



**Angels of Mine Enrichment Program LLC DBA
Angels of Mine Child Care Center**

349 Fountain Street, Havre De Grace, MD 21078

Phone: (443) 502-2276 | Hours: 6:30 AM – 5:00 PM | License: 260588

www.angelsofmine.org

PARENT HANDBOOK AND CONTRACT | Updated March 6, 2026

About Us

Angels of Mine Childcare Center is a state-licensed daycare providing care for children aged six weeks to 12 years. We are committed to excellence in education, fostering academic, emotional, and social development while ensuring the safety and well-being of every child. Our center is a welcoming environment where children can learn, play, and grow in a nurturing community.

Philosophy Statement

At Angels of Mine Childcare Center, we believe every child—regardless of ability, cultural background, or developmental stage—deserves respect, nurturing, and opportunities for growth. Grounded in Maryland's high-quality early education standards, our philosophy fosters a safe, enriching, and inclusive environment. We encourage creativity, self-directed learning, and play as powerful pathways to discovery and development. Specifically, we uphold these core principles:

1. Individualized Learning and Support

Children learn at their own pace and in diverse ways. We acknowledge each child's strengths, interests, and needs—including those with disabilities—by offering flexible learning experiences and, when appropriate, individualized support and accommodations.

2. Positive Self-Concept through Diversity and Encouragement

A child's self-esteem grows through experiences of success, collaboration, and respectful interactions. By embracing multicultural and inclusive materials, activities, and family engagement, we help each child feel valued and respected for who they are.

3. Equitable and Supportive Self-Discipline

We nurture self-discipline by modeling empathy, consistency, and understanding. Our approach emphasizes fairness and respect—ensuring that each child, regardless of background or ability, can thrive in a welcoming and equitable setting.

4. Fostering Independence and Growth

Children flourish when trusted to attempt tasks independently while receiving guidance to develop new skills. Our environment and routines empower children to make choices, solve problems, and build self-reliance.

Mission Statement

At Angels of Mine Childcare Center, our mission is to create a warm, inclusive community that welcomes and celebrates children and families from all backgrounds, abilities, and cultures. We value the rich diversity within our city and partner with families, neighbors, and local organizations to:

Promote Belonging and Inclusion

We strive to meet each child's unique needs—especially those with disabilities—so that all children, families, and staff feel respected and supported.

Honor Cultural and Linguistic Diversity

Through culturally relevant activities, multilingual resources, and ongoing dialogues with families, we foster an environment where every child's heritage is embraced.

Encourage Shared Experiences and Learning

By inviting families and community members to participate in our program, we create authentic learning opportunities that enrich children's social, emotional, and cognitive skills.

Commit to Ongoing Improvement

In alignment with Maryland accreditation standards, we continually refine our practices, invest in professional development, and collaborate with experts in the field to ensure the highest level of care and education.

Inclusion Statement

We are committed to creating an inclusive environment where every child feels valued and supported. Our program does not discriminate based on ability, race, religion, ethnicity, or any other characteristic. We celebrate diversity and provide individualized care to meet the unique needs of each child.

Individualized Education Plan (IEP) Statement

For children with IEPs or Individual Family Service Plans (IFSPs), Angels of Mine collaborates with families and educational professionals to ensure accommodations and support are implemented effectively. Our staff receives ongoing training to meet the needs of all children, promoting their growth and success.

Admission and Enrollment Requirements

To enroll, families must provide the following documents:

- Enrollment Agreement
- Emergency Contact Form
- Physical Assessment Form (Part I & II)
- Immunization Record (MDH Form 896)
- Blood Lead Testing Certificate (if applicable)
- Topical Care Authorization (as needed)
- Parent Handbook Agreement Form

Additional forms may be required if your child has a medical condition and requires special accommodations. Parents are responsible for keeping their and their child's records up-to-date. This includes notifying the center of changes in address, employment, or contact information, as well as providing updated immunization records and medical forms when applicable.

Non-Discrimination and Inclusion Disclaimer

Angels of Mine Childcare Center admits children of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children at the center. We do not discriminate on the basis of race, color, national origin, religion, or disability in the administration of our educational policies, admissions policies, or any other center-administered programs.

Tuition and Fees

Effective January 1, 2026

- Infants (6 weeks–23 months): \$400/week
- Toddlers (24–36 months): \$320/week
- Preschoolers (3–4 years): \$300(potty trained) – \$310 (non-potty trained) /week
- Pre-K (4–5 years): \$280 (potty trained) – \$290 (non-potty trained) /week
- School Age (Before/After School): \$185/week
- Summer Care Program (4 to 12 years old): \$260/week

- Drop-in care: \$80/day
- Drop-in care infants: \$90/day

10-Hour Care Window

Childcare is provided for up to 10 hours each day. For any time beyond this window, an overage fee of \$10 per additional hour will be added to your account.

School-Age Voucher Coverage

If your child is not in attendance on these days, you are still responsible for the reserved space, as fees are based on the slot, not daily attendance. If you'd like your child to attend on a non-school day, the drop-in rate is \$70 per day or \$35 for half days. Please also review your vouchers, as they generally cover a specific number of hours each week based on the work schedule you provided (typically 30 to 50 hours).

Extended Non-School Days

For extended non-school days, we're happy to offer a capped flat rate of \$250 for the week, which covers your child's care and limits additional daily charges. Registration fee of \$100.00 per child in each family.

Family Discounts

- Multiple Children: 15% discount for each additional child, applied to the oldest child's rate. This does not apply to before/after care-only programs.
- Active Military Families: 10% weekly discount.

Payment and Late Fees

Accepted payment methods include Visa, MasterCard, Discover, Amex, checks, Cash App, cash, money orders, dependent care, and Flex Spend accounts. Payments can also be made via our website or Brightwheel.

- Payment Due Date: Monday of each week.
- Late Fees: \$15 late fee applied after Tuesday, with an additional \$10/day until paid.
- Children with unpaid balances will not be allowed to attend the following week.
- Balances must not exceed one week. Bi-weekly or monthly payments are accepted if paid in advance.
- Withdrawal: Two weeks' notice is required for withdrawal.

Absent Rates

- Weekly tuition is charged for children attending three or more days per week, including holidays. No discounts are provided for early pickups or absences.
- Returned checks incur a \$35 fee.
- Late pick-up charges are \$5 per minute per child. Late pick-up is considered an exceptional occurrence.

Vacation Time & Tuition

Private Pay Families (Out-of-Pocket Tuition): Private pay families are eligible for one (1) tuition-free vacation week per contract year, with the following requirements: Must be used as a full Monday–Friday week (no partial weeks or individual days). Requires at least two (2) weeks' written notice. Cannot be used during the Christmas–New Year's holiday week. The tuition-free vacation week does not carry over to the next contract year, has no cash value, and is non-transferable.

Families Receiving MSDE Scholarship/Tuition Assistance: Families receiving MSDE scholarship/tuition assistance may also take vacation time. However, tuition is paid according to the

scholarship program's rules (including rules related to child absences). Scholarship payments are not reimbursable to parents/guardians for vacation time. The center does not issue credits or cash reimbursement to parents/guardians for days paid by a third-party scholarship/assistance program.

Parent Responsibilities Regarding MSDE Scholarships

Parents participating in the MSDE scholarship program are financially responsible for:

- Copayments: All copayments required by the scholarship program.
- Out-of-School School-Age Payments: Payments for care during school closures or non-school days.
- Tuition Differences: Any difference between the scholarship amount and Angels of Mine's tuition rates.
- Additional Fees: This includes late payment fees, late pickup fees, registration fees, and costs for field trips or special activities.

Scholarship Payments, Receipts, and Tax Documentation

Angels of Mine Enrichment Program will provide documentation of payments actually made by the parent/guardian (for example: copayments, parent-paid balances, late fees, registration fees, or other parent-paid charges).

Tuition paid to Angels of Mine by the MSDE Scholarship Program (or any third-party assistance program) is not considered a parent/guardian payment. Therefore:

- Parents/guardians are not eligible to request a receipt or year-end statement showing scholarship-paid amounts as if the parent/guardian paid those funds.
- Angels of Mine will not create, alter, or reissue receipts to reflect scholarship payments as parent-paid tuition.
- Angels of Mine will not split, share, or refund scholarship payments to parents/guardians. Scholarship payments are issued for child care services and are administered through the scholarship program.

Parents/guardians are responsible for using accurate documentation for tax reporting and should consult a tax professional. In general, only out-of-pocket child care expenses paid by the parent/guardian may be eligible to be claimed; amounts paid by third-party assistance programs are not parent-paid expenses.

Curriculum & Activities

Our curriculum is the Experience Curriculum by Brightwheel, an experience-based and developmentally appropriate program aligned with Maryland Early Learning Standards and COMAR 13A.16. This approach prioritizes hands-on exploration, child-led discovery, and meaningful real-world experiences as the foundation for learning and development. All children participate in outdoor activities and recreational play daily, weather permitting, in compliance with COMAR 13A.16.09.

- Infants (6 weeks–12 months): Responsive, sensory-rich experiences that follow each infant's individual cues — including exploratory play, caregiver interaction, and age-appropriate movement activities that support milestone development.
- Toddlers (12–36 months): Hands-on, active learning experiences including group time, songs, and early literacy moments that introduce foundational concepts such as colors, shapes, and numbers through play and daily routines.
- Preschoolers (3–4 years): Experience-based learning through intentional exploration across learning centers — supporting language development, early literacy and phonics, creative arts, and pre-writing skills through child-led and teacher-guided activities.

- Pre-K (4–5 years): Structured experiential learning that builds school readiness through project-based activities, collaborative exploration, and focused skill development in literacy, numeracy, problem-solving, and social-emotional growth.

Summer Activities for School-Age Children

During summer break, we provide engaging activities tailored to school-age children, including:

- Educational field trips
- Arts and crafts projects
- Swimming and water play
- Movie days
- Interactive games and team-building exercises

These activities are designed to provide a balance of education and recreation, keeping children active and entertained throughout the summer.

Children with Disability Enrollment Policy

Angels of Mine Enrichment Program is dedicated to providing an inclusive and nurturing environment for all children. We welcome children with special needs based on our ability to meet their individual requirements effectively. Enrollment decisions will consider the center's capacity to facilitate the necessary accommodations, the availability of qualified staff trained in special needs education, and the resources required for one-on-one supervision if needed.

We collaborate with families to understand and support their child's unique needs. A written statement from a medical or educational professional outlining the child's specific requirements may be requested to ensure appropriate care and accommodation. Our program is committed to fostering an inclusive environment that does not discriminate based on ability, religion, race, ethnicity, or any other characteristic.

By prioritizing open communication and shared expectations, we strive to provide an enriching experience for every child, supporting their development and well-being while ensuring fairness and transparency.

Inclement Weather Policy (HCPS-Aligned)

Angels of Mine Enrichment Program (AOM) follows Harford County Public Schools (HCPS) inclement weather decisions.

- If HCPS is closed, AOM is closed.
- If HCPS has a delay, AOM will follow the same delay.

Two-Hour Delay

- AOM opens at 8:30 AM.
- Latest drop-off is 9:30 AM.
- Breakfast is served to children who are present by 8:30 AM.
- Children arriving after 9:00 AM must be fed before drop-off.

Three-Hour Delay

- AOM opens at 9:30 AM.
- Latest drop-off is 10:30 AM.
- Breakfast is not served on three-hour delay days. All children must be breakfasted before arrival.

Administration will share closure and delay updates through Brightwheel and/or the program's standard communication methods.

Emergency, Holiday, and Closure Policies

Holiday, Emergency, Sickness, Inclement Weather, and State Closing Policy

We are closed for the following holidays:

- Martin Luther King Jr.'s Birthday
- President's Day
- Good Friday
- Easter Monday
- Memorial Day
- Juneteenth
- Fourth of July
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Week through New Year's Day (yearly)
- New Year's Eve
- New Year's Day

If the holiday falls on a weekend, we will close the Friday before or Monday after. If we close for any other reason, you will be given a two-week prior notice except for emergency cases. We follow Harford County Schools for inclement weather closures.

At Angels of Mine Enrichment Program, the safety and well-being of children, families, and staff are our highest priorities. In the event of emergency closures mandated by the State of Maryland, or due to natural disasters, pandemics, or other unforeseen circumstances, the following policy will apply:

Closure Decisions

- Emergency closures will be determined based on guidance from local, state, or federal authorities. These closures may include, but are not limited to, events such as severe weather conditions, public health emergencies, or natural disasters.
- Parents will be notified promptly through multiple communication channels, including email, Brightwheel, and social media platforms.

Tuition During Emergency Closures

- Parents are required to pay for their child's reserved slot during emergency closures unless otherwise indicated by the Director of Angels of Mine Enrichment Program.
- Tuition payments are essential to maintain operational expenses, staff salaries, and the center's readiness to reopen promptly once it is safe to do so.

Exceptions

Any decision to adjust or waive tuition fees during extended closures will be at the sole discretion of the Director and will be communicated to families in writing.

Continuity of Learning

During prolonged closures, the center will make reasonable efforts to provide alternative educational resources, virtual learning activities, or parent support materials, where applicable, to ensure the continuity of children's development.

Reopening Procedures

Once it is deemed safe to reopen, families will receive detailed information regarding the reopening timeline, health and safety measures, and any adjustments to the center's operations.

Evacuation Plan

Monthly fire drills and semi-annual emergency preparedness drills ensure readiness. Plans for shelter-in-place, lockdown, and reunification are available upon request.

Health, Safety, and Nutrition

Immunization

Immunization is required. All children who attend daycare must have a certificate of immunization. Parents must submit an MDH Form 896 at the time of enrollment. This is a state requirement and must be enforced. We ask that each time your child has an immunization, you bring in a new form with current dates and shots. The correct immunization form can be obtained from your pediatrician or local health department.

Administering of Medication

All medications must be prescribed by the child's doctor. Prescription details, dosage, and administration instructions must be documented on an MSDE Medication Administration Form and signed and stamped by the doctor. Only then will AOM staff administer medication while the child is in care.

Over-the-counter medications, excluding fever reducers, must be authorized by parents through a topical form or written authorization. Medication must be in its original container with the child's name clearly labeled.

Adverse Reaction to Medication

If our front office or your child's teacher notices any type of adverse reaction to any medication, or if your child has any type of allergic reaction to food or insect stings, you will be notified as soon as possible. A form will be filled out by our staff indicating reactions, and you will receive a copy.

Exclusion of Sick Children

If your child's temperature is 100.4 degrees or higher, or he/she develops diarrhea, vomiting, or any other contagious symptom, such as but not limited to rash, sore throat, or pink eye, we will notify you to come pick up your child.

If a child is sent home with a temperature, vomiting, diarrhea, or any other contagious symptom, he/she may not return to the center until 24 hours after the symptom subsides. In accordance with MSDE guidelines (COMAR 13A.16), Angels of Mine Childcare Center has implemented the following policy: If a child in the same household as an enrolled student is experiencing symptoms of a contagious illness, their sibling(s) attending Angels of Mine will also be excluded from care.

We will not administer fever reducers throughout the day to keep a child's fever down. If you would like for your child to have medicine for cough or runny nose, please bring medicine or homeopathic remedies without fever reducer.

There is a notice on our bulletin board in the foyer that is constantly updated listing all illnesses/diseases present at the center. A communicable disease chart is posted in the foyer on the bulletin board for your viewing. The chart contains recommendations for the exclusion of sick children and their readmission, as recommended by the state and followed by our center.

Notifiable Communicable Diseases

According to the communicable disease chart posted on our bulletin board, there are certain infectious illnesses that must be reported to the health department. These illnesses are referred to as notifiable communicable diseases.

We are required by law to report any suspected case of notifiable communicable diseases to the local health department. It is the parent's responsibility to inform us of a notifiable communicable disease their child or children may have been exposed to. If your child is exposed to a notifiable communicable disease, our center will notify the appropriate parents/guardians that their child may have been exposed as well and recommend proper action be taken.

COVID-19 Policy

Any parent, child, teacher, or staff member that tests positive for COVID-19, regardless of vaccination status, may return after 5 days of isolation if they are fever-free for 24 hours (without the use of fever-reducing medication) and symptoms are improving. Day 0 is the test day for those with no symptoms. For those with symptoms, day 0 is the day symptoms started.

Any parent, child, or staff member who is exposed to someone who tests positive for COVID-19 should wear a mask for 10 days and watch for symptoms. Day 0 is the day of last exposure to someone with COVID-19. If symptoms develop, isolate immediately. Exposed individuals should get tested at least 5 full days after last exposure.

*Please note: Masks are not recommended for children under 2 years of age, or for people with some disabilities.

Staff or any other persons being supervised by the staff shall not be allowed in the center if they knowingly have or present symptoms of vomiting, fever, or diarrhea.

Meals

Our center will provide breakfast, lunch, and an evening snack. Milk or juice is served with all meals and snacks, and water is offered throughout the day. The meals and snacks for each week vary to ensure the children receive a well-balanced diet. The children are offered the food, but they will not be forced to eat. It is our goal to offer nutritious meals and snacks to the children in our care, as nutrition is a vital part of a child's health.

Children should not bring food except in cases of allergies or special diets prescribed by a physician. A doctor's note is required for all food brought from home, including special milk and snacks. Food allergies can be life-threatening, and each child with a food allergy should have an action plan for emergency care completed by the family physician.

Weekly menus are posted on the bulletin board and are available at the beginning of every week. All food products are purchased weekly, bi-weekly, or monthly. Perishable products are bought fresh weekly. Our mealtimes are as follows:

- Breakfast: 8:30 AM – 9:00 AM
- Lunch: 11:45 AM – 12:15 PM
- Evening Snack: 3:00 PM – 3:45 PM

Handwashing, Health & Safety

Hand hygiene stations will be set up at the entrance of the facility so that staff and children can clean their hands before they enter. All adults and children will follow proper hand hygiene guidance, washing hands frequently with soap and water. Hand washing will be performed as follows:

- Upon arrival in the classroom in the morning
- Before and after eating meals and snacks
- After blowing noses, coughing, or sneezing, or when in contact with body fluids
- After toileting or changing diapers

- After returning from outside play

Cleaning and Disinfecting

All surfaces and objects that are frequently touched—such as tables, doorknobs, counters, desks, phones, keyboards, faucets, toilets, sinks, and light switches—will be routinely cleaned, sanitized, and disinfected. All toys and surfaces will be cleaned and sanitized at the end of the day. All toys that are put in a child’s mouth will be placed in a bucket until cleaned and sanitized.

Drop-Off and Pick-Up Procedures

- Children must arrive at the center no later than 9:30 AM. It is the responsibility of the adult dropping off the child to check them in and escort them to their classroom. Dropping off children in the parking lot and allowing them to enter unescorted is prohibited, as per state regulations.
- Parents/legal guardians will have access to all childcare areas during their child’s attendance. Parents must inform staff before removing their child from the center.
- Authorized pick-up persons must be documented in the enrollment forms. Parents must sign children in and out daily using the Brightwheel App or the provided sign-in sheets.
- Authorized individuals will be assigned a unique PIN for check-in and check-out. If someone not listed is picking up the child, prior written authorization is required. Photo identification, such as a valid driver’s license, is mandatory for anyone not recognized by staff.
- Custody agreements must be provided to the center to ensure proper compliance. Without documentation, the center cannot restrict a parent’s access.
- In the event of a late pick-up, the center will attempt to contact the parents and emergency contacts. If no contact is made after two hours, local child protective services will be notified.

Pandemic Policy for Drop-Off, Pick-Up, and Operations

During a pandemic, the center will adhere to guidelines from the state licensing department, the governor, and the CDC. Changes may include:

- Posting signs at all entrances detailing restricted access policies.
- Limiting building access to children and staff essential for daily operations.
- Modifying sign-in/sign-out procedures, including staff signing children in and out to minimize contact.
- Conducting daily temperature checks and health screenings for all staff and children. Individuals with a fever of 100.4°F or above or respiratory symptoms will be excluded.
- Implementing staggered arrival and pick-up times to reduce crowding and minimize contact.
- Staff escorting children to and from classrooms at drop-off and pick-up times.
- Establishing hand hygiene stations at facility entrances for use upon arrival.
- Limiting classroom sizes and keeping groups separated to avoid mixing.
- Suspending unnecessary child transportation.
- Frequently cleaning, sanitizing, and disinfecting high-touch surfaces, toys, and objects. End-of-day sanitation is mandatory.

Parent Access

- Parents may visit the center unannounced at any time while their child is in care.
- Parents will receive requested information about the center’s operations and their child’s care.
- Daily communication (verbal or written) will be provided regarding the care of infants, toddlers, and nonverbal children.
- The infant room is open to parents for nursing or feeding.

Safety Measures: External doors will remain locked at all times for the protection of children. Parents are encouraged to adhere to all policies for the safety and well-being of all children in care.

Policy for Discipline, Touch, and Mandatory Reporting

Discipline Policy

At Angels of Mine Childcare Center, we recognize the paramount importance of social-emotional health in the holistic development of children. Understanding that the foundation of a child's learning and development is built upon responsive relationships and positive discipline techniques, our policy is designed to nurture, guide, and foster supportive environments conducive to the growth and thriving of every child.

Policy Statement: Our staff are committed to employing positive behavioral supports and strategies to assist children in developing self-regulation, respect for others, and a strong sense of community. The following strategies are integral to our approach:

- **Providing Choices:** Empowering children with choices encourages autonomy and self-regulation. It allows them to feel a sense of control over their actions and decisions.
- **Redirection:** Redirecting children's attention and actions toward positive alternatives minimizes conflicts and promotes learning of appropriate behaviors.
- **Clear Rules and Expectations:** Developed collaboratively with input from children, clear rules and expectations promote a shared understanding of acceptable behaviors, fostering a sense of ownership and responsibility.
- **Reflection and Problem-Solving:** Encouraging children to reflect on their actions and engage in problem-solving with the guidance of caregivers supports the development of critical thinking and emotional regulation skills.

Rationale: Social-emotional health is a critical factor in a child's development and readiness for school. By cultivating responsive relationships and employing positive discipline techniques, we create a supportive environment where children are encouraged to explore, learn, and develop in a healthy and balanced manner. Our approach is rooted in the understanding that positive reinforcement, coupled with consistent, nurturing guidance, fosters an atmosphere of trust and respect.

Implementation: To effectively implement this policy, our center commits to:

- Ongoing training for staff in positive behavioral support and strategies.
- Engaging children in the creation and understanding of classroom rules.
- Regular communication with families about our practices and encouraging consistency between home and childcare environments.
- Reflective practices among staff to continually assess and improve our strategies in supporting children's social-emotional development.

Biting

Biting is a normal stage of development that is common among infants and toddlers—and sometimes even among preschoolers. It is something that most young children will try at least once. When biting happens, our response will be to care for and help the child that was bitten and to help the biter learn a more appropriate behavior. Our focus will not be on punishment for biting, but on effective behaviors that address the specific reason for biting. Supervision and prevention will be the number one way we help change the behavior.

Notes will be written to the family of the child who was bitten and the biter's family. We will work together with the families of each to keep them informed and to develop strategies for change.

Touch Policy

Physical touch is an essential part of childcare and helps foster trust, emotional security, and social-emotional growth. Our staff are trained to provide appropriate, nurturing touch that supports children's well-being while maintaining respect for their boundaries. Examples include:

- Comforting a child who is upset with a hug or gentle pat.
- Assisting with self-care tasks like handwashing or changing diapers.
- Providing physical support during active play or transitions.

Staff will always ensure that physical interactions are appropriate and respectful of each child's individual needs and preferences.

Mandatory Reporting

We are required by law to report any suspected child abuse, child neglect, exploitation, or deprivation to the Department of Family and Children's Services. Staff are trained in recognizing and reporting signs of abuse or neglect. This includes:

- Physical abuse or injury.
- Emotional abuse.
- Sexual abuse or exploitation.
- Neglect or deprivation of basic needs such as food, shelter, or medical care.

Reports will be made confidentially and immediately to the appropriate authorities. At Angels of Mine Childcare Center, the safety and welfare of every child are our highest priorities.

Policy for Care of Infants and Toddlers, Nap, and Parent Responsibilities

Infant Care

We provide care for infants starting at 6 weeks of age. Parents are required to bring all infant bottles pre-made with formula daily. Bottles must be labeled with the child's name and the current date.

- Parents must provide at least 3 changes of clothes for their child in case of accidents or soiled clothes.
- If a child eats baby food or cereal, parents must supply all baby food with the child's name on the jars or containers.
- An infant information form must be completed by the parent/legal guardian and kept updated in the infant area.
- Leftover formula and opened baby food will be returned home each day. We cannot retain these items overnight.
- The center provides whole milk for infants as needed.
- Parents must provide diapers and wipes for their children. Diapers can be brought daily (at least eight per day) or in bulk. Diapers will be changed every two hours or as needed when soiled.
- If a child uses a pacifier, it must be marked with the child's name or initials. Pacifiers attached to clothing or worn around the neck are not permitted.

Safe Sleep Practices

Infants will be placed on their backs in a crib to sleep unless a physician provides a written statement authorizing another sleep position for that infant. The following guidelines apply:

- No objects, including covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items, will be placed in or on the crib with an infant.
- No objects will be attached to the crib, such as crib gyms, toys, mirrors, or mobiles.
- Only sleepers, sleep sacks, or wearable blankets provided by the parent/guardian may be used. These items must fit according to the manufacturer's guidelines and not slip up around the infant's face.

- Individual crib bedding will be changed daily or more often if needed.
- Infants who arrive at the center asleep or fall asleep elsewhere will be moved to a safety-approved crib for sleep.
- Swaddling, wedges, positioning devices, and monitors are not permitted unless authorized in writing by a physician for a specific infant.

Toddler Care

- Parents must provide diapers and wipes for children ages 12–24 months. Diapers can be brought daily (at least eight per day) or in bulk. Diapers will be changed every two hours or as needed when soiled.
- Parents must provide pull-ups for children ages 24–36 months who are not potty trained.
- Our staff is trained to assist with potty training (parents must initiate and be actively potty training at home) for children aged 24–36 months. Children will be taken to the restroom several times a day and encouraged to use the toilet.
- Once a child consistently uses the toilet, parents will be instructed to transition their child to underwear.
- All children need at least 3 changes of clothes kept at the center for accidents.

Nap Time

Nap time is scheduled from 12:30 PM to 3:00 PM for children aged 1–5 years. Infants will nap at various times throughout the day based on their individual schedules.

- The center provides each child with a bed or cot with sheets for nap times.
- Parents must provide a blanket for their child, which should be taken home weekly to be washed and returned.
- Parents must also provide a change of clothes for each child in case of accidents.

Parent Responsibilities

Parents play a crucial role in supporting the care and development of their children at the center. To ensure a seamless experience, parents are responsible for:

- Providing all necessary items for their child, including labeled bottles, baby food, diapers, wipes, pull-ups, clothing changes, and blankets.
- Keeping all forms updated, including infant information forms and any other required documentation.
- Communicating with the center about any changes in their child's needs, such as feeding schedules, sleep routines, or medical requirements.
- Following all center policies, including labeling items and adhering to safe sleep and nutrition guidelines.

By working together, we can create a nurturing, safe, and enriching environment for every child.

Screen Time Policy

At Angels of Mine Childcare Center, we follow the guidelines set by the American Academy of Pediatrics (AAP) and the Maryland State Department of Education (MSDE) per COMAR 13A.16 to ensure screen time is used thoughtfully and responsibly. We recognize the importance of maintaining a balance between educational and recreational screen usage while prioritizing activities that promote physical, social, and emotional development.

Purpose of Screen Time

Screen time will only be used for educational and enrichment purposes, supporting children's learning and development. Recreational screen use will be strictly limited and age-appropriate.

Guidelines by Age Group

- Infants and Toddlers (0–2 years): No screen time is permitted, except for occasional video calls with family members or other significant individuals. Emphasis is placed on active play, hands-on exploration, and responsive interactions with caregivers.
- Preschoolers (3–5 years): Screen time is limited to a maximum of 30 minutes per week, focusing on high-quality, educational content. Any screen use is supervised by a teacher to ensure appropriateness and engagement. Screen activities are integrated into the curriculum to supplement learning objectives.
- School-Age Children (6+ years): Screen time is limited to a maximum of one hour per day, emphasizing educational programming or supervised learning activities. Recreational use, such as movies, is restricted to special occasions and must be pre-approved by the center director.

Best Practices

- Interactive and High-Quality Content: Only developmentally appropriate, educational, and high-quality content will be used.
- Active Engagement: Educators will engage with children during screen time, asking questions and encouraging discussion about the material.
- Alternative Activities: Screen time is not a substitute for physical activity, hands-on learning, or interpersonal interactions. Daily schedules prioritize these over screen use.
- Environment Control: Screens are not placed in classrooms as a standard feature. Screen time occurs in a designated area under teacher supervision.

Prohibited Use

- Screen time will not be used as a reward or punishment.
- Screens will not be used during meals or snacks.
- Unsupervised or passive screen time is strictly prohibited.

Family Communication

Parents will be informed of the screen time policy during enrollment and through regular communication. Families are encouraged to adopt similar guidelines at home to support consistency in children's routines.

Exceptions

Screen time limits may be adjusted for special educational programs, virtual learning opportunities, or during rare occasions such as weather-related indoor days, with prior notice to parents.

Staff Qualifications and Display Postings

Staff Qualifications

At Angels of Mine Childcare Center, our staff are hired in compliance with state requirements and qualifications as a minimum standard. To ensure the highest quality of care and education, all staff members:

- Criminal History Checks: Must pass criminal history records checks before employment.
- Certification: Maintain current CPR and First Aid certifications.
- Orientation and Ongoing Training: Participate in comprehensive training that includes child growth and development; creating healthy and safe environments; developmentally appropriate practices; guidance and positive behavior strategies; building strong family relationships;

cultural and individual diversity awareness; and professionalism and ethical practices in early childhood education.

Our commitment to professional development ensures that every staff member is equipped with the knowledge and skills to provide exceptional care and education for the children in our program.

Display Postings

The following items are posted in the center for public viewing, ensuring transparency and compliance with state regulations:

- State License: A copy of the center's current license.
- Rules and Regulations: A copy of the state rules governing childcare centers.
- Evaluation Report: A review of the most recent evaluation conducted by licensing authorities.
- Communicable Disease Chart: Information about notifiable communicable diseases and their management.
- Parental Access Statement: A statement affirming parents' rights to access all childcare areas while their child is in attendance.
- Staff in Charge: Names of persons in charge during operational hours.
- Weekly Menus: Current menus detailing meals and snacks served to children.
- Emergency Plans: Plans for severe weather and fire emergencies.
- Visitor Statement: Policies and procedures for visitors to the center.

Parental Conference and Parent Authorization Policy

Parent Conference Policy

At Angels of Mine Childcare Center, we prioritize strong, collaborative relationships between families and our educational team. Regular parent-teacher conferences are essential for discussing each child's development, achievements, and growth areas.

Conference Schedule

- Frequency: Parent-teacher conferences are held twice a year, once in the fall and again in the spring.
- Timing: Conferences are scheduled during a designated week, with no regular classroom sessions. Time slots are available from early morning to late afternoon to accommodate family schedules.

Informing Families

- Advance Notice: Families will be notified about the conference schedule at least one month in advance via email, our newsletter, and notices displayed prominently within the center.
- Reminders: Additional reminders will be sent two weeks and one week prior to the conference week, including instructions for signing up.

Signing Up for a Conference

Sign-up options:

- Online: Families will receive a link to an online sign-up platform in email notifications. The platform displays available time slots for each teacher, allowing families to choose convenient times.
- Phone: Families without internet access or who prefer not to use the online platform can call a dedicated phone line for assistance in scheduling a time slot.

- In-Person: A sign-up sheet will be available at the center, and staff will assist families in selecting and confirming their conference time.

Conference Content

- Agenda Sharing: Families will receive an agenda before the conference outlining key discussion topics, including the child's development, achievements, and any areas requiring attention.
- Preparation Request: Families are encouraged to prepare questions or topics they wish to discuss to ensure a productive meeting.

Additional Information

- Interpreter Services: Available upon request for families whose primary language is not English.
- Rescheduling: Families unable to attend their scheduled conference are requested to notify the center promptly to arrange an alternative meeting time.

Parent-teacher conferences are a cornerstone of our partnership with families. These meetings foster meaningful engagement in each child's early learning journey and strengthen collaboration for their development and well-being.

Parent Authorization Policy

We require written authorization from a parent or legal guardian before children participate in any of the following activities:

- Routine transportation.
- Field trips or special activities away from the daycare center.
- Water-related activities in water deeper than 2 feet.

Water-Related Activities

- Public facilities used for water-related activities will have certified lifeguards on duty.
- All children must wear floaties or life jackets to access pool areas.
- The center does not currently have a pool on-site.

By adhering to this policy, we ensure the safety and informed consent of all children and families for activities conducted outside the center.

Prohibited Behaviors and Activities on Premises

Prohibited Substances

Smoking, vaping, the use of tobacco products, or any prohibited substances is strictly prohibited on the premises or in any vehicle used to transport children during operating hours.

Prohibited Activities and Behaviors

- Violent Behavior: Any form of physical violence, intimidation, or verbal aggression toward children, staff, or other families.
- Discrimination: Behavior or language that discriminates against individuals based on race, ethnicity, gender, religion, disability, or other protected characteristics.
- Weapons: The possession or use of firearms, knives, or other weapons on the premises is strictly prohibited.
- Unauthorized Visitors: Unauthorized individuals are not permitted to access the premises without prior approval or appointment.
- Unsafe Practices: Activities that jeopardize the health and safety of children, such as unsafe driving in the parking lot, are strictly prohibited.

- Substance Influence: Individuals under the influence of alcohol or prohibited substances are not permitted on the premises.

By maintaining these guidelines, Angels of Mine Childcare Center ensures a safe, respectful, and nurturing environment for all children, families, and staff.

Disclaimer

The Angels of Mine Parent Handbook and Contract will be provided to families via email or made available through the Brightwheel platform. Parents are required to download and review the handbook, sign it electronically or in print, and return the signed copy to the center. Additionally, parents will receive an agreement form confirming that they have received, read, and agreed to the terms outlined in the handbook.

By signing the agreement form, parents acknowledge their understanding of and compliance with the policies and procedures detailed in the handbook, ensuring a mutual commitment to providing a safe and nurturing environment for all children in our care.

I have received a copy of the contract and parent handbook via email!

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____



ENROLLMENT APPLICATION

Name Of Child:	Birthdate:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	<i>Please check the box (<input type="checkbox"/>) to indicate the primary residence of the child listed above.</i>			
	PARENT/GUARDIAN # 1		PARENT/GUARDIAN # 2	
	Name:		Name:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	Home Address:		Home Address:	
	Employer Name:		Employer Name:	
	Employer Phone:		Employer Phone:	
	Employer Address:		Employer Address:	
E-Mail Address:		E-Mail Address:		

EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.			
	Contact Name #1:		Contact Name #2:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	Employer Phone:		Employer Phone:	

CUSTODY	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

PERMISSIONS	<p>I give permission for my child to participate in <u>WALKING TRIPS</u> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.</p>	<p>I <u>DO NOT</u> permission for my child to participate in <u>WALKING TRIPS</u> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.</p>
	<p>I give permission for my child to be <u>PHOTOGRAPHED</u> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.</p>	<p>I <u>DO NOT</u> give permission for my child to be <u>PHOTOGRAPHED</u> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.</p>

RECEIPT OF POLICIES	<p>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:</p> <ul style="list-style-type: none"> Center Policies and Procedures Information to Parents Document Policy on the Expulsion of Children from Enrollment Policy On The Use Of Technology And Social Media Policy On The Management Of Illnesses/Communicable Diseases Policy On The Release Of Children Policy on the Methods of Parental Notification of Injuries (if applicable) Other: Other:
---------------------	---

MEDICAL INFORMATION	Child's Health Care Provider:	
	Health Care Provider Phone:	
	Health Care Provider Address:	
	Name Of Insurance Company/Hmo:	
	Group #:	
	Identification #:	
	Subscriber's Name On Insurance Card:	
	Known Allergies (including medication):	
	Medication My Child Is Taking:	
List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:		

HEALTH STATEMENT	<p>As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.</p> <p style="text-align: right;">Parent/Guardian Initials: _____</p>
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EMERGENCY TREATMENT	<p>As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.</p> <p style="text-align: right;">Parent/Guardian Initials: _____</p>
---------------------	--

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:



ANGELS OF MINE CHILDCARE CENTER

349 FOUNTAIN ST, HAVRE DE GRACE, MD 21078

Angels of Mine Child Care Center Parent Acknowledgment Agreement

Dear Parent/Guardian,

Thank you for choosing Angels of Mine Child Care Center for your childcare needs. We are committed to providing your child with a safe, nurturing, and educational environment. To ensure smooth communication and understanding between us, we kindly ask that you review and sign the acknowledgment below, which confirms that you have received, read, and agreed to abide by the policies outlined in our Parent Handbook.

Handbook Sections Pertaining to Parents:

1. **Curriculum & Activities:** Details on our theme-based, developmentally appropriate curriculum and the variety of activities available for different age groups, including outdoor activities and summer programs.
2. **Rates and Registration:** Information regarding registration fees, weekly rates for different age groups, payment schedules, and the available discounts for multiple children and military families.
3. **Payment and Late Fees:** Rules regarding payment deadlines, late fees, and policies on balances.
4. **Admission Requirements:** Required documents and procedures for admission, as well as parent responsibilities for providing updated contact information.
5. **Drop Off and Pick-Up Policy:** Requirements for arrival times, escorting children into the facility, authorized pick-up persons, and procedures for safety during drop-off and pick-up.
6. **Vacation Policy:** Notification requirements and fee details for holding your child's spot during vacation periods.
7. **Inclement Weather & Holiday Closings:** Information on closures for inclement weather, holidays, and other emergency circumstances.
8. **Guidance and Discipline:** Expectations for discipline and guidance practices in the center.
9. **Meals:** Details about the provided meals and snacks, special dietary needs, and requirements for food allergies.
10. **Health and Safety:** Policies regarding the exclusion of sick children, required immunizations, cleaning protocols, and procedures to follow during a pandemic.
11. **Special Needs Children:** Information for parents with special needs children regarding requirements and accommodations.
12. **Emergency Plans:** The center's emergency plans for fire drills, tornadoes, and other potential emergency situations.
13. **Written Parental Authorization:** Required authorizations for activities such as field trips, routine transportation, and water activities.

Agreement Acknowledgment

I, _____, as the parent/guardian of _____, acknowledge that I have received, read, and agree to abide by the policies and regulations stated in the Angels of Mine Child Care Center Parent Handbook. I understand my responsibilities and the services provided by Angels of Mine Child Care Center.

Printed Name: _____

Signature: _____

Date: _____

Staff Verification (Office Use Only)

I, _____, verify that I have received the signed acknowledgment from _____ for _____

Printed Name: _____

Signature: _____

Date: _____

Please return this signed acknowledgment to the center's office. Thank you for your cooperation and for being an essential part of our community.

Angels of Mine Child Care Center

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 Director of Licensing at 410-767-0120.

Resources

Child Care Scholarship (CCS) - Assists eligible parents and families with child care expenses
1-877-227-0125 [money4childcare.com](https://www.money4childcare.com)

Maryland EXCELS - Maryland's Quality Rating System for child care programs
[marylandexcels.org](https://www.marylandexcels.org)

Maryland Developmental Disabilities Council - Assistance with ADA issues
[md-council.org](https://www.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](https://www.referral.mditp.org)

Maryland Family Network - Assists parents in locating child care
1-877-261-0060
[marylandfamilynetwork.org](https://www.marylandfamilynetwork.org)

Maryland Child - Information about child development, parenting, community resources, mental health, nutrition, literacy, and more.
[Marylandchild.org](https://www.Marylandchild.org)

Maryland State Department of Education
Division of Early Childhood
200 West Baltimore Street
10th Floor
Baltimore, MD 21201
[earlychildhood.marylandpublicschools.org](https://www.earlychildhood.marylandpublicschools.org)

Wes Moore, Governor

Carey M. Wright, Ed.D
State Superintendent of Schools

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.

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE



STUDENT/SELF NAME: _____

LAST FIRST MI

STUDENT/SELF ADDRESS: _____ CITY: _____ ZIP: _____

SEX: MALE FEMALE OTHER BIRTH DATE: ____/____/____

COUNTY: _____ SCHOOL: _____ GRADE: _____

FOR MINORS UNDER 18:

PARENT/GUARDIAN NAME: _____ PHONE #: _____

#	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day /Yr	Hib Mo/Da y/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo / Yr	COVID-19 Mo/Day/Yr	
1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #6
2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2		DOSE #2	DOSE #7
3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	DOSE #3	DOSE #8
4	DOSE #4	DOSE #4	DOSE #4	DOSE #4	DOSE #4				DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #4	DOSE #9
5	DOSE #5			DOSE #5					DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #5	DOSE #10
									DOSE #3		DOSE #3			

To the best of my knowledge, the vaccines listed above were administered according to the provided information in Maryland's Immunization Information System.

Clinic / Office Name
Office Address/ Phone Number

- Signature _____ Title _____ Date _____
(Medical provider, local/state health department official, school official, or child care provider only)
- Signature _____ Title _____ Date _____
- Signature _____ Title _____ Date _____

Signature lines 2 and 3 are for certification of vaccines given after the initial signature. Otherwise, this form may not be altered.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: Permanent condition OR Temporary condition until ____/____/____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date: _____
Medical Provider / LHD Official

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 vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella**.
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age-appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

WORRIED ABOUT A BABY OR TODDLER YOU KNOW?

- Does your child have trouble participating in everyday activities like eating, dressing, and playing?
- Do you wonder if your granddaughter should be talking more?
- Does a toddler in your child care program hit, kick, bite, and cry more than you expect for children their age?
- Has your baby received a medical diagnosis that affects their growth and learning?

The Maryland Infants and Toddlers Program (MITP) can help!

MITP provides free, family-centered support for children from birth to age three. Children with medical conditions that can impact their development in the future may be eligible to receive support now. Children who are not moving, communicating, learning, interacting with others, or participating in daily activities like others of the same age may also be eligible, even if they don't have a diagnosis. A free assessment of the child's development is provided to determine if they are eligible for services.

Anyone – a parent, child care provider, doctor, grandparent, nurse, friend, or other relative – can refer a child to MITP.

Anyone can submit a referral to the Maryland Infants and Toddlers Program.

If the child lives in Maryland and hasn't turned three yet, MITP can help.

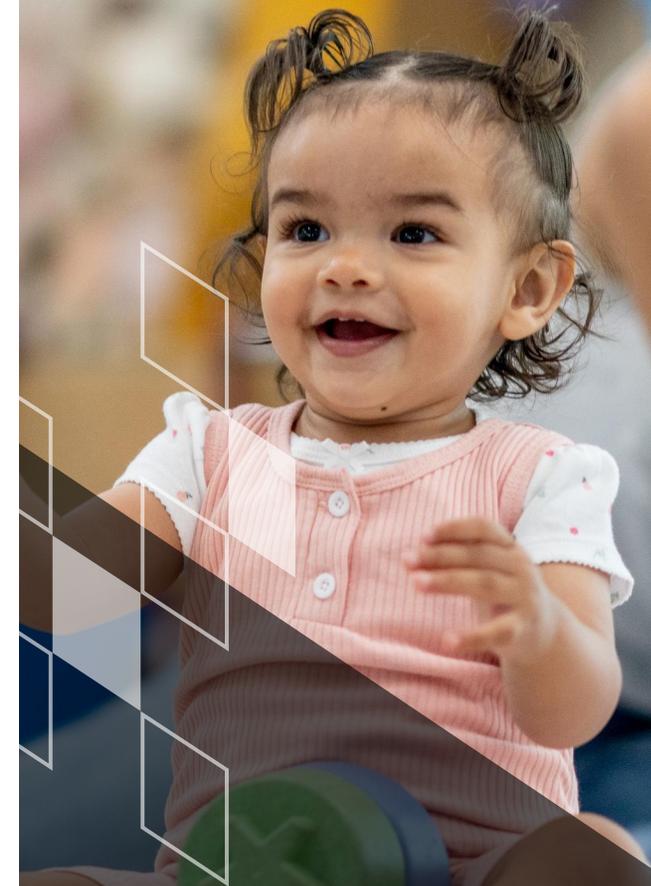
referral.mditp.org

1-800-535-0182



The Maryland State Department of Education does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or sexual orientation in matters affecting employment or in providing access to programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For inquiries related to Department policy, please contact the Agency Equity Officer, Equity Assurance and Compliance Office, Office of the Deputy State Superintendent for Finance and Administration, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201-2595, 410-767-0433 voice, 410-767-0431 fax, 410-333-6442 TTY/TDD.

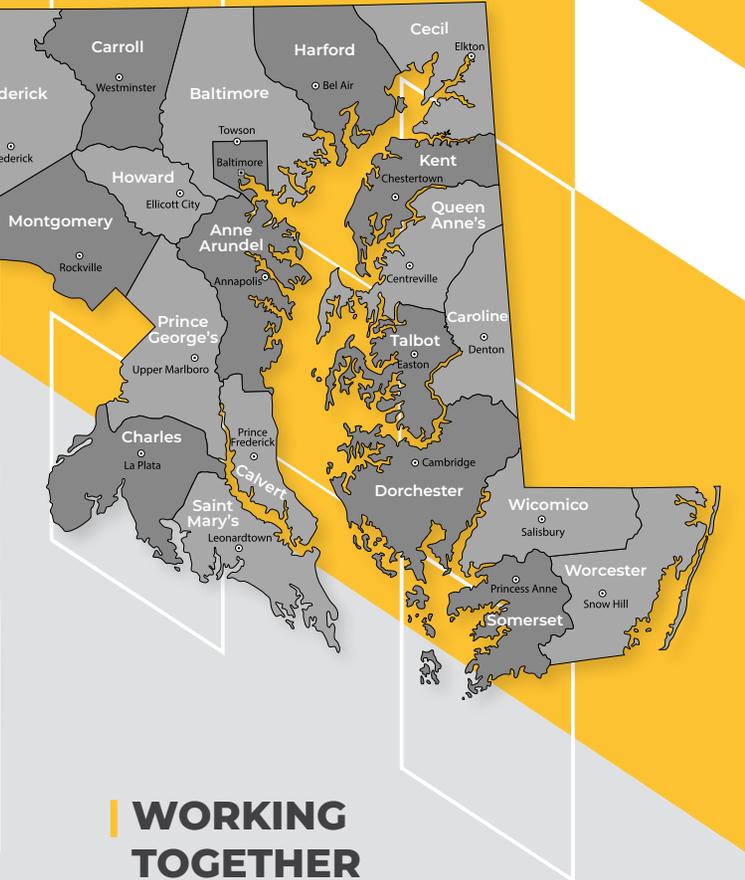
WE BEGIN EARLY TO FINISH STRONG



Maryland Infants and Toddlers Program

Supporting young children with developmental delays and disabilities and their families





INDIVIDUALIZED SUPPORT

The Maryland Infants and Toddlers Program (MITP) is here to help you help your child grow and learn. Infants and Toddlers Program services will:

- Build on your child's and family's strengths
- Address your goals and concerns in a way that works for your family
- Help you learn about your child's needs and the resources available to your family

The teachers, therapists, and other providers will come to you at home, at child care, at the library, or other places your family spends time. They will coach and support you to help your child participate and develop new skills. They will connect you with other resources in the community.

WORKING TOGETHER

Helping babies and toddlers develop to their maximum potential is a team effort! Families are the key to their children's growth and learning. Physicians, child care providers, nurses, social workers, and other people who work with children are also important.

Anyone who works with or knows a child and has concerns can submit a referral to the Maryland Infants and Toddlers Program. Child care providers are also required by State law to provide information to families each year about Early Intervention and to help families schedule evaluations.

NEXT STEPS

1. Visit referral.mditp.org to learn more information and to complete an online referral. You can also call 1-800-535-0182 to get contact information for your local Infants and Toddlers Program. You can make the referral over the phone if you prefer.
2. After the referral, someone from the local Infants and Toddlers program will call you. You will share information about your child's development and any concerns. An appointment for a developmental screening or evaluation will be scheduled.
3. The evaluation will take place in your home or another location if you prefer. The team will ask you questions about your child and observe how they move, communicate, and play.
4. If your child is eligible for services, you will become a part of the early intervention team. Together you will develop a plan. **All evaluations and services are provided free of charge! You give your permission for all assessments and services, and you can stop or change services at any time.**



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.

CHILD'S NAME: _____
LAST
FIRST
MI

SEX: MALE FEMALE BIRTHDATE: _____
MM/DD/YYYY

PARENT/GUARDIAN NAME: _____ PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Test Date (mm/dd/yyyy)	Type of Test (V = venous, C = capillary)	Result (µg/dL)	Comments
	Select a test type.		
	Select a test type.		
	Select a test type.		

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.)

1. _____ <div style="display: flex; justify-content: space-between; margin-left: 40px;"> Name Title </div> _____ <div style="display: flex; justify-content: space-between; margin-left: 40px;"> Signature Date </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Clinic/Office Name, Address, Phone</div> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
2. _____ <div style="display: flex; justify-content: space-between; margin-left: 40px;"> Name Title </div> _____ <div style="display: flex; justify-content: space-between; margin-left: 40px;"> Signature Date </div>	

Health care provider: Complete the section below if the child's parent/guardian refuses to consent to blood lead testing due to the parent/guardian's stated bona fide religious beliefs and practices:

Lead Risk Assessment Questionnaire Screening Questions:

- Yes No 1. Does the child live in or regularly visits a house/building built before 1978?
- Yes No 2. Has the child ever lived outside the United States or recently arrived from a foreign country?
- Yes No 3. Does the child have a sibling or housemate/playmate being followed or treated for lead poisoning?
- Yes No 4. Does the child frequently put things in his/her mouth such as toys, jewelry, or keys, or eat non-food items (pica)?
- Yes No 5. Does the child have contact with an adult whose job or hobby involves exposure to lead?
- Yes No 6. Is the child exposed to products from other countries such as cosmetics, health remedies, spices, or foods?
- Yes No 7. Is the child exposed to food stored or served in leaded crystal, pottery or pewter, or made using handmade cookware?

Provider: If any responses are **YES**, I have counseled the parent/guardian on the risks of lead exposure. _____
Provider Initial

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.

Parent/Guardian Signature
Date

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/nceh/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/phpa/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>

**Allergy and Anaphylaxis
Medication Administration Authorization Plan**

Place Child's Picture Here (optional)

This form must be completed fully in order for Child Care Providers/staff to administer the required medication and follow the plan. **This authorization is NOT TO EXCEED 1 YEAR.**
Page 1 to be completed by the Authorized Health Care Provider.
FOR ALLERGY AND ANAPHYLAXIS MEDICATION ONLY - THIS FORM REPLACES OCC 1216

CHILD'S NAME: _____ Date of Birth: ____/____/____ **Date of plan:** _____
 Child has **Allergy** to _____ Ingestion/Mouth Inhalation Skin Contact Sting Other _____
 Child has had anaphylaxis: Yes No
 Child has asthma: Yes No (If yes, higher chance severe reaction) Child
 may self-carry medication: Yes No
 Child may self-administer medication: Yes No

Allergy and Anaphylaxis Symptoms	Treatment Order	
If child has ingested a food allergen, been stung by a bee or exposed to an allergy trigger	Antihistamine :Oral /By Mouth <input type="checkbox"/> Call Parent <input type="checkbox"/> Call 911	Epinephrine(EpiPen) IM Injection in Thigh <input type="checkbox"/> Call 911 <input type="checkbox"/> Call Parent
is Not exhibiting or complaining of any symptoms, OR		
Exhibits or complains of any symptoms below:		
Mouth: itching, tingling, swelling of lips, tongue ("mouth feels funny")		
Skin: hives, itchy rash, swelling of the face or extremities		
Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough		
Lung*: shortness of breath, repetitive coughing, wheezing		
Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
Other:		
If reaction is progressing (several of the above areas affected)		

Potentially life threatening. The severity of symptoms can quickly change

Medication	Medication: Brand and Strength	Dose	Route	Frequency
Epinephrine(EpiPen)				
Antihistamine				
Other:				

EMERGENCY Response:

- 1) **Inject epinephrine right away! Note time when epinephrine was administered.**
- 2) Call 911: Ask for ambulance with epinephrine. Advise rescue squad when epinephrine was given. Stay with child.
- 3) Call parents. Advise parent of the time that epinephrine was given and 911 was called.
- 4) Keep child lying on his/her back. If the child vomits or has trouble breathing, place child on his/her side.
- 5) Give other medicine, if prescribed.

PRESCRIBER'S NAME/TITLE		Place stamp here
TELEPHONE	FAX	
ADDRESS		
PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only)		DATE (mm/dd/yyyy)

Maryland State Department of Education
Office of Child Care
Allergy and Anaphylaxis
Medication Administration Authorization Plan

Child's Name: _____ Date of Birth: _____

PARENT/GUARDIAN AUTHORIZATION				
I request the authorized child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication.				
PARENT/GUARDIAN SIGNATURE		DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION	
CELL PHONE #	HOME PHONE #	WORK PHONE #		
Emergency Contact(s)	Name/Relationship	Phone Number to be used in case of Emergency		
Parent/Guardian 1				
Parent/Guardian 2				
Emergency 1				
Emergency 2				
Section IV. CHILD CARE STAFF USE ONLY				
Child Care Responsibilities:	1. Medication named above was received	Yes	No	
	2. Medication labeled as required by COMAR	Yes	No	
	3. OCC 1214 Emergency Card updated	Yes	No	
	4. OCC 1215 Health Inventory updated	Yes	No	
	5. Modified Diet/Exercise Plan	Yes	No	N/A
	6. Individualized Plan: IEP/IFSP	Yes	No	N/A
	7. Staff approved to administer medication is available onsite, field trips	Yes	No	
Reviewed by (printed name and signature):			DATE (mm/dd/yyyy)	

DOCUMENT MEDICATION ADMINISTRATION HERE

DATE	TIME	MEDICATION	DOSAGE	ROUTE	REACTIONS OBSERVED (IF ANY)	SIGNATURE

CAFCP Enrollment: Yes: ___ No: ___

Meals your child will receive while in care:

BK ___ LN ___ SU ___ AM Snk ___ PM Snk ___ Evng Snk ___

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
 Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
 Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Contact Information		
		Email:	C:	W:
			H:	Employer:
		Email:	C:	W:
			H:	Employer:

Name of Person Authorized to Pick up Child (daily) _____
 Last First Relationship to Child

Address _____
 Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

ANNUAL UPDATES

 (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
 Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

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

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: _____
_____		_____		W: _____	C: _____
Medical Care Provider		Health Care Specialist		Dental Care Provider	
Name: _____		Name: _____		Name: _____	
Address: _____		Address: _____		Address: _____	
Phone: _____		Phone: _____		Phone: _____	
				Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Child Care Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Last Time Child Seen for Physical Exam: Dental Care 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
Last First Middle	Month / Day / Year	M <input type="checkbox"/> F <input type="checkbox"/>

1. Does the child named above have a diagnosed medical, developmental, behavioral or any other health condition?
 No Yes, describe:

2. Does the child receive care from a Health Care Specialist/Consultant?
 No 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.
 No 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?
 No 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?
 No Yes, specify nature and duration of restriction:

8. Are there any dietary restrictions?
 No 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 **or** 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:

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

1. CHILD'S NAME (First Middle Last)	2. DATE OF BIRTH (mm/dd/yyyy) ___/___/___	3. Child's picture (optional)
-------------------------------------	---	-------------------------------

Section I. ASTHMA ACTION PLAN – MUST BE COMPLETED BY THE HEALTH CARE PROVIDER

4. ASTHMA SEVERITY: <input type="checkbox"/> Mild Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Exercise Induced <input type="checkbox"/> Peak Flow Best ___%	
5. ASTHMA TRIGGERS (check all that apply): <input type="checkbox"/> Colds <input type="checkbox"/> URI <input type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Pollen <input type="checkbox"/> Exercise <input type="checkbox"/> Animals <input type="checkbox"/> Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Food <input type="checkbox"/> Weather <input type="checkbox"/> Other _____	
6. This authorization is NOT TO EXCEED 1 YEAR FROM _____ TO _____ FOR ASTHMA MEDICATION ONLY – THIS FORM IS USED WITHOUT OCC 1216	7. SCHOOL AGE ONLY: OK to Self-Carry/Self Administer <input type="checkbox"/> Yes <input type="checkbox"/> No

GREEN ZONE DOING WELL: Long Term Control Medication Use Daily At Home unless otherwise indicated

The Child has ALL of these	Medication Name & Strength	Dose	Route	Time & Frequency	Special Instructions
<input type="checkbox"/> Breathing is good <input type="checkbox"/> No cough or wheeze <input type="checkbox"/> Can walk, exercise, & play <input type="checkbox"/> Can sleep all night If known, peak flow greater than _____ (80% personal best)					

Exercise Zone CALL 911 CALL PARENT OTHER:

The Child has ANY of these	Medication Name & Strength	Dose	Route	Time & Frequency	Special Instructions
<input type="checkbox"/> Prior to all exercise/sports <input type="checkbox"/> When the child feels they need it					

YELLOW ZONE - GETTING WORSE CALL 911 CALL PARENT OTHER: _____

The Child has ANY of these	Medication Name & Strength	Dose	Route	Time & Frequency	Special Instructions
<input type="checkbox"/> Some problems breathing <input type="checkbox"/> Wheezing, noisy breathing <input type="checkbox"/> Tight chest <input type="checkbox"/> Cough or cold symptoms <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other: _____ If known, peak flow between _____ and _____ (50% to 79% personal best)					

RED ZONE MEDICAL ALERT/DANGER CALL 911 CALL PARENT OTHER: _____

The Child has ANY of these	Medication Name & Strength	Dose	Route	Time & Frequency	Special Instructions
<input type="checkbox"/> Breathing hard and fast <input type="checkbox"/> Lips or fingernails are blue <input type="checkbox"/> Trouble walking or talking <input type="checkbox"/> Medicine is not helping (15-20 mins?) <input type="checkbox"/> Other: _____ If known, peak flow below _____ (0% to 49% personal best)					

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

CHILD'S NAME (First Middle Last)	DATE OF BIRTH (mm/dd/yyyy) ____/____/____
----------------------------------	---

Section II. PRESCRIBER'S AUTHORIZATION – MUST BE COMPLETED BY THE HEALTH CARE PROVIDER

8. PRESCRIBER'S NAME/TITLE		Place Stamp Here		
TELEPHONE	FAX			
ADDRESS				
CITY	STATE	ZIP CODE		
9a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only)				9b. DATE (mm/dd/yyyy)

Section III. PARENT/GUARDIAN AUTHORIZATION – MUST BE COMPLETED BY THE PARENT/GUARDIAN

I authorize the childcare staff to administer the medication or to supervise the child in self-administration as prescribed above. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize childcare staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18; the childcare program may revoke the child's authorization to self-carry/self-administer medication.

School Age Child Only: OK to Self-Carry/Self -Administer Yes No

10a. PARENT/GUARDIAN SIGNATURE	10b. DATE (mm/dd/yyyy)	10c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
10d. CELL PHONE #	10e. HOME PHONE #	10f. WORK PHONE #
Emergency Contact(s)	Name/Relationship	Phone Number to be used in case of Emergency
Parent/Guardian 1		
Parent/Guardian 2		
Emergency 1		
Emergency 2		

Section IV. CHILD CARE STAFF USE ONLY – MUST BE COMPLETED BY THE CHILD CARE PROGRAM

Child Care Responsibilities:	1. Medication named above was received Expiration date _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. Medication labeled as required by COMAR <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. OCC 1214 Emergency Form updated <input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. OCC 1215 Health Inventory updated <input type="checkbox"/> Yes <input type="checkbox"/> No	
	5. Modified Diet/Exercise Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	6. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	7. Staff approved to administer medication is available onsite, field trips <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reviewed by (printed name and signature):	DATE (mm/dd/yyyy)
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**Maryland State Department of Education
Office of Child Care
Medication Administration Authorization Form**

Place Child's
Picture Here
(optional)

This form must be completed fully in order for Child Care Providers/staff to administer the required medication. **This authorization is NOT TO EXCEED 1 YEAR.**
This form is required for both prescription and non-prescription/over-the-counter (OTC) medications. Prescription medication must be in a container labeled by the pharmacist or prescriber.
Non-prescription/OTC medication must be in the original container with the label intact per COMAR.

PRESCRIBER'S AUTHORIZATION

Child's Name: _____ **Date of Birth:** ___/___/___

Medication and Strength	Dosage	Route/Method	Time & Frequency	Reason for Medication

Medications shall be administered from: ___/___/___ to ___/___/___

If PRN, for what symptoms, how often and how long _____

Possible side effects and special instructions: _____

Known Food or Drug Allergies: Yes No If yes, please explain: _____

For School Age children only: The child may self-carry this medication: Yes No

The child may self-administer this medication: Yes No

PRESCRIBER'S NAME/TITLE	Place Stamp Here (Optional)
TELEPHONE	FAX
ADDRESS	

PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) DATE (mm/dd/yyyy)

PARENT/GUARDIAN AUTHORIZATION

I authorize the child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I attest that I have administered at least one dose of the medication to my child without adverse effects. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication. **School Age Child Only: OK to Self-Carry/Self-Administer** Yes No

PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
CELL PHONE #	HOME PHONE #	WORK PHONE #

CHILD CARE STAFF USE ONLY

Child Care Responsibilities:	1. Medication named above was received. Expiration date ___ <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Medication labeled as required by COMAR. <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. OCC 1214 Emergency Form updated. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	4. OCC 1215 Health Inventory updated. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	5. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	6. Staff approved to administer medication is available onsite, field trips <input type="checkbox"/> Yes <input type="checkbox"/> No

Reviewed by (printed name and signature):	DATE (mm/dd/yyyy)
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