

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care
APPLICATION FOR FAMILY CHILD CARE REGISTRATION

SECTION I

(To Be Completed By Regional Office)

OCC Region#: _____ Jurisdiction: _____ CCATS Provider ID#: _____ 1st Orientation Date: _____

SECTION II

(To Be Completed By Applicant)

I am applying as a : (check one)

First Registration Applicant

Co-Provider Applicant With: _____
Provider's Name

Provider's Address

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

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

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

2. Personal Identifying Data (**NEEDED FOR CLEARANCE**)

(a) Race (check all that apply): American Indian or Alaskan Native Asian Black or African-American
 Native Hawaiian or Pacific Islander White Other (specify): _____

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

(b) Marital Status: Single Married Widowed Separated Divorced

(c) Primary Spoken Language: _____ (d) Date of Birth: _____ (e) Sex: Male Female

(f) E-mail address: _____

3. Applicant's Residence: _____ County: _____

City: _____ State: _____ Zip Code: _____ Apartment #: _____

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

Status: Homeowner Renter Other Year Property Built _____ Lead Risk Reduction Certificate
 Lead Free Certificate

If OTHER, please explain: _____

4. If currently working, can you receive calls at work? YES NO

If YES, give your work telephone number: _____

IF APPLYING AS CO-PROVIDER STOP HERE AND PROCEED TO SECTIONS III AND IV

SECTION II (Continued)

5. Will the child care home be located in a condominium or residence which requires 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.)

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

6. List the names of children (under 18 years of age) living in your residence:

FULL NAME	SS #	BIRTHDATE	RELATIONSHIP	RACE

7. List the full name of all adults (18 years of age or older) living in your residence:

FULL NAME	SS #	BIRTHDATE	RELATIONSHIP	RACE	MARITAL STATUS

Is any adult living in your residence an employee of the Maryland State Department of Education (MSDE)? YES NO

8. Are you a child/adult foster care provider? YES NO

Are you currently applying to become a foster care provider? YES NO *If YES, complete the information below:*

AGENCY	CONTACT PERSON	TELEPHONE NUMBER

SECTION II (Continued)

9. Have you or any other persons living in your residence **ever been convicted of any criminal charge, or received a probation before judgment disposition, or received a not criminally responsible disposition?** YES NO

If YES, explain: _____

10. Are you or any other persons living in your residence **awaiting trial on any criminal charge?** YES NO

If YES, explain: _____

11. Have you or any other persons living in your residence **ever been reported for child or adult abuse or neglect?** YES NO

If YES, explain: _____

12. Have you ever been licensed, or have you applied to become licensed, registered or certified to provide child care in **any other county, state, or federal jurisdiction?** YES NO *If YES, state when and where:* _____

13. Have you ever had a license, registration or certification for **any** type of care **denied, suspended or revoked?** YES NO

If YES, document when, where, and give a brief explanation: _____

SECTION III

TO BE COMPLETED BY CO-PROVIDER ONLY

1. Have you **ever been convicted of any criminal charge, or received a probation before judgment disposition, or received a not criminally responsible disposition?** YES NO

2. Are you **awaiting trial on any criminal charge?** YES NO

3. Have you **ever been reported for child abuse or neglect?** YES NO

4. Have you ever been licensed, or have you applied to become licensed, registered or certified to provide child care **in any other county, state, or federal jurisdiction?** YES NO

If YES, state when and where: _____

5. Have you ever had a license, registration, or certification for **any** type of care **denied, suspended or revoked?** YES NO

If YES, document when, where, and give a brief explanation: _____

If you answered "YES" to questions 1, 2, or 3, please explain. (add additional sheets if necessary): _____

SECTION IV
(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.14.01. 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