

Sponsor Letterhead

Serious Deficiency Process

Letter F: Notice of Termination and Disqualification (after Sponsor 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 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]. You filed a written request for an appeal on [date] for the proposed actions. On [date of hearing officer's decision], the Hearing Official issued a decision on the appeal. In that decision, both of the proposed actions were upheld.

Termination and Disqualification

As a result, [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 under these circumstances 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 the 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