MTT Before and Aftercare

Pre-Registration Form

The annual registration fee of $50 is non-refundable. The registration fee and one week tuition MUST be paid in advance of enrollment.

Parent Full Name: _____

Phone Number: _____

Email: _____

Name of Registered School (*i.e., Melwood, Benjamin Starter, etc.*):

_____

Number of Students Enrolling: _____

Child(ren) Name: _____

_____

_____

Desired Care:

- ❑ Before Only
- ❑ After Only
- ❑ Both

Desired Start Date: _____

Parent/Guardian Signature :_____

MOM's tiny treasures
Early Learning Center

Before and Aftercare Agreement SY 2024-25

This Before and Aftercare Agreement ("Agreement") is entered into between Mom's Tiny Treasures ELC, and the parent/guardian, _____ for the provision of before and aftercare services for the child, _____.

1. Program Details: 1.1 The Provider agrees to provide before and aftercare services for the Child, as specified in the registration form. **Hours:** Contracted HOURS for care will be from (i.e.) 6:30 am -7:30 am (Before) _____ to _____ and/or (After) 2:00 pm – 6:00 pm _____to_____ on the following days: Mon. Tues. Wed. Thur. Fri.

2. Payment and Fees: 2.1 The Parent/Guardian agrees to pay the specified fees for the Before and Aftercare services as communicated by the Provider. 2.2 Payment is due every Friday and will be made under the agreed-upon payment terms. Payments received after noon on Monday are considered late. If a holiday falls on a Friday, payment is due by the next business day. 2.3 **NO Checks** are accepted. Payments are accepted in the form of Cash (USD). You may also make payments online using a secure platform (e.g., Portal, or Zelle) 2.4 A **fee of $25.00** will be charged daily for late payments.

3. Attendance and Schedule: 3.1 The Child's attendance schedule for the before and aftercare program shall be as specified in the registration form. 3.2 The Parent/Guardian agrees to notify the Provider in advance of any changes to the Child's attendance schedule. 3.3 We follow the PGCPS Calendar for closures. For additional details, please see our holiday and closure calendar. Changes to the contract terms are at the discretion of the director.

4. Pick-up and Drop-off: 4.1 The Parent/Guardian is responsible for dropping off and picking up the Child at the contracted times. 4.2 If someone other than the Parent/Guardian is designated to pick up the Child, the Provider must be informed in advance and appropriate identification provided before the release of the child.

5. Health and Emergency Care: 5.1 The Parent/Guardian agrees to provide accurate and up-to-date medical and emergency contact information for the Child. 5.2 In case of a medical emergency, the Provider is authorized to seek medical treatment for the Child and to inform the Parent/Guardian as soon as possible.

6. **Behavior Management:** The program staff will use positive reinforcement and constructive guidance to manage behavior. Persistent behavioral issues may result in suspension or termination from the program. See our Behavior Policy.

7. Code of Conduct: 7.1 The Child is expected to adhere to the rules and guidelines set forth by the Provider for the safety and well-being of all participants. 6.2 Any behavior that poses a danger to others or disrupts the program may result in disciplinary actions or removal from the program.

8. Termination of Agreement: 8.1 Either party may terminate this Agreement with written notice. Two weeks' Notice is required. 7.2 The Provider reserves the right to terminate the Child's participation immediately due to non-compliance with program rules or other reasons affecting the safety and operation of the program.

9. Liability and Waiver: 9.1 The Parent/Guardian acknowledges that participation in the before and aftercare program involves certain risks and releases the Provider from liability for any injuries or accidents that may occur during the program. We are not responsible for any lost or damaged devices 8.2 The Provider will take reasonable precautions to ensure the safety of the Child but cannot be held responsible for circumstances beyond their control.

EMERGENCY INFORMATION

If a parent cannot be contacted, please list at least one person who can be notified in case of an emergency.

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Please list all people who can pick the child up from care without the written consent of the parent (note government-issued ID REQUIRED before the release of the child)

1. _____ 2. _____

By signing below, the Parent/Guardian acknowledges that they have read, understood, and agreed to the terms and conditions of this Before and Aftercare Agreement.

Parent/Guardian's Full Name: _____ *Signature:* _____
Date: _____

Provider's Representative: _____ *Signature:* _____
Date: _____

This Agreement is effective as of the date signed by both parties and remains in effect until terminated as specified herein.

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

CACFP 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: H:	W: Employer:
		Email:	C: H:	W: 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

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- ***A physical examination*** *by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).*
- ***Evidence of immunizations****. A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at:* http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmh_896_-_february_2014.pdf
- ***Evidence of Blood-Lead Testing for children living in designated at risk areas****. The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:* http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/dhmh_4620_bloodleadtestingcertificate_2016.pdf

EXEMPTIONS

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

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

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at

http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medicationadministrationauthorization.pdf

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____ **Birth date:** _____ **Sex** M☐F☐
Last First Middle Mo / Day / Yr

Address: _____
Number Street Apt# City State Zip

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		W:	C:	H:
		W:	C:	H:

Your Child's Routine Medical Care Provider	Your Child's Routine Dental Care Provider	
Name: **Address:** **Phone #**	**Name:** **Address:** **Phone**	**Last Time Child Seen for** **Physical Exam:** **Dental Care:** **Any 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 (Food, Insects, Drugs, Latex, etc.)	☐	☐	
Allergies (Seasonal)	☐	☐	
Asthma or Breathing	☐	☐	
Behavioral or Emotional	☐	☐	
Birth Defect(s)	☐	☐	
Bladder	☐	☐	
Bleeding	☐	☐	
Bowels	☐	☐	
Cerebral Palsy	☐	☐	
Coughing	☐	☐	
Communication	☐	☐	
Developmental Delay	☐	☐	
Diabetes	☐	☐	
Ears or Deafness	☐	☐	
Eyes or Vision	☐	☐	
Feeding	☐	☐	
Head Injury	☐	☐	
Heart	☐	☐	
Hospitalization (When, Where)	☐	☐	
Lead Poison/Exposure complete DHMH4620	☐	☐	
Life Threatening Allergic Reactions	☐	☐	
Limits on Physical Activity	☐	☐	
Meningitis	☐	☐	
Mobility-Assistive Devices if any	☐	☐	
Prematurity	☐	☐	
Seizures	☐	☐	
Sickle Cell Disease	☐	☐	
Speech/Language	☐	☐	
Surgery	☐	☐	
Other	☐	☐	

Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?

☐ No ☐ Yes, name(s) of medication(s):

Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Counseling etc.)

☐ No ☐ Yes, type of treatment:

Does your child require any special procedures? (Urinary Catheterization, G-Tube feeding, Transfer, etc.)

☐ No ☐ Yes, what procedure(s):

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.

I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ _____
Signature of Parent/Guardian Date

PART II - CHILD HEALTH ASSESSMENT

To be completed *ONLY* by Physician/Nurse Practitioner

Child's Name: Last / First / Middle	Birth Date: Month / Day / Year	Sex M ☐ F ☐

1. Does the child named above have a diagnosed medical condition?

☐ No ☐ Yes, describe:

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.

☐ No ☐ Yes, describe:

3. PE Findings

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	☐	☐	☐	Lead Exposure/Elevated Lead	☐	☐	☐
Behavior/Adjustment	☐	☐	☐	Mobility	☐	☐	☐
Bowel/Bladder	☐	☐	☐	Musculoskeletal/orthopedic	☐	☐	☐
Cardiac/murmur	☐	☐	☐	Neurological	☐	☐	☐
Dental	☐	☐	☐	Nutrition	☐	☐	☐
Development	☐	☐	☐	Physical Illness/Impairment	☐	☐	☐
Endocrine	☐	☐	☐	Psychosocial	☐	☐	☐
ENT	☐	☐	☐	Respiratory	☐	☐	☐
GI	☐	☐	☐	Skin	☐	☐	☐
GU	☐	☐	☐	Speech/Language	☐	☐	☐
Hearing	☐	☐	☐	Vision	☐	☐	☐
Immunodeficiency	☐	☐	☐	Other:	☐	☐	

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider **or** a computer generated immunization record must be provided. (This form may be obtained from: http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmh_896_-_february_2014.pdf

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Parent/Guardian Signature: _____ Date: _____

5. Is the child on medication?

☐ No ☐ Yes, indicate medication and diagnosis:
(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).

6. Should there be any restriction of physical activity in child care?

☐ No ☐ Yes, specify nature and duration of restriction:

7. Test/Measurement	Results		Date Taken	
Tuberculin Test				
Blood Pressure				
Height				
Weight				
BMI %tile				
LeadTest Indicated: DHMH 4620 ☐ Yes ☐ No	**Test #1**	**Test#2**	**Test # 1**	**Test #2**

_____ has had a complete physical examination and any concerns have been noted above.

(Child's Name)

Additional Comments: _____

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

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

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

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

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

SEX: ❑Male ❑Female BIRTHDATE ____ / ____ / ____ PHONE _____

PARENT OR GUARDIAN _____ / _____ / _____
LAST FIRST MIDDLE

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

Was this child born on or after January 1, 2015? ❑ YES ❑ NO
Has this child ever lived in one of the areas listed on the back of this form? ❑ YES ❑ NO
Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? ❑ YES ❑ NO

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

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

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

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

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

Comments:

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

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

BOX D – Bona Fide Religious Beliefs

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

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

****

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

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

DHMH FORM 4620 REVISED 5/2016 REPLACES ALL PREVIOUS VERSIONS

HOW TO USE THIS FORM

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

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

Allegany
ALL

Anne Arundel
20711
20714
20764
20779
21060
21061
21225
21226
21402

Baltimore Co.
21027
21052
21071
21082
21085
21093
21111
21133
21155
21161
21204
21206
21207
21208
21209
21210

Baltimore Co. (Continued)
21212
21215
21219
21220
21221
21222
21224
21227
21228
21229
21234
21236
21237
21239
21244
21250
21251
21282
21286

Baltimore City
ALL

Calvert
20615
20714

Caroline
ALL

Carroll
21155
21757
21776
21787
21791

Cecil
21913

Charles
20640
20658
20662

Dorchester
ALL

Frederick
20842
21701
21703
21704
21716
21718
21719
21727
21757
21758
21762
21769

Frederick (Continued)
21776
21778
21780
21783
21787
21791
21798

Garrett
ALL

Harford
21001
21010
21034
21040
21078
21082
21085
21130
21111
21160
21161

Howard
20763

Kent
21610
21620
21645
21650
21651
21661
21667

Montgomery
20783
20787
20812
20815
20816
20818
20838
20842
20868
20877
20901
20910
20912
20913

Prince George's
20703
20710
20712
20722
20731

Prince George's (Continued)
20737
20738
20740
20741
20742
20743
20746
20748
20752
20770
20781
20782
20783
20784
20785
20787
20788
20790
20791
20792
20799
20912
20913

Queen Anne's
21607
21617
21620
21623
21628

Queen Anne's (Continued)
21640
21644
21649
21651
21657
21668
21670

Somerset
ALL

St. Mary's
20606
20626
20628
20674
20687

Talbot
21612
21654
21657
21665
21671
21673
21676

Washington
ALL

Wicomico
ALL

Worcester
ALL

Lead Risk Assessment Questionnaire Screening Questions:

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

Allergy Action Plan

Must be accompanied by a Medication Authorization Form (OCC 1216)

Place Child's Picture Here

CHILD'S NAME: _____ Date of Birth: _____

ALLERGY TO: _____

Is the child Asthmatic? ☐ No ☐ Yes (If Yes = Higher Risk for Severe Reaction)

TREATMENT

Symptoms: The child has ingested a food allergen or exposed to an allergy trigger:	**Give this Medication** Epinephrine	Antihistamine
But is ***not*** exhibiting or complaining of any symptoms		
Mouth: itching, tingling, swelling of lips, tongue or mouth ("mouth feels funny")		
Skin: hives, itchy rash, swelling of the face or extremities		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
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		
Other:		
If reaction is progressing (several of the above areas affected)		

*Potentially life-threatening. The severity of symptoms can quickly change.

*IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Medication		**Dose:**
Epinephrine:		
Antihistamine:		
Other:		

Doctor's Signature _____ Date _____

EMERGENCY CALLS

1) Call 911 (or Rescue Squad) whenever Epinephrine has been administered. 2) Call the parent. State that an allergic reaction has been treated and additional epinephrine may be needed. 3) Stay with the child.

Doctor's Name: _____ Phone Number: _____

Contact(s)	Name/Relationship	Phone Number(s) Daytime Number	Cell
Parent/Guardian 1			
Parent/Guardian 2			
Emergency 1			
Emergency 2			

*EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911.

Health Care Provider and Parent Authorization for Self/Carry Self Administration

I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] ☐ yes ☐ No

Parent/Guardian's Signature _____ Date _____

Allergy Action Plan
(Continued)

Must be accompanied by a Medication Authorization Form (OCC 1216)

Place Child's Picture Here

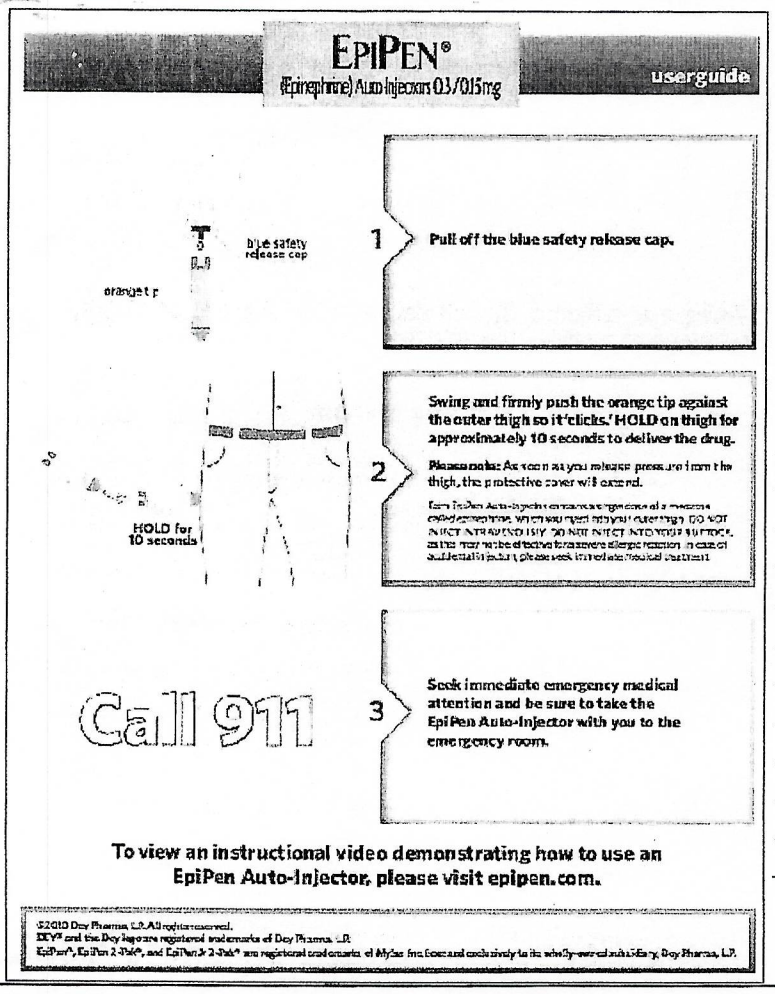
CHILD'S NAME: _____ **Date of Birth:** _____

ALLERGY TO: _____

Is the child Asthmatic? ☐ No ☐ Yes (If Yes = Higher Risk for Severe Reaction)

The Child Care Facility will:

- ☐ Reduce exposure to allergen(s) by: (no sharing food,
- ☐ Ensure proper hand washing procedures are followed.
- ☐ Observe and monitor child for any signs of allergic reaction(s).
- ☐ Ensure that medication is immediately available to administer in case of an allergic reaction (in the classroom, playground, field trips, etc.)
- ☐ Ensure that a person trained in Medication Administration accompanies child on any off-site activity.
- ☐



The Parent/Guardian will:

- ☐ Ensure the child care facility has a sufficient supply of emergency medication.
- ☐ Replace medication prior to the expiration date
- ☐ Monitor any foods served by the child care facility, make substitutions or arrangements with the facility, if needed.
- ☐

MOM's
tiny treasures
Early Learning Center

Challenging Behavioral Policy

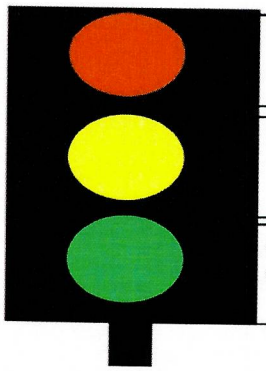
The Staff at Mom's Tiny Treasure Early Learning Center will provide each child with guidance to help the child acquire a positive self-concept and self-control, as well as teach acceptable behavior. Behavior guidance will be used to demonstrate positive and acceptable behaviors. While maintaining standards based upon the developmental needs of each student. Staff will give positive focus and affirmation to encourage desired behaviors suited to the age of the child. Children are guided to treat each other and adults with respect and kindness.

Each child at MTT has the right to:

- *Learn in a safe and friendly place*
- *Be treated with love and respect*
- *Receive the help and support of a caring professionally trained staff*

When a child demonstrates inappropriate behavior, we intervene immediately to protect all of the children and bring a sense of immediate calm. Our approach to helping our tiny treasures with challenging behaviors is to show them how to solve problems using appropriate interactions. When redirection is necessary, it is clear, consistent, and is understandable based on the age of the child. We use "time-out" sparingly and prefer strategies that give the child safer control; yet safety over themselves and their space. For example; we may have a child sit on an "alone rug" and have them play constructively with a toy, puzzle or other object. There will be no use of corporal punishment in our facility, or any negative physical touching (spanking, slapping, pinching, etc.). No unusual punishment will be allowed, such as humiliation, ridicule, threat or coercion. Withholding of food, clothing, or medical care will not be used as punishment nor tolerated by any members of the staff. We also maintain a zero tolerance to bullying. If you have any concerns about this at any time, please report it to the Owner or Director of the Center.

Daily Behavior Chart



Red: Student has been off task and/or unsafe most of the class and needed ***MANY*** verbal reminders. Behavior noted on BrightWheels and/or incident report written.

Yellow: Student has been off task and/or unsafe and needed ***SOME*** verbal reminders. Comments will be noted on behavior chart.

Green: Student has been on task and following expectations with ***NO*** verbal reminders.

MOM's
tiny treasures
Early Learning Center

Physical Restraint

Physical restraint is not used or permitted for discipline. No physical restraints of any kind will be used on any child.

Notification of Behavioral Issues to Families

If a child's behavior/circumstance is of concern, communication will begin with the parents as the first step to understanding the child's individual needs and challenges. We will work together to evaluate these needs in the context of our program.

On rare occasions, a child's behavior may warrant the need to find a more suitable setting for care. Examples of such instances include:

- A child appears to be a danger to others and or self.
- Continued care could be harmful to, or not in the best interest of the child as determined by medical, psychological, or social service personnel.
- Undue burden on our resources and finances for the child's accommodations for success and participation in a structured learning environment.

**For more information about the behavior policy, please reference MTT's Parent Handbook.*

By signing below, I acknowledge that I have read, understood, and agreed to the terms and conditions outlined above regarding the behavior policy.

Child's Name: _____

Parent's Name: _____ **Date:** _____

Parent's Signature: _____

There are certain requirements that apply only to homes or centers.

Family Child Care Homes

- Up to 8 children may be in care at the same time if the home meets certain physical requirements. No more than 2 children under the age of two, including the caregiver's own, may be in care at the same time unless the home has been approved to serve additional children in this age group and an additional adult is present. Under no circumstance may care be provided at the same time to more than 4 children under the age of two.
- Each applicant for a family child care license must:
  - Have a criminal background check and child abuse/neglect clearance;
  - Submit a recent medical evaluation; and
  - Complete pre-service training requirements, including certification in first aid and CPR.
- Each adult resident of the home must also have a criminal background check and child abuse/neglect clearance.
- After becoming licensed, the caregiver must periodically complete additional training. Also, current certification in first aid and CPR must be maintained at all times.
- Each caregiver must have at least one substitute who is available to care for the children in the event of the caregiver's temporary absence from the home. Each substitute is subject to approval by OCC and must have a child abuse/neglect clearance. If paid by the caregiver, a substitute must also have a criminal background check. Before allowing a substitute to provide care, the caregiver must tell the substitute how to reach parents in the event of an emergency and familiarize the substitute with the home's child health and safety procedures.

Child Care Centers

The center director and staff members who have group supervision responsibilities must meet minimum education, experience, and training qualifications. They must also meet continued training requirements each year.

The director and all paid center employees must complete a criminal background check and a child abuse/neglect clearance, and submit a medical evaluation.

- In each classroom, staff/child ratios and maximum group size requirements must be maintained at all times. The following chart shows some basic age groupings and the applicable requirements:

Age Group	Ratio	Maximum Size
0 –18 months	1:3	6
18 – 24 months	1:3	9
2 years	1:6	12
3 –4 years	1:10	20
5 years or older	1:15	30

- For every 20 children present, there must be at least one staff member who is currently certified in first aid and CPR.

Your Rights and Responsibilities as a Child Care Consumer

You have the right to:

- Expect that your child's care meets the standards set by Maryland's child care licensing regulations (NOTE: the regulations are available online at: www.marylandpublicschools.org/MSDE/divisions/child_care/regulat);
- Visit the facility without prior notification any time your child is there;
- See the rooms and outside play area where care is provided during program hours;
- Be notified if someone in the family child care home smokes. In child care centers, smoking is prohibited;
- Receive advance notice when a substitute will be caring for your child in a family child care home for more than two hours at a time;
- Give written permission before a caregiver may take your child swimming, wading, or on field trips;
- Give written authorization before any medication may be administered to your child;
- Be notified immediately of any serious injury or accident. If your child has a non-serious injury or accident, you must be notified on the same day;
- File a complaint with OCC if you believe that the caregiver has violated child care regulations.
- Any complaint you make to OCC about the care your child is receiving will be promptly investigated by OCC;
- Review the public portion of the licensing file for the facility where your child is or has been enrolled, or where you are considering enrolling your child.

How Do I File a Complaint?

If you wish to file a complaint, contact the OCC Regional Office in the area where the child care facility is located. Complaints may be filed anonymously. Listed below are Regional Offices and their main telephone numbers:

Region

1 – Anne Arundel County	410-514-7850
2 – Baltimore City	410-554-8300
3 – Baltimore County	410-583-6200
4 – Prince George's County	301-333-6940
5 – Montgomery County	240-314-1400
6 – Howard County	410-750-8770
7 – Western Maryland	
Hagerstown – Main Office	301-791-4585
Allegany Co. Field Office	301-777-2385
Garrett Co. Field Office	301-334-3426
8 – Upper Shore	410-819-5801
Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties	
9 – Lower Shore	410-713-3430
Somerset, Wicomico, and Worcester Counties	
10 – Southern Maryland	301-475-3770
Calvert, Charles and St. Mary's Counties	
11 – North Central	410-272-5358
Cecil and Harford Counties	
12 – Frederick County	301-696-9766
13 – Carroll County	410-751-5438

The OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated.

If you need additional help, you may contact the main office of the OCC Licensing Branch:

Program Manager, Licensing Branch
MSDE Office of Child Care
200 West Baltimore Street, 10th Floor
Baltimore, MD 21201
410-767-7805

Dear Parent/Guardian:

Maryland child care regulations require your child care provider to verify that you received a copy of "A Parent's Guide to Regulated Child Care." On the lines below, please write the name of each child you have placed in the care of this provider. **Complete and sign the statement at the bottom, tear off and give this portion of the brochure to the child care provider for retention in the facility's files.**

Child: _____

Child: _____

Child: _____

Child: _____

I, _____, **have received** a copy of the consumer education brochure entitled **"Parent's Guide to Regulated Child Care."**

_____
Date

_____
Signature of Parent/Guardian

MOM's
tiny treasures
Early Learning Center

PHOTO RELEASE FORM

Dear Parents,

Your child will be participating in various activities, events, and fun learning experiences while attending our center. We often take photos to post in the classroom, use for crafts or to share them on our social media page.

Social media is a great way to keep you updated on important events and center information while allowing you to see the fun experiences your child is enjoying. Be sure to follow us on our social media platforms.

Please indicate below if you give us permission to use your child's photo.

_____ I GIVE permission to take and use my child's photo for the reasons listed above.

_____ I DO NOT GIVE permission to take and use my child's photo for the reasons listed above.

Parents Signature_____ **Date** _____

Parent - Provider Transportation Agreement

I, _____ , give permission for my child care provider, or
(Name of parent)

any approved employee of the above program, to transport my child(ren)

_____, _____

(Name(s) of child(ren))

for the following reasons (check all that apply):

_____ Field trips

_____ Excursions to the park

_____ Emergency purposes

_____ Any reason deemed necessary by the program

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.

2. Each child will board or leave a vehicle from the curb side of the street.

3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.

4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.

5. The caregiver will notify me in advance of any instance where my child(ren) will be transported while in care.

_____
(Parent or Guardian) (Date)

_____
(Provider/Director) (Date)

Child Care Scholarship Program Clause

Child Care Scholarship Terms and Conditions:

1. Scholarships are awarded based on financial need and availability of funds.
2. If tuition payment is not received by the Office of CCS within **21 days**, the parent is responsible for paying the full amount owed including applicable fees. Care is subject to being paused until payment is received.
3. Applicants must submit all required documentation and complete the scholarship application process by the specified deadline.
4. Scholarship recipients may be asked to provide additional information or documentation for verification purposes.
5. The awarded scholarship amount will be applied toward the program's weekly tuition amount.
6. Scholarships are not transferable and are applicable only to the child named in this registration form.
7. Incomplete or inaccurate information may result in the denial of the scholarship application.
8. MTT Early Learning Center reserves the right to no longer
9. By applying for a scholarship, you grant permission to MTT to verify the information provided on the scholarship application.

I acknowledge that I have read, understood, and agreed to the terms and conditions outlined above regarding the childcare scholarship program.

*Parent/Guardian's Signature:*_____

*Date:*_____

Prince George's County Public Schools 2024-2025 School Calendar

APPROVED FEBRUARY 2024

2024	
July 4	Independence Day – Schools and Offices Closed
August 14-16	Professional Duty Days for New Teachers
August 19-23	Professional Duty Days for All Teachers
August 20 & 21	Professional Development
August 23	Student Orientation Day
August 26	First Day of School for All Students
September 2	Labor Day – Schools and Offices Closed
September 16	Professional Development – Schools Closed for Students
September 27	Teacher Planning Half-Day – 3-Hr. Early Dismissal for Students
October 3	Rosh Hashanah* (starts at sunset 10/2)
October 7	Parent-Teacher Conferences – Schools Closed for Students
October 12	Yom Kippur* (starts at sunset 10/11)
October 18	Professional Development – Schools Closed for Students
October 31	End of First Quarter (45 days)
October 31- November 4	Diwali*
November 1	Grading & Reporting Day for Teachers – 3-Hr. Early Dismissal for Students
November 5	General Election Day – Schools and Offices Closed
November 27-29	Thanksgiving Break – Schools and Offices Closed
December 20	Teacher Planning Half-Day – 3-Hr. Early Dismissal for Students
December 23-31	Winter Break & Christmas – Schools and Offices Closed
2025	
January 1	New Year's Day – Schools and Offices Closed
January 2-3	Winter Break – Schools and Offices Closed
January 20	Martin Luther King Jr. Day – Schools and Offices Closed
January 24	End of Second Quarter (46 days)
January 27	Grading & Reporting Day for Teachers – 3-Hr. Early Dismissal for Students
February 14	Professional Development – Schools Closed for Students (Potential inclement weather make-up day)
February 17	Presidents' Day – Schools and Offices Closed
February 28	First Day of Ramadan (starts sunset of 2/27)
February 28	Teacher Planning Half-Day – 3-Hr. Early Dismissal for Students
March 5	Parent-Teacher Conferences – 2-Hr. Delayed Opening for Students
March 17	Professional Development – Schools Closed for Students (Potential inclement weather make-up day)
March 30	Last Day of Ramadan
March 31	Eid al-Fitr* (starts at sunset 3/30) – Schools and Offices Closed
April 3	End of Third Quarter (45 days)
April 4	Grading & Reporting Day for Teachers – 3-Hr. Early Dismissal for Students
April 13-20	Passover* (starts sunset of 4/12)
April 14-17	Spring Break – Schools Closed
April 18 & 21	Spring Break/Easter Holidays – Schools and Offices Closed
May 16	Teacher Planning Half-Day – 3-Hr. Early Dismissal for Students
May 26	Memorial Day – Schools and Offices Closed
June 18	Last Day for Students[1] and End of Fourth Quarter (44 days) – 3-Hr. Early Dismissal for Students
June 19	Juneteenth – Schools and Offices Closed
June 23	Last Day for Teachers[1]

IMPORTANT CALENDAR NOTES – There are 180 student days and 192 teacher days (195 for new teachers). Last days for students and teachers are subject to change. 10- and 11-month employees can refer to Bulletin M-1-23 for clarification on workdays.

[1]**INCLEMENT WEATHER MAKE-UP DAYS** – Three inclement weather make-up days are built into the school calendar in June. The last day for students is June 18 if all three of these inclement weather days are used; June 17 if two of these three days are used; June 16 if one of these three days is used; and June 13 if none of these built-in inclement weather days are used. The last day for teachers is June 23 if all three of these inclement weather days are used; June 20 if two of these three days are used; June 18 if one of these three days is used; and June 17 if none of these built-in inclement weather days are used. Lastly, there are two additional days on February 14 and March 17 that may be converted to inclement weather make-up days.

RELIGIOUS HOLIDAYS – Major religious holidays are noted for planning purposes only. Jewish and Muslim holidays begin the day before at sunset. To avoid excluding students, families and staff from important meetings or activities, PGCPS prohibits scheduling these events on major holidays noted with an asterisk (*) on this calendar. This restriction does not apply to state or regional events.