

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

APPLICATION TO RESUME SERVICE

NOTE: This form is used to apply for a family day care registration:

- At a new address, if the last effective date of the registration at the previous address was not more than 6 months ago; or
- After a break in service of not more than 6 months, from the last effective date of the previous registration.

TO BE COMPLETED BY THE OCC REGIONAL OFFICE

OCC Region: _____ Jurisdiction: _____ CCATS Provider ID#: _____
Previous OCC Region: _____ Previous Jurisdiction: _____ Last Effective Date of Previous Registration: _____
Records Requested Date: _____ Records Received Date: _____
Orientation Date: _____

TO BE COMPLETED BY THE APPLICANT

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

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

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

Date of Birth: _____ Marital Status: Single Married Widowed Separated Divorced

E-mail address: _____

2. Applicant's Residence: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ County: _____

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

Status: Homeowner Renter Other: (explain) _____
Year Property Built _____ Lead Risk Reduction Certificate

Lead Free Certificate

Type of Water Supply: Private Public Type of Sewage Disposal: Private Public

3. If currently working, can you receive calls at work? NO If YES, give work number: _____

4. Is your home located in a condominium or other residence which requires Condo/Homeowner's Association membership? YES NO

NOTE: (If yes, please be advised that the home will need to be covered by Homeowner's Liability Insurance applicable to day care, pursuant to Maryland law. After you become registered, you will be required to submit documentation of that insurance to the OCC Regional Office.)

5. Please give the address where you were most recently registered as a family day care provider:

Previous Residence: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ County: _____

6. Are you a child/adult foster care provider, or applying to become one? YES NO

If yes, please provide the following: Name of Foster Care Agency: _____

Contact Person: _____ Telephone #: _____

7. Please list all residents (excluding yourself) of the home:

Full Name of Resident	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Have you or any residents(s) been:

(a) Reported for abuse or neglect of children or adults? YES NO

If YES, please explain: _____

(b) Investigated for, charged with, awaiting trial on, convicted of, received probation before judgment disposition, or received a not criminally responsible disposition for any criminal offense? YES NO

If YES, please explain: _____

----- SECTION III -----
 (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.15.01-.15. 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