

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 Local Department of Social Services (DSS) to release to the Office of Child Care (OCC) any files or records of child and adult abuse or neglect 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)

\_\_\_\_\_  
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.

\_\_\_\_\_  
**Print Name** First Middle Maiden Last | **Other Names Used**

**Address:** Street City State Zip Code

\_\_\_\_\_  
**Telephone Number Social Security Number Date of Birth Email Address**

Male  Female Primary Language Spoken: \_\_\_\_\_ **Position** \_\_\_\_\_  
Employee, Resident, Substitute, Volunteer, etc.

**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

**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 Date**

\_\_\_\_\_  
**Notary Signature My commission Expires:** \_\_\_\_\_

\_\_\_\_\_  
**Background Clearance Findings (for OCC use only) Person Conducted Search Date:** \_\_\_\_\_

1. The individual whose name is being searched is NOT identified in the Central Confidential Database for abuse or neglect.
2. Based on the information provided by the Local Department of Social Services, we have determined that \_\_\_\_\_ is listed in the Central Confidential Database as being indicated for  abuse or  neglect in reference to an investigation conducted in \_\_\_\_\_.
3. Based on the information provided by the Local Department of Social Services, there is a disposition of Unsubstantiated  abuse or  neglect for the person whose name is being searched.
4. 181 and/or summary received from Local Department of Social Services on \_\_\_\_\_.