

MARYLAND STATE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE

APPLICATION FOR RESUMPTION OF SERVICE
(FAMILY CHILD CARE REGISTRATION ONLY)

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
<u>Re-registering at the same location.</u>		
A. Application To Resume Service (OCC 349)	<input type="checkbox"/>	<input type="checkbox"/>
B. Provider Information and Plan of Operation (OCC 1267)	<input type="checkbox"/>	<input type="checkbox"/>
C. Pre-service Training. (Did not previously care for children under age 2, but choose to do so now)		
<i>If planning to care for 1-4 children under the age of 2 years:</i>		
1. Sudden Infant Death Syndrome (SIDS) (taken within last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
2. Supporting Breastfeeding Practices effective Jan1, 2016) and	<input type="checkbox"/>	<input type="checkbox"/>
<i>If planning to care for 3-4 children under the age of 2 years you must also include:</i>		
3. 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) (to include Additional Adult's substitute, if applicable)	<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) (for new individuals only)		
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) to include Additional Adult's substitute, if applicable)	<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) (for new individuals only)		
1. Applicant and all residents	<input type="checkbox"/>	<input type="checkbox"/>
2. Additional Adult	<input type="checkbox"/>	<input type="checkbox"/>
<u>Re-registering at a different location.</u>		
H. Evidence of Compliance with Local Building and Zoning Codes (U&O Permit)	<input type="checkbox"/>	<input type="checkbox"/>
I. Evidence of Lead Safe Environment (Certificate for Pre 1978 Rental Property)	<input type="checkbox"/>	<input type="checkbox"/>
J. Homeowners Liability Insurance (if home located in area which requires Homeowner Association Membership)	<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 (Schedule of Activities)	<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) (for new pets only)	<input type="checkbox"/>	<input type="checkbox"/>
S. Swimming Pool Certificate	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: The original criminal background results for the applicant will be accepted if the new location is within the office's same licensing jurisdiction. New residents 18 years or older, and new paid individuals ages 14 years or older, must get Criminal Background Checks.