

**Kansas Department of Health and Environment**  
Bureau of Family Health  
Child Care Licensing Program  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1274  
Phone (785) 296-1270 Fax (785) 559-4244  
Website: www.kdheks.gov/kidsnet



### CLOSURE NOTIFICATION

(all licensed program types)

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#### SECTION I: NOTIFICATION OF CLOSURE (DO NOT SEND UNTIL YOU ARE CLOSED)

This is a notification that I/we no longer provide child care services.

Close the child care facility license effective: \_\_\_\_\_ (MM/DD/YYYY).

#### SECTION II: FACILITY INFORMATION.

Name of the Facility (as stated on the current license)		License #	
Physical Address of the Facility: Street Address		City	Zip Code
County	Email Address	Phone Number (    )	Fax Number (    )

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#### SECTION III: AUTHORIZED SIGNATURE.

I/We the undersigned, am [are the person(s)] named as the owner or the person(s) authorized to represent the owner listed above.

Authorized Signature:	Date (MM/DD/YYYY)
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**Return the following:**

1. Completed and signed closure (form CCL 303).
2. Facility license.

**MAIL TO: KDHE, Child Care Licensing Program, 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274 OR**

**EMAIL TO: KDHE.CCLR@ks.gov**