

**MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care**

**CHILD CARE FACILITY
APPLICATION FOR LICENSE/LETTER OF COMPLIANCE**

INSTRUCTIONS	<ul style="list-style-type: none"> This form may be used to apply for a license or a letter of compliance. Please type or print. Forward to the Office of Child Care (OCC) regional office where the facility will be located. 		
FACILITY	Name of Facility:		Telephone #:
	Address:		e-mail Address:
	City/County:	State:	Zip Code:
OPERATOR	<i>Name of Person, Organization, Corporation, or Representative to be named as the operator responsible for the total operation of the facility and responsible for compliance with all regulations:</i> Name: _____ Tax ID /EIN / or SSN #: (as applicable) _____		
	Address of Operator: <i>(If different from facility's)</i>		Telephone #: _____
			e-mail: _____
	Name of Representative who will serve as agent for operator:		Telephone #: _____
			e-mail: _____
	Mailing Address: <i>(If different from facility's)</i>		
OPERATIONAL STRUCTURE	<p>The above-named operator is applying for a (check only one): <input type="checkbox"/> License <input type="checkbox"/> Letter of Compliance</p> <p>Which of the following designations describes the status of the Operator? <i>(check ALL that apply)</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Proprietary <input type="checkbox"/> Public <input type="checkbox"/> Religious Organization <input type="checkbox"/> Exempt School <input type="checkbox"/> Approved School </div> <div style="width: 65%;"> <p>An organization incorporated under Maryland tax law as a non-profit corporation.* Submit letter of tax-exempt status. Tax-exempt #: _____ Submit copy of Articles of Incorporation.</p> <p>An individual or partnership.* An unincorporated private for-profit organization. A private for-profit corporation.* If incorporated, submit copy of Articles of Incorporation.</p> <p>An agency entirely funded by federal, state, county, municipal funds, or any combination of public funds.</p> <p>The Operator named above is a tax-exempt religious organization. Submit copy of IRS Letter of Determination stating tax-exempt status.</p> <p>There is also on the premises a school operated by a tax-exempt religious organization that is exempt from approval under Article 2-206(e)(4), Annotated Code of Maryland for levels/grades _____. Submit MSDE Letter of Exemption.</p> <p>The Operator named above also conducts a non-public school approved by the Maryland State Department of Education for levels/grades _____. Submit MSDE Certificate of Approval.</p> </div> </div>		

* Complete attached list of corporate or partnership members on Page 3.

SCOPE OF SERVICE	I request that this application be evaluated in order that the facility named above may be licensed to provide services as follows:				
	Specify Days of Operation	Specify Hours of Operation	Specify Months of Operation		
	<p>Type of Care: (Check ALL that apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INFANT (6 weeks through 17 months old) <input type="checkbox"/> TODDLER (18 through 23 months old) <input type="checkbox"/> PRESCHOOL (2 through 5 years old) <input type="checkbox"/> SCHOOL-AGE (Grades K - Middle School) <input type="checkbox"/> ADOLESCENT (Middle/Junior High School) <input type="checkbox"/> DROP-IN (exclusively) </div> <div style="width: 48%;"> <input type="checkbox"/> SPECIAL CARE FACILITY (Acutely Ill Children) <input type="checkbox"/> NURSERY SCHOOL (Religious Exempt) <input type="checkbox"/> NURSERY SCHOOL INSTRUCTIONAL PROGRAM </div> </div>				
REQUIRED INFORMATION	The applicant must submit the following information to OCC before the application can be considered complete. <i>(Check appropriate column for each listed item.)</i>				
		Previously Submitted	Enclosed	To Be Submitted	N/A
	Notice of Intent Form (OCC 1270)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Floor Plans (<i>with architectural detail</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evidence of Compliance with Local Building and Zoning Codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insurance Information Form (OCC 1201)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personnel List (OCC 1203) (<i>with all required documents</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Staffing Pattern (OCC 1206).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Documentation of Criminal Background Checks for all paid employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Release of Information (OCC 1260) (<i>For All Staff and others – see page3</i>)....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Menu Plan for 4 weeks (OCC 1218)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency Adult Agreement/On-Call Statement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire Evacuation Plan(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Program Plan (Schedule of Activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written Discipline Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Boiler Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Operational Care Plan(s) (<i>Sick Care, Adolescent, Drop-in</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IRS Letter of Determination stating Tax-Exempt Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDE Exemption Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private Sewage & Water Inspection Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby verify that all information provided on this application and in all accompanying documentation is true and accurate to the best of my knowledge and belief. I understand that reporting false information may be grounds for denial or revocation of a license or letter of compliance.

Signature of Operator or Representative _____

Title _____

Date _____

COMAR 13A.16.02 and 13A.17.02 require that a signed and notarized Release of Information (OCC 1260), giving permission to examine records of child and adult abuse and neglect, be submitted for: the applicant/Operator (if the applicant/Operator is an individual), each adult living on the same premises as the child care facility, and trustees, managers, or board members of corporations, agencies, associations, or other organizational entities who have frequent contact with children in care.

Is the applicant an individual? ☐ YES ☐ NO **OPTIONAL:** If YES, what is the race/ethnicity of the applicant (check all that apply)?

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other _____
☐ Hispanic ☐ Latino ☐ Non-Hispanic ☐ Non-Latino

Please list all persons, 18 years old or older, who live on the same premises as the child care facility:

FULL NAME	AGE	FULL NAME	AGE

Is the applicant an entity having corporate or partnership members? ☐ YES ☐ NO If YES, please list the corporate or partnership members below:

FULL NAME OF CORPORATE OR PARTNERSHIP MEMBER	TITLE	ADDRESS	FREQUENT CONTACT WITH CHILDREN IN CARE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature and Title of Operator or Representative

Date