MARYLAND STATE DEPARTMENT OF EDUCATION Office of Child Care

NOTICE OF INTENT TO OPERATE A NEW CHILD CARE FACILITY

Complete all information and submit to the Office of Child Care (OCC).

If available, please attach a site plan and a floor plan of the facility. The purpose of submitting plans to the OCC prior to construction or changes being made is to allow the OCC time to review the plans and to provide consultation and recommendations.

	Street					
	City		County	Zip Code		
NAME OF OPERAT	OR:					
CONTACT PERSON	[:					
	Name		Telephone Number	Email Address		
ADDRESS:	Street	City	State	Zip Code		
PROPOSED OPENIN	NG DATE:					
PROPOSED BUILD	DING					
1. Will the facility be	Will the facility be housed in an existing building? \Box YES \Box NO					
If YES, describe the	e building's previous and/	or current use:				
Date of construction	Date of construction (if existing building):					
2. If existing building	If existing building, will any alterations or additions be made to the building's structure? \Box YES \Box					
If YES, describe: _	If YES, describe:					
	List all permits that will be obtained from local jurisdiction (building, plumbing, zoning, etc.):					
3. List all permits that	t will be obtained from lo	5		<i>ic.)</i>		
	ulti-use building?					
4. Is the building a m		YES 🗆 NO				
4. Is the building a m	ulti-use building?	YES 🗆 NO				
4. Is the building a m If YES, describe all	ulti-use building?	YES 🗆 NO				
 Is the building a m If YES, describe all Is the building heat 	ulti-use building? i other uses: ted by a Boiler? i Y oly: Public	YES 🗆 NO				
 Is the building a m If YES, describe all Is the building heat Type of water supp Type of sewage dis 	ulti-use building? i other uses: ted by a Boiler? i Y oly: Public	YES INO YES NO Well wate Septic				
 Is the building a multiplication of the second secon	ulti-use building? i other uses:	YES INO YES NO Well wate Septic YES I	er			
 Is the building a milif YES, describe all Is the building heat Type of water supp Type of sewage dis Is there a swimmin If YES, describe: 	ulti-use building? ````````````````````````````````````	YES 🗆 NO YES 🗆 NO 🗆 Well wate 🗆 Septic 🗆 YES 💷	er			

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PROPOSED SCOPE OF SERVICE

1.	Months of Operation:					
2.	Days of Operation:					
3.	Hours of Operation:					
4.	Ages to be served (be specific):					
5.	Capacity: (Note: Capacity is established by the OCC based on available space, staff, equipment, and sanitary facilities. It is beneficial to have the building approved by the local jurisdiction (zoning, U&O, fire) for the maximum number of children.)					
Total planned capacity:		under 2 years old	over 2 years old			
Pro	posed capacity at opening:	under 2 years old	over 2 years old:			
<u>PR</u>	OPOSED FOOD SERVICE					
1.	Type of Food Service:	□ Carried Lunch	□ Catered			
		□ Lunch prepared at Facility	□ Snacks prepared at Facility			
		□ Other, explain:				
2.	Describe existing kitchen equipment and fixtures:					

Note: a food prep sink and a separate handwashing sink that prevents cross contamination is needed if the program is full day and will be preparing meals and/or snacks.

Signature and Title

Date