

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.

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.

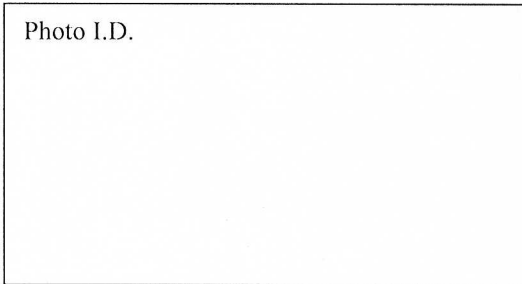
1. Refused attendance until full payment is received
2. Withdrawal from the program
3. Account referred to a credit agency

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

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: _____

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

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: _____

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

ADDITIONAL INFORMATION



The Maryland Child Care Credentialing Program is a voluntary child care credentialing program that recognizes child care providers' education, experience and professional activities at six levels. Credentialled 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)

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.**

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**.

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
 - Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties 410-819-5801
 - 9 – Lower Shore
 - Somerset, Wicomico, and Worcester Counties 410-713-3430
 - 10 – Southern Maryland 301-475-3770
 - Calvert, Charles and St. Mary's Counties 410-272-5358
 - 11 – North Central
 - Cecil and Harford Counties 301-696-9766
 - 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 health care provider per COMAR 13A.15.03.04, 13A.16.03.04, 13A.17.03.04, and 13A.18.03.04. A Physical Examination form designated by the Maryland State Department of Education and the Maryland Department of Health shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02, 13A.17.03.02 and 13A.18.03.02).
- **Evidence of immunizations.** The immunization certification form (MDH 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: <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms> Select MDH 896.
- **Evidence of Blood-Lead Testing for children younger than 6 years old.** The blood-lead testing certificate (MDH 4620) or another written document signed by a Health Care Practitioner shall be used to meet this requirement. This form can be found at: <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms> Select MDH 4620.
- **Medication Administration Authorization Forms.** If the child is receiving any medications or specialized health care services, the parent and health care provider should complete the appropriate Medication Authorization and/or Special Health Care Needs form. These forms can be found at: Select Forms OCC 1216 through OCC 1216D as appropriate. <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms>

EXEMPTIONS

Exemptions from a physical examination, immunizations, and Blood-Lead testing are permitted if the parent has an objection based on their bona fide 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 the child.

INSTRUCTIONS

Part I of this Physical Examination form must be completed by the child's parent or guardian. Part II must be completed by a physician or nurse practitioner, or a copy of the child's physical examination must be attached to this form.

If the child does not have health care insurance or access to a health care provider, or if the child requires an individualized health care plan or immunizations, contact the local Health Department. Information on how to contact the local Health Department can be found here: <https://health.maryland.gov/Pages/Home.aspx#>

The Child Care Scholarship (CCS) Program provides financial assistance with child care costs to eligible working families in Maryland. Information on how to apply for the Child Care Scholarship Program can be found here: <https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program>

PART I - HEALTH ASSESSMENT
To be completed by parent or guardian

Child's Name: _____			Birth date: _____		Sex
Last First Middle			Mo / Day / Yr		M <input type="checkbox"/> F <input type="checkbox"/>
Address: _____					
Number Street		Apt#	City		State Zip
Parent/Guardian Name(s)		Relationship	Phone Number(s)		
			W:	C:	H:
			W:	C:	H:
Medical Care Provider		Health Care Specialist	Dental Care Provider	Health Insurance	Last Time Child Seen for
Name:		Name:	Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Exam:
Address:		Address:	Address:	Child Care Scholarship	Dental Care:
Phone:		Phone:	Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specialist:
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	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>			
ADHD	<input type="checkbox"/>	<input type="checkbox"/>			
Autism Spectrum Disorder	<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"/>			
Communication	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>			
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes	<input type="checkbox"/>	<input type="checkbox"/>			
Feeding/Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>			
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>			
Hospitalization (When, Where, Why)	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>			
Life Threatening/Anaphylactic Reactions	<input type="checkbox"/>	<input type="checkbox"/>			
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>			
Mobility-Assistive Devices if any	<input type="checkbox"/>	<input type="checkbox"/>			
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>			
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Sensory Impairment	<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"/>			
Vision	<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? and/or for ongoing health condition?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach the appropriate OCC 1216 form.					
Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Blood Sugar check, Nutrition or Behavioral Health Therapy /Counseling etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan					
Does your child require any special procedures? (Urinary Catheterization, Tube feeding, Transfer, Ostomy, Oxygen supplement, etc.)					
<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan					
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.					
Printed Name and Signature of Parent/Guardian					Date

PART II - CHILD HEALTH ASSESSMENT
To be completed ONLY by Health Care Provider

Child's Name: _____			Birth Date: _____		Sex M <input type="checkbox"/> F <input type="checkbox"/>		
Last	First	Middle	Month / Day / Year				
1. Does the child named above have a diagnosed medical, developmental, behavioral or any other health condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
2. Does the child receive care from a Health Care Specialist/Consultant? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe _____							
3. 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. <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
4. Health Assessment Findings							
Physical Exam	WNL	ABNL	Not Evaluated	Health Area of Concern	NO	YES	DESCRIBE
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Dental/Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eczema/Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding Device/Tube	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility Device	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition/Modified Diet	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical illness/impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Hematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:			
REMARKS: (Please explain any abnormal findings.) _____ _____ _____							
5. Measurements		Date		Results/Remarks			
Tuberculosis Screening/Test, if indicated							
Blood Pressure							
Height							
Weight							
BMI % tile							
Developmental Screening							
6. Is the child on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate medication and diagnosis: (OCC 1216 Medication Authorization Form must be completed to administer medication in child care). https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms							
7. Should there be any restriction of physical activity in child care? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction: _____							
8. Are there any dietary restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction: _____							
9. RECORD OF IMMUNIZATIONS – MDH 896 or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider <u>or</u> a computer generated immunization record must be provided. (This form may be obtained from: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 896.)							
10. RECORD OF LEAD TESTING - MDH 4620 or other official document is required to be completed by a health care provider. (This form may be obtained from: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 4620) Under Maryland law, all children younger than 6 years old who are enrolled in child care 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.							

Additional Comments: _____

Health Care Provider Name (Type or Print):	Phone Number:	Health Care Provider Signature:	Date: