

**MARYLAND STATE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE**  
**APPLICATION FOR A LARGE FAMILY CHILD CARE HOME REGISTRATION**

**CHECKLIST**

The applicant must submit the following information to the Office of Child Care (OCC) before the application for a Large Family Child Care Home (LFCCH) can be considered complete. (*Check appropriate column for each listed item.*)

	<b>Submitted</b>	<b>N/A</b>
A. Application for Large Family Home Registration (OCC 1240)	<input type="checkbox"/>	<input type="checkbox"/>
B. Floor Plans ( <i>with architectural detail</i> )	<input type="checkbox"/>	<input type="checkbox"/>
C. Plan of Operation ( <i>Schedule of Activities</i> )	<input type="checkbox"/>	<input type="checkbox"/>
D. Discipline Policy	<input type="checkbox"/>	<input type="checkbox"/>
E. Menu Plan for 4 weeks (OCC 1218)	<input type="checkbox"/>	<input type="checkbox"/>
F. Evidence of Compliance with Local Building and Zoning Codes ( <i>U&amp;O Permit</i> )	<input type="checkbox"/>	<input type="checkbox"/>
G. Homeowner's Liability Insurance ( <i>if home located in areas which requires Homeowner Association Membership</i> )	<input type="checkbox"/>	<input type="checkbox"/>
H. Environmental Health Survey (OCC 1268)	<input type="checkbox"/>	<input type="checkbox"/>
I. Private Sewage & Water inspection Results	<input type="checkbox"/>	<input type="checkbox"/>
J. Fire Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
K. Fire Evacuation Plan(s)	<input type="checkbox"/>	<input type="checkbox"/>
L. Lead Safe Environment ( <i>Certificate for Pre 1978 Residential Rental Property</i> )	<input type="checkbox"/>	<input type="checkbox"/>
M. Rabies Certificate for each animal on premises	<input type="checkbox"/>	<input type="checkbox"/>
N. Swimming Pool Certificate	<input type="checkbox"/>	<input type="checkbox"/>
O. Workers Compensation Insurance Information (OCC 1201)	<input type="checkbox"/>	<input type="checkbox"/>
P. Personnel List (OCC 1203) ( <i>with all related supporting documentation</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Q. Medical Reports (OCC 1204)		
1. Applicant	<input type="checkbox"/>	<input type="checkbox"/>
2. Each Resident of the Home	<input type="checkbox"/>	<input type="checkbox"/>
3. Each staff person	<input type="checkbox"/>	<input type="checkbox"/>
R. Individual Personnel Information (OCC 1205) ( <i>with all requested documentation</i> )		
1. Applicant	<input type="checkbox"/>	<input type="checkbox"/>
2. Child Care Home Director ( <i>applicant must also qualify as a Director</i> )	<input type="checkbox"/>	<input type="checkbox"/>
3. Family Child Care Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
4. Aide(s)	<input type="checkbox"/>	<input type="checkbox"/>
5. Substitute(s)	<input type="checkbox"/>	<input type="checkbox"/>
S. Staffing Pattern (OCC 1206)	<input type="checkbox"/>	<input type="checkbox"/>
T. Emergency Adult Agreement/On-Call Statement ( <i>for LFCCH with children ages 2 and above</i> )	<input type="checkbox"/>	<input type="checkbox"/>
U. Release of Information (OCC 1260) for:		
1. Applicant ( <i>applicant must qualify as a Director</i> )	<input type="checkbox"/>	<input type="checkbox"/>
2. Each Employee ( <i>teachers, aides, support staff</i> )	<input type="checkbox"/>	<input type="checkbox"/>
3. Each resident of the home 18 years old or older	<input type="checkbox"/>	<input type="checkbox"/>
4. Each Substitute ( <i>whether paid or unpaid</i> )	<input type="checkbox"/>	<input type="checkbox"/>
5. Others with access to child care area during approved hours of operation	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: The applicant, each employee, including paid substitutes, and each resident of the home who is 18 years old or older, must get Criminal Background Checks. Be sure to use the LFCCH and OCC authorization numbers.**