OIG-DRCC-05 R. (2018) 922 KAR 2:100

COMMONWEALTH OF KENTUCKY Cabinet for Health and Family Services Office of Inspector General Division of Regulated Child Care

Certified Family Child-Care Home Request for Appeal

For Official Use Only
DATE RECEIVED BY DRCC

NAME: (last name)	(first name)	
CERTIFIED		
FAMILY CHILD —		
CARE HOME:		
(street address or P O Box number)	·)	
MAILING		
ADDRESS: (city)	(state)	(zip code)
CERTIFICATION NUMBER:		
PHONE NUMBER:		
CELL PHONE NUMBER:		
	_	_
REPRESENTED BY ATTORNEY:	□ NO	☐ YES
ATTORNEY'S NAME:		
ADDRESS:		<u> </u>
(Street address or P O Box number)		
	-	<u> </u>
(city)	(state)	(zip code)
PHONE NUMBER:	-	
I AM APPEALING THE FOLLOWING ACTIONS: (Check appropriate box	:/boxes)
☐ EMERGENCY SUSPENSION		
DENIAL OF CERTIFICATION		
REVOCATION OF CERTIFICATION		
OTHER (Specify):		

Cabinet for Health and Family Services Web site: http://chfs.ky.gov/



An Equal Opportunity Employer M/F/D

APPEAL EXPLANATION		
The following is a short, plain, and concise statement of why you wish to appeal the	nis action:	
DATE YOU RECEIVED NOTICE OF ACTION YOU ARE APPEALING:(Attach a copy of any written notice, which you received relating to this Appeal.)		
SIGNATURE	DATE	
ATTORNEY'S SIGNATURE (if any)	DATE	

THIS FORM IS TO BE MAILED OR DELIVERED TO:

CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF INSPECTOR GENERAL DIVISION OF REGULATED CHILD CARE, 5 E-F 275 EAST MAIN STREET FRANKFORT, KENTUCKY 40621

ATTENTION: DIVISION OF REGULATED CHILD CARE APPEAL REQUEST