MARYLAND STATE DEPARTMENT OF EDUCATION

Office of Child Care

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

Initial each box

1.	By signing this Statement of Understanding, I am freely and voluntarily surrendering my			
	Large Family Child Care Certificate of Registration to	the Office of	Child Care (OCC).	
2.	, , , , ,			
	immediately stop providing child care services as de	efined in Large	Family Child Care	
	Regulations COMAR13A.18 because I am no longer	allowed to pro	ovide legal child care in the	
	State of Maryland unless I re-apply to the OCC and to	the OCC re-iss	ues me a new Large Family	
	Child Care Certificate of Registration.			
3.	I understand that I have forfeited or given up any of	f my rights to o	disagree with the findings	
	of the OCC including giving up my right to appeal and to have my appeal heard before an			
	impartial judge of the Office of Administrative Hearings.			
4.	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.			
5.	I understand if I continue to provide child care services without a Large Family Child Care			
	Certificate of Registration, then I may be fined for operating a Large Family Child Care Home			
	without a Certificate of Registration.			
6.	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.			
7.	I still want to voluntarily surrender my Large 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 Large Family			
	Child Care Certificate of Registration. I also agree to voluntarily forfeit any appeal rights I			
	may have in this matter			
	Dues idea Cienetura	-	Data	
	Provider Signature		Date	
	Provider Address City	State	Zip Code	
	OCC Representative Signature/Title	-	Date	