

Sponsor Letterhead

Serious Deficiency Process

Letter B: Corrective Action Accepted, Notice of Temporary Deferment of Serious Deficiency

Date

Provider's Name

Provider's Street Address

Provider's City, State, Zip code

Licensed/Unlicensed Provider Number/Sponsor Assigned Provider Number

Provider's Date of Birth

Certified Return Receipt #

Notice of Temporary Deferment of Serious Deficiency

Dear [Provider]:

This letter is being sent via [certified mail, return receipt (or the equivalent private delivery service), by facsimile or by e-mail address and regular mail]. It will be considered delivered five days from the date it is mailed. [Sponsor] has a responsibility to the United States Department of Agriculture (USDA) and the Michigan Department of Education (MDE) to properly monitor child care providers to ensure compliance with the regulations and requirements of the Child and Adult Care Food Program (CACFP).

Your Corrective Action Plan was received on [date] and has been approved. Your serious deficiency determination has been temporarily deferred effective [date of this letter]. However, if it is found in any subsequent review that the serious deficiency has not been fully and permanently corrected, we will immediately propose to terminate your agreement for cause and propose to disqualify you without any further opportunity for corrective action.

To ensure compliance with the implementation of your corrective action, your next home review will be unannounced. In addition, all attendance and menu recording must be completed at point of service, all future visits will be unannounced and may increase in frequency, and you may no longer use pre-printed menus/Menu Mate [optional at discretion of the Sponsor based on the SD determination].

Please contact [staff name, title] at [phone number] if you have any questions or require any additional information.

Sincerely,

cc: Michigan Department of Education
Michigan Department of Human Services, Bureau of Child and Adult
Licensing
Provider file