

Maryland State Department of Education  
Office of Child Care

**VOLUNTARY CLOSURE OF A CHILD CARE FACILITY/PROVIDER**

Name of Facility/Provider: \_\_\_\_\_

Address: \_\_\_\_\_

The facility/provider is voluntarily closing effective: \_\_\_\_\_  
(Date)

This facility is no longer approved to provide child care services to children without reapplying and receiving approval from the Office of Child Care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title