

MARYLAND STATE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE

APPLICATION FOR FAMILY CHILD CARE REGISTRATION

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.)

	Submitted	N/A
A. Application for Family Child Care Registration (OCC 1230)	<input type="checkbox"/>	<input type="checkbox"/>
B. Provider Information and Plan of Operation (OCC 1267)	<input type="checkbox"/>	<input type="checkbox"/>
C. Applicant's Pre-Service Training Documents:		
1. First Aid/CPR (<i>current and appropriate for each age group approved for care</i>)	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency and Disaster Planning	<input type="checkbox"/>	<input type="checkbox"/>
3. Medication Administration (<i>effective Jan 1, 2016</i>)	<input type="checkbox"/>	<input type="checkbox"/>
4. Americans with Disabilities Act (ADA) (<i>effective Jan 1, 2016</i>)	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
b. 90 Clock hour course;	<input type="checkbox"/>	<input type="checkbox"/>
c. Department of Defense Modules for Child Care Providers;	<input type="checkbox"/>	<input type="checkbox"/>
d. Child Development Associate Credential (CDA)	<input type="checkbox"/>	<input type="checkbox"/>
e. Associate Degree that includes 15 semester hours of early childhood or elementary education coursework;	<input type="checkbox"/>	<input type="checkbox"/>
f. Bachelor's or higher degree in early childhood education, elementary education or other discipline approved by the Office; or	<input type="checkbox"/>	<input type="checkbox"/>
g. Other coursework approved by the Office and	<input type="checkbox"/>	<input type="checkbox"/>
If planning to care for 1-4 children under the age of 2 years:		
6. Sudden Infant Death Syndrome (SIDS) (<i>taken within last 5 years</i>)	<input type="checkbox"/>	<input type="checkbox"/>
7. Supporting Breastfeeding Practices (<i>effective Jan1, 2016</i>) 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.	<input type="checkbox"/>	<input type="checkbox"/>
D. Substitute Form(s) (OCC 1229) (<i>to include Additional Adult's substitute, if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>
E. Additional Adult Application (OCC 1275) and documents to meet Training Requirements: Current CPR/First Aid for children younger than 2 yrs SIDS (within past 5 years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F. Release of Information (OCC 1260)		
1. Applicant and each resident 18 yrs old or older	<input type="checkbox"/>	<input type="checkbox"/>
2. Additional Adult	<input type="checkbox"/>	<input type="checkbox"/>
3. Substitute(s) <i>to include Additional Adult's substitute, if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Others with regular access to child care area during approved hours of operation	<input type="checkbox"/>	<input type="checkbox"/>
G. Medical Reports (OCC 1204)		
1. Applicant and all residents	<input type="checkbox"/>	<input type="checkbox"/>
2. Additional Adult	<input type="checkbox"/>	<input type="checkbox"/>
H. Evidence of Compliance with Local Building and Zoning Codes (<i>U&O Permit</i>)	<input type="checkbox"/>	<input type="checkbox"/>
I. Evidence of Lead Safe Environment (<i>Certificate for Pre 1978 Rental Property</i>)	<input type="checkbox"/>	<input type="checkbox"/>
J. Homeowners Liability Insurance (<i>if home located in area which requires Homeowner Association Membership</i>)	<input type="checkbox"/>	<input type="checkbox"/>
K. Private Sewage & Water Inspection Results	<input type="checkbox"/>	<input type="checkbox"/>
L. Environmental Health Survey (OCC 1268)	<input type="checkbox"/>	<input type="checkbox"/>
M. Fire Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
N. Emergency Escape Plan (OCC 1261)	<input type="checkbox"/>	<input type="checkbox"/>
O. Program Plan (<i>Schedule of Activities</i>)	<input type="checkbox"/>	<input type="checkbox"/>
P. Discipline Policy	<input type="checkbox"/>	<input type="checkbox"/>
Q. Menu Plan for 4 Weeks (OCC 1218)	<input type="checkbox"/>	<input type="checkbox"/>
R. Rabies Certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>
S. Swimming Pool Certificate	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: The applicant, residents 18 years or older, and all paid individuals ages 14 years or older , must get Criminal Background Checks.