

MARYLAND STATE DEPARTMENT OF EDUCATION

Office of Child Care

ON CALL AGREEMENT

Child Care Centers, Letter of Compliance Facilities and Large Family Child Care Homes

In accordance with Child Care Center, Letter of Compliance Facilities (LOC) and Large Family Child Care Home (LFCCH) Regulations, if the only children in attendance are 2 years old or older and only one staff member is needed to meet staff/child ratio requirements, the provider shall have a written, signed, and dated agreement from an adult who has successfully passed a federal and State criminal background check and a review of child abuse and neglect records and is willing and able to be at the program within 15 minutes of notification.

Name of On Call Adult: \_\_\_\_\_ (First, Middle, Maiden, and Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Center/Large Family Provider's Name: \_\_\_\_\_

Program Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Table with 3 columns: Statement, YES, NO. Rows include: I understand that I must submit criminal background check forms to CJIS and a notarized release of information form to OCC. I understand that I cannot be used as an on-call adult until OCC Licensing Office completes the required clearances for my approval and I have successfully passed a federal, State and, if applicable, Out-of-State criminal background check. I agree to be on-call for the program named above during the program's operating hours. I understand this means that I am willing and able to be at the program within 15 minutes of notification. I have read the Child Care Center, Letter of Compliance, and/or Large Family Child Care Home regulations and agree to follow them. COMAR 13A.16 Child Care Center; 13A.17 Letter of Compliance; 13A.18 Large Family Child Care Home I am at least 18 years of age.

If this agreement should change, I will provide written notification to the Child Care Center/LOC/LFCCH Director and the OCC immediately. The OCC Licensing Specialist is: \_\_\_\_\_ (Name and Phone Number)

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

On-Call Adult (Printed name)

Program Director (printed name)

(Signature)

(Signature)

(Date)

(Date)