

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

**CHILD CARE FACILITY
APPLICATION FOR LICENSE/LETTER OF COMPLIANCE**

INSTRUCTIONS	<ul style="list-style-type: none"> • This form may be used to apply for a Child Care Center License or a Letter of Compliance. • Please type or print. • Submit to the Regional Office of Child Care (OCC) that regulates child care in the county where the facility will be located.
---------------------	---

ORGANIZATIONAL STRUCTURE	The operator is applying for a (check only one): <input type="checkbox"/> License <input type="checkbox"/> Letter of Compliance	
	Which of the following designations describes the status of the Operator? (check ALL that apply)	
	<input type="checkbox"/>	Private Non-Profit An organization incorporated under Maryland tax law as a non-profit corporation.* Submit letter of tax-exempt status. Tax-exempt #: _____ Submit copy of Articles of Incorporation.
	<input type="checkbox"/>	Proprietary An individual or partnership.* An unincorporated private for-profit organization. A private for-profit corporation.* If incorporated, submit copy of Articles of Incorporation.
	<input type="checkbox"/>	Public An agency entirely funded by federal, state, county, municipal funds, or any combination of public funds. If incorporated, submit copy of Articles of Incorporation.
	<input type="checkbox"/>	Religious Organization The Operator named above is a tax-exempt religious organization. Submit copy of IRS Letter of Determination stating tax-exempt status.
	<input type="checkbox"/>	Exempt School There is also on the premises a school operated by a tax-exempt religious organization that is exempt from approval under Article 2-206(e)(4), Annotated Code of Maryland for levels/grades _____. Submit MSDE Letter of Exemption.
<input type="checkbox"/>	Approved School The Operator named above also conducts a non-public school approved by the Maryland State Department of Education for levels/grades _____. Submit MSDE Certificate of Approval.	
<input type="checkbox"/>	Montessori School The Operator named above also conducts a nonpublic school certified by a Montessori Validating organization. Submit Certificate of Validation	
* Complete attached list of corporate or partnership members on Page 4.		

FACILITY	Name of Facility:	Telephone #:
	Address:	e-mail Address:
	City/County:	State:

OPERATOR	<i>Name of Person, Organization, Corporation, or Representative to be named as the operator responsible for the total operation of the facility and responsible for compliance with all regulations:</i>	
	Name:	Tax ID /EIN / or SSN #: (as applicable)
	Address of Operator: <i>(If different from facility's)</i>	Telephone #:
	Name of Representative who will serve as agent for operator:	e-mail:
		Telephone #:
Mailing Address: <i>(If different from facility's)</i>	e-mail:	

PROPOSED OPENING DATE _____

I request that this application be evaluated in order that the facility named above may be licensed to provide services as follows:

Specify Days of Operation	Specify Hours of Operation	Specify Months of Operation

Type of Care: (Check ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> INFANT (6 weeks through 17 months old) | <input type="checkbox"/> SPECIAL CARE FACILITY (Acutely Ill Children) |
| <input type="checkbox"/> TODDLER (18 through 23 months old) | <input type="checkbox"/> NURSERY SCHOOL (Religious Exempt) |
| <input type="checkbox"/> PRESCHOOL (2 through 5 years old) | <input type="checkbox"/> NURSERY SCHOOL INSTRUCTIONAL PROGRAM |
| <input type="checkbox"/> SCHOOL-AGE (Grades K - Middle School) | |
| <input type="checkbox"/> ADOLESCENT (Middle/Junior High School) | |
| <input type="checkbox"/> DROP-IN (exclusively) | |

PROPOSED CAPACITY

Capacity is established by the OCC regional office based on available space, staff, equipment, and sanitary facilities. The capacity at opening may be set lower than what the building can accommodate, but the capacity may be increased as staff and equipment are added. It is important to have the building approved by the local jurisdiction for the maximum number of children.

Total planned capacity: _____ Proposed capacity at opening: _____

PROPOSED BUILDING

1. Will the facility be housed in an existing building? YES NO
 If YES, describe the building's previous and/or current use: _____
 Date of construction (if existing building): _____
2. Is the building now or will it become a multi-use building? YES NO
 If YES, describe all other uses: _____
3. Type of construction: Brick/Masonry Reinforced Concrete
 Structural Steel Wood Frame
4. Type of Heating System: Electric Boiler (inspection report required)
 Natural Gas Heat pump
 Oil Other (specify) _____
5. Type of Heating Source: Forced Air Radiators
 Other (specify) _____
6. Type of water supply: Public Private
7. Type of sewage disposal: Public Private
8. If existing building, will any alterations or additions be made to the building's structure? YES NO
 If YES, describe: _____

PROPOSED BUILDING: (Continued)

9. List all permits that will be obtained from local jurisdiction (*building, alteration, plumbing, etc.*): _____

10. Is there a swimming pool on the premises? YES NO
If YES, describe: _____

Has this pool been inspected by the local jurisdiction? YES NO
Is the pool to be used by children in care at the facility? YES NO

PROPOSED FOOD SERVICE

1. Type of Food Service: Carried Lunch Catered
 Lunch prepared at Facility Snacks prepared at Facility
 Other, explain: _____

2. If a kitchen currently exists, describe existing equipment and fixtures: _____

I hereby verify that all information provided on this application and in all accompanying documentation is true and accurate to the best of my knowledge and belief. I understand that reporting false information may be grounds for denial or revocation of a license or letter of compliance.

Signature of Operator or Representative

Title

Date

COMAR 13A.16.02 and 13A.17.02 require that a signed and notarized Release of Information (OCC 1260), giving permission to examine records of child and adult abuse and neglect, be submitted for: the applicant/Operator (if the applicant/Operator is an individual), each adult living on the same premises as the child care facility, and trustees, managers, or board members of corporations, agencies, associations, or other organizational entities who have frequent contact with children in care.

Is the applicant an individual? YES NO **OPTIONAL:** If YES, what is the race/ethnicity of the applicant (check all that apply)?

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White Other _____
 Hispanic Latino Non-Hispanic Non-Latino

Please list all persons, 18 years old or older, who live on the same premises as the child care facility:

FULL NAME	AGE	FULL NAME	AGE

Is the applicant an entity having corporate or partnership members? YES NO If YES, please list the corporate or partnership members below:

FULL NAME OF CORPORATE OR PARTNERSHIP MEMBER	TITLE	ADDRESS	FREQUENT CONTACT WITH CHILDREN IN CARE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature and Title of Operator or Representative

Date