

**MARYLAND STATE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE  
APPLICATION FOR FAMILY CHILD CARE REGISTRATION 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.)*

	<b>Submitted</b>	<b>N/A</b>
A. Application for Family Child Care Registration ( <b>OCC 1230</b> )	<input type="checkbox"/>	<input type="checkbox"/>
B. Provider Information and Plan of Operation ( <b>OCC 1267</b> )	<input type="checkbox"/>	<input type="checkbox"/>
C. Applicant's Pre-Service Training Documents (record training on <b>OCC 101</b> and submit with <b>copies</b> of the training certificates):		
1. First Aid/CPR ( <i>current and appropriate for each age group approved for care</i> )	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency and Disaster Planning	<input type="checkbox"/>	<input type="checkbox"/>
3. Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>
4. Including all Children and the Americans with Disabilities Act (ADA)	<input type="checkbox"/>	<input type="checkbox"/>
5. Basic Health and Safety ( <i>must be completed within 90 days of initial registration. If this training is taken prior to registration it includes the Supporting Breastfeeding Practices and SIDS training</i> )	<input type="checkbox"/>	<input type="checkbox"/>
6. Supporting Breastfeeding Practices ( <i>if not taken with Basic Health and Safety</i> )	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>At least one of the Following:</b>		
a. 24 clock hours of approved training - 4 clock hours in each of the 6 core of knowledge competencies ( <i>Completed within 2 years before the application is filed</i> )	<input type="checkbox"/>	<input type="checkbox"/>
b. 90 Clock hour course;	<input type="checkbox"/>	<input type="checkbox"/>
c. Department of Defense Modules for Child Care Providers;	<input type="checkbox"/>	<input type="checkbox"/>
d. Child Development Associate Credential (CDA)	<input type="checkbox"/>	<input type="checkbox"/>
e. Associate Degree that includes 15 semester hours of early childhood or elementary education coursework;	<input type="checkbox"/>	<input type="checkbox"/>
f. Bachelor's or higher degree in early childhood education, elementary education or other discipline approved by the Office; or	<input type="checkbox"/>	<input type="checkbox"/>
g. Other coursework approved by the Office <b>and</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If planning to care for children under the age of 2 years:</b>		
8. Sudden Infant Death Syndrome (SIDS) ( <i>taken within last 5 years</i> ) <b>and</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If planning to care for 3-4 children under the age of 2 years you must also include:</b>		
9. 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) ( <b>OCC 1229</b> )( <i>to include Additional Adult's substitute, if applicable</i> )	<input type="checkbox"/>	<input type="checkbox"/>
E. Additional Adult Application ( <b>OCC 1275</b> ) ( <i>if applicable</i> ) <b>and documents to meet:</b> Training Requirements: Current CPR/First Aid for children younger than 2 years SIDS ( <i>within past 5 years</i> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F. Release of Information ( <b>OCC 1260</b> )		
1. Applicant and each resident 18 years old or older	<input type="checkbox"/>	<input type="checkbox"/>
2. Additional Adult	<input type="checkbox"/>	<input type="checkbox"/>
3. Substitute(s) ( <i>to include Additional Adult's substitute, if applicable</i> )	<input type="checkbox"/>	<input type="checkbox"/>
4. Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
5. Others with regular access to child care area during approved hours of operation	<input type="checkbox"/>	<input type="checkbox"/>
G. Medical Reports ( <b>OCC 1204</b> )		
1. Applicant and all residents	<input type="checkbox"/>	<input type="checkbox"/>
2. Additional Adult	<input type="checkbox"/>	<input type="checkbox"/>
3. All Substitutes	<input type="checkbox"/>	<input type="checkbox"/>
4. Volunteers ( <i>if present in the home more than once per week</i> )	<input type="checkbox"/>	<input type="checkbox"/>
H. Evidence of Compliance with Local Building and Zoning Codes ( <i>U&amp;O Permit</i> )	<input type="checkbox"/>	<input type="checkbox"/>
I. Evidence of Lead Safe Environment ( <i>Certificate for Pre 1978 Rental Property</i> )	<input type="checkbox"/>	<input type="checkbox"/>
J. Homeowners Liability Insurance ( <i>if home located in area which requires Homeowner Association Membership or Condominium</i> )	<input type="checkbox"/>	<input type="checkbox"/>

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|-----------------------------------------------------------------------------------|--------------------------|--------------------------|
| K. Environmental Health Survey ( <b>OCC 1268</b> )                                | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Fire Inspection Report                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Emergency Escape Plan ( <b>OCC 1261</b> )                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| N. Program Plan ( <i>Schedule of Activities</i> )                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| O. Provider Information and Plan of Operation ( <b>OCC 1267</b> )                 | <input type="checkbox"/> | <input type="checkbox"/> |
| P. Discipline Policy ( <i>included in the Parent/Provider Agreement</i> )         | <input type="checkbox"/> | <input type="checkbox"/> |
| Q. Parent/Provider Agreement ( <i>sample</i> )                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| R. Menu Plan for 4 Weeks ( <b>OCC 1218</b> <i>or equivalent</i> )                 | <input type="checkbox"/> | <input type="checkbox"/> |
| S. Rabies Certificate(s)                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| T. Landlord Approval Form ( <b>OCC 1296</b> ) ( <i>if home is a rental unit</i> ) | <input type="checkbox"/> | <input type="checkbox"/> |

**NOTE: The applicant, residents 18 years or older, co-provider, substitutes, additional adult(s), volunteers and others with regular access to children in care must get Criminal Background Checks for Maryland, FBI and any State that they have resided in within the past 5 years.**