

# DECLINE PARTICIPATION AS A “Paths to QUALITY™” PROVIDER

I do not choose to participate as a provider in the Paths to QUALITY™ voluntary program and I would like a disclaimer posted beside my child care facility name on [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov)

Name of Provider: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Type of Provider:

Center

Home

Ministry

License or Registration Number: \_\_\_\_\_

Signature of  
Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Title of  
Provider: \_\_\_\_\_

Return completed, signed form to: Bureau of Child Care (MS02)  
ATTN: Quality Child Development  
402 W. Washington St., Room W386  
Indianapolis, IN 46204

Internal Use Only