

Alfred Sibedwo  
11302 Dappled Grey Way  
Upper Marlboro, Maryland 20772

August 3, 2020

Krystal Holland, Board Chair  
Maryland State Board for Certification of  
Residential Child Care Program Professionals  
4201 Patterson Avenue,  
Baltimore, MD 21215-2299

Re: Surrender of Residential Child Care Program Administrator Certificate  
Alfred Sibedwo, CRCCPA Certificate Number: A00 165  
Case Number: 20-003

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Dear Ms. Holland and Members of the Board:

Please be advised that, pursuant to Md. Code Ann., Health Occ. § 20-312, I have decided to **SURRENDER** my certificate to practice as a certified residential child care program administrator in the State of Maryland, Certificate Number A00165, effective immediately. I understand that upon surrender of my certificate, I may not engage in the practice as a certified residential child care program administrator in the State of Maryland as it is defined in the Maryland Certification of Residential Child Care Program Professionals Act (the "Act"), Health Occ. §§ 20-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my certificate means that I am in the same position as an uncertified individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT**, and upon acceptance, becomes a **FINAL ORDER** of the Maryland State Board for Certification of Residential Child Care Program Professionals (the "Board").

I acknowledge that the Board initiated an investigation of my practice. On June 1, 2020, the Board issued an order for Summary suspension suspending my certificate. In the order for summary suspension, the Board found that I was named as an alleged maltreater following an investigation conducted by child protective services relating to activity that occurred at a group home for which I was the administrator. I have decided to surrender my certificate to practice as a certified residential child care program administrator in the State of Maryland.

I voluntarily, knowingly and freely choose to submit this Letter of Surrender.

I understand that by executing this Letter of Surrender, I am waiving my right to a hearing to contest the order for summary suspension. In waiving my right to contest the order for summary suspension, I am also waiving the right to be represented by counsel at the hearing, to confront witnesses, to give testimony, to call witnesses on my own behalf, to present other evidence to support my position, and all other substantive and procedural protections provided by law, including the right to appeal to circuit court. I acknowledge that if I were to proceed to

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an evidentiary hearing, the Board would have sufficient evidence to find by a preponderance of the evidence that I violated the Act under Md. Ann Code. Health Occ. §§ 20-313(b)(10) and COMAR 10.57.05.06(3)(a).

I understand that the Board may advise the National Practitioner Data Bank of this Letter of Surrender. I also understand that in the event I would apply for a certificate in any form in any other state or jurisdiction that this Letter of Surrender may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.*, and that this Letter of Surrender constitutes a disciplinary action by the Board.

I further recognize and agree that by submitting this Letter of Surrender, my certificate will remain surrendered unless and until the Board grants reinstatement. I understand that I may apply for reinstatement of my certificate in two years. I further understand that if I file a petition for reinstatement, I will approach the Board in the same position as an individual whose certificate has been revoked.

In the event that I apply for reinstatement of my Maryland certificate, I will be required to submit a written application for reinstatement on a form prescribed by the Board, the appropriate fee, written responses to any questions that the Board may propose concerning the reasons my certificate was surrendered and concerning my fitness to practice. The Board may conduct an informal inquiry with the opportunity to have a personal interview with the Board. The Board may consider my history and an oral presentation from me and the administrative prosecutor's office. I understand that the Board is not required to grant my reinstatement. The Board will consider my application, my responses to any written questions and supporting documentation and written arguments, if any submitted by me and any response by the administrative prosecutor's office. I understand that the Board shall determine in its discretion if post-disciplinary reinstatement is consistent with the health and welfare of the general public and with the best interest of the profession. The Board will issue a written order on the post-disciplinary reinstatement application that either (1) denies reinstatement of my certificate (2) reinstates my certificate without conditions; or (3) reinstates my certificate with one or more of the following conditions: (a) Probation; (b) requirements for supervision or chaperone; (c) limitations on practice; or (d) other conditions that the Board considers appropriate for public safety and the protection of the integrity and reputation of the profession. If the Board denies me reinstatement, I understand that the Board may set out when, if ever, a subsequent petition may be submitted.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by an attorney of my choice throughout the proceedings before the Board, including the right to consult with an attorney prior to signing this Letter of Surrender. I have knowingly and willfully waived my right to be represented by an attorney before signing this letter

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surrendering my certificate to practice as a certified residential child care program administrator in Maryland. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effects of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,




Alfred Sibedwo

**NOTARY**

STATE OF Maryland  
CITY/COUNTY OF Prince Georges

I HEREBY CERTIFY that on this 14<sup>th</sup> day of August 2020 before me, a Notary Public of the City/County aforesaid, personally appeared Alfred Sibedwo, CRCCPA, and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was their voluntary act and deed.

AS WITNESS my hand and Notarial seal.



ENOKAI  
Notary Public  
My commission expires.

ESTHER N. OKAI  
NOTARY PUBLIC STATE OF MARYLAND  
Prince George's County  
My Commission Expires October 8, 2020

**ACCEPTANCE**

On behalf of the Board on this \_\_\_\_\_ day of \_\_\_\_\_, 2020, I, Krystal Holland, accept Alfred Sibedwo, CRCCPA's **PUBLIC SURRENDER** of their certificate to practice as a certified residential child care program administrator in the State of Maryland.

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Krystal Holland, Board Chair  
Maryland State Board for Certification of Residential Child Care Program Professionals

ACCEPTANCE

On behalf of the Board on this <sup>21<sup>st</sup></sup> ~~20~~ day of August, 2020, I, Krystal Holland, accept Alfred Sibedwo, CRCCPA's **PUBLIC SURRENDER** of their certificate to practice as a certified residential child care program administrator in the State of Maryland.

Original Signature on File

Krystal Holland, Board Chair  
Maryland State Board for the Certification of  
Residential Child Care Program Professionals