



Voluntary Withdrawal/Closure/Unauthorized Adult Form

Please check the boxes that apply:

Withdrawal/Closure

I voluntarily **withdraw** my application for:

- Registered Family Child Care Home
- Certified Child Care Center

I voluntarily **close** my:

- Certified Family Child Care Home
- Enrollment in the Criminal History Registry

Reason for Closure or Withdrawal: _____

Effective Date: _____

Status/Adding an Adult

I voluntarily **withdraw/remove** the following adult(s) from my family child care application:

- Please continue processing the individual's request for enrollment so he/she can be added to my application if and when the individual is enrolled in the Criminal History Registry.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

By my signature below I agree that the above individual lives at the address above, and will not move into my home, reside in my home on a temporary basis, visit the home on a regular basis, substitute for or assist me, or have unsupervised contact with child care children unless I first receive written confirmation from the Child Care Division that the individual is enrolled in the Criminal History Registry.

Unauthorized Adult

As a registered provider I am aware of Rule 414-205-0040(2)(b) which states, "Prior to another adult moving into the home, residing on a temporary basis in the home, visiting the home on a regular basis or substituting for or assisting the provider, the provider must receive documentation from CCD that the individual is enrolled in the Criminal History Registry. . ."

In order to be in compliance with this rule, the following individual(s) will not live in my home and will not have contact with child care children until he or she is enrolled in the Criminal History Registry.

Name of person identified, not enrolled in the Criminal History Registry

Address

City

Name of person identified, not enrolled in the Criminal History Registry

Address

City

Name: (Provider, Facility, or Individual) _____ License #: _____

Address: _____
Street Address City Zip Code

Signature

Date

**Please return form to: Child Care Division, PO Box 14050, Salem, OR 97309-4050
Phone #: (503) 947-1400 or 1-800-556-6616 Fax #: (503) 947-1428**