Application Packet for a Family Child Care Home Registration

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

Resource Guide
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Samples of OCC Forms Needed to Apply for a Family Child Care Registration
(Actual forms may be found at
www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms)

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INRODUCTION

WHAT IS A FAMILY CHILD CARE PROVIDER?

A family child care provider is a person who uses a residence other than the child’s home to provide paid care, on a regular basis, for one or more children who are not related to the person. In order to ensure a safe environment, the State of Maryland limits the number of children in a family child care home. A provider may have a maximum of eight children, with no more than two under the age of two. The provider’s own children under the age of six are counted within the group of eight.

IS THIS THE CAREER FOR ME?

Ask yourself the following questions:

- Do I enjoy working with children?
- Am I knowledgeable about child development or willing to take classes about child development?
- Would I like to be able to set my own hours and/or wages?
- Am I interested in running a competitive business in my own home?
- (If you are currently employed) Can I afford to lose income and/or benefits while my business grows?

If you answered "yes" to all of these questions, then you may be a good candidate for a career in family child care.

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 Licensing Offices may be found at Appendix A.

In Maryland, family child care is regulated under the Code of Maryland Regulations COMAR 13A.15. These regulations require a person to obtain a "certificate of registration" (which is a form of license) before the person may operate a family child care program. Being registered 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 family child care home attractive to parents and more profitable as a business. The COMAR 13A.15 may be found on line at www.marylandpublicschools.org/MSDE/divisions/child_care/regulat
STEPS TO TAKE TO BECOME A FAMILY CHILD CARE PROVIDER

1. **Contact the OCC Regional Licensing Office in Your Area**

   Call the OCC [Regional Licensing Office](#) responsible for your area to let them know that you are interested in applying to become a registered family child care provider. That office will be responsible for processing your application, issuing your certificate of registration, inspecting your program to make sure it meets regulatory requirements, and providing you with technical assistance. (See list of Regional Offices on page 9)

2. **Take the Family Child Care Orientation Session**

   If you are interested in applying to become a Family Child Care Provider, you must take the Family Child Care Orientation session as the very first step to getting a family child care registration. The orientation session is largely designed to inform you about the application process and the requirements you’ll need to meet in order to receive a certificate of registration. This “on-line” interactive orientation session is available on the “Orientation” page of the MSDE, OCC, Licensing Branch website located at: [http://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/orientations](http://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/orientations)

   You will also be required to get criminal background checks for yourself and each adult (18 years or older) resident of your home using any approved Maryland Criminal Justice Information System (CJIS) processing location. A criminal background check includes a review of both federal (FBI) and State records. There is a fee of $37.25, payable to CJIS, to process the criminal background check. However, there will also be a fee to have your fingerprints taken. This fee varies in different parts of Maryland, but the average fingerprinting fee is typically $15-20.

3. **Complete Pre-Service Training**

   You will need to complete a minimum of 24 clock hours of approved training in a topic or combination of topics related to child development (i.e., the “ages and stages’ of children's developmental needs), program curriculum (i.e., planning and conducting program activities), child health and safety (i.e., childhood illnesses, child nutrition, fire safety, etc.), the care of children with disabilities, or provider professionalism (i.e., running a child care business, provider-parent relations, etc.). In addition, you must obtain skills-based CPR and First Aid Certification suitable for the child age-ranges that you wish to provide care for. If you plan to provide care to children younger than 2 years old, you will also have to complete SIDS (Sudden Infant Death Syndrome) training. Emergency Preparedness, Medication Administration, Developmental Screening, Americans with Disabilities Act and Supporting Breastfeeding Practices must also be taken prior to getting a registration. To be acceptable for family child care registration purposes, pre-service training courses must first be approved by OCC. So before you sign up for a course, check with the regional licensing office to make sure the course has been approved.
4. Make Sure Your Home is Safe and Properly Equipped

A safe physical environment is critically important for child care, especially if you plan to care for young children. Examples of how you can make sure that your home is "child safe" include:

- Using baby gates to restrict access to potentially hazardous areas such as stairs
- Covering electrical sockets
- Making household cleansers, medicines, tools, sharp implements, weapons, and other harmful items inaccessible to children by placing them under lock and key
- Having operable hard-wired smoke detectors in each room where the children will nap or rest
- Maintaining a first aid kit

Making sure your home is properly equipped for child care will be important for the proper growth and development of the children in your program. The following are examples of equipment family child care providers usually need:

- Cribs, playpens, cots, and/or mats for children to nap or rest on
- A variety of age-appropriate toys, games, and books
- High chairs or booster seats
- Outdoor play equipment and toys
- Strollers

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

Your home will need to be inspected by the local fire authority to make sure that it meets all applicable fire codes. Depending on where the home is located, other pre-registration inspections by the Health Department or other local government agencies may also be required. Once everything is in place for business, an OCC licensing specialist will schedule a pre-registration inspection with you to make sure your home meets family child care regulations. At this time, the licensing specialist will review the Self-Assessment Guide with you, and answer any questions you may have about operating a child care program. There are no fees for any inspections conducted by the Regional Licensing Office. However, there may be fees for inspections by the local fire authority, Health Department, and/or other local agencies.

After all application requirements have been met and all required inspections have been passed, the OCC Regional Licensing Office will issue a certificate of registration to you.

All registered family day care homes are initially authorized to operate for a period of two years. At the end of that period, a continuing (i.e., non-expiring) registration may be issued that continues in effect until it is surrendered, suspended, or revoked. A non-expiring registration may also be placed on conditional (i.e., probationary) status if the family day care provider does not comply with certain State requirements. If failure to comply continues, the provider's registration may be suspended or revoked.

All registered family day care homes receive an unannounced “drop in” visit annually to determine if child health and safety requirements are being met.
As soon as you receive your certificate of registration, you are ready to open your family child care home for business! **The following are some resources you may wish to use to help get your business started:**

- **Maryland Child Care Resource Network** -- A statewide network of agencies that provide resource and referral services to parents to help them find child care and that also provide training and support services to potential and current child care providers.

- **The Family Day Care Provider Grant Program** -- Administered by OCC, this program reimburses registered providers who meet income eligibility requirements for up to $500 in expenditures related to achieving or maintaining compliance with family child care regulations.

**Child and Adult Care Food Program**

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 11-23.

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.
Instructions for Completing the Application for Family Child Care

Begin at SECTION II – Provider and Co-Provider Applicants

Check “First Registration Applicant” if you have never been a registered family child care provider in Maryland, or you have previously been a registered family child care provider, but you have been closed more than 6 months. Check the second box if you are applying to be a “Co-provider”. A Co-provider is an individual who desires to partner with the provider to provide child care and wants to enjoy all rights and privileges as the provider. The co-provider must meet all qualifications as the provider. The Co-provider may care for the children in the absence of the provider, but only at the provider’s home.

**Question 1.** Please list your legal name. Last name should be written first. Nicknames will not be accepted. If you have had any other names such as former married names or names that were legally changed, those names must be listed in the space provided directly under question 1. Your social security number must be listed. To hold a family child care registration in Maryland, the provider and co-provider must each have a valid social security number.

You may obtain a tax ID number, also known as an Employee Identification Number or EIN. An EIN may be obtained through the Internal Revenue Service (IRS). Many parents claim child care expenses on their yearly taxes. Some providers prefer to give parents their EIN instead of their social security number.

**Question 2.** Please be sure to list your email address. If you do not have one, please get one as soon as possible.

**Question 3.** Your address is listed here. A family child care registration may only be issued for your residence. Your home telephone number must be listed. It may be a landline number or a cell phone number, whichever is the most convenient way to reach you.

**The Provider Only** - Check whether you are a homeowner, renter, or other and the year the property was built. If you are a renter and the property was build prior to 1978, you must get a Lead Risk Reduction Certificate or a Lead Free Certificate from your landlord.

**Question 4.** If you are currently working, check “Yes” if you can receive calls at work. The Office may need to contact you to discuss your application and to schedule the initial inspection at the provider’s home. If you cannot receive calls at work, check “No”.

**CO-PROVIDERS STOP HERE AND PROCEED TO SECTIONS III AND IV. PROVIDERS PROCEED TO QUESTION 5**

**Question 5.** If the family child care home is located in a condominium or a residence that requires Homeowner’s Association membership, documentation of $300,000 in child care liability insurance must be submitted to the office. If you have a private well, check “Private”, if not, check “Public”. Also check the type of sewage disposal. With private sewage disposal, you have a septic tank.
**Question 6.** List all children under the age of 18 living in your home. Please make sure that you list full legal names. Nicknames will not be accepted. If they have a social security number, please list it in the appropriate spot as well as their date of birth. Under relationship, list their relationship to you, such as, daughter, father, cousin, etc. Their race should also be listed.

**Question 7.** List all individuals 18 years old or older living in the home. List full legal names only. Nicknames will not be accepted. If they have a social security number, please list it in the appropriate spot as well as their date of birth. Under relationship, list their relationship to you. Examples include son, daughter, father, cousin, roommate, etc. Their race and marital status should also be listed.

**Question 8.** Check “Yes” if you are currently a child/adult foster care provider, or if you are applying to become one. “Yes” answers will require other documents from the Foster Care Agency. The contact person is the person that oversees your case, often referred to as a caseworker or social worker.

**Question 9.** Check “Yes” if you or anyone living in the family child care home has ever been charged with any crime, received probation before judgement or received a not criminally responsible disposition. If not, check “No”. If you check “Yes”, thoroughly explain what happened in the space provided. Use additional paper if needed. If you answer “Yes”, you will receive additional instructions from the Office about the court documents that must be submitted pertaining to incident(s) that you explained. The Office strongly recommends that you discuss, with your household members, their criminal history.

**Question 10.** Check “Yes” if you or any other people living in the home are awaiting trial for a criminal charge. If not, check “No”. If you check “Yes”, thoroughly explain what happened in the space provided. Use additional paper if needed. If you answer “Yes”, you will receive additional instructions from the Office about the court documents that must be submitted pertaining to the charges(s) that you explained. The Office strongly recommends that you discuss, with your household members, their criminal history.

**Question 11.** Check “Yes” if you or any other people living in the home have ever been reported for child or adult abuse or neglect. If not, check “No”. If you answer “Yes”, please thoroughly explain what happened in the space provided. Use additional paper if needed. The Office strongly recommends that you discuss, with your household members, their child and adult abuse and neglect investigations.

**Question 12.** If you have ever been licensed or applied to become licensed, registered or certified to provide childcare in any other county, state, or federal jurisdiction, check “Yes”, if not check “No”. If you check “Yes”, please list when and where in the spaces provided.

**Question 13.** If you have ever had a license, registration, or certification to provide any type of child care, denied, suspended or revoked, check “Yes”, if not, check “No”. If “Yes”, document when, where and give a brief explanation. For “Yes” answers, the Office may request documentation from the agency that denied, suspended or revoked your license, registration or certification.
SECTION III – TO BE COMPLETED BY THE CO-PROVIDER ONLY

**Question 1.** Check “Yes” if you have ever been charged with any crime, received probation before judgement or received a not criminally responsible disposition. If not, check “No”. If you check “Yes”, thoroughly explain what happened in the space provided. Use additional paper if needed. If you answer “Yes”, you will receive additional instructions from the Office about the court documents that must be submitted pertaining to incident(s) that you explained.

**Question 2.** Check “Yes” if you are awaiting trial for a criminal charge. If not, check “No”. If you check “Yes”, thoroughly explain what happened in the space provided. Use additional paper if needed. If you answer “Yes”, you will receive additional instructions from the Office about the court documents that must be submitted pertaining to the charges(s) that you explained.

**Question 3.** Check “Yes” if you have ever been reported for child or adult abuse or neglect. If not, check “No”. If you answer “Yes”, please thoroughly explain what happened in the space provided. Use additional paper if needed.

**Question 4.** If you have ever been licensed or applied to become licensed, registered or certified to provide childcare in any other county, state, or federal jurisdiction, check “Yes”, if not check “No”. If you check “Yes”, please list when and where in the space provided.

**Question 5.** If you have ever had a license, registration, or certification to provide any type of child care, denied, suspended or revoked, check “Yes”, if not, check “No”. If “Yes”, document when, where and give a brief explanation. For “Yes” answers, the Office may request documentation from the agency that denied, suspended or revoked your license, registration or certification.

SECTION IV – TO BE COMPLETED BY PROVIDER AND CO-PROVIDER

This is the last page of the application. Please read, sign and date at the bottom of page. By doing so, you are affirming that you have read the regulations 13A.15 Family Child Care and that you agree to abide by those regulations.

The Office of Child Care (OCC) distributes a mailing list of family child care providers that includes provider’s name, full address, and telephone number. Under State Government Article 10-617 H (5) Public Information, you will need to check one of the four statements listed that best describes your mailing and referral list preferences. The referral list is a database that parents use in locating child care. The database can be accessed through the internet at www.mdchildcare.org or by calling Child Locate.

The mailing list includes mailing from OCC and your local resource and referral agency. OCC and the Resource and Referral Agencies mail newsletters on important regulation changes, information on training and any other information that may affect the provider community.
Appendix A

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.

<table>
<thead>
<tr>
<th>Region #</th>
<th>County</th>
<th>Telephone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>Anne Arundel</td>
<td>410-573-9522</td>
</tr>
<tr>
<td>Region 2</td>
<td>Baltimore City</td>
<td>410-554-8300</td>
</tr>
<tr>
<td>Region 3</td>
<td>Baltimore</td>
<td>410-583-6200</td>
</tr>
<tr>
<td>Region 4</td>
<td>Prince George’s</td>
<td>301-333-6900</td>
</tr>
<tr>
<td>Region 5</td>
<td>Montgomery</td>
<td>240-314-1400</td>
</tr>
<tr>
<td>Region 6</td>
<td>Howard</td>
<td>410-750-8779</td>
</tr>
<tr>
<td>Region 7</td>
<td>Washington</td>
<td>301-791-4585</td>
</tr>
<tr>
<td>Region 8</td>
<td>Caroline</td>
<td>410-819-5801</td>
</tr>
<tr>
<td>Region 9</td>
<td>Somerset</td>
<td>410-713-3430</td>
</tr>
<tr>
<td>Region 10</td>
<td>Calvert</td>
<td>301-475-3770</td>
</tr>
<tr>
<td>Region 11</td>
<td>Harford</td>
<td>410-569-2879</td>
</tr>
<tr>
<td>Region 12</td>
<td>Frederick</td>
<td>301-696-9766</td>
</tr>
<tr>
<td>Region 13</td>
<td>Carroll</td>
<td>410-549-6489</td>
</tr>
</tbody>
</table>

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
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.)*

| A. Application for Family Child Care Registration *(OCC 1230)* | Submitted | N/A |
| B. Provider Information and Plan of Operation *(OCC 1267)* | |
| C. Applicant’s Pre-Service Training Documents: |
| 1. First Aid/CPR *(current and appropriate for each age group approved for care)* | |
| 2. Emergency and Disaster Planning | |
| 3. Medication Administration *(effective Jan 1, 2016)* | |
| 4. Americans with Disabilities Act (ADA) *(effective Jan 1, 2016)* | |
| 5. At least one of the following: |
| a. 24 clock hours of approved training - 4 clock hours in each of the 6 core of knowledge competencies *(OCC 101)* | |
| b. 90 Clock hour course; | |
| c. Department of Defense Modules for Child Care Providers; | |
| d. Child Development Associate Credential (CDA) | |
| e. Associate Degree that includes 15 semester hours of early childhood or elementary education coursework; | |
| f. Bachelor’s or higher degree in early childhood education, elementary education or other discipline approved by the Office; or | |
| g. Other coursework approved by the Office and | |
| If planning to care for 1-4 children under the age of 2 years: |
| 6. Sudden Infant Death Syndrome (SIDS) *(taken within last 5 years)* | |
| 7. Supporting Breastfeeding Practices *(effective Jan 1, 2016)* and | |
| If planning to care for 3-4 children under the age of 2 years you must also include: |
| 8. Three (3) semester hours or 45 clock hours of approved training related to the care of children younger than 2 years old. | |
| D. Substitute Form(s) *(OCC 1229)* *(to include Additional Adult’s substitute, if applicable)* | |
| E. Additional Adult Application *(OCC 1275)* and documents to meet Training Requirements: Current CPR/First Aid for children younger than 2 years SIDS (within past 5 years) | |
| F. Release of Information *(OCC 1260)* |
| 1. Applicant and each resident 18 years old or older | |
| 2. Additional Adult | |
| 3. Substitute(s) to include Additional Adult’s substitute, if applicable | |
| 4. Others with regular access to child care area during approved hours of operation | |
| G. Medical Reports *(OCC 1204)* |
| 1. Applicant and all residents | |
| 2. Additional Adult | |
| H. Evidence of Compliance with Local Building and Zoning Codes *(U&O Permit)* | |
| I. Evidence of Lead Safe Environment *(Certificate for Pre 1978 Rental Property)* | |
| J. Homeowners Liability Insurance *(if home located in area which requires Homeowner Association Membership)* | |
| K. Private Sewage & Water Inspection Results | |
| L. Environmental Health Survey *(OCC 1268)* | |
| M. Fire Inspection Report | |
| N. Emergency Escape Plan *(OCC 1261)* | |
| O. Program Plan *(Schedule of Activities)* | |
| P. Discipline Policy | |
| Q. Menu Plan for 4 Weeks *(OCC 1218)* | |
| R. Rabies Certificate(s) | |
| S. Swimming Pool Certificate | |

**NOTE:** The applicant, residents 18 years or older, and all paid individuals ages 14 years or older, must get Criminal Background Checks.
**Record of Pre-service Approved Training for Family Child Care Applicants**

**Applicant Name:** ____________________________________________________  **Phone** ___________  **email:** ______________________________________

**Note:** Prior to becoming registered, Family Child Care providers are required to complete a minimum of 4 clock hours of approved training in each of the 6 Core of Knowledge areas in addition to other mandated training listed below. The Core of Knowledge areas are: Child Development (Child Dev), Curriculum (Curr), Heath, Safety and Nutrition (HSN), Special Needs (Spec N), Professionalism (Prof), and Community (Comm).

<table>
<thead>
<tr>
<th>Course Title <em>(Please add course number if known.)</em></th>
<th><em>Core of Knowledge Area(s)</em> number of clock hours in the appropriate areas</th>
<th>(Indicate Date Completed)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child Dev</td>
<td>Curr</td>
<td>HSN</td>
</tr>
</tbody>
</table>

**TOTALS**

**Other Pre-service Mandated Training**

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Expiration Date</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPR __Adult  ____Child  ____Infant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td></td>
<td></td>
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<tr>
<td>Medication Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans with Disabilities Act</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIDS <em>(if planning to care for children under age 2)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring for Infants and Toddlers (45 clock hours) <strong>If planning to care for 3 or more children under the age of 2.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting Breastfeeding Practices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

OCC 1204 - Revised 6/08 - All previous editions obsolete and replaces OCC 1258.
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.

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

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.
MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

SUBSTITUTE FORM

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:

Provider’s name: __________________________________________________________________________________

Provider’s address: _________________________________________________________________________________

City: _____________________________________  State: _____________  Zip Code: _______________

---

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 day care regulations and agree to follow them. (Regulation website is:
http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/regulat)

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.

Signature: ________________________________________

Date: ____________________________________________

OCC 1229 - Revised 6/08 - All previous editions are obsolete.
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  ☐ Co-Provider Applicant With: ______________________________________________________________________

Applicant

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 __________

   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

OCC 1230 - Revised 7/14 - All previous editions are obsolete.
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:

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>SS #</th>
<th>BIRTHDATE</th>
<th>RELATIONSHIP</th>
<th>RACE</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>SS #</th>
<th>BIRTHDATE</th>
<th>RELATIONSHIP</th>
<th>RACE</th>
<th>MARITAL STATUS</th>
</tr>
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</tbody>
</table>

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:*

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>CONTACT PERSON</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
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): __________________________________________

OCC 1230 - Revised 7/14 - All previous editions are obsolete.
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
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 to:

• 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: ____________________________

Employees, 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

EMERGENCY ESCAPE PLAN

INSTRUCTIONS:
1. Draw a simple diagram of your entire home in the space below.
2. Name each area and room used for child care.
3. Show the use of each area (such as napping, eating, playing, off-limits, etc.).
4. Show two exits from each area (such as window or door).
5. Show a meeting place.

Emergency Escape Plan For:

Name: _________________________________________
Address: _______________________________________
_______________________________________________
Telephone Number: ______________________________

POST THIS PLAN IN THE CHILD CARE AREA.

SAMPLE – Family Child Care Home

OCC 1261 - Revised 6/08 - All previous editions are obsolete.
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. 
____________________________________________________________________________________________________________________

OCC 1267 – Revised 6/08 - All previous editions are obsolete and replaces OCC 1473.
### THIS SECTION TO BE COMPLETED BY THE APPLICANT

<table>
<thead>
<tr>
<th>Name of Provider/Facility:</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Address of Provider/Facility:</th>
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<tbody>
<tr>
<td>-----------------------------</td>
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<table>
<thead>
<tr>
<th>Phone Number:</th>
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</table>

<table>
<thead>
<tr>
<th>County:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Number living in Family Child Care Home: (do not include provider’s own children under 6 years of age)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Requested Capacity: (maximum number of children at any time including provider’s own children under 6 years of age)</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Water Supply:</th>
<th>PUBLIC</th>
<th>PRIVATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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<thead>
<tr>
<th>Sewage Disposal:</th>
<th>PUBLIC</th>
<th>PRIVATE</th>
</tr>
</thead>
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</table>

### THIS SECTION TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT

**Findings:**

<table>
<thead>
<tr>
<th>Water Supply:</th>
<th>In Compliance</th>
<th>Not in Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Sewage Disposal:</th>
<th></th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommendation:**

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

**Comments:**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

<table>
<thead>
<tr>
<th>Health Department Inspector Signature</th>
<th>Date</th>
<th>Health Officer Representative Signature</th>
<th>Date</th>
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</table>

**Return completed form to:** ________________________________  
**by:** ________________________________

OCC 1268 (Revised 7/05)  *All previous editions are obsolete.*
1. Applying as an Additional Adult for:

Name of Registered Family Child Care Provider: __________________________________________

Address of Registered Home: ___________________________________________ Apt. #: __________

City/Town: ____________________________ Zip Code: __________ Phone #: _________________

2. Name: ___________________________________________________________________________

   Last                                                        First                            Middle                         Maiden

If you have had any other names, please list them: _________________________________________

☐ Female ☐ Male       Social Security #: _______________________ Date of Birth: _____________

3. Home Address: ___________________________________________________ Apt. #: ___________

City/Town: ____________________________ State: ___________ Zip Code: ___________

Phone #: ____________________________     E-mail address: _______________________________

Mailing Address (if different from home address): _________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

4. If currently working, can you receive calls at work? ☐ Yes ☐ No

   If Yes, give your work telephone number: ______________________________________________

5. Have you ever been convicted of any criminal charge, or are you awaiting trial on any criminal
   charge? ☐ Yes ☐ No  If Yes, explain: ________________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________
6. Have you ever been reported for child or adult abuse or neglect? ☐ Yes ☐ No
   If Yes, explain: ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

7. Are you currently or have you ever been licensed, registered, or certified to provide child care in any
   other county or state? ☐ Yes ☐ No     If Yes, give name of county and state and dates of license
   or registration: ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

8. 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: ________
   ________________________________________________________________
   ________________________________________________________________

_________________________________________________        ______________________________
Signature                                                                                           Date

APPLICANT’S STATEMENT

I understand that I must submit all documents required by the Office of Child Care (OCC) to the OCC Regional
Office before my application can be approved.

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 Family Child Care Regulations (COMAR 13A.15.01-.15). If my application to serve as an
Additional Adult is approved, I agree to abide by those regulations, which include (but are not limited to) the
following requirements.

   a. To cooperate in any investigation regarding my application;
   b. To report all suspected cases of child abuse and neglect to the appropriate authorities;
   c. To maintain records required by the regulations;
   d. To permit unannounced visits by the Office of Child Care;
   e. To supervise all children in care as required by Family Child Care Regulations.

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

OCC 1275 – Revised 10/08 – All previous editions are obsolete.