

***PRINT ON YOUR LOCAL LETTERHEAD***

Date:

Dear \_\_\_\_\_,

You currently have a child care assistance provider agreement with the state of Iowa.

I attempted to conduct an annual compliance visit on \_\_\_\_\_, and discovered you were not available. In order to continue as a child care assistance provider, you will need to contact me to schedule a time when we can conduct an annual visit. Please review the options listed below.

1. If you intend to continue as a child care assistance provider, please call me on or before \_\_\_\_\_, so that we can schedule a time to conduct an annual visit. If I am away from my phone, please leave a message with a telephone number where I can reach you.
2. If you are no longer interested in continuing as a child care assistance provider, simply return your provider agreement to me in the return envelope I have included in this mailing. I will then proceed with a voluntary cancellation of your provider agreement.

If you fail to return a phone call to me or your provider agreement in the mail on or before \_\_\_\_\_, I will consider the non-action as a request to voluntarily cancel your status as a child care assistance provider. I will make appropriate entries to our system to close your child care assistance provider agreement.

I have included a business card with all of my contact information for your convenience.

Sincerely,