Dreams and Visions Christian Learning Center
8320 Landover Rd. Landover, MD 20785
301.773.9660 (Center) 301.773.9330 (Fax) 301.773.8100 (Church)
Email – DVCLC@NEWHOMEBC.ORG

ENROLLMENT AND SERVICE AGREEMENT

The following agreement is made between:

Mother/Legal Guardian (**Print**) _____ Home Telephone _____

Home Address (**Print**) _____ Email (**Print**) _____

City, State & Zip Code (**Print**) _____ Cell Telephone _____

Employer's Name (**Print**) _____ Office Telephone _____

Employers Address (**Print**) _____

City, State & Zip Code (**Print**) _____

And

Father/Legal Guardian (**Print**) _____ Home Telephone _____

Home Address (**Print**) _____ Email (**Print**) _____

City, State & Zip Code (**Print**) _____ Cell Telephone _____

Employer's Name (**Print**) _____ Office Telephone _____

Employers Address (**Print**) _____

City, State & Zip Code (**Print**) _____

For the care of:

_____ _____
Child's Name (**Print**) Date of Birth

Name(s) of other siblings previously or currently enrolled at the Center:

_____ ____ Previous
Child's Name (**Print**) ____ Current

_____ _____Previous
Child's Name (**Print**) _____ Current

Rates and Payment Policies:

Care and Instruction - The fee shall be $_____ per month.
The Start Date: Month_____ Day_____ Year_____.
End Date: Month_____ Day_____ Year_____.
Care and instruction will be provided for your child during the following checked time period Monday through Friday: **(10 hours maximum).**

_____ 6:00 a.m. to 4:00 p.m.
_____ 6:30 a.m. to 4:30 p.m.
_____ 7:00 a.m. to 5:00 p.m.
_____ 7:30 a.m. to 5:30 p.m.
_____ 8:00 a.m. to 6:00 p.m.
_____ 8:00 a.m. – 8:50 a.m. to 6:00 p.m.

Note: After 8:30 a.m. it is the parent's responsibility to see that the child has been fed prior to arrival.

Tuition Payments: All are due the 1st Business Day of each month by close of business. In the event the due date is a holiday, payment is due by close of business on the next business day. Check or money order is to be made payable to *New Home Baptist Church*. We do not accept cash for tuition and/or deposit. If payment is not received, student will not be allowed in class the next day of class until paid in full.

Late Pick Up Fees: For the purpose of this agreement, late pick up fees will be assessed at the rate of $3.00 per minute. This fee is to be paid directly to the teacher (s) that has remained with the child. See the current Parent Handbook for further details.

Rates Regarding Holidays, Vacations, and Other Absences:

1. Full tuition is expected for all holidays and In-Service days when they fall on a day regularly scheduled for care: *See current Parent Handbook – Center Holiday/Closings*

2. Charges related to parent(s)/guardian's scheduled vacation. Tuition payments will not be prorated or lifted should a child leave for vacation. The payment of fees will reserve the students place in the Center.

3. The parent/guardian will give two-week advance notice of scheduled vacation or other leave.

Additional Fees: Registration/Processing Fee $50.00 (non-refundable);
Book Fees (TBA) Returned Check Fees $30.00 and Damages Fee see *Parent Handbook.*

Uniform Policy:

I have read and understood the policy for uniforms in the current Parent Handbook. I also understand the requirement listed for the uniform items required.
Non-Potty Trained 2yr olds will be required to supply the following items: Training pants and pull-ups. **No diapers or pampers.**

Authorized Persons to Pick Up Child:

The following persons will be authorized to pick up my child. I understand this authorization will remain effective until the Center receives written notification of any changes. Proper identification will be required. An authorized person must be 18 years of age or older. Your child will not be released to any unauthorized person, **no exceptions**.

Name **(Print)**	Relationship **(Print)**
Name **(Print)**	Relationship **(Print)**
Name **(Print)**	Relationship **(Print)**

Termination Procedure:

This contract may be terminated by either parent/guardian or Learning Center by giving two (2) weeks written notice in advance of the ending date. Payment by parent/guardian is due for the notice period, whether or not the child is brought to the Center for care. The Learning Center may terminate the contract without giving any notice if the parent/guardian does not make payments when due. Failure by the Center to enforce one or more terms of the contract does not waive the right of the Center to enforce any other terms of the agreement.

Signatures

By signing this contract, parent(s)/guardian(s) agree to abide by the written policies of the Learning Center. The Learning Center may amend the policies or rates by giving the parent(s)/guardian(s) a copy of the new or changed policies or rates at least thirty-days (30) before they go into effect. **I have read and understand the "Parent Handbook" I have been provided by the Dreams and Visions Christian Learning Center.**

Mother/Legal Guardian's **(Printed)**

_____

Mother/Legal Guardian's Signature _____ Date _____

Father/Legal Guardian's **(Printed)**

_____

Father/Legal Guardian's Signature _____ Date _____

Co-signer's Signature _____ Date _____

If the parent or legal guardian is under age 18, a co-signer must sign this agreement and act as a guarantor to the contract and agree to be bound by all financial terms.

The following name(s) should appear on the Account as the responsible party:

_____ **(Print)**

_____ **(Print)**

_____ Date _____

Elkicha Womack
Director, Dreams & Visions Christian Learning Center (DVCLC)

_____ Date _____

Philip S. Brown III
Assistant Church Administrator

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- ***A physical examination*** *by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).*
- ***Evidence of immunizations****. A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf*
- ***Evidence of Blood-Lead Testing for children living in designated at risk areas****. The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at: http://apps.fcps.org/dept/health/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf*

EXEMPTIONS

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at

http://www.marylandpublicschools.org/NR/rdonlyres/B0050A99-6B3C-4396-A996-CC9405971A42/36556/1216_MedAuth_073013.pdf

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____ **Birth date:** _____ **Sex** M☐F☐
Last First Middle Mo / Day / Yr

Address: _____
Number Street Apt# City State Zip

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		W:	C:	H:
		W:	C:	H:

Where do you usually take your child for routine medical care? Name:

Address: **Phone Number:**

When was the last time your child had a physical exam? Month: Year:

Where do you usually take your child for dental care? Name:

Address: **Phone Number:**

ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.

	Yes	No	Comments (required for any Yes answer)
Allergies (Food, Insects, Drugs, Latex, etc.)	☐	☐	
Allergies (Seasonal)	☐	☐	
Asthma or Breathing	☐	☐	
Behavioral or Emotional	☐	☐	
Birth Defect(s)	☐	☐	
Bladder	☐	☐	
Bleeding	☐	☐	
Bowels	☐	☐	
Cerebral Palsy	☐	☐	
Coughing	☐	☐	
Developmental Delay	☐	☐	
Diabetes	☐	☐	
Ears or Deafness	☐	☐	
Eyes or Vision	☐	☐	
Head Injury	☐	☐	
Heart	☐	☐	
Hospitalization (When, Where)	☐	☐	
Lead Poisoning/Exposure	☐	☐	
Life Threatening Allergic Reactions	☐	☐	
Limits on Physical Activity	☐	☐	
Meningitis	☐	☐	
Prematurity	☐	☐	
Seizures	☐	☐	
Sickle Cell Disease	☐	☐	
Speech/Language	☐	☐	
Surgery	☐	☐	
Other	☐	☐	

Does your child take medication (prescription or non-prescription) at any time?

☐ No ☐ Yes, name(s) of medication(s)

Does your child receive any special treatments? (nebulizer, epi-pen, etc.)

☐ No ☐ Yes, type of treatment

Does your child require any special procedures? (catheterization, G-Tube, etc.)

☐ No ☐ Yes, what procedure(s)

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.

I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Parent/Guardian Date

PART II - CHILD HEALTH ASSESSMENT
To be completed *ONLY* by Physician/Nurse Practitioner

Child's Name: Last / First / Middle	Birth Date: Month / Day / Year	Sex M ☐ F ☐

1. Does the child named above have a diagnosed medical condition?
☐ No ☐ Yes, describe:

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.
☐ No ☐ Yes, describe:

3. PE Findings

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	☐	☐	☐	Lead Exposure/Elevated Lead	☐	☐	☐
Behavior/Adjustment	☐	☐	☐	Mobility	☐	☐	☐
Bowel/Bladder	☐	☐	☐	Musculoskeletal/orthopedic	☐	☐	☐
Cardiac/murmur	☐	☐	☐	Neurological	☐	☐	☐
Dental	☐	☐	☐	Nutrition	☐	☐	☐
Development	☐	☐	☐	Physical Illness/Impairment	☐	☐	☐
Endocrine	☐	☐	☐	Psychosocial	☐	☐	☐
ENT	☐	☐	☐	Respiratory	☐	☐	☐
GI	☐	☐	☐	Skin	☐	☐	☐
GU	☐	☐	☐	Speech/Language	☐	☐	☐
Hearing	☐	☐	☐	Vision	☐	☐	☐
Immunodeficiency	☐	☐	☐	Other:	☐	☐	

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider **or** a computer generated immunization record must be provided. (This form may be obtained from: http://marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/docs/DHMH_896_revFeb2011.pdf)

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being

5. Is the child on medication?
☐ No ☐ Yes, indicate medication and diagnosis:
(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).

6. Should there be any restriction of physical activity in child care?
☐ No ☐ Yes, specify nature and duration of restriction:

7. Test/Measurement	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test Indicated ☐Yes ☐No		

(Child's Name) **has had a complete physical examination and any concerns have been noted above.**

Additional Comments:

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:

CHILDREN WHO ARE REQUIRED TO RECEIVE LEAD TESTING

Under Maryland law, children who reside, or have ever resided, in any of the at-risk zip codes listed below must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age.

If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.

The child's health care provider should record the test dates on page 3 of this form and certify them by signing and stamping the signature section of the form. All forms should be kept on file at the facility with the child's health records.

AT RISK AREAS BY ZIP CODE

Allegany	Baltimore (cont)	Cecil	Garrett	Montgomery	Prince George's (cont)	St. Mary's
ALL	21220	21913	ALL	20783	20782	20606
	21221			20787	20783	20626
Anne Arundel	21222	**Charles**	**Harford**	20812	20784	20628
20711	21224	20640	21001	20815	20785	20674
20714	21227	20658	21010	20816	20787	20687
20764	21228	20662	21034	20818	20788	
20779	21229		21040	20838	20790	**Talbot**
21060	21234	**Dorchester**	21078	20842	20791	21612
21061	21236	ALL	21082	20868	20792	21654
21225	21237		21085	20877	20799	21657
21226	21239	**Frederick**	21130	20901	20912	21665
21402	21244	20842	21111	20910	20913	21671
	21250	21701	21160	20912		21673
Baltimore	21251	21703	21161	20913	**Queen Anne's**	21676
21027	21282	21704			21607	
21052	21286	21716	**Howard**	**Prince George's**	21617	**Washington**
21071		21718	20763	20703	21620	ALL
21082	**Baltimore City**	21719		20710	21623	
21085	ALL	21727	**Kent**	20712	21628	**Wicomico**
21093		21757	21610	20722	21640	ALL
21111	**Calvert**	21758	21620	20731	21644	
21133	20615	21762	21645	20737	21649	**Worcester**
21155	20714	21769	21650	20738	21651	ALL
21161		21776	21651	20740	21657	
21204	**Caroline**	21778	21661	20741	21668	
21206	ALL	21780	21667	20742	21670	
21207		21783		20743		
21208	**Carroll**	21787		20746		
21209	21155	21791		20748	**Somerset**	
21210	21757	21798		20752	ALL	
21212	21776			20770		
21215	21787			20781		
21219	21791					

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE _____/_____/_____

COUNTY _____ SCHOOL _____ GRADE _____

PARENT OR GUARDIAN NAME _____ PHONE NO. _____

ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type

Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Yr
4													
5													

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. _____
Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)

2. _____
Signature Title Date

3. _____
Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

LOST OR DESTROYED RECORDS: (Must be reviewed and approved by a medical provider or the local health department. See notes)

I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed: _____ Date: _____
Parent or Guardian

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:
The above child has a valid medical contraindication to being immunized at this time.

This is a ☐ permanent condition ☐ temporary condition until _____/_____/_____

Check appropriate box, indicate vaccine(s) and reasons: _____

Signed: _____ Date _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:
I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:
(1) Complete all items on this side of the form. Sign and date where indicated.
(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name ______________________________ Birth Date ______________
Last First

Enrollment Date ______________ Hours & Days of Expected Attendance ______________

Child's Home Address ______________________________
Street/Apt.# City State Zip Code

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		Place of Employment: ______________ W:	C:	H:
		Place of Employment: ______________ W:	C:	H:

Name of Person Authorized to Pick Up Child *(daily)* ______________________________
Last First Relationship to Child

Address ______________________________
Street/Apt.# City State Zip Code

Any Changes/Additional Information ______________________________

____

ANNUAL UPDATES ______________ ______________ ______________ ______________
(Initials/Date) *(Initials/Date)* *(Initials/Date)* *(Initials/Date)*

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name ______________________________ Telephone (H) ______________ (W) ______________
Last First

Address ______________________________
Street/Apt.# City State Zip Code

2. Name ______________________________ Telephone (H) ______________ (W) ______________
Last First

Address ______________________________
Street/Apt.# City State Zip Code

3. Name ______________________________ Telephone (H) ______________ (W) ______________
Last First

Address ______________________________
Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care ______________________________ Telephone ______________

Address ______________________________
Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian ______________________________ Date ______________

NUTRITIONAL ASSESSMENT

Dear Parent:

Nutrition is a very important part of our program. In order for us to plan appropriate nutrition-education activities and menus to meet your child's needs, we need to know your child's eating patterns. This information will also help us obtain an overview of the eating habits of young children as a group. Please take the time to fill out this questionnaire carefully.

NAME_____ AGE_____ DATE_____

1. How many days a week does your child eat the following meals or snacks?
   a morning meal _____ a midafternoon snack _____
   a lunch or midday meal_____ an evening snack _____
   an evening meal _____ snack during the night _____

2. When is your child most hungry?
   morning _____
   noon _____
   evening _____

3. What are some of your child's favorite foods? _____

4. What foods does your child dislike?

_____

5. Is your child on a special diet? Yes_____ No_____
   If yes, why?

_____

   Describe diet_____
   Diet prescribed by whom? _____

6. Does your child eat things not usually considered food e.g., paste, dirt, paper?

_____

7. Is your child taking a vitamin or mineral supplement?
   Yes_____ No _____ If yes, what kind? _____

8. Does your child have any dental problems that might create a problem when eating?
   certain foods? _____

9. Has your child ever been treated by a dentist?

_____

10. Does your child have any diet-related health health problems?

_____

11. Is your child taking any medication for a diet-related health problem?

See Reverse Side →

INSTRUCTIONS TO PARENT/GUARDIAN:

(1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
(2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: ______________________________ Date of Birth: ______________

Medical Condition(s): ____

____

Medications currently being taken by your child: ______________________________

____

Date of your child's last tetanus shot: ______________________________

Allergies/Reactions: ____

____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: ______________________________________

____

(2) If signs/symptoms appear, do this: ______________________________

(3) To prevent incidents: ______________________________________

____

- -

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: ______________________

____

____

____

COMMENTS: ____

____

____

____

____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

______________________________ ______________________________
Name of Health Practitioner Date

______________________________ (______)______________________
Signature of Health Practitioner Telephone Number

Dreams and Visions Christian Learning Center
Classroom Emergency Sheet

Child's Name _____

Home Address _____

Home # _____

Father's Name _____

Father's Work # _____

Father's Cell # _____

Mother's Name _____

Mother's Work # _____

Mother's Cell # _____

Grandmother Name & # _____

Grandfather Name & # _____

Alternate Person if Parents Can Not Be Reached

1st Name & Relation _____

Home # _____

Work # _____

Cell # _____

2nd Name & Relation _____
Home # _____

Work # _____
Cell # _____

This Brochure Provides Information About:

- The requirements that State-regulated family child care homes and child care centers must meet,
- Your rights and responsibilities as the parent of a child in regulated care, and
- How and where to file a complaint if you believe your child care provider has violated State child care licensing regulations.

Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education (MSDE), Division of Early Childhood Development. Within the Division, child care licensing is the specific responsibility of the Office of Child Care (OCC), Licensing Branch.

All child care facilities must meet minimum health, safety, and program standards set by Maryland law. To remain licensed, facilities must maintain compliance with those standards. Every licensed facility is inspected by OCC at least once each year to evaluate the facility's compliance with child care regulations.

OCC's thirteen Regional Offices are responsible for licensing activities, including:

- Issuing child care licenses;
- Inspecting child care facilities;
- Investigating complaints against licensed child care facilities;
- Investigating reports of unlicensed (illegal) child care; and
- Taking enforcement action when necessary to achieve compliance with regulations.

There are two types of regulated child care facilities: *family child care homes* and *child care centers*.

Family Child Care Homes and Child Care Centers Must Meet the Following Requirements:

- Have the approval of OCC, the fire department and other local agencies, as required (i.e., zoning, health, and environment).
- Provide care only in the areas of the facility that have been approved for use.
- Have the license issued by OCC posted where it is easily and clearly visible to parents. The license shows:
  - the maximum number of children who may be present at the same time;
  - the age groups which may be served; and
  - the facility's approved hours of operation.
- At all times, each child must be supervised in a manner appropriate to the child's age, activities, and individual needs.
- All areas of the facility used for child care must be clean, well lit, and properly ventilated. Room temperatures should be comfortable.
- If food service is provided, food must be stored, prepared, and served in a safe, sanitary and healthful manner.
- The facility must offer a daily program of indoor and outdoor activities that are appropriate to the age, needs and capabilities of each child.
- An up-to-date emergency information card must be on file and maintained for each child.
- The facility must post an approved emergency evacuation plan and conduct evacuation drills at least monthly.
- Child discipline procedures must be appropriate to a child's age and maturity level and may not include the deliberate infliction of physical or emotional pain. ***Corporal punishment of any kind is strictly prohibited.***

ADDITIONAL INFORMATION

The Maryland Child Care Credential
Maryland has a voluntary child care credentialing program that recognizes child care providers' education, experience and professional activities at six levels. Credentialed providers are authorized and encouraged to display the seal issued by the MSDE Office of Child Care.

CREDENTIALED CHILD CARE PROVIDER

Program Accreditation
Child care programs have the option of becoming state or nationally accredited. Accreditation means that the facility and staff have met program standards of quality.

Child Care and the Americans with Disabilities Act
The federal Americans with Disabilities Act (ADA) requires all child care programs to make reasonable efforts to accommodate children with disabilities. For more information about the ADA, please contact the OCC Regional Office in your area or one of the following organizations:

LOCATE: Child Care
Maryland Committee for Children, Inc.
608 Water Street
Baltimore, MD 21202
Phone: (410) 752-7588
www.mdchildcare.org

Maryland Developmental Disabilities Council
217 East Redwood Street, Suite 1300
Baltimore, MD 21202
Phone: (410) 767-3670
(800) 305-6441 (within Maryland)
www.md-council.org

MARYLAND STATE DEPARTMENT OF EDUCATION
Achievement Matters Most

State of Maryland
Martin O'Malley, Governor
Maryland State Department of Education
Nancy S. Grasmick
State Superintendent of Schools

OCC 1524 (rev. 12/2007)

A PARENT'S GUIDE TO REGULATED CHILD CARE

* * *

Important Information for Parents of Children in Child Care Facilities

A publication of the
Maryland State Department of Education
Division of Early Childhood Development
Office of Child Care

www.marylandpublicschools.org/MSDE/divisions/child_care/child_care.htm

There are certain requirements that apply only to homes or centers.

Family Child Care Homes

- Up to 8 children may be in care at the same time if the home meets certain physical requirements. No more than 2 children under the age of two, including the caregiver's own, may be in care at the same time unless the home has been approved to serve additional children in this age group and an additional adult is present. Under no circumstance may care be provided at the same time to more than 4 children under the age of two.
- Each applicant for a family child care license must:
  - Have a criminal background check and child abuse/neglect clearance;
  - Submit a recent medical evaluation; and
  - Complete pre-service training requirements, including certification in first aid and CPR.
- Each adult resident of the home must also have a criminal background check and child abuse/neglect clearance.
- After becoming licensed, the caregiver must periodically complete additional training. Also, current certification in first aid and CPR must be maintained at all times.
- Each caregiver must have at least one substitute who is available to care for the children in the event of the caregiver's temporary absence from the home. Each substitute is subject to approval by OCC and must have a child abuse/neglect clearance. If paid by the caregiver, a substitute must also have a criminal background check. Before allowing a substitute to provide care, the caregiver must tell the substitute how to reach parents in the event of an emergency and familiarize the substitute with the home's child health and safety procedures.

Child Care Centers

The center director and staff members who have group supervision responsibilities must meet minimum education, experience, and training qualifications. They must also meet continued training requirements each year.

The director and all paid center employees must complete a criminal background check and a child abuse/neglect clearance, and submit a medical evaluation.

- In each classroom, staff/child ratios and maximum group size requirements must be maintained at all times. The following table shows some basic age groupings and the applicable requirements.

Age Group	Ratio	Maximum Size
0 –18 months	1:3	6
18 – 24 months	1:3	9
2 years	1:6	12
3 –4 years	1:10	20
5 years or older	1:15	30

- For every 20 children present, there must be at least one staff member who is currently certified in first aid and CPR.

Your Rights and Responsibilities as a Child Care Consumer

You have the right to:

- Expect that your child's care meets the standards set by Maryland's child care licensing regulations (NOTE: the regulations are available online at www.marylandpublicschools.org/MSDE/divisions/child_care/regulat).
- Visit the facility without prior notification any time your child is there.
- See the rooms and outside play area where care is provided during program hours.
- Be notified if someone in the family child care home smokes. In child care centers, smoking is prohibited.
- Receive advance notice when a substitute will be caring for your child in a family child care home for more than two hours at a time.
- Give written permission before a caregiver may take your child swimming, wading, or on field trips.
- Give written authorization before any medication may be administered to your child.
- Be notified immediately of any serious injury or accident. If your child has a non-serious injury or accident, you must be notified on the same day.
- File a complaint with OCC if you believe that the caregiver has violated child care regulations. Any complaint you make to OCC about the care your child is receiving will be promptly investigated by OCC.
- Review the public portion of the licensing file for the facility where your child is or has been enrolled, or where you are considering enrolling your child.

How Do I File a Complaint?

If you wish to file a complaint, contact the OCC Regional Office in the area where the child care facility is located. Complaints may be filed anonymously. Listed below are Regional Offices and their main telephone numbers.

Region	
1 – Anne Arundel County	410-514-7850
2 – Baltimore City	410-554-8300
3 – Baltimore County	410-583-6200
4 – Prince George's County	301-333-6940
5 – Montgomery County	240-314-1400
6 – Howard County	410-750-8770
7 – Western Maryland	
Hagerstown – Main Office	301-791-4585
Allegany Co. Field Office	301-777-2385
Garrett Co. Field Office	301-334-3426
8 – Upper Shore	410-819-5801
Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties	
9 – Lower Shore	410-713-3430
Somerset, Wicomico, and Worcester Counties	
10 – Southern Maryland	301-475-3770
Calvert, Charles and St. Mary's Counties	
11 – North Central	410-272-5358
Cecil and Harford Counties	
12 – Frederick County	301-696-9766
13 – Carroll County	410-751-5438

The OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated.

If you need additional help, you may contact the main office of the OCC Licensing Branch:

Program Manager, Licensing Branch
MSDE Office of Child Care
200 West Baltimore Street, 10th Floor
Baltimore, MD 21201
410-767-7805

Dear Parent/Guardian:

Maryland child care regulations require your child care provider to verify that you received a copy of "A Parent's Guide to Regulated Child Care." On the lines below, please write the name of each child you have placed in the care of this provider. **Complete and sign the statement at the bottom, tear off and give this portion of the brochure to the child care provider for retention in the facility's files.**

Child: _____

Child: _____

Child: _____

Child: _____

I, _____, have received a copy of the consumer education brochure entitled "Parent's Guide to Regulated Child Care."

_____
Date

_____
Signature of Parent/Guardian