

CHILD CARE FACILITY

APPLICATION FOR LICENSE/LETTER OF COMPLIANCE

Submitting an application is not an authorization to provide child care services. You may not operate a child care facility until you receive your license or letter of compliance from the Office of Child Care.

SECTION I

(To Be Completed by Regional Office)

OCC Region # _____ County: _____ Provider ID# _____ Orientation Date: _____

SECTION II

The operator is applying for: (check only one) License Letter of Compliance

**Which of the following designations describes the status of the Operator?
(Check ALL that apply)**

- Private Non-Profit An organization incorporated under Maryland tax law as a non-profit corporation.*
Submit a letter of tax-exempt status. Tax-exempt #: _____
Submit a copy of the Articles of Incorporation.
- Proprietary An individual or partnership.*
An unincorporated private for-profit organization.
A private for-profit corporation.*
If incorporated, submit a copy of the Articles of Incorporation.
- Public An agency entirely funded by federal, state, county, municipal funds, or any combination of public funds. **If incorporated, submit a copy of the Articles of Incorporation.**
- Religious Organization The Operator named above is a tax-exempt religious organization. **Submit a copy of the IRS Letter of Determination stating tax-exempt status.**
- Exempt School There is a school operated by a tax-exempt religious organization on the premises that is exempt from approval under Article 2-206(e)(4), Annotated Code of Maryland for levels/grades _____. **Submit MSDE Letter of Exemption.**
- Approved School The Operator named above operates a non-public school approved by the Maryland State Department of Education for levels/grades _____. **Submit MSDE Certificate of Approval.**
- Montessori School The Operator named above operates a non-public school certified by a Montessori Validating organization. **Submit Certificate of Validation.**

*Complete attached list of corporate or partnership members on Page 4.

| | |
|--|-------------------------------|
| Name of FACILITY : | Telephone #: |
| Address: | Email Address: |
| City/County: | State: Zip Code: |
| Name of Person who will serve as the AGENT for the Operator: | Telephone #: |
| | Email: |
| Name of Person, Organization, or Corporation to be named as the OPERATOR responsible for compliance with all regulations: | EIN or SSN # (as applicable): |
| | Telephone #: |
| Mailing Address (if different from the Facility): | |
| Payment Address (if different from the Facility): | |

SECTION III

SCOPE OF SERVICE

| Specify Days of Operation | Specify Hours of Operation | Specify Months of Operation |
|---------------------------|----------------------------|-----------------------------|
| | | |

Type of Care: (Check ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> INFANT (6 weeks through 17 months) | <input type="checkbox"/> SPECIAL CARE FACILITY (Acutely Ill Children) |
| <input type="checkbox"/> TODDLER (18 months through 23 months) | <input type="checkbox"/> EDUCATIONAL PROGRAM (Religious Exempt) |
| <input type="checkbox"/> PRESCHOOL (2 through 5 years old) | <input type="checkbox"/> APPROVED EDUCATIONAL PROGRAM |
| <input type="checkbox"/> SCHOOL AGE (Grades K- 8) | <input type="checkbox"/> ADOLESCENT (Middle school) |
| <input type="checkbox"/> DROP-IN (Exclusively) | |

PROPOSED CAPACITY

Capacity is established by the OCC regional office based on useable space, staff, equipment, outdoor play space and sanitary facilities. The capacity at opening may be set lower than what the building can accommodate, but the capacity may be increased as staff and equipment are added. It is important to have the building approved by the local jurisdiction for the maximum number of children.

Total planned capacity: _____ Proposed capacity at opening: _____

PROPOSED BUILDING

1. Will the facility be housed in an existing building? YES NO

If YES, describe the building's previous and/or current use: _____

Date of construction (if existing building): _____

2. Is the building now or will it become a multi-use building? YES NO

If YES, describe all other uses: _____

3. Does this property have a boiler? Yes (inspection report required) No

4. Type of water supply: Public Private (inspection report required)

5. Type of sewage disposal: Public Private (inspection report required)

6. If an existing building, will any alterations or additions be made to the building's structure? YES NO

If YES, describe: _____

7. List all permits that will be obtained from local jurisdiction (Zoning, Use and Occupancy, Fire, etc.):

PROPOSED BUILDING: (Continued)

8. Is there a swimming pool on the premises? YES NO

If YES, describe: _____

Has this pool been inspected by the local jurisdiction? YES NO

Is the pool to be used by children in care at the facility? YES NO

PROPOSED FOOD SERVICE

1. Type of Food Service: Carried Lunch Catered
 Lunch prepared at Facility Snacks prepared at Facility
 Other, explain: _____

2. If a kitchen currently exists, describe existing equipment and fixtures: _____

PROPOSED OUTDOOR PLAY SPACE

Please describe the proposed outdoor play space. Outdoor space is measured at 75 square feet per child for half of the approved capacity or for each child if the center has an approved capacity of 20 or fewer children. _____

LICENSE OR REGISTRATION HISTORY

Has the owner, operator, or agent ever been licensed or applied to become licensed, registered, or certified to provide child care in **any other county, state, or federal jurisdiction?**

YES NO If YES, please explain: _____

Has the owner, operator, or agent ever had a license, registration, or certification for **any** type of care **denied, suspended, or revoked?**

YES NO If YES, please explain: _____

ACKNOWLEDGEMENT

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. **I understand that submitting an application is not an authorization to provide child care services. I understand that I may not operate a child care facility until I receive a license or letter of compliance from the Office of Child Care.**

Signature and Title (Operator or Agent)

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 If YES, what is the race/ethnicity of the applicant (check all that apply)?

Race

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White Other _____

Ethnicity Hispanic Non-Hispanic

Primary Language Spoken: _____

Do you need an interpreter? YES NO

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

| 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 | FREQUENT CONTACT WITH CHILDREN |
|--|-------|--|
| | | <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

Date