

## Sponsor Letterhead

### **Serious Deficiency Process**

### **Letter E: Notice of Termination and Disqualification (following failure to appeal)**

Date

Provider's Name

Provider's Street Address

Provider's City, State, Zip code

Provider's Date of Birth

Licensed/Unlicensed Provider Number/Sponsor Assigned Provider Number

Certified Return Receipt #

### **Notice of Termination and Disqualification**

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).

A Notice of Proposed Termination and Proposed Disqualification was sent to you by [delivery method] on [date received]. The deadline was [insert deadline for requesting appeal] to submit your written request for an appeal to the proposed actions. No request for appeal was submitted by that deadline.

### **Termination and Disqualification**

Because the deadline to request an appeal has now expired, [Sponsor] is:

- Terminating your agreement to participate in the CACFP for cause effective [date, day after the appeal request deadline].
- Disqualifying you from future CACFP participation effective [date, day after the appeal request deadline].

[The effective date for the disqualification should 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.]

You may not appeal the termination of the agreement for cause or the disqualification. You may continue to participate in the CACFP until [termination/disqualification date]. We will pay for any valid claims for reimbursement submitted by you up to this date. You must submit the claims by [submission date deadline].

Termination for cause requires that your name be placed on the National Disqualified List (NDL). While on the list, you will not be able to serve as a principal in any institution or facility or as a day care home provider in the CACFP for seven years. However, if any debt relating to the serious deficiency(ies) has/have not been repaid, you will remain on the list until the debt is repaid. To date, the balance due to [Sponsor] is \$[balance due, if none – remove language related to a debt].

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