CHILD CARE LICENSING APPEAL REQUEST FORM (01/19)

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] [city] [zip]

A. What would you like to appeal?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Date of Denial</th>
<th>Date of Notice</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Application Denial</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Background Check Denial</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td></td>
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<tr>
<td>3.</td>
<td>Civil Money Penalty</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td>______</td>
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<tr>
<td>4.</td>
<td>Conditional License/Certificate</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Notice of Intent to Revoke</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
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<tr>
<td>6.</td>
<td>Notice of Revocation</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
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</tr>
<tr>
<td>7.</td>
<td>Notice of Immediate Closure</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
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<tr>
<td>8.</td>
<td>Cease and Desist Order</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
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<tr>
<td>9.</td>
<td>Variance Request Denial</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Rule Violation(s)</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td><strong><strong><strong>/</strong></strong></strong>/______</td>
<td></td>
</tr>
</tbody>
</table>

Please list which violation(s) you would like to discuss, or write “all” if you would like to discuss all of the violations from this date.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

11. _______ Other (please explain): ____________________________________________________________

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

_______ The Regional Program Manager (the Licensor’s supervisor)

_______ The Complaint Supervisor (if the action was from a Complaint Investigation)

_______ The Child Care Licensing Administrator

_______ The Director of the Bureau of Licensing and Certification

_______ 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: ____________________________________________

Child Care Licensing, North Region
PO Box 142003
Salt Lake City, Utah 84114-2003
Fax (801) 274-0731

Child Care Licensing, South Region
PO Box 142003
Salt Lake City, Utah 84114-2003
Fax (801) 536-0168