

[Sponsoring Organization Letterhead]

**Notice of Termination and Disqualification - Suspension, and Proposed  
Termination and Disqualified–Provider does not appeal**

Date:

Certified Mail:

Provider's Name – Title  
Institution  
Street Address  
Provider City, State 00000

Email:

**Re: Agreement Number:**

Dear [Provider]:

On [date received] you received a Notice of Serious Deficiency, Suspension, Propose Termination and Disqualification, due to the determination of imminent threat to the health and safety of program participants. An opportunity to request an appeal with a deadline was provided on [date], and no request was submitted. Due to your failure to submit an appeal, effective [date], the [name of sponsoring organization] will:

- Terminate your agreement from participate in the CACFP
- Disqualify you from future CACFP participation

Due to your disqualification, your name will be placed on the National Disqualified List (NDL) and Arkansas Department of Human Services Exclusive List (ADHSEL), and you will not be able to participate in the CACFP as a day care home provider, nor serve as a principal in any CACFP institution or facility.

You will remain on the NDL and ADHSEL unless USDA's Food and Nutrition Service, in consultation with [name of State agency] determines that the serious deficiencies have been corrected or until seven years after your disqualification. However, if any debt relating to the serious deficiency has not been repaid, you will remain on the list until the debt has been repaid.

**7 CFR 226.16(l)(4) (iii)**

*Agreement termination and disqualification.* The sponsoring organization must immediately terminate the day care home's agreement and disqualify the day care home when the administrative review official upholds the sponsoring organization's proposed termination, or when the day care home's opportunity to request an administrative review expires.

**SUMMARY**

[Sponsoring organization] is terminating your CACFP agreement for cause and disqualifying you. You may not appeal the termination for cause or the disqualification. Since your participation was suspended, you may only claim reimbursement for valid meals served up until [insert date of suspension]. You must submit a claim for these meals by [insert a date that will give the provider an appropriate length of time to submit these claims].

Sincerely,

Sponsoring Organization Employee Name & Title  
cc: State Agency