

MARYLAND STATE DEPARTMENT OF EDUCATION

Office of Child Care

**FAMILY CHILD CARE PROVIDER INFORMATION AND PLAN OF OPERATION**

Provider Name: \_\_\_\_\_

Doing Business As (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Days of Operation:     Monday – Friday     Saturday     Sunday
  
2. Hours of Operation:     Days (6 am - 6 pm)     Evenings (6 pm - 12 am)  
    Overnight (12 am - 6 am) (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 the premises or near the home which will be routinely used by children in care.  
(i.e., back yard and patio, elementary school playground, (specify) local park (specify)).  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Identify the type(s) of pet(s) in the home (i.e., dog, cat, bird, reptiles.) 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.)  
\_\_\_\_\_  
\_\_\_\_\_
  
- b) Identify any body of water you plan to use for child care activities.  
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