

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

SUBSTITUTE FORM
(For Provider or Additional Adult)

Name of Substitute: _____
(First, Middle, Maiden, and Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Social Security #: _____ Date of Birth: _____

Relationship to the Provider (i.e. spouse, parent, child, sibling, etc.): _____

I have agreed to serve as a substitute for the Provider Provider's Additional Adult:

Provider's Name: _____

Provider's address: _____

City: _____ State: _____ Zip Code: _____

	YES	NO
I will receive payment for substituting. If yes, must apply for Federal and State criminal background checks.		
I am at least 18 years of age and physically and mentally capable of providing care for children.		
I have read the family child care regulations and agree to follow them. (Regulation website is: http://earlychildhood.marylandpublicschools.org/system/files/filedepot/12/subtitle_15_homes_comar_online.pdf)		
I agree to be ready to substitute at the provider's address during the child care hours.		

I understand that a substitute cannot be used as a substitute for more than 20 days in any 12-month period. A day counts only when the substitute gives care for more than 2 hours. The Office of Child Care (OCC) must approve, in advance, the use of more than 20 substitute days in a 12-month period.

I understand that OCC will complete a child and adult abuse and neglect check on me, which requires the completion of a notarized release of information form. I understand that I cannot be used as a substitute until OCC completes the required clearances for my approval.

I understand that the provider shall inform me about matters pertinent to the health and safety or welfare of children in care.

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

Substitute Signature: _____

Date: _____

Provider Signature: _____

Date: _____