

# Child Care Services Refutation Submission Form

You have the right to refute any citations noted in licensing reports with which you disagree. To refute a citation(s), e-mail the following information to [CCSRefutations@dec.al.ga.gov](mailto:CCSRefutations@dec.al.ga.gov).

**Office Use Only**

Refutation ID #: [Type here]

Note: Refutations must be submitted to Child Care Services (CCS) within 10 business days of the visit/final report date. You will be contacted via e-mail by the reviewing manager upon receipt of your refutation.

**Please use one form per visit date\*.**

**Facility Information**

Facility name: \_\_\_\_\_ License number: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Visit date\*: \_\_\_\_\_ Consultant's name: \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_ Title/relationship to the facility: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone numbers (up to two): \_\_\_\_\_

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**Information regarding specific refutations**

Refutation #1/ Specific rule number: \_\_\_\_\_

Reason for disagreement regarding the rule citation (submit supporting documentation): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Refutation #2 (if applicable) / Specific rule number: \_\_\_\_\_

Reason for disagreement regarding the rule citation (submit supporting documentation): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Refutation #3 (if applicable) / Specific rule number: \_\_\_\_\_

Reason for disagreement regarding the rule citation (submit supporting documentation): \_\_\_\_\_

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Additional copies of this page may be added, if you have more than 3 citations you are refuting. Please be sure to include the license # and facility name at the top of each page you are submitting.