

MARYLAND STATE DEPARTMENT OF EDUCATION – OFFICE OF CHILD CARE
**CONTINUING FAMILY CHILD CARE HOME REGISTRATION APPLICATION
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. Request for Continuing Family Child Care Home Registration (OCC 673) <i>(Only required when converting from Initial-Full to Continuing-Full status)</i>	<input type="checkbox"/>	<input type="checkbox"/>
B. Medical Report (OCC 1204) for:		
1. The Provider /Co-provider	<input type="checkbox"/>	<input type="checkbox"/>
2. The Additional Adult <i>(if approved for 3 or 4 children under the age of 2)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Each Substitute	<input type="checkbox"/>	<input type="checkbox"/>
4. Each new resident <i>(notify your regional Office immediately of any new residents)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Volunteers <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
C. Notarized Release of Information (OCC 1260) for:		
1. The Provider /Co-provider	<input type="checkbox"/>	<input type="checkbox"/>
2. Each Substitute	<input type="checkbox"/>	<input type="checkbox"/>
3. Each adult, 18 years or older, residing in the home	<input type="checkbox"/>	<input type="checkbox"/>
4. The additional adult	<input type="checkbox"/>	<input type="checkbox"/>
5. Any other individual who has regular access to children in care	<input type="checkbox"/>	<input type="checkbox"/>
6. Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
D. Substitute form (OCC 1229) for each substitute	<input type="checkbox"/>	<input type="checkbox"/>
E. Record of Professional Development Coursework (OCC 100) <i>(18 hours of continued training the first year and 12 hours each year after based on anniversary date)</i>	<input type="checkbox"/>	<input type="checkbox"/>
F. Current and age-appropriate First-aid/CPR staff certificate for:		
1. The Provider/Co-provider	<input type="checkbox"/>	<input type="checkbox"/>
2. The Additional Adult	<input type="checkbox"/>	<input type="checkbox"/>
G. Current Fire Inspection Results	<input type="checkbox"/>	<input type="checkbox"/>
H. Satisfactory well and septic test results	<input type="checkbox"/>	<input type="checkbox"/>
I. Each required local code approval (zoning, pool, etc., if required)	<input type="checkbox"/>	<input type="checkbox"/>
J. Current rabies certificate for each animal on premises, as applicable	<input type="checkbox"/>	<input type="checkbox"/>
K. Landlord Approval Form (OCC 1296)	<input type="checkbox"/>	<input type="checkbox"/>

Note: Criminal background checks (Maryland, FBI and Out of State, if applicable) are required for any resident who turned 18 years old, all new residents 18 years old or older, and any new Substitutes or Volunteers.