

**MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care**

**NOTICE OF INTENT TO OPERATE A NEW CHILD CARE FACILITY**

Complete all information and submit to the Office of Child Care (OCC) regional office before making application to the local jurisdiction for any required construction or occupancy permits. **IF NO PERMITS ARE REQUIRED, SUBMIT THIS FORM WITH THE APPLICATION AT LEAST 60 DAYS BEFORE THE FACILITY'S PROPOSED OPENING DATE.**

**This form must be accompanied by a site plan and a floor plan of the facility that are drawn to scale.** The site plan must indicate the location of the playground, parking areas, roads and adjacent buildings in relation to the facility. The following items must be indicated on the floor plans: architectural details such as columns, built-ins, etc.; the relation of the space to ground level; room numbers, if available; ages of children who will occupy rooms, if known; corridors or walkways; walls or partitions; doors and door swings; windows; stairways; restrooms with fixtures; food preparation area with equipment; storage areas; office areas. The plan must indicate if any changes are being made to the facility – i.e., addition of toilets, sinks, drinking fountains, walls, etc. If the room is a large open space, then the plan must indicate how the space will be used if more than one group of children will be accommodated.

The purpose of submitting plans to the OCC prior to construction or changes being made is to allow the OCC time to review the plans and to provide consultation and recommendations. It would be cost effective to make changes to the plans prior to construction/changes taking place.

NAME OF FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City County Zip Code

NAME OF OPERATOR: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
Name Telephone Number

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
City County State Zip Code  
 RELATIONSHIP TO FACILITY: \_\_\_\_\_ PROPOSED OPENING DATE: \_\_\_\_\_

**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) \_\_\_\_\_

**PROPOSED BUILDING: (Continued)**

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 SCOPE OF SERVICE**

1. Describe type of facility: \_\_\_\_\_  
\_\_\_\_\_
2. Months of Operation: \_\_\_\_\_  
\_\_\_\_\_
3. Days of Operation: \_\_\_\_\_  
\_\_\_\_\_
4. Hours of Operation: \_\_\_\_\_
5. Ages to be served (be specific): \_\_\_\_\_
6. Capacity: (**Note:** 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 at this time to have the building approved by the local jurisdiction for the maximum number of children.)  
Total planned capacity: under 2: \_\_\_\_\_ over 2: \_\_\_\_\_ Proposed capacity at opening: under 2: \_\_\_\_\_ over 2: \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_

Note: a food prep sink and a separate handwashing sink that prevents cross contamination is needed if the program is full day and will be serving meals and/or snacks.

Applicant's Signature

Date