

Name of Child(ren) _____

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 the applicant/operator (if the applicant/operator is an individual) or family child care provider/co-provider; each child care center employee or staff member; each adult, 18 years old or older, living on the premises of the child care facility or applicant; each family child care substitute and additional adult; 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 any other individual identified by the Office.

Facility Name and address: Aspen Hill Cooperative Nursery School - 1001 Twinbrook Pkwy., Rockville, MD 20851
(Name of Family Child Care Provider or Facility)

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 the above named facility.

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	

Prior Addresses (List all within the last 5 years outside of Maryland. Use additional pages as needed):

Street Address	City, State, Zip Code	Dates of Residence
Street Address	City, State, Zip Code	Dates of Residence

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

Race (check all that apply): American Indian or Alaskan Native Black or African American Native Hawaiian or Pacific Islander
 Asian 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.

Notary Signature My commission Expires: _____ **Signature** _____ **Date** _____
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Background Clearance Findings (for OCC use only) Person Conducting 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 the individual is listed in the Central Confidential Database as being Indicated or Unsubstantiated for abuse or neglect in reference to an investigation conducted in _____.
- 3. 181 and/or summary was received from Local Department of Social Services on _____.
- 4. The above named individual is or is not cleared for involvement in the Child Care Facility with the following restrictions: _____.

Regional Manager/Designee Signature Date

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Name: _____

To ensure that the information obtained is for the correct individual, please provide additional family history information requested below.

Full names and birth dates of your child(ren) including, if any, whether living with you or not: NOTE: If none, check this box

Child's First Name	Middle Name	Last Name	Date of Birth
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