MARYLAND STATE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE

APPLICATION TO OPERATE AN EDUCATIONAL PROGRAM

Directions: Complete this form and return it with all required documents. Each document must be submitted in the format in which it will be used and distributed by the educational program. Incomplete applications will be returned.

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SECTION I – Educational Progr	am Information				
Operator Name:	Phone N	Phone Number:			
Name of Program:					
Address:					
Email Address:					
License/LOC/Registration Num	ber:				
SECTION II – Classrooms to be	used for the Educational Program				
Room Number	Age Group Served (2 years, 3 Years, 4 Years)				
SECTION III – Documents		APPLICANT	MSD	DE USE	
		Documents Enclosed	Received	Approved	
1. Personnel					
A. Educational Program Administrator					
1. Individualized Personnel Information (OCC 1205) with a complete					
copy of college transcripts or evaluation of foreign credentials to					
verify one of the following: (a) A bachelor's degree from an Institute of Higher Education (IHE)					
(b) 120 semester hours of college credit from an IHE; or					
(c) A foreign credential that is determined by the Department to be					

equivalent to a bachelor's degree from an IHE
*All foreign transcripts must be evaluated by an MSDE-approved Foreign Transcript Evaluation Agency

2. Written Position Description

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SECTION III – Documents continued		MSD	E USE
	Documents	Received	Approved
	Enclosed		
B. Teachers 1. Individual Personnel Information (OCC 1205) with a complete copy			
of college transcripts or evaluation of foreign credentials to verify			
one of the following:			
(a) A bachelor's degree from an Institute of Higher Education (IHE)			
(b) 120 semester hours of college credit from an IHE; or			
(c) A foreign credential that is determined by the Department to be equivalent to a bachelor's degree from an IHE			
*All foreign transcripts must be evaluated by an MSDE-approved Foreign Transcript Evaluation Agency			
2. Verification of one of the following:			
(a) Child Development Associate (CDA) Credential.			
(b) 6 semester hours, 90 clock hours, or equivalent pre-service			
training.			
(c) Teacher certificate for Early Childhood in grades N-3.			
3. Written statement of the qualifications of each teacher who implements			
the educational program.			
2. Educational Program	Curriculum		
A written curriculum for each approved age to include instruction in personal			
and social development, language and literacy development, mathematical			
and scientific thinking, social studies, the arts, and physical development and	licensing specialist	N/A	
health. (Do not need to submit with application documents).	during the		
	initial onsite		
	visit		
3. <u>Child Records</u> Sample of the cumulative student record form(s) that will be used for each			
child enrolled in the educational program and includes all information			
required by COMAR Educational Programs: Child Records.			
4. Daily Schedule			
Submit a copy of the program's daily schedule. Indicate the beginning and			
end of the educational program. Indicate before and/or after school child			
care periods, as applicable. An educational program may not operate for			
more than six (6) hours per day.			
I hereby certify that the information provided in this application and in the a	ttachments is	true and	correct.
SignatureDate			
Printed NameTitle			