

Date

**Provider Name**  
**Facility License**  
**Address**  
**Address**

**Provider Attendance Hardship Denial Notice:**

Dear

We have reviewed the documentation you submitted regarding the attendance hardship for including the date of absence and the provided rationale. Based on the guidelines set forth in the Subsidized Child Care Assistance (SCCA) policy, and the circumstances exceeding 30 consecutive service days, we have carefully considered the case.

After a thorough review, we regret to inform you that the attendance hardship for has been denied. Unfortunately, the provided rationale does not meet the criteria outlined by the SCCA policy for hardships exceeding 30 consecutive service days. As such, services beyond this period will not be authorized. Please contact our office if you have any further questions or require additional information.

We appreciate your attention to this matter. Should you need further clarification or assistance, please do not hesitate to reach out.

This agency remains available to assist you upon request. If you have any questions about this matter or need further assistance, please contact me at

Sincerely,

SAMPLE