NOTICE OF RIGHT TO APPEAL

If you wish to appeal any part of your agency's Report Card, Star Quality License Rating or Assessment Results you must fill out and return this form to your local Licensing Supervisor pursuant to Department of Human Services Rule 1240-4-7-.05. This form must be *received* in the local licensing office no later than 20 business days from the date on the enclosed letter. *Requests received after this date will not be accepted*. The completed form may be hand delivered, mailed, e-mailed or faxed to the local licensing office. Your Report Card will be held pending the outcome of the appeal.

REQUEST TO APPEAL

Program (Provider) name: _____

Provider's ID number: _____ Date of Appeal Request: _____

DHS Licensing Program Evaluator: _____ STAR Rating: _____

DHS Assessor(s): _____ Scale(s) used: _____

Date of assessment: _____ Assessment score(s): _____

Check the component areas you want reviewed:

Director qualifications	☐	**Ratio/group size**	☐
Professional development	☐	**Staff compensation**	☐
Compliance history	☐	**Program assessment**	☐
Parent/family involvement	☐	**Other**	☐

Please describe the *specific reasons* why you believe the areas you identified above surrounding your evaluation are incorrect *(attach additional sheets as needed):*

Signature of Agency Owner/ Authorized Representative	**Title**	**Date**

The space below is to be completed by DHS Licensing only.

Date of Enclosed Letter:	Date this form must be received by DHS:
Date Notice Form Returned to Licensing:	Name of DHS Licensing Recipient: