

**APPLICATION FOR TIERED REIMBURSEMENT  
 POC DIFFERENTIAL**

Check application type and fill in level number:

- First Application  
 Renewal Application  
 Update – to move to a higher tier level

**INSTRUCTIONS:** Complete this application form and mail all documentation to the Office of Child Care (OCC) at the above address. Incomplete applications will be returned. **Application must include all required documentation.**

PROVIDER/DIRECTOR'S NAME: \_\_\_\_\_  
 Last First Middle

FACILITY ADDRESS: \_\_\_\_\_  
 Number Street P.O. Box or Apt. # City Zip Code

DAYTIME/WORK PHONE #: (\_\_\_\_) \_\_\_\_\_ E-  
 MAIL: \_\_\_\_\_

FACILITY NAME (if applicable): \_\_\_\_\_

License/Registration #: \_\_\_\_\_ SSN or Federal ID # (required): \_\_\_\_\_

Attach a copy of the current child care center license or family child care registration certificate.

<b>EACH COMPONENT MUST BE MET - CHECK OFF DOCUMENTATION SUBMITTED: (Attach copies only)</b>				
<b>COMPONENT</b>	<b>REQUIREMENT</b>	<b>DOCUMENTATION – ATTACH:</b>		
<b>1</b> ACCREDITATION STATUS	The program must be in the process of becoming accredited or be accredited through a State or national accrediting organization.	<u>Level 2 and 3:</u> <input type="checkbox"/> Accreditation self-study cover page and at least on completed standards page <input type="checkbox"/> Statement of self-study progress (Just started or completed)	<u>Level 4:</u> <input type="checkbox"/> Dated accreditation letter or certificate	
<b>2</b> STAFF CREDENTIALING	Each person in charge of a group of children must be participating in the Maryland Child Care Credential program.	<input type="checkbox"/> Current Maryland Child Care Credential for <i>each</i> staff person or family child care provider <b>AND FOR CHILD CARE CENTERS ONLY:</b> <input type="checkbox"/> Child Care Facility Personnel List - OCC 1203, indicating <i>each</i> lead staff person		
<b>3</b> LEARNING ENVIRONMENT	The program offers at least 15 minutes of reading activities each day for children.	<input type="checkbox"/> Program schedules for each age group/room/family child care home		
<b>4</b> PARENT INVOLVEMENT	Parents have the opportunity to participate in the child care program in a variety of ways.	<input type="checkbox"/> Parent involvement activities, including, as appropriate, name of activity, dates, sign-in sheets, policies, handbook, photographs, etc.		
<b>5</b> PROGRAM EVALUATION	Child care programs use a variety of evaluation tools to assess the quality of care children receive. Environmental rating scales, staff evaluation, parent and staff surveys, and goal setting.	<u>Level 2:</u> <input type="checkbox"/> Completed rating scale score sheet with date and name of person completing <b>AND FOR CHILD CARE CENTERS :</b> <input type="checkbox"/> Sample staff evaluation instrument <input type="checkbox"/> Staff evaluation schedule (staff name and date scheduled or completed)	<u>Level 3:</u> <input type="checkbox"/> Independently completed rating scale score sheet with date and name of person completing <input type="checkbox"/> Program goals <input type="checkbox"/> Parent Surveys <input type="checkbox"/> Staff Surveys (if applicable)	<u>Level 4:</u> <input type="checkbox"/> Independently completed rating scale score sheet with date and name of person completing <input type="checkbox"/> Goal evaluation and revision
<b>6</b> <b>Centers Only</b> STAFF COMPENSATION	Child care centers offer staff compensation on a scale that recognizes education and experience.	<u>Level 2 and 3:</u> <input type="checkbox"/> Salary scale		<u>Level 4:</u> <input type="checkbox"/> Salary scale <input type="checkbox"/> Statement of benefits package offered to staff
<b>7</b> <b>Renewal Only</b> CONTINUED TRAINING	Check program requirements for number of hours.	<input type="checkbox"/> Certificates of continued training completed within the previous 12-month period for only those staff <u>not</u> participating in the MD Child Care Credential Program.		

I affirm that all information on this application and all documentation attached is true and correct. I further affirm that the home or center named above is not currently under sanctions from the OCC nor are there any regulatory violations that may jeopardize the health, safety or well-being of the children attending. I understand that there are penalties for giving false statements. I have attached all required information as indicated above. My signature makes this statement binding.

\_\_\_\_\_  
 Signature (Blue Ink)

\_\_\_\_\_  
 Date