NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Child Development and Early Education

ROY COOPER · Governor
KODY H. KINSLEY · Secretary
ARIEL FORD · Director

,

, Director

, North Carolina

Dear :

The purpose of this letter is to confirm your agency received the cover letter and enclosures that accompanied the SCCA monitoring checklist that were emailed to your agency on . Within **14 calendar days** of the date of this letter return a copy of this acknowledgement that is completed and signed (by the agency Director) to your Program Compliance Consultant, , via email at .

By signing and dating in the space provided at the bottom of this letter, you acknowledge your receipt and review of the above-mentioned documents. You agree to ensure your staff follows the instructions provided to complete the required monitoring follow-up action steps and provides updates to the Program Compliance Consultant at DCDEE at least every four (4) to six (6) weeks to allow timely finalization of the monitoring process. You understand that Subsidy Services staff at DCDEE that are identified in the cover letter are available to assist you and your staff with any questions or concerns during the process of correcting any errors to finalize SCCA monitoring.

By signing below, you are also acknowledging you understand that any rebuttals received after the due date for the CAP/Response Worksheet cannot be considered by DCDEE and that all decisions regarding rebuttals are final. Additionally, the request for remediation monitoring must be submitted with your agency's CAP/Response Worksheet. All agency responses and communications are maintained in the electronic monitoring file for audit purposes. Timely responses from your agency and frequent follow-up communication with DCDEE staff will help to ensure monitoring timeframes are met and audit exceptions are avoided.

Sincerely,

Kim Miller, Senior Subsidy Compliance Manager
Subsidy Services Section

cc: , Program Compliance Consultant
, Subsidy Services Technical Assistance Consultant
, Program Compliance Lead Worker

Acknowledgement signature line:

Agency Director Signature	**Date Signed**	Program Compliance Consultant Signature	Date Received