

Joe's Movement Emporium

Youth Registration Form

Today's Date: \_\_\_\_\_

PARTICIPANTS'S INFORMATION (one form per child)

Child's Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY) <sup>Last</sup> \_\_\_\_ / <sup>First</sup> \_\_\_\_ / <sup>Middle</sup> \_\_\_\_ Age: \_\_\_\_ Sex: Male or Female Grade: \_\_\_\_

School Attending: \_\_\_\_\_ Teacher: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Mother/Guardian 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father/Guardian 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency and parent/guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List Programs you would like to enroll your child in:

Description	Cost	Dates/Days
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Tuition Due \$ \_\_\_\_\_

For more information about any of our youth programs, please call 301.699.1819 or visit [www.joesmovement.org](http://www.joesmovement.org)

OFFICIAL USE ONLY

Deposit \_\_\_\_\_ Total Due \_\_\_\_\_ Payment Method \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Staff Initial \_\_\_\_\_

Arts Education

POLICIES PERTAINING TO ENROLLMENT



Please initial each statement, sign and date at the bottom:

1. I understand that I have reserved a space for my child for the entire school year from August 23 through June 9, 2017. \_\_\_\_\_
2. I am submitting/have submitted an \$85 deposit for Club Joe's for each child and I am aware that it is non-refundable. \_\_\_\_\_
3. I will provide required documentation to Joe's within 30 days of requests and understand that my child's slot can be forfeited because documentation impacts the status of Club Joe's and aftercare licensing. \_\_\_\_\_
4. I understand that the weekly rate will remain the same regardless of attendance days due to illness, snow, travel, etc. \_\_\_\_\_
5. A written cancellation via email or letter must be received 2 (two) weeks in advance of withdrawal. Fees for service will continue to be applied to the account during the 2 week period. \_\_\_\_\_
6. I am aware that written notice by email is needed for days that my child does not attend school, will not attend Joe's, or if a new pickup person is planned. This is very important and should be sent before 12:00pm (noon). \_\_\_\_\_
7. I am aware that I may apply for a refund or credit in writing, if my family has extenuating circumstance. Joe's will evaluate the request and refund reasonable fees and recoup all costs incurred. \_\_\_\_\_
8. I understand that if my child has not attended Joe's for 3 weeks and I have not communicated an excused absence, I forfeit my slot with Club Joe's. \_\_\_\_\_

Name of child/ren \_\_\_\_\_

Name of child/ren \_\_\_\_\_

Name of child/ren \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



3309 Bunker Hill Rd., Mt. Rainier, MD 20712 Tel: 301-699-1819, Fax: 301-699-1818 [www.joesmovement.org](http://www.joesmovement.org)

### Permission Slip

To Whom it May Concern:

I \_\_\_\_\_, being the Legal  
Print your full name

Guardian of \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Print full name of Child

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Print full name of Child

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Print full name of Child

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Print full name of Child

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Print full name of Child

Hereby, grant authority to the staff of Joe's Movement Emporium to escort child(ren) to offsite activities for artistic, creative, and physical enrichment. Activities will include but are not limited to P.G. Community Pool and open play at both parks located on the grounds of Mt. Rainier Elementary School. The Cities Mount Rainier and Hyattsville will provide transportation.

\_\_\_\_\_  
Name of Guardian (Printed)

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

# HEALTH INVENTORY

## Information and Instructions for Parents/Guardians

### REQUIRED INFORMATION

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

- **A physical examination** by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).
- **Evidence of immunizations.** A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: [http://ideha.dhmh.maryland.gov/IMMUN/pdf/896\\_form.pdf](http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf)
- **Evidence of Blood-Lead Testing for children living in designated at risk areas.** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at: <http://apps.fcps.org/dept/health/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>

### EXEMPTIONS

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

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

The health information on this form will be available only to those health and child care 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://www.marylandpublicschools.org/NR/rdonlyres/B0050A99-6B3C-4396-A996-CC9405971A42/30754/1216\\_MedAuth\\_r120511.pdf](http://www.marylandpublicschools.org/NR/rdonlyres/B0050A99-6B3C-4396-A996-CC9405971A42/30754/1216_MedAuth_r120511.pdf)

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

**PART I - HEALTH ASSESSMENT**

**To be completed by parent or guardian**

**Child's Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Sex** M  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:

**Where do you usually take your child for routine medical care? Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**When was the last time your child had a physical exam? Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Where do you usually take your child for dental care? Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**ASSESSMENT OF CHILD'S HEALTH** - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.

	Yes	No	Comments (required for any Yes answer)
Allergies (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
Bowels	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>	
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

**Does your child take medication (prescription or non-prescription) at any time?**  
 No  Yes, name(s) of medication(s): \_\_\_\_\_

**Does your child receive any special treatments?** (nebulizer, epi-pen, etc.)  
 No  Yes, type of treatment: \_\_\_\_\_

**Does your child require any special procedures?** (catheterization, G-Tube, etc.)  
 No  Yes, what procedure(s): \_\_\_\_\_

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

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART II - CHILD HEALTH ASSESSMENT**  
**To be completed ONLY by Physician/Nurse Practitioner**

<b>Child's Name:</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 30%;">Last</span> <span style="width: 30%;">First</span> <span style="width: 30%;">Middle</span> </div>			<b>Birth Date:</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 30%;">Month / Day / Year</span> </div>		<b>Sex</b> M <input type="checkbox"/> F <input type="checkbox"/>		
<b>1. Does the child named above have a diagnosed medical condition?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:							
<b>2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care?</b> (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card. <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:							
<b>3. PE Findings</b>							
<b>Health Area</b>	<b>WNL</b>	<b>ABNL</b>	<b>Not Evaluated</b>	<b>Health Area</b>	<b>WNL</b>	<b>ABNL</b>	<b>Not Evaluated</b>
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>REMARKS:</b> (Please explain any abnormal findings.)							
<b>4. RECORD OF IMMUNIZATIONS</b> – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider <b>or</b> a computer generated immunization record must be provided. (This form may be obtained from: <a href="http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf">http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf</a> )							
<b>RELIGIOUS OBJECTION:</b> 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:							
<b>5. Is the child on medication?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate medication and diagnosis: <b>(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).</b>							
<b>6. Should there be any restriction of physical activity in child care?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction:							
<b>7. Test/Measurement</b>		<b>Results</b>			<b>Date Taken</b>		
Tuberculin Test							
Blood Pressure							
Height							
Weight							
BMI %tile							
Lead Test Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No							

(Child's Name) **has had a complete physical examination and any concerns have been noted above.**

Additional Comments:

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:
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Arts Education  
RELEASE FORM



I \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_  
a Joe's participant.

Print Parent Name

Print Child's Name

I understand that as part of the program my child attends, he/she may create or perform under the direction and control of Joe's staff. I do authorize the use of my child's voice, appearance and image in photographs and videos. \_\_\_\_\_ (initial)

I understand that Joe's may use my child's artwork, writings, and other materials within Joe's publications, handouts, website, presentations, in connections with the mission of the organization and educational activities. I authorize this activity. \_\_\_\_\_ (initial)

If you do not authorize the activities listed above, please check the box below.

I do not agree with use of my child's voice, appearance, image or materials being used for Arts Education purposes.



Signature

Date

## This Brochure Provides Information About:

- The requirements that State-regulated family child care homes and child care centers must meet,
- Your rights and responsibilities as the parent of a child in regulated care, and
- How and where to file a complaint if you believe your child care provider has violated State child care licensing regulations.

## Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education (MSDE), Division of Early Childhood Development. Within the Division, child care licensing is the specific responsibility of the Office of Child Care (OCC), Licensing Branch.

All child care facilities must meet minimum health, safety, and program standards set by Maryland law. To remain licensed, facilities must maintain compliance with those standards. Every licensed facility is inspected by OCC at least once each year to evaluate the facility's compliance with child care regulations.

OCC's thirteen Regional Offices are responsible for licensing activities, including:

- Issuing child care licenses;
- Inspecting child care facilities;
- Investigating complaints against licensed child care facilities;
- Investigating reports of unlicensed (illegal) child care; and
- Taking enforcement action when necessary to achieve compliance with regulations.

**There are two types of regulated child care facilities: family child care homes and child care centers.**

## Family Child Care Homes and Child Care Centers Must Meet the Following Requirements:

- Have the approval of OCC, the fire department and other local agencies, as required (i.e., zoning, health, and environment).
- Provide care only in the areas of the facility that have been approved for use.
- Have the license issued by OCC posted where it is easily and clearly visible to parents. The license shows:
  - the maximum number of children who may be present at the same time;
  - the age groups which may be served; and
  - the facility's approved hours of operation.
- At all times, each child must be supervised in a manner appropriate to the child's age, activities, and individual needs.
- All areas of the facility used for child care must be clean, well lit, and properly ventilated. Room temperatures should be comfortable.
- If food service is provided, food must be stored, prepared, and served in a safe, sanitary and healthful manner.
- The facility must offer a daily program of indoor and outdoor activities that are appropriate to the age, needs and capabilities of each child.
- An up-to-date emergency information card must be on file and maintained for each child.
- The facility must post an approved emergency evacuation plan and conduct evacuation drills at least monthly.
- Child discipline procedures must be appropriate to a child's age and maturity level and may not include the deliberate infliction of physical or emotional pain. **Corporal punishment of any kind is strictly prohibited.**

## ADDITIONAL INFORMATION

### The Maryland Child Care Credential

Maryland has a voluntary child care credentialing program that recognizes child care providers' education, experience and professional activities at six levels.

Credentialed providers are authorized and encouraged to display the seal issued by the MSDE Office of Child Care.



### Program Accreditation

Child care programs have the option of becoming state or nationally accredited. Accreditation means that the facility and staff have met program standards of quality.

### Child Care and the Americans with Disabilities Act

The federal Americans with Disabilities Act (ADA) requires all child care programs to make reasonable efforts to accommodate children with disabilities. For more information about the ADA, please contact the OCC Regional Office in your area or one of the following organizations:

#### LOCATE: Child Care

Maryland Committee for Children, Inc.  
608 Water Street  
Baltimore, MD 21202  
Phone: (410) 752-7588  
[www.mdchildcare.org](http://www.mdchildcare.org)

#### Maryland Developmental Disabilities Council

217 East Redwood Street, Suite 1300  
Baltimore, MD 21202  
Phone: (410) 767-3670  
(800) 305-6441 (within Maryland)  
[www.md-council.org](http://www.md-council.org)



State of Maryland  
Martin O'Malley, Governor  
Maryland State Department of Education  
Nancy S. Grasmick  
State Superintendent of Schools

OCC 1524 (rev. 12/2007)

# A PARENT'S GUIDE

TO

REGULATED

CHILD CARE

\* \* \*

*Important Information for  
Parents of Children in  
Child Care Facilities*

A publication of the  
Maryland State Department of Education  
Division of Early Childhood Development  
Office of Child Care

[www.marylandpublicschools.org/MSDE/divisions/child\\_care/child\\_care.htm](http://www.marylandpublicschools.org/MSDE/divisions/child_care/child_care.htm)





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

**Family Child Care Homes**

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

**Child Care Centers**

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

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

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

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

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

**Your Rights and Responsibilities as a Child Care Consumer**

You have the right to:

- Expect that your child's care meets the standards set by Maryland's child care licensing regulations (NOTE: the regulations are available online at: [www.marylandpublicschools.org/MSDE/divisions/child\\_care/regulat/](http://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