MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

CHILD CARE FACILITY
APPLICATION FOR LICENSE/LETTER OF COMPLIANCE

### INSTRUCTIONS
- 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):  
- [ ] License  
- [ ] Letter of Compliance

Which of the following designations describes the status of the Operator? (check ALL that apply)

- [ ] 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.

- [ ] Proprietary  
  An individual or partnership.*  
  An unincorporated private for-profit organization.

- [ ] 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.

- [ ] Religious Organization  
  The Operator named above is a tax-exempt religious organization.  
  Submit copy of IRS Letter of Determination stating tax-exempt status.

- [ ] 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(c)(4), Annotated Code of Maryland for levels/grades __________.  
  Submit MSDE Letter of Exemption.

- [ ] 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.

- [ ] 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:  
Zip Code:

### OPERATOR

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Tax ID /EIN / or SSN #: (as applicable)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Operator: (If different from facility’s)</th>
</tr>
</thead>
</table>
| Telephone #:  
e-mail: |

<table>
<thead>
<tr>
<th>Name of Representative who will serve as agent for operator: (If different from facility’s)</th>
</tr>
</thead>
</table>
| Telephone #:  
e-mail: |

Mailing Address:

PROPOSED OPENING DATE _____________________

OCC 1200 - Revised 3/15 - All previous editions obsolete.
I request that this application be evaluated in order that the facility named above may be licensed to provide services as follows:

<table>
<thead>
<tr>
<th>Specify Days of Operation</th>
<th>Specify Hours of Operation</th>
<th>Specify Months of Operation</th>
</tr>
</thead>
</table>

Type of Care: (Check ALL that apply)
- [ ] INFANT (6 weeks through 17 months old)
- [ ] TODDLER (18 through 23 months old)
- [ ] PRESCHOOL (2 through 5 years old)
- [ ] SCHOOL-AGE (Grades K - Middle School)
- [ ] ADOLESCENT (Middle/Junior High School)
- [ ] DROP-IN (exclusively)
- [ ] SPECIAL CARE FACILITY (Acutely Ill Children)
- [ ] NURSERY SCHOOL (Religious Exempt)
- [ ] NURSERY SCHOOL INSTRUCTIONAL PROGRAM

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: ____________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
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:

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>AGE</th>
</tr>
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<tbody>
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**Is the applicant an entity having corporate or partnership members?** □ YES □ NO  **If YES, please list the corporate or partnership members below:**

<table>
<thead>
<tr>
<th>FULL NAME OF CORPORATE OR PARTNERSHIP MEMBER</th>
<th>TITLE</th>
<th>ADDRESS</th>
<th>FREQUENT CONTACT WITH CHILDREN IN CARE?</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Signature and Title of Operator or Representative __________________________  Date __________________________

OCC 1200 - Revised 3/15 - *All previous editions obsolete.*