

Apple Early Learning Center



Building A Brighter Future

**2025
Registration Fee
\$60 per child
\$80 per family**

**416 Brightseat Road
Landover Maryland 20875
301-336-3125**

PROGRAM CHOICES

Infants-2-17mos	\$310.00 Weekly / \$62.00 Daily
Toddler18-23mos	\$270.00 Weekly / \$54.00 Daily
Two Years Old	\$240.00 Weekly / \$48.00 Daily
Three Years Old (n.p.t.)	\$240.00 Weekly / \$48.00 Daily
Three Years Old (p.t.)	\$225.00 Weekly / \$45.00 Daily
Four Years Old	\$225.00 Weekly / \$45.00 Daily
Before and After School	\$160.00 Weekly / \$32.00 Daily
Before School Only	\$110.00 Weekly / \$22.00 Daily
After School Only	\$160.00 Weekly / \$32.00 Daily
Summer S/A	\$225.00 Weekly / \$45.00 Daily
Winter/Spring Break S/A	\$225.00 Weekly / \$45.00 Daily
Lunch	\$25.00 Weekly ONLY

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 09/01/24 _____ Desired Start Date _____

School previously attended _____ City/State _____

Parent's Signature _____ Date _____

Referred to this center by: _____

Parents email: _____



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 rou me when at home? |

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 _____ (Owner/ Director)

Initials: _____

Date: _____

Additional Notes:



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 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: _____



LEARNING BEYON PAPER CURRICULUM

Apple Early Learning Center is pleased to offer the Learning Beyond Paper Curriculum for the 2024-2025 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 7, 2024. 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 7, 2024. 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 7, 2024- \$70.00

January 6, 2025- \$70.00

April 7, 2025 - \$70.00

Childs Name _____

Classroom _____



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 & 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 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](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

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

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.

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



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



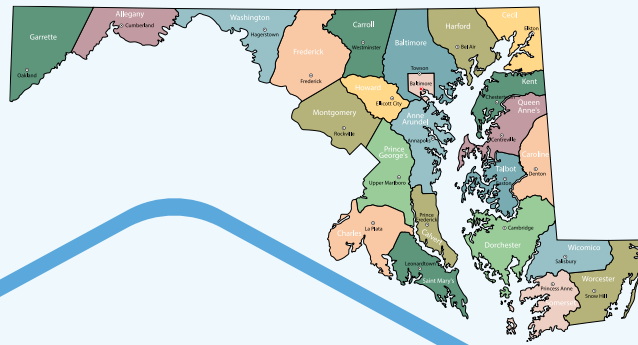
WORKING TOGETHER

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.



**Apple Early
Learning Center**



**Building A
Brighter Future**

Family HANDBOOK

(Revised January 2023)

**416 Brightseat Road, Landover Maryland,
20785
301-336-3125**

301-336-6951 (Fax)

www.AppleEarlyLearningCenter.com

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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 service providers, such as therapists or nurses with parent or guardian permission. In our program we believe it is important to individualize for each child to ensure they are successful in achieving excellence.

In our program we welcome all children and families by integrating information from 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 the learnings 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 rounded 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 also provides several diverse materials for children to engage with. Children are allowed to explore, make choices, and lead activities. We use several types of assessment and inquiry tools to ensure each child’s needs., interests and strengths are enriched. We are sure to include several types of learning strategies and topics which embraces family backgrounds, culture, and home languages. We believe that having positive family relationships is a critical component in delivering high quality education.

Program

Our programs at Apple Early Learning Center are 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: observations, checklists, 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
- Audio Recordings

Children are observed daily through written and oral test, while assessments and checklist are done quarterly by the classroom teachers. These assessments begin the first week of school so that teachers can get a clear sense of each child's level. Observations allow the teachers individualize and create goals based on the information gathered from the children. Through these observations the teachers are not only able 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 conduct parent teacher conferences twice throughout the school year. Once in November and again in April. We have added the dates for Parent Teacher Conferences 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 conferences with their child's teacher on a specific date and block of time. Our Staff uses Sign Up Genius to allow

parent to pick a time slot that best works for their schedule. Teachers are notified through email once a parent has signed up. For parents that can not come in they are given the option of a phone conference or a reschedule date.

Selection Of Learning Materials

Our program prides it's self on the learning environment and selection of learning materials. A few factors that influence the selection of learning materials are:

- **Developmental levels of children**
- **Ages of children**
- **Differences in ways children learn**
- **Information from Individualized Family Service Plans (IFSPs) and Individualized Education Programs (IEPs), when provided by families**
- **Accessibility to all children**
- **Learning domains**

The overall learning environment for each age groups has chairs, tables and other furnishing in the classrooms are child sized. We consult with families or other professionals to learn more about each child's needs to ensure children of all abilities are able to fully participate in every activity. The teachers in each classroom plans and develop lessons that are inclusive and stimulating for children.

We are sure to 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 the learning goals.

Dramatic play:

- **Clothes for men and women**
- **Diverse pictures 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**
- **Squishy balls**
- **Bendy material**
- **Magnifying glass**
- **Magnets**
- **Interesting items for the natural environment**
- **Ramps and scales**
- **Puzzles**
- **Water**
- **Sand**
- **Playdough**

Literacy:

- **Books that give positive messages about age, gender, race, culture, special needs, family types and linguistic diversity**
- **Alphabet magnets, beads, stamps, blocks**
- **Variety of writing tools and surfaces**
- **Variety 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 location around the world
- 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 same influences. Outdoor spaces are always checked to make sure its safe daily. Daily we create interest areas outdoors to enhance and extend children's exploration.

A few materials used for outdoor play are:

- Bubbles
- Sidewalk chalk
- Variety of balls
- Magnifying glasses
- Trucks
- Hula-hoops
- Playground sets and slides
- Tunnels

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

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 interactions, 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.

Transition Plan

To welcome families and prepare children for transition from home to our program we allow families to come and visit the program before their start date. We encourage conversations between staff and parents or family members to explore concerns and ask questions. During these visits we ask parents to talk and prepare their children for the transition. The staff prepares the classrooms for transitions by labeling and adding children's names and pictures to the room. Our teachers go above and beyond to include transition in lesson planning to support each child entering the program. Some examples, are learning classroom and program rules and learning the daily schedule.

Our program encourages independence by teaching routines for each part of the day. Before a new child transitions, our teachers tell the children of new friends that will join their classroom. They have a shared discussion on how to welcome them. New children are taken on a tour throughout the center to get them acclimated, during this time staff greets and introduce themselves. Teachers may pair students together to make new students feel more comfortable. If we notice that children are having

a harder than usual time adapting, we will use strategies such as bringing in a security item from home or keeping a family photo in their child's cubby. This ensures that the child feels safe and comfortable throughout the day while in a new environment.

The process for transitioning children into different age groups, developmental groups, to a different lead teacher/adult, or into a different classroom setting within our discuss transitions with students. From the beginning children are taught program is quite simple. We prepare parents by keeping the well informed. We send home newsletters, notes, face-to-face contact, bulletin boards, emails and posting on our website. After we notify parents and families of the changes, we schedule visits before transitions. We ask parents to talk about the transition with their children and we also, ask teachers to that they are working towards a transition into an older group setting or to "big kid school" (kindergarten). Our teachers work as a team by planning and discussing the student's developmental goals and objectives to make sure they are ready and prepared for the transition through the program. Student assessments are shared amongst teachers to ensure educational goals align.

Our program makes sure that children transition successfully to other programs or school settings by becoming familiar the kindergarten programs and options in the area. We obtain contact information for the school offices and other programs that coordinate services for children with disabilities. Our teachers build relationships by introducing themselves to the people and programs that will serve the children from our program. We help families prepare for their child's transition by keeping up to date on local timelines, procedures, and requirements for enrolling in kindergarten and accessing special needs services. We inform families about of special events and open houses by placing it on the community resource board or through notes sent home. We ask previously transitioned parents to come and speak to our families to give them more knowledge and tips of the transition process.

Our program helps families of children with special needs by advocating the dual process of enrollment in kindergarten and in qualifying special services. We also help them to locate advocacy organizations and special services within the community. Our

administrative staff and teachers are really good communicating and keeping each other informed of special health care needs or disabilities during the transition process. Our teacher take time to familiarize themselves with each child by reviewing documentation of child's history, reviewing IFSPs and IEPs, and requesting additional training in areas outside of their knowledge.

Positive Behavioral Practices

Staff 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 to 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 the 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 interactions such as greeting them every morning and celebrating their successes. We also plan activities around their interest. We use a variety of strategies to encourage children's positive behaviors and help them avoid negative behavior such as modeling positive words and actions, encouraging children to describe their feelings, acknowledging positive behavior, and intervening before negative behaviors or situations occur.

Providing Choices

Often, we provide choices throughout the day for example the children can choose the interest areas they would like to play in. We also allow the children to choose the toys and materials they would like to add to an interest area. During breakfast and snack time we give the children a choice between two selections. Lastly, children are able to choose which classroom job they would like to do. We believe that giving children

choices encourages independence and decision making. It also, 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 and guide the child to more appropriate activities or choices. An example of this is when we use reminders of the classroom rules or share other ways for the children to engage with their peers. We also encourage the children verbally to praise each other. Another way that we use redirection is through physical guidance. We may offer a gentle touch to children to interrupt a challenging behavior while giving a simple direction and guiding the child to a more appropriate behavior or activity. An example of how we use physical redirection is when we notice a child is one the verge losing control or beginning to show frustration, we quickly yet seamlessly guide a child with a gentle touch on the back or by the hand to a new interest area or activity to engage in. Throughout the center there are also visual cues to remind children and redirect challenging behavior. During transitions in the hallways teachers may place their finger to their lip as a visual cue that children should be quiet in the hallway. Often time the teachers in the classroom use redirection with attention. An example of this is during large group, if a child is sitting and being attentive and following carpet rules while other children aren't, we will point out that modeled behavior. This usually encourages the other children to behave as expected.

Reflection and Problem Solving

Our program has implemented the five-step problem solving approach. All staff is to model, teach, and help children practice these steps which continues to contribute to positive problem-solving skills.

1. Identify the problem
2. Brainstorm three ways to handle it
3. Choose one way to try first and decide on a back-up plan
4. Try out the strategy
5. Evaluate how well the strategy works

We understand that supporting each child and teaching them to reflect and problem solve encourages them to believe in themselves as s

successful problem solvers and builds 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 rules are established the first week of school with the children and children are clear on their expectations in the facility. The rules are reinforced and reviewed daily to supports positive behavior and are appropriate for each ages group. An example of how they are written is “We will use our walking feet” and “We will use kind words”. The rules are clear and simple language is used for children to understand. The expectations are modeled by all adults in the program and visual cues are associated with each rule.

Enrollment

Prior to enrolling your child, it is recommended to spend some quality time visiting the center to become familiar with the daily routine, meet with your child’s teacher, and review important information with the Director.

Inclusion

Apple Early Learning Center welcomes all children and is committed to providing developmentally appropriate early learning and development experiences that support the full access and participation of each child. We use developmentally appropriate practices and consider the unique needs of all children when planning. Our staff makes every attempt to make any adaptations or modifications necessary to meet the needs of the children. We make sure schedules, routines and activities are flexible as we work with therapists, special educators, and other professionals to integrate individual accommodations, modifications and strategies into classroom routines and activities.

Any adaptations will be reviewed with families and other professionals supporting the child. All staff is briefed on the need for confidentiality and will be expected to fulfill their obligation to respect the protection of privacy to ALL families. We encourage families to collaborate with staff to ensure that each child has an opportunity for optimum success. Our staff

has regular meetings to discuss the child's successes and challenges as well. Training and support are provided to ensure that all staff are comfortable, confident, and competent to meet the developmental and educational needs of all children. All staff receive an orientation on inclusion policies and attend training focused on effective inclusion and/or other disability topics whenever possible.

The director provides additional support and resources as appropriate. We also encourage families to share Individualized Family Service Plan (IFSP) and Individualized Education Program (IEP) with us so that we may incorporate strategies within our program. If for any reason a parent has concerns about developmental delays or disabilities we provide them with local resources for early intervention/special education services.

Eligibility

Apple Early Learning Center is open to all children ages 6 weeks thru 13 years of age. The Center is open Monday through Friday from 6:30 am to 6:30 pm. In order to be eligible, you must have all center financial documents and state health requirements met.

Registration Fee

Prior to enrollment you must pay a non-refundable registration fee. For families with more than one sibling there is a family registration fee that must be met. If you choose to withdraw and re-enroll at a later timeframe you must pay a re-enrollment registration fee. Space will be subject to availability.

Drop In

On a space availability basis, the center will accept drop in children. The daily fee is a proration of the weekly tuition. However, you must notify the center 24-hours in advance if you wish to do so.

Tuition

Our tuition is based on a market rate analysis. Tuition is subject to change each year. Tuition is figured on an annual basis taking into consideration

center closings and holidays. In an effort to keep our rates low, Apple Early Learning Center does not offer any discounts including vacation, sick, or sibling. Tuition is due on Monday. Tuition is late at the close of business on Monday. A late fee will be applied to your account on Tuesday if the account is not current. If the account becomes in the arrears for 2 weeks your child will be dis-enrolled, and your account will be sent to collections. The center accepts checks, (Please make checks and money orders payable to Apple Early Learning Center.) credit and debit cards, plus money orders. The center encourages all families to set up an auto debit from your checking or credit/debit card. During spring break and winter break tuition will be based on our summer full time rate.

Late Pick Up Fee

The center closes at 6:30. There will be a \$15.00 late fee for every fifteen minutes per child or fraction thereof payable to the center at the time of arrival.

Required Paperwork

Upon enrollment you must fill out an Enrollment Application, a Financial Agreement, two Emergency cards, and all necessary documents provided by the State of Maryland including the "Health Inventory" form, "Allergy form" and copy of immunizations.

Emergency Information

On an annual basis or as needed you will be required to update your emergency information. This includes persons authorized to pick up your child, phone numbers, and changes in medical conditions. Please note: anyone not listed on the pick-up list will NOT be allowed to pick-up. Parents MUST notify the office in advance of anyone picking up not listed. Proper identification will be required.

Withdrawal

The center requires a two-week written notice if you are going to withdraw your child from the program. Failing to give proper notice will result in a fee not to exceed two weeks. For any reason you should withdraw and re-enroll a reenrollment registration fee and the current week's tuition will be required.

Program Fees

Program fees cover the additional materials required to support our curriculum, and in-house activities, The fees are due the first day of October, January, and April. Summer registration materials will go out in March. In order to secure your spot for our summer program you must pay a summer activity fee. This fee will go toward all in-house activities planned for our summer program. In May Fall Registration material will be sent out. Program fees DO NOT cover field trips

Returned Check/Credit Card Fees

There will be a \$35.00 fee applied for checks, credit and debit cards that are returned from the bank. As soon as you receive notification from your bank, the \$35.00 fee plus a money order, credit, or debit payment, for your tuition must be paid. If the center receives two returned checks or declined payments, then all future payments must be paid by money order.

Exclusion

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 from the center IMMEDIATELY. During the interim the child will be placed in a suitably equipped area within sight and sound of an adult. The child may not return to the center without a written statement from the parent or physician and must be free of a fever for 24 hours.

Waiting List

Apple Early Learning Center generally has a waiting list in each of its classrooms. The waiting list is used on a first come first serve basis. Families will be contacted as soon as a space becomes available. Siblings will be given priority to the waiting list.

Children's Attire

Please bring a complete change of clothes appropriate for the changes in season that is labeled with your child's name and classroom. In addition please bring a small cover that is required to be placed over the cot for rest time. On Friday all covers should be picked up and clean linens should be returned on Monday. All soiled clothing should be taken home that day and a new set of clothes returned the next day. Children should wear closed toe shoes, sneakers are appropriate. Please do not dress your child in their best clothing.

Staff

At Apple Early Learning Center we pride ourselves on recruiting and retaining the best and brightest in the industry. Our staff is dedicated, caring individuals with a variety of experience and education in the early childhood field. The staff 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 feel successful.

Arrival and Departure

It is recommended to drop off your child by 9:00 am to benefit most from the program and activities. We ask if you are going to be later than 9:00 am that you call the center and notify the Director. The center will not accept children past 11:00 am, unless a doctor's note was given as it becomes difficult for the child to transition and adjust to the daily routine. All children must be accompanied by an adult into the center and when

leaving the center. Authorized adults must sign the child in and out each day. On Friday please be sure to collect all completed work and bedding.

Absent

Please call or notify the Director through the ProCare Connect App by 10:00 am if your child will not be coming to the center. If your child will be missing for any extended timeframe please notify the center in writing, two weeks in advance. If your child is absent for more than 6 days without notification, your child is subject to dismissal and your space can be filled.

Field Trips

On occasion during the year and throughout the summer the children will attend field trips that are educational and fun. To ensure the safety of the children we will ask parents to volunteer to chaperone during these trips. The costs of the field trips are not a part of the regular tuition, and an additional charge will be applied to your account. Although children are not obligated to attend, they are strongly encouraged. If a child does not attend a trip they can remain at the center for the normal school day. To attend a field trip your account must have a zero balance.

Center Closing

The center operates Monday through Friday from 6:30 am to 6:30 pm. There may be times when you will be notified to pick up your child early due to snow, power outages or any other circumstances out of the control of the center's administration. During these times every effort will be made to keep your child 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.'s Birthday
President's Day
Memorial Day
Juneteenth Day
The 4th of July

Labor Day
Thanksgiving Day
The day after Thanksgiving
Christmas
Staff training day (last Friday of summer before school begins)

Snow Policy

The center will be open on time if Prince Georges County Schools open on time. The Center will open on time if Prince Georges County Schools are delayed 1 or 2 hours. The center will open 1 hour late if Prince Georges County schools are delayed more than 2 hours or closed. The center will be closed if the FEDERAL Government is CLOSED. Please call the center in the morning as the message will be updated with announcements of openings and closings, or feel free to check the website at Appleearlylearning.com. Openings, closings, and delays are subject to change.

Health & Safety

Assuring the health and safety of all children in our center is a team effort. Our program requires parents to provide health information at registration, or upon diagnosis, of all health issues unique to the child. To manage asthma and allergies our program limits the presence of known substances that may trigger or increase the severity of a medical conditions. For children with severe allergies, we are sure to have Allergy Action Plans in place. The plans are updated as needed and or annually.

Toys are cleaned daily using a bleach and water solution. Teachers clean and sanitize after mealtimes, toileting, illness, etc. We encourage healthy hygiene practices by posting handwashing posters near every sink. We also incorporate handwashing into our daily routines.

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 from the center IMMEDIATELY. During the interim the child will be placed in a suitably equipped area within sight and sound of an adult. The child may not return to the center without a written statement from the parent or physician and must be free of a fever for 24 hours without medication.

In order for a staff member to administer medication a parent authorization form must be filled out. This form includes child's name, parent's signature and date signed, identity of the medication and dosage for the child, dates on which the medication is to be administered, and time to administer the medication or the conditions for which the medication is to be administered. Prescription medication must be labeled by the pharmacy or physician with the Child's name and expiration date that indicates that the medication is still usable and at least one dose of the medication has been given at home. The center will NOT administer any over the counter medication unless a doctor approves in writing.

- Over the counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.
- Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Medication Administration Form from the health care provider prior to being given in the childcare center.

Van Policy

If your child is transported on one of the AELC vans, your child must follow all safety guidelines. Any violations may result in suspension from being transported to and or from school. If your child will not be transported for any reason, please notify the center in advance. Failure to do so will result in a \$10.00 transportation charge added to your account.

Accident or Injury

If a child is injured during the day and medical attention is required, you will be notified immediately to come pick up your child. If the situation is an emergency, we will call 911 first, and then contact the parent. A staff member will accompany your child to the hospital. An accident report will

be written and signed by all parties involved. It is imperative to keep all emergency information up to date.

Parent Communication

On-going effective parent communication is the key to providing a quality educational program for your child. Our center has an open-door policy and you are welcome to visit and participate in your child's class at any time. Often written communication goes out or is posted. Please be sure you are aware of this communication daily as it may contain important information about your child's day. At any time, you wish to discuss administrative matters with the Director we ask that you schedule an appointment so our Director is prepared to address your concerns during this meeting.

Nutrition and Food **Child Care Nutrition**

Apple Early Learning Center understands that good nutrition is vital for children develop strong bodies and brains, as well as gives children the energy to participate in our program's daily activities. We appreciate good nutrition because helps children concentrate and stay focused throughout the day. Our program provides all nutritionally balanced meals and snacks. Our program accommodates the special dietary needs of all the children enrolled. When we have children that bring meals and snack from home, our program supplement and substitute foods children bring from home with healthy food choices. Staff encourages parents that choose to send in meals or snacks for their child to make it as nutritionally balanced as possible.

In our program, we make sure that children with food allergies or special dietary needs are accommodated. For example, we allow children to bring in lactose free milk if the parents specify that the child cannot drink skim or 1% milk that's provided. Also, if a child has an allergy to a food, our program will substitute the meal or snack for something that's equally nourishing.

Our program serves:

- ✓ Fruit at least two times a week
- ✓ A vegetable other than white potatoes at least twice a week
- ✓ Whole grain foods at least twice a week
- ✓ 100% juice twice a week
- ✓ Only skim or 1% milk

We limit:

- ✓ High fat meats, no more than two times a week
- ✓ Fried vegetables, no more than once a week
- ✓ Sweet foods, no more than two times a week

Celebrations

Our Program only allows sugary foods on special occasions such as birthday and holiday celebration. For holiday celebrations, a sign- up sheet with specific foods and beverages will be places in the classroom or a specific item will be asked of each child.

Weekly Menu

When planning our weekly menu's, we carefully plan to follow childcare nutrition guidelines at every meal by limit the amount of sugars, fats and salts we allow the children to eat. Our menus are designed to provide a variety of nutritious foods. We also include foods that are culturally diverse and seasonally appropriate. We also include new and different food and includes the children's favorite recipes in our menu planning. Menu's are rotated on a weekly basis to provide the children with a balance of variety and familiarity. Menus are adapted to incorporate local and fresh in-season produce when available. Menus will be posted and served according to the Food Handling Program. All menus are subject to change.

Students will be served a hot and cold breakfast, lunch and an afternoon snack.

Preschool	Breakfast	Lunch	PM Snack
	8:30 am	12:00 noon	3:00 pm

**Meals and snacks are planned so that no child will go more than four hours without being offered food.*

Role of Staff in Nutrition Education

Staff provides opportunities for children to learn about nutrition once or more a week.

Staff must act as role models for healthy 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 or 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 gets lost or stolen.

Office of Child Care Website

- MarylandPublicSchools.org**
- Click on Divisions**
- Scroll down to Division of Early Childhood Development and click "on"**
- Click on Licensing Branch**
- Look to the right on screen for a list of topics. Scroll down and click on desired topic such as form, regulations, etc.**

Acknowledgement

------(cut and return) -----

My signature below indicates that I have received a copy of the nutrition policy, it has been reviewed with me, and I have read and understand the policy.

Signature _____ Date _____
Please circle as appropriate: STAFF PARENT

I have read the above Parent handbook detailing the policies and procedures of Apple Early Learning Center and fully understand its content.

Parent name

Child's name

Parent Signature

Date

CAFCP 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:	W:
			H:	Employer:
		Email:	C:	W:
			H:	Employer:

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

Address _____
 Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

ANNUAL UPDATES

 (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

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

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

Address _____
 Street/Apt. # City State Zip Code

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

Address _____
 Street/Apt. # City State Zip Code

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

Address _____
 Street/Apt. # City State Zip Code

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

Address _____
 Street/Apt. # City State Zip Code

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

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number

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 <input type="checkbox"/> F <input type="checkbox"/>
Last			First		Middle
Address: _____					
Number		Street		Apt#	City
State			Zip		
Parent/Guardian Name(s)		Relationship		Phone Number(s)	
		W: _____		C: _____	
		W: _____		C: _____	
Medical Care Provider Name: _____ Address: _____ Phone: _____		Health Care Specialist Name: _____ Address: _____ Phone: _____		Dental Care Provider Name: _____ Address: _____ Phone: _____	
				Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Child Care Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Last Time Child Seen for Physical Exam: Dental Care 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:	Birth Date:	Sex
Last First Middle	Month / Day / Year	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?
 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	<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.)

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:

**Allergy and Anaphylaxis
Medication Administration Authorization Plan**

Place Child's Picture
Here (optional)

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

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 <input type="checkbox"/> Call Parent <input type="checkbox"/> Call 911	Epinephrine(EpiPen) IM Injection in Thigh <input type="checkbox"/> Call 911 <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. Medication labeled as required by COMAR	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. OCC 1214 Emergency Card updated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. OCC 1215 Health Inventory updated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	5. Modified Diet/Exercise Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	6. Individualized Plan: IEP/IFSP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	7. Staff approved to administer medication is available onsite, field trips	<input type="checkbox"/> Yes <input type="checkbox"/> 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**

Place Child's
Picture Here
(optional)

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.

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 _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2. Medication labeled as required by COMAR. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 3. OCC 1214 Emergency Form updated. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | 4. OCC 1215 Health Inventory updated. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | 5. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | 6. Staff approved to administer medication is available onsite, field trips | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Reviewed by (printed name and signature):

DATE (mm/dd/yyyy)

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		

