

[Sponsoring Organization Letterhead]

Notice of Termination and Disqualification for Providers - Provider does not appeal

VIA U.S. MAIL, & EMAIL

Date:

Provider Name

Provider Street Address

Provider City, State 00000

Email:

Dear [Provider]:

This letter concerns the determination in [*sponsoring organization's*] Notice which proposed to terminate your agreement to participate in the Child and Adult Care Food Program (CACFP) for cause. In that letter, we also proposed to disqualify you from further CACFP participation. These actions were based on your failure to submit acceptable corrective action(s) for the serious deficiency(ies) noted in our [date] Notice of Serious Deficiency.

You received the Notice of Proposed Termination and Disqualification on [*date received*]. You had until [insert deadline for requesting appeal] to submit a request for an appeal of the proposed actions. No request for an appeal was submitted by that deadline.

TERMINATION AND DISQUALIFICATION

Because the time to request an appeal has now expired, the [*sponsoring organization*] is:

- Terminating your agreement to participate in the CACFP for cause and
- Disqualifying you from future CACFP participation, effective [*date*].

The effective date for the disqualification should generally be the same as the agreement termination date, and not earlier; otherwise, the provider could be disqualified and ineligible to participate before the agreement is terminated.

As a result of your disqualification, your name will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility.

You will remain on the NDL, unless USDA's Food and Nutrition Service, in consultation with *[insert name of State agency]* determines that the serious deficiency(ies) has/ have been corrected, or until seven years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt is repaid. These actions are being taken pursuant to 7 CFR 226.16(l) of the CACFP regulations.

SUMMARY

The *[sponsoring organization]* is terminating your CACFP agreement for cause and disqualifying you. You may not appeal the termination for cause or the disqualification. You may continue to participate in the CACFP until *[termination/disqualification effective date]*. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

Sincerely,

Sponsoring Organization Employee Name and Title

cc: State Agency