



OUR COMPLETE
2023-2024 FREE PRE-K
ENROLLMENT PACKET

2023-2024 Pre Kindergarten Program Registration
Application Checklist

**MUST submit a completed application in a sealed envelope in person
at THEMBA between 10 am - 3 pm Monday- Friday.**

Limited space, First come first serve!

Incomplete applications will not be considered for enrollment.

!!MUST BE A PRINCE GEORGE'S COUNTY RESIDENT!!

Student Name _____ DOB _____

Items Required	Available	Not Available
Birth Certificate		
Completed Enrollment Package for website: thembaclc.com		
Proof of Income: (any two below)		
2022 Tax Returns		
TCA/Cash Assistance		
Shot Records		
Health Records		
Copy of a Valid Driver's License		
* Child must be three by September 1 *		

Application Submitted By

Date

Application Reviewed By

Date

48 Contiguous States

# of Persons in Household	2023 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$14,580	\$19,391	\$20,120	\$21,870	\$29,160	\$43,740	\$58,320
2	\$19,720	\$26,228	\$27,214	\$29,580	\$39,440	\$59,160	\$78,880
3	\$24,860	\$33,064	\$34,307	\$37,290	\$49,720	\$74,580	\$99,440
4	\$30,000	\$39,900	\$41,400	\$45,000	\$60,000	\$90,000	\$120,000
5	\$35,140	\$46,736	\$48,493	\$52,710	\$70,280	\$105,420	\$140,560
6	\$40,280	\$53,572	\$55,586	\$60,420	\$80,560	\$120,840	\$161,120
7	\$45,420	\$60,409	\$62,680	\$68,130	\$90,840	\$136,260	\$181,680
8	\$50,560	\$67,245	\$69,773	\$75,840	\$101,120	\$151,680	\$202,240
Add \$5,140 for each person in household over 8 persons							

# of Persons in Household	2023 Federal Poverty Level for the 48 Contiguous States (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$1,215	\$1,616	\$1,677	\$1,823	\$2,430	\$3,645	\$4,860
2	\$1,643	\$2,186	\$2,268	\$2,465	\$3,287	\$4,930	\$6,573
3	\$2,072	\$2,755	\$2,859	\$3,108	\$4,143	\$6,215	\$8,287
4	\$2,500	\$3,325	\$3,450	\$3,750	\$5,000	\$7,500	\$10,000
5	\$2,928	\$3,895	\$4,041	\$4,393	\$5,857	\$8,785	\$11,713
6	\$3,357	\$4,464	\$4,632	\$5,035	\$6,713	\$10,070	\$13,427
7	\$3,785	\$5,034	\$5,223	\$5,678	\$7,570	\$11,355	\$15,140
8	\$4,213	\$5,604	\$5,814	\$6,320	\$8,427	\$12,640	\$16,853
Add \$428.33 for each person in household over 8 persons							



2023 - 2024 School Calendar

June 26 July 4	Monday Tuesday	First Day of Summer Camp Independence Day - Themba Closed
August 11 August 28	Friday Monday	Last Day of Summer Camp First Day of School
September 4 September 5 September 25	Monday Tuesday Monday	Labor Day - School Closed First Day of School Yom Kippur - School Closed
October 9 October 20	Monday Friday	Native American Day - School Closed Professional Development Day - School Closed
November 3 November 10 November 22-24	Friday Friday Wednesday-Friday	Professional Development - Dismissal is at 12pm Professional Development Day - School Closed Holiday- Thanksgiving School Closed
December 25- 29	Monday-Friday	Winter Break - School Closed
January 1 January 2 January 15 January 22	Monday Tuesday Monday Monday	Holiday- New Year's Day - School Closed Winter Break - School Closed Martin Luther King Jr. Day - School Closed Professional Development - 12pm Dismissal
February 19 February 20	Monday Tuesday	Holiday- President's Day - School Closed Parent/Teacher Conferences - School Closed
March 4 March 25- April 1	Monday Monday - Monday	Professional Development-School Closed for Students Spring Break School Closed
April 5 April 10 April 23	Friday Wednesday Tuesday	Professional Development - Dismissal is at 12pm Eid al-Fitr Holiday- School Closed Primary Election Day - School Closed
May 27	Monday	Holiday Memorial Day- School Closed
June 13 June 14 June 19	Thursday Monday Wednesday	12pm Dismissal Last Day of School for Students 12pm Dismissal Juneteenth - School Closed

Additional Professional Development Days - *TBD*



Pre-K Supply List

- ☐ 2 Boxes of Tissues
- ☐ 1 Pack of Baby Wipes
- ☐ 3 Containers of Clorox Wipes
- ☐ 1 can of Disinfectant Spray
- ☐ 1 Box of Gallon size Plastic Ziplock Bags
- ☐ 1 Box of Quart Size Plastic Ziplock Bags
- ☐ 2 fitted sheets for sleep mat and 1 Small blanket (Length 48 in. x Width 21 in.)
- ☐ 1 Marble Composition book
- ☐ 2 Glue Sticks
- ☐ 1 Pair of Scissors
- ☐ 1 Pack of 8 count Crayons
- ☐ 1 8/10 Pack of Washable Markers
- ☐ 2 Containers of Play doh
- ☐ 1 Plastic Pencil Box (to fit all purchased art supplies)
- ☐ 1 pack of Dry Erase Markers
- ☐ 2 Beginner Pencils (Ticonderoga) 2
- ☐ 2 Folders
- ☐ 1 Backpack (Large enough to fit a folder, blanket and sheets)
- ☐ 3 Sets of extra clothes (Please include underclothes)
- ☐ 1 Reusable Water Bottle
- ☐ 1 Family Photo

**Do not put anything in a plastic grocery bag, it is a safety hazard.
All belongings must be labeled with your child's name.**

Mandatory Themba Uniform Policy

Ages 2-5 years | Monday-Friday

- ❖ **Navy blue dress, skirt, or bottoms (no jeans)**
- ❖ **Navy blue sweater (optional)**
- ❖ **Powder blue, navy, or white collared top
(no tee shirts)**
- ❖ **Closed-toe, no tie, black, brown, or blue
shoes only ****

If your child is not in uniform, you will be asked to pick your child up or bring the uniform to the center in a timely manner.

Children do not wear uniforms during the summer months

Parent Orientation

Introductions: CEO/President
Directors
Teachers

Pre k Program- Overview

Hours of Program/Class Schedule
Late Pickup-Fee will occur after 1 to 5 minutes
Uniform Policy
Classroom Supplies
Mandatory Back to School Night- October 9

Parent-Teacher Conferences:

February 20- School is closed for students

Attend Two-Family/Community Events:

Fall Festival
Spring Festival

Attend Four Mandatory Virtual Parent

January 13th Health & Nutrition Seminar
March 16th Skill Building Self Sufficiency Seminar
April 20th Continued Education Training PG Community College
May 18th Transitioning from Daycare to Pre-k

Policy and Procedures:

Inclement Weather: We follow PG County Schools Inclement Closings
No child will be admitted 10 minutes after their child's start time without a doctor's note
Birthday Parties
Where to park cars?
Where to drop off and pick up students
No Hair beads
Cell phones
Healthy Food Policy
Changes of Clothes
Children with Challenging Behaviors and Special Needs
Children temperatures will be taken at the door- Please do not give child fever reducing meds prior to school
Children must wash hands upon arrival
Child **MUST** be fully Potty Trained
All items we bring to school must be labeled

If your Child Brings Lunch- No Microwave is Available to warm up food

Parent/Guardian Acknowledgement Of Receipt of Parent Manual

I have received Themba Creative Learning Center LLC, **Parent Manual**, and I have agreed to read, abide by, and follow the policies set forth therein.

Children Transport to and from evacuation sites in case of emergency:

In case of an emergency, I give Themba permission to transport my child in personal vehicles to and from our designated evacuation site. I, therefore, acknowledge that I have received and read Themba's Emergency Preparedness Plan.

Yes___No___

If not, how would you like your child transported?

Additionally, I would like to volunteer by helping with transporting children to the evaluation site during emergencies.

Yes___

No___

If yes, kindly provide us with your best reachable contact number

()_____ - _____ | (type) Cell_____Home_____Work_____

Email Address _____

Signature of Parent(s)/Guardian(s)

Print Name

Date

INSTRUCTIONS TO PARENT/GUARDIAN:

- (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

Themba Creative Learning Center LLC

PRE-K ENROLLMENT AGREEMENT – SY 2023-2024

TO THE PARENT: *Please read this Agreement carefully. If you do not understand any part of it, feel free to ask the Center Director about it.*

This Agreement and its attachments establish your legal rights and responsibilities, and those of Themba CLC, regarding your child's participation at Themba CLC. Throughout this Agreement and attachments, the terms "you" and "parent" refer to the parents or legal guardians of the child enrolled at the Center, and the terms "Center" and "we" refer to Themba CLC and its staff members. The term "school day" means a day when the Center is open and operating.

By executing this Agreement, you _____ (parents/guardians), agree to enroll _____ (child's name), at THEMBA Creative Learning Center, and THEMBA agrees to accept your child's enrollment, under the terms and conditions as stated below:

1. Program and Hours of Care

Beginning on, 20_____, The Center will provide care for your child in the Free-Pre-k classroom during the school year 2023-2024. Following PG County Public School System school year calendar. The Pre-k program at Themba will operate Monday-Friday from _____ - _____ (excluding all closed days as observed by the PG County School System).

No drop-offs are allowed before the school day starts time as stated above. Classrooms operate on specific staff/child ratios that must be maintained in the morning hours prior to the arrival of additional staff. _____ (Initial_____) _____ (Initial_____) If a parent fails to pick up at the contractual time, late pick-up fees will automatically be charged to the account that day.

Please review the late pick-up fee policy included in your enrollment packet. _ (Initial ____)

2. Payment –Scholarship-based enrollment – No tuition payments required

3. Method of Payment

All payments for other services are made through our automated payment processing, Tuition Express (See forms Attached). Your payment processing may be set up through a credit card or bank draft.

No other payment methods are accepted. If an automated payment is returned unpaid, you will owe a service fee of \$35.00 in addition to other amounts due.

4. Late Pick-Up Penalties

If your child is picked up after the scheduled closing time of _____pm, you will owe a late fee of \$15.00 for up to the first 5 minutes and \$1.00 for each additional minute. These late pick-up penalties must be paid in cash immediately to the office staff. If your child is picked up more than thirty (30) minutes late two (2) or more times in any thirty (30)-day period, the Center may terminate your child's enrollment. _____(Initial ____)

5. Damage to Center Property

You hereby agree that you will be responsible for any damage to Center property or equipment caused by you or your child, normal wear and tear excepted, including repairs made necessary by your actions or your child's actions.

6. Changes in Tuition

You understand that tuition rates are subject to change, and you agree that you will pay the new rate after the Center gives you at least thirty (30) days' notice of such change.

Parent's Signature

7. Absences

You are responsible for paying full tuition for your child until YOU TERMINATE the enrollment. This obligation is applicable even when your child is absent due to illness, vacation, holidays, inclement weather, or other causes. You agree to notify the Center in writing at least one month in advance if your child will not attend due to vacation or other plans.

_____(initial ____)

8. Readmission After Illness

State licensing regulations requires that, if your child has been ill, he or she may not be readmitted to the Center until he or she is free of symptoms for 24 hours without any fever-reducing medications. You hereby agree to abide by this requirement and agree that the decision of the Center's Director shall govern such a re-admission.

_____Initial

Some communicable diseases may cause a longer time period for the child to be absent in order to protect the health of the staff and children. The center will dictate the time frame the child must stay home regardless of the doctor's timeline. _____(initial ____)

9. Holidays and Other Closings

The Center will be closed on the following holidays: New Year's Day, Martin Luther King, Jr.'s Birthday, Columbus Day, Presidents' Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and the day after, Christmas Eve and Christmas Day. If any holiday falls on a Saturday or Sunday, Themba may be closed on the following Monday. Themba is also closed 2-3 days per year for staff professional development. _____
(Initial ____)

This pre-k program follows the PG County School Systems School-Year 2019-2020 Calendar. The Pre-K program at Themba will also close on the school system's closure dates. _____(initial ____)

Themba is not a religious school; therefore, Themba doesn't single out any one religious holiday to celebrate in our classrooms in order to show respect for other religious holidays that may be celebrated by our families. _____Initial

10. Inclement/Emergency Closings

Sometimes Themba must close because of emergencies or inclement weather. When you are not sure about the closing of the center, please call the office by 5:30 am or check our website, www.thembacdc.com for updates. Themba will also send out an alert by email and or text. Tuition fees are still due during an emergency and/or inclement weather closings. Refunds or credits will not be given.

This pre-k program follows the PG County School Inclement Weather delays and closures. Should the school system close for inclement weather, the Pre-K program at Themba will also close. You are advised to watch and listen to the news for such announcements. (Initial ____)

11. Suspension

In the judgment of the Center Director, or designated, if the child's behavior threatens the physical or mental health of other children or of the staff of the Center, the Center Director or designated will call the parent(s) or guardian(s) to remove the child for the rest of the day. THEMBA requires that the child be picked up within the hour of being notified. Parents or guardians shall continue to be responsible for the daily tuition for that day. (Initial ____)

13. Withdrawal by Parent

You must give the Center Director at least one month's notice in writing if you wish to withdraw your child from the Center. If you give such notice and if an enrollment deposit was received during enrollment, you may use your Deposit as a credit against your last month's tuition. If you do not give such notice, and a deposit was not received at enrollment, you will still be responsible for your entire last 30-days tuition. If you do not give such notice, your entire Enrollment Deposit and any prepaid tuition will be forfeited. _____(Initial ____)

13. Termination by Center

a.) Immediate Termination

(1) The Center may terminate your child's enrollment in the Center, effective immediately if any of the following conditions arise: In the judgment of the Center Director, the child's behavior or the parent's behavior in the Center threatens the physical or mental health of other children or of the staff/parents of the Center;

(2) The child is routinely picked up later than the Center closing time or more than thirty (30) minutes late two (2) or more times in a one-month period.

(3) The child is ill when brought to the Center more than three (3) times within any thirty (30)-day period, or the parent fails to pick up a sick child within one hour after being notified of the sickness more than two (2) times during any six (6) month period.

b.) Two Weeks' Notice

(1) The Center may terminate your child's enrollment upon two (2) weeks' notice to you if any of the following conditions arise: Any of the conditions listed in (a) above has occurred, and the Center has not exercised its right to terminate enrollment immediately;

(2) In the judgment of the Center Director if the Center's program does not meet the developmental or special needs of your child.

(3) You fail to abide by the terms of this Agreement.

(initial ____)

14. Cell Phones

Themba has a no cell phone zone! Parents please refrain from using your cell phone at Themba during pick up and drop off. Teachers have very limited times to communicate with you, so please be available to chat with them about your child's day. (initial ____)

15. Fraternizing Policy

Staff is not allowed to create personal relationships with parents outside of Themba's business hours. If a staff member does decide to fraternize with any parent that is currently enrolled at Themba, that staff member and the parent will be terminated immediately. (initial ____)

16. Hair Beads

Due to the number of beads that are found on the floor and in children's mouths and even noses, we have been forced to implement a NO HAIR BEADS policy for the daycare center. Please do not put beads in your child's hair. If they come to school with beads in their hair, we

will remove them. They pose a serious danger to all children in the center.(initial ____)

17. Safety

For safety reasons, please do not hold the front door open for anyone. Every parent must use his or her code to enter the building. If the person doesn't have a code, please allow the person to ring the doorbell and show their ID. _____(initial ____)

18 Parking / No Idling

Please do not park or stand in the fire lane or around the circle. All cars must be parked in a parking space to allow parents to exit the parking lot without being held up. (Initial____)

Parents or Staff may not leave the car running for more than 30 seconds while dropping off or picking up. (Initial____)

19. No Admittance after 10:00 am/Shots

Children will not be admitted after 10:00 am without a doctor's note. If a child was administered shots during the doctor's visit, the child may not return to school due to complications from the shots and fever symptoms associated with the medicine that often makes the child irritable.
_____(initial ____)

20 a. Field Trip Participation.

You acknowledge and agree that the Center's regular program includes field trips and other off-premises activities that involve transporting the children on public transportation, in chartered vehicles, or in vehicles that are driven by THEMBA CLC staff and parent volunteers. You will be asked to sign a separate Field Trip Permission Form for each excursion. You acknowledge and agree that no alternate care may be available at the Center in case you do not wish your child to attend such field trips or field trips and that no tuition refund will be given in such case. Each parent must participate in and attend one field trip per year with their child(ren). _
Initial

If the Center Director or Senior Staff determines that the child needs individual attention, the parent(s) may be requested to attend the field trip with the child, or the child may not be allowed to participate. No alternate care will be provided for any child that will not attend the trip. _____(initial ____)

20 b. Child Custody/Separation/Divorce/Other Personal Issues

Issues relating to child custody, separation and/or divorce, or other personal issues are between the parties involved and should not involve the School or its personnel. The School does not enforce custody agreements, nor does it facilitate supervised visitation. Teachers and administrators need to be focused on the children at the school rather than the outside personal issues of the families. If the Administration judges that a family's personal situation becomes or threatens to become a problem, this is grounds for immediate termination of enrollment. While we sympathize with families wrestling with these types of issues, the School needs clear "all or nothing" directions regarding who is allowed to pick up children. For

example, “only mom is allowed to pick up” “only dad or dad’s mother are allowed to pick up” or “both parents are allowed to pick up.” If there is a custody arrangement regarding different parents picking up on certain days, and the wrong parent picks up, this is an issue to be taken up with a lawyer or the Court, not with the School. (Initial_____)

A child may not return to Themba after a parent removes the child for visitation purposes.(Initial_____)

21. Publicity and Outside Consultants.

We ask for your permission for your child to be photographed or captured via digital imagery, or videotaped, for publicity, news purposes, Website Page, Social Media, and marketing and educational purposes? _____Yes,_____No

22. Liability Release

THEMBA CLC maintains an insurance policy to cover its liability for injuries, losses, and damage that may occur to your child, your child's property, or your property caused by fire, theft, storm, or other causes. Acting on behalf of yourself and your child, you hereby waive and agree to release any claims that you, your child, or your child's heirs and successors may have against THEMBA CLC or any successor corporation, or against any officer, shareholder, employee, or agent of THEMBA CLC, or any successor corporation, for any and all injuries, losses, and damage to your child, your child's personal property, and your personal property to the extent that those injuries, losses, and damage are not covered by the insurance policy maintained by THEMBA CLC, or any successor corporation, or to the extent that the monetary amount of such injuries, losses, or damage exceed any amount payable under such insurance policies. You agree to be responsible for and hold harmless THEMBA CLC, any successor corporation, and any of the officers, shareholders, or directors of THEMBA CLC, or any successor corporation from and against any and all claims, suits, judgments, or costs that may be brought against THEMBA CLC, any successor corporation, its officers, employees, shareholders, or agents of THEMBA CLC, for the actual or alleged acts or omissions of you or your child/children.

23. Certification That All Information Is Correct

The following attachments form a part of this Enrollment Agreement. You hereby certify that you have accurately completed all the forms listed below and that you have read and agree to abide by all provisions of the Parent Handbook. You agree to notify Themba if there is any change in the information you have supplied on the forms listed below:

- a.Receipt of Parent Manual
- b. Developmental History Form
- c. Pick-Up Release Form
- d. Custody Information Form (if applicable)
- e. Emergency Information Cards (2)
- f. Authorization to Treat a Minor Form (notarized)
- g. Child Health Inventory and Immunization Record.
- h. Form K.
- i. Government Issued ID

24. Severability/Unenforced Terms Not Waived

If any term of this Agreement is declared invalid or unenforceable, it will be severed and all other terms will remain effective, and they will be construed as though the invalid or unenforceable term did not exist. If Themba CLC, elects not to require that you comply with any term of this Agreement, Themba CLC, will not be deemed to have waived its right to demand compliance with the said term at a later time.

AGREED TO

Parent's or Guardian's Signature

Date

Parent's or Guardian's Signature

Date

Center Director's Assistant Director's Signature

Date

Notice of Late PickUp Policy and Fees

We suggest that children be picked up a few minutes prior to the program's end time. Children not picked up by closing time will be brought to the front office to wait for their parent(s). **Be advised, that during such occurrence, the parent will be FULLY responsible for the total assessed late pickup fee.**

Your child anticipates your arrival and becomes worried and anxious if his/her classmates have all been picked up while his/her parents have yet to appear. Additionally, our staff have been on duty for an entire full day; understandably, they are ready to return to their families, and carry out their personal plans for the evening. It is unreasonable to further inconvenience them by prolonging their work day.

Out of respect to our staff and their time, please make arrangements to pick up your child before the close of business. Again, be advised that if you arrive after your child's classroom end time you will be presented with a late pickup bill assessed for the total amount of time for your late arrival (rates below).

Late Fee Per Child: \$15.00 for up to the first 5 minutes

\$1.00 for each additional minute

Late fees owed are payable in cash and at pickup, to the office staff directly. NO EXCEPTIONS.

All late pick-ups are archived and tracked. Parents with three late pickups during the course of one week will incur a **100% fee increase** for any subsequent late pickup occurrence(s). After six incidents of late pick-ups, the child will not be able to attend the Center the next day, and enrollment for the future will be in jeopardy.

If a family has an emergency near the end of the day, such as a car breaking down, an illness, or traffic jams, parents must first inform the Center, and then make alternate plans for pick-up. Late fees will be imposed even under emergency conditions.

NOTE: Refusal to pay assessed late fees or confrontational behavior towards our staff concerning your balance late fee is **strictly prohibited** and will jeopardize your child's enrollment at THEMBA. We appreciate your understanding and commitment to this policy.

Sincerely,

Management

Parent Signature _____ Date _____

Themba CLC Discipline & Positive Guidance Procedures

Professionals who work with young children expect to be met with challenging behavior from time to time. During the first five years of life, children are just beginning to learn how to handle their intense emotions and conform to the behavioral expectations of society. As parents know, this is a lengthy process. It is also a central aspect of children's social and emotional development that can be guided using strategies based on research into early brain development.

All staff working at Themba will receive training before working with children. The training will continue every two years. If an employee is suspected of violating this discipline policy, the person will be suspended/terminated. Child Protective Services (CPS) and the Office of Childcare will independently investigate the allegations.

In early care and education setting, we define challenging behavior as any behavior that:

- interferes with children's learning, development, and success at play;
- is harmful to the child, other children, or adults;
- puts a child at high risk for later social problems or school failure.

The behavior can be direct (e.g., hitting, pushing, biting, kicking) or indirect (e.g., teasing, ignoring rules or instructions, excluding others, name-calling, destroying objects, or having temper tantrums).

Themba's staff sees working with children's challenging behavior as integral to our job. The root meaning of the word *discipline* is "instruction" or "training." This meaning, rather than punishment, is the foundation for our approach to guiding children's behavior. We accept that young children will sometimes display their emotions or try to achieve their goals in unproductive or immature ways. That is simply part of being very young. Much of children's most valuable learning, especially in a group setting, occurs in the course of behavioral problem-solving. The approaches we use vary by age group but have the following elements in common:

- **Adults model positive behavior** -- We show that we can accept, control and express feelings in direct and non-aggressive ways. We let children know we are not afraid of their intense emotions and will not punish, threaten or withdraw from them.
- **Teachers design the physical environment to minimize conflict** -- We provide multiple of toys and materials for groups of children, define classroom and outdoor areas clearly to allow for both active and quiet play, and strive to maintain an appropriately calm level of stimulation.
- **Teachers maintain age-appropriate expectations for children's behavior** -- We attempt to minimize unreasonable waiting and transition times. We limit the length of a large group and teacher-directed activity times according to children's developmental

levels. We give children large blocks of uninterrupted time to make their own activity choices.

- **Teachers establish simple rules, or expectations, for the classroom community --** Older preschool children participate in this process early in the school year. When issues arise, adults and children can reference the “Be safe, Be kind, Be respectful” guidelines as reminders about what kinds of behavior facilitate life in a group setting.
- **Adults closely observe and supervise children's activities and social interactions --** With our high ratios of adults to children and our emphasis on attentive observation, we can often intervene to guide children before situations escalate.
- **Adults help children verbalize their feelings, frustrations, and concerns --** The staff will help children describe problems, generate possible solutions, and think through logical consequences of their actions. Babies will hear their caregivers describe actions, problems, solutions, and logical consequences. The adult role is to be a helper in positive problem-solving. We want children to value cooperation and teamwork. We help them to learn peaceful, productive approaches to interacting with peers.
- **Children whose behavior endangers others will be supervised away from other children --** This is not the same as the practice of using a "time out" (the traditional chair in the corner) for a child. An adult will help the child move away from a group situation. The child will then verbally process the problem with the staff member and other concerned parties. An adult will stay close to any emotionally out-of-control child who needs private time to regain composure.
- **Discipline, i.e., guidance, will always be positive, productive, and immediate when behavior is inappropriate --** *No child will be humiliated, shamed, frightened, or subjected to physical punishment or verbal or physical abuse by any staff member working at Themba.* Every Teacher understands and follows our disciplinary approach and the standards on guidance and management in our Office of Child Care Licensing Regulations. We work with our families so that they also understand and employ this guidance approach.
- **If an employee suspects a teacher is violating this disciplinary policy.** The employee must immediately notify the center’s director or the Office of Childcare.
- When a pattern of behavior persists that endangers self, others or property or significantly disrupts the program; we will work with a child's family to find solutions, up to and including referral for outside services.

Parent Signature : _____ Date: _____



Themba Creative Learning Center LLC

Healthy Foods For Celebrations

Please help us encourage lifelong healthy habits among our children. We encourage parents to join us for their child's birthday or other special occasions.

Typically, foods for celebration include cupcakes, candy, cookies and other "treats" that have a large amount of sugar, calories and fat. There is nothing wrong with an occasional treat, but unhealthy choices have become the norm rather than the exception.

Please submit this form to the classroom teacher one week before your child's birthday party. All parties will start by 1:30pm and end by 2:30pm. Themba does not allow balloons since they are a major cause for choking in young children, **home cooked food, cakes/cupcakes or unhealthy snacks are also prohibited.**

The following is a list of alternatives our facility will allow for celebrations/special occasions that promote and reinforce good nutrition.

Please check all items you may bring to the party.
Cheese Pizza Only (Please bring 5 large pizzas for 20 children)

100% Juice boxes____
Yogurt _____
Fruit Smoothies_____
Tortilla chips & salsa_____
Fruit Muffins_____
Dried Fruit_____
Favors_____
Pretzels_____

Fresh Fruit/Vegetable_____
Animal Crackers_____
Crackers with cheese_____
Flavored Milk_____
Mozzarella string cheese

Decorations/paper
products_____
Other_____
Goodie Bags/No Candy__

** If you would like something other than the items listed above please speak with the director for approval.

Child's Name _____ Date of Party _____

Parent's Signature _____

Teacher's Signature _____ Director's Signature _____

Teacher please submit a copy to the office for approval (1)week prior to the celebration.



Themba Creative Learning Center, LLC

Guidelines for Healthy Celebrations

Please help us encourage lifelong healthy habits among our children. We encourage parents to join us for their child's birthday or other special occasions.

Our facility will only allow healthy foods for celebrations. If you feel that you want to provide "treats" for a special celebration here is a list of non-food suggestions:

Stickers	Decorative pencils
Little toys	Party hats/Favors
Erasers	Bubbles
Finger/hand puppets	Whistles
Glow in the dark items	Rubber stamps
Party Favors	Fake Tattoos
Fake teeth	Toothbrushes

Before bringing items to the facility, make sure the items you wish to bring are approved and age appropriate for the celebrating group.

Depending on the size and the number of children in your child's class, providing treats or gifts to all the children could become costly. Here are a couple of low-cost, easy ideas that will give your child a memorable experience on their special day:

- Decorate your child's classroom. Example: A banner with the child's name and "Happy Birthday." This will make your child feel special during the celebration/special occasion without adding unneeded fat and sugar in the diet.
- Take time to have a meal with your child at the center. This gives your child personal attention.
- Buy or supply a special book to be read during the day. Make it even more special by coming to your child's class to read the story.
- Plan and provide a special craft project for your child's class.
- Work with your child's teacher to plan special party games or activities.

Healthy & Nutritious Meals/Snack Policy

Themba Creative Learning Center provides nutritious breakfast/snacks and milk as part of your child's program. In addition, parents may decide to participate in a hot lunch program provided by Smart Lunches Catering Company or bring a healthy lunch from home.

Themba CLC promotes healthy eating habits and a positive attitude about food. Serving healthy food at preschool sets a great example for children and can be simple to prepare. Try to include at least 2 food groups for variety and balanced nutrition. Snacks/ Meals should be low in fat and sugar. Drinks may include milk, water, or 100% fruit juice.

Themba CLC is a nut-free school, please check labels accordingly and DO NOT bring any snacks/meals containing any nut products.

Prohibited Foods

The following potential hazards may not be included in children's lunches sent from home: hotdogs (neither whole nor pieces), nuts, popcorn, raisins, raw peas, corn, raw carrots, hard pretzels of any size, or whole grapes. Meat must be cut in a portion that can be safely swallowed whole. ** Please see birthday celebration Guidelines about prohibited foods**

Also, in order to prevent injuries from breaking glass, please do not send drinks in glass bottles. Juice boxes are easy for the children to handle; "Capri Sun" foil containers are not.

Suggested food items are:

fruits & vegetables with low-fat dips, 100% juice, tortilla chips, and salsa, yogurt, fruit muffins, animal crackers, mozzarella string cheese, multi-grain chips, pretzels, pita bread chips, rice cakes, granola bars/no nuts, bagels, cereal bars, oatmeal meat, dry beans.

Themba will not allow any junk food including birthday cake or fast food to be consumed in the facility. Please serve your child before entering the center any fast food/junk food products. Sodas are not allowed in the center.

Please do not send candy. A child with candy in her lunch will be asked to place it back in her cubby/lunchbox until pick-up time. Teachers ask that on the rare occasion when you bring in food from a fast-food establishment, you take the toy and food out of the bag, and present the food separately on a plate. The bag and the toy can be kept in your care until you pick up your child at the end of the day.

References: USDA Child and Adult Care Food Program/NAC Accreditation

Medical Authorization to Treat a Minor

Authorization is given to any one of the following:

Themba Creative Learning Centers and staff members acting as agents of
Themba Creative Learning Centers

From: _____

Full name of parent(s) or guardian of child _____

Address and phone number _____

to consent to unexpected or emergency medical and dental treatment and
surgical care for my/our child/children on my/our behalf, and to consent to
hospitalization if, at time of injury or illness, it is recommended by a private
physician or consulting physician.

Name(s) of Minors	Birthdates	Allergies & Special Conditions
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

I/We will be responsible for charges incurred for any emergency service,
including; ambulance, medical, dental or surgical treatment and/or hospitalization
rendered by reason of this authorization.

For further emergency Contact please provide Child's mother and father
employer information:

Mother Employer _____
Address _____ City _____ State _____
Phone _____
Email _____

Father Employer _____
Address _____ City _____ State _____
Phone _____
Email _____

Signature of Parent (1) _____ Date _____
Signature of Parent (2) _____ Date _____

FAMILY INFORMATION

Name Of Child (1) _____ DOB _____

Known allergies: _____

Medications child is taking (list):

Pediatrician _____

Phone _____

Dentist _____

Phone _____

Insurance Company _____

Phone _____

Member's name _____

Identification Number _____

Name Of Child (2) _____ DOB _____

Known allergies: _____

Medications child is taking (list):

Pediatrician _____

Phone _____

Dentist _____

Phone _____

Insurance Company _____

Phone _____

Member's name _____

Identification Number _____



Please initial on each line, to show you agree with our policies.

_____ Parents must attend all 4 mandatory parent workshops.

_____ Students will not be permitted to come to school after the
10 minute grace period.

_____ Parents will pay a late fee if you pick up your child after
school is closed.

Parent Signature

Date



6715 Cipriano Road, Lanham- Maryland 20706
Center: 301-552-5437 | Fax: 301-552-7565 fax www.thembacdc.com

New Parent Orientation Checklist

- Discussion of Health and Developmental Screening
- Introduction to key employees
- Receipt of parent handbook (download from website)
- Discussion of expectations of family and the needs of the child
- Discussion of legal parent/legal guardian and teacher role
- Extended visit in the classroom by child
- Overview of family support resources and policy and procedures
- Interpreter available if needed
- Opportunity for Extended Visit in the classroom by family
- Family Visit with classroom teaching team
- Technology Usage
- Tour of Facility

Parent 1 Signature

Date

Parent 2 Signature

Date

Child's Name

Age

MARYLAND STATE DEPARTMENT OF EDUCATION

Office of Child Care

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 providers 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 <input type="checkbox"/> F <input type="checkbox"/>	
Last First Middle			Mo / Day / Yr			
Address: _____						
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"/>				
<input type="checkbox"/> Limits <input type="checkbox"/> on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>				
Meningitis	<input type="checkbox"/>	<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: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div>				Birth Date: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Month / Day / Year </div>		Sex M <input type="checkbox"/> F <input type="checkbox"/>																																																																																																									
1. Does the child named above have a diagnosed medical <input type="checkbox"/> condition? No Yes, describe: _____																																																																																																															
2. <input type="checkbox"/> Does <input type="checkbox"/> the child have a health condition that 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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Health Area</th> <th style="width: 10%;">WNL</th> <th style="width: 10%;">ABNL</th> <th style="width: 10%;">Not Evaluated</th> </tr> </thead> <tbody> <tr><td>Attention Deficit/Hyperactivity</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Behavior/Adjustment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Bowel/Bladder</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Cardiac/murmur</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Dental</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Development</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Endocrine</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>ENT</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>GI</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>GU</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Hearing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Immunodeficiency</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; 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REMARKS: (Please explain any abnormal findings.) <div style="height: 40px; border: 1px solid black;"></div>																																																																																																															
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.dhmdh.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 <input type="checkbox"/> care? NO Yes, specify nature and duration of restriction: _____																																																																																																															
7. Test/Measurement		Results			Date Taken																																																																																																										
<input type="checkbox"/> Tuberculin Test																																																																																																															
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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.**

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME _____ / _____ / _____
 LAST FIRST MIDDLE

CHILD'S ADDRESS _____ / _____ / _____
 STREET ADDRESS (with Apartment Number) CITY STATE ZIP

SEX: ☐ Male ☐ Female BIRTHDATE _____ / _____ / _____ PHONE _____

PARENT OR GUARDIAN _____ / _____ / _____
 LAST FIRST MIDDLE

BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015? ☐ YES ☐ NO

Has this child ever lived in one of the areas listed on the back of this form? ☐ YES ☐ NO

Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? ☐ YES ☐ NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print): _____ **Signature:** _____ **Date:** _____

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C – Documentation and Certification of Lead Test Results by Health Care Provider

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments

Comments:

Person completing form: ☐ Health Care Provider/Designee OR ☐ School Health Professional/Designee

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

BOX D – Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: ☐ YES ☐ NO

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

<u>Allegany</u>	<u>Baltimore Co. (Continued)</u>	<u>Carroll</u>	<u>Frederick (Continued)</u>	<u>Kent</u>	<u>Prince George's (Continued)</u>	<u>Queen Anne's (Continued)</u>
ALL	21212	21155	21776	21610	20737	21640
	21215	21757	21778	21620	20738	21644
<u>Anne Arundel</u>	21219	21776	21780	21645	20740	21649
20711	21220	21787	21783	21650	20741	21651
20714	21221	21791	21787	21651	20742	21657
20764	21222		21791	21661	20743	21668
20779	21224	<u>Cecil</u>	21798	21667	20746	21670
21060	21227	21913			20748	
21061	21228		<u>Garrett</u>	<u>Montgomery</u>	20752	<u>Somerset</u>
21225	21229	<u>Charles</u>	ALL	20783	20770	ALL
21226	21234	20640		20787	20781	
21402	21236	20658	<u>Harford</u>	20812	20782	<u>St. Mary's</u>
	21237	20662	21001	20815	20783	20606
<u>Baltimore Co.</u>	21239		21010	20816	20784	20626
21027	21244	<u>Dorchester</u>	21034	20818	20785	20628
21052	21250	ALL	21040	20838	20787	20674
21071	21251		21078	20842	20788	20687
21082	21282	<u>Frederick</u>	21082	20868	20790	
21085	21286	20842	21085	20877	20791	<u>Talbot</u>
21093		21701	21130	20901	20792	21612
21111	<u>Baltimore City</u>	21703	21111	20910	20799	21654
21133	ALL	21704	21160	20912	20912	21657
21155		21716	21161	20913	20913	21665
21161	<u>Calvert</u>	21718				21671
21204	20615	21719	<u>Howard</u>	<u>Prince George's</u>	<u>Queen Anne's</u>	21673
21206	20714	21727	20763	20703	21607	21676
21207		21757		20710	21617	
21208	<u>Caroline</u>	21758		20712	21620	<u>Washington</u>
21209	ALL	21762		20722	21623	ALL
21210		21769		20731	21628	
						<u>Wicomico</u>
						ALL
						<u>Worcester</u>
						ALL

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

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

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 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.

Child's Picture

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 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

OCC 1216 (Revised 06/24/13 – *All previous editions are obsolete.*)

Page 1 of 2

MEDICATION ADMINISTERED

Each administration of a medication to the child shall be noted in the child's record. Each administration of prescription or non-prescription to a child, including self-administration of a medication by a child, shall be noted in the child's record. Basic care items such as: a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health practitioner. These products are not required to be recorded on this form, but should be maintained as a part of the child's overall record. Keep this form in the child's permanent record while the child remains in the care of this provider or facility.

[illegible]

For questions, concerns or to file a complaint contact your Regional Office

Regional Offices	Phone
Anne Arundel	410-573-9522
Baltimore City	667-354-5178
Baltimore County	410-583-6200
Prince George's	301-333-6940
Montgomery	240-314-1400
Howard	410-750-8771
Western Maryland, Allegany, Garrett & Washington	301-791-4585
Upper Shore, Kent, Dorchester, Talbot, Queen Anne's & Caroline	410-819-5801
Lower Shore, Wicomico, Somerset & Worcester	410-713-3430
Southern Maryland, Calvert, Charles & St. Mary's	301-475-3770
Harford & Cecil	410-569-2879
Frederick	301-696-9766
Carroll	410-549-6489

The Regional Offices investigate complaints to determine if child care licensing regulations have been violated. All confirmed complaints against child care providers may be viewed at [CheckCCMD.org](https://www.checkccmd.org).

For additional help, you may contact the Licensing Branch Chief at 410-767-0120.

Resources

Child Care Scholarship (CCS) - Assists eligible parents and families with child care expenses
1-877-227-0125 money4childcare.com

Maryland EXCELS - Maryland's Quality Rating System for child care programs
marylandexcels.org

Maryland Developmental Disabilities Council - Assistance with ADA issues
md-council.org

Maryland Infants and Toddlers Program - Early intervention services for young children with developmental delays and disabilities and their families
referral.mditp.org

Maryland Family Network - Assists parents in locating child care
1-877-261-0060 marylandfamilynetwork.org

Maryland Child - Information about child development, parenting, community resources, mental health, nutrition, literacy, and more.
Marylandchild.org

Maryland State Department of Education
Division of Early Childhood
200 West Baltimore Street
10th Floor
Baltimore, MD 21201
earlychildhood.marylandpublicschools.org

Wes Moore, Governor

Mohammed Choudhury,
State Superintendent of Schools

OCC 1524 (updated June 2023)

Parent's Guide to Regulated/ Licensed Child Care



Information About Child Care Facilities



Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education, Office of Child Care's (OCC), Licensing Branch.

The Licensing Branch's thirteen Regional Offices are responsible for all regulatory activities, including:

- Issuing child care licenses and registrations to child care facilities that meet state standards;
- Inspecting child care facilities annually;
- Providing technical assistance to child care providers;
- Investigating complaints against regulated child care facilities;
- Investigating reports of unlicensed (illegal) child care;
- Taking enforcement action when necessary; and
- Partnering with community organizations and consumers to keep all children in care safe and healthy.

Regulations governing the Maryland State Department of Education (MSDE) fall under COMAR Title 13A. Regulations that govern child care facilities and other information about the Office of Child Care may be found at:

earlychildhood.marylandpublicschools.org/child-care-providers/licensing

What are the types of Child Care Facilities?

Family Child Care – care in a provider's home for up to eight (8) children with no more than two under the age of two.

Large Family Child Care – care in a provider's home for 9-12 children.

Child Care Center – non-parental care in a group setting for part of a 24 hour day.

Letter of Compliance (LOC) – care in a child care center operated by a religious organization for children who attend their school.

All facilities must meet the following requirements:

- Must obtain the approval of OCC, fire department, and local agencies;
- Must have qualified staff who have received criminal background checks, child abuse and neglect clearances, and are not on the sex offender registry;
- Must maintain certification in First Aid and CPR;
- Must maintain approved staff and student ratio and provide ACTIVE supervision all times when children are in care;
- Must offer a daily program of indoor and outdoor activities;
- Must maintain a file with all required documentation for each enrolled child;
- Must post approved evacuation plans, conduct fire drills, and emergency preparedness drills; and
- Must report suspected abuse and neglect, and may not subject children to abuse, neglect, mental injury, or injurious treatment.

Did You Know?

- The provider's license or registration must be posted in a conspicuous place in the facility;
- A child care provider must enter into a written agreement, with a parent, that specifies fees, discipline policy, presence of animals, the use of volunteers, and sleeping arrangements for overnight care;
- Parents/guardians may visit the facility without prior notification any time their children are present;
- Written permission from parents/guardians is required for children to participate in any and all off property activities;
- All child care facilities must make reasonable accommodations for children with special needs;
- A qualified teacher must be assigned to each group of children in a child care center;
- Staff:child ratios must be maintained at all times in child care centers;
- Parents/guardian must be immediately notified if children are injured or have an accident in care;
- Parents/guardians may review the public portion of a licensing file; and
- Check Child Care Maryland, CheckCCMD.org, is a resource for parents and families to use to review child care provider's license status, verified complaints, compliance history, and inspection results.

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

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

ADDRESS: CITY: ZIP:

Health care provider or school health professional or designee only: To the best of my knowledge, the blood lead tests listed above were administered as indicated. (Line 2 is for certification of blood lead tests after the initial signature.)

[illegible]

Parent/Guardian: I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child and understand the potential impact of not testing for lead exposure as discussed with my child's health care provider.

Environmental Health Bureau
mdh.envhealth@maryland.gov

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

How To Use This Form

➔ **A health care provider may provide the parent/guardian with a copy of the child's blood lead testing results from ImmuNet as an alternative to completing this form (COMAR 10.11.04.05(B)).**

Maryland requires all children to be tested at the 12 and 24 month well-child visits (at 12-14 and 24-26 months old respectively), and both test results should be included on this form (see COMAR 10.11.04). If the test at the 12-month visit was missed, then the results of the test after 24 months of age is sufficient. A child who was not tested at 12 or 24 months should be tested as early as possible.

A parent/guardian and a child's health care provider should complete this form when enrolling a child in child care, pre-kindergarten, kindergarten, or first grade. Completed forms should be submitted by the parent/guardian to the Administrator of a licensed child care, public pre-kindergarten, kindergarten, or first grade program prior to entry. The child's health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature sections. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

Frequently Asked Questions

1. Who should be tested for lead?

All children in Maryland should be tested for lead poisoning at 12 and 24 months of age.

2. What is the blood lead reference value, and how is it interpreted?

Maryland follows the [CDC blood lead reference value](#), which is 3.5 micrograms per deciliter (µg/dL). However, there is no safe level of lead in children.

3. If a capillary test (finger prick or heel prick) shows elevated blood lead levels, is a confirmatory test required?

Yes, if a capillary test shows a blood lead level of ≥ 3.5 µg/dL, a confirmatory venous sample (blood from a vein) is needed. The higher the blood lead level is on the initial capillary test, the more urgent it is to get a confirmatory venous sample. See [Table 1](#) (CDC) for the recommended schedule.

4. What kind of follow-up or case management is required if a child has a blood lead level above the CDC blood lead reference value?

Providers should refer to the CDC's Recommended Actions Based on Blood Lead Level (<https://www.cdc.gov/ncsh/dnp/lead/advisory/acclpp/actions-blls.htm>).

5. What programs or resources are available to families with a child with lead exposure?

Maryland and local jurisdictions have programs for families with a child exposed to lead:

- Maryland Home Visiting Services for Children with Lead Poisoning
- Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

For more information about these and other programs, call the Environmental Health Helpline at (866) 703-3266 or visit: <https://health.maryland.gov/phhp/OEHFP/EH/Pages/Lead.aspx>.

Maryland Department of the Environment Center for Childhood Lead Poisoning Prevention: <https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/index.aspx>

Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.

Phone: (610) 519-3478 or Toll Free: (833) 362-2243

Website: <https://www1.villanova.edu/university/nursing/macche.html>