

CHILD CARE LICENSING APPEAL REQUEST FORM

Complete this form if you would like to appeal an action taken by Child Care Licensing.

Name: _____

Today's Date: ____/____/____ Daytime Phone Number: _____

Provider Type: ____ Family (Licensed or RC) ____ Center ____ Out of School Time Program

Facility Name (if applicable): _____

Address: _____

(street)

Address: _____

(city)

(zip)

A. What would you like to appeal?

A. ____ Application Denial Date of Denial: ____/____/____

B. ____ Statement of Findings Date of Statement: ____/____/____

Please list specifically which findings you would like to discuss, or write "all" if you would like to discuss all of the findings from this date.

C. ____ Background Screening Denial Date of Denial: ____/____/____

D. ____ Civil Money Penalty Date of Notice: ____/____/____ Amount \$: _____

E. ____ Conditional Status Date of Notice: ____/____/____

F. ____ Notice of Intent to Revoke Date of Revocation Notice: ____/____/____

F. ____ Notice of Revocation Date of Revocation Notice: ____/____/____

G. ____ Notice of Immediate Closure Date of Closure Notice: ____/____/____

I. ____ Cease and Desist Order Date of Order: ____/____/____

J. ____ Variance Request Denial Date of Denial: ____/____/____

K. ____ Other (please explain): _____

(OVER)

B. With whom would you like to appeal this action?

_____ The Regional Program Manager (the Licensor's supervisor)

_____ The Child Care Licensing Administrator

_____ The Director of the Bureau of Child Development

_____ The Director of the Division of Family Health & Preparedness

_____ An Informal Hearing with an Administrative Law Judge (Licensee/Owner will pay all associated costs.)

_____ A Formal Hearing with an Administrative Law Judge (Licensee/Owner will pay all associated costs.)

C. Signature: _____

Please send completed form to:

**Child Care Licensing Program
189 South State Street, Suite 200
Clearfield, Utah 84015**

Fax Number (801) 525-1412