OIG-DRCC-05
R. (08/03/2012)
922 KAR 2:100

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: ______________________

MAILING ADDRESS: ______________________ (street address or P O Box number)

______________ (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): ______________________

APPEAL EXPLANATION

The following is a short, plain, and concise statement of why you wish to appeal this 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 THE 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

OIG-DRCC-05
R. (08/03/12)
922 KAR 2:100