

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
PROVIDER INFORMATION SHEET

For Initial/Resumption of Service Registration Only
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SECTION I: APPLICANT COMPLETES THIS SECTION

NOTE: Pursuant to State Government Article, §10-617(h), information stated on this form may be released to the public.

Name of Applicant: _____

Name of Facility (if different from applicant's name): _____

Address: _____ **City/Town :** _____ **Zip Code:** _____

Telephone Number: _____

1. **Applicant's Educational Background:**
 - a) Highest Grade Completed: _____
 - b) Degree held/Major: _____
2. **Applicant's Work Background:** _____
3. **Previous experience in child care:** _____
4. **Courses taken in Child Development and/or other subjects related to family child care:**

COURSE	PLACE TAKEN	DATE OF ATTENDANCE/COMPLETION

SECTION II: OFFICE OF CHILD CARE COMPLETES THIS SECTION

1. Days of Operation: _____ Hours of Operation: Days Evenings Overnight

2. Food Services: Meals Snacks Both

3. The rooms checked below are approved for child care use:

Living Room <input type="checkbox"/> YES <input type="checkbox"/> NO	Bedroom #1 <input type="checkbox"/> YES <input type="checkbox"/> NO	Basement <input type="checkbox"/> YES <input type="checkbox"/> NO
Dining Room <input type="checkbox"/> YES <input type="checkbox"/> NO	Bedroom #2 <input type="checkbox"/> YES <input type="checkbox"/> NO	Family Room <input type="checkbox"/> YES <input type="checkbox"/> NO
Kitchen/Eating Area <input type="checkbox"/> YES <input type="checkbox"/> NO	Bedroom #3 <input type="checkbox"/> YES <input type="checkbox"/> NO	Other <input type="checkbox"/> YES <input type="checkbox"/> NO

Specify: _____

Indoor areas that are off limits for child care: _____

4. Outdoor Play areas (location approved for children): _____

Outdoor areas that are off limits for child care: _____

5. Equipment is adequate for:

	OUTSIDE	INSIDE
INFANTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRE-SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCHOOL-AGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. Napping Equipment:

_____ Porta-Cribs	_____ Playpens	_____ Sleeping Bags	_____ Mats
_____ Cribs	_____ Cots	_____ Beds	

7. (A) Limits on Capacity:
 1. Zoning code: Maximum capacity under applicable code: _____
 2. Health Department: Findings would limit capacity to: _____
 3. Fire Department Restrictions on use of space affecting capacity? YES NO
 4. Number of provider's children less than 6 years old: _____

(B) Other Limiting Factors/Considerations: _____

8. Total Capacity: _____ Age Range of Children Served: _____

Licensing Specialist: _____ Date: _____