



Pre-Kindergarten Program Registration

Application Checklist

MUST submit a completed Application including documents from Pre-Qualifications in a sealed envelope in person at THEMBA between 10 am - 3 pm Monday- Friday. Digital Documents will not be accepted.

Limited space, First come first serve! Incomplete applications will be returned.

Student Name _____ DOB _____

Submitted By: _____ Date: _____

Child must be three by September 1

Child Must Be Fully Potty Trained

This section is to be completed by Themba CLC Administration Only

Documents Submitted

- ☐ Birth Certificate (Parent/Guardian Applying Must Be On The Birth Certificate)
- ☐ Completed Enrollment Packet
- ☐ Proof of Income (Any one of the two below will suffice)
 - ☐ 2024 Tax Returns
 - ☐ Pay Stubs (1 Month)
- ☐ Immunization Record
- ☐ Blood Lead Testing
- ☐ Healthy Inventory Part 1
- ☐ Health Inventory Part 2
- ☐ Copy of Valid Government ID

Approved By: _____ Date: _____

Themba Creative Learning Center LLC

PRE-K ENROLLMENT AGREEMENT

TO THE PARENT: *Please read this Agreement carefully. If you have any questions or need help understanding any part of it, don't hesitate to ask the Center Director.*

This Agreement and its attachments establish your legal rights and responsibilities, as well as those of Themba CLC, regarding your child's participation at Themba CLC. Throughout this Agreement and attachments, the terms "you" and "parent" refer to the parents or legal guardians of the child enrolled at the Center, and the terms "Center" and "we" refer to Themba CLC and its staff members. "School day" is when the Center is open and operating.

By executing this Agreement, you _____ (parents/guardians) agree to enroll _____ (child's name), at THEMBA Creative Learning Center, and THEMBA agrees to accept your child's enrollment under the terms and conditions as stated below:

1. Program and Hours of Care

Beginning on, _____ The Center will provide care for your child in the Free-Pre-k classroom during the school year 2025-2026. The Pre-k program at Themba will operate Monday-Friday from _____ (excluding all closed day.).

As stated above, no drop-offs are allowed before the school day starts. Classrooms operate on specific staff/child ratios that must be maintained in the morning hours before the arrival of additional staff. If a parent fails to pick up at the contractual time, Late pick-up fees will apply.

Please review the late pick-up fee policy included in your enrollment packet.

(Initial ____)

2. Aftercare

Children enrolled at Themba for the 2025–2026 school year qualify for our aftercare program for the duration of the school year. Choosing aftercare will extend care until 5:00 PM.

Families have two options to cover the cost of tuition:

- Apply for [Child Care Scholarship Program](#)
- Pay tuition of \$150 per week.

(Initial ____)

3. Method of Payment

All payments for other services are made through our automated payment processing, Tuition Express (upon request). You may set up payment processing through a credit card or bank draft. No other payment methods are accepted. If an automated payment is returned unpaid, you will owe a service fee of \$35.00 and other amounts due.

(Initial ____)

4. Late Pick-Up Penalties

If your child is picked up after the scheduled closing time of _____ pm, you will owe a late fee of \$25.00 for up to the first 5 minutes and \$2.00 for each additional minute. These late pick-up penalties must be paid immediately to the office staff in cash. If your child is picked up more than thirty (30) minutes late two (2) or more times in any thirty (30)-day period, the Center may terminate your child's enrollment.

(Initial ____)

5. Potty Training Policy

Children enrolled in our Federal Pre-K program must be fully potty trained prior to the start of the school year. This includes being able to:

- Recognize the need to use the bathroom
- Communicate that need to an adult
- Use the toilet independently (including wiping and dressing)

Our classrooms are not equipped or staffed for routine diapering or potty training. Therefore, full potty training is a requirement for enrollment in this program.

We understand that some children may experience delays due to diagnosed disabilities. In such cases, Themba Creative Learning Center will work with families to determine whether reasonable accommodations can be made in accordance with the Americans with Disabilities Act (ADA). Families are encouraged to disclose any developmental concerns during the enrollment process so that we can assess needs on a case-by-case basis.

Children who are not fully potty trained and do not qualify for an ADA exemption may be deferred from the program until they meet the potty training requirement.

(Initial ____)

6. Damage to Center Property

You agree to be responsible for any damage to Center property or equipment caused by you or your child, normal wear and tear excepted, including any repairs required as a result of actions by you or your child.

(Initial ____)

7. Absences

You are responsible for paying the full tuition for your child until you formally terminate the enrollment. This obligation applies even if your child is absent due to illness, vacation, holidays, inclement weather, or other reasons. You agree to notify the Center in writing at least one month in advance if your child will be absent due to vacation or other personal plans.

(Initial ____)

8. Readmission After Illness

State licensing regulations require that if your child has been ill, they may not be readmitted to the Center until they have been symptom-free for 24 hours without the use of medications. You agree to comply with this requirement and acknowledge that the decision of the Center's Director will govern the re-admission process. Certain infectious diseases may require a longer absence to ensure the health and safety of the staff and other children. The Center will determine the necessary time frame for the child to remain at home, regardless of the doctor's recommendations.

(Initial ____)

9. Holiday & Professional Development Closures

Themba Creative Learning Center will be closed on all federal holidays, with the following additional closures each year:

- The day before Thanksgiving
- The day after Thanksgiving
- Christmas Eve
- Winter Break (exact dates will be shared in advance)
- Spring Break (exact dates will be shared in advance)

If a federal holiday falls on a weekend, Themba may be closed the following Monday in observance.

In addition, the Center will be closed 2–3 days each year for staff professional development. These dates will be communicated in advance.

Initial _____

10. Inclement/Emergency Closings

Sometimes, Themba must close because of emergencies or inclement weather. When you are not sure about the center's closing, please call the office by 5:30 a.m. or check our website, www.thembaclc.com, for updates. Themba will also send out an alert by email and text via

Procure.

Tuition fees are still due during emergencies and/or inclement weather closings. Refunds or credits will not be given.

Themba may follow the PGCPs inclement weather closures. The director reserves the right to make changes at her discretion.

(Initial ____)

11. Suspension

If, in the judgment of the Center Director or their designee, a child's behavior threatens the physical or mental well-being of other children or the center's staff, the Center Director or designee will contact the parent(s) or guardian(s) to remove the child for the remainder of the day. THEMBA requires that the child be picked up within one hour of notification. Parents or guardians will remain responsible for the daily tuition for that day.

(Initial ____)

12. Withdrawal by Parent

You must provide the Center Director with at least one month's written notice if you wish to withdraw your child from the Center. If proper notice is given and an enrollment deposit was received at the time of enrollment, you may apply the deposit as a credit toward your final month's tuition. If you fail to provide the required notice and no deposit was received at enrollment, you will still be responsible for the full tuition for the final 30 days. Failure to provide notice will result in the forfeiture of your entire Enrollment Deposit and any prepaid tuition.

(Initial____)

13. Termination by Center

a.) Immediate Termination

(1)The Center may terminate your child's enrollment in the Center, effective immediately if any of the following conditions arise: In the judgment of the Center Director, the child's behavior or the parent's behavior in the Center threatens the physical or mental health of other children or the staff/parents of the Center;

(2) The child is routinely picked up later than the Center closing time or more than thirty (30) minutes late two (2) or more times in one month.

(3) The child is ill when brought to the Center more than three (3) times within any thirty (30)--day period, or the parent fails to pick up a sick child within one hour after being notified of the sickness more than two (2) times during any six (6) month period.

(Initial ____)

b.) Two Weeks' Notice

(1) The Center may terminate your child's enrollment upon two (2) weeks' notice to you if any of the following conditions arise: Any of the conditions listed in (a) above has occurred, and the Center has not exercised its right to terminate enrollment immediately;

(2) In the judgment of the Center Director if the Center's program does not meet your child's developmental or particular needs.

(3) You fail to abide by the terms of this Agreement.

(Initial ____)

14. Cell Phones

To ensure meaningful communication during pick-up and drop-off, we kindly ask parents to refrain from using cell phones. Teachers have limited time to speak with you, so please be present and available to chat about your child's day. Thank you for helping us prioritize your child's needs!

(Initial____)

15. Fraternizing Policy

Staff members at Themba are not permitted to form personal relationships with parents outside of the school's business hours. Should a staff member choose to engage in personal interactions with any parent currently enrolled at Themba, both the staff member and the parent will face immediate termination.

(Initial____)

16. Hair Beads

For the safety of all children at the daycare center, we are implementing a NO HAIR BEADS policy. Due to the risk of beads being found on the floor, in children's mouths, and even in their noses, we ask that you do not put beads in your child's hair. If your child arrives with beads, we will remove them to ensure their safety and the safety of others.

(Initial____)

17. Healthy Meals

Themba provides breakfast, lunch, and a snack each day. If you choose to pack a lunch for your child, you agree to follow our Healthy Food Policy, which is included in your enrollment packet. This policy prohibits peanut products, junk food, fast food, and foods high in sugar. By sending lunch from home, you commit to providing your child with a healthy, well-balanced meal.

(Initial ____)

18. Safety

For the safety and security of all children and staff, we kindly ask that you do not hold the front door open for anyone. Every parent and visitor must use their personal code to enter the building. If someone does not have a code, please have them ring the doorbell and present their ID for verification.

(Initial ____)

19. Parking / No Idling/ Speed Limit

For the safety and convenience of all, please do not park or stand in the fire lane or around the circle. All vehicles must be parked in a designated parking space to ensure that other parents can exit the parking lot without delays. Additionally, parents and staff may not leave their car idling for more than 30 seconds while dropping off or picking up children. This policy helps maintain safety and reduces unnecessary idling. Drive slowly with a 5 mph speed limit to keep everyone safe.

(Initial ____)

20. No Admittance after 10:00 am/Shots

Children will not be admitted after 10:00 am without a doctor's note. If a child has received vaccinations during a doctor's visit, they may not return to school on the same day due to potential complications from the shots, including fever and irritability caused by the medication.

(Initial ____)

21. Field Trip Participation.

You acknowledge and agree that the Center's regular program includes field trips and other off-premises activities, which may involve transporting children via public transportation, chartered vehicles, or vehicles driven by THEMBA CLC staff or parent volunteers. A separate Field Trip Permission Form will be provided for each excursion, and you will be required to sign it. You also acknowledge and agree that no alternative care will be available at the Center if you choose not to have your child participate in such field trips, and no tuition refund will be given in that case. Additionally, each parent is required to participate in and attend at least one field trip per year with their child(ren).

If the Center Director or Senior Staff determines that a child requires individual attention, the parent(s) may be asked to accompany the child on the field trip, or the child may not be allowed to participate. No alternative care will be provided for children who do not attend the trip.

(Initial ____)

22. Parent Workshop Attendance

I understand that attendance at all mandatory parent workshops is required. I commit to attending each session in full and acknowledge that my participation is essential for my child's continued involvement in the program.

(Initial ____)

23. Child Custody/Separation/Divorce/Other Personal Issues

Matters related to child custody, separation, divorce, or other personal issues are the responsibility of the parties involved and should not involve the School or its staff. The School does not enforce custody agreements or facilitate supervised visitation. Teachers and administrators must prioritize the well-being of the children rather than address personal family matters. If the Administration determines that a family's personal situation is or may become disruptive, this may result in immediate termination of enrollment. While we empathize with families facing these challenges, the School requires clear, unambiguous instructions regarding who is authorized to pick up children. For example, 'only mom is allowed to pick up,' 'only dad or dad's mother is allowed to pick up,' or 'both parents are allowed to pick up.' Any custody arrangement involving specific pick-up days should be addressed through legal channels, not with the School, if the wrong parent arrives for pick-up. A child may not return to Themba after a parent removes the child for visitation purposes.

(Initial ____)

24. Publicity and Outside Consultants

We request your consent to photograph, capture digital images, or record video of your child for publicity, news, website content, social media, marketing, and educational purposes.

____ Yes ____ No

(Initial ____)

25. Liability Release

THEMBA CLC maintains an insurance policy to cover its liability for injuries, losses, and damage that may occur to your child, your child's property, or your property caused by fire, theft, storm, or other causes. Acting on behalf of yourself and your child, you hereby waive and agree to release any claims that you, your child, or your child's heirs and successors may have against THEMBA CLC or any successor corporation, or against any officer, shareholder, employee, or agent of THEMBA CLC, or any successor corporation, for any and all injuries, losses, and damage to your child, your child's personal property, and your personal property to the extent that those injuries, losses, and damage are not covered by the insurance policy maintained by THEMBA CLC, or any successor corporation, or to the extent that the monetary amount of such injuries, losses, or damage exceed any amount payable under such insurance policies. You agree to be responsible for and hold harmless THEMBA CLC, any successor corporation, and any of the officers, shareholders, or directors of THEMBA CLC, or any successor corporation from and against any and all claims, suits, judgments, or costs that may be brought against THEMBA



CLC, any successor corporation, its officers, employees, shareholders, or agents of THEMBA CLC, for the actual or alleged acts or omissions of you or your child/children.

(Initial ____)

26. Certification That All Information Is Correct

The following attachments are an integral part of this Enrollment Agreement. By signing, you confirm that you have accurately completed all the forms listed below and that you have read and agree to abide by the provisions of the Parent Handbook. You further agree to notify Themba CLC of any changes to the information provided on the forms listed below:

- A. Receipt of Parent Manual
- B. Custody Information Form (if applicable)
- C. Emergency Contact Form
- D. Authorization to Treat a Minor Form
- E. Child Health Inventory and Immunization Records
- F. Government Issued ID

(Initial ____)

27. Severability/Unenforced Terms Not Waived

If any provision of this Agreement is found to be invalid or unenforceable, it shall be severed, and the remaining provisions will continue in full force and effect as if the invalid or unenforceable provision were not included. Additionally, if Themba CLC chooses not to enforce any provision of this Agreement, it will not be considered a waiver of its right to enforce compliance with that provision at a later time.

(Initial ____)

Parent's or Guardian's Signature

Date

Parent's or Guardian's Signature

Date

Center Director's\Assistant Director's Signature

Date

Parent Acknowledgement of Receipt of Parent Manual

I have received Themba Creative Learning Center LLC's Parent Manual and agree to read, abide by, and follow the policies set forth therein.

Children Transport to and from evacuation sites in case of emergency:

In an emergency, I permit Themba to transport my child in personal vehicles to and from our designated evacuation site. I, therefore, acknowledge that I have received and read Themba's Emergency Preparedness Plan.

_____ Yes _____ No

If not, how would you like your child transported?

Additionally, I would like to volunteer by helping transport children to the evaluation site during emergencies.

_____ Yes _____ No

If yes, kindly provide us with your best reachable contact number

Email Address: _____

Signature of Parent(s)/Guardian(s)

Print Name

Date

Medical Authorization to Treat a Minor

Authorization is given to any one of the following: Themba Creative Learning Centers and staff members acting as agents of Themba Creative Learning Centers

Full name of parent(s) or guardian of child _____

Address and phone number _____

to consent to unexpected or emergency medical and dental treatment and surgical care for my/our child/children on my/our behalf, and to consent to hospitalization if, at the time of injury or illness, it is recommended by a private physician or consulting physician.

Name(s) of Minors	Birthdates	Allergies & Special Conditions
1 _____	_____	_____
2 _____	_____	_____

I/We will be responsible for charges incurred for any emergency service, including ambulance, medical, dental, or surgical treatment and/or hospitalization rendered because of this authorization.

For further emergency Contact, please provide the Child's mother and father's employer information:

Mother Employer _____
Address _____ City _____ State _____
Phone _____
Email _____

Father Employer _____
Address _____ City _____ State _____
Phone _____
Email _____

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

FAMILY INFORMATION

Name Of Child (1) _____ DOB _____

Known allergies: _____

Medications child is taking (list):

Pediatrician Contact Information _____

Dentist Contact Information _____

Insurance Contact Information _____

Member's Name _____

Identification Number _____

Name Of Child (2) _____ DOB _____

Known allergies: _____

Medications child is taking (list):

Pediatrician Contact Information _____

Dentist Contact Information _____

Insurance Contact Information _____

Member's Name _____

Identification Number _____

Notice of Late PickUp Policy and Fees

We suggest that children be picked up a few minutes before the program ends. Children not picked up by closing time will be brought to the front office to wait for their parent(s). Be advised that during such an occurrence, **the parent will be responsible for the total assessed late pickup fee.**

Your child anticipates your arrival and becomes worried and anxious if his/her classmates have all been picked up while his/her parents have yet to appear. Additionally, our staff have been on duty for an entire full day. Understandably, they are ready to return to their families and carry out their plans for the evening. It is unreasonable to further inconvenience them by prolonging their work day.

Out of respect to our staff and their time, please make arrangements to pick up your child before the close of business. Again, be advised that if you arrive after your child's classroom end time, you will be presented with a late pickup bill assessed for the total time for your late arrival (rates below).

Late Fee Per Child: \$25.00 for up to the first 5 minutes

\$2.00 for each additional minute

Late fees owed are payable in cash and at pickup to the office staff directly. NO EXCEPTIONS.

All late pick-ups are archived and tracked. Parents with three late pickups during one week will incur a **100% fee increase** for any subsequent late pickup occurrence(s). After six incidents of late pick-ups, the child will not be able to attend the Center the next day, and enrollment in the future will be in jeopardy.

If a family has an emergency near the end of the day, such as a car breaking down, an illness, or traffic jams, parents must inform the Center and then make alternate plans for pick-up. Late fees will be imposed even under emergency conditions.

NOTE: Refusal to pay assessed late fees or aggressive behavior towards our staff concerning your balance late fee is **strictly prohibited** and will jeopardize your child's enrollment at THEMBA.

We appreciate your understanding and commitment to this policy.

Sincerely, Management

Parent Signature: _____ Date: _____



New Parent Orientation Checklist

- ☐ **Discussion of Health and Developmental Screening**
- ☐ **Introduction to key employees**
- ☐ **Receipt of parent handbook (download from website)**
- ☐ **Discussion of expectations of family and the needs of the child**
- ☐ **Discussion of legal parent/legal guardian and teacher role**
- ☐ **Visits in the classroom by both parent and child**
- ☐ **Overview of family support resources and policy and procedures**
- ☐ **Interpreter available if needed**
- ☐ **Opportunity for Extended Visits in the classroom by family**
- ☐ **Family Visit with Classroom Teaching Team**
- ☐ **Agree to the potty training routines**
- ☐ **Technology Usage**
- ☐ **Tour of Facility**

Parent Signature:_____ **Date:**_____

Parent Signature:_____ **Date:**_____

Childs Name:_____ **Age:**_____

Parent Orientation

Pre-K Program Agenda

Introductions: CEO/President
Directors
Teachers

Pre-k Program- Overview

Hours of Program/Class Schedule

Late Pickup

Uniform Policy

Classroom Supplies

Mandatory Back to School Night- TBA

Attend Two-Family/Community Events:

October Fall Festival

May Spring Festival

Attend All Mandatory Virtual Parent Workshops:

Policy and Procedures:

Inclement Weather: We follow PG County Schools' Inclement Closings

Birthday Parties

Where to park cars?

Where to drop off and pick up students

No Hair beads

Cell phones

Healthy Food Policy

Changes of Clothes

Children with Challenging Behaviors/Special Needs - Parent follow through mandatory

Children's temperatures will be taken at the door- Please do not give child fever-reducing meds before school

Children must wash their hands upon arrival

The child **MUST** be fully Potty Trained

All items we bring to school must be labeled

If your Child Brings Lunch- No Microwave is Available to warm up food

Themba CLC Discipline & Positive Guidance Procedures

Professionals who work with young children expect to be met with challenging behavior from time to time. During the first five years of life, children are just beginning to learn how to handle their own intense emotions and conform to the behavioral expectations of society. As parents know, this is a lengthy process. It is also a central aspect of children's social and emotional development that can be guided using strategies based on research into early brain development.

All staff at Themba will receive training before working with children, which will continue every two years. If an employee is suspected of violating this discipline policy, the person will be suspended/terminated. Child Protective Services (CPS) and the Office of Childcare will independently investigate the allegations.

In early care and education setting, we define challenging behavior as any behavior that:

- interferes with children's learning, development, and success at play;
- is harmful to the child, other children, or adults;
- puts a child at high risk for later social problems or school failure.

The behavior can be direct (e.g., hitting, pushing, biting, kicking) or indirect (e.g., teasing, ignoring rules or instructions, excluding others, name-calling, destroying objects, or having temper tantrums).

Themba's staff sees working with children's challenging behavior as integral to our job. The root meaning of the word discipline is "instruction" or "training." This meaning, rather than punishment, is the foundation for our approach to guiding children's behavior. We accept that young children sometimes display emotions or try to achieve their goals unproductively or immaturely. That is simply part of being very young. Children's most valuable learning occurs during behavioral problem-solving, especially in groups. The approaches we use vary by age group but have the following elements in common:

- **Adults model positive behavior** -- We show that we can accept, control, and express feelings in direct and non-aggressive ways. We let children know we are not afraid of their intense emotions and will not punish, threaten, or withdraw from them.
- **Teachers design the physical environment to minimize conflict.** We provide multiple toys and materials for groups of children, clearly define classroom and outdoor areas to allow for both active and quiet play, and strive to maintain an appropriately calm level of stimulation.
- **Teachers maintain age-appropriate expectations for children's behavior.** We attempt to minimize unreasonable waiting and transition times. We limit the length of large group and teacher-directed activity times according to children's developmental levels. We give children large blocks of uninterrupted time to choose their activity.
- **Teachers establish simple rules, or expectations, for the classroom community** -- Older preschool children participate in this process early in the school year. When issues arise, adults and children can reference the "Be safe, Be kind, Be respectful" guidelines as reminders about what kinds of behavior facilitate life in a group setting.
- **Adults closely observe and supervise children's activities and social interactions.**



With our high ratio of adults to children and our emphasis on attentive observation, we can often intervene to guide children before situations escalate.

- **Adults help children verbalize their feelings, frustrations, and concerns** -- The staff will help children describe problems, generate possible solutions, and think through the logical consequences of their actions. Babies will hear their caregivers describe actions, problems, solutions, and logical consequences. The adult role is to be a helper in positive problem-solving. We want children to value cooperation and teamwork. We help them to learn peaceful, productive approaches to interacting with peers.
- **Children whose behavior endangers others will be supervised away from other children** -- This is not the same as the practice of using a "time out" (the traditional chair in the corner) for a child. An adult will help the child move away from a group situation. The child will then verbally process the problem with the staff member and other concerned parties. An adult will stay close to any child who is emotionally out of control and needs private time to regain composure.
- **Discipline, i.e., guidance, will always be positive, productive, and immediate when behavior is inappropriate** -- No child will be humiliated, shamed, frightened, or subjected to physical punishment or verbal or physical abuse by any staff member working at Themba. Every Teacher understands and follows our disciplinary approach and the standards of guidance and management in our Office of Child Care Licensing Regulations. We work with our families so that they also understand and employ this guidance approach.
- **If an employee suspects a teacher is violating this disciplinary policy.** The employee must immediately notify the center's director or the Office of Childcare.
- When a pattern of behavior persists that endangers self, others, or property or significantly disrupts the program, we will work with a child's family to find solutions, up to and including referral for outside services.

I _____ **acknowledge receipt of this Policy.**

Date _____

Shelter-In-Place Procedures

Dear Parents,

Due to the challenging times we are living in, we have added a new procedure to our school safety and security plan. This plan was designed with the help of MEMA (Maryland Emergency Management Agency), law enforcement, and public health officials.

Public health officials advise us that a shelter-in-place will help protect children from exposure to dangerous chemicals in the event of a biological attack, and the air becomes unsafe to breathe.

If dangerous chemicals are released in the community and pose a threat to children during the day, we would be directed by public health or safety officials to bring all children and staff indoors and to close and secure all doors and windows.

Public safety officials have informed us that the neutral atmospheric pressure created by these actions would create a barrier and help keep chemical agents from leaking into the building. This approach is proven to be safe, much safer than evacuating into contaminated outdoor environments.

During a shelter-in-place incident, our building would be secured and no people would be allowed in or out of the building until an all-clear signal is given by health officials. To ensure that we can adequately provide for all students in the event of an emergency, all parents must prepare an individual emergency kit for their child and send it ASAP. All items must be placed in a 2-gallon zip-lock bag.

EMERGENCY PREPAREDNESS ITEMS

Place all items in a 2 gallon zip-lock bag

PLEASE PUT YOUR CHILD'S NAME ON ALL ITEMS

Two, Three & Four Year Old	Infants/Toddlers Only
2-16oz bottles of water	Pack of diapers or pull-ups
1-Emergency Blanket Myler	2-Complete changes of clothes
1-Large Pack of Wet Ones	2-Bottles of juice
2-Cans of tuna fish with flip top, or similar item with a flip top that you know your child would eat straight from the can.	4-Cans of baby food
2-Packs of Crackers	4-Individual serving cans of baby formula(if your child is still using formula)
2-Cups of applesauce	1-Small comfy toy
2-changes of clothes and pull-ups	1-Pack of wet ones
2-Day supply of any medicine your child may be taking	

Before and After School Parents: please pack 2 bottles of water, crackers, non perishable canned foods with a flip top, a blanket, and a(2) day supply of medicine that your child may be taking.

Headlines From Home

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

Parent Name: _____ Relationship to child: _____

1. What are your child's favorite activities at home?

2. What are some of your child's strengths

3. Do you feel that the developmental needs of our child are being met?

4. Do you presently have any concerns about your child that you would like to discuss?

5. Is there anything away from our setting that may be affecting your child's behavior?

6. What learning and growth goals do you have for your child (short-term and/or long-term)?

7. Please list other topics or questions you would like to talk about.

Mandatory Themba Uniform Policy

Ages 2-4 yrs | Monday-Friday

- ★ **Navy blue dress, skirt, or bottoms (no jeans, legging, sweatpants)**
- ★ **Navy blue sweater (optional)**
- ★ **Tops Powder Blue, Navy, or White (collared)(no tee shirts)**
- ★ **Closed-toe, black, brown, navy blue shoes**

If your child is not in uniform, you will be asked to pick your child up or bring the uniform to the center promptly.



Healthy & Nutritious Meals/Snack Policy

Themba Creative Learning Center provides nutritious breakfast/snacks and milk as part of your child's program. In addition, parents may decide to participate in a hot lunch program provided by Good Foods Company or bring a healthy lunch from home.

Meal and Food Safety Information

Meals periodically include foods that reflect the diverse cultures represented in our program. Alternative options are provided for children with allergies or dietary restrictions. Monthly menus are both displayed at the center and sent home for families.

All fruits and vegetables are thoroughly washed to reduce pesticide exposure. We use BPA-free plastics for serving and storing food and drinks.

To prevent lead exposure, we do not use pottery, and only cold water is used for drinking. Additionally, any water outlets used for drinking or cooking are run for 30 seconds before use if they have not been used in the past six hours.

Themba CLC promotes healthy eating habits and a positive attitude about food. Serving healthy food at preschool sets an excellent example for children and can be simple to prepare. Try to include at least two food groups for variety and balanced nutrition. Snacks and meals should be low in fat and sugar. Drinks may include milk, water, or 100% fruit juice.

Themba CLC is a nut-free school. Please check labels accordingly, and DO NOT bring snacks/meals containing nut products.

Prohibited Foods

The following potential hazards may not be included in children's lunches sent from home: hotdogs (neither whole nor pieces), nuts, popcorn, raisins, raw peas, corn, raw carrots, hard pretzels of any size, or whole grapes. Meat must be cut in a portion that can be safely swallowed whole.

**** Please see birthday celebration Guidelines about prohibited foods****

Also, please do not send drinks in glass bottles to prevent injuries from breaking glass. Juice boxes are accessible for children; "Capri Sun" foil containers are not.

Suggested food items are:

fruits & vegetables with low-fat dips, 100% juice, tortilla chips, and salsa, yogurt, fruit muffins, animal crackers, mozzarella string cheese, multi-grain chips, pretzels, pita bread chips, rice cakes, granola bars/no nuts, bagels, cereal bars, oatmeal meat, dry beans.

Themba will not allow junk food, including birthday cake or fast food, to be consumed in the facility. Please serve your child any fast food or junk food products before entering the center.

Sodas are not allowed in the center.

Please do not send candy. A child with candy in her lunch will be asked to place it back in her cubby/lunchbox until pick-up time. Teachers ask that on rare occasions, when you bring food from a fast-food establishment, you take the toy and food out of the bag and present the food separately on a plate. The bag and the toy can be kept in your care until you pick up your child at the end of the day.

Allergy Triggers

Many children may develop food allergies at a very young age. Symptoms can range from mild to severe and may appear suddenly or develop over several hours.

Common food allergens include:

- Cow's milk
- Eggs
- Peanuts
- Tree nuts
- Fish
- Shellfish
- Wheat
- Soy

Food allergies can be **dangerous and potentially life-threatening**, especially if they affect breathing. Even a small amount of an allergen can trigger a serious reaction. Children with **asthma** are at an increased risk of severe or fatal allergic reactions.

Mild symptoms of a food allergy may include:

- Sneezing
- Itchy, watery eyes
- Stomach cramps
- Stuffy or runny nose
- Swelling
- Diarrhea
- Rash

Severe symptoms may include:

- Difficulty breathing or wheezing
- Hives (itchy, raised, blotchy rash)
- Swelling of the lips, tongue, or throat

Immediate medical attention is required if severe symptoms occur.

References: USDA Child and Adult Care Food Program/NAC Accreditation



Pre K Supply List

Clothing & Bedding

- ☐ **3 sets of weather-appropriate extra clothes**
- ☐ **3 pairs of socks & underwear**
- ☐ **2 fitted crib sheets**
- ☐ **2 blanket**

Art Supplies

- ☐ **1 paint smock**
- ☐ **1 journal**
- ☐ **1 marble composition book**
- ☐ **1 plastic pencil box**
- ☐ **1 folder**

Personal Items

- ☐ **1 family photo**
- ☐ **1 backpack for personal items**
- ☐ **1 reusable water bottle**

All supplies are required and due the first day of school!

2025 - 2026 School Calendar

September 1 September 2 September 3 September 4	Monday Tuesday Wednesday Thursday	Labor Day - School Closed First Day of School (A-I Last Names) First Day of School For (J-R Last Names) First Day of School (S-Z Last Names)
October 10 October 13 October 31	Friday Monday Friday	Professional Development - School Closed for Students Columbus Day - School Closed Professional Development - 12pm Dismissal - School Closed for Students
November 11 November 26-28	Tuesday Wednesday - Friday	Veterans Day- School Closed Thanksgiving Break - School Closed
December 22- 31	Monday - Wednesday	Winter Break - School Closed
January 1 January 2 January 19	Thursday Friday Monday	New Year's Day - School Closed Winter Break - School Closed Martin Luther King Jr. Day - School Closed
February 16	Monday	Presidents' Day - School Closed
March 20 March 30-31	Friday Monday - Tuesday	Professional Development - 12pm Dismissal - School Closed for Students Spring Break School Closed
April 1-3 April 6	Wednesday - Friday Monday	Spring Break School Closed Easter - School Closed
May 25	Monday	Memorial Day- School Closed
June 12	Friday	Last Day for Students - 3h Early Dismissal

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

CHILD'S NAME: _____
LAST FIRST MI

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

PARENT/GUARDIAN NAME: _____ PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

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

Health care provider or school health professional or designee only: To the best of my knowledge, the blood lead tests listed above were administered as indicated. (Line 2 is for certification of blood lead tests after the initial signature.)

1.	_____ Name	_____ Title	Clinic/Office Name, Address, Phone
	_____ Signature	_____ Date	
2.	_____ Name	_____ Title	
	_____ Signature	_____ Date	

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

Lead Risk Assessment Questionnaire Screening Questions:

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

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

Parent/Guardian: I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child and understand the potential impact of not testing for lead exposure as discussed with my child's health care provider.

Parent/Guardian Signature

Date

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

How To Use This Form

➔ **A health care provider may provide the parent/guardian with a copy of the child's blood lead testing results from ImmuNet as an alternative to completing this form (COMAR 10.11.04.05(B)).**

Maryland requires all children to be tested at the 12 and 24 month well-child visits (at 12-14 and 24-26 months old respectively), and both test results should be included on this form (see COMAR 10.11.04). If the test at the 12-month visit was missed, then the results of the test after 24 months of age is sufficient. A child who was not tested at 12 or 24 months should be tested as early as possible.

A parent/guardian and a child's health care provider should complete this form when enrolling a child in child care, pre-kindergarten, kindergarten, or first grade. Completed forms should be submitted by the parent/guardian to the Administrator of a licensed child care, public pre-kindergarten, kindergarten, or first grade program prior to entry. The child's health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature sections. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

Frequently Asked Questions

1. Who should be tested for lead?

All children in Maryland should be tested for lead poisoning at 12 and 24 months of age.

2. What is the blood lead reference value, and how is it interpreted?

Maryland follows the [CDC blood lead reference value](#), which is 3.5 micrograms per deciliter (µg/dL). However, there is no safe level of lead in children.

3. If a capillary test (finger prick or heel prick) shows elevated blood lead levels, is a confirmatory test required?

Yes, if a capillary test shows a blood lead level of ≥ 3.5 µg/dL, a confirmatory venous sample (blood from a vein) is needed. The higher the blood lead level is on the initial capillary test, the more urgent it is to get a confirmatory venous sample. See [Table 1](#) (CDC) for the recommended schedule.

4. What kind of follow-up or case management is required if a child has a blood lead level above the CDC blood lead reference value?

Providers should refer to the CDC's Recommended Actions Based on Blood Lead Level (<https://www.cdc.gov/ncch/lead/advisory/acclpp/actions-blls.htm>).

5. What programs or resources are available to families with a child with lead exposure?

Maryland and local jurisdictions have programs for families with a child exposed to lead:

- Maryland Home Visiting Services for Children with Lead Poisoning
- Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

For more information about these and other programs, call the Environmental Health Helpline at (866) 703-3266 or visit: <https://health.maryland.gov/phhp/OEHFP/EH/Pages/Lead.aspx>.

Maryland Department of the Environment Center for Childhood Lead Poisoning Prevention: <https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/index.aspx>

Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.

Phone: (610) 519-3478 or Toll Free: (833) 362-2243

Website: <https://www1.villanova.edu/university/nursing/macche.html>

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

CHILD'S NAME _____													
				LAST				FIRST				MI	
SEX: MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		BIRTHDATE _____/_____/_____									
COUNTY _____				SCHOOL _____				GRADE _____					
PARENT OR GUARDIAN NAME _____								PHONE NO. _____					
GUARDIAN ADDRESS _____								CITY _____ ZIP _____					

Dose #	DTP-DTaP-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	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo / Yr	COVID-19 Mo/Day/Yr
1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1		DOSE #1
2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2		DOSE #2
3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	
4	DOSE #4	DOSE #4	DOSE #4	DOSE #4	DOSE #4								
5	DOSE #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

Clinic / Office Name

Office Address/ Phone Number

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

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

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

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

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

Signed: _____ Date _____

 Medical Provider / LHD Official

RELIGIOUS OBJECTION:

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

Signed: _____ Date: _____

How To Use This Form

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

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

Notes:

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

Immunization Requirements

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

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

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

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

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

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 health care provider per COMAR 13A.15.03.04, 13A.16.03.04, 13A.17.03.04, and 13A.18.03.04. A Physical Examination form designated by the Maryland State Department of Education and the Maryland Department of Health shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02, 13A.17.03.02 and 13A.18.03.02).
- **Evidence of immunizations.** The immunization certification form (MDH 896) or a printed or a computer-generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms> Select MDH 896.
- **Evidence of Blood-Lead Testing for children younger than 6 years old.** The blood-lead testing certificate (MDH 4620) or another written document signed by a Health Care Practitioner shall be used to meet this requirement. This form can be found at: <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms> Select MDH 4620.
- **Medication Administration Authorization Forms.** If the child is receiving any medications or specialized health care services, the parent and health care provider should complete the appropriate Medication Authorization and/or Special Health Care Needs form. These forms can be found at: Select Forms OCC 1216 through OCC 1216D as appropriate. <https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms>

EXEMPTIONS

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

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

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

INSTRUCTIONS

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

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

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

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

Child's Name:			Birth date:		Sex
<div style="display: flex; justify-content: space-between;"> Last First Middle </div>			<div style="display: flex; justify-content: space-between;"> Mo / Day / Yr </div>		M <input type="checkbox"/> F <input type="checkbox"/>
Address:					
<div style="display: flex; justify-content: space-between;"> Number Street Apt# City State Zip </div>					
Parent/Guardian Name(s)		Relationship	Phone Number(s)		
		W:	C:	H:	
		W:	C:	H:	
Medical Care Provider	Health Care Specialist	Dental Care Provider	Health Insurance	Last Time Child Seen for	
Name:	Name:	Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Exam:	
Address:	Address:	Address:	Child Care Scholarship	Dental Care:	
Phone:	Phone:	Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specialist:	
ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.					
	Yes	No	Comments (required for any Yes answer)		
Allergies	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>			
ADHD	<input type="checkbox"/>	<input type="checkbox"/>			
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>			
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>			
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>			
Bladder	<input type="checkbox"/>	<input type="checkbox"/>			
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>			
Bowels	<input type="checkbox"/>	<input type="checkbox"/>			
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>			
Communication	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>			
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes	<input type="checkbox"/>	<input type="checkbox"/>			
Feeding/Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>			
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>			
Hospitalization (When, Where, Why)	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>			
Life Threatening/Anaphylactic Reactions	<input type="checkbox"/>	<input type="checkbox"/>			
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>			
Mobility-Assistive Devices if any	<input type="checkbox"/>	<input type="checkbox"/>			
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>			
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>			
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>			
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>			
Surgery	<input type="checkbox"/>	<input type="checkbox"/>			
Vision	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			
Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach the appropriate OCC 1216 form.					
Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Blood Sugar check, Nutrition or Behavioral Health Therapy /Counseling etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan					
Does your child require any special procedures? (Urinary Catheterization, Tube feeding, Transfer, Ostomy, Oxygen supplement, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan					
I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.					
I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
Printed Name and Signature of Parent/Guardian					Date

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

Child's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>				Birth Date: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Month / Day / Year </div>		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
1. Does the child named above have a diagnosed medical, developmental, behavioral or any other health condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
2. Does the child receive care from a Health Care Specialist/Consultant? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
3. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card. <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
4. Health Assessment Findings							
Physical Exam	WNL	ABNL	Not Evaluated	Health Area of Concern	NO	YES	DESCRIBE
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Dental/Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eczema/Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding Device/Tube	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility Device	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition/Modified Diet	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical illness/impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Hematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:			
REMARKS: (Please explain any abnormal findings.) <div style="height: 40px; border: 1px solid black;"></div>							
5. Measurements		Date		Results/Remarks			
Tuberculosis Screening/Test, if indicated							
Blood Pressure							
Height							
Weight							
BMI % tile							
Developmental Screening							
6. Is the child on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate medication and diagnosis: (OCC 1216 Medication Authorization Form must be completed to administer medication in child care). https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms							
7. Should there be any restriction of physical activity in child care? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction: _____							
8. Are there any dietary restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction: _____							
9. RECORD OF IMMUNIZATIONS – MDH 896 or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider or a computer generated immunization record must be provided. (This form may be obtained from: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 896.)							
10. RECORD OF LEAD TESTING - MDH 4620 or other official document is required to be completed by a health care provider. (This form may be obtained from: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 4620) Under Maryland law, all children younger than 6 years old who are enrolled in child care must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age. If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.							

Additional Comments: _____

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

For questions, concerns or to file a complaint contact your Regional Office

Regional Offices	Phone
Anne Arundel	410-573-9522
Baltimore City	667-354-5178
Baltimore County	410-583-6200
Prince George's	301-333-6940
Montgomery	240-314-1400
Howard	410-750-8771
Western Maryland, Allegany, Garrett & Washington	301-791-4585
Upper Shore, Kent, Dorchester, Talbot, Queen Anne's & Caroline	410-819-5801
Lower Shore, Wicomico, Somerset & Worcester	410-713-3430
Southern Maryland, Calvert, Charles & St. Mary's	301-475-3770
Harford & Cecil	410-569-2879
Frederick	301-696-9766
Carroll	410-549-6489

The Regional Offices investigate complaints to determine if child care licensing regulations have been violated. All confirmed complaints against child care providers may be viewed at [CheckCCMD.org](https://www.checkccmd.org).

For additional help, you may contact the Licensing Branch Chief at 410-767-0120.

Resources

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

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

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

Maryland Infants and Toddlers Program - Early intervention services for young children with developmental delays and disabilities and their families
[referral.mditp.org](https://www.referral.mditp.org)

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

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

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

Wes Moore, Governor

Mohammed Choudhury,
State Superintendent of Schools

OCC 1524 (updated June 2023)

Parent's Guide to Regulated/ Licensed Child Care



Information About Child Care Facilities



Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education, Office of Child Care's (OCC), Licensing Branch.

The Licensing Branch's thirteen Regional Offices are responsible for all regulatory activities, including:

- Issuing child care licenses and registrations to child care facilities that meet state standards;
- Inspecting child care facilities annually;
- Providing technical assistance to child care providers;
- Investigating complaints against regulated child care facilities;
- Investigating reports of unlicensed (illegal) child care;
- Taking enforcement action when necessary; and
- Partnering with community organizations and consumers to keep all children in care safe and healthy.

Regulations governing the Maryland State Department of Education (MSDE) fall under COMAR Title 13A. Regulations that govern child care facilities and other information about the Office of Child Care may be found at:

earlychildhood.marylandpublicschools.org/child-care-providers/licensing

What are the types of Child Care Facilities?

Family Child Care – care in a provider's home for up to eight (8) children with no more than two under the age of two.

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

Child Care Center – non-parental care in a group setting for part of a 24 hour day.

Letter of Compliance (LOC) – care in a child care center operated by a religious organization for children who attend their school.

All facilities must meet the following requirements:

- Must obtain the approval of OCC, fire department, and local agencies;
- Must have qualified staff who have received criminal background checks, child abuse and neglect clearances, and are not on the sex offender registry;
- Must maintain certification in First Aid and CPR;
- Must maintain approved staff and student ratio and provide ACTIVE supervision all times when children are in care;
- Must offer a daily program of indoor and outdoor activities;
- Must maintain a file with all required documentation for each enrolled child;
- Must post approved evacuation plans, conduct fire drills, and emergency preparedness drills; and
- Must report suspected abuse and neglect, and may not subject children to abuse, neglect, mental injury, or injurious treatment.

Did You Know?

- The provider's license or registration must be posted in a conspicuous place in the facility;
- A child care provider must enter into a written agreement, with a parent, that specifies fees, discipline policy, presence of animals, the use of volunteers, and sleeping arrangements for overnight care;
- Parents/guardians may visit the facility without prior notification any time their children are present;
- Written permission from parents/guardians is required for children to participate in any and all off property activities;
- All child care facilities must make reasonable accommodations for children with special needs;
- A qualified teacher must be assigned to each group of children in a child care center;
- Staff:child ratios must be maintained at all times in child care centers;
- Parents/guardian must be immediately notified if children are injured or have an accident in care;
- Parents/guardians may review the public portion of a licensing file; and
- Check Child Care Maryland, CheckCCMD.org, is a resource for parents and families to use to review child care provider's license status, verified complaints, compliance history, and inspection results.

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

Family Child Care Homes

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

Child Care Centers

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

- The director and all paid center employees must complete a criminal background check and a child abuse/neglect clearance, and submit a medical evaluation.
- In each classroom, staff/child ratios and maximum group size requirements must be maintained at all times. The following table shows some basic age groupings and the applicable requirements:
- | Age Group | Ratio | Maximum Size |
|------------------|-------|--------------|
| 0 –18 months | 1:3 | 6 |
| 18 – 24 months | 1:3 | 9 |
| 2 years | 1:6 | 12 |
| 3 –4 years | 1:10 | 20 |
| 5 years or older | 1:15 | 30 |
- For every 20 children present, there must be at least one staff member who is currently certified in first aid and CPR.

Your Rights and Responsibilities as a Child Care Consumer

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

- Any complaint you make to OCC about the care your child is receiving will be promptly investigated by OCC;
- Review the public portion of the licensing file for the facility where your child is or has been enrolled, or where you are considering enrolling your child.

How Do I File a Complaint?

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

Region		
1 – Anne Arundel County		410-514-7850
2 – Baltimore City		410-554-8300
3 – Baltimore County		410-583-6200
4 – Prince George’s County		301-333-6940
5 – Montgomery County		240-314-1400
6 – Howard County		410-750-8770
7 – Western Maryland		
	Hagerstown – Main Office	301-791-4585
	Allegany Co. Field Office	301-777-2385
	Garrett Co. Field Office	301-334-3426
8 – Upper Shore		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

| WORRIED ABOUT A BABY OR TODDLER YOU KNOW?

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

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

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

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

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

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

referral.mditp.org

1-800-535-0182



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

WE BEGIN EARLY TO FINISH STRONG



Maryland Infants and Toddlers Program

Supporting young children with developmental delays and disabilities and their families



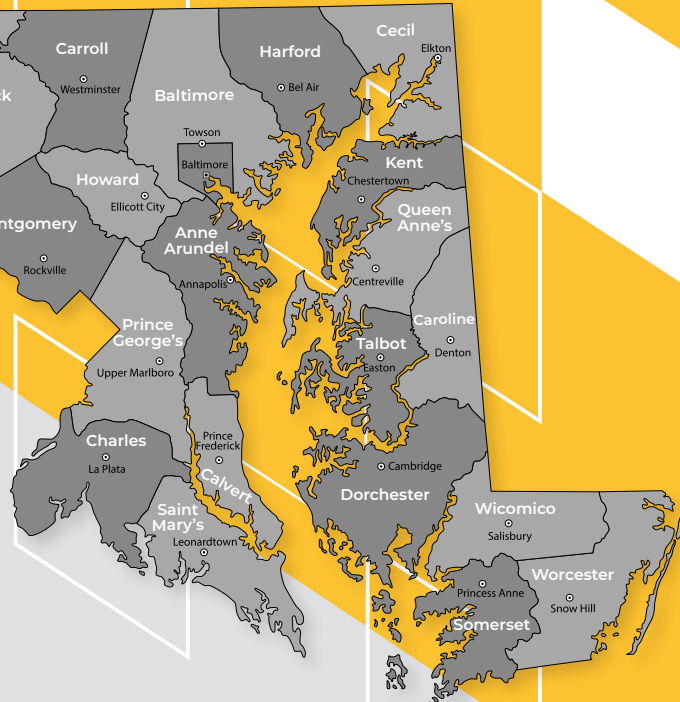


INDIVIDUALIZED SUPPORT

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

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

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



WORKING TOGETHER

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

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

NEXT STEPS

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

