

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care

**RELEASE OF INFORMATION – Child Care Facilities**

Child Care Center Licensing regulations at COMAR 13A.14.02.06, 13A.14.02.07, and 13A.14.02.19 and Letter of Compliance regulations at COMAR 13A.14.05.06, 13A.14.05.07, and 13A.14.05.19 require signed and, if required by the Office of Child Care, notarized permission to examine records of child and adult abuse and neglect for information about:

- The director;
- Each employee or staff member; or adult classroom volunteer
- Each adult 18 years old or older living on the premises of the child care facility;
- The applicant, if the applicant is an individual; and
- Trustees, managers, or board members who may have frequent contact with children in care, if the applicant is a corporation, agency, association, or other organizational entity.

**STATEMENT OF PERMISSION**

I hereby authorize the Office of Child Care (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 facility; or
- Determine whether to approve the issuance or maintenance of an initial or a continuing license or letter of

compliance for: St. John's Cooperative Nursery School of Linthicum, which is located at the  
(Name of Facility or Corporation)

following address:

<u>300 W. Maple Road</u>	<u>Linthicum</u>	<u>MD</u>	<u>21090</u>
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 facility, and I authorize OCC to release this information to an authorized representative of that facility; or
- Deny, suspend, or revoke the license or letter of compliance of the Facility or Corporation named above, and I authorize OCC to release this information to an authorized representative of that Facility or Corporation.

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

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

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Address

\_\_\_\_\_  
Previous Address