

**CHAPTER 20: ATTACHMENT 4 - SAMPLE LETTER FOR REVOCATION OR DENIAL**

(date)

Provider  
5678 Alphabet Lane  
Any Town, NC 11111

Dear Provider:

We have been notified that the North Carolina Division of Child Development has (list action taken). Although you may appeal the decision and continue to operate during the appeal process we are terminating your Provider Agreement on (date), which is 45 calendar days from the date on the notice. This means that this agency will not pay for any children currently receiving subsidy funds who remain in your center or home after that date. If parents continue to choose your program to provide care for their children, they are responsible for paying you after the 45 day limit. In addition, no new children receiving subsidies may be enrolled during the 45 calendar day period.

Parents may choose to leave their children in your center or home prior to the end of the notice period. They may withdraw their children at any time without giving you notice. However, as we are notified of any withdrawals, we will send you individual notices.

If we can answer any questions about this letter, please contact (child care coordinator) at (telephone #).

Sincerely,

Director