

Welcome To Our Infant/Toddler Program

On the first day of the Infant/Toddler Program the following items are needed:

- Crib Sheet and Blanket
- Diaper, Wipes, Cream and Ointment
- Extra Pacifiers
- Extra Clothes
- Bibs and Burp Clothes
- Bottles, Milk, Formula, Breast Milk
- Sippy Cups
- Juice/Water
- Cereal, Bowl and Spoon
- Hand Sanitizer, Lysol, Kleenex
- 1 Year Old MUST PROVIDE ALL MEALS (Breakfast, Lunch and Snacks)

*****PLEASE LABEL ALL ITEMS WITH YOUR CHILD FIRST AND LAST NAME*****
PLEASE SIGN YOUR CHILD IN AND OUT DAILY. This is for everyone's safety and to keep an accurate count of children at all time. **CUT OFF TIME FOR DROP OFF IS 9:00 AM (SHARP)**

Thank You in advance, we look forward to an AWESOME experience at THE KIDZ FACTORY, LLC.

The Kidz Factory, III Fee's and Program Overview

Child Name: _____

Date of Birth: _____ Age: _____

Program	Registration	Tuition
<p style="text-align: center;">INFANT</p> <p>OVERVIEW: Our infant/toddler program focus on learning and Development with a great curriculum. Our classrooms area's are specifically designed to give your child the BEST environment for individual development.</p>	<p>Registration Fee: \$0</p> <p>Activity fee: \$0</p> <p>Security Deposit: \$0</p>	<p>Weekly Tuition: \$300.00 Weekly which is due in advance every Friday for the upcoming week. Parents will have grace period until Monday @9.00am at Students drop off.</p> <p>Late Tuition Fee: If tuition not paid by deadline a \$50.00 fee will be applied to account.</p> <p>Late Pick-up: If child is left at the center after designated program pick up Parents will be charged \$1.00 a minute for each minute until pick up. Parents must pay upon students return.</p>

Program	Registration	Tuition
<p style="text-align: center;">TODDLER</p> <p>OVERVIEW: Our Toddlers gain more self-esteem, they feel ready to take on the world. Our Early 1 Year Old program enhances that confidence by providing activities to help children become problem solvers and lifelong learners.</p> <p>Through independent exploration, structured activities, and hands-on learning, preschoolers develop early literacy, mathematics, science, and social skills. A healthy dose of running, jumping, and dancing keeps them active, too.</p>	<p>Registration Fee: \$25.00 Initial registration fee.</p> <p>Activity fee: \$75.00 Due with registration. Activity fee will be due annually as long as student is enrolled in Our program.</p> <p>Security Deposit: \$0</p>	<p>Weekly Tuition: 1 year old: \$275.00</p> <p>Tuition is due Weekly which is due in advance every Friday for the upcoming week. Parents will have grace period until Monday @9.00am at Students drop off.</p> <p>Late Tuition Fee: If tuition not paid by deadline a \$50.00 fee will be applied to account.</p> <p>Late Pick-up: If child is left at the center after designated program pick up Parents will be charged \$1.00 a minute for each minute until pick up. Parents must pay upon students return.</p>

Center Location: _____ **Drop off time:** _____ **Pick-up Time:** _____

Primary Payer: _____

Phone number: _____ Secondary Phone number: _____

Email Address: _____

Secondary Payer/Person that can be contacted in regards to tuition payments only.

Name: _____

Phone number: _____ Secondary Phone number: _____

Email Address: _____

Registration Fee Amount: _____ Paid by: ___ Money Order ___ Credit Card/ Debit ___ Cash

Welcome to The Kidz Factory, llc Child Care Center. We are excited to work with you and your children this upcoming school year. At The Kidz Factory our parents and children are our number one priority. We offer great staffs who all are CPR/FIRST AID certified and have the credentials to assure you that your child will be in great hands. This letter is to inform you of certain procedures and important reminders while your child is enrolled at The Kidz Factory. We are grateful and thankful that you chose The Kidz Factory, llc to be your child care provider.

Tuition- tuition is your WEEKLY amount paid for children's stay at the center. Tuition is due every Friday in advance for the upcoming week. Parents have a courtesy grace period until Monday at 9:00am whether student attends before care or not. **NO NOTICE WILL BE GIVEN FOR STUDENTS REFUSAL TO CENTER OR TRANSPORTATION FROM SCHOOL FOR DELINQUENT TUITION ACCOUNTS!!!! Parents will be responsible to contact the center for late payments.**

Late Payments - Late payments go in effect every Monday at 9:01 am. A \$50.00 late charge is applied to your tuition payment immediately. Late payments that are not paid by the closing of the school day, your child will NOT be transported from school.

Payment Methods- The following payment methods are accepted: cash, money orders, debit check card, credit cards and also online @ www.thekidzfactory.com (NO PERSONAL CHECKS)

Late Pick-ups- The Kidz Factory, llc closes at 7pm daily. Starting at 7:01pm late fees will occur. \$15.00 for the first minute and \$1.00 for each additional minute, frequent late pick-up will result to a permanent dismissal from the program.

Transportation- transportation is provided to and from school. Parents are required to notify the center when their child **will not** be transported from school by The Kidz Factory. If you fail to do so, a \$ 5.00 fee will be applied to tuition payment.

Center Closings- When PG County Schools are closed The Kidz Factory will open with NO extra fee. **EXCEPT FOR MAJOR HOLIDAYS, inclement weather and emergency situations.**

Center Closings due to weather/ or emergency situations: The Kidz Factory follows PG County Public schools early dismissals and closing due to Inclement weather and emergency situations.

Homework Policy- Students will do homework until finished before going to any other activity unless the parents request otherwise. Parents it is our duty to make sure homework is checked and completed.

Breakfast- is provided each morning at morning care. You are allowed to bring your child breakfast. Please remember that Breakfast is optional.

Snack- snacks are provided each day. Students will have 20 minutes for snack unless parents request for additional time due to medical reasons. Parents are allowed to pack their children their own snack.

Parent Signature

Date

Lakita R. Dyson

Owner/ Director

The Kidz Factory, LLC

Learning Center

Payment Agreement

It has been agreed that _____ will pay the sum of \$_____ weekly in advance for the upcoming week or the first initial start date if student start in the middle of the week. For the care of _____

Care will be provided _____ days per week between the hours of _____ A.M. and _____ P.M.

Pre-School Student Parents should understand that if they drop off their child before 7:30 am Students must be picked up by 6:00pm. If students are dropped off after 7:30am they can stay until 7:00pm. All Pre School students must be dropped off at the center no later than 9:00am.

The Kidz Factory LLC accept the following methods of payment: Online, Credit, Debit, Cash, Money order or Cashier checks. (NO PERSONAL CHECKS)

I understand that I am responsible for payments of tuition and fees as long as my child is enrolled in The Kidz Factory Infant/Toddler, PreSchool Program or The Kidz Factory Before and After School Program. I also understand that withdrawal from the program requires a written two week notice. If notice is not given, I will be responsible for two weeks of tuition. I understand that tuition and fees are non-refundable for any reason, and that there is no tuition remission for holidays, Christmas break, Spring break, Snow days, vacation, any absences or when my child is ill. The Kidz Factory has full authority to suspend a Student for negative behavior inside The Kidz Factory, on Kid Factory field trips or on The Kidz Factory Transportation Vehicles. Tuition will still have to be made in full if child is suspended. The Kidz Factory LLC do not reimburse Parents for tuition payments unless there was proven negligence on The Kidz Factory behalf. **Parents please use this as an official notice for late payment and no notice will be given for student refusal into The Kidz Factory or on The Kidz Factory Transportation vehicle. So, please note that delinquent accounts students may be left at school without notice to the parents.**

I further understand that I am responsible for timely payments of tuition and that the following actions may be taken for non-payment.

1. Refused attendance until full payment is received
2. Withdrawal from the program
3. Account referred to a credit agency

My signature below, states that I understand and, I will comply with the terms of this agreement.

Print Name _____ Signature _____

Social Security No. _____ Date _____

Photo I.D.

Providing a quality, developmentally appropriate program for children in a clean, safe and secure environment.

The Kidz Factory, LLC Registration Form

Family Information

Parent(s) Name(s):	
Child(ren) Name:	Child Date of Birth:
Street Address:	City/State/Zip:
Home Telephone:	Work #:
Cell Phone:	<u>Name of School:</u>
Email Address:	

Employment Information

Mother:	
Company/Firm/Organization:	
Address:	
City/State/Zip:	
Telephone:	Work Hours:

Father:	
Company/Firm/Organization:	
Address:	
City/State/Zip:	
Telephone:	Work Hours:

Emergency Contact Information

Person to contact in case of emergency:	Telephone #:
Doctor's Name:	Doctor's #:
Are your child's immunization shots up to date?	
Does your child have medical conditions/allergies?	
If yes, please explain:	

Authorized Student Pickup

Name(s)	Phone #	Relationship
1.		
2.		
3.		
4.		

The Kidz Factory, LLC

Child Permission/Waiver Form

This form must be read and signed by a parent or legal guardian before a child under the age of 18 years can attend or participate in any of The Kidz Factory, LLC events or activities.

Waiver

I understand that The Kidz Factory, LLC assumes no responsibilities for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risks for any and all injuries and illness, which may result from his/her participation in these activities. Unless in the case of gross negligence, I hereby release and discharge The Kidz Factory, LLC it's agents, servants and employees from any and all claims for injury, illness, death, loss or damages which he/she suffers as a result of his/her participation in these activities.

I understand that The Kidz Factory, LLC is not responsible for personal property lost or stolen while participants are in The Kidz Factory, LLC facility or on the premises.

I give permission to The Kidz Factory, LLC to use without limitation or obligation, photographs, film footage or tape recording, which may include my child's image or voice for purposes of promoting The Kidz Factory, LLC program.

Acceptance

I acknowledge the Waiver and accept the conditions set forth above.
(Please sign and date as indicated below).

Child's Full Name: _____
(Please print)

Signature of Parent/Guardian: _____ Date: _____

Permission Waiver

In case of medical emergency, I understand that every effort will be made to contact my emergency contact or me. If I or the emergency contact (listed on registration form) cannot be reached, I give permission to The Kidz Factory, LLC employees/staff person to secure the medical treatment deemed necessary for my child; including hospitalization, injection, anesthesia or surgery.

Signature of Parent/Guardian: _____ 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.

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)

OCC 1214 (Revised 7/05) - Side 1 of 2 - All previous editions are obsolete.

INSTRUCTIONS TO PARENT:

- (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

DEPARTMENT OF HUMAN RESOURCES
Child Care Administration

ALL ABOUT MY CHILD

INSTRUCTIONS

This tool was developed to help your child care provider support the growth and development of your child while creating a safe stable and healthy environment for all children.

STEP I: INFORMATION TO BE COMPLETED BY THE PARENT/GUARDIAN

IDENTIFYING INFORMATION: Fill in identifying information including your child's nickname.

THINGS MY CHILD DOES WELL: Indicate characteristics of your child's behavior and skills which you consider to be things your child does well in the following areas: physical activity, language, self-care, emotional, and social. Examples could include your child's problem solving ability, inquisitiveness, expression of thoughts, sharing ability, climbing skills, ability to use a spoon, fork, or drinking cup. Your child care provider can use these examples to help your child develop new skills.

WHAT MY CHILD LIKES AND DISLIKES: Indicate your child's likes and dislikes including toys, objects, people, foods, and activities. Indicate if fear is associated with any dislikes and discuss with your provider. Making a note of your child's likes and dislikes will help the provider make your child feel more comfortable.

THINGS I AM WORKING ON WITH MY CHILD: Let the child care provider know the skills and activities that you consider important for your child to learn and ones that you are working on at home, through school, or with a private practitioner. These could include self-help skills, language skills, social skills, coordination, large muscle activities, and/or behavior skills. The provider may be able to reinforce these efforts and provide consistency when appropriate.

MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES: Describe those activities in which your child most enjoys participating, such as circle games, climbing, running, or bike riding. This knowledge will help the child care provider plan activities to include your child.

MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES: Indicate if your child dislikes, has difficulty with, or is physically restricted from performing certain activities. Examples of this may include a dislike of playing games with balls, falling frequently when climbing, or a restriction from participating in strenuous exercise.

MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES: Indicate if your child needs equipment to participate fully in the program. Equipment may include such things as glasses, a wheelchair, braces, crutches or other walking aids, a hearing aid, a helmet, a communication board, a nebulizer, special feeding utensils, and/or other adaptive devices. If applicable, include directions and demonstrate how the equipment is to be used. Indicate if the child requires any procedures or treatments. These may include blood glucose monitoring, catheterization, positioning, special exercises, a plan for emergency care, and/or a behavior management program. Directions may be provided by the parents, physician, or other professionals.

DEPARTMENT OF HUMAN RESOURCES
Child Care Administration

ALL ABOUT MY CHILD

INSTRUCTIONS (continued)

THINGS MY CHILD MIGHT NEED HELP WITH: Indicate if the child requires individual attention. This may be required only during certain activities or during the entire time the child is in care. Some examples are help with tying shoes, help with cutting food, or encouragement to participate in group activities or to sit still, reinforcement of a behavior management program, or intermittent catheterization. Any need for additional supervision is determined between the parent/guardian and the provider.

STEP II: THE PROVIDER'S PART

WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME? (*For the use of the provider when necessary*): In addition to the established provisions of the program, indicate any modification of the program necessary to meet the unique needs of this child. Examples may include adding activities that this child especially likes or performs well, providing extra supervision when the child is performing difficult activities, removing anything to which the child is allergic, rescheduling activities so that they do not interfere with any treatments, moving furniture to accommodate wheelchairs, and adapting activities so that the child will be included. Decisions may be made in cooperation with the parent/guardian.

STEP III: USE OF THE INFORMATION GATHERED

ONGOING: The provider should be familiar with the information gathered on this form before working with the child. *All information collected shall be confidential. Written parental permission must be obtained prior to sharing this information with anyone other than the provider(s) and the Child Care Administration's Licensing Specialist. The information needs to be updated as the child's need(s) change or at a minimum, annually.* Revision of program plans can occur at any time based on observations of the child or updated evaluations (it may be helpful to make updates in a different color ink). It is important that the parent/guardian and provider devote time to discuss the child's day-to-day behavior and participation in activities. By doing this routinely, problems can be prevented.

DAILY: The provider/staff must have daily access to each child's personal information in order to adequately provide for the safety and care of each child. The information may be used to schedule procedures, treatments, program modifications, and/or additional supervision. The provider plans the program of activities to enable each child to participate with the group as much as possible.

ANNUALLY: This information must be reviewed and updated *at least once a year* by the parent/guardian. The parent/guardian and provider must initial and date the form when it is reviewed each year.

DEPARTMENT OF HUMAN RESOURCES
Child Care Administration

ALL ABOUT: _____
Child's First Name or Nickname

Child's Name: _____ Birthdate: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Address: _____ Zip Code: _____

Provider/Center: _____ Phone: _____

Address: _____ Zip Code: _____

The information contained herein is for CONFIDENTIAL USE ONLY.

THINGS MY CHILD DOES WELL

WHAT MY CHILD LIKES AND DISLIKES

THINGS I AM WORKING ON WITH MY CHILD

MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES

MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES

MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES

THINGS MY CHILD MIGHT NEED HELP WITH

WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?

(For the use of the Child Care Facility when needed.)

This information is intended for use by the child care provider, developed in cooperation with the parents. **THIS IS NOT INTENDED TO BE A LEGALLY BINDING CONTRACT.**

Signatures:

Parent/Guardian: _____ Date: _____

Provider: _____ Date: _____

Updates:

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Provider: _____

Provider: _____

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.



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



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

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-CC9405971A42/30754/1216_MedAuth_r120511.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

Address: _____ Mo / Day / Yr

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.)	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
Bowels	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>	
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

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:	Birth Date:	Sex
Last First Middle	Month / Day / Year	M <input type="checkbox"/> F <input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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://ideha.dhmmh.maryland.gov/IMMUN/pdf/896_form.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 given to my child. This exemption does not apply during an emergency or epidemic of disease.
Parent/Guardian Signature: Date:

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