

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

Type of Care: (Check ALL that apply)

<input type="checkbox"/> INFANT (6 weeks through 17 months old)	<input type="checkbox"/> SPECIAL CARE FACILITY (Acutely Ill Children)
<input type="checkbox"/> TODDLER (18 through 23 months old)	<input type="checkbox"/> NURSERY SCHOOL (Religious Exempt)
<input type="checkbox"/> PRESCHOOL (2 through 5 years old)	<input type="checkbox"/> NURSERY SCHOOL INSTRUCTIONAL PROGRAM
<input type="checkbox"/> SCHOOL-AGE (Grades K - Middle School)	
<input type="checkbox"/> ADOLESCENT (Middle/Junior High School)	
<input type="checkbox"/> DROP-IN (exclusively)	

The applicant must submit the following information to OCC before the application can be considered complete. (Check appropriate column for each listed item.)

	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 (with architectural detail)	<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) (with all required documents)	<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) (For All Staff and others – see page3)....	<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) (Sick Care, Adolescent, Drop-in)	<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