

CHILD CARE PROVIDER
DENIAL NOTICE

CC-1626A
1-98

Date of Mailing: _____ Local SRS Office: _____

TO: _____ FROM: _____

Phone Number: _____

OUR AGENCY HAS CONSIDERED YOUR REQUEST AND/OR COMPLETED A REVIEW OF YOUR MOST RECENT OPERATIONAL PLAN FOR PURCHASE OF SERVICES.

Our agency will not enter into an agreement to purchase child care services from you at this time.

REASONS FOR DENIAL HAVE BEEN MARKED WITH AN "X".

- () License or Certificate of registration has expired.
- () License or Certificate of registration has been terminated.
- () Failure to respond to attempted contacts by agency.
- () Provider's request.
- () Other _____

COMMENTS: _____

IF YOU DISAGREE WITH THIS ACTION, YOU HAVE A RIGHT TO A FAIR HEARING.
CONTACT THE AGENCY IMMEDIATELY FOR INSTRUCTIONS ON HOW TO FILE.

SRS Staff Signature

Date

Distribution: White, SRS File; Yellow, Addresses.