribed medications may only be administered with the parent's permission and with specific instructions from the child's parent, doctor, or other authorized health professional. See sample form Permission To Administer Medication (DCD-0351).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checklist Continued

	Parent/RA		Provider	
	Yes	No	Yes	No
12. Is there a working telephone in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Provider must have access to a working telephone for Emergencies.				
<ul style="list-style-type: none">If no, please indicate where the nearest phone is located.				
Please describe how you will call for assistance if that phone is not available. For example, if you plan to use a neighbor's telephone but the neighbor is not at home, is another phone available? (To be completed by the provider)				
<hr/>				
<hr/>				
<hr/>				
<ul style="list-style-type: none">Does the provider have a written plan that describes how the emergency assistance will be accessed for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the provider have emergency numbers readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Will the provider be driving the children in her car or any other vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">If yes, the provider must comply with all applicable state and federal laws regarding the transportation of passengers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">If yes, does the provider have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: All children regardless of age or location in the vehicle must be restrained by a seat belt or child restraint device.				
<ul style="list-style-type: none">If the provider will be transporting the children, will each adult and child be restrained by the appropriate individual seat belt or child restraint devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">If the provider will be transporting the children, will children under the age of 5 or less than 40 pounds be transported in an appropriate child safety restraint device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Will children older than 5 be restrained by a seat belt when provider is transporting the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Does the provider understand that a child shall not ride in the front seat if the vehicle has an operational passenger side airbag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Is the provider's vehicle insured for liability as required by state law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checklist Continued

	Parent/RA		Provider	
	Yes	No	Yes	No
<ul style="list-style-type: none">Is the provider aware that children must never be left alone in a vehicle without the presence of an adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Is emergency information for children readily available when traveling in a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>NOTE: You must complete the Requirements for Transportation Provider (DCD-0039) if you intend to request reimbursement for providing transportation for children in care. The county department of social services or the local purchasing agency can provide a copy of this form.</i>				
14. Does the provider have sanitary toileting and handwashing facilities readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Are soap and individual clean towels available for each child?				
15. Is there a sanitary diapering and handwashing area available that is easily disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Does not apply.				
16. Are soiled diapers kept in a covered, leak-proof container which is emptied and cleaned frequently, at least daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Does not apply.				
<ul style="list-style-type: none">Does the provider wash her hands after each visit to the toilet and after changing each child's diaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is the provider physically and mentally able to care for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the provider have a copy of the completed Health Questionnaire For Family Home Care Providers (DCD-0376) on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">Has the provider completed the Health Questionnaire For Family Home Care Providers annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">If yes, give date completed: _____				
19. Does the provider have written proof that he/she is free of active tuberculosis prior to initial approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">If yes, give date of test: _____				

NOTE: Results indicating the provider is free of active tuberculosis must be obtained within 12 months prior to applying for participation in the Subsidized Child Care Program.

Checklist Continued

	Parent/RA		Provider	
	Yes	No	Yes	No
20. Does the provider serve nutritious meals and snacks appropriate in the amount and type of foods served for ages of children in care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>NOTE: "Meal Patterns for Children In Child Care" is a good resource for the preparation of meals for children. This information is available in the Nonlicensed Home Information Packet.</i>				
21. Does the provider wash his/her hands when handling food, before and after feeding children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are all perishable foods and beverages stored in a refrigerator that is in good condition and working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Does the provider, weather permitting, provide daily opportunities for supervised outdoor play or fresh air?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is clean drinking water freely available to children and offered frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is the home constructed in a weather tight manner and suitable for habitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>NOTE: Indoor areas used by children must provide heat and good ventilation and be free of pests.</i>				
26. Does the home have an indoor toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If not, are sanitary outdoor toilets available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are fuel burning heaters that are used when children are in care properly vented to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: Portable kerosene heaters are not allowed!				
28. Do fuel burning heaters, fireplaces, stoves and portable electric heaters that are used for heating have a securely attached guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: The guard or screen cannot be overturned by the children and the heater, fireplace or stove is out of reach of the children.				
29. Is there at least one working battery operated smoke detector in the primary caregiving area of the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Has the provider successfully completed a basic first aid course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, must give date completed: _____				

Checklist Continued

Parent/RA		Provider	
Yes	No	Yes	No

- If no, provider must complete within **3** months of approval for participation in Subsidized Child Care Program. Give date completed: _____
- If applicable, has provider renewed their basic first aid certification? ☐ ☐ ☐ ☐
If yes, please give date renewed: _____

NOTE: Provider must renew their basic first aid certification every 3 years.

31. Do parent(s) or the responsible adult(s) have unlimited access to their child(ren) during the hours that care is provided? ☐ ☐ ☐ ☐

32. To be answered by the provider only:

- Are you at least **18** years old? ☐ ☐
- Have you ever been investigated of child abuse or neglect? ☐ ☐
- Are you an excessive user of alcohol, narcotics, or other impairing drugs? ☐ ☐

NOTE: If you have been investigated for child abuse or neglect and the complaint was found to be true, you may not be approved as a child care provider.

By signing below, I am indicating that I have provided true and accurate information regarding the requirements my child's provider must meet.

Parent/Responsible Adult's Signature

Date

By signing below, I am stating that I have provided true and accurate information. I understand that in order to participate in the Subsidized Child Care Program, I must comply with these requirements and that the provision of false information may result in the denial or termination of approval. In addition, I understand that I have the right to request a hearing as explained on the back of this form if I disagree with the agency's decision.

Provider's Signature

Date

For Agency Use Only:

Action Taken: ☐ Approved _____ ☐ Denied _____
Date Date

Describe reason for denial below.

☐ Temporary approval until _____ on the condition that the requirements described below are met.

☐ Provider is approved to transport children. ☐ Yes ☐ No

Comments and/or Corrective Action Plan:

_____ () _____

Information for the Nonlicensed Home Provider

I. Completion of Required Forms

In order to receive and maintain approval as a nonlicensed home provider, you must complete the attached **Health Questionnaire for Family Child Care Home Providers (DCD-0376)**. In addition, the parent(s) of the child/ren in your care must complete these forms: **Permission To Administer Medication (DCD-0351)** and the **Child's Health and Emergency Information (DCD-0377)** which are also attached. These completed forms must be kept on the file in your home as long as you participate in the Subsidized Child Care Program. Also, it is recommended that you provide a copy of the provider's completed **Health Questionnaire for Family Child Care Home Providers** and **Basic First Aid Certification** to your child care social worker. The provider and all household members that are over age 15 and will be present in the home when children are in care must complete the forms for criminal records checks. More information regarding these forms is provided in the part II.

II. Criminal Records Checks

Nonlicensed home providers and other household members who are over age 15 must complete a local, state and sometimes a federal criminal records checks and have approval from the Division of Child Development in order to participate as an approved provider for the state's Subsidized Child Care Program. The forms to complete this check may be obtained from the county department of social services or local purchasing agency and when completed must be submitted to your contact person of the county DSS or LPA. The forms that must be completed for the required Criminal Records Checks are:

- A completed *Identifying Information* form (DCD-0050/DCD-0052)
- A signed *Authority for Release of Information* form (DCD-0048A)
- One or two completed fingerprint cards (Applicant Card -Form FD258)
- An *original certified (with county seal)* local criminal record check from the Clerk of Court's office in the county of residence (dated within the last 90 days).

The provider should consider submitting any information regarding a conviction or pending indictment for themselves or any household member in order to prevent any delay in the criminal records checks process by the Division of Child Development.

The Division will notify the provider in writing of the “**determination**” of the individual's fitness to have responsibility for the safety and well being of children based on the criminal history. Also, the Division will provide the county department of social services or LPA with a copy of the “**determination**” which will not contain specific information used in making the “**determination**.” The county DSS or LPA will approve or disapprove the provider's enrollment in the Subsidized Child Care Program based upon information received from the provider, the criminal records checks and the “**determination**” from the Division.

NOTE: You may not be approved as a provider for the Child Care Subsidized Program if you or an individual who lives in the home has been found to be the perpetrator of abuse or neglect against a child, or abuse, neglect or exploitation against a disabled adult and the arrangement poses a threat to the child's health and safety.

III. Subsidy Payments to the Provider:

The provider must submit, on time, a monthly attendance report of those children whose families participate in the Child Care Subsidized Program to their child care social worker of the county department of social services or local purchasing agency. Your child care social worker will give you the date that the child care attendance report

is due to the county DSS or LPA. This report must be accurate, so it is recommended that providers keep a daily attendance report of their subsidy children.

It is the provider's responsibility to check the Child Care Reimbursement Summary Report, which is mailed monthly, for overpayments and underpayments, and any other errors. Errors must be reported to your child care social worker within 30 days of receipt of the Child Care Reimbursement Summary Report so that overpayments and underpayments can be corrected. Providers must pay back any subsidy funds for which they were not eligible to receive.

Any provider, who is a recipient of child care subsidy funds, that misrepresents information, makes false statements, or attempts to obtain child care subsidy funds for himself or herself or for another person under false pretense may be charged with a felony and may have the following sanctions imposed:

- after the first incidence of fraudulent misrepresentation by a provider, the provider will not be reimbursed with child care subsidy funds for any new children that enroll in the provider's program for twelve (12) months, and
- after the second incidence of fraudulent misrepresentation by a provider, the provider will never be eligible to participate in the Child Care Subsidized Program.

IV. How to get a Fair Hearing

If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of your county department of social services (DSS) or local purchasing agency (LPA) within sixty (**60**) days after receiving a letter of denial/termination to participate in the Subsidized Child Care Program was mailed. A hearing will be scheduled for you with an official of the county DSS or LPA. If you are dissatisfied with the decision made at the hearing, you may have a hearing with an official from the NC Department of Health and Human Services.

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you must pay for his/her services yourself, unless free legal services are available in your community. If you are interested in free legal services, contact the child care supervisor/coordinator of your local DSS.

If you have been denied approval or terminated as a subsidized child care provider, you must contact the local purchasing agency within 60 days after this letter was sent if you wish to request a fair hearing.

If you have any questions or want further information, please contact your child care social worker of the county DSS or LPA as soon as possible.

V. Monitoring and Investigating Complaints

If you are approved as a nonlicensed home provider, and a complaint is filed about your home, a representative from the Division of Child Development in the Department of Health and Human Services will contact you or visit your home to talk with you about the complaint. In addition, a visit may be made to determine if you are complying with the requirements described in the **Nonlicensed Home Checklist**. The person visiting your home may be from the county department of social services or local purchasing agency and/or from the Division of Child Development.

White Original: County DSS or LPA

Pink Copy: Provider

Yellow Copy: Parent

Reverse Side