

Application Packet for a Child Care Center License or Letter of Compliance

Maryland State Department of Education
Division of Early Childhood Development
Office of Child Care

Resource Guide



TABLE OF CONTENTS

Introduction	2
• What is a Child Care Center?	
• Government Regulations	
• Use of Names	
Steps to Take to Obtain a Center License or Letter of Compliance.....	4
Resources.....	7
Where to find forms and other resource information.....	7
Instructions for Completing the Application Form.....	8
Appendix A – Regional Licensing Offices.....	11
Appendix B – Application Packet Checklist.....	12
Appendix C – Independent Agencies Authorized to Evaluate Foreign Credentials.....	13

Samples of Forms Needed to Apply for a Child Care Center License or a Letter of Compliance

(Actual forms may be found at

www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms)

OCC 1200 - Application	14
OCC 1201 - Worker’s Compensation Insurance	18
OCC 1203 - Personnel List	19
OCC 1204 - Medical Reports	21
OCC 1205 - Individual Personnel Information	22
OCC 1206 - Staffing Pattern	23
OCC 1213 - Variance Request.....	25
OCC 1218 - Menu Plan	27
OCC 1260 - Release of Information	28
OCC 1268 - Environmental Health Survey	29
OCC 1270 - Notice of Intent	30

Introduction

WHAT IS A “CHILD CARE CENTER”?

Under Maryland law, a child care center is a facility operated by an individual, agency, or organization that offers child care services for part or all of the day, or on a 24-hour basis on a regular schedule, at least twice a week. Most child care centers are regulated by the Maryland State Department of Education's Office of Child Care (OCC) under [COMAR 13A.16](#) ("Child Care Centers").

Some child care programs operated by tax-exempt religious organizations are eligible to be regulated by OCC under [COMAR 13A.17](#) ("Letters of Compliance"). A letter of compliance is a form of licensure that exempts the facility from having to meet certain staff qualification and program requirements. To be eligible for a Letter of Compliance (LOC) the program must be operated by a tax-exempt religious organization in school buildings exclusively for children who are enrolled in those schools, by whatever name known. However, facilities licensed under a LOC must meet all of the same health and safety requirements as those licensed as a Child Care Center; and all child care facilities must meet applicable licensure requirements before they may begin operating.

While child care facilities vary greatly in size, each one must remain within the maximum child capacity established for it by the OCC Licensing Branch. This means that no more than a specified number of children may be present in a given facility at one time. There are different types of child care programs and services, and a child care facility may be authorized to provide more than one type:

- Some centers primarily provide care for infants and toddlers. Others serve only preschool or school-age children. Most child care facilities provide care for a range of ages. However, letter of compliance facilities may not provide care to children younger than 2 years old.
- In many centers, children are usually grouped with others of the same age. Other centers often use mixed-age groups (for example, infants or toddlers grouped with preschoolers, or pre-schoolers grouped with school-age children). For child supervision and safety purposes, child care regulations specify a maximum size for each group that is based on the ages of the children in the group. The same basis is used to establish a minimum staff-child ratio for each group.
- School-age child care facilities offer programs before and/or after school hours and during school holidays and vacations.

GOVERNMENT REGULATIONS

The Maryland State Department of Education's Office of Child Care (OCC), is responsible for all child care licensing and regulation in Maryland. OCC's goal is to make sure that safe child care is available to all Maryland families. OCC maintains 13 [Regional Licensing Offices](#) around Maryland, each of which is responsible for all child care licensing activities in its geographical area. A list of Regional Office may be found at **Appendix A**.

In Maryland, child care centers are regulated under the Code of Maryland Regulations [COMAR 13A.16](#) or [COMAR 13A.17](#). These regulations require a person to obtain a “license” or a “Letter of Compliance” (which is a form of license) before the person may operate a child care program. Being licensed means that your program meets certain child health and safety requirements. It also makes you eligible for tax deductions, certain food subsidies, and liability insurance. These benefits make your child care center attractive to parents and more profitable as a business. COMAR 13A.16 and 13A.17 may be found at www.marylandpublicschools.org/MSDE/divisions/child_care/regulat

THE USE OF NAMES

COMAR 13A.09.01 prohibits an individual, partnership, group, association, cooperative, or corporation from using the words “preschool,” “school,” “institute,” or “academy” or words of like meaning, in such a manner as to connote the offering of a high school, junior high or middle school, elementary school, kindergarten, nursery school program, or any combination thereof, unless the entity holds a Certificate of Approval from the State Board of Education.

STEPS TO TAKE TO OBTAIN A CHILD CARE CENTER LICENSE OR LOC

1. Contact Your OCC Regional Licensing Office

Call the [Regional Licensing Office](#) responsible for your area to let them know that you are interested in applying for a child care facility license or letter of compliance. That Regional Office will be responsible for processing your application, inspecting your facility to make sure it meets regulatory requirements, issuing your license or letter of compliance, providing you with technical assistance, and answering any questions you may have about regulatory issues. The Regional Office will be your main point of contact for all matters related to your license or letter of compliance throughout the time that your facility is located in the area. A list of Regional Office may be found at **Appendix A**.

2. Take the Child Care Center Orientation Session

If you are interested in applying for a Child Care Center license, you or your representative must take the “on-line” interactive orientation session that is available on the “Orientation” page of the MSDE, OCC, Licensing Branch website. Applicants for a Letter of Compliance are not required to take this orientation but are strongly encouraged to do so. This orientation session provides potential applicants with detailed information about the application process and the requirements that will need to be met. It is also intended to familiarize applicants with State and local regulations pertinent to child care. The “on-line” Orientation session is located at: <http://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/orientations>

3. Submit a Complete Application

At least 60 days before the proposed opening date, you must submit an application packet for a child care facility license or letter of compliance. This packet consists of (but is not necessarily limited to) the following items, all of which are discussed in detail during the orientation session:

1. Notice of intent to operate a child care facility
2. OCC application form for a child care facility license or letter of compliance
3. Site plans
4. Floor plans with architectural details.
5. Written plan of operation
6. Documentation of compliance with local zoning, building, health, and fire codes
7. Documentation of workers compensation insurance coverage
8. Fire evacuation plan
9. Menu plan for the first 4 weeks of operation
10. Written child discipline procedures

- In addition, the following items must be submitted to the Regional Licensing Office for review before the application process can be considered complete:
11. List of all facility personnel, along with staff qualification documents (if applicable)

12. Staffing pattern
13. Results of a criminal background check application for the applicant (if the applicant is an individual who will interact with the children in care), the director, and each paid employee who will have access to children in care
14. Permission to examine records of abuse and neglect of children and adults for information about the director, residents at the facility (if any), and company officers who may interact with children in care (if the applicant is a company, agency, or organization).

Also, facility staff must submit a completed medical evaluation before being allowed to begin work.

4. Make Sure the Facility is Safe and Properly Equipped

The facility must be in good repair and meet all applicable building, sanitary facility, lighting, and food storage/preparation/service requirements set forth in [COMAR 13A.16](#) or [COMAR 13A.17](#), as applicable. In addition, all areas of the facility to be used for child care must be safe and properly equipped. The following are just a few examples of facility safety and equipment requirements:

15. All potentially hazardous items such as cleansers, medicines, tools, and sharp implements are stored so that they are inaccessible to children
16. All child care areas are lead-safe
17. Electrical wall sockets are properly capped as required by the applicable fire code
18. A properly stocked first-aid kit is present
19. There are adequate, appropriate, and safe indoor and outdoor activity materials and equipment for the children's use
20. If children under 2 years old will be in care, there are enough cribs to accommodate the children, and each crib meets U.S. Consumer Product Safety Commission standards.

5. Pass OCC, Fire Safety, and Other Required Inspections

The facility will need to be inspected by the local fire authority to make sure that it meets all applicable fire codes. Inspections by the Health Department and/or other local government agencies may also be required. There are no fees for any inspections conducted by the OCC Regional Licensing Office. However, there may be fees for inspections by fire, health, and/or other local authorities. **A “Use and Occupancy Permit” from the local government agency is required to use the property as a child care center.**

Once everything is in place for your business, a Regional Office licensing specialist will schedule an application inspection of your facility. This inspection is designed to determine if the facility and the child care program you will offer meet all applicable child care licensing regulations. It is also intended as an opportunity to address any questions you may have about operating a child care program. After all application requirements have been met and all necessary inspections have been passed, the OCC Regional Licensing Office will issue your child care facility license or letter of compliance.

A child care facility is initially authorized to operate for a period of two years. At the end of that period, the license or letter of compliance may be converted to continuing (i.e., non-expiring) status that continues in effect until the license or letter of compliance is surrendered, suspended, or revoked. However, a non-expiring license may be placed on conditional (i.e., probationary) status if the center operator does not comply with certain State requirements. Continued failure to comply may result in suspension or revocation.

All license child care centers receive an unannounced “drop in” visit annually to determine if child health and safety requirements are being met.

6. Variance Requests

The Office of Child Care (OCC) may grant a variance to a regulation:

- If the safeguards to a child’s health, safety, or well-being are not diminished;
- When the provider/operator presents clear and convincing evidence that a regulation is met by an alternative which complies with the intent of the regulation for which the variance is sought; and
- For a limited period of time as specified by the Office, or for as long as the license/LOC remains in effect and the provider/operator continues to comply with the terms of the variance.

The Office of Child Care (OCC) will consider a request for a variance after reviewing the following:

- Other variances approved for the facility;
 - All supporting documentation and information submitted to the Office;
 - The regulatory issue and the portion of the regulation which is not currently being met;
 - Compensating Factors – A statement of clear and convincing evidence that alternatives are present to meet the intent of the regulation until compliance is accomplished (e.g. – Mary Smith exceeds the age requirement, has 5 years of preschool experience and has completed the 64 hour course); and the
 - Proposed Solution – A statement of how compliance will be achieved (e.g. – Mary Smith has enrolled in the Bridge Course which will be completed in December).
21. Sign and date the form and send to the OCC Regional Office.

RESOURCES

As soon as you receive the license or letter of compliance, the facility may begin operating. The following are some community resources you may find helpful with regard to developing your program:

22. [Maryland Child Care Resource Network](#) -- A statewide network of agencies that provide resource and referral services to parents to help them find child care. These agencies also provide staff training and support services to child care facilities.
23. [The Maryland Economic Development Assistance Authority and Fund](#) -- Administered by the Maryland Department of Business and Economic Development, this program provides special purpose loans to construct, expand, or improve child care facilities.

The Child and Adult Care Food Program (CACFP)

The [Child and Adult Care Food Program](#) is funded by the U.S. Department of Agriculture and administered in Maryland by MSDE's School and Community Nutrition Programs Branch. The program provides child care food subsidies for low-income families. Child care centers that participate in the program are eligible to receive reimbursement for program food costs.

Where to find forms and other resource information.

Samples of the application and other forms needed to apply for a Family Child Care Registration may be found in this packet on pages 14 - 30.

All forms are located on our website at

http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms

For other resource information, you may click on “Resource Documents” in the right margin. The “**Planning Your Facility Resource Guide**” and the “**Hiring Staff Resource Guide**” will be useful at this point.

Instructions for Completing the Notice of Intent and Application for a Child Care Center License or a Letter of Compliance

Notice of Intent

The Notice of Intent to Operate a New Child Care Facility and the Application for the License or Letter of Compliance may be submitted at the same time. However, if you are building a new facility, it would be prudent to submit the Notice of Intent to receive consultation and recommendations from the Office of Child Care and to begin the process. It would be cost effective to make changes to the plans prior to construction or changes taking place.

The Notice of Intent is accompanied by a site plan and a floor plan of the facility 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; and
- 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 remaining information requested on the Notice of Intent – name, address, and contact person for the facility, proposed building information, proposed scope of service information, and proposed food service information is the same as the information requested on the Application.

If you identify a property and want to be certain that it would be acceptable to use as a child care center, you may submit a Notice of Intent and request the Regional Licensing Office to look at the property and provide advice. They will be pleased to assist you!

Application for License or Letter of Compliance

Following are the sections to be completed on the application.

Organizational Structure

- Check the type of license for which you are applying: “License or “Letter of Compliance”
- Check everything that applies to your organizational structure

Facility

- Enter the Name, Address, Telephone Number and Email address for the facility.

Operator – is the Person, Organization, Corporation or Representative responsible for the total operation of the facility and responsible for compliance with all regulations.

- Enter name of responsible person or entity
- Enter Tax ID – Employee Identification Number (EIN) or Social Security Number (SSN) as applicable.
- Enter address of operator. If same as facility, enter “Same”
- Enter name of Representative who will serve as agent for the operator
- Enter mailing address where you desire to receive all mail.

Scope of Service

- Specify the days, hours and months you plan to operate
- Check all of the types of care you desire to provide

Proposed Capacity – Capacity is established by the OCC Regional Office based on available space, staff, equipment, and sanitary facilities. **Indoor Space** is measured at **35 square feet per child** excluding columns, vestibules, corridors, food preparation areas, kitchens, bathrooms, adult work areas, permanently equipped isolation areas or sleeping rooms, storage units, storage space, and furniture except for movable furniture and equipment. **Outdoor space** is measured at 75 square feet per child for ½ of the approved capacity, **or** for each child if the center has an approved capacity of 20 or fewer children. In urban areas, outdoor space may be limited. Speak with your Licensing Specialist about alternatives.

The capacity at opening may be 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. The local Fire Department and local government Use & Occupancy issuing agencies will determine the maximum capacity allowed in the facility.

- Enter your total planned capacity
- Enter your proposed capacity at opening

Proposed Building - Enter all requested information regarding the proposed building you plan to use for the child care center.

Proposed Food Service – Enter the requested information regarding the type of food service you plan to provide, and if an existing kitchen exists, describe existing equipment and fixtures.

SIGN AND DATE THE APPLICATION

Addendum to Application

- Enter “*Yes*” or “*No*” if the applicant is an individual. If, “*Yes*”, it is optional to enter the race/ethnicity of the individual.
- Enter the full legal names and ages of all persons 18 years old or older who live on the same premises as the child care facility. Nicknames are not acceptable.
- Enter “*Yes*” or “*No*” if the applicant an entity with corporate or partnership members. If “*Yes*”, list their full legal names, titles, addresses, and whether or not they will have frequent contact with the children in care. Nicknames are not acceptable.

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This information is very important because individuals living on the premises or will have frequent contact with children in care will need to complete OCC Form 1260 giving OCC signed and notarized permission to examine their records of child and adult abuse and neglect.

SIGN AND DATE THE ADDENDUM

Regional Offices of Child Care

All regulatory activity is conducted through 13 regional offices throughout Maryland. Please contact the regional office that licenses and registers child care facilities in the county where you desire to provide child care.

Region #	County	Telephone #
Region 1	Anne Arundel	410-573-9522
Region 2	Baltimore City	410-554-8300
Region 3	Baltimore	410-583-6200
Region 4	Prince George's	301-333-6900
Region 5	Montgomery	240-314-1400
Region 6	Howard	410-750-8779
Region 7	Washington Garrett Allegany	301-791-4585
Region 8	Caroline Dorchester Kent Queen Anne's Talbot	410-819-5801
Region 9	Somerset Wicomico Worcester	410-713-3430
Region 10	Calvert Charles St. Mary's	301-475-3770
Region 11	Harford Cecil	410-569-2879
Region 12	Frederick	301-696-9766
Region 13	Carroll	410-549-6489

Licensing staff will be pleased to assist you!

Paula Johnson, Chief of the Licensing Branch may be reached via:

Email: paulad.johnson@maryland.gov **or** **Phone:** 410-569-8071

**MARYLAND STATE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE
APPLICATION FOR CENTER LICENSE OR LETTER OF COMPLIANCE CHECKLIST**

The applicant must submit the following information to the Office of Child Care (OCC) before the application can be considered complete. *(Check appropriate column for each listed item.)*

■ Not needed for LOC	Submitted	N/A
A. Notice of Intent (OCC 1270)	<input type="checkbox"/>	<input type="checkbox"/>
B. Application for Child Care Center License or LOC (OCC 1200)	<input type="checkbox"/>	<input type="checkbox"/>
C. Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
D. IRS Letter of Determination stating Tax-Exempt Status	<input type="checkbox"/>	<input type="checkbox"/>
E. MSDE Exemption Letter	<input type="checkbox"/>	<input type="checkbox"/>
F. Proof of Montessori Validation	<input type="checkbox"/>	<input type="checkbox"/>
G. Site Plans	<input type="checkbox"/>	<input type="checkbox"/>
H. Floor Plans <i>(with architectural detail)</i>	<input type="checkbox"/>	<input type="checkbox"/>
I. Evidence of Compliance with Local Building and Zoning Codes <i>(U&O Permit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
J. Environmental Health Survey (OCC 1268)	<input type="checkbox"/>	<input type="checkbox"/>
K. Private Sewage & Water inspection Results	<input type="checkbox"/>	<input type="checkbox"/>
L. Boiler Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
M. Fire Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
N. Fire Evacuation Plan(s)	<input type="checkbox"/>	<input type="checkbox"/>
O. Lead Safe Environment <i>(Certificate for Pre 1978 Residential Rental Property)</i>	<input type="checkbox"/>	<input type="checkbox"/>
P. Workers Compensation Insurance Information (OCC 1201)	<input type="checkbox"/>	<input type="checkbox"/>
Q. Personnel List (OCC 1203) <i>(with all related supporting documentation)</i>	<input type="checkbox"/>	<input type="checkbox"/>
R. Medical Reports (OCC 1204) <i>(for all staff)</i>	<input type="checkbox"/>	<input type="checkbox"/>
S. Individual Personnel Information (OCC 1205) <i>(with all requested documentation)</i>		
1. Director	<input type="checkbox"/>	<input type="checkbox"/>
2. Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
3. Assistant Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
4. Aide(s)	<input type="checkbox"/>	<input type="checkbox"/>
T. Staffing Pattern (OCC 1206)	<input type="checkbox"/>	<input type="checkbox"/>
U. Emergency Adult Agreement/On-Call Statement <i>(for centers with children ages 2 and above)</i>	<input type="checkbox"/>	<input type="checkbox"/>
V. Release of Information (OCC 1260) for:		
1. The Director	<input type="checkbox"/>	<input type="checkbox"/>
2. Each Employee	<input type="checkbox"/>	<input type="checkbox"/>
3. Each individual 18 years old or older living on the same premises as the center	<input type="checkbox"/>	<input type="checkbox"/>
4. Each Substitute	<input type="checkbox"/>	<input type="checkbox"/>
5. The applicant, if the applicant is an individual who will have frequent contact with the children in care	<input type="checkbox"/>	<input type="checkbox"/>
6. Trustee, managers, or board members who may have frequent contact with the children in care, if the applicant is a corporation, agency, association, or organization	<input type="checkbox"/>	<input type="checkbox"/>
W. Plan of Operation <i>(Schedule of Activities)</i>	<input type="checkbox"/>	<input type="checkbox"/>
X. Discipline Policy	<input type="checkbox"/>	<input type="checkbox"/>
Y. Menu Plan for 4 weeks (OCC 1218)	<input type="checkbox"/>	<input type="checkbox"/>
Z. Operations Care Plan(s) <i>(Sick Care, Adolescent, Drop-in Centers)</i>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: The applicant, if an individual who will have frequent contact with children in care, each employee, including paid substitutes and each individual 14 years old or older living on the premises as the child care center, must get Criminal Background Checks. Be sure to use the child care facility and the OCC authorization codes.

NATIONAL ASSOCIATION OF CREDENTIAL EVALUATION SERVICES, INC.

An Association of Independent Evaluation Services

If necessary, you may use any of these resources to evaluate educational credentials of individuals who attended schools outside of the United States.

Center for Applied Research Evaluation & Education
P. O. Box 18358 Anaheim, CA 92817
Phone: 714-237-9272 www.iescaree.com

FACS, Inc.
Foreign Academic Credentials Service, Inc.
P.O. Box 400 Glen Carbon, IL 62034
Phone: 618-656-5292 www.facsusa.com

Educational Credential Evaluators, Inc.
P.O. Box 514070 Milwaukee, WI 53203-3470 Phone: 414-289-3400 www.ece.org

Foundation for International Service, Inc.
14926 35th Avenue West Suite 210 Lynnwood, WA 98097
Phone: 425-248-2255 www.fis-web.com

Education Evaluators International, Inc.
11 S. Angell Street #348 Providence, RI 02906 Phone: 401-521-5340 www.educei.com

International Consultants of Delaware, Inc.
P. O. Box 8629 Philadelphia, PA 19101-8629 or 3600
Market Street, Suite 450
Phone: 215-222-8454 ext. 603 www.icdel.com

Education International, Inc.
29 Denton Road Wellesley, MA 02482
Phone: 781-235-7425 www.educationinternational.org

International Education Research Foundation, Inc. P.O.
Box 3665 Culver City, CA 90231-3665 Phone: 310-258-9451 www.ierf.org

Educational Perspectives
P.O. Box 618056 Chicago, IL 60661-8056
Phone: 312-421-9300 www.edperspective.org

Josef Silny & Associates, Inc. International Education
Consultants
7101 SW 102 Avenue Miami, FL 33173
Phone: 305-273-1616 www.jsilny.com

Educational Records Evaluation Service, Inc.
601 University Avenue Suite 127 Sacramento, CA 95825
Phone: 916-921-0790 www.eres.com

Evaluation Service, Inc
333W. North Ave. #284 Chicago, IL 60610-1293 Phone:
847-477-8569 www.evaluationservice.net

Span Tran Educational Services, Inc.
7211 Regency Square Blvd.
Suite 205 Houston, TX 77036-3197
Phone: 713-266-8805 www.spantran-edu.org

World Education Services, Inc.
Bowling Green Station
P.O. Box 5087 New York, NY 10274-5087
Phone: 212-966-6311 www.wes.org

Foreign Educational Document Service
P.O. Box 4091 Stockton, CA 95024
Phone: 209-948-6589 www.documentservice.org

World Education Services, Inc.
P.O. Box 745 Old Chelsea Station New York, NY 10113-0764
Phone: 1- 800-937-3895
Fax: 212-966-6395
1-800-937-3897 Washington, DC

**MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
CHILD CARE FACILITY
APPLICATION FOR LICENSE/LETTER OF COMPLIANCE**

INSTRUCTIONS	<ul style="list-style-type: none"> 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.
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ORGANIZATIONAL STRUCTURE	<p>The operator is applying for a (check only one): <input type="checkbox"/> License <input type="checkbox"/> Letter of Compliance</p> <p>Which of the following designations describes the status of the Operator? (check ALL that apply)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Proprietary An individual or partnership.* An unincorporated private for-profit organization. A private for-profit corporation.* If incorporated, submit copy of Articles of Incorporation.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Religious Organization The Operator named above is a tax-exempt religious organization. Submit copy of IRS Letter of Determination stating tax-exempt status.</p> <p><input type="checkbox"/> 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(e)(4), Annotated Code of Maryland for levels/grades _____. Submit MSDE Letter of Exemption.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Montessori School The Operator named above also conducts a nonpublic school certified by a Montessori Validating organization. Submit Certificate of Validation</p> <p>* Complete attached list of corporate or partnership members on Page 4.</p>
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FACILITY	Name of Facility:	Telephone #:
	Address:	e-mail Address:
	City/County:	State: Zip Code:

OPERATOR	<i>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:</i>	
	Name:	Tax ID /EIN / or SSN #: (as applicable)
	Address of Operator: <i>(If different from facility's)</i>	Telephone #:
		e-mail:
	Name of Representative who will serve as agent for operator:	Telephone #:
		e-mail:
	Mailing Address: <i>(If different from facility's)</i>	

PROPOSED OPENING DATE _____

I request that this application be evaluated in order that the facility named above may be licensed to provide services as follows:

Specify Days of Operation	Specify Hours of Operation	Specify Months of Operation

Type of Care: (Check ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> INFANT (6 weeks through 17 months old) | <input type="checkbox"/> SPECIAL CARE FACILITY (Acutely Ill Children) |
| <input type="checkbox"/> TODDLER (18 through 23 months old) | <input type="checkbox"/> NURSERY SCHOOL (Religious Exempt) |
| <input type="checkbox"/> PRESCHOOL (2 through 5 years old) | <input type="checkbox"/> NURSERY SCHOOL INSTRUCTIONAL PROGRAM |
| <input type="checkbox"/> SCHOOL-AGE (Grades K - Middle School) | |
| <input type="checkbox"/> ADOLESCENT (Middle/Junior High School) | |
| <input type="checkbox"/> DROP-IN (exclusively) | |

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: _____

PROPOSED BUILDING: (Continued)

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:

FULL NAME	AGE	FULL NAME	AGE

Is the applicant an entity having corporate or partnership members? YES NO If YES, please list the corporate or partnership members below:

FULL NAME OF CORPORATE OR PARTNERSHIP MEMBER	TITLE	ADDRESS	FREQUENT CONTACT WITH CHILDREN IN CARE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature and Title of Operator or Representative

Date

Worker's Compensation Insurance Information

Provide the following information in compliance with the Labor and Employment Article, §9-201 et seq., Annotated Code of Maryland.

Do you employ one or more persons full or part time? Yes No

If the answer is NO, sign and date the form, and return it with your application.

If the answer is YES, check (A) or (B) below and complete the information needed. Then sign and date the form and return it with your application.

IF YOU ANSWERED YES, YOU MUST:

A) Attach a copy of your Worker's Compensation Insurance Policy statement page.
It must show the effective and expiration dates.

Or

B) Complete the information below about your Worker's Compensation Commission policy or binder number.

1) Policy or Binder Number: _____

2) Insurance Company: _____

3) Effective Date: _____

4) Expiration Date: _____

Signature: _____

Title: _____

Date: _____

County: _____

Name of Center: _____

If you have questions about Workman's Compensation, contact your insurance carrier or Workman's Compensation Commission.

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care
CHILD CARE FACILITY PERSONNEL LIST/STAFF CHANGE FORM

Complete and return page 1 of this form to the Regional Office of Child Care (OCC) with the Application for a Child Care Center License/Letter of Compliance (OCC 1200) or with the Request for Continuing License/Letter of Compliance (OPCC 672). Please list **all** facility personnel, whether paid or unpaid, and include volunteers who work at the facility on a routine basis. (*see position titles below)

If you are reporting a staff change, complete and return pages 1 and page 2 to the Regional Office of Child Care, within 5 working days.

Name of Facility: _____ **Telephone #:** _____

Address: _____ **E-Mail Address:** _____

PLEASE PRINT OR TYPE

NOTE: Completion of items in shaded columns is optional for partially exempt facilities and Letter of Compliance facilities.

Name of Staff Member	Position *	Hire Date W /Operator	Age of Group	Orientation Date	Date Criminal Background Check Received				Notarized Release of Information		Date of Medical Report	Date of Emergency Prep	Date of Medication Admin	Date First Aid Expires	Date CPR Expires	Date Approved by OCC for Position	Continued Training Hours	
					MD	OCC ✓	FBI	OC C ✓	Date Submitted	OCC ✓							Core of Knowledge	Elective

* Position Title: Operator, Director, Teacher, Assistant Teacher, Aide, Food Service Worker, Clerical Worker, Driver, Custodian, Substitute and/or Volunteer.

Signature of Operator or Director

Date

Please return this completed form to the Regional Office of Child Care at: _____

ADDITIONAL STAFF MEMBER CHANGE INFORMATION

Complete this section if change information is being reported, i.e. new staff, deleting and existing staff member, staff position change, etc. Page 1 must be submitted with page 2.

Name of Staff Member	Type of Change			Transferring from another facility in Maryland?			
	Add	Delete	Other change (please explain, i.e. hours, position, age of group)	No	Yes	Name and County of previous facility	Date left

PLEASE NOTE: Notification of New Staff – An operator shall:

- (1) Within 5 working days of adding a new employee or staff member, provide to the Office:
 - (a) Written notification of the individual’s addition to the center staff;
 - (b) Information about the individual’s work assignment; and
 - (c) A signed and notarized permission to examine records of abuse and neglect of children and adults for information about the individual; and
- (2) Within 15 working days of adding the new employee or staff member, provide to the office:
 - (a) If applicable, documentation that the individual meets the requirements of this chapter for the assignment, unless documentation already is on file in the office, and
 - (b) If the individual is paid by the center operator, proof of compliance with the laws and regulations pertaining to criminal background checks.

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
MEDICAL REPORT FOR CHILD CARE

Name of Person being evaluated: _____ Date of Birth: _____

Name of Child Care Applicant/Provider/Facility: _____

Address of Facility: _____

Dear Health Practitioner:

The person to be evaluated either provides (or plans to provide) child care services or lives in a home where family child care is (or will be) given.

1) **RESTRICTED OR REQUIRE SPECIAL CONDITIONS** from contact with children in care due to having any of the following:

a) Communicable disease: _____

b) Chronic medical condition or physical impairment: _____

c) Vision/Hearing/Speech Disorder: _____

d) Nervous or Emotional Disorder: _____

e) Drug or Alcohol Abuse: _____

f) Immunization status: _____

2) Tuberculosis Screening: (if needed or required by the Local Health Officer.)

Type of test: _____ Results: _____ Date: _____

Answer question 3 if the person being evaluated provides (or plans to provide) child care services:

Persons who provide child care services must be able to participate fully in a program for active young children. This includes lifting infants and young children, getting up and down from the floor, lively outdoor activities, and moving furniture. It may also include transporting children in a motor vehicle.

3) Describe medical limitation(s) or medication(s) the person is taking, that may impair the person's ability to perform care-related activities, such as the ones noted above.

Signature of Physician, CNP, RPA

Date

Phone Number

STAMP, PRINT, OR TYPE: Name and Address of Physician, Certified Nurse Practitioner, Registered Physician's Assistant.

INDIVIDUAL PERSONNEL INFORMATION

I am applying for: (check all that apply)			
<input type="checkbox"/> Aide	<input type="checkbox"/> Assistant Teacher (school age)		
<input type="checkbox"/> Teacher: <input type="checkbox"/> Infant/Toddler	<input type="checkbox"/> Preschool	<input type="checkbox"/> School age	
<input type="checkbox"/> Director: <input type="checkbox"/> Infant/Toddler	<input type="checkbox"/> Preschool	<input type="checkbox"/> School age	

This form is to be completed by potential or new staff not previously evaluated or staff requesting re-evaluation. **SEND THE COMPLETED FORM AND ALL SUPPORTING DOCUMENTATION TO THE OFFICE OF CHILD CARE REGIONAL OFFICE. THE EVALUATION WILL BE BASED SOLELY ON DOCUMENTATION SUBMITTED TO OCC.**

NAME: _____
Last First Middle Maiden

HOME ADDRESS: _____
Street P.O. Box or Apt. # City County State Zip Code

HOME PHONE: () _____ WORK PHONE: () _____

BIRTHDATE: _____ (attach copy of Birth Certificate or Driver's License) SOCIAL SECURITY #: _____

Have you been evaluated to work in a child care center in the State of Maryland? No Yes (attach copy of evaluation)
 Center name/location: _____

EDUCATION:

1. Did you complete high school? No Yes (attach copy of diploma, equivalency certificate or transcript)

2. Did you complete any of the following? No Yes (check all that apply) (attach copies of certificates/transcripts)

45 hour course: Infant/Toddler School age School age Director

90 hour course: Infant/Toddler Preschool School age

Other: Child Development Associate Credential Military Certificate

3. Did you attend college? No Yes, number of credits earned _____ (attach copy of transcript)

4. Did you earn a degree? No Yes, Year _____ Name of School _____
 Major _____ Degree earned _____ (attach copy of degree/transcript)

5. Do you have a teaching certificate or approval from the MD State Dept. of Education or another state? No Yes (attach copy of certificate or approval letter)

6. Do you have Montessori Credentials? No Yes, Credential Level(s) _____ (attached copy of credential(s))

EXPERIENCE:

Provide information about your supervised experience working with groups of children in licensed child care centers, public/private schools, as a registered provider or other approved settings. **Attach documentation from each employer, which states the number of hours worked, the ages of the children worked with, the position and the length of time worked.** Attach additional pages if necessary.

Dates Worked				Name of Facility (start with present employer)	Address and Phone #	Supervisor	Position	Ages of Children	# of Hours Worked Per Week
From Mo	Yr	To Mo	Yr						

I confirm that the above information is true and correct to the best of my knowledge.

Signature

Date

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
**STAFFING PATTERN FOR CHILD CARE CENTERS
AND
LETTER OF COMPLIANCE FACILITIES**

Name of Facility: _____ Facility #: _____

Hours of Operation: _____ Total Hours Per Week: _____ Days of Operation: _____

Effective Date: _____ Director: _____

DIRECTOR'S WORK SCHEDULE:

SUN:	MON:	TUES:	WED:	THURS:	FRI:	SAT:
Number of hours each day the Director is regularly scheduled with a group to directly supervise children:						
SUN:	MON:	TUES:	WED:	THURS:	FRI:	SAT:

See directions on back for instructions on how to fill in the staffing pattern.

Time of Day	Room # / Group ID:				Total # of Children	# of 2 yr. Olds	# of Toddlers 18-24 mo.	# of Infants 0-18 mo.
	Age:							
	Capacity:							
6:00	*	*	*	*				
6:30	+	+	+	+				
7:00	*	*	*	*				
7:30	+	+	+	+				
8:00	*	*	*	*				
8:30	+	+	+	+				
9:00	*	*	*	*				
9:30	+	+	+	+				
10:00	*	*	*	*				
10:30	+	+	+	+				
11:00	*	*	*	*				
11:30	+	+	+	+				
12:00	*	*	*	*				
12:30	+	+	+	+				
1:00	*	*	*	*				
1:30	+	+	+	+				
2:00	*	*	*	*				
2:30	+	+	+	+				
3:00	*	*	*	*				
3:30	+	+	+	+				
4:00	*	*	*	*				
4:30	+	+	+	+				
5:00	*	*	*	*				
5:30	+	+	+	+				
6:00	*	*	*	*				
6:30	+	+	+	+				
Day(s)								

Time of Day	Room # / Group ID:				Total # of Children	# of 2 yr. Olds	# of Toddlers 18-24 mo.	# of Infants 0-18 mo.
	Age:							
	Capacity:							
6:00	*	*	*	*				
6:30	+	+	+	+				
7:00	*	*	*	*				
7:30	+	+	+	+				
8:00	*	*	*	*				
8:30	+	+	+	+				
9:00	*	*	*	*				
9:30	+	+	+	+				
10:00	*	*	*	*				
10:30	+	+	+	+				
11:00	*	*	*	*				
11:30	+	+	+	+				
12:00	*	*	*	*				
12:30	+	+	+	+				
1:00	*	*	*	*				
1:30	+	+	+	+				
2:00	*	*	*	*				
2:30	+	+	+	+				
3:00	*	*	*	*				
3:30	+	+	+	+				
4:00	*	*	*	*				
4:30	+	+	+	+				
5:00	*	*	*	*				
5:30	+	+	+	+				
6:00	*	*	*	*				
6:30	+	+	+	+				
Day(s)								

Signature of Operator, Agent or Director: _____ Date: _____

DIRECTIONS

1. Clearly identify each room/group, ages and list its capacity. Identify the days of the week covered by this pattern.
2. Use vertical lines to indicate hours of the day each staff member is directly supervising children in the room/group identified for each block. Some staff members may appear in more than one block at different times of the day or on different days of the week.
3. Do not continue a line through times when a staff member is not directly supervising children, i.e., off duty or on a break. Add name of person supervising children during this time.
4. Write full name of each staff member and position.
 D = Director TI = Teacher with Infants/Toddlers TP= Teacher with Preschool Age TS = Teacher with School Age
 ATS = Assistant Teacher with School Age A = Aide
5. List total number of children present in each group and number of two year olds, toddlers and infants included in each group for specific hours of the day. The number of children present cannot exceed the room's capacity.

SAMPLE

Time of Day	Rm#/Group ID: ▶				Total # of Children	# of 2 yr. Olds	# of Toddlers 18-24 mo.	# of Infants 0-18 mo.
	Age: 2's and 3's							
	Capacity: 20				0	0	0	0
6:00	*	*	*	*	2	1		
6:30	+	+	+	+	6	1		
7:00	*	*	*	*	6	2		
7:30	+	+	+	+	6	3		
8:00	*	*	*	*	10	3		
8:30	+	+	+	+	15	3		
9:00	*	*	*	*	20	6		
9:30	+	+	+	+				
10:00	*	*	*	*				
10:30	+	+	+	+				
11:00	*	*	*	*				
11:30	+	+	+	+				
12:00	*	*	*	*				
12:30	+	+	+	+				
1:00	*	*	*	*				
1:30	+	+	+	+				
2:00	*	*	*	*				
2:30	+	+	+	+				
3:00	*	*	*	*				
3:30	+	+	+	+				
4:00	*	*	*	*				
4:30	+	+	+	+				
5:00	*	*	*	*	20	6		
5:30	+	+	+	+	10	4		
6:00	*	*	*	*	6	1		
6:30	+	+	+	+	0	0	0	0
Day(s)	Monday, Wednesday, Friday							

Identify each room/group

Use vertical lines to indicate hours worked

Write in staff using full name and position

Indicate the total

Indicate the number of 2 year olds present

Indicate the number of toddlers present

Indicate the number of infants present

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

VARIANCE REQUEST

COMAR 13A.15.03.06, COMAR 13A.16.03.08, COMAR 13A.17.03.08, and COMAR 13A.18.03.08 state that the Office may grant a variance to a regulation:

1. If the safeguards to a child's health, safety, or well being are not diminished.
2. When the provider/operator presents clear and convincing evidence that a regulation is met by an alternative which complies with the intent of the regulation for which the variance is sought; and
3. For a limited period of time as specified by the Office, or for as long as the registration/license/letter remains in effect and the provider/operator continues to comply with the terms of the variance.

The Office of Child Care (OCC) will consider a request for a variance after reviewing the following:

24. Other variances approved for the facility.
25. All supporting documentation and information submitted to the Office.

TO BE FILLED OUT BY THE FACILITY:

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

I am requesting a variance to Chapter/Regulation Number: _____ Title: _____

Regulatory Issue: (if staffing variance is requested, name of staff person) _____

Compensating Factors: _____

Proposed Solution: _____

Provider/Operator/Agent Signature

Date

Send completed form and **all** supporting documentation to your OCC Regional Office.

VARIANCE REQUEST INSTRUCTIONS

Type or Print Legibly:

1. **Facility Name** – The name of the family provider or center which is requesting the variance.
2. **Facility Address** – The complete address of the facility.
3. **Facility Phone Number** – The facility phone number, including area code.
4. **I am requesting a variance to Chapter/Regulation Number** – The number of the chapter and regulation for which the variance is requested (for example, Chapter 03.04).
Title – The title of the regulation for which the variance is requested (e.g. – Child Records).
5. **Regulatory Issue – (if staffing variance is requested, name of staff person)** – The name of the staff person; complete this only when the variance is for a staff person.
AND – The portion of the regulation which is not currently being met (e.g. – staff person, Mary Smith, has not completed the 90 hour course).
6. **Compensating Factors** – A statement of clear and convincing evidence that alternatives are present to meet the intent of the regulation until compliance is accomplished (e.g. – Mary Smith exceeds the age requirement, has 5 years of preschool experience and has completed the 64 hour course).
7. **Proposed Solution** – A statement of how compliance will be achieved (e.g. – Mary Smith has enrolled in the Bridge Course which will be completed in December).
8. Sign and date the form and send to the OCC Regional Office.

NOTE: Attach all pertinent documentation (i.e. – floor plans, staff information, proof of enrollment in a class, written statement of intent to take class, etc.).

Maryland State Department of Education
Division of Early Childhood Development – Office of Child Care

MENU PLAN

Week of _____ Year _____

¹ Juice may not be served when milk is the only other component served at snack.

² MSDE recommends children over age two receive low-fat (1%) or fat-free (skim) milk.

MEAL REQUIREMENTS	PORTION SIZES			MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Age 1-2	Age 3-5	Age 6-12							
BREAKFAST										
Fluid Milk	½ cup	¾ cup ²	1 cup ²							
Fruit OR vegetable	¼ cup	½ cup	½ cup							
Bread OR bread alternate OR cereal	½ slice ¼ cup	½ slice ⅓ cup	1 slice ¾ cup							
SNACK-Choose 2										
Fluid Milk ¹	½ cup	½ cup ²	1 cup ²							
Fruit OR vegetable	½ cup	½ cup	¾ cup							
Bread OR bread alternate OR cereal	½ slice ¼ cup	½ slice ⅓ cup	1 slice ¾ cup							
Meat or meat alternate	½ oz	½ oz	1 oz							
LUNCH or SUPPER										
Fluid Milk	½ cup	¾ cup ²	1 cup ²							
Meat/poultry/fish OR	1 oz	1 ½ oz	2 oz							
Cheese OR	1 oz	1 ½ oz	2 oz							
Large egg OR	½	¾	One							
Peanut butter OR	2 tbsp	3 tbsp	4 tbsp							
Dried beans & peas OR	¼ cup	⅜ cup	½ cup							
Yogurt	½ cup	¾ cup	1 cup							
2 different fruits OR 2 different vegetables OR 1 fruit and 1 vegetable	¼ cup	½ cup	¾ cup							
Bread OR bread alternate, OR pasta OR rice	½ slice ¼ cup	½ slice ¼ cup	1 slice ½ cup							

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
RELEASE OF INFORMATION – Child Care

Child Care regulations require signed and notarized permission to examine records of child and adult abuse and neglect for information about:

- 1) The applicant/operator (if the applicant/operator is an individual) or family day care provider;
- 2) Each child care center employee or staff member;
- 3) Each adult, 18 years old or older, living on the premises of the child care facility or applicant;
- 4) Each family day care substitute;
- 5) Each family day care additional adult;
- 6) Each trustee, manager, and board member, who may have frequent contact with children in care, if the applicant/operator is a corporation, agency, association, or other organizational entity; and
- 7) Any other individual identified by the Office.

STATEMENT OF PERMISSION

I hereby authorize the Local Department of Social Services (DSS) to release to the Office of Child Care (OCC) any files or records of child and adult abuse or neglect in order to help OCC:

- Evaluate my suitability for employment in or by a child care center, **or**
- Determine whether to approve the issuance or maintenance of an initial or continuing license, letter of compliance or registration for: _____, located at:
(Name of Applicant/Operator, or Licensed, Letter of Compliance or Registered Child Care Facility)

Street Town/City State Zip Code

Furthermore, I understand that the information obtained by OCC from the State or Local Department of Social Services may provide grounds for OCC to:

- Prohibit or require termination of my employment at the child care center, **or**
- Deny, suspend, or revoke the license, letter of compliance, registration or application of the Child Care Center, Family Child Care Provider or Applicant/Operator named above.

Print Name First Middle Maiden Last Other Names Used

Address: Street City State Zip Code

Telephone Number Social Security Number Date of Birth Email Address

Male Female Primary Language Spoken: _____ Position _____
Employee, Resident, Substitute, Volunteer, etc.

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

If I am not the Applicant/Operator or Provider, I authorize OCC to release this information to an authorized representative of the Child Care Center, or to the Family Child Care Provider or the Applicant/Operator.

Signature Date

Notary Signature My commission Expires: _____

Background Clearance Findings (for OCC use only) Person Conducted Search _____ Date: _____

- 1. The individual whose name is being searched is NOT identified in the Central Confidential Database for abuse or neglect.
- 2. Based on the information provided by the Local Department of Social Services, we have determined that _____ is listed in the Central Confidential Database as being indicated for abuse or neglect in reference to an investigation conducted in _____.
- 3. Based on the information provided by the Local Department of Social Services, there is a disposition of Unsubstantiated abuse or neglect for the person whose name is being searched.
- 4. 181 and/or summary received from Local Department of Social Services on _____.

OCC 1260 – Revised 6/16 - All previous editions are obsolete.

**MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
ENVIRONMENTAL HEALTH SURVEY**

THIS SECTION TO BE COMPLETED BY THE APPLICANT							
Name of Provider/Facility:							
Address of Provider/Facility:							
Phone Number:							
County:							
Number living in Family Child Care Home: (do not include provider's own children under 6 years of age)							
Requested Capacity: (maximum number of children at any time including provider's own children under 6 years of age)							
Water Supply:	PUBLIC	PRIVATE		Sewage Disposal:	PUBLIC	PRIVATE	

THIS SECTION TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT
--

Findings:		In Compliance	Not in Compliance
	Water Supply:		
	Sewage Disposal:		

- Recommendation:
- License/Register
 - License/Register with plan to correct
 - Do not License/Register
 - Emergency Suspension because of imminent risk to children

Comments: _____

Health Department Inspector Signature Date Health Officer Representative Signature Date

Return completed form to: _____ **by:** _____

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

4. 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): _____

5. Is the building now or will it become a multi-use building? YES NO

If YES, describe all other uses: _____

6. 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: _____ Proposed capacity at opening: _____

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: _____

Applicant's Signature Date

