

Sponsor Letterhead

Serious Deficiency Process

Letter K: Notice of Temporary Deferment of Serious Deficiency, Rescission of Suspension, Proposed Termination and Proposed Disqualification: Imminent Threat to Health or Safety (after provider wins appeal)

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, Rescission of Suspension, Proposed Termination and Proposed 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).

On [date of Combined Notice], a proposed suspension, termination and disqualification letter was sent to you by [method of delivery] and received on [date], which suspended your participation in the CACFP. In that letter, we also proposed to terminate your CACFP agreement for cause and proposed to disqualify you from further CACFP participation. These actions were based on the Serious Deficiency Notice dated [date].

You filed a timely appeal of the suspension, proposed termination, and proposed disqualification. On [date of Hearing Official's decision], the Hearing Official issued a decision on the appeal. In that decision, the suspension and both of the proposed actions were overturned.

As a result, we have temporarily deferred the serious deficiency determination as of [date of the Hearing Official's decision]. We are also rescinding the suspension, the proposed termination of your agreement for cause, and your proposed disqualification as of the same date.

Any valid claims for reimbursement submitted by you for the period of suspension will be paid. You must submit these claims by [insert a date that will give the provider an appropriate length of time to submit these claims].

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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