

Early Years Registration Office,

First floor

South East wing,

St. Joseph's Hospital,

Mulgrave street,

Limerick.

Phone: 061 461344

Email: ey.registration.ie

**Cessation of Service - Notification of Change in Circumstances**

In accordance with The Child Care Act 1991 (Early Years Services) Regulations, Part 11 Regulation 8 (5) A Registered Provider of a Preschool service is required to notify the Agency in writing of the cessation of service not later than 28 days after the cessation of the service.

(This requirement does not apply to Temporary Preschool Services).

The following notification is required to be completed where a person ceases to carry on a preschool service.

**NOTIFICATION OF CESSATION OF SERVICE**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | |
| Address: | |  | | | | | | | | | |
| Contact Mobile Number: | | | |  | | | | | | | |
| Contact E-Mail: | | |  | | | | | | | | |
| Tusla ID: | | |  | | | | | | | | |
| Service Type: | | |  | | | | | Date of Closure | |  | |
| Reason for Closure | | |  | | | | | | | | |
| No. of places in the service: | | | | |  | | | | | | |
| (NB this should detail all pre-school children who attended the service i.e. number on the register.) | | | | | | | | | | | |
| I wish to inform you that I have ceased to operate a pre-school service at the above address. | | | | | | | | | | | |
| Print Name: |  | | | | | Signature | | |  | | |
| Date: |  | | | | | | | | | | |
| ***For official use only:*** | | | | | | | | | | | |
| Date of follow up visit / telephone call or evidence recorded on file | | | | | | | | | | |  |
| Date letter of acknowledgement sent: | | | | | | |  | | | | |