

MARYLAND STATE DEPARTMENT OF EDUCATION – OFFICE OF CHILD CARE
APPLICATION FOR FAMILY CHILD CARE REGISTRATION

Submitting an application is not an authorization to provide childcare services. You may not operate a childcare facility until you receive your certificate of registration from the Office of Child Care.

SECTION I

(To Be Completed By Regional Office)

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

Resumption: Previous OCC Region: _____ Closing Date of Previous Registration _____

Records Requested Date: _____ Records Received Date: _____

SECTION II

(To Be Completed By Applicant)

Applicant is applying for: (check one)

First Registration Resumption of Service: Previous Registration # _____

Co-Provider Applicant With: _____
(Provider's Name and Address)

Applicant is requesting: (Check all that apply)

Under 2 years old 2 years through 5 years old
 K through 12 years old 13 years through 20 years old (Special Needs)

ATTACH A COPY OF GOVERNMENT ISSUED PHOTO ID TO THIS APPLICATION

1. Applicant's Name: _____
Last First Middle Maiden

If you have had any other names, please list: _____

Social Security # (Required): _____ Tax ID # (Optional): _____

Date of Birth: _____ Gender: Female Male Non-binary

Telephone #: _____ Email address: _____

If currently working, can you receive calls at work? NO If YES, give work number: _____

2. Personal Identifying Data (**NEEDED FOR CLEARANCE**):

(a) Race (check all that apply): American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White other (specify): _____

(b) Ethnicity: Hispanic or Latino Non-Hispanic or Latino

(c) Marital Status: Single Married Widowed Separated Divorced

(d) Primary Language Spoken: _____

Applicants Residence: _____ County: _____

City: _____ State: _____ Zip Code: _____ Apartment #: _____

IF APPLYING AS CO-PROVIDER STOP HERE AND PROCEED TO SECTIONS III AND IV

3. Development (If applicable): _____ Status: Homeowner Renter (Landlord Approval Form OCC 1296)
 Other, please explain: _____

Year Property Built: _____ Lead Risk Reduction Certificate Lead Free Certificate

Type of Water Supply: Private Public Type of Sewage Disposal: Private Public

Is your home located in a condominium or a neighborhood that requires Homeowner's Association membership?

YES NO

NOTE: (If yes, please be advised that the home will need to be covered by Homeowner's Liability Insurance applicable to child care, pursuant to Maryland law. You will be required to submit documentation of that insurance to the OCC Regional Office.)

4. Previous address, if applying for a Resumption of Service: _____

5. Are you a child/adult foster care provider, or applying to become one? YES NO

If yes, please provide the following: Name of Foster Care Agency: _____

Contact Person: _____ Telephone #: _____

6. Please list all residents of the home (**excluding yourself**). Please use an additional piece of paper if needed:

Full Name of Resident	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is any adult living in your residence an employee of the Maryland State Department of Education (MSDE)?

YES NO

7. Have you or any other persons living in your residence **ever been convicted of any criminal charge, or received a probation before judgment disposition, or received a not criminally responsible disposition?** YES NO

If YES, please explain: _____

8. Are you or any other persons living in your residence **awaiting trial on any criminal charge?** YES NO

If YES, please explain: _____

9. Have you or any other persons living in your residence **ever been reported for child abuse or neglect?**
 YES NO If YES, please explain: _____

10. Have you ever been licensed, or have you applied to become licensed, registered, or certified to provide child care in **any other county, state or federal jurisdiction?** YES NO
If YES, state when and where: _____

11. Have you ever had a license, registration or certification for **any** type of care **denied, suspended or revoked?**
 YES NO If YES, state when and where: _____

SECTION III
TO BE COMPLETED BY CO-PROVIDER ONLY

1. Have you **ever been convicted of any criminal charge, or received a probation before judgment disposition, or received a not criminally responsible disposition?** YES NO

2. Are you **awaiting trial on any criminal charge?** YES NO

3. Have you **ever been reported for child abuse or neglect?** YES NO

4. Have you ever been licensed, or have you applied to become licensed, registered, or certified to provide child care **in any other county, state, or federal jurisdiction?** YES NO
If YES, state when and where: _____

5. Have you ever had a license, registration, or certification for **any** type of care **denied, suspended, or revoked?**
 YES NO
If YES, state when and where: _____

If you answered "YES" to questions 1, 2, or 3, please explain. (Add additional sheets if necessary):

SECTION IV

(To Be Completed by Applicant)
APPLICANT'S STATEMENT

I understand the regulations can be viewed and printed from the following website:

<https://earlychildhood.marylandpublicschools.org/regulations>

I have read the regulations for Family Child Care Registration, COMAR 13A.15.01. If I am registered, I agree to abide by those regulations, which include (but are not limited to) the following requirements:

- a. Display the registration certificate in a conspicuous place;
- b. Maintain my assigned capacity;
- c. Ensure that supervision of the children in care is provided at all times as required by Family Child Care Regulations;
- d. Report to the appropriate authorities all suspected cases of child abuse and neglect;
- e. Report to the Office of Child Care (OCC) all serious injuries and deaths involving children in my care;
- f. Post emergency information;
- g. Cooperate in any investigation regarding my application or registration;
- h. Permit unannounced visits by the OCC;
- i. Maintain all records required by the regulations;
- j. Ensure that the Consumer Education Pamphlet is made available to each parent of a child enrolled in my care;
- k. Execute a written agreement with each parent or guardian; and
- l. Report to the OCC all changes which might affect the status of the registration.

I understand that I must submit all documents required by the OCC to the Regional Office before my application can be approved. The information I have given on this entire application form and on all other required application documents is true, correct, and complete to the best of my knowledge. I understand that submitting an application is not an authorization to provide childcare services. I understand that I may not operate a childcare facility until I receive a certificate of registration from the Office of Child Care.

Signature

Date