

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Office of the 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: _____
(Street address or P O Box number)

_____ (city) _____ (state) _____ (zip code)

PHONE NUMBER: _____

I AM APPEALING THE FOLLOWING ACTIONS: (Check appropriate box/boxes)

INTERMEDIATE SANCTION
 EMERGENCY SUSPENSION
 DENIAL OF CERTIFICATION
 REVOCATION OF CERTIFICATION

OTHER (Specify): _____



