

Application Packet for a Family Child Care Home Registration

Maryland State Department of Education
Division of Early Childhood Development
Office of Child Care

Resource Guide

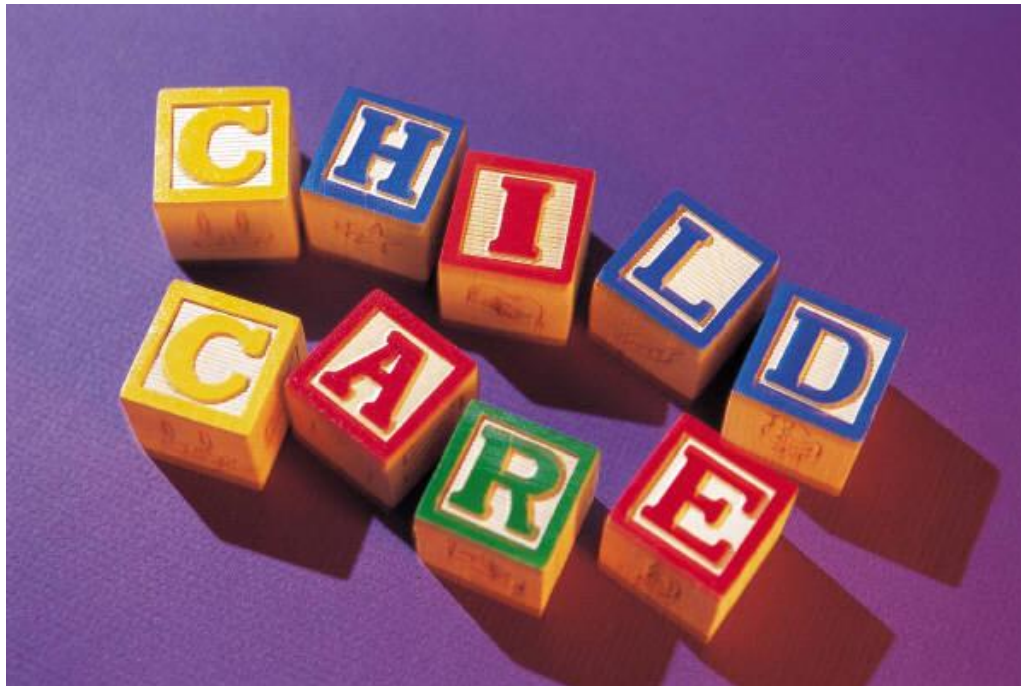


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Samples of OCC Forms Needed to Apply for a Family Child Care Registration

(Actual forms may be found at

www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms)

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INRODUCTION

WHAT IS A FAMILY CHILD CARE PROVIDER?

A family child care provider is a person who uses a residence other than the child's home to provide paid care, on a regular basis, for one or more children who are not related to the person. In order to ensure a safe environment, the State of Maryland limits the number of children in a family child care home. A provider may have a maximum of eight children, with no more than two under the age of two. The provider's own children under the age of six are counted within the group of eight.

IS THIS THE CAREER FOR ME?

Ask yourself the following questions:

- Do I enjoy working with children?
- Am I knowledgeable about child development or willing to take classes about child development?
- Would I like to be able to set my own hours and/or wages?
- Am I interested in running a competitive business in my own home?
- (If you are currently employed) Can I afford to lose income and/or benefits while my business grows?

If you answered "yes" to all of these questions, then you may be a good candidate for a career in family child care.

GOVERNMENT REGULATIONS

The Maryland State Department of Education's Office of Child Care (OCC), is responsible for all child care licensing and regulation in Maryland. OCC's goal is to make sure that safe child care is available to all Maryland families. OCC maintains 13 [Regional Licensing Offices](#) around Maryland, each of which is responsible for all child care licensing activities in its geographical area. A list of Regional Licensing Offices may be found at **Appendix A**.

In Maryland, family child care is regulated under the Code of Maryland Regulations [COMAR 13A.15](#). These regulations require a person to obtain a "certificate of registration" (which is a form of license) before the person may operate a family child care program. Being registered means that your program meets certain child health and safety requirements. It also makes you eligible for tax deductions, certain food subsidies, and liability insurance. These benefits make your family child care home attractive to parents and more profitable as a business. The COMAR 13A.15 may be found on line at www.marylandpublicschools.org/MSDE/divisions/child_care/regulat

STEPS TO TAKE TO BECOME A FAMILY CHILD CARE PROVIDER

1. Contact the OCC Regional Licensing Office in Your Area

Call the OCC [Regional Licensing Office](#) responsible for your area to let them know that you are interested in applying to become a registered family child care provider. That office will be responsible for processing your application, issuing your certificate of registration, inspecting your program to make sure it meets regulatory requirements, and providing you with technical assistance. (See [list of Regional Offices on page 9](#))

2. Attend Family Child Care Orientation Session

You must attend an orientation sessions that will be scheduled for you by the [Regional Licensing Office](#) that covers the area where your home is located. It is important to arrive on time and be prepared to take notes. As a courtesy to others in attendance, please do not bring babies or young children to the sessions.

The orientation session is largely designed to inform you about the application process and the requirements you'll need to meet in order to receive a certificate of registration.

You will be required to get criminal background checks for yourself and each adult (18 years or older) resident of your home using any approved Maryland Criminal Justice Information System (CJIS) processing location. A criminal background check includes a review of both federal (FBI) and State records. There is a fee of \$37.25, payable to CJIS, to process the criminal background check. However, there will also be a fee to have your fingerprints taken. This fee varies in different parts of Maryland, but the average fingerprinting fee is typically \$15-20.

3. Complete Pre-Service Training

You will need to complete a minimum of 24 clock hours of approved training in a topic or combination of topics related to child development (i.e., the "ages and stages" of children's developmental needs), program curriculum (i.e., planning and conducting program activities), child health and safety (i.e., childhood illnesses, child nutrition, fire safety, etc.), the care of children with disabilities, or provider professionalism (i.e., running a child care business, provider-parent relations, etc.). In addition, you must obtain skills-based CPR and First Aid Certification suitable for the child age-ranges that you wish to provide care for. If you plan to provide care to children younger than 2 years old, you will also have to complete SIDS (Sudden Infant Death Syndrome) training. Emergency Preparedness, Medication Administration, Developmental Screening, Americans with Disabilities Act and Supporting Breastfeeding Practices must also be taken prior to getting a registration. To be acceptable for family child care registration purposes, pre-service training courses must first be approved by OCC. So before you sign up for a course, check with the regional licensing office to make sure the course has been approved.

4. Make Sure Your Home is Safe and Properly Equipped

A safe physical environment is critically important for child care, especially if you plan to care for young children. Examples of how you can make sure that your home is "child safe" include:

- Using baby gates to restrict access to potentially hazardous areas such as stairs
- Covering electrical sockets
- Making household cleansers, medicines, tools, sharp implements, weapons, and other harmful items inaccessible to children by placing them under lock and key
- Having operable hard-wired smoke detectors in each room where the children will nap or rest
- Maintaining a first aid kit

Making sure your home is properly equipped for child care will be important for the proper growth and development of the children in your program. The following are examples of equipment family child care providers usually need:

- Cribs, playpens, cots, and/or mats for children to nap or rest on
- A variety of age-appropriate toys, games, and books
- High chairs or booster seats
- Outdoor play equipment and toys
- Strollers

5. Pass OCC, Fire Safety, and Other Required Inspections

Your home will need to be inspected by the local fire authority to make sure that it meets all applicable fire codes. Depending on where the home is located, other pre-registration inspections by the Health Department or other local government agencies may also be required. Once everything is in place for business, an OCC licensing specialist will schedule a pre-registration inspection with you to make sure your home meets family child care regulations. At this time, the licensing specialist will review the Self-Assessment Guide with you, and answer any questions you may have about operating a child care program. There are no fees for any inspections conducted by the Regional Licensing Office. However, there may be fees for inspections by the local fire authority, Health Department, and/or other local agencies.

After all application requirements have been met and all required inspections have been passed, the OCC Regional Licensing Office will issue a certificate of registration to you.

All registered family day care homes are initially authorized to operate for a period of two years. At the end of that period, a continuing (i.e., non-expiring) registration may be issued that continues in effect until it is surrendered, suspended, or revoked. A non-expiring registration may also be placed on conditional (i.e., probationary) status if the family day care provider does not comply with certain State requirements. If failure to comply continues, the provider's registration may be suspended or revoked.

All registered family day care homes receive an unannounced "drop in" visit annually to determine if child health and safety requirements are being met.

Resources

As soon as you receive your certificate of registration, you are ready to open your family child care home for business! **The following are some resources you may wish to use to help get your business started:**

- [Maryland Child Care Resource Network](#) -- A statewide network of agencies that provide resource and referral services to parents to help them find child care and that also provide training and support services to potential and current child care providers.
- [The Family Day Care Provider Grant Program](#) -- Administered by OCC, this program reimburses registered providers who meet income eligibility requirements for up to \$500 in expenditures related to achieving or maintaining compliance with family child care regulations.

Child and Adult Care Food Program

The [Child and Adult Care Food Program](#) is funded by the U.S. Department of Agriculture and administered in Maryland by MSDE's School and Community Nutrition Programs Branch. The program provides child care food subsidies for low-income families. Child care centers that participate in the program are eligible to receive reimbursement for program food costs.

Where to find forms and other resource information.

Samples of the application and other forms needed to apply for a Family Child Care Registration may be found in this packet on pages 11-23.

All forms are located on our website at

http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms

For other resource information, you may click on “Resource Documents” in the right margin.

Instructions for Completing the Application for Family Child Care

Begin at SECTION II – Provider and Co-Provider Applicants

Check “*First Registration Applicant*” if you have never been a registered family child care provider in Maryland, or you have previously been a registered family child care provider, but you have been closed more than 6 months. Check the second box if you are applying to be a “*Co-provider*”. A Co-provider is an individual who desires to partner with the provider to provide child care and wants to enjoy all rights and privileges as the provider. The co-provider must meet all qualifications as the provider. The Co-provider may care for the children in the absence of the provider, but only at the provider’s home.

Question 1. Please list your legal name. Last name should be written first. Nicknames will not be accepted. If you have had any other names such as former married names or names that were legally changed, those names must be listed in the space provided directly under question 1. Your social security number must be listed. To hold a family child care registration in Maryland, the provider and co-provider must each have a valid social security number.

You may obtain a tax ID number, also known as an Employee Identification Number or EIN. An EIN may be obtained through the Internal Revenue Service (IRS). Many parents claim child care expenses on their yearly taxes. Some providers prefer to give parents their EIN instead of their social security number.

Question 2. Please be sure to list your email address. If you do not have one, please get one as soon as possible.

Question 3. Your address is listed here. A family child care registration may only be issued for your residence. Your home telephone number must be listed. It may be a landline number or a cell phone number, whichever is the most convenient way to reach you.

The Provider Only - Check whether you are a homeowner, renter, or other and the year the property was built. If you are a renter and the property was build prior to 1978, you must get a Lead Risk Reduction Certificate or a Lead Free Certificate from your landlord.

Question 4. If you are currently working, check “*Yes*” if you can receive calls at work. The Office may need to contact you to discuss your application and to schedule the initial inspection at the provider’s home. If you cannot receive calls at work, check “*No*”.

CO-PROVDERS STOP HERE AND PROCEED TO SECTIONS III AND IV. PROVIDERS PROCEED TO QUESTION 5

Question 5. If the family child care home is located in a condominium or a residence that requires Homeowner’s Association membership, documentation of \$300,000 in child care liability insurance must be submitted to the office. If you have a private well, check “*Private*”, if not, check “*Public*”. Also check the type of sewage disposal. With private sewage disposal, you have a septic tank.

Question 6. List all children under the age of 18 living in your home. Please make sure that you list full legal names. Nicknames will not be accepted. If they have a social security number, please list it in the appropriate spot as well as their date of birth. Under relationship, list their relationship to you, such as, daughter, father, cousin, etc. Their race should also be listed.

Question 7. List all individuals 18 years old or older living in the home. List full legal names only. Nicknames will not be accepted. If they have a social security number, please list it in the appropriate spot as well as their date of birth. Under relationship, list their relationship to you. Examples include son, daughter, father, cousin, roommate, etc. Their race and marital status should also be listed.

Question 8. Check “Yes” if you are currently a child/adult foster care provider, or if you are applying to become one. “Yes” answers will require other documents from the Foster Care Agency. The contact person is the person that oversees your case, often referred to as a caseworker or social worker.

Question 9. Check “Yes” if you or anyone living in the family child care home has ever been charged with any crime, received probation before judgement or received a not criminally responsible disposition. If not, check “No”. If you check “Yes”, thoroughly explain what happened in the space provided. Use additional paper if needed. If you answer “Yes”, you will receive additional instructions from the Office about the court documents that must be submitted pertaining to incident(s) that you explained. The Office strongly recommends that you discuss, with your household members, their criminal history.

Question 10. Check “Yes” if you or any other people living in the home are awaiting trial for a criminal charge. If not, check “No”. If you check “Yes”, thoroughly explain what happened in the space provided. Use additional paper if needed. If you answer “Yes”, you will receive additional instructions from the Office about the court documents that must be submitted pertaining to the charges(s) that you explained. The Office strongly recommends that you discuss, with your household members, their criminal history.

Question 11. Check “Yes” if you or any other people living in the home have ever been reported for child or adult abuse or neglect. If not, check “No”. If you answer “Yes”, please thoroughly explain what happened in the space provided. Use additional paper if needed. The Office strongly recommends that you discuss, with your household members, their child and adult abuse and neglect investigations.

Question 12. If you have ever been licensed or applied to become licensed, registered or certified to provide childcare in any other county, state, or federal jurisdiction, check “Yes”, if not check “No”. If you check “Yes”, please list when and where in the spaces provided.

Question 13. If you have ever had a license, registration, or certification to provide any type of child care, denied, suspended or revoked, check “Yes”, if not, check “No”. If “Yes”, document when, where and give a brief explanation. For “Yes” answers, the Office may request documentation from the agency that denied, suspended or revoked your license, registration or certification.

SECTION III – TO BE COMPLETED BY THE CO-PROVIDER ONLY

Question 1. Check “Yes” if you have ever been charged with any crime, received probation before judgement or received a not criminally responsible disposition. If not, check “No”. If you check “Yes”, thoroughly explain what happened in the space provided. Use additional paper if needed. If you answer “Yes”, you will receive additional instructions from the Office about the court documents that must be submitted pertaining to incident(s) that you explained. The

Question 2. Check “Yes” if you are awaiting trial for a criminal charge. If not, check “No”. If you check “Yes”, thoroughly explain what happened in the space provided. Use additional paper if needed. If you answer “Yes”, you will receive additional instructions from the Office about the court documents that must be submitted pertaining to the charges(s) that you explained.

Question 3. Check “Yes” if you have ever been reported for child or adult abuse or neglect. If not, check “No”. If you answer “Yes”, please thoroughly explain what happened in the space provided. Use additional paper if needed.

Question 4. If you have ever been licensed or applied to become licensed, registered or certified to provide childcare in any other county, state, or federal jurisdiction, check “Yes”, if not check “No”. If you check “Yes”, please list when and where in the space provided.

Question 5. If you have ever had a license, registration, or certification to provide any type of child care, denied, suspended or revoked, check “Yes”, if not, check “No”. If “Yes”, document when, where and give a brief explanation. For “Yes” answers, the Office may request documentation from the agency that denied, suspended or revoked your license, registration or certification.

SECTION IV – TO BE COMPLETED BY PROVIDER AND CO-PROVIDER

This is the last page of the application. Please read, sign and date at the bottom of page. By doing so, you are affirming that you have read the regulations 13A.15 Family Child Care and that you agree to abide by those regulations.

The Office of Child Care (OCC) distributes a mailing list of family child care providers that includes provider’s name, full address, and telephone number. Under State Government Article 10-617 H (5) Public Information, you will need to check one of the four statements listed that best describes your mailing and referral list preferences. The referral list is a database that parents use in locating child care. The database can be accessed through the internet at www.mdchildcare.org or by calling Child Locate.

The mailing list includes mailing from OCC and your local resource and referral agency. OCC and the Resource and Referral Agencies mail newsletters on important regulation changes, information on training and any other information that may affect the provider community.

Regional Offices of Child Care

All regulatory activity is conducted through 13 regional offices throughout Maryland. Please contact the regional office that licenses and registers child care facilities in the county where you desire to provide child care.

Region #	County	Telephone #
Region 1	Anne Arundel	410-514-7850
Region 2	Baltimore City	410-554-8300
Region 3	Baltimore	410-583-6200
Region 4	Prince George's	301-333-6900
Region 5	Montgomery	240-314-1400
Region 6	Howard	410-750-8779
Region 7	Washington Garrett Allegany	301-791-4585
Region 8	Caroline Dorchester Kent Queen Anne's Talbot	410-819-5801
Region 9	Somerset Wicomico Worcester	410-713-3430
Region 10	Calvert Charles St. Mary's	301-475-3770
Region 11	Harford Cecil	410-569-2879
Region 12	Frederick	301-696-9766
Region 13	Carroll	410-549-6489

Licensing staff will be pleased to assist you!

Paula Johnson, Chief of the Licensing Branch may be reached via:

Email: paulad.johnson@maryland.gov **or Phone:** 410-569-8071

APPLICATION FOR FAMILY CHILD CARE REGISTRATION **CHECKLIST**

The applicant must submit the following information to the Office of Child Care (OCC) before the application can be considered complete. *(Check appropriate column for each listed item.)*

	Submitted	N/A
A. Application for Family Child Care Registration (OCC 1230)	<input type="checkbox"/>	<input type="checkbox"/>
B. Provider Information and Plan of Operation (OCC 1267)	<input type="checkbox"/>	<input type="checkbox"/>
C. Applicant's Pre-Service Training Documents:		
1. First Aid/CPR <i>(current and appropriate for each age group approved for care)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency and Disaster Planning	<input type="checkbox"/>	<input type="checkbox"/>
3. Medication Administration <i>(effective Jan 1, 2016)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Americans with Disabilities Act (ADA) <i>(effective Jan 1, 2016)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. At least one of the following:		
a. 24 clock hours of approved training - 4 clock hours in each of the 6 core of knowledge competencies (OCC 101)	<input type="checkbox"/>	<input type="checkbox"/>
b. 90 Clock hour course;	<input type="checkbox"/>	<input type="checkbox"/>
c. Department of Defense Modules for Child Care Providers;	<input type="checkbox"/>	<input type="checkbox"/>
d. Child Development Associate Credential (CDA)	<input type="checkbox"/>	<input type="checkbox"/>
e. Associate Degree that includes 15 semester hours of early childhood or elementary education coursework;	<input type="checkbox"/>	<input type="checkbox"/>
f. Bachelor's or higher degree in early childhood education, elementary education or other discipline approved by the Office; or	<input type="checkbox"/>	<input type="checkbox"/>
g. Other coursework approved by the Office and	<input type="checkbox"/>	<input type="checkbox"/>
<i>If planning to care for 1-4 children under the age of 2 years:</i>		
6. Sudden Infant Death Syndrome (SIDS) <i>(taken within last 5 years)</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Supporting Breastfeeding Practices <i>effective Jan1, 2016) and</i>		
<i>If planning to care for 3-4 children under the age of 2 years you must also include:</i>		
8. Three (3) semester hours or 45 clock hours of approved training related to the care of children younger than 2 years old.	<input type="checkbox"/>	<input type="checkbox"/>
D. Substitute Form(s) (OCC 1229) <i>(to include Additional Adult's substitute, if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
E. Additional Adult Application (OCC 1275) and documents to meet Training Requirements: Current CPR/First Aid for children younger than 2 years SIDS (within past 5 years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F. Release of Information (OCC 1260)		
1. Applicant and each resident 18 years old or older	<input type="checkbox"/>	<input type="checkbox"/>
2. Additional Adult	<input type="checkbox"/>	<input type="checkbox"/>
3. Substitute(s) <i>to include Additional Adult's substitute, if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Others with regular access to child care area during approved hours of operation	<input type="checkbox"/>	<input type="checkbox"/>
G. Medical Reports (OCC 1204)		
1. Applicant and all residents	<input type="checkbox"/>	<input type="checkbox"/>
2. Additional Adult	<input type="checkbox"/>	<input type="checkbox"/>
H. Evidence of Compliance with Local Building and Zoning Codes <i>(U&O Permit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
I. Evidence of Lead Safe Environment <i>(Certificate for Pre 1978 Rental Property)</i>	<input type="checkbox"/>	<input type="checkbox"/>
J. Homeowners Liability Insurance <i>(if home located in area which requires Homeowner Association Membership)</i>	<input type="checkbox"/>	<input type="checkbox"/>
K. Private Sewage & Water Inspection Results	<input type="checkbox"/>	<input type="checkbox"/>
L. Environmental Health Survey (OCC 1268)	<input type="checkbox"/>	<input type="checkbox"/>
M. Fire Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
N. Emergency Escape Plan (OCC 1261)	<input type="checkbox"/>	<input type="checkbox"/>
O. Program Plan <i>(Schedule of Activities)</i>	<input type="checkbox"/>	<input type="checkbox"/>
P. Discipline Policy	<input type="checkbox"/>	<input type="checkbox"/>
Q. Menu Plan for 4 Weeks (OCC 1218)	<input type="checkbox"/>	<input type="checkbox"/>
R. Rabies Certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>
S. Swimming Pool Certificate	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: The applicant, residents 18 years or older, and all paid individuals ages 14 years or older, must get Criminal Background Checks.

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
MEDICAL REPORT FOR CHILD CARE

Name of Person being evaluated: _____ **Date of Birth:** _____

Name of Child Care Applicant/Provider/Facility: _____

Address of Facility: _____

Dear Health Practitioner:

The person to be evaluated either provides (or plans to provide) child care services or lives in a home where family child care is (or will be) given.

1) **RESTRICTED OR REQUIRE SPECIAL CONDITIONS** from contact with children in care due to having any of the following:

a) Communicable disease: _____

b) Chronic medical condition or physical impairment: _____

c) Vision/Hearing/Speech Disorder: _____

d) Nervous or Emotional Disorder: _____

e) Drug or Alcohol Abuse: _____

f) Immunization status: _____

2) Tuberculosis Screening: (if needed or required by the Local Health Officer.)

Type of test: _____ Results: _____ Date: _____

Answer question 3 if the person being evaluated provides (or plans to provide) child care services:

Persons who provide child care services must be able to participate fully in a program for active young children. This includes lifting infants and young children, getting up and down from the floor, lively outdoor activities, and moving furniture. It may also include transporting children in a motor vehicle.

3) Describe medical limitation(s) or medication(s) the person is taking, that may impair the person's ability to perform care-related activities, such as the ones noted above.

Signature of Physician, CNP, RPA

Date

Phone Number

STAMP, PRINT, OR TYPE: Name and Address of Physician, Certified Nurse Practitioner, Registered Physician's Assistant.

Maryland State Department of Education
Division of Early Childhood Development – Office of Child Care

MENU PLAN

Week of _____ Year _____

¹ Juice may not be served when milk is the only other component served at snack.

² MSDE recommends children over age two receive low-fat (1%) or fat-free (skim) milk.

MEAL REQUIREMENTS	PORTION SIZES			MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Age 1-2	Age 3-5	Age 6-12							
BREAKFAST										
Fluid Milk	½ cup	¾ cup ²	1 cup ²							
Fruit OR vegetable	¼ cup	½ cup	½ cup							
Bread OR bread alternate OR cereal	½ slice ¼ cup	½ slice 1/3 cup	1 slice ¾ cup							
SNACK-Choose 2										
Fluid Milk ¹	½ cup	½ cup ²	1 cup ²							
Fruit OR vegetable	½ cup	½ cup	¾ cup							
Bread OR bread alternate OR cereal	½ slice ¼ cup	½ slice 1/3 cup	1 slice ¾ cup							
Meat or meat alternate	½ oz	½ oz	1 oz							
LUNCH or SUPPER										
Fluid Milk	½ cup	¾ cup ²	1 cup ²							
Meat/poultry/fish OR	1 oz	1 ½ oz	2 oz							
Cheese OR	1 oz	1 ½ oz	2 oz							
Large egg OR	½	¾	One							
Peanut butter OR	2 tbsp	3 tbsp	4 tbsp							
Dried beans & peas OR	¼ cup	¾ cup	½ cup							
Yogurt	½ cup	¾ cup	1 cup							
2 different fruits OR 2 different vegetables OR 1 fruit and 1 vegetable	¼ cup	½ cup	¾ cup							
Bread OR bread alternate, OR pasta OR rice	½ slice ¼ cup	½ slice ¼ cup	1 slice ½ cup							

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

SUBSTITUTE FORM

Name of Substitute: _____
(First, Middle, Maiden, and Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Social Security #: _____ Date of Birth: _____

Relationship to the Provider (i.e. spouse, parent, child, sibling, etc.): _____

I have agreed to serve as a substitute for:

Provider's name: _____

Provider's address: _____

City: _____ State: _____ Zip Code: _____

	YES	NO
I will receive payment for substituting. If yes, must apply for Federal and State criminal background checks.		
I am at least 18 years of age and physically and mentally capable of providing care for children.		
I have read the family day care regulations and agree to follow them. (Regulation website is: http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/regulat)		
I agree to be ready to substitute at the provider's address during the child care hours.		

I understand that a substitute cannot be used as a substitute for more than 20 days in any 12-month period. A day counts only when the substitute gives care for more than 2 hours. The Office of Child Care (OCC) must approve, in advance, the use of more than 20 substitute days in a 12-month period.

I understand that OCC will complete a child and adult abuse and neglect check on me, which requires the completion of a notarized release of information form. I understand that I cannot be used as a substitute until OCC completes the required clearances for my approval.

I understand that the provider shall inform me about matters pertinent to the health and safety or welfare of children in care.

I certify that the information on this form is correct and true.

Signature: _____

Date: _____

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care
APPLICATION FOR FAMILY CHILD CARE REGISTRATION

SECTION I

(To Be Completed By Regional Office)

OCC Region#: _____ Jurisdiction: _____ CCATS Provider ID#: _____ 1st Orientation Date: _____

SECTION II

(To Be Completed By Applicant)

I am applying as a : (check one)

First Registration Applicant

Co-Provider Applicant With: _____
Provider's Name

Provider's Address

1. Applicant's Name: _____
Last First Middle Maiden

If you have had any other names, please list: _____

Social Security #: _____ Tax ID # (If applicable): _____

2. Personal Identifying Data (**NEEDED FOR CLEARANCE**)

(a) Race (check all that apply): American Indian or Alaskan Native Asian Black or African-American
 Native Hawaiian or Pacific Islander White Other (specify): _____

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

(b) Marital Status: Single Married Widowed Separated Divorced

(c) Primary Spoken Language: _____ (d) Date of Birth: _____ (e) Sex: Male Female

(f) E-mail address: _____

3. Applicant's Residence: _____ County: _____

City: _____ State: _____ Zip Code: _____ Apartment #: _____

Development (If applicable): _____ Residence Telephone #: (_____) _____

Status: Homeowner Renter Other Year Property Built _____ Lead Risk Reduction Certificate
 Lead Free Certificate

If OTHER, please explain: _____

4. If currently working, can you receive calls at work? YES NO

If YES, give your work telephone number: _____

IF APPLYING AS CO-PROVIDER STOP HERE AND PROCEED TO SECTIONS III AND IV

SECTION II (Continued)

9. Have you or any other persons living in your residence **ever been convicted of any criminal charge, or received a probation before judgment disposition, or received a not criminally responsible disposition?** YES NO

If YES, explain: _____

10. Are you or any other persons living in your residence **awaiting trial on any criminal charge?** YES NO

If YES, explain: _____

11. Have you or any other persons living in your residence **ever been reported for child or adult abuse or neglect?** YES NO

If YES, explain: _____

12. Have you ever been licensed, or have you applied to become licensed, registered or certified to provide child care in **any other county, state, or federal jurisdiction?** YES NO *If YES, state when and where:* _____

13. Have you ever had a license, registration or certification for **any** type of care **denied, suspended or revoked?** YES NO

If YES, document when, where, and give a brief explanation: _____

SECTION III
TO BE COMPLETED BY CO-PROVIDER ONLY

1. Have you **ever been convicted of any criminal charge, or received a probation before judgment disposition, or received a not criminally responsible disposition?** YES NO

2. Are you **awaiting trial on any criminal charge?** YES NO

3. Have you **ever been reported for child abuse or neglect?** YES NO

4. Have you ever been licensed, or have you applied to become licensed, registered or certified to provide child care **in any other county, state, or federal jurisdiction?** YES NO

If YES, state when and where: _____

5. Have you ever had a license, registration, or certification for **any** type of care **denied, suspended or revoked?** YES NO

If YES, document when, where, and give a brief explanation: _____

If you answered "YES" to questions 1, 2, or 3, please explain. (add additional sheets if necessary): _____

----- SECTION IV -----
(To Be Completed by Applicant)

APPLICANT'S STATEMENT

I understand the regulations can be viewed and printed from the following website:

http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/regulat

I have read the regulations for family child care registration, COMAR 13A.14.01. If I am registered, I agree to abide by those regulations, which include (but are not limited to) the following requirements:

- a. Display the registration certificate in a conspicuous place;
- b. Maintain my assigned capacity;
- c. Provide supervision to the children in care at all times as required by family child care regulations;
- d. Report to the appropriate authorities all suspected cases of child abuse and neglect;
- e. Report to the Office of Child Care (OCC) all serious injuries and deaths involving children in my care;
- f. Post emergency information;
- g. Cooperate in any investigation regarding my application or registration;
- h. Permit unannounced visits by the OCC;
- i. Maintain all records required by the regulations;
- j. Give the Consumer Education Pamphlet to each parent of a child enrolled in my care;
- k. Execute a written agreement with each parent; and
- l. Report to the OCC all changes which might affect the status of the registration.

The OCC distributes a mailing list of family child care providers that includes provider's name, full address, and telephone number. Under State Government Article § 10-617H (5) (Public Information"): "A custodian who sells lists of licenses shall omit from the lists the name of any licensee, on written request of the licensee."

Please check one of the following:

- Please keep my name on both the referral list and the mailing list.
- Please keep my name on the mailing list, but remove it from the referral list.
- Please keep my name on the referral list, but remove it from the mailing list. *
- Please remove my name from both the referral list and the mailing list. *

***NOTE the following:**

(1) *By removing your name from the mailing list, you may lose the opportunity to receive information concerning continued training and other mailings related to child care.*

(2) *By removing your name from the referral list, you may lose the opportunity to have parents referred to your program by the Office of Child Care and local Child Care Resource and Referral Centers.*

I understand that I must submit all documents required by the OCC to the Regional Office before my application can be approved. The information I have given on this entire application form and on all other required application documents is true, correct, and complete to the best of my knowledge.

Signature

Date

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
RELEASE OF INFORMATION – Child Care

Child Care regulations require signed and notarized permission to examine records of child and adult abuse and neglect for information about:

- 1) The applicant/operator (if the applicant/operator is an individual) or family day care provider;
- 2) Each child care center employee or staff member;
- 3) Each adult, 18 years old or older, living on the premises of the child care facility or applicant;
- 4) Each family day care substitute;
- 5) Each family day care additional adult;
- 6) Each trustee, manager, and board member, who may have frequent contact with children in care, if the applicant/operator is a corporation, agency, association, or other organizational entity; and
- 7) Any other individual identified by the Office.

STATEMENT OF PERMISSION

I hereby authorize the Local Department of Social Services (DSS) to release to the Office of Child Care (OCC) any files or records of child and adult abuse or neglect in order to help OCC:

- Evaluate my suitability for employment in or by a child care center, **or**
- Determine whether to approve the issuance or maintenance of an initial or continuing license, letter of compliance or registration for: _____, located at:
(Name of Applicant/Operator, or Licensed, Letter of Compliance or Registered Child Care Facility)

Street Town/City State Zip Code

Furthermore, I understand that the information obtained by OCC from the State or Local Department of Social Services may provide grounds for OCC to:

- Prohibit or require termination of my employment at the child care center, **or**
- Deny, suspend, or revoke the license, letter of compliance, registration or application of the Child Care Center, Family Child Care Provider or Applicant/Operator named above.

Print Name First Middle Maiden Last **Other Names Used**

Address: Street City State Zip Code

Telephone Number **Social Security Number** **Date of Birth** **Position: Employee, Resident, Substitute, Volunteer, etc.**

Male Female Primary Language Spoken: _____

Race (check all that apply): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White Other (specify): _____ **Ethnicity:** Hispanic or Latino Non-Hispanic or Latino

If I am not the Applicant/Operator or Provider, I authorize OCC to release this information to an authorized representative of the Child Care Center, or to the Family Child Care Provider or the Applicant/Operator.

Signature **Date**

Notary Signature **My commission Expires:** _____

Background Clearance Findings (for OCC use only) **Person Conducted Search** _____ **Date:** _____

- 1. The individual whose name(s) being searched is NOT identified in the Central Registry as being responsible for abuse or neglect.
- 2. Based on the information provided by Local Department of Social Services, we have determined that _____ is listed in the Central Registry as being responsible for an Indicated/ Unsubstantiated disposition of Abuse/ Neglect in reference to an investigation conducted in _____.
- 3. Summary (181) Received from Local Department of Social Services on _____

EMERGENCY ESCAPE PLAN

INSTRUCTIONS:

1. Draw a simple diagram of your entire home in the space below.
2. Name each area and room used for child care.
3. Show the use of each area (such as napping, eating, playing, off-limits, etc.).
4. Show two exits from each area (such as window or door).
5. Show a meeting place.

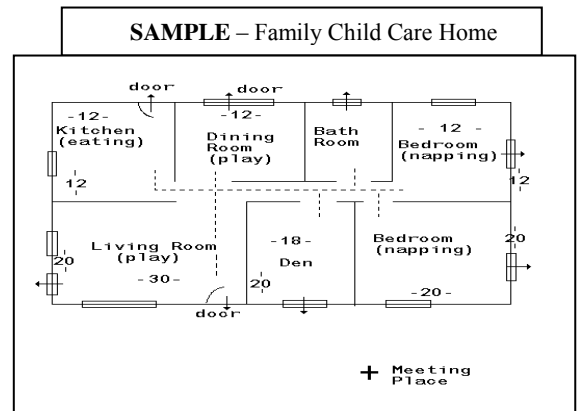
Emergency Escape Plan For:

Name: _____

Address: _____

Telephone Number: _____

POST THIS PLAN IN THE CHILD CARE AREA.



MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
PROVIDER INFORMATION AND PLAN OF OPERATION

For Initial/Resumption
of
Service Registration
and Changes **ONLY**

Name of Applicant: _____
Name of Facility (if different from applicant's name): _____
Address: _____
City/Town: _____ Zip Code: _____ Telephone #: _____

1. Days of Operation: Monday – Friday Saturday Sunday
2. Hours of Operation: Days (6am-6pm) Evenings (6pm-12am)
 Overnight (12am-6am) (a separate Overnight Care Plan is required)
3. Food Services: Meals Snacks Meals and Snacks None

4. Local Public Elementary School in your district: _____

5. Outdoor areas on premises or near the home which will be routinely used by children in care.
(Example: back yard and patio, elementary school playground, (specify) local park (specify), etc.)

6. Identify type(s) of pet(s) in the home (i.e., dog, cat, bird, reptiles, etc.) Rabies documentation is required for all cats and dogs.

7. a) Identify bodies of water on or near your property (i.e., pools, spas, streams, fish ponds, etc.)

b) Identify any body of water you plan to use for child care activities.

OCC 1267 – Revised 6/08 - All previous editions are obsolete and replaces OCC 1473.

**MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
ENVIRONMENTAL HEALTH SURVEY**

THIS SECTION TO BE COMPLETED BY THE APPLICANT							
Name of Provider/Facility:							
Address of Provider/Facility:		<hr/> <hr/> <hr/>					
Phone Number:							
County:							
Number living in Family Child Care Home: (do not include provider's own children under 6 years of age)							
Requested Capacity: (maximum number of children at any time including provider's own children under 6 years of age)							
Water Supply:	PUBLIC	PRIVATE		Sewage Disposal:	PUBLIC	PRIVATE	

THIS SECTION TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT

Findings:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">In Compliance</th> <th style="width: 50%;">Not in Compliance</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;">Water Supply:</td> <td></td> </tr> <tr> <td style="height: 30px;">Sewage Disposal:</td> <td></td> </tr> </tbody> </table>	In Compliance	Not in Compliance	Water Supply:		Sewage Disposal:	
In Compliance	Not in Compliance							
Water Supply:								
Sewage Disposal:								

- Recommendation:
- License/Register
 - License/Register with plan to correct
 - Do not License/Register
 - Emergency Suspension because of imminent risk to children

Comments: _____

 Health Department Inspector Signature Date Health Officer Representative Signature Date

Return completed form to: _____ **by:** _____

OCC 1268 (Revised 7/05) All previous editions are obsolete.

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

ADDITIONAL ADULT APPLICATION
APPLICATION FOR APPROVAL OF THREE OR FOUR INFANTS/TODDLERS

1. Applying as an Additional Adult for:

Name of Registered Family Child Care Provider: _____

Address of Registered Home: _____ Apt. #: _____

City/Town: _____ Zip Code: _____ Phone #: _____

2. Name: _____
Last First Middle Maiden

If you have had any other names, please list them: _____

Female Male Social Security #: _____ Date of Birth: _____

3. Home Address: _____ Apt. #: _____

City/Town: _____ State: _____ Zip Code: _____

Phone #: _____ E-mail address: _____

Mailing Address (if different from home address): _____

4. If currently working, can you receive calls at work? Yes No

If Yes, give your work telephone number: _____

5. Have you ever been convicted of any criminal charge, or are you awaiting trial on any criminal

charge? Yes No If Yes, explain: _____

6. Have you ever been reported for child or adult abuse or neglect? Yes No

If Yes, explain: _____

7. Are you currently or have you ever been licensed, registered, or certified to provide child care in any other county or state? Yes No If Yes, give name of county and state and dates of license or registration: _____

8. Have you ever had a license, registration or certification for any type of care denied, suspended, or revoked? Yes No If Yes, document when, where, and give a brief explanation: _____

APPLICANT'S STATEMENT

I understand that I must submit all documents required by the Office of Child Care (OCC) to the OCC Regional Office before my application can be approved.

I understand the regulations can be viewed and printed from the following website:

http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/regulat

I have read the Family Child Care Regulations (COMAR 13A.15.01-.15). If my application to serve as an Additional Adult is approved, I agree to abide by those regulations, which include (but are not limited to) the following requirements.

- a. To cooperate in any investigation regarding my application;
- b. To report all suspected cases of child abuse and neglect to the appropriate authorities;
- c. To maintain records required by the regulations;
- d. To permit unannounced visits by the Office of Child Care;
- e. To supervise all children in care as required by Family Child Care Regulations.

The information I have given on this entire application form and on all other required application documents is true, correct, and complete to the best of my knowledge.

Signature

Date