	Maryland State Department of Education/Office of Child Care **Child Care Subsidy Program** **VOLUNTARY CLOSURE DAYS REQUEST FORM**	**RETURN TO:** CCS Central PO Box 17015 Baltimore, MD 21297

Section 1: General Information	
Provider Name:	
Provider ID Number:	Contact Phone Number:

Section 2:	**Indicate the day(s) you plan to be voluntarily closed.** **Notification of the voluntary closure days must be submitted to the parent(s) and Child Care Subsidy Central (CCS Central) <u>PRIOR</u> to the days of closure.**
Begin Date (MM/DD/YY)	**End Date (MM/DD/YY)**

Note: Child Care providers are allowed to be paid for up to two consecutive weeks of voluntary closure per year.

Section 3: Signature	
☐ I certify that I/we have notified all parents regarding this closure.	
Provider Signature:	Date:

Submit this form prior to the voluntary closure days to:

Mail: CCS Central
PO Box 17015
Baltimore, MD 21297

OR

FAX: 410-229-0010