

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care  
RELEASE OF INFORMATION – Child Care

Child Care regulations require signed and notarized permission to examine records of child and adult abuse and neglect for information about:

- 1) The applicant/operator (if the applicant/operator is an individual) or family day care provider;
- 2) Each child care center employee or staff member;
- 3) Each adult, 18 years old or older, living on the premises of the child care facility or applicant;
- 4) Each family day care substitute;
- 5) Each family day care additional adult;
- 6) Each trustee, manager, and board member, who may have frequent contact with children in care, if the applicant/operator is a corporation, agency, association, or other organizational entity; and
- 7) Any other individual identified by the Office.

**STATEMENT OF PERMISSION**

I hereby authorize the OCC to have access to any files or records of child and adult abuse or neglect in the possession of a State or Local Department of Social Services in order to help OCC:

- Evaluate my suitability for employment in or by a child care center, or
- Determine whether to approve the issuance or maintenance of an initial or continuing license, letter of compliance or registration for: \_\_\_\_\_, located at:

(Name of Applicant/Operator, or Licensed, Letter of Compliance or Registered Child Care Facility)

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, Maryland 21014

Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Furthermore, I understand that the information obtained by OCC from the State or Local Department of Social Services may provide grounds for OCC to:

- Prohibit or require termination of my employment at the child care center, or
- Deny, suspend, or revoke the license, letter of compliance, registration or application of the Child Care Center, Family Child Care Provider or Applicant/Operator named above.

If I am not the Applicant/Operator or Provider, I authorize OCC to release this information to an authorized representative of the Child Care Center, or to the Family Child Care Provider or the Applicant/Operator.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Print Name (First, Middle, Maiden, and Last)

\_\_\_\_\_  
Address: Street City State Zip Code

\_\_\_\_\_  
Telephone Number Social Security Number

\_\_\_\_\_  
Date of Birth Position: Employee, Resident, Substitute, Volunteer, etc.

Male  Female Primary Language Spoken: \_\_\_\_\_

Race (check all that apply):  American Indian or Alaskan Native

Asian  Black or African American  Native Hawaiian or Pacific Islander

White  Other (specify): \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Non-Hispanic or Latino

\_\_\_\_\_  
Notary