COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care

Notice of Adverse Action for Child Care Providers and Early Care and Education Professionals

Name_____

License No._____

Date_____

☐ **Registered Child Care Providers:**

The following action has been taken which ends or prevents your ability to receive child care subsidy payments as a registered child care provider.

☐ Your application to be a registered child care provider is withdrawn.

This action is taken in accordance with the following administrative regulation or statute: _____.
Reason for the action: _____. If you want to reapply to become a registered child care provider in the future, you may do so at any time by contacting your Service Agent.

☐ Your application to be a registered child care provider is denied.

This action is taken in accordance with the following administrative regulation or statute: _____.
Reason for the action: _____.
Since your application is denied, you will not receive payments for child care services you have provided. If you want to reapply, you may do so at any time by contacting your Service Agent to discuss the circumstances and learn what steps you *may* be able to take to be approved. All registered child care provider applicants who are denied are not eligible to reapply for a period of one (1) year from the date of denial.

☐ You are no longer eligible to receive child care subsidy payments effective _____.

This action is taken in accordance with the following administrative regulation or statute: _____.
Reason for the action: _____.
Since your status as a registered child care provider is revoked or closed, you will not receive payments for child care services that you provide after the effective date. If you want to reapply to become a provider, you may do so at any time by contacting your Service Agent.

Some registered providers who are denied or closed may never be approved due to health and safety issues.

☐ **STARS Program:**

The following action has been taken towards your STARS application or STARS level.

☐ Your STARS level is reduced to a level _____ effective _____.
This action is taken in accordance with the following administrative regulation or statute: _____.
Reason for the action: _____.

☐ Your STARS level is revoked effective _____.
   This action is taken in accordance with the following administrative regulation or statute: _____.
   Reason for the action: _____.

☐ **Early Care and Education Trainer's Credential:**

The following action has been taken towards your Kentucky Early Care and Education Trainer's Credential.

☐ Your Kentucky Early Care and Education Trainer's Credential has been revoked effective _____.
   This action is taken in accordance with the following administrative regulation or statute: _____.
   Reason for the action: _____.

☐ **Other:**

The following action has been taken: _____
_____.
This action is taken in accordance with the following administrative regulation or statute: _____.
Reason for the action: _____.

_____   _____
   Signature of Person Authorizing Action   Printed Name

NOTE: This notice shall be mailed ten (10) calendar days prior to the adverse action in accordance with 45 C.F.R. 205.10 for federally mandated programs.

If you are dissatisfied with the action taken, you may request an administrative hearing in accordance with 922 KAR 1:320, Services Appeals, within thirty (30) calendar days from the date of this notice by submitting a written request (DCC-88) to the Office of the Ombudsman, 275 East Main Street, 1E-B, Frankfort, KY 40621. **IF YOU SUBMIT A WRITTEN REQUEST FOR AN ADMINISTRATIVE HEARING, PLEASE ATTACH A COPY OF THIS NOTICE WITH YOUR REQUEST.**

For resolution of a matter not subject to review through an administrative hearing, you may submit a complaint to your Service Agent or the Department for Community Based Services-Division of Child care at 275 East Main Street, 3C-F, Frankfort, KY 40621 in writing no later than thirty (30) calendar days from the date of the action to which you object.