



Voluntary Withdrawal/Closure/Unauthorized Adult Form

(Please check the boxes that apply)

Voluntary Withdrawal or Closure

I voluntarily WITHDRAW my application for (check all that apply below):

I voluntarily CLOSE my (check all that apply below):

Central Background Registry Enrollment

Registered Family Child Care Home

School-Age Recorded Program

Certified Child Care Center

Certified Family Child Care Home

Preschool-Age Recorded Program

Effective Date: _____ **Reason for Withdrawal/Closure:** _____

NOTE: If withdrawing or closing during a pending legal action (eg suspension, revocation, or removal) against your Registry enrollment or child care license, the Division will withdraw/close the enrollment or license as "in lieu of legal action".

Withdrawal/Removal of Adult listed on Application

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

Please continue processing the individual's application for enrollment so that they may be linked to my facility upon enrollment in the Central Background Registry

Name: _____ Physical Address (required): _____ Phone: _____

Name: _____ Physical Address (required): _____ Phone: _____

• By my signature below I agree that the above individual(s) 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 confirmation from the Division that the individual(s) have been enrolled in the Central Background Registry.

Unauthorized Adult in Licensed Child Care Home

I understand that any adult residing in a licensed child care home, visiting the home on a regular basis, or substituting or assisting for the provider must be enrolled in the Division's Central Background Registry.

Registered Family child care home provider: **OAR 414-205-0040(2)(a) and (b)**

Certified Family child care home provider: **OAR 414-350-0090(4)(a) and (b)**

In order to be in compliance with the rules, the following individual(s) will not live in my home and will not have contact with child care children in the home until they are enrolled in the Central Background Registry.

Name of person not enrolled in the Central Background Registry Physical Address (required) City Zip

Name of person not enrolled in the Central Background Registry Physical Address (required) City Zip

Name (Provider, Facility, or Individual): _____ License or CCD No: _____

Address: _____

Signature: _____ Date: _____

Please return form to: Child Care Division, 875 Union St NE Salem OR 97311
Phone No: 503-947-1400 or 1-800-556-6616 Fax No: 503-947-1428

CCD USE ONLY

| <u>Data Entry:</u> | <u>Issue Number</u> | <u>Closure Date</u> | <u>Letter Sent</u> | <u>Conditions Placed (CO)</u> | <u>Sent to CO (if applicable):</u> |
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