



**Kentucky
ALL STARS**

Opt-Out Request

This form must be completed by the Licensee or Certificate Holder

Name of Program: _____ County: _____
Program Physical Address: _____
Program Mailing Address: _____
Licensee/Certificate Holder Name: _____ Provider Type: ☐ Type I ☐ Type II ☐ Certified
Phone Number: (____) _____ - _____ Email: _____ Certificate/License #: _____

All Sections MUST Be Completed

I. Reason for Opting Out

Please provide a brief explanation of why your program would like to opt-out of Kentucky All STARS.

II. Verification Statements

- ☐ I verify that our program does not receive any local, state, or federal funds. These funds could include the following: Child Care Assistance Program (CCAP), USDA Food Service Funds, or any other local, state, or federal funds.
- ☐ I verify that our program does not want to participate in Kentucky All STARS and is therefore ineligible for associated incentives.

III. Terms & Agreement

As the program licensee or certificate holder, you are stating that the information provided above is complete and accurate. Programs receiving public funds are statutorily mandated to participate in Kentucky All STARS. The Division of Child Care will verify that your program is not receiving any form of public funding before approval of your opt-out request. If your program receives public funding at any point in the future, you will be required to re-enroll in Kentucky All STARS.

Programs choosing to opt-out will be listed as *not-participating* in the Kentucky All STARS provider directory and will not be eligible for any incentives related to the program.

Licensee/Certificate Holder Signature _____ Date _____

**Should you have questions about the opt-out process, please contact your Quality Coach.
You can also contact the Division of Child Care at (844) 209-2657.**