

For questions, concerns or to file a complaint contact your regional office

Regional Offices	Phone
Anne Arundel	410-573-9522
Baltimore City	410-554-8315
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 OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated. All confirmed complaints against child care providers may be viewed at CheckCCMD.org.

For additional help, you may contact the Program Manager of the Licensing Branch at 410-569-8071.

Resources

Child Care Scholarship - Assists parents with cost of child care
1-866-243-8796

Consumer Product Safety Commission (CPSC) - regulates certain products used in child care
cpsc.org

Maryland EXCELS - Maryland's Quality Rating System for child care facilities
marylandexcels.org

Maryland Developmental Disabilities Council - May assist with ADA issues
md-council.org

Maryland Family Network - Assists parents in locating child care
marylandfamilynetwork.org

IMPACT Newsletter - What's happening in the Division of Early Childhood
earlychildhood.marylandpublicschools.org

To this site to check provider inspection violations
checkccmd.org

Guide to Regulated Child Care



Important Information About Child Care Facilities



Larry Hogan, Governor

Karen B. Salmon, Ph.D.

State Superintendent of Schools

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; and
 - Taking enforcement action when necessary.
- COMAR Regulations and other information about the Office of Child Care may be found at:
- earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care



What are the Types of Child Care Facilities?

Family Child Care – care in a provider's home for up to eight (8) children

Large Family Child Care – care in a provider's home for 9-12 children

Child Care Center – non-residential care

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;
- Family child care providers must maintain certification in First Aid and CPR;
- Child care centers must maintain a ratio of one staff certified in first aid and CPR per every twenty (20) children at all times;
- 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?

• Regulations that govern child care facilities may be found at:

earlychildhood.marylandpublicschools.org/regulations

• 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 "Teacher" qualified person 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;

• Child care facilities may have policies beyond regulatory requirements;

• OCC should be notified if a provider has violated child care regulations;

• Parents/guardians may review the public portion of a licensing file; and

• The provider's compliance history may be reviewed on CheckCCMD.org.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEFORE AND AFTER SCHOOL ENRICHMENT (BASE) PROGRAM

2021-2022—HAGERSTOWN YMCA

WELCOME

Dear Y BASE Families:

Welcome to the YMCA's Before and After School Enrichment (BASE) program for the 2021-2022 school year! The BASE Program incorporates the values of caring, honesty, respect and responsibility into all of our programming. We believe that these values give a solid foundation for children to thrive and succeed. This letter is to address some important items in advance of that hectic first day of school. We are looking forward to your child's participation in our program and want things to go smoothly on the first day!

The program begins on the first day of school, which is August 30. Our Before School program opens at 6:30 am and operates until the start of school and After School begins at school dismissal and ends at 6:00 pm.

Things to Do BEFORE School Starts:

- Complete all paperwork required by the State of Maryland. This includes the health forms that were given to you when you received your packet, if your child did not attend the Before & After School Enrichment program during the 2020-2021 school year or 2021 Summer Camp programs. The forms include:
 - ♦ Health Inventory – Part I is filled out by the parent. Part II is filled out by a health practitioner during a scheduled visit.
 - ♦ Immunization Record
 - ♦ Emergency Form – Filled out by a parent (front and back)
 - ♦ YMCA Parent Agreement – Signed by parent
- Find your copy of the Parent Agreement that was given to you when you registered. Read the front and back to get re-acquainted with our policies.
- Inform the school staff if your child will be attending the YMCA after school. Do not assume that the school staff already knows the names of every child who should be sent to the YMCA program.
- Please note that WCPS has a "staggered start" for kindergarten, which means that your kindergartener will not attend school every day during Week 1. Please be aware that we cannot provide care on those days outside of our normal before school and after school hours, and you will have to make alternate arrangements.

Important Reminders Regarding Change of Plans:

- If you registered for this program, but now decided not to participate before school commences, you **MUST DISENROLL IN WRITING IN ORDER TO AVOID BEING REPOSNSIBLE FOR YOUR BILLING.** Please come to the YMCA on Eastern Blvd N., and ask to Disenroll in writing no later that two weeks prior to the start of school.
- If you wish to disenroll anytime after August 15, 2021, you must still **DISENROLL IN WRITING BY GIVING A 2-WEEK NOTICE.** Billing will continue until 2 weeks after you submit your **WRITTEN** request to disenroll, even if your child has never attended. Verbal requests to disenroll will not be honored – you must fill out the YMCA "Request to Disenroll/Transfer/ReEnroll" form and bring it to the YMCA Front Desk.
- Please note that we will only be accepting a limited number of pre-schoolers per school site.

The BASE Program is licensed by the State of Maryland. Our directors are experienced child care providers with background checks and CPR/First Aid training. The BASE program is an accredited EXCELS provider.

We hope everyone has a great year!!!

LIST OF BEFORE AND AFTER SCHOOL SITES

BEFORE SCHOOL

Bester
 Cascade
 Eastern
 Emma K. Doub
 Greenbrier
 Hickory
 Lincolnshire
 Old Forge
 Pangborn
 Paramount
 Pleasant Valley
 Potomac Heights
 Rockland Woods
 Ruth Ann Monroe
 Salem Avenue
 Sharpsburg
 Smithsburg
 Williamsport

AFTER SCHOOL

Bester
 Cascade
 Clear Spring
 Eastern
 Emma K. Doub
 Fountain Rock
 Fountaindale
 Greenbrier
 Hancock
 Hickory
 Jonathan Hager
 Lincolnshire
 Old Forge
 Pangborn
 Paramount
 Pleasant Valley
 Potomac Heights
 Rockland Woods
 Ruth Ann Monroe
 Salem Avenue
 Shapsburg
 Smithsburg
 Williamsport

BASE enrollment packets are available at the YMCA Front Desk or you can call Debbie Banas at 301-739-3990 x4210 and request a packet be mailed. The packet contains several forms which need to be completed in full. These forms are necessary for licensing purposes. Please make certain that all forms are completed and returned to the YMCA. Children cannot be enrolled until all forms are completed and returned. A \$25.00 (\$50.00 beginning July 16th) non-refundable registration fee is required at the time of enrollment.

If you have any questions about billing or the draft, please contact Debbie Banas or Rhoni Mills. You can also email them. If you have any other questions about the program operations, policies, or procedures, please call the Before & After School Enrichment office at 301-739-3990 x4215.

Sincerely,

Rhoni Mills
 Sr. Director of Youth Development
 301-739-3990 x4215
 Rhonim@ymcahagerstown.org

Debbie Banas
 Child Care Billing Specialist
 301-739-3990 x4210
 debbieb@ymcahagerstown.org

REGISTRATION INFORMATION

(Please complete a separate application for each child)

School Attending: _____ Grade: _____ Gender: Male Female

Child's Full Name: _____ Age: _____ Birth Date: _____

Child's Street Address _____ Email: _____

City: _____ State _____ Zip Code _____

Parent/Guardian: _____ Relationship: _____

Employed By: _____ Phone #: _____

Parent/Guardian: _____ Relationship: _____

Employed By: _____ Phone #: _____

Preferred Method of Contact (Check one box): Phone Email Mail

BEFORE SCHOOL PROGRAM

(Weekly Draft)

\$14.00	\$15.00	\$19.00	\$23.00
Pleasant Valley Rockland Woods	Cascade Greenbrier Old Forge Sharpsburg Smithsburg	Emma K. Doub Hickory Lincolnshire Pangborn Paramount Potomac Heights Williamsport	Bester Eastern Ruth Ann Monroe Salem

AFTER SCHOOL PROGRAM

(Weekly Draft)

\$56.00	\$59.00	\$63.00	\$67.00
Bester Eastern Ruth Ann Monroe Salem	Emma K. Doub Hickory Lincolnshire Pangborn Paramount Potomac Heights Williamsport	Cascade Clear Spring Greenbrier Hancock Old Forge Sharpsburg Smithsburg	Fountaindale Fountain Rock Jonathan Hager Pleasant Valley Rockland Woods

Would you like your child to start his/her homework at the center? YES NO

Does your child have an ISEP or an IEP? YES NO

BILLING INFORMATION

(Please complete the billing information in its entirety to ensure that tuition arrangements for your child are established).

- Payment is due the the Friday PRIOR to the week of care
- Payment may be made by cash, check, credit card or money order
- Payment may be made in person at 1100 Eastern Blvd. N., Hagerstown, MD 21742

REGISTRATION FEE: A registration fee of \$25.00 is due at the time of the application until July 15. Applications beginning July 16 will have a registration fee of \$50.00. This fee is nonrefundable.

BILLING: Bills must be paid in full by the Friday prior to the week of care. Charges will continue without regard to sick days, vacation and snow days. The weekly fee is the same for each week your child is enrolled with the exception of week of Nov. 22, April 11, and June 13 which are prorated. There is no billing for the week of Dec. 27. Any unused snow days will be adjusted in the final bill.

PAYMENT: You may pay ONLINE, at the YMCA Front Desk or sign up for the weekly draft. YMCA BASE staff are not permitted to receive payment at the site. Statements will be emailed by request only.

Please provide us your email address, if you are interested in making your payment online:

Preferred Payment Choice (choose one):

- | | |
|---|---|
| <input type="checkbox"/> Cash (in person) | <input type="checkbox"/> Weekly Draft |
| <input type="checkbox"/> Check (in person or by mail) | <input type="checkbox"/> Checking Account (attached voided check) |
| <input type="checkbox"/> Credit online | <input type="checkbox"/> Flex Spending Account |
| | <input type="checkbox"/> Credit Card |

Drafts occur on the Monday prior to the week of care for checking accounts and on Tuesday prior to the week of care for Credit Card drafts.

Parent Signature: _____ Date: _____

(Agreement to tuition contract and authorization of draft payment if draft option selected.)

YMCA SCHOOL AGE CHILD CARE PROGRAM PARENT AGREEMENT

Please read the information below. By signing this document, you confirm your understanding and acceptance of these terms and conditions.

My child, _____, will be attending the following Before & After School Enrichment (BASE) site: _____. I agree to pay \$_____ weekly for my child's participation in this program, beginning ___/___/_____. Parent initials: _____.

BILLING TERM & CONDITIONS

1. _____ Payments are made weekly the Friday prior.
2. _____ The YMCA bills tuition for 180 days of school.
3. _____ Weekly payment can be made by cash, or by credit card, checking account, or flex spending account draft. Parents choosing a weekly draft option will be drafted either on the Monday (bank draft) or Tuesday (credit card draft) of the week prior to the week of care, as per the signed Tuition agreement.
4. _____ A \$35 returned draft fee will be assessed to both checking account and credit card drafts. Upon the third return draft the account will be closed.
5. _____ Late fees (10%) may be charged on past due accounts. Accounts which fall 14 days past due of the bill date may result in termination of child care. Failure to keep current on any payment agreements will result in disenrollment. After three broken payment agreements no more payment agreements will be permitted. Following all disenrollments, a \$50 re-enrollment fee will be required. (Fee will not be waived for POC.)
6. _____ Child care will be available during most snow closing days at the YMCA up to capacity (See Inclement Weather Policy to be provided, for details.) Registration and payment will occur at the time of care, and numbers are limited to a first come, first serve basis - please call in advance. Care will be provided for \$30. These fees will be assessed in addition to (not in lieu of) the tuition fees and they apply because additional hours of care are provided. On half day school closing day care will be provided at ALL sites at no additional cost.
7. _____ There will be no reduction in tuition for days when YMCA child care is closed for any reason throughout the year. The BASE program is closed during the following holidays during the 2021-2022 school year: Labor Day, Thanksgiving, the Friday after Thanksgiving, Christmas Day, New Year's Day, and Memorial Day.
8. _____ A late pickup fee of \$1 per minute will be assessed for pickup past 6:00 p.m. At closing, child care staff will call the emergency contacts as noted on the emergency card. If the emergency contacts cannot be reached in a reasonable amount of time, Child Protective Services will be called.
9. _____ The YMCA may communicate via email from time to time including but not limited to emergency information, and other information concerning the YMCA. If you do not want to be contacted via email check here _____.
10. _____ All questions concerning billing can be referred to Child Care billing at 301-739-3990, extension 4210.

ENROLLMENT TERMS & CONDITIONS:

1. _____ All enrollment changes and/or disenrollments **MUST BE REQUESTED IN WRITING** by the parent/guardian, using the YMCA "Request to Change/Disenroll/Re-Enroll" form and requires a two-week notice. These forms are available at the BASE sites, on our website and at the YMCA front desk. Failure to submit this form to the YMCA, will result in continuation of current billing until the form is received by the YMCA. Please see "Enrollment Changes" section of the Parent Handbook for details.
2. _____ Two weeks advance written notice is required for **DISENROLLMENT** from the program. Billing will stop two weeks from the date of written notification, regardless of when the child stops attending.
3. _____ The same form is required to transfer between sites or to change the type of care at a site. Changes will take place within two weeks following receipt of the change form. Up to 3 transfers will be allowed per school year.
4. _____ Per state regulations, parent/guardian must bring the following complete, current and accurate forms to the YMCA at time of registration:
 - a) Child(ren)'s health inventory and immunization record
 - b) Emergency card
 - c) Signed copy of the YMCA Parent Agreement Originals of all signed documents are required. Children may not attend if these forms are not at the child care site.

OTHER TERMS & CONDITIONS:

1. _____ All custody court orders regarding child(ren) must be provided by the parent/guardian to the YMCA for the safety of the child. It is also the responsibility of the parent/guardian to keep this information up to date. If court orders do not exist or are not provided, the YMCA will release children, or information regarding children, to either parent.
2. _____ Children must be signed into before school care and signed out of after school care by a parent/guardian or other authorized person. All authorized persons must be at least 16 years of age and must be listed on the emergency form. They may also be asked for photo identification.
3. _____ If a medical emergency arises, the staff will first attempt to contact the parent/guardian. If he/she can't be reached, the staff will contact the emergency contact person(s) listed on the emergency card. If the emergency is such that the child needs to be transported to the local hospital, a staff member will go with the child **ONLY IF STAFFING AT THE SITE PERMITS**. If staff cannot leave the site, the child will be transported in the care of emergency personnel.

4. _____ To help promote a healthy environment for all children, sick children should remain home. Please do not send your child to our program if he/she is showing signs or symptoms of illness. If we notice any symptoms while your child is attending, we will call you to have him/her picked up.
5. _____ In the event of an accident, appropriate procedures will be followed and parents will be notified. Reports are kept on all accidents and copies are released to the parent upon picking up the child. If we can not reach you, the child will be taken to the nearest emergency facility. The cost of medical treatment is the responsibility of the parent or guardian.
6. _____ Medication will be administered during the program only if accompanied by the Medication Administration Authorization form that has been signed by both the physician and parent/guardian. The medication must be in its original container.
7. _____ According to Maryland State Law, any employee is mandated to report any suspected child abuse and/or neglect to Social Services. The YMCA is not required by law to notify the parent(s) or guardian(s) before contacting Social Services. Failure to pick up a child by the end of the program can be considered neglect.
8. _____ I give permission to the YMCA of Hagerstown, Maryland, Inc. (YMCA) to transport my, my spouse/partner's minor children in vehicles owned, operated or leased by the YMCA. In granting this permission, I, my spouse/partner, my/our minor children and or heirs release and discharge the YMCA and it's staff, agents, and servants any responsibility or liability for any personal injuries, or property damage as a result of any accident occurring during a field trip. It is further agreed that I, my spouse/partner will assume full responsibility for all damage done by the registered participant and for all violations resulting in fines.
9. _____ The YMCA staff are not permitted to baby-sit or transport YMCA School Age Program participants in personal vehicles outside of regular hours of operations. Please do not ask staff to baby-sit or transport your child/children.
10. _____ Discipline is handled in a positive manner that is consistent with the developmental needs of the individual child. Clear behavioral limits are set, and reasons for rules and regulations are explained. We expect children to have self-control and to handle conflicts in peaceful ways. If necessary, a brief "timeout" allows a child/group to regain composure, reflect upon negative behavior and to formulate, along with the help of a staff member, a more appropriate form of action. The following are the appropriate steps in our discipline policy.
 1. **Verbal Reminder to the child** - A verbal reminder will state the rule that has been broken and the consequences of breaking the rule.
 2. **Redirection** - will be used in most cases; however, a reflection time may be used if the same infraction continues.
 3. **Written Communication to Parent** - If redirection or reflection time is not effective and infractions of rules continue a written notice will be sent to the parent(s)/guardian(s) by the Director, along with another copy of the Discipline policy. This notice will state the problem, the actions taken by our staff and what we expect the parents to do.
 4. **Parent Conference** - A parent conference will be held

after steps one through three have been taken and the problem still has not been resolved. A written plan of action between the parent and staff will be formulated and agreed. In serious rule infractions of verbal abuse or threatening harm a parent conference may be called without step 1-3.

5. **Dismissal from Program** - Written notification of immediate dismissal from the Program by the BASE Director will be sent if problems continue and all avenues are exhausted. In the case of physical or threatening harm to staff or another participant will result in the immediate suspension from the program only authorized by the BASE Director.

6. I understand that if my/our minor children are dismissed from the program any and all fees paid will not be refunded.

11. _____ I understand that the YMCA of Hagerstown, Maryland, Inc. (YMCA) is not responsible for personal property lost or stolen while I, my spouse/partner or my/our minor children are using the YMCA or other facilities/property used by the YMCA. It is my responsibility to notify the YMCA of any incidents and contact the police myself to report any stolen property or damage. It is further agreed that I, my spouse/partner will assume the full responsibility for all damage done by the registered participant to the property of the YMCA, vendors or other participants.
12. _____ A copy of the handbook is available also upon request from the Site Director. Parents will read the policies of the YMCA child care programs and adhere to these policies.
13. _____ I give permission to the YMCA of Hagerstown, MD, Inc. (YMCA) to use indefinitely, without limitation or obligation, photos, slides, film footage, or video recordings which may include my, my spouse/partner, or my/our minor children's image or voice for purpose of promoting or interpreting the YMCA and its programs. If I prefer to not allow my, my spouse/partner or the above registered individual images be utilized, I will provide in writing a notarized request within 10 days of this registration.

I understand that participation in this program could result in injury and am voluntarily allowing my child to participate. I accept all risks of injury or death. I understand that participation in the program may not be advisable for individuals with certain illnesses or medical conditions and agree to obtain a physical for my child. I hereby waive, release and forever discharge and indemnify and hold harmless the YMCA, its officers, agents, employees, and representatives from any and all claims, suits, actions, damages, losses, liabilities, costs, and expenses incurred for injury/damages related to my child's participation in this program.

_____ I acknowledge I have received the parent booklet for regulated childcare.

Parent/Guardian Signature

Date

Printed Name / Relationship to Child



SCHOOL AGE CHILD CARE DRAFT
September 2021 - June 2022
HAGERSTOWN YMCA BANK DRAFT AUTHORIZATION FORM

DEDUCTION INFORMATION:

Childcare Site: _____ Weekly Amount: _____

Day of First Deduction: _____ Parent/Responsible Party Initials: _____

SECTION 1: Bank Draft - Withdrawal from Checking or Savings Account

Bank Name: _____

Account Type (Check One): Checking Savings

Account Holder Name: _____

Account #: _____

Routing # of Bank (9 digits): _____

SECTION 2: Credit Card Draft - Withdrawal from

Card Type (Check One): Visa Visa Check Mastercard Discover

Cardholder Name: _____

Card #: _____

Expiration Date: _____ CVV#: _____

RULES AND REGULATIONS

Please read carefully and sign below.

1. I authorize the Hagerstown YMCA to initiate debit entries to my account.
2. Withdrawals/ charges take place no sooner than every Tuesday.
3. Drafts are weekly payment plans, they will continue to June 7th and will continue unless you fill out the draft cancellation form at the YMCA, or provide 30 days written notice of payment plan changes.
4. CANCELLATION of this draft must be made IN PERSON at the YMCA, or in writing.
5. There are NO REFUNDS for partial week care.
6. Bank draft option must be accompanied by a canceled/void check.

YMCA CHILDCARE AGREEMENT

1. It is to my complete understanding that if I wish to terminate, or change my childcare in anyway, I must give the YMCA a 15 day written notice.
2. Should any Childcare draft not be honored by my bank for any reason, I understand that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may charge.
3. I agree to notify the YMCA, in a timely manner, of any changes to my credit card information; including such situations as change in expiration, card replacement, etc., and that the failure to do so may result in additional bank and/or processing fees.

I have read the above Rules and Regulations, and YMCA School Age Childcare Agreement, and fully understand them, and agree to abide by them.

Signature: _____ Date: _____

Printed Name of Child Participant: _____

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 <input type="checkbox"/> F <input type="checkbox"/>	
Last		First		Middle	
Address: _____					
Number		Street		Apt#	
City		State		Zip	
Parent/Guardian Name(s)		Relationship		Phone Number(s)	
		W:		C:	
		W:		C:	
Your Child's Routine Medical Care Provider Name: Address: Phone #		Your Child's Routine Dental Care Provider 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.)	<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"/>			
Communication	<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"/>			
Feeding	<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 Poison/Exposure complete DHMH4620	<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"/>			
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"/>			
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? and/or for ongoing health condition?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, name(s) of medication(s):					
Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Counseling etc.)					
<input type="checkbox"/> No <input type="checkbox"/> Yes, type of treatment:					
Does your child require any special procedures? (Urinary Catheterization, G-Tube feeding, Transfer, etc.)					
<input type="checkbox"/> No <input type="checkbox"/> 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 _____	

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME _____ LAST _____ FIRST _____ MI _____
 SEX: MALE FEMALE BIRTHDATE ____/____/____
 COUNTY _____ SCHOOL _____ GRADE _____
 PARENT NAME _____ PHONE NO. _____
 OR
 GUARDIAN ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type														
Dose #	DTP-DT _a P-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr	
1									1					
2									2					
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Yr	
4										_____	_____	_____	_____	
5										_____	_____	_____	_____	

To the best of my knowledge, the vaccines listed above were administered as indicated.

1. _____
 Signature Title Date
 (Medical provider, local health department official, school official, or child care provider only)

2. _____
 Signature Title Date

3. _____
 Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

Clinic / Office Name
Office Address/ Phone Number

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 DHMH 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 DHMH COMAR 10.06.04.03 are available at www.dhmf.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.dhmf.maryland.gov. (Choose Immunization in the A-Z Index)

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: _____

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)

<u>Allegany</u>	<u>Baltimore Co.</u>	<u>Carroll</u>	<u>Frederick</u>	<u>Kent</u>	<u>Prince George's</u>	<u>Queen Anne's</u>
ALL	(Continued)		(Continued)		(Continued)	(Continued)
	21212	21155	21776	21610	20737	21640
	21215	21757	21778	21620	20738	21644
<u>Anne Arundel</u>	21219	21776	21780	21645	20740	21649
20711	21220	21787	21783	21650	20741	21651
20714	21221	21791	21787	21651	20742	21657
20764	21222		21791	21661	20743	21668
20779	21224	<u>Cecil</u>	21798	21667	20746	21670
21060	21227	21913			20748	
21061	21228		<u>Garrett</u>	<u>Montgomery</u>	20752	<u>Somerset</u>
21225	21229	<u>Charles</u>	ALL	20783	20770	ALL
21226	21234	20640		20787	20781	
21402	21236	20658	<u>Harford</u>	20812	20782	<u>St. Mary's</u>
	21237	20662	21001	20815	20783	20606
<u>Baltimore Co.</u>	21239		21010	20816	20784	20626
21027	21244	<u>Dorchester</u>	21034	20818	20785	20628
21052	21250	ALL	21040	20838	20787	20674
21071	21251		21078	20842	20788	20687
21082	21282	<u>Frederick</u>	21082	20868	20790	
21085	21286	20842	21085	20877	20791	<u>Talbot</u>
21093		21701	21130	20901	20792	21612
21111	<u>Baltimore City</u>	21703	21111	20910	20799	21654
21133	ALL	21704	21160	20912	20912	21657
21155		21716	21161	20913	20913	21665
21161	<u>Calvert</u>	21718				21671
21204	20615	21719	<u>Howard</u>	<u>Prince George's</u>	<u>Queen Anne's</u>	21673
21206	20714	21727	20763	20703	21607	21676
21207		21757		20710	21617	
21208	<u>Caroline</u>	21758		20712	21620	<u>Washington</u>
21209	ALL	21762		20722	21623	ALL
21210		21769		20731	21628	
						<u>Wicomico</u>
						ALL
						<u>Worcester</u>
						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.

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (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	Phone Number(s)		
		Place of Employment: _____	C: _____	H: _____
		W: _____		
		Place of Employment: _____	C: _____	H: _____
		W: _____		

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