

**MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
PROVIDER INFORMATION AND PLAN OF OPERATION**

For Initial/Resumption of
Service Registration and
Changes **ONLY**

Name of Applicant: _____

Name of Facility (if different from applicant's name): _____

Address: _____

City/Town: _____ Zip Code: _____ Telephone #: _____

1. Days of Operation: Monday – Friday Saturday Sunday

2. Hours of Operation: Days (6am-6pm) Evenings (6pm-12am)
 Overnight (12am-6am) (a separate Overnight Care Plan is required)

3. Food Services: Meals Snacks Meals and Snacks None

4. Local Public Elementary School in your district: _____

5. Outdoor areas on premises or near the home which will be routinely used by children in care.
(Example: back yard and patio, elementary school playground, (specify) local park (specify), etc.)

6. Identify type(s) of pet(s) in the home (i.e., dog, cat, bird, reptiles, etc.) Rabies documentation is required for all cats and dogs.

7. a) Identify bodies of water on or near your property (i.e., pools, spas, streams, fish ponds, etc.)

b) Identify any body of water you plan to use for child care activities.

