

OUTDOOR NATURE BASED CHILD CARE APPLICATION

PURSUANT TO EDUCATION ARTICLE §9.5-1103, MSDE SHALL SELECT BETWEEN 5 AND 10 OUTDOOR NATURE-BASED EARLY LEARNING AND CHILD CARE PROGRAMS TO PARTICIPATE IN A PILOT PROGRAM DURING THE FIRST YEAR OF THE PILOT PROGRAM.

SECTION I

(To Be Completed by Regional Office)

OCC Region # _____ County: _____ Provider ID# _____ Orientation Date: _____

SECTION II**Which of the following designations describes the status of the Operator?****(Check ALL that apply)**

- ☐ Private Non-Profit An organization incorporated under Maryland tax law as a non-profit corporation.
Submit a letter of tax-exempt status. Tax-exempt #: _____
Submit a copy of the Articles of Incorporation.
- ☐ Proprietary An individual or partnership.
 An unincorporated private for-profit organization.
 A private for-profit corporation.
 If incorporated, submit a copy of the Articles of Incorporation.
- ☐ Public An agency entirely funded by federal, state, county, municipal funds, or any combination of public funds. **If incorporated, submit a copy of the Articles of Incorporation.**

Name of Program:

Telephone #

Location Street Address:

Email Address:

City/County:

State:

Zip Code:

Location Name (i.e. Patapsco State Park):

Name of Person who will serve as the **AGENT** for the Operator:

Telephone #:

Email:

Name of Person, Organization, or Corporation to be named as the **OPERATOR** responsible for compliance with all regulations:

EIN or SSN # (as applicable):

Telephone #:

Mailing Address (if different from the Program Location):

Payment Address (if different from the Program Location):

Describe the landscape of your proposed location (include bodies of water, trails, public/private land):

Please attach a site plan for the proposed space.

SECTION III

SCOPE OF SERVICE

1. Proposed Opening Date: _____
2. Months of Operation: _____
3. Days of Operation: _____
4. Hours of Operation: _____
5. Ages to be served: _____
6. Approved Educational Program: ☐ YES ☐ NO

PROPOSED CAPACITY

Capacity is established by the OCC based on outdoor useable space, staff, equipment, and sanitary facilities. The maximum group size per COMAR 13A.19 will be twelve (12) children.

Total planned capacity: _____

PROPOSED WATER SUPPLY AND SANITATION

Please describe your plan for water supply and sanitation: _____

Note: The water supply and sanitation must be approved by the state and local health department.

PROPOSED FOOD SERVICE

Type of Food Service: ☐ Carried Lunch ☐ Catered ☐ Other, explain: _____

Please describe your food preparation and storage areas: _____

APPLICABLE LOCAL PERMITS

List all permits that will be obtained from the local jurisdiction (Zoning, Use and Occupancy, Fire, etc.):

VARIANCE REQUESTS

List all variance requests needed to meet regulatory requirement per COMAR 13A.16.03.08:

COMPREHENSIVE POLICIES AND PROCEDURES

Please attach a copy of your comprehensive policy and procedures which include the following program requirements:

- A. Capacity
- B. Minimum Age Requirements of children.
- C. Minimum Staff Requirements
- D. Staff Professional Development
- E. Location
- F. Square Footage
- G. Communication System
- H. Bathroom Use
- I. Diapering
- J. Safe Water Sources
- K. Rest Area and Furnishings
- L. Food Storage
- M. Medication
- N. Outdoor Clothing and Equipment
- O. Safe Operating Temperatures
- P. Sheltering During Inclement Weather
- Q. Accommodations for Children with Special Needs
- R. Child Safety
- S. Risky Play
- T. Campfire Activity Supervision and Safety
- U. Parent Handbook
- V. Parent Waivers
- W. Record Storage

LICENSE OR REGISTRATION HISTORY

Has the owner, operator, or agent ever been licensed or applied to become licensed, registered, or certified to offer child care or youth camp services in Maryland or in any other county, state, or federal jurisdiction?

☐ YES ☐ NO If YES, please explain. _____

Has the owner, operator, or agent ever had a license, registration, or certification for any type of care denied, suspended, or revoked?

☐ YES ☐ NO If YES, please explain. _____

DEMOGRAPHIC INFORMATION

Is the applicant an individual? ☐ YES ☐ NO If YES, what is the race/ethnicity of the applicant (check all that apply)?

Race

- ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
☐ White ☐ Other _____

Ethnicity

- ☐ Hispanic ☐ Non-Hispanic

Primary Language Spoken: _____

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	FREQUENT CONTACT WITH CHILDREN
		<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

ACKNOWLEDGEMENT

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.

I understand that submitting an application is not an authorization to provide child care services. I understand that I may not operate a child care program until I receive a license from the Office of Child Care.

Signature and Title (Operator or Agent)

Date