

## Enrollment File Check List

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Parent \_\_\_\_\_ Start Date \_\_\_\_\_  
 Date Picked-up \_\_\_\_\_ Date Returned \_\_\_\_\_  
 Phone # \_\_\_\_\_

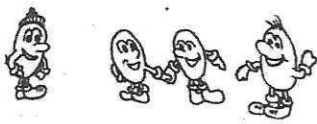
Included in Packet:	Returned:
_____	_____ Emergency Form*
_____	_____ Health inventory (Immunization Record, Addendum-Lead Screen, All About Me)
_____	_____ Parent Booklet Tab
_____	_____ Contract
_____	_____ Individual Activity Plan (2 and under only)
_____	_____ Food Program Info
_____	_____ <input checked="" type="checkbox"/> Menu
_____	_____ Transportation Permit
_____	_____ Sunscreen Permission Slip
_____	_____ other

Payments:	-ck#-	-date-	-amount-
Registration	_____	_____	_____
Deposit	_____	_____	_____
1 <sup>st</sup> week tuition	_____	_____	_____
Food program	_____	_____	_____

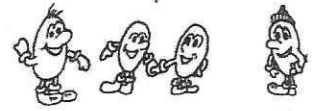
This form stays in folder. Parent date & initial

9/24/08

<sup>2</sup> Must be updated yearly. \_\_\_\_\_  
 \_\_\_\_\_



# JellyBeans Child Development Center



Site: \_\_\_\_\_ Phone: \_\_\_\_\_

## CLIENT AGREEMENT

ENROLLMENT FOR: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
ENROLLMENT FOR: \_\_\_\_\_ D.O.B. \_\_\_\_\_

### WELCOME TO JELLYBEANS CHILD DEVELOPMENT CENTER!!!!

Our mission is to provide every child with a high-quality early childhood experience in a safe, nurturing and developmentally appropriate environment. Our staff views education as a partnership between parents and teachers. We strive to maintain a good rapport with all families based on open communications and mutual respect. We believe in empowering children by offering them experiences to learn at their own pace through decision making and problem solving. By providing an engaging curriculum, it is our aspiration that each child will develop a positive outlook towards school, a live long love for learning, and a better understanding and appreciation for the world around them.

I agree to pay in advance each week, tuition of \$ \_\_\_\_\_ with no deductions for absences, illnesses, holidays, vacations or inclement weather closings. Care will be provided: (days and times) \_\_\_\_\_ with a start date of \_\_\_\_\_

1. The center is open \_\_\_\_\_.
2. The center is closed on all government closings and is closed for: New Year's Day, Martin Luther King Jr. Day, President's Day, Easter Monday, Memorial Day, Juneteenth, 4<sup>th</sup> of July, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day and the day after. The center will close early on Good Friday, Christmas Eve, and New Year's Eve (Closings dates subject to change). Full tuition will be charged for these weeks.
3. The center must be notified in the case of absence or illness. If your child becomes ill at the Center, you will be notified and expected to pick up your child as soon as possible. Your child must be free from diarrhea, vomiting and fever for 24 hours before they can be admitted back into the Center. Covid-19 related symptoms will be managed in consultation with the CDC, local Health Department, and the state licensing agency. Children will not be re-admitted to the Center after a serious illness without a written statement from a physician.
4. Medication should be administered at home when possible. Medication (prescription or other), JellyBeans follows current Maryland state licensing medication administration regulations. The "Medication Administration Authorization Form (OCC Form 1216)" must be filled out by your doctor and accompany the medication. Forms are available at the Center. Please inform Jellybeans if your child is taking any medications at home as it may affect your child's needs or behavior during hours of care.
5. Each child needs to have a labeled change of clothes at the Center. The Center is not responsible for lost/soiled clothes. For your child's comfort and safety, please dress them in play clothes and sneakers or rubber sole shoes. We encourage active play in our program, and children shouldn't worry about their clothing.
6. Outdoor play is an important part of our program goal to promote physical fitness and enhance cognitive development in children, Maryland law requires daily outdoor play even in winter. Parents should dress their child comfortably according to the weather. This means warm coat, hat, mittens, scarves, and when necessary, boots.
7. We realize children like to bring things from home, but sometimes these items get lost or broken causing unnecessary stressful situations for the children. The Center cannot assume any responsibility for lost or damaged items. Please refrain from allowing your child to bring in things from home.
8. Parents are expected to bring their child into the building and see that their child is under supervision before leaving the premises and to enter the building when returning for their child. When you enter the Center to pick up your child, you assume responsibility for your child at this time. Please do not allow them to run about or exit the Center without you. Your child MUST be signed in and out of the Center daily.
9. Nutritional snacks are served in the morning and afternoon. Please send breakfast and lunch in with your child; unless they are enrolled in the food program. Milk will be provided by the Center. Program meals and snacks are balanced and nutritious, with servings of whole grains, fresh fruits and vegetables, limited sugar, fat and salt. Preschoolers will have an afternoon rest period as required by state law. Parents provide a blanket and small pillow, which will be sent home regularly to be laundered.
10. JellyBeans has established age-appropriate guidelines for behavior. Upon enrolling, the children are provided with clear rules and expectations. If any behavior needs addressing, the staff will offer choices and redirection. When the child is ready, our staff takes time for reflection and problem solving to prevent future issues. The purpose of our discipline is to help children learn self-control and to teach them that each person is responsible for their own actions. Our discipline policy has been developed with input from the children and is reviewed periodically.
11. Tuition is due on Monday of each week; or the first day of the week that your child is due to attend. A late fee of \$ \_\_\_\_\_ will be charged to your account if tuition is paid late. There is a \$ \_\_\_\_\_ charge on returned checks. Cash payment will be required after 2 returned checks.
12. I agree to pay a non-refundable registration fee of \$ \_\_\_\_\_ at the time of enrollment and a renewal fee of \$ \_\_\_\_\_ every \_\_\_\_\_. Periodically throughout the year we may require a fee to cover special activities. Information sheets will be sent home with the details as needed.
13. I agree to pay a late pick-up fee of \$ \_\_\_\_\_ per minute for every minute after \_\_\_\_\_. Cash should be paid at the time of pick up. Your account will be billed for any unpaid late pick up fees. Legal authorities will be notified if a child is still at the center at 7:00 p.m. Continuous late pick up may result in termination of childcare.
14. In case of withdrawal of my child from the Center, I agree to give the Center a 2-week written notice commencing on a Monday. My account must be paid by Monday of the last week of attendance or Jellybeans will not provide childcare for the remainder of my last week. If any child is absent from the center for 2 weeks with no call or notice from a parent, they will be terminated. Your account will be billed an additional 2 weeks' tuition to accommodate our required 2-week withdrawal notice. Legal action will be taken if the account is not paid in full. All collections, legal fees, and interest rate compounded \_\_\_\_\_ will be added on to the amount you owe.
15. The terms of the contract remain in effect until the child's enrollment is terminated. We guarantee the rate for the 1<sup>st</sup> year of enrollment after that, current rates apply.
16. Upon enrollment, I agree to give JellyBeans a deposit of 2 weeks tuition. The deposit will be held by until I withdraw my child. If 2-week written termination is given and the account is paid in full at withdrawal, the deposit will be refunded to me within 60 days. Collection procedures will be enacted on any delinquent accounts.
17. In the event of any emergency, the Center has my permission to administer first aid or obtain medical treatment in my child's best interest. The Center does not provide accident or injury insurance for your child. It is your responsibility to have accidental, medical, and dental coverage for your child.
18. Snow closing policy - If the Center is unable to open due to inclement weather, we will leave a message on the answering machine at the Center by \_\_\_\_\_.
19. JellyBeans accepts children of all talents, interests, and abilities. Our experienced staff adapts activities to include all children recognizing that their individual goals may be different. JellyBeans will make every effort to accommodate children's specific goals and needs within reasonable limits.
20. Screen Time Policy: No screen viewing for children under age 2. Over age 2, less than 30 minutes a week of educational screen time. There will be no viewing during meals.
21. My child is currently receiving early intervention services on an IEP/IFSP plan.  Yes  No  N/A

22. I agree to provide a copy to Jellybeans CDC.  Yes  No  N/A
23. My child will not be admitted into JellyBeans without all proper forms on file.
24. This agreement is subject to change with a 2-week written notice by either party.
25. I have read this document in its entirety and fully understand my obligations.

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

SS# \_\_\_\_\_ Driver's License # (Copy of Driver's Lic Req.) \_\_\_\_\_

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

SS# \_\_\_\_\_ Driver's License # (Copy of Driver's Lic Req.) \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Terms:

## ADDENDUM I (referencing COVID Regulations)

### Parents of JellyBeans Child Development Center

We are looking forward to resuming operations for our families and children. With the current COVID-19 precautions still in place there will be some necessary adjustments to our operations. We will make every effort to implement these changes as smoothly as possible. We will work together during this unprecedented time to make child care a pleasant experience for everyone. Below are a few things that we will be doing to meet the current COVID-19 state licensing requirements for all childcare centers in Maryland.

- Operating hours will be changed to 8:00 am -5:00 pm daily. Late pick up charges of \$2.00 per minute will apply. This allows for extra sanitation and to be able to put a schedule together with the current staff that we have.
- Children who are not currently enrolled in JellyBeans or any adults other than our staff members will not be allowed to enter the building. Please knock and a staff person will greet you and give you instructions on how to proceed. If other parents are present please practice Social Distancing while waiting for a staff person. Masks and Social Distancing are required while picking up and dropping off your child.
- Upon arriving at the center's designated entry station, each parent will be required to take their child's temperature with a parent provided thermometer in the presence of a JellyBeans staff person and answer a few questions before your child will be admitted inside the building. Some of the questions include – Does your child have any of the following symptoms? Cough-Shortness of breath - Fever 100.4 or higher – chills – shivering – muscle pain - sore throat – headache – loss of taste or smell- nausea vomiting or diarrhea. If answering yes to any of these your child will not be admitted into care. A JellyBeans staff member will document the information on a state approved form. This is a licensing directive. All JellyBeans Staff will be subject to the same entry procedure and restrictions.
- Temperatures and health assessments of children and staff members will be performed periodically throughout the day. Children who develop any of these symptoms during the day will be immediately isolated and will have to be picked up promptly. Please have a prior plan in place to have them picked up immediately if necessary. Upon identifying any of these symptoms with our staff, they will be sent home immediately as well. The center is required to collaborate with the local Health Department to determine reentry procedures for children or staff respectfully.
- While we respect the professional diagnosis from your pediatrician for your child to be allowed back into the childcare center the final determination will be decided by JellyBeans Management. Example: a child with excessive coughing, we would deem as an exclusion from care even if your pediatrician says they can return to care. WE cannot confine coughing particles and wearing a mask with excessive coughing is not a healthy situation for any child. Please be advised that we are always monitoring for all illnesses with the children in our care not just specific to COVID – 19.
- Quarantining at home of staff and children may be necessary. The Center for Disease Control (CDC) and our local Health Department guidelines for this are constantly changing so we will discuss them with parents and staff as they become necessary.
- In the event that the center is mandated to close for a specified quarantine period as defined by the CDC weekly childcare tuition will still be due. While we understand the inconvenience it may cause for our families it will be a closing out of our control and payment will be expected during these closure times.
- Please be sure that emergency phone numbers are current. The center may need to call you after hours if a COVID related closing is deemed necessary by the local regulating agencies after operating hours.
- We will be practicing Social Distancing as much as possible while still rendering loving care for each child.
- Staff and children over 5 will be required to wear masks but children struggling with this will be evaluated individually. Children under age 2 will not be permitted to wear masks. Children ages 2 to 5 can wear masks if developmentally appropriate but they are not required to wear them.
- Parents are to provide masks for their children. These can be disposable or several fresh cloth ones. Licensing requires that the masks be stored in paper bags, one marked clean and one marked used. The masks should be

clearly marked with the child's name and which side of the mask should be facing outwards so there is consistency in the wearing of the mask. These will be stored at the center and we will send them home to be laundered periodically. It is mandated by licensing that each child must have at least 5 masks at the center at all times. It may be necessary to change them out several times during the day. Masks will not be worn during outdoor play, nap or meal times.

- We will be sanitizing with the required bleach solution often throughout the day. Sanitation of our facility has always been a part of our daily schedule but we will be increasing the times and places that will be getting additional attention.
- We will be operating our usual UV air purifiers during operating hours and we will be putting them on the 8 hour sanitation mode every night at closing. We have invested in UV sanitizing wands and will be using them safely around the center throughout the day to disinfect items that bleach cannot be used on.
- We will be enforcing all of our regular licensing requirements so be sure your child's file including shot records are up to date. Children waiting on a shot appointment will not be admitted into the center, so please make you schedule your pediatric appointments well in advance.
- Parents will be required to sign new contract agreements.
- The center has temporarily suspended the hot lunch program so parents should provide a bag lunch for their children until further notice. A morning and afternoon snack will still be provided.
- Due to the spread of germs our water fountains are temporarily shutdown. Please send in a labeled water cup with a lid and is clearly labeled with your child's name.

With these changes to our operations in place we are looking forward to welcoming everyone back. Hopefully we can all see "Business as usual" again soon. Please feel free to direct any of your questions or concerns to our staff. Please understand that this unprecedented situation is constantly evolving and changing and we will be required to make changes accordingly. So bear with us as we all get through this trying time.

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



## EMERGENCY FORM

**INSTRUCTIONS TO PARENTS:**

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Enrollment Date \_\_\_\_\_ Hours & Days of Expected Attendance \_\_\_\_\_

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

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

Name of Person Authorized to Pick Up Child (daily) \_\_\_\_\_  
Last First Relationship to Child

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

Any Changes/Additional Information \_\_\_\_\_

ANNUAL UPDATES \_\_\_\_\_  
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

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

1. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

2. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

3. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_  
Street/Apt.# City State Zip Code

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

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

**INSTRUCTIONS TO PARENT:**

- (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:

✓ \_\_\_\_\_ Date \_\_\_\_\_  
Name of Health Practitioner

✓ \_\_\_\_\_ (\_\_\_\_\_) Telephone Number  
Signature of Health Practitioner

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care

# HEALTH INVENTORY

## Information and Instructions for Parents/Guardians

### REQUIRED INFORMATION

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

- ° A *physical examination by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).*
- ° *Evidence of immunizations. A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at:*  
<http://earlychildhood.marylandpublicschools.org/system/files/filedept/3/maryland-immunization-certification-form-dhmh-896-february-2014.pdf>

*Evidence of Blood-Lead Testing for children living in designated at risk areas. The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:* <http://earlychildhood.marylandpublicschools.org/system/files/filedept/3/dhmh-4620-blood-lead-testing-certificate-2016.pdf>

### EXEMPTIONS

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

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

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

### INSTRUCTIONS

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

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at <http://earlychildhood.marylandpublicschools.org/system/files/filedept/3/occ1216-medication-administration-authorization.pdf>

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



# PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

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

Address: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Mo / Day / Yr

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Your Child's Routine Medical Care Provider  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Your Child's Routine Dental Care Provider  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Last Time Child Seen for Physical Exam: \_\_\_\_\_  
 Dental Care: \_\_\_\_\_  
 Any Specialist: \_\_\_\_\_

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

	Yes	No	Comments (required for an Yes answer)
Allergies (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
Bowels	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Poison/Exposure complete DHMH4620	<input type="checkbox"/>	<input type="checkbox"/>	
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility-Assistive Devices if any	<input type="checkbox"/>	<input type="checkbox"/>	
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?  
 No  Yes, name(s) of medication(s): \_\_\_\_\_

Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Counseling etc.)  
 No  Yes, type of treatment: \_\_\_\_\_

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

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

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

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



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

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First Middle Month / Day / Year M F

1. Does the child named above have a diagnosed medical condition?  
 No  Yes, describe: \_\_\_\_\_
2. 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: \_\_\_\_\_

3. PE Findings

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: (Please explain any abnormal findings.) \_\_\_\_\_

4. RECORD OF IMMUNIZATIONS – DHMH 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: <http://earlychildhood.marylandpublicschools.org/system/files/filedecor/3/maryland-immunization-certification-form-dhmh-896-february-2014.pdf>)

RELIGIOUS OBJECTION:

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. 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).
6. Should there be any restriction of physical activity in child care?  
 No  Yes, specify nature and duration of restriction: \_\_\_\_\_

7. Test/Measurement	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		

Lead Test Indicated: DHMH 4620  Yes  No

Test #1	Test #2	Test #1	Test #2

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

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:
_____	_____	_____	_____



# MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE

**Instructions:** Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

## BOX A - Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST MIDDLE

CHILD'S ADDRESS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STREET ADDRESS (with Apartment Number) CITY STATE ZIP

SEX:  Male  Female      BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      PHONE \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST MIDDLE

## BOX B - For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015?  YES  NO

Has this child ever lived in one of the areas listed on the back of this form?  YES  NO

Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)?  YES  NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

## BOX C - Documentation and Certification of Lead Test Results by Health Care Provider

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments

Comments: \_\_\_\_\_

Person completing form:  Health Care Provider/Designee OR  School Health Professional/Designee

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## BOX D - Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done:  YES  NO

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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



## HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

### At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

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

#### Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.



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

Anne Arundel	410-573-9522
Baltimore City	410-554-8315
Baltimore County	410-583-6200
Prince George's	301-333-6940
Montgomery	240-314-1400
Howard	410-750-8771
Western Maryland, Allegany, Garrett & Washington	301-791-4585
Upper Shore, Kent, Dorchester, Talbot, Queen Anne's & Caroline	410-819-5801
Lower Shore, Wicomico, Somerset & Worcester	410-713-3430
Southern Maryland, Calvert, Charles & St. Mary's	301-475-3770
Harford & Cecil	410-569-2879
Frederick	301-696-9766
Carroll	410-549-6489

## Resources

**Child Care Subsidy** - Assists parents with cost of childcare  
1-866-243-8796

[cpsc.org](http://cpsc.org)

**Consumer Product Safety Commission (CPSC)** - regulates certain products used in childcare

[cpsc.org](http://cpsc.org)

**Maryland EXCELS** - Maryland's Quality Rating System for Childcare Facilities

[marylandexcels.org](http://marylandexcels.org)

**Maryland Developmental Disabilities Council** - May assist with ADA issues

[md-council.org](http://md-council.org)

**Maryland Family Network** - Assists parents in locating childcare

[Marylandfamilynetwork.org](http://Marylandfamilynetwork.org)

**PARTNERS Newsletter** - What's happening in the Division of Early Childhood Development

[Earlychildhood.Marylandpublicschools.org](http://Earlychildhood.Marylandpublicschools.org)

To this site to check provider inspection violations

[checkcmd.org](http://checkcmd.org)



Larry Hogan, Governor

Mohammed Choudhury

State Superintendent of Schools

OCC 1524 (10/2018)

# Guide to Regulated Child Care



Important

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; and
- Taking enforcement action when necessary.

COMAR Regulations and other information about the Office of Child Care may be found at:

[earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care](http://earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care)

## Important Information About Child Care Facilities

Dear Parent/Guardian:

Maryland child care regulations require your child care provider to verify that you received a copy of "A Parent's Guide to Regulated Child Care." On the lines below, please write the name of each child you have placed in the care of this provider. Complete and sign the statement at the bottom, tear off and give this portion of the brochure to the child care provider for retention in the facilities files.

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

I, \_\_\_\_\_, have received a copy of the consumer education brochure entitled "Parent's Guide to Regulated Child Care."

Date \_\_\_\_\_

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

# What are the types of child care facilities?

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

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

**Child Care Center** – non-residential care

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

**All facilities must meet the following requirements:**

- Must obtain the approval of OCC, fire department and local agencies;
- Must have qualified staff who have received criminal background checks, child abuse and neglect clearances, and are not on the sex offender registry;
- Family child care providers must maintain certification in First Aid and CPR;
- Child Care Centers must maintain a ratio of one staff certified in first aid and CPR per every twenty (20) children at all times;
- Must offer a daily program of indoor and outdoor activities;
- Must maintain a file with all required documentation for each enrolled child;
- Must post approved evacuation plans, conduct fire drills and emergency preparedness drills; and
- Must report suspected abuse and neglect, and may not subject children to abuse, neglect, mental injury or injurious treatment.

# Did You Know?

- Regulations that govern child care facilities may be found at: [earlychildhood.marylandpublicschools.org/regulations](http://earlychildhood.marylandpublicschools.org/regulations)
- The provider's license or registration must be posted in a conspicuous place in the facility;
- A child care provider must enter into a written agreement, with a parent, that specifies fees, discipline policy, presence of animals, the use of volunteers, and sleeping arrangements for overnight care;
- Parents/guardians may visit the facility without prior notification any time their children are present;
- Written permission from parents/guardians is required for children to participate in any and all off property activities;
- All child care facilities must make reasonable accommodations for children with special needs;
- A "Teacher" qualified person must be assigned to each group of children in a child care center;
- Staff:child ratios must be maintained at all times in child care centers;
- Parents/guardian must be immediately notified if children are injured or have an accident in care;
- Child care facilities may have policies beyond regulatory requirements;
- OCC should be notified if a provider has violated child care regulations;
- Parents/guardians may review the public portion of a licensing file; and
- The provider's compliance history may be reviewed on [CheckCMD.org](http://CheckCMD.org).

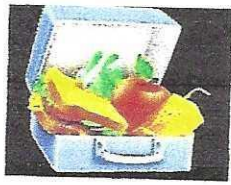
# JellyBeans Menu B

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>A.M. Snack</b>	Cheese Sticks Crackers Juice	Peanut Butter Graham Crackers Milk	Muffins Milk	Bologna Crackers Milk	Cereal Mix Milk
<b>Lunch</b>	Lasagna Green Beans Roll Fruit Cocktail Milk	Hot Dog/Roll Baked Beans Tator Tots Pears Milk	Pizza Rolls Buttered Peas Peaches Milk	Salisbury Steak Mashed Potato Glazed Carrots Milk	Quesadilla Spanish Rice Corn Milk
<b>P.M. Snack</b>	Mini Poptarts Milk	Pretzels & Cheese Juice	Apple slices Animal Crackers Milk	Buttered Rice Juice	Veggie Straws Milk

# JellyBeans Menu A

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>A.M. Snack</b>	Goldfish Crackers Juice	Pudding Animal Crackers Milk	Pretzels & Cheese Milk	Go-gurt Teddy Graham Milk	Applesauce Vanilla Wafers Milk
<b>Lunch</b>	Spaghetti Meatballs Green Beans Pineapple Chunks Milk	Chicken Nuggets French Fries Corn Milk	Pizza Rolls Mixed Vegetables Peaches Milk	Turkey & Gravy Mashed Potato Glazed Carrots Milk	Fish Sticks Mac & Cheese Peas Applesauce Milk
<b>P.M. Snack</b>	Rice Cakes Cream Cheese Milk	Mac & Cheese Juice	Cupcakes Milk	Cheese & Crackers Juice	Fruit Bars Milk





# JellyBeans Food Program



## Children 18 Months and Older:

\_\_\_\_\_ YES, I would like to enroll my child \_\_\_\_\_ in the JellyBeans Food Program for \_\_\_\_ lunches per week. I agree to pay \$\_\_\_\_\_ per month, due on the first of every month. I understand if I wish to cancel my enrollment in that program that I must give a 2 week notice in writing to the office.

\_\_\_\_\_ NO Thank You, I am not interested in the JellyBeans Food Program at this time. I will provide my child with a bag lunch everyday. I understand that in the event that my child does not have a bagged lunch, the center will serve the scheduled hot lunch and my account will be billed \$4.00 for that day.

Comments/Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date



# Procure

CONNECT

Dear Parents,

We are excited to announce that we are going to start a trial with an online system for communication with you about your child's day. Again, this is a trial, so please bare with us as we are learning this system just as you will be doing. This system is called Procure and it is available as a website and a app. In order to begin the process, we are in need of your preferred cell phone numbers and your email addresses of the parent/guardians you wish to receive the daily updates about your child. Below are the instructions to follow to set up your account with Procure:

Once I have your email, you will be invited with a sign up code and here are the steps that you will need to follow:

1. You will receive a unique registration code via email or text. You will need to have this code handy when you begin to sign up.
2. You can then go to <https://schools.procureconnect.com/sign-up> and click Sign Up or download the Procure app and click "Create Account." From there, you will select "Parent," fill out your name, email address, and create a password.
4. After logging into the account, you will see the option to add your child. Here is where you will enter that registration code.
5. After they click on the Add Child button, you will see the option to enter the registration code.
6. Finally, if the code is entered correctly, you should immediately see your child's profile and activity feed

Please fill out the below portion of this form and return as soon as possible. Thank You for your patience as we go through this trail period.

Thank You,  
JellyBeans Staff

-----CUT HERE-----

## Procure Connect Information

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

### Parent/Guardian 1

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

Cell Phone Number: \_\_\_\_\_

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

### Parent/Guardian 2

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

Cell Phone Number: \_\_\_\_\_

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



## WEATHER RELATED CLOSINGS

Please remember to call the center and listen to the voice message machine for any changes in our operating schedule. The information will be posted by 6:00 a.m.

Thank You



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**JellyBeans Child Development Center**  
4176 Old Washington Road  
La Plata, MD 20602

Please send in

- Travel Sized Pillow and small blanket inside a full size pillow case
  - Season appropriate change of clothes in a labeled zip lock bag
  - Sunscreen if needed
  - Lunch if not participating in Food Program
  - Diapers and Wipes, labeled if needed
-