

REQUEST FOR INACTIVE CHILD CARE LICENSE STATUS

Facility Name

License Number

Facility Address

I am requesting that my license be placed on Inactive Status _____ to _____
Beginning Date
Ending Date

I hereby agree to comply with all of the following conditions:

- a. I will not provide child care for which a license is required until my license is reactivated.
- b. I will continue to promptly pay the annual license fee.
- c. I will inform your office of any changes in the above dates prior to re-opening my facility by submitting a new LIC 9211.
- d. I will be in compliance with all licensing laws and regulations upon re-opening my facility, including but not limited to:
 - Ensuring all adult staff and residents, including children who turn 18 during the inactive period, have criminal record clearances
 - Maintaining current CPR and First Aid certifications
 - Maintaining a current fire extinguisher and functioning smoke alarms

(Note: Keep a copy of this form at your facility.)

COMMENTS:

Licensee Name (Print)

Signature

Date

To be completed by Licensing office only:

Approved Licensing Representative Signature: _____
 Denied Date: _____

cc: Local Resource and Referral Agency (The licensing office will send the R&R a copy)