



Family Child Care Partnerships

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CLOSURE FORM

Please complete this form when a provider chooses to leave the FCCP program. Keep a copy for your records, and submit the original form along with any identifiable information you have on file for the provider via mail or in person to the FCCP office.

Mentor: _____

Provider ID#: _____

Date of last FCCERS: _____ Date of Last visit: _____

Reason the provider is leaving the program:

Provider Signature: _____

Date: _____

Provider's comments regarding the program (if any): _____
