

2026
Registration Fee
$60 per child
$80 per family

416 Brightseat Road
Landover Maryland 20875
301-336-3125

PROGRAM CHOICES

☐ Infants-23 months	$74.00 Daily
☐ 2-4 Years	$52.40 Daily
☐ All Day 5 Year Olds	$52.40 Daily
☐ Before School Only	$25.00 Daily
☐ After school Only	$46.00 Daily
☐ Before and After School	$46.00 Daily
☐ Summer S/A	$52.40 Daily
☐ Winter/Spring Break S/A	$52.40 Daily
☐ Lunch	$25.00 ONLY(requires a 2 weeks notice to opt out)

Child's Name _____Date of Birth _____
Address _____

Child's Name _____Date of Birth _____
Address _____

Mother's Name _____Address_____
Home Phone_____ Work Phone _____

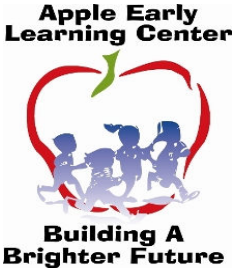
Father's Name_____ Address_____
Home Phone _____ Work Phone_____

Child's Age as of 09/01/26 _____ Desired Start Date _____

School previously attended_____ City/State_____

Parent's Signature _____ Date _____

Referred to this center by:_____
Parents email:_____



LEARNING BEYON PAPER
CURRICULUM

Apple Early Learning Center is pleased to offer the Learning Beyond Paper Curriculum for the academic year. LBP is a social-constructivist curriculum. Young children are inherently social beings. As such, learning is most robust when children engage with peers and adults around activities where they are actively engaged. Children construct knowledge bridged upon what they already know, but it is that social, relationship-based connection that acts like glue-cementing understanding and seeking more.
The LBP curriculum focuses on HOW to learn as well as teaching content based on developing all areas of developing in themes. Think of it as weaving threads within a fabric that can be shaped into a shirt, a hat, or a fancy dress-it can become anything because of the fabric (universal tools).
LBP philosophy believes that no teacher should be left behind, and our children deserve a foundation of learning from infancy. Apple Early Learning Center is here to do our part!
LBP developmentally appropriate activities integrate early learning standards such as physical development, social-emotional skills, early mathematics and language and literacy development. Children will develop problem-solving skills through trial and error, questioning, and explorations. Through intentional interactions, language-rich experiences, and well-planned activities, children will develop the skills necessary to become successful, life -long learners.
LBP is aligned with Maryland early learning standards.

The cost including all materials for the academic year is $210.00 for ages 2 months through 5 years of age. There will be a discount of $40.00 if a one-time payment of 170.00 is made on October 5, 2026. If your child attends Before and After or just After school, there will be a one-time fee of 80.00 to cover materials for homework and special learning activities.
Please note these fees are not optional. School-age and one time LBP Curriculum fee is due on October 5, 2026. The school age fee is a one-time fee and cannot be broken out. The fees are non-refundable. If you choose to pay out the LBP Curriculum fee the due date and amount is as follows:
October 5, 2026- $70.00
January 4, 2027- $70.00
April 5, 2027 - $70.00

Child's Name_____ Classroom_____

Parent's Signature_____



ENROLLMENT QUESTIONNAIRE

Child's Name: _____ **Date of Birth:** _____**Gender:** ☐ **M** ☐ **F**

Eating

Is your child on a special diet? ☐ Vegetarian ☐ Lactose ☐ Vegan ☐ Other

Does your child have any food allergies? _____

If yes, please describe

_____

Would you allow us to post the name of your child use to our "Allergy Alert" Form?

☐ Yes, ☐ No

What is your child used to drinking from?

☐ bottle ☐ sippy cup ☐ regular cup ☐ nursing ☐ other: _____

How often does your child eat? _____

Sleeping

Does your child nap? _____ How many times per day? _____ How long? _____

Does your child sleep with a special blanket, toy or pacifier? ☐ Yes ☐ No

Are there specific bedtime routines at home?

_____

_____

Toileting

Does your child wear diapers? ☐ Yes ☐ No

Pull-ups? ☐ Yes ☐ No

Is your child FULLY toilet trained? ☐ Yes ☐ No

Are there any specific ointments or lotions your family uses?

_____

_____

Does your child let you know when they have they have "to go"?

Does your child need regular reminders to use the bathroom? ☐ Yes ☐ No

Development

Do you have any concerns about your child's development? ☐ Yes ☐ No

☐ Hearing ☐ Vision ☐ Language ☐ Gross Motor ☐ Social ☐ Other: _____

Has your child been evaluated for any of these developmental concerns?

☐ Yes ☐ No

Does your child currently have an individualized Education Plan (IEP) or an Individual Family Service Plan

(IFSP) ☐ Yes ☐ No

*If yes, Can you provide a copy to the center to assist with these needs.

What is your child's primary spoken language?

_____

Are there other languages being used with your child?

_____

Social and Emotion Development:

Has your child been in a childcare setting before? ☐ Yes ☐ No

Is your child comfortable in group settings? ☐ Yes ☐ No

What is your child's regular routine me when at home?_____I

What kinds of activities does your child enjoy?

_____

Are there activities your child avoids?

_____

Does your child have any siblings? _____

Does your family have any pets? _____ If so, what kind? _____

What soothes your child? _____

What frightens your child? _____

Does your child have any favorite songs or games that comfort him/her?

_____

What are your expectations or hopes for your child at our childcare center?

_____

What are your expectations for this center and the staff?

_____

_____

Person completing form:

_____ Mom _____ Dad _____Other

Office Use Only

Form reviewed by _____ (Office Staff)

Initials: _____

Date: _____

Additional Notes:

_____

_____

INFANT/TODDLER INDIVIDUAL ACTIVIITY PLAN & FEEDING SCHEDULE

Child's Full Name: _____ _____ **Date of Birth**_____

Primary Child Care Staff Assigned: _____ **Shift /Time:** _____

Circle type(s) of liquid you are currently offering your child: ☐ Breast Milk ☐ Milk ☐ Formula ☐ Juice ☐ Water

How much/how often: _____

Do you offer cereal with formula? ☐ Yes ☐ no: How much/often: _____

List below any foods other than milk/formula that are offered to your baby:

Type of food: Amount of Food: How Often:

_____

_____

_____

Circle how your child usually eats these foods: Spoon-fed Uses fingers Self-spooned Other: _____

Does your child have difficulty eating? ☐ yes ☐ no (Spits up, chokes easily, allergies) Other: _____

What time does your child usually nap? ☐ am ☐ pm For how long: _____

How does your child like to fall asleep/nap? _____(We must nap/sleep infants on their backs unless we have a doctor's note on file to use restrictive device; wedge, roll , strap, etc)

What are some of the things your baby likes to do? _____

Please list (on back page if more room is needed) a daily schedule of what your baby does during the day.

_____

_____

_____

_____

Please list any other information we need to know about your infant/toddler:

_____

_____

_____

_____

Guardian/Parent signature: _____ Today's date: _____

Initials/date _____ _____ _____ _____ (Every 2 months)



Apple Early Learning Center Financial Agreement

Child's Name _____Age_____

Parent's Name_____

I, _____, agree to the following payment policies in order to have my child(ren) enrolled in Apple Early Learning Center.

1. Tuition Payments

I agree to pay the daily tuition rate of $_____ and any other fees due in at the time of billing. I understand that payment is due, regardless of if my child is ill or if the center is closed. Furthermore, I understand that once tuition is paid, there are no refunds. Payment must be made by automatic draft, check, cash, money order, credit card, or debit card.

• If tuition is not paid on time, a $25.00 late fee will be assessed to my account, and my child/ Children will be unable to return unless past-due tuition and late charges are paid.

• A $35.00 decline fee will apply to debit card and credit card payments that are returned.

2. Returned Checks

Apple Early Learning Center charges a $35.00 fee on all returned checks. Furthermore, the returned check and fees must be paid by money order, cash, credit, or debit within 48 hours of notification. If two checks are returned, I understand that the center will no longer accept personal checks from me.

3. Late Pick-Up Fees

I understand that the center's hours of operation are Monday through Friday, 6:30 AM to 6:30 PM. Should I pick my child(ren) up after 6:35 PM, I agree to pay a late fee of $15.00 for every 15 minutes or fraction thereof past 6:35 PM that my child(ren) remains at the center (per child). I understand that late pick-up fees are due at the time I pick up my child(ren) or before returning to the center.

4. Withdrawal Notice

I agree to provide the center with a written two-week notice of my intent to withdraw my child/ Children from the center and to pay all outstanding fees prior to dis-enrolling. I understand that my failure

to do so could result in withholding my child's records and possible legal action if deemed necessary. Parents will be liable for all collection costs in addition to outstanding fees, including two weeks of tuition if proper notice is not given.

***5.* Payment Method Requirement**

I understand that Apple Early Learning Center requires a valid credit card (CC) or ACH payment method to be kept on file upon enrollment to ensure timely payment of tuition and fees.

I have read this financial agreement and agree to its terms. Furthermore, I understand that failure to follow this agreement could result in the termination of childcare for my child(ren).

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____



Apple Early Learning Center Media and Privacy Policy

At Apple Early Learning Center, child safety and privacy are our top priorities. This includes the use of photos and videos of children in our care. While sharing images of children on our website or social media can celebrate their achievements and promote our program, we are committed to ensuring each child remains protected and unidentifiable to reduce the risk of inappropriate contact.

To maintain the privacy and safety of all children:

1. We use cameras throughout our facility for security purposes. However, footage is strictly for internal use and will not be shared with parents to safeguard the privacy of every child.

2. We will never include the full name of a child alongside their image in any public-facing material.

We also understand some families may prefer not to have their child featured online. Please review and acknowledge the following policies and options by signing and returning this form with your enrollment packet.

Consent Form

I acknowledge Apple Early Learning Center's policy on child privacy and understand that:

- Cameras are used for security, and footage is not shared with parents to protect all children's privacy.

- Images of my child will only be used for educational or promotional purposes, such as newsletters, social media pages, or the company website.

- My child's identity will always be protected, and their full name will not accompany any image.

Media Release Options: (Please select one)

☐ I consent to photographs and digital images of my child appearing in newsletters, on the company's website, social media pages, and printed publications.

☐ I do not consent to photographs or digital images of my child being used in any public-facing media.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Thank you for helping us maintain a safe and respectful environment for all children in our care.

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 & Worchester	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.

For additional help, you may contact the Director of Licensing at 410-767-0120.

Resources

Child Care Scholarship (CCS) - Assists eligible parents and families with child care expenses **1-877-227-0125** **money4childcare.com**

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

Maryland Developmental Disabilities Council - Assistance with ADA issues **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**

Maryland Family Network - Assists parents in locating child care **1-877-261-0060** **marylandfamilynetwork.org**

Maryland Child - Information about child development, parenting, community resources, mental health, nutrition, literacy, and more. **Marylandchild.org**

Maryland State Department of Education
Division of Early Childhood
200 West Baltimore Street
10th Floor
Baltimore, MD 21201
earlychildhood.marylandpublicschools.org

Wes Moore, Governor

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

OCC 1524 (updated May 2024)

Parent's Guide to Regulated/ Licensed Child Care



Information About Child Care Facilities

Maryland
STATE DEPARTMENT OF EDUCATION

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, conductfire 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.

DO YOU HAVE CONCERNS?

Visit referral.mditp.org to learn developmental milestones for young children and see if your child's growth and development are on track for his/her age. If you have concerns, don't hesitate to speak with your child's healthcare provider and/or child care provider and make a referral.

NEXT STEPS

1. Check out referral.mditp.org to learn more information and to complete an online referral. You can also call 800-535-0182 to get contact information for your local Infants and Toddlers Program.

2. You will want to share information about your concerns and priorities when you speak with your local Infants and Toddlers Program. Next steps will include planning for developmental screening and/or evaluation to help determine if your child is eligible for services.

3. If your child is eligible, you will become a part of the early intervention team. Together you will develop a plan for supports and services. These will be provided at no cost and in familiar places where your child learns and plays, such as your home, child care program, the park, or the library.

Anyone can submit a referral to the Maryland Infants and Toddlers Program available for eligible children younger than 36 months who live in Maryland.

referral.mditp.org
1-800-535-0182

Maryland
STATE DEPARTMENT OF EDUCATION

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 or disabilities and their families

Maryland
STATE DEPARTMENT OF EDUCATION

WORKING TOGETHER

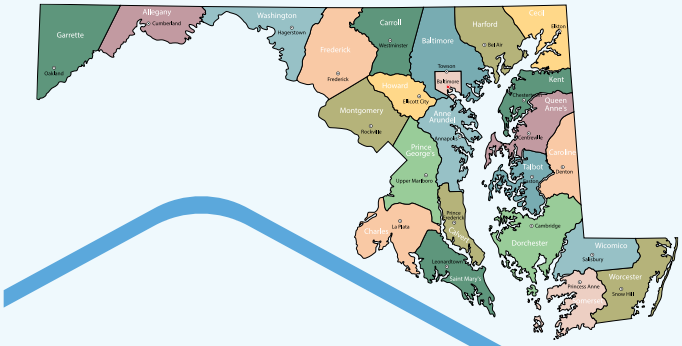
Education Article Section 9.5 – 115
Information about the Maryland Infants and Toddlers Program

Under new State law, beginning July 1, 2023, each year a child care program must make information about the Maryland Infants and Toddlers Program and the Local Lead Agency responsible for administering the Program available to the parent or guardian of a child under the age of 3 years.

This information can be provided via personal message (including email), a document acknowledging parent or guardian receipt, or text message.

If the parent or guardian requests, the child care program shall assist the parent or guardian with scheduling a time and convenient location for the Local Lead Agency to provide the appropriate screening.





JURISDICTION CONTACTS

JURISDICTION	INFANTS & TODDLERS
Allegany County	301-759-2415
Anne Arundel County	410-424-3260
Baltimore City County	410-396-1666
Baltimore County	443-809-2169
Calvert County	443-550-8405
Caroline County	410-479-3246
Carroll County	410-876-4437
Cecil County	410-996-5444
Charles County	301-609-6808
Dorchester County	410-228-4747 ext. 1023
Frederick County	301-600-1612
Garrett County	301-334-7658
Harford County	410-638-3823
Howard County	410-313-7017
Kent County	410-778-7164
Montgomery County	240-777-3997
Prince George's County	301-925-6627
Queen Anne's County	410-556-6103
Somerset County	410-651-1616
St. Mary's County	301-475-5511 ext. 32223
Talbot County	410-822-0330 ext. 150
Washington County	301-766-8217
Wicomico County	410-677-5250
Worcester County	410-632-5121

THE EARLIER THE BETTER

The Maryland Infants and Toddlers Program provides family-centered support by:

- Building on your child's and family's strengths;
- Providing choices to meet your family's priorities and concerns;
- Supporting you to know your rights, communicate effectively about your child, and to help your child develop and learn.

The Maryland Infants and Toddlers Program is not a medical program that "treats" children. While they may not be trained specialists, families and caregivers are a child's most important teachers. The early intervention team will partner with you by using a coaching model to design and implement individualized strategies within your child's daily routines and activities.

The outcomes for all children participating in the Maryland Infants and Toddlers Program are to:

- Develop positive social-emotional skills and relationships;
- Acquire and use knowledge and skills; and
- Use appropriate behaviors to meet their needs.





416 Brightseat Road
Landover, MD 20785
301-336-3125 Office
301-336-6951 Fax
www.applelearningcenter.com

FAMILY HANDBOOK

(Revised April 2025)

NOTES:

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Philosophy

Our motto at Apple Early Learning Center is "Building A Brighter Future". The children will participate in developmentally appropriate activities. We strive to assist in the social, emotional, linguistical and physical development of each child. In our program we believe children should be free to develop and advance at their own pace. Children of all abilities are welcome in our center regardless of special health or developmental needs. We individualize our activities to meet those needs and welcome specialized services providers, such as therapists or nurses, with parent or guardian permission. In our program we believe it is important to individualize each child to ensure they are successful in achieving excellence.

In our program we welcome all children and families by integrating information for the children's lives, families, and communities into lessons to give a feel of community and acceptance. We provide learning activities for families to engage in at home to further expand and learn and close the gap. We believe that all families deserve to be a part of the decision making and goal setting for their child to ensure a founded learning environment. Families are engaged using several communication types such as newsletters, flyers, email, and face to face engagements. The engagements from personnel are welcoming and authentic. Our program asl provides several divers materials for children to engage with. Children are allowed to explore, make choices, and lead activities. We use several types of assessments and inquiry tools to ensure each child's needs, interest and strengths are enriched. We are sure to include several types of learning strategies and topics which embrace family backgrounds, culture, and home languages. We believe that having positive family relationships is a critical component in delivering high quality education.

Program

Our Program at Apple Early Learning Center is designed to meet the individual needs of each child in an environment that is safe, clean, healthy, and oriented for children. Our program uses observations to monitor the children's progress when planning for instruction, our teachers must develop goals. Our teachers use a variety of assessment tools such as; observation, checklist, and written and oral tests. These assessment tools help us determine if students have mastered an objective. A few examples of how we record are: *Notes jotted on paper, Video Recordings and Audio Recordings*.

Children are observed daily through written and oral tests, while assessments and checklists are done quarterly by the classroom teachers. These assessments begin the first week of school so the teacher can get a clear sense of each child's level. Observations allow the teachers to individualize and create goals based on the information gathered from the children. Through these observations the teachers are not only able to meet each child at their own level, but they are also able to narrow down areas of concern or goals mastered to discuss with families during conferences.

Parent teacher Conferences

Our program conducts parent teacher conferences in November and in April. We have added the dates for parent teacher conference to our school calendar which is given out to families on the first day of school. Our school calendar is also posted on the parent communication board for parents to review. Families are sent a message on ProCare Connect with information on how to schedule parent teacher conference with their child's teacher on a specific date and time. A phone conference is available upon request if a parent is unable to attend.

Selection of Learning Materials

Our program prides itself on the learning environment and selection of learning materials. A few factors that influence the selection of learning material are*: Developmental levels of children, Ages of children, Differences in ways children learn, Information from Family Service Plans(IFSPs), Individualized Education Programs (IEPs), when provided by families, Accessibility to all children, Learning domains*.

The overall learning environment for each age group has chairs, tables and other furnishings in the classroom that are child size appropriate. We consult with families or other professionals to learn more about each child's needs to ensure children of all abilities can fully participate in every activity. The teacher in each classroom plans and develops lessons that are inclusive and stimulating for children.

We choose culturally relevant, developmentally appropriate items that are linked to children's interest. We always have a variety of toys and activities that are linked to learning goals such as but not limited to:

> Dramatic play: *Clothes for boys and girls, Diverse picture of community helpers, Toy foods that represent dishes from around the world, Baby dolls of different races, Kitchen set, Child-sized eating utensil*.
> Discovery: *Pieces of felt, Small bean bags, Small plush toys, Pipe cleaners, Squish balls, Bendy material, Magnifying glass, Magnets, Interesting items for the natural environment, Ramps and scales, Puzzles, Water, San, Playdough*.
> Literacy: *Book that give positive massages about age, gender, race, culture, special needs, family types and linguistic diversity. Alphabet magnets, bads, stamps, blocks. Varity of writing tools and surfaces. Varity of print materials, Puppets, Soft furnishing (bean bags)* .
> *Arts and Crafts: Markers, Construction Paper, Glitter, Glue, Scissors, Crayons, Stickers, Stamps, Paint, Paint brushes*.
> *Blocks: Figurines that represent a range of ages, races and abilities. Images of homes and buildings from locations around the works. Books of buildings, roads and vehicles. Variety of building blocks, Materials*.
> *Music: Variety of instruments, Scarves, Cd player, Diverse selection of music.*

Our selection of outdoor materials is selected based on the same influences. Outdoor spaces are checked daily to ensure safety. We create interests' areas outdoors to enhance and extend children's exploration. Examples of materials but not limited to:

> *Outdoor: Bubbles, Sidewalk chalk, Variety of balls, Magnifying glasses, Trucks, Hula-Hoops, Playground sets and slides, Tunnels and water play*

All of the items are accessible and within the children's reach daily.

Transition Plan

To help families and children transition from home to our program, we offer visits before the start date, encouraging discussions between staff and parents. During these visits, we ask parents to prepare their children for the transition. Our staff prepares classrooms by labeling and adding children's name and pictures. Teachers also incorporate transitions into lesson plans, teaching classroom rules and daily schedules.

We foster independence by teaching daily routines. Before a new child arrives, teachers discuss the new friend with the class and plan a welcome. New children tour the center and are introduced to staff. Teachers may pair students to ease the transition. If a child struggles, we allow a comfort item from home or a family photo in their cubby. Parents are kept informed thought notes, emails, our website, visual aids and personal contact. We offer visits before transitions and ask parents and teachers to discuss the change, ensuring readiness for new group settings or kindergarten. Teachers collaborate, discussing developmental goals and sharing assessments to align educational objectives.

To ensure successful transition to other programs or schools, we familiarize ourselves with local kindergarten programs and options. We maintain contact information with school offices and programs that support children. We keep families updated on timelines, procedures, and kindergarten enrollment requirements. Our administration share information about special events via flyers, ProCare, and notes. We also invite parents of former students to share their experiences and tips.

For families of children with special needs, we assist with kindergarten enrollment and special services qualification. We help them find advocacy organizations and special services within the community. Our staff communicate effectively to stay informed about health care needs or disabilities during the transition. Teachers review each child's history, IFSPs, and IEPs, and seek additional training as needed.

Positive Behavioral Practices

Saff will use only positive guidance, redirection, and setting of clear rules and expectations that foster the child's own ability to become self-disciplined and learn how to self-regulate. Staff will encourage the child to be fair, and respectful to others, to demonstrate proper use of property, and assume personal responsibility. Discipline involves teaching character and self-control. Because families differ in how they approach discipline, parents are asked to work closely with staff in setting goals in discipline that are achievable for the student. We use a variety of ways to build positive relationships with the children and families within our program. A few include daily interaction such as greeting them every morning and celebrating their successes. We also plan activities around their interest. We model positive work, encouraging children to describe their feelings, acknowledging positive behaviors and intervening before negative behavior or situations occur.

Screen Time Policy

Our program has a limited use of appropriate interactive technology that may support, but does not replace, other forms of learning, such as outdoor play, creative play, hands-on exploration, social interaction, etc. We understand facilitated learning requires that teacher directed instruction occurs before, during and after media use that is directly related to the lesson plan. (Passive TV or Media is not permitted). Children under age 2 are not permitted any screen time. (not even facilitated). The policy is shared with family and friends through the parent and staff handbook.

Providing Choices

We provide choices throughout the day. Children can choose the interest area they would like to explore. We allow children to choose toys and materials they would like to add to an area of interest. During breakfast and snack time we give the children a choice between two selections. Children can choose which classroom job they would like to do. We believe giving children choices encourages independence and decision making. It allows for positive control over their environment.

Redirection

Our program uses redirection in several ways to guide positive behavior. We use verbal redirection by giving simple directions that distract a child away from a challenging behavior or situation. We guide the child to more appropriate activities or better choices. An example of this: We use classroom rules and share other ways for children to engage with their peers. We encourage the children verbally to praise each other. We also use redirection through physical guidance. We offer a gentle touch to interrupt a challenging behavior while giving a simple direction and guiding the child to a more appropriate positive behavior or activity. An example of this: when we notice a child is on the verge of losing control or beginning to how frustration, we quickly seamlessly guide the child with a gently on the back or hand to a new interest area or activity to engage in. Throughout the center there are visual cues to remind children and redirect challenging behavior. During transitions in hallways teacher may place a finger to the lip as a visual cue that children should be quiet in the hallway. Often the teachers in the classroom use redirection with attention. Example: during large group activities, if a child is sitting and being attentive and following carpet rules while others are not, we will point out that model behavior. This encourages the other children to behave as expected.

Reflection and Problem Solving

Our program has implemented the five-step problem solving approach. All staff are to model, teach, and help children practice these steps which continues to contribute to positive problem-solving skills. 1. *IDENTIFY the problem*, 2. *BRAINSTOM three ways to handle it*. 3. *CHOOSE one way to try first and decide on a back-up plan*. 4. *Try out the STRAGETY*. 5. *EVALUATE how well the strategy works*. We understand that supporting each child and teaching them to reflect and solve problems encourages them to believe in themselves. As a successful problem solver, a child will build healthy social and emotional skills.

Clear Rules and Expectations

The rules that are developed in our program are established by both the children and teachers the first week of school and it is clear on the expectations. The rules are reinforced and reviewed daily to support positive behavior and are age appropriate. Example: "We will use our walking feet" and "We will use kind words". The rules are clear and simple language for children to understand. Expectations are modeled by all staff and visual cues are associated with each rule.

Inclusion

Apple Early Learning Center is committed to providing developmentally appropriate early learning experiences that support every child's full access and participation. We use developmentally appropriate practices, considering each child's unique needs. Our staff adapts schedules, routines, and activities, working with therapists and special educators to integrate accommodations and modifications into classroom routines. Adaptations are reviewed with families and professionals. Staff respect the privacy of all families. We encourage families to collaborate with our staff to ensure each child's success. Staff meetings address successes and challenges. Training ensures staff competence in meeting the developmental needs of all children. Staff receive inclusion policy orientations and training on effective inclusion and disability topics. The director provides additional support and resources. Families are encouraged to share IFSPs and IEPs. We provide local resources for early intervention/special education services should parents have concerns about developmental delays or disabilities.

Eligibility

Apple Early Learning Center is open to all children ages 6 weeks thru 13 years of age. Center hours are 6:30 am – 6:30 pm. All enrollment forms including the financial agreement must be signed and turned into the administrator prior to the start date.

Enrollment and Required Paperwork

All necessary paperwork must be completed and signed by parents before the start date. Prior to enrolling it is recommended to spend quality time visiting the center to become familiar with the daily routine and meet with your child's teacher. This is your time to review essential information with the Director and discuss any special needs or concerns for your child. The following paperwork must be filled legibly and signed prior to your child's/children first day at Apple Early Learning Center. (NO EXCEPTIONS)

Enrollment Application
Enrollment Questionnaire
Financial Agreement
Media and Privacy Policy
Maryland State DOE Emergency Form
Maryland State DOE Health Inventory Assessment
Maryland State DOE Allergy and Anaphylaxis Medication Administration Authorization Plan *(if Applicable)*
Maryland State DOE Medication Administration Authorization Form *(if Applicable)*

Emergency Information

On an annual basis AELC will be required to update your emergency information. This includes persona authorized to pick up your child/children. It is the responsibility of the parent to update the emergency card should anything change during the year. This will include any and all individuals authorized to pick up. Please note identification may be requested for anyone other than parent picking up, even on the pickup authorization to ensure safety for your child/children. ANYONE NOT LISTED on the pickup authorization form will **NOT** be allowed to pick up under any circumstances.

In an emergency only, if anyone is picking up not listed on the pickup authorization form, the parent must notify the administration in advance, and proper identification will be required.

Tuition and Registration Fee

Apple Early Learning Center's tuition is based on a market rate analysis and is subject to change. Tuition is figured out on an annual basis, taking into consideration closing and holidays. There are no sibling discounts, vacation, or sick discounts. Tuition is due on Monday and it is considered late at the close of business on that Monday. A late fee will be applied to your account on Tuesday if any balance is left unpaid. If your account is delinquent, Apple Early Learning Center has the right to dis-enroll your child/children and may result in collections. The center requires families to set up auto debit from your checking or credit/debit card. The center will accept checks or money orders payable to Apple Early Learning Center. ***During spring and winter break tuition will be charged based on the summers full time rate.***

A ***non-refundable*** registration fee is required to be paid prior to enrolling. If you should withdraw and request re-enrollment prior to the start date you will be required to pay a re-enrollment registration fee. Space is limited and subject to availability at the time of registration.

Program/Summer Fees

The program fee supports our curriculum, and the additional materials that is necessary. The summer fee goes toward all in-house programs and extra supplies for the summer. The Program fees will be charged and due on the first day of October, January and April. Summer registration is sent out March/April. In order to secure your spot, the Summer Program fee must be paid for each child attending. This fee DOES NOT INCLUDE FIELD TRIPS.

Late Pick Up

The center closes at 6:30 PM. A $15 LATE FEE will be charged to the families' account for every fifteen minutes or a fraction of per child. This balance is due and must be paid prior to the next drop off.

Drop In

Apple Early Learning Center's drop in policy is based on availability. All the same paperwork is required for a family to utilize our drop-in care, including the registration fee. The daily fee is a prorated of the weekly age-appropriate tuition. The family must notify the center 24 hours in advance and have approval from the administration prior to dropping off.

Returned Check/Credit Card Fees

There will be a $35.00 fee applied for checks and credit/debit cards that are returned from the bank for NSF. This fee and current tuition must be paid prior to dropping off unless payment arrangements have been made with the administrator. If the center receives two returns or declined payments, then all future payment must be paid by money order. AELC reserves the right to terminate at any time for unpaid balance.

Absent

Please call or notify the center administration through the ProCare Connect App by 10:00 AM if your child is absent. Should your child/children be absent for an extended timeframe please notify the center in writing. If possible, a two weeks' notice is appreciated. If your child is absent for more than 6 days without notification, your child is subject to withdrawal and your space can be filled.

Arrival and Departure

All children must be accompanied by an adult when dropping off and picking up. All authorized adults must sign your child/children in/out using the ProCare Connect app. It is recommended to drop off your child by 9:00 AM. This will allow your child/children to obtain most of the program and activities. We ask if you are going to be later than 9:00 AM that you notify the center through ProCare Connect or by calling. The center will not accept children past 11 AM, unless approved by Administration or a doctor's note. It becomes difficult for the child to transition and adjust to the daily routine when dropped off after the request time and very disruptive to the other children. On Friday please be sure to collect all completed work and bedding.

Wait List

Apple Early Learning Center generally has a waiting list for all classes. The waiting list is used on a first come first serve basis. Families will be contacted as soon as space becomes available. Siblings will be given priority to the wait list.

Children Attire:

Please bring a complete change of clothes appropriate for the season for your child/ren. This should be clearly labeled including child's classroom. Soiled clothing should be taken home, and a new set replaced the next day. Closed toe shoes are required. Sneakers are appropriate. A cot cover will be provided by the center and laundered when necessary. Please provide but not required a soft cover no larger than 24" x 52" for napping. The size is important for safety reasons. On Friday's all covers should be picked up by parent, taken home for cleaning. Reminder children should be dressed in their best clothing. AELC will not take responsibility for stains caused by activities and playground time.

Center Closing and Snow Policy

The centers hours are Monday-Friday from 6:30 AM to 6:30 PM. However, AELC reserves the right to request early pick up and late opening due to unforeseen circumstances. A message will be sent through the ProCare app should these circumstances arise. Should this occur, we will make every effort to keep you safe and involved in their daily routine. The center will be closed for the following holidays:

New Year's Day	Dr. Martin Luther King Jr. Birthday	President Day
Memorial Day	Juneteenth Day	July 4th (Independence Day)
Labor Day	Thanksgiving Day & the Day after	Christmas Day

The last FRIDAY (of the summer program before school begins) the center will be closed. This day is used for Staff Training and deep cleaning.

Snow Policy

AELC will open on time if PGCS open on time. AELC will open on time if PGCS is delayed 1 or 2 hours. (AELC reserves the right to change) A message will be sent through the ProCare app with the most up to date details when necessary.

Accident or Injury

If a child is injured during the day and medical attention is required, a parent will be immediately notified. Should it be more serious, AELC may request you pick up your child. If the situation is an emergency, our staff will call 911 first, then contact the parents. Should the child need to be transported to the hospital a staff member will accompany the child. All accidents and injuries require an accident/incident report. This is a written document to be signed by all parties involved. It is IMPERATIVE to keep all emergency information and contact numbers up to date. It is the responsibility of the parent to make sure that any information that is different than what was originally on the emergency card is corrected by written notification to the administrative staff.

Parent Communication

Effective parent communication is the key to providing a quality education experience for your child/ren. Our center has an open-door policy, and you are welcome to visit and participate in your child's class at any time. Written communication may be daily depending on your child's class. Please be aware of this communication as it may contain important information about your child/ren day. Communication is always welcomed through the ProCare app. At any time, should you wish to discuss a concern or administrative matter please reach out to the director. We may ask that you schedule an appointment so that we have more quality time to discuss the situation.

Van Policy

AELC is pleased to offer transportation with our private Ford Transit Vans. If your child is transported by one of our AELC vans, your child must follow all safety guidelines. Any violation may result in suspension from being allowed to ride in our van to and from school and field trips. AELC reserves the right to terminate the service for any reason. If your child is not transported for any reason, it is required to notify the center in advance. Failure to do so will result in a $10.00 transportation fee added to your account.

Exclusion Health and Safety

Staff will monitor children for signs and symptoms of illness. Parents will be notified if such signs or symptoms are observed. When notified, it is the parent's responsibility to arrange for the child to be picked up IMMEDITALY from the center. During the interim the child will be placed in a suitable equipped area with supervision.

Your child's /ren health and well-being are our top priority. To maintain a safe and healthy environment for all children and staff, we follow a strict illness policy in accordance with the guidance from the Maryland State Department of Education's Office of Child Care (MSDE OCC) and local health department recommendations. Our staff will conduct daily health observations throughout the day. If a child appears unwell or is not acting like themselves (example: increased lethargy, irritability and or loss of appetite) we will perform a temperature check and assess for any signs of illness.

If Symptoms of concern should be present at any time families will be contacted for IMMEDIATE pickup: Symptom of concern but not limited to are as follows:

Fever of 100.4 or higher	Cough	Sore throat	Runny or congested nose
Fatigue	Drowsiness	Body aches	Vomiting or diarrhea
Difficulty breathing	Rapid Breathing	Unusual Rash/Skin discoloration	
Eye drainage	Eye Redness	Eye Irritation	

AELC reserves the right to request pick up for any of the following and not limited to. Please be considerate of the request for the safety of your child, other children and our staff.

Return to Center Requirements

Children sent home due to illness must be symptom-free for at least 24 to 48 hours without the use of fever-reducing or other medication. AELC reserves the right to request a doctor's note prior to returning to the center. If a doctor's note is provided prior to the 48 hour our administration will take careful consideration to allow the child to return based on the severity of the illness.

Communicable Illness Reporting

It is mandatory to report any illness to our center IMMEDATELY upon being diagnosed. Illnesses to be included but not limited to are as follows.

Influenza	RSV	COVID-19	Strep Throat
Conjunctivitis (pink eye)	Hand/Foot/Mouth		

This allows us to monitor and look for symptoms among other children and inform affected families if needed, while maintaining confidentiality. We kindly ask that families be on the side of caution. If your child is not feeling well, please keep them home. Sending a sick child to school not only prolongs their recovery but also puts the other children and our staff at risk.

PLEASE BE CONSIDERATE WHEN IN DOUBT-STAY OUT

Medication Policy Reminder

Staff and Administration my only administer mediation with a completed Medication Authorization from the *Maryland State DOE Medication Administration Authorization Form* Signed by both the parent and healthcare provider. Over-the-counter medications (including cold medicine) will not be given without this documentation.

If you have any questions regarding this policy, please do not hesitate to reach out to the front office. Thank you for your cooperation in helping us maintain a healthy learning environment

Staff

At Apple Early Learning Center, we pride ourselves on recruiting and retaining the best and brightest in the industry. Our staff are dedicated and caring individuals with a variety of experience and education in the early childhood field. ALEC is committed to providing a quality early childhood program that will help your child to achieve the appropriate developmental skills, concepts and experiences that will help them transition to the next stage of growth and success.

Field Trips and in House Programs

AELC will participate in field trips when permitted during the school year. The summer program offers trips weekly. These trips are educational and fun. We encourage parents to volunteer to chaperone during these trips. To ensure the safety of the children ALEC reserves the right to request parents with children under the age of 2 participating, MUST have a parent or chaperone present to attend. The cost of the field trip is not a part of the regular tuition or program/activity fee. Each trip will have an associated cost applied to your account. Although children are not obligated to attend, they are strongly encouraged. To attend a field trip, you will need to fill out the necessary paperwork and pay in advance for the trip according to the details. Your account must be current to sign up. If your child does not attend, they can remain at the center for the normal school day. All children are required to wear the Camp Tee Shirt (paid in your summer activity fee) the day at of the trip.

Child Care Nutrition

AELC understands that good nutrition is vital for children to develop strong bodies and brain, as well as giving them the energy to participate in daily activities. We appreciate good nutrition because it helps them concentrate and stay focused throughout the day. Our program provides nutritionally balanced breakfast and snack. A nutritional lunch can be provided for an additional cost. Our program accommodates the special dietary needs of all children enrolled. Staff will encourage parents to send lunch and snack for their child/ren to be nutritionally balanced. Our program will make sure to adhere to any food allergies or special dietary needs. Example we will allow a parent to bring in lactose free milk if a child cannot drink the milk we provide. If a child has an allergy to food that is being served, we will substitute for something that is equally nourishing. All know allergies must be listed on the Maryland State DOE Allergy and Anaphylaxis Medication form and must have a plan of action filled out on the Administration Authorization Plan. This is for the safety of your child/ren.

AELC will serve the following and not limited to fruits at least two times a week for Breakfast or Lunch (if signed up) or a healthy snack. We serve 100% juice and 2% or whole milk. Our program allows sugary food only on a special occasion. For the holiday celebration a sign-up sheet with specific food and beverage will be place in classrooms so that all can participate but not required too

Weekly Menu

When planning our weekly menu we follow childcare nutrition guidelines. We limit the amount of sugar, fats and salt provided for our breakfast, Lunch (if requested) and snack. We also include food that is culturally diverse and seasonally appropriate. We include new and different foods as well as include the children's favorite recipes. AELC has a weekly rotaing menu to provide the children with a balance of variety and familiarity. Menus are available at your request. Menus are subject to change.

Students will be served a hot and/or cold breakfast, lunch and afternoon snack at the following times. Breakfast is offered from 7:00 am – 8:30 am Lunch is served at 12:00 pm and PM snack is at 3:00 pm. Meals and a snack are planned so that no child will go more than four hours without being offered food.

Role of Staff in Nutrition Education

Our staff provide opportunities for children to learn about nutrition frequently during the week. Our staff will act as role models for health eating in front of children. During mealtimes staff will sit and converse with students about meals and specific foods to promote healthy eating habits.

Nutrition and Punishment

Staff will never use food as a reward of punishment.

Professional Development

Annual nutrition training is required to ensure that all staff understand the important role nutrition plays in the overall well-being of the children.

Toys from Home

At times the center has show-and-tell where your child can bring a special stuffed animal or toy to share with his/her classmates. All items should be labeled with your child's name. Apple Early Learning Center is not responsible for any items brought into the center from home that get lost or stolen. **Smart Watches are not permitted within classrooms due to privacy reasons.

Withdrawal

AELC requires a two-week written notice if you are planning to withdraw your child/ren from our program. Failing to give proper notice will result in a fee not exceeding two weeks' tuition. For any reason you should withdraw and re-enroll there will be a re-enrollment registration fee and current tuition is due prior to start date.

Termination Policy

Apple Early Learning Center is committed to providing a safe and nurturing and developmentally appropriate environment for all children in our care. While we strive to support every child and family through challenges, there may be instances where continued enrollment is not in the best interest for the child, other children, staff or the program. Termination of care is considered a last resort after reasonable efforts have been made to resolve concerns. Situation that may lead to termination include, but are not limited to:

Ongoing disruptive, unsafe, or aggressive behavior that poses a risk to the child and others.

Faliure to follow center policies or repeated violations of the parent agreement.

Non-payment or habitual late payment of tuition and fees

Inability of the program to meet the individual needs of a child within the scope of our resources and staffing.

Repeated failure to follow drop-off or pick-up procedures, including late pickups

Any behavior from a parent or guardian that is threatening, hostile, or disrespectful toward staff, children or other families.

Procedure for Termination

Documentation and communication

Concerns will be documented and discussed with the parent/guardian as they arise. Staff will make reasonable efforts to address concerns through communication, observations, and intervention strategies.

Support and Intervention

AELC may implement temporary strategies or accommodation in attempt to support the child's continued enrollment, where appropriate and feasible.

Notice of Termination

If issues persist or are deemed severe enough to warrant immediate action, AELC reserves the right to issue either a verbal or written notice of termination. A two-week notice may be provided at the discretion of the director, unless circumstances require immediate termination for the safety and well-being of others. This will be determined at the discretion of the director and other staff members.

Immediate Termination

In cases of extreme behavior, safety threats, or other urgent concerns, AELC reserves the right to terminate care effective immediately without prior notice.

Final Decision

All termination decisions will be made at the discretion of the center director and are final.

AELC understands that termination can be difficult for both families and staff. Every effort will be made to handle these situations with professionalism, empathy and respect.

Acknowledgement you have read and understood and agree to policies and procedures of
Apple Early Learning Center

My signature below indicates that I have received a copy of the nutrition policy, it has been reviewed, and I have read and fully under stan the policy.

_____ _____

Parent Signature *Date*

_____

Print Name

I have received and read and fully understand the AELC Parent Handbook detailing the policy, procedures and fees. Including the termination policy.

_____ _____

Parent Signature *Date*

_____

Print Name

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

CACFP Enrollment: Yes:☐ No:☐

Meals your child will receive while in care:

BK☐ LN☐ SU☐ AM Snk☐ PM Snk☐ Evng Snk☐

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

(1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.

(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

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

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

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

Address _____
Street/Apt. # City State Zip Code

Any Changes/Additional Information_____

_____

ANNUAL UPDATES _____ _____ _____ _____
(Initials/Date) *(Initials/Date)* *(Initials/Date)* *(Initials/Date)*

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

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

Address _____
Street/Apt. # City State Zip Code

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

Address _____
Street/Apt. # City State Zip Code

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

Address _____
Street/Apt. # City State Zip Code

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

Address _____
Street/Apt. # City State Zip Code

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

Signature of Parent/Guardian _____ Date _____

OCC 1214 (Revised 01/2022) - All *previous editions are obsolete.*

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: _____

_____

– – – –

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** M☐F☐
Last First Middle Mo / Day / Yr

Address: _____
Number Street Apt# City State Zip

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

Medical Care Provider	Health Care Specialist	Dental Care Provider	Health Insurance	Last Time Child Seen for
Name:	**Name:**	**Name:**	☐ **Yes** ☐ **No**	**Physical Exam:**
Address:	**Address:**	**Address:**	**Child Care Scholarship**	**Dental Care:**
Phone:	**Phone:**	**Phone:**	☐ **Yes** ☐ **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	☐	☐	
Asthma or Breathing	☐	☐	
ADHD	☐	☐	
Autism Spectrum Disorder	☐	☐	
Behavioral or Emotional	☐	☐	
Birth Defect(s)	☐	☐	
Bladder	☐	☐	
Bleeding	☐	☐	
Bowels	☐	☐	
Cerebral Palsy	☐	☐	
Communication	☐	☐	
Developmental Delay	☐	☐	
Diabetes Mellitus	☐	☐	
Ears or Deafness	☐	☐	
Eyes	☐	☐	
Feeding/Special Dietary Needs	☐	☐	
Head Injury	☐	☐	
Heart	☐	☐	
Hospitalization (When, Where, Why)	☐	☐	
Lead Poisoning/Exposure	☐	☐	
Life Threatening/Anaphylactic Reactions	☐	☐	
Limits on Physical Activity	☐	☐	
Meningitis	☐	☐	
Mobility-Assistive Devices if any	☐	☐	
Prematurity	☐	☐	
Seizures	☐	☐	
Sensory Impairment	☐	☐	
Sickle Cell Disease	☐	☐	
Speech/Language	☐	☐	
Surgery	☐	☐	
Vision	☐	☐	
Other	☐	☐	

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

☐ No ☐ 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.) ☐ No ☐ 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.)

☐ No ☐ 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: Last First Middle	**Birth Date:** Month / Day / Year	**Sex** M ☐ F ☐

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

2. Does the child receive care from a Health Care Specialist/Consultant?
☐ No ☐ Yes, describe

3. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.
☐ No ☐ Yes, describe:

4. Health Assessment Findings

Physical Exam	**WNL**	**ABNL**	**Not Evaluated**	**Health Area of Concern**	**NO**	**YES**	**DESCRIBE**
Head	☐	☐	☐	Allergies	☐	☐	
Eyes	☐	☐	☐	Asthma	☐	☐	
Ears/Nose/Throat	☐	☐	☐	Attention Deficit/Hyperactivity	☐	☐	
Dental/Mouth	☐	☐	☐	Autism Spectrum Disorder	☐	☐	
Respiratory	☐	☐	☐	Bleeding Disorder	☐	☐	
Cardiac	☐	☐	☐	Diabetes Mellitus	☐	☐	
Gastrointestinal	☐	☐	☐	Eczema/Skin issues	☐	☐	
Genitourinary	☐	☐	☐	Feeding Device/Tube	☐	☐	
Musculoskeletal/orthopedic	☐	☐	☐	Lead Exposure/Elevated Lead	☐	☐	
Neurological	☐	☐	☐	Mobility Device	☐	☐	
Endocrine	☐	☐	☐	Nutrition/Modified Diet	☐	☐	
Skin	☐	☐	☐	Physical illness/impairment	☐	☐	
Psychosocial	☐	☐	☐	Respiratory Problems	☐	☐	
Vision	☐	☐	☐	Seizures/Epilepsy	☐	☐	
Speech/Language	☐	☐	☐	Sensory Impairment	☐	☐	
Hematology	☐	☐	☐	Developmental Disorder	☐	☐	
Developmental Milestones	☐	☐	☐	Other:			

REMARKS: (Please explain any abnormal findings.)

5. Measurements	Date	Results/Remarks
Tuberculosis Screening/Test, if indicated		
Blood Pressure		
Height		
Weight		
BMI % tile		
Developmental Screening		

6. Is the child on medication?
☐ No ☐ Yes, indicate medication and diagnosis:
(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).
https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms

7. Should there be any restriction of physical activity in child care?
☐ No ☐ Yes, specify nature and duration of restriction:

8. Are there any dietary restrictions?
☐ No ☐ Yes, specify nature and duration of restriction:

9. **RECORD OF IMMUNIZATIONS** – MDH 896 or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider **or** a computer generated immunization record must be provided. (This form may be obtained from: **https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms** Select MDH 896.)

10. **RECORD OF LEAD TESTING -** MDH 4620 or other official document is required to be completed by a health care provider. (This form may be obtained from: **https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms** Select MDH 4620)

Under Maryland law, all children younger than 6 years old who are enrolled in child care must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age. If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.

Additional Comments: _____

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

Maryland State Department of Education
Office of Child Care

Allergy and Anaphylaxis
Medication Administration Authorization Plan

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

Place Child's Picture Here (optional)

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

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

Potentially life threatening. The severity of symptoms can quickly change

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

EMERGENCY Response:

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

PRESCRIBER'S NAME/TITLE		Place stamp here
TELEPHONE	FAX	
ADDRESS		

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

Maryland State Department of Education
Office of Child Care

Allergy and Anaphylaxis
Medication Administration Authorization Plan

Child's Name:_____ Date of Birth:_____

PARENT/GUARDIAN AUTHORIZATION		
I request the authorized child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication.		
PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
CELL PHONE #	HOME PHONE #	WORK PHONE #

Emergency Contact(s)	Name/Relationship	Phone Number to be used in case of Emergency
Parent/Guardian 1		
Parent/Guardian 2		
Emergency 1		
Emergency 2		

Section IV. CHILD CARE STAFF USE ONLY		
Child Care Responsibilities:	1. Medication named above was received	☐ Yes ☐ No
	2. Medication labeled as required by COMAR	☐ Yes ☐ No
	3. OCC 1214 Emergency Card updated	☐ Yes ☐ No
	4. OCC 1215 Health Inventory updated	☐ Yes ☐ No
	5. Modified Diet/Exercise Plan	☐ Yes ☐ No ☐N/A
	6. Individualized Plan: IEP/IFSP	☐ Yes ☐ No ☐N/A
	7. Staff approved to administer medication is available onsite, field trips	☐ Yes ☐ No
Reviewed by (printed name and signature):		DATE (mm/dd/yyyy)

DOCUMENT MEDICATION ADMINISTRATION HERE

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

Maryland State Department of Education
Office of Child Care

Medication Administration Authorization Form

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

Place Child's Picture Here (optional)

PRESCRIBER'S AUTHORIZATION

Child's Name:_____Date of Birth: ____/_____/_____

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

Medications shall be administered from:____/____/_____ to ____/____/_____

If PRN, for what symptoms, how often and how long_____

Possible side effects and special instructions:_____

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

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

The child may self-administer this medication: ☐ Yes ☐No

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

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

PARENT/GUARDIAN AUTHORIZATION

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

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

CHILD CARE STAFF USE ONLY

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

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

Maryland State Department of Education
Office of Child Care
MEDICATION ADMINISTRATION LOG

Each administration of a medication to the child, whether prescription or non-prescription, including self-administration of medication by a child, shall be noted in the child's record. Keep this form in the child's permanent record as required by COMAR. Print additional copies of this page as needed.

Child's Name:				**Date of Birth:**	
Medication Name:				**Dosage:**	
Route:				**Time to Administer:**	
DATE ADMINISTERED	**TIME**	**DOSAGE**	**ROUTE**	**REACTIONS OBSERVED (IF ANY)**	**SIGNATURE**

Maryland State Department of Education
Office of Child Care

TOPICAL BASIC CARE PRODUCT APPLICATION AUTHORIZATION FORM

Topical basic care products such as a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health care practitioner. Please document the application of these products on this form. Keep this form in the child's record as required by COMAR. OCC 1216 IS NOT REQUIRED.

CHILD'S NAME:_____ **DOB:**_____

Product Name:

☐ Diaper Rash product:_____ Date Received:_____

☐ Sunscreen:_____ Date Received:_____

☐ Insect Repellent:_____ Date Received:_____

I authorize the child care staff to apply and store the topical basic care product as indicated above per the manufacturers' instructions. I attest that I have administered at least one application of the product to my child without adverse effects. I certify that I have the legal authority to consent to the application and storage of the product(s) for the child named above.

PARENT/GUARDIAN PRINTED NAME	PHONE NUMBER
PARENT/GUARDIAN SIGNATURE	DATE
NAME OF STAFF RECEIVING PRODUCT	SIGNATURE AND DATE

DATE (ONCE PER DAY)	**PRODUCT (check box)**			**REACTIONS OBSERVED (IF ANY)**	**SIGNATURE**
	Diaper	**Sunscreen**	**Insect**		

Maryland State Department of Education
Office of Child Care

DATE	PRODUCT			REACTIONS OBSERVED (IF ANY)	SIGNATURE
	Diaper	Sunscreen	Insect		

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

_____ _____
Signature Date

2. _____ _____
Name Title

_____ _____
Signature Date

Clinic/Office Name, Address, Phone

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

Environmental Health Bureau
mdh.envhealth@maryland.gov

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

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

How To Use This Form

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

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

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

Frequently Asked Questions

1. **Who should be tested for lead?**

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

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

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

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

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

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

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

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

   Maryland and local jurisdictions have programs for families with a child exposed to lead:
   - Maryland Home Visiting Services for Children with Lead Poisoning
   - Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

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

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

   Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.
   Phone: (610) 519-3478 or Toll Free: (833) 362-2243
   Website: https://www1.villanova.edu/university/nursing/macche.html