

MARYLAND STATE DEPARTMENT OF EDUCATION

Office of Child Care

Statement of Understanding
Voluntary Surrender of a Family Child Care Certificate of Registration in Lieu of
an Enforcement Action

1. By signing this Statement of Understanding, I am freely and voluntarily surrendering my Family Child Care Certificate of Registration to the Office of Child Care (OCC). (Initial)_____
2. When I voluntarily surrender my Family Child Care Certificate of Registration:
 - a. I shall immediately stop providing child care services as defined in Family Child Care Regulations, COMAR13A.15 because I am no longer allowed to provide legal child care in the State of Maryland unless I re-apply to the OCC and the OCC re-issues me a new Family Child Care Certificate of Registration. (Initial)_____
 - b. I understand that I have forfeited or given up any of my rights to disagree with the findings of the OCC including giving up my right to appeal and have my appeal heard before an impartial judge of the Office of Administrative Hearings. (Initial)_____
 - c. I understand that the OCC may notify parents of children in my care or anyone else deemed appropriate by the OCC that my child care home is no longer legally registered or licensed. (Initial)_____
 - d. I understand if I continue to provide child care services without a Family Child Care Certificate of Registration, then I may be fined for operating a Family Child Care Home without a Certificate of Registration. (Initial) _____
3. I have read the information contained herein or have had it read to me and I understand it. I have also initialed each statement indicating that I understand and agree with each statement. (Initial) _____
4. I still want to voluntarily surrender my Family Child Care Certificate of Registration. I am no longer going to provide child care services in the State of Maryland without first re-applying to the OCC and being approved by the OCC for the issuance of a new Family Child Care Certificate of Registration. I also agree to voluntarily forfeit any appeal rights I may have in this matter. (Initial)_____

Provider Signature

Date

Provider Address

City

State

Zip Code

OCC Representative Signature/Title

Date