

Child Development Center

Enrollment Forms



Dolphins

2-3 Years Old

Busy Bees

4-5 Years Old



Evening Program

2-12 Years Old



Children's File Checklist

Child's Name: _____

Please place forms in order of list:

Enrollment Date: _____

- Enrollment form with copy of Wor-Wic Community College class schedule (OCC 1214)
- Wor-Wic Community College Application for Child Care
- Emergency Contact Form
- Health Inventory Form: Part I & II (OCC 1215), Medication Authorization (OCC 1216)
- Parent/Guardian Authorization Form
- Consent Form (Handbook, Photo, Allergy, Communicable Disease Summary)
- All About My Family
- USDA Food Program CACFP
- Parent's Guide to Regulated Child Care Card Authorization Form

Entered by staff: _____

- ProCare Windows:
 - Basic Information
 - Contacts
 - Schedule
 - Medical
 - Consent forms
 - Photo of all contacts

Comments:

Copy of the following to Teachers:

- All about me
- Emergency Form
- Authorized Pickup
- Misc(Any court orders or medical information)

***FOR CHILD DEVELOPMENT CENTER USE ONLY**

REGISTRATION COMMITMENT	# OF BLOCKS	Semester Materials Fee	1 ST WEEK DEPOSIT (one week tuition + materials fee)
*Total number of blocks _____ x _____ cost per block equals your weekly tuition = \$ _____ for _____ weeks.	_____	_____	
ADDITIONAL BLOCKS NEEDED FOR 6 OR 8 WEEK CLASSES		_____ blocks x \$2.00 per block = \$ _____	\$ _____
*Total number of blocks _____ x _____ cost per block equals your weekly tuition = \$ _____ for _____ weeks. Last Day of six week session: _____ Last Day of eight week session: _____	_____		
<p>THE 1ST WEEKS DEPOSIT SHOULD BE MADE TO THE CHILD DEVELOPMENT CENTER BY:</p> <p>DATE: _____</p> <p>Payments can be made by cash, check or credit. We accept MasterCard, Visa and Discover.</p>			

To secure your child a registered space, a non-refundable deposit of one week tuition plus material fee is required.

WITHDRAWAL POLICY:

UPON SIGNATURE, PARENTS OR GUARDIANS AGREE AND UNDERSTAND THE FOLLOWING:
Effective immediately, the Wor-Wic Community College Child Development Center administration requires a minimum of two weeks notice before withdrawing a child. If proper notice for withdrawal is not given, then parents will be charged for the two weeks.

Please note that if your child is withdrawn and the last two weeks tuition is not paid, then this charge will be attached to your college bill and grades will not be released until the bill is paid.

Wor-Wic Community College students requesting child care services must be registered for classes. Child care registration is contingent upon receipt of all required completed parent enrollment documentation.

Parent Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____



Application for Child Care

Child's First & Last Name _____ Birth date _____ Age _____ Male Female
 Race: Caucasian African-American Asian Hispanic Native American Other
 Address _____
 _____ City _____ State _____ Zip _____

Mother/Guardian First & Last Name _____ Pager/Cell _____
 Employer & Address _____ Phone (w) _____
 Address (if different than child's) _____ Phone (h) _____
 Email: _____

Father/Guardian First & Last Name _____ Pager/Cell _____
 Employer & Address _____ Phone (w) _____
 Address (if different than child's) _____ Phone (h) _____
 Email: _____

Please select the age appropriate room desired for the child listed above:
 2-3 years old (day) 4-5 years old (day) 2-12 years old (evening)

SCHEDULE OF SESSIONS (Please indicate the sessions that are needed.)

MORNING	7:30 a.m. to 12:30 p.m.	<input type="checkbox"/> Monday/Wednesday	<input type="checkbox"/> Tuesday/Thursday		<input type="checkbox"/> Friday
AFTERNOON	12:30 p.m. to 5:00 p.m.	<input type="checkbox"/> Monday/Wednesday	<input type="checkbox"/> Tuesday/Thursday		<input type="checkbox"/> Friday
EVENING	5:00 p.m. to 10:45 p.m.	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday

Wor-Wic Community College students requesting childcare services must be registered for classes and have their schedule of classes attached in order to receive first preference.

Signature of Parent or Guardian _____ Date _____
 Director Approval _____ Date _____

CHILD CARE REGISTRATION IS CONTINGENT UPON RECEIPT OF ALL REQUIRED COMPLETED ENROLLMENT FORMS
 See the "Child Development Center Policies and Procedures Manual for Parents" for all our policies

A CHILD MAY NOT START AT THE CENTER UNTIL THE DIRECTOR APPROVES THE APPLICATION.
To secure your child a registered space, a non-refundable deposit of one week tuition plus material fee is required.

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.

When parents 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 _____

Child's Name _____ Birth Date _____

Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____

Street/Apt.# City State Zip Code

Mother's Name _____ Home Telephone _____

Last First

Mother's Employer/School _____

Name Address

Mother's Home Address (If different from above) _____

Street/Apt.# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Father's Name _____ Home Telephone _____

Last First

Father's Employer/School _____

Name Address

Father's Home Address (If different from above) _____

Street/Apt.# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Name of Person Authorized to Pick Up Child (daily) _____

Last First Relationship to Child

Address _____

Street/Apt.# City State Zip Code

ANNUAL UPDATES _____

(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

HEALTH INVENTORY

CHILD'S PERSONAL RECORD FOR CHILD CARE FACILITIES

Child's Name _____	_____	_____	_____	_____
_____	Last	First	Middle	Birth Date
Name of Parent or Guardian _____	_____	_____	_____	_____
_____	_____	_____	_____	Relationship
Home Address _____	_____	_____	_____	_____
City _____	State _____	Zip Code _____	_____	_____
Check Best Telephone Number to Reach You:				
<input type="checkbox"/> Home #: _____	<input type="checkbox"/> Work #: _____	<input type="checkbox"/> Cell #: _____	_____	_____

Dear Parent/Guardian:

Healthy children need medical and dental health supervision and should see a doctor at regular intervals. The health check-up should include physical examination and immunizations which are necessary to keep your child free of communicable disease.

This form requests health and individual needs information from you (Part I), which will be helpful to the Health Practitioner in evaluating your child, and medical information, lead screening/testing and proof of age-appropriate immunizations from your child's Health Practitioner (Part II). This information must be completed prior to your child being admitted to child care.

Maryland law requires you to submit proof of age-appropriate immunizations and that children less than six years of age have appropriate screening for lead poisoning. Children who reside (or have ever resided) in certain areas of the State (see page 4) designated as at-risk for childhood lead poisoning must receive one or more blood lead tests at 12 and 24 months of age.

PLEASE RETURN THIS COMPLETED FORM TO:

Name of Child Care Facility: _____

Address: _____

City/Town State Zip Code

PART I: CHILD'S HEALTH AND INDIVIDUAL NEEDS INFORMATION

To be completed by **PARENT/GUARDIAN**

CHILD'S NAME: _____

IMPORTANT: COMPLETE PART I BEFORE THE HEALTH PRACTITIONER EXAMINES YOUR CHILD. TAKE THIS FORM WITH YOU TO THE HEALTH PRACTITIONER. PLEASE CHECK CORRECT ANSWERS TO THE FOLLOWING QUESTIONS IN COLUMNS ON THE RIGHT. Explanation, if needed, can be given in the space provided for "REMARKS".

	YES	NO
1. Are you concerned about your child's general health (<i>eating, sleeping habits, teeth, skin, menstruation, weight, bowel/bladder, etc.</i>)?	_____	_____
2. Does your child have any eye problems (<i>difficulty seeing, crossed eyes, frequently reddened or watery eyes</i>)? Date of last eye examination: ____/____/____ Doctor's Name: _____ Results: _____ Does your child wear glasses? _____ Contact lenses? _____	_____	_____
3. Does your child have any ear or hearing problems (<i>frequent earaches, difficulty hearing, etc.</i>)? Date of last hearing evaluation ____/____/____ Doctor's Name: _____ Results: _____ Does your child use a hearing aid? _____	_____	_____
4. Does your child have any speech problems (<i>difficulty having speech understood, stammering, delayed speech development, etc.</i>)?	_____	_____
5. Does your child have any allergies? If YES, please state what kind of allergies: _____	_____	_____
6. Does your child have any other specific illness, disability or other limiting condition? If YES, answer a, b and c: (a) Does this condition require any special health care in the child care facility? _____ (b) Has your child received evaluation(s), which could help the child care provider or teacher in meeting his/her health or educational needs? _____ (c) Does your child require any special adaptations or adaptive equipment? _____	_____	_____
7. Do you have concerns about your child's behavior or emotional well-being which the child care provider or teacher should know about?	_____	_____
8. Do you have concerns about your child's social or developmental needs which the child care provider or teacher should know about?	_____	_____

REMARKS (*Provide further explanation for all "YES" answers*): _____

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: MEDICAL INFORMATION

To be completed by a **HEALTH PRACTITIONER**

CHILD'S NAME: _____

1. Date of this child's most recent tuberculin test: ___/___/___ Result: ___ Positive ___ Negative

Under Maryland law, a child under the age of six must have appropriate screening/testing for lead poisoning. See page 4.

2. Date of this child's lead screening: ___/___/___ Blood lead test dates: Test 1: ___/___/___ Test 2: ___/___/___

3. This child has the following which may significantly affect his/her child care experience: (COMMENTS)

- a. Vision problem YES NO _____
- b. Hearing problem YES NO _____
- c. Speech or language problem YES NO _____
- d. Other physical illness or impairment YES NO _____
- e. Mental, emotional or behavior problems YES NO _____
- f. Developmental delays YES NO _____
- g. Allergies YES NO _____

Significant physical findings, comments and recommendations: _____

4. This child has a health condition which may require care or emergency action while at child care. YES NO

If YES, please specify (e.g., seizures, bee sting allergy, diabetes, etc.): _____

Recommendations: _____

5. This child has or is a known carrier of a communicable disease which should prevent his/her admission to a child care facility or school.

YES NO If YES, please specify: _____

6. This child requires a modified diet and/or special feeding procedures. YES NO

If YES, please specify: _____

7. If this child cannot fully participate in all areas of the child care program, what areas should be limited or altered to suit his/her needs?

8. Does this child's physical activity need to be restricted? YES NO

If YES, please specify: _____

9. Does this child require any specialized treatment? YES NO

If YES, please specify: _____

10. Does this child require any adaptive equipment (braces, crutches, etc.)? YES NO

If YES, please specify type: _____

Special instructions for use: _____

RECORD OF IMMUNIZATIONS

Vaccine Types												
Enter: Month/Day/Year for each immunization administered												
Dose #	DTP-DTAP	Polio	HIB	Hep B	PCV7	MMR	Varicella	Rotavirus	MCV4	HPV	Hep A	Other
1												
2												
3												
4												
5												

PART II: MEDICAL INFORMATION (CONTINUED)

Child's Name _____

MEDICAL CONTRAINDICATION: The above child has a valid medical contraindication to being immunized at this time. This is a permanent temporary condition until ____/____/____. Check appropriate box, indicate vaccine(s) and reasons: _____

HEALTH PRACTITIONER'S STATEMENT: To the best of my knowledge, the vaccines listed above were administered as indicated. I conducted a physical examination of the above-named child and find that he/she **IS / IS NOT** medically cleared to attend child care.
(circle correct response)

Signature of Health Practitioner Date Phone Number

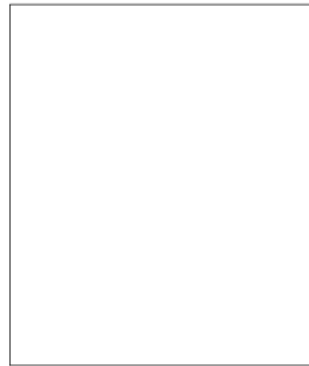
STAMP, PRINT, OR TYPE: Name/address of Physician, Certified Nurse Practitioner, Registered Physician's Assistant.

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

MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE
MEDICATION ADMINISTRATION AUTHORIZATION FORM



Child's Picture

Child Care Program: _____

This form must be completed fully in order for child care providers and staff to administer the required medication. A new medication administration form must be completed at the beginning of each 12 month period, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to the facility.

PRESCRIBER'S AUTHORIZATION

Child's Name: _____ Date of Birth: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____
(PRN=as needed)

If PRN, for what symptoms: _____

Possible side effects - Specify: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year (not to exceed 1 year)

Prescriber's Name/Title: _____
(Type or print)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____
(Original signature or signature stamp ONLY)



This space may be used for the Prescriber's Address Stamp

PARENT/GUARDIAN AUTHORIZATION

I/We request authorized child care provider/staff to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I/We understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of **emergency** medication noted above may be authorized by the prescriber.

Prescriber's authorization: _____
Signature Date

Parental approval: _____
Signature Date

FACILITY RECEIPT AND REVIEW

Medication was received from: _____ Date: _____

Special Health Care Plan Received: YES NO

Medication was received by: _____
Signature of Person Receiving Medication and Reviewing the Form Date



PARENT/GUARDIAN AUTHORIZATION

The following are AUTHORIZED people who MAY sign for this child (a photo is needed for each person listed):

Name _____ Phone # _____

1. Address _____

City _____ State _____ Zip _____

Name _____ Phone # _____

2. Address _____

City _____ State _____ Zip _____

Name _____ Phone # _____

3. Address _____

City _____ State _____ Zip _____

Name _____ Phone # _____

4. Address _____

City _____ State _____ Zip _____

The following are UN-AUTHORIZED people and MAY NOT sign for this child:

1. _____

2. _____

PARENT/GUARDIAN AUTHORIZATION FOR WOR-WIC COMMUNITY COLLEGE CHILD CARE AND RELATED PROGRAMS

The person described herein has my permission to participate and engage in child care activities.

I understand the fee structure for Wor-Wic Community College child care programs, and will pay according to the prescribed payment plan unless prior written agreement has been made with the cashier's office.

I give my permission to Wor-Wic Community College, without obligation to me, to use any photographs, film footage, tape recordings which may include my child's image or voice for purposes or promoting or interpreting Wor-Wic Community College Child Care programs.

The terms herein shall serve as the parent/guardian authorization release, and assumption or risks for claims arising from incidents surrounding child care programs for my child, myself, my spouse, my heirs, executor, administration, assignees, and for all other members of my family.

Signature of Parent or Guardian

Date

Consent Form

Parent Handbook, Photo Release, Allergy Notice, and Communicable Disease Summary

Handbook

Child Development Center Handbook is located at www.worwic.edu under Child Development Center home page. Click the Parents Manual link to access the handbook. I have read and understand the contents of this handbook. I understand that I am aware of my responsibility for supplying all necessary information regarding my child and that I must continually update this information. I am also aware that I will be notified of any revisions of this handbook through my child's class mailbox.

Initials

Photo Release

I hereby consent to having my child(ren)'s photograph or myself used for publicity purposes by Wor-Wic Community College. I understand that the photographs may be used at any time for a variety of publicity purposes, including, but not limited to, classroom observations, news release to newspapers, television commercials and college publications such as the catalog, program brochures or website.

Initials

Allergy Notice

I have read and understand the letter regarding nut allergies in the Child Development Center. I understand that until further notice is given this will affect any lunches or snack I as a parent or guardian provide. If I have any questions about a product I am providing I will seek the help of the Center Staff.

Initials

Communicable Disease Summary

I have received a copy of the Communicable Disease Summary in the enrollment forms provided by the Child Development Center. I understand that this summary is presented by the state of Maryland.

Initials

I certify that I have read the above information and any reference material stated.

Date:

Signature of Parent/Guardian

ALL ABOUT MY FAMILY

Instructions

The Wor-Wic Community College Child Development Center is devoted to providing your child with the best possible growing experience. A major component of a child's growth is learning to recognize and accept similarities and differences amongst their peers. This brief survey helps us to understand the family values and traditions important to each child. We want to ensure that your child is being cared for in an environment that is sensitive to both the familial and cultural traditions being taught at home.

** Please note that the information contained herein is for CONFIDENTIAL USE ONLY and that your participation in this survey is voluntary.*

THE PEOPLE IN MY FAMILY ARE: We'd like to know who is important to your child. Please indicate household members (parents, step-parents, significant others, grandparents, aunts, uncles, siblings, cousins, pets, etc.) or others that play a vital role in your child's life.

WHEN WE'RE AT HOME WE SPEAK: Indicate the primary language(s) spoken at home or with other family members. Also include any identification terms that may be necessary to understand you child's wants and needs. For example, please let us know if your child has a special name/word for their blanket, stuffed toy, cup, bathroom, naptime, etc. to ease communication.

SOME OF OUR MOST IMPORTANT FAMILY VALUES ARE: Each family has a set of core values that everyone is expected to live by. These values can be things like love, honesty, fairness, faith, etc. List those that are of the highest importance in your family.

WHEN WE ARE TOGETHER WE LIKE TO: What does your family like to do when they are spending time together? Some examples are: playing soccer, going to the beach, family game night, bowling, reading, painting, fishing, etc.

WE LIKE TO CELEBRATE: What holidays or seasons does your family celebrate? What do you do to celebrate them?

SOME OF OUR SPECIAL FAMILY TRADITIONS ARE: Does your family always go to Grandma's house on Sundays for dinner? Do you take a trip to Florida every winter? Do you sing a special birthday song or read the same book every night before bed? Please share any traditions that may be important to your child.

Again, thank you for completing this survey. The answers you provided will help your child's teacher to better understand your child and the things in life that are important to them. If you have any questions about this survey, or any other matter, please do not hesitate to contact the Child Development Center staff.

ALL ABOUT MY FAMILY

Child's first name or nickname: _____

The information contained herein is for CONFIDENTIAL USE ONLY.

THE PEOPLE IN MY FAMILY ARE

--

WHEN WE'RE AT HOME, WE SPEAK

--

SOME OF OUR IMPORTANT FAMILY VALUES ARE

--

WHEN WE ARE TOGETHER, WE LIKE TO

--

WE LIKE TO CELEBRATE

--

SOME OF OUR SPECIAL FAMILY TRADITIONS ARE

--

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 Child Care Administration (CCA), an agency of the Maryland Department of Human Resources. It is CCA's responsibility to ensure that safe child care is available to Maryland families.

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 CCA at least once each year to evaluate the facility's compliance with child care regulations.

CCA'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 CCA, 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 CCA 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 Child Care Administration.

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 CCA 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

One Market Center
300 West Lexington Street, Box 10
Baltimore, MD 21201
Phone: (410) 333-3688
www.md-council.org



Robert L. Ehrlich, Jr., Governor
Maryland Department of Human Resources
Christopher J. McCabe, Secretary
Equal Opportunity Employer

A PARENT'S GUIDE TO REGULATED CHILD CARE



Important Information for Parents of Children in Child Care Facilities

A publication of the
Maryland Department of Human Resources
Child Care Administration
Office of Licensing
www.dhr.state.md.us/cca/license

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

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 CCA 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 must have a criminal background check and a child abuse/neglect clearance. Paid staff members must also have criminal background checks. All employees must 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 the care your child receives meets the standards set by Maryland child care regulations (NOTE: the regulations are available online at: www.dhr.state.md.us/cca/license/regu.htm;
- 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 CCA if you believe that the caregiver has violated child care regulations.



Any complaint you make to CCA about the care your child is receiving will be promptly investigated by CCA;

- 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 CCA 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	Phone Number
1. Anne Arundel County	410-514-7850
2. Baltimore City	410-554-0457
3. Baltimore County	410-583-6200
4. Prince George's County	301-333-6940
5. Montgomery County	240-314-1401
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	410-543-6731
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 CCA 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 CCA Office of Licensing.

Director of Licensing
 Child Care Administration
 311 West Saratoga Street, 1st Floor
 Baltimore, MD 21201
 410-767-7805
www.dhr.state.md.us/cca/license

**FREE AND REDUCED-PRICE MEAL BENEFIT APPLICATION
CHILD CARE CENTERS: July 1, 2013 – June 30, 2014**

Complete this form so that we may receive reimbursement for meals served to children in our program. For help call _____.

PART 1 – ENROLLED CHILDREN INFORMATION			PART 2 - CASE NUMBER
Last Name	First Name	Check (✓) if foster child If all listed children are foster children, skip to Part 5.	If applicable, give a Food Supplement Program or Temporary Cash Assistance case number for any member of the household.
1.			If completed, skip to Part 5. Last four digits of Social Security Number are <u>not</u> needed.
2.			
3.			
4.			

PART 3 - IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICATION HOMELESS MIGRANT RUNAWAY

PART 4 - HOUSEHOLD MEMBERS AND GROSS INCOME. You must tell us how much and how often.

LIST NAMES OF ALL HOUSEHOLD MEMBERS Include the children named above.	EARNINGS FROM WORK (before deductions)		ADDITIONAL INCOME Child Support, Alimony, TCA, Pensions, Retirement, Social Security, SSI, VA Benefits		ALL OTHER INCOME		Check if NO income
	Income	How Often	Income	How Often	Income	How Often	
1.	\$.		\$.		\$.		<input type="checkbox"/>
2.	\$.		\$.		\$.		<input type="checkbox"/>
3.	\$.		\$.		\$.		<input type="checkbox"/>
4.	\$.		\$.		\$.		<input type="checkbox"/>
5.	\$.		\$.		\$.		<input type="checkbox"/>
6.	\$.		\$.		\$.		<input type="checkbox"/>

PART 5 - SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must list the last four digits of his/her Social Security Number, or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the center will receive Federal funds based on the information I give. I understand that center officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____ Social Security Number: XXX-XX-____-____ I do not have a SSN

PART 6 - (OPTIONAL) CHILDREN'S ETHNIC AND RACIAL IDENTITIES

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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PART 7 - SHARING INFORMATION WITH OTHER PROGRAMS

Information that you provide will be used to determine your children's eligibility for free or reduced-price meals. The eligibility status of your children may also be used for other authorized purposes. Your family may be eligible to receive benefits under the Food Supplement Program (FSP) or the Women, Infants, and Children (WIC) Program.

To share your information with these programs, **we must have your permission.** Your decision will not change whether your children receive free or reduced-price meals. If you want information shared with FSP or WIC, check (✓) the YES box below. You may be contacted about submitting an application for the FSP or WIC.

YES, I want information shared from the Free and Reduced-Price Meal Benefit Application with FSP and/or WIC

Children eligible for free or reduced-price school meals may also be able to get free or low-cost health insurance through Medicaid or the MD Children's Health Insurance Program (MCHIP). The law allows us to inform Medicaid and MCHIP that your children are eligible for free or reduced price meals, unless you say No. Your decision will not change whether your children receive free or reduced-price meals. If you do **not** want information shared with Medicaid or MCHIP, check (✓) No.

DO NOT FILL OUT THIS PART. THIS IS FOR CENTER USE ONLY.

Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice A Month x 24 Monthly x 12

Total Income: \$ _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____ Date Withdrawn: _____

Eligibility: Free ____ (Categorically Eligible: ____) Reduced ____ Denied ____ Reason: _____

Determining Official's Signature: _____ Date: _____



Dear Parents,

There are children in our center who have **life-threatening** allergies to peanuts. Children with peanut/nut allergies cannot eat, touch, or even inhale nut products. The reaction can be **deadly**.

We are asking for your help in reducing the risk of reaction by washing your children's hands and lips, and brushing their teeth after eating peanut butter or products with nuts before school.

Please do not send in foods that:

- Have peanuts/nuts in the ingredient list
- Has a warning that they may contain traces of peanuts/nuts
- Has a warning that they are manufactured on equipment or in a plant that processes peanuts/nuts

We realize that this is a lot to ask, and it may be an inconvenience for you. We are asking however, that you try to understand the danger. Something as simple as a cookie, a piece of candy, or touching a smear of peanut butter left behind, could be **deadly**.

Thank you very much for your cooperation.

Sincerely,

**Peanut
Free Zone!**



Wor-Wic Child Development Center Staff