



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

GRETCHEN WHITMER
GOVERNOR

MICHAEL F. RICE, Ph.D.
STATE SUPERINTENDENT

Certified Mail – Return Receipt Requested

DATE

Contact
Institution Name
Address
City, State, Zip
Certified Mail#

RE: CACFP Agreement #
Catalog of Federal Domestic Assistance (CFDA) #10.588
Notice of Serious Deficiency-LARA Notice of Intent to Revoke License

Dear :

The Michigan Department of Education's (MDE) Child and Adult Care Food Program received a Notice of Intent to Revoke Your License to operate a child care center from the Michigan Department of Licensing and Regulatory Affairs (LARA), Child Care Licensing Division dated MONTH XX, 2019, which was received in our office on MONTH XX, 2019. Based on this notice MDE has determined that according to 7CFR 226.6(c)(3)(ii)(C), **Institution Name**, is seriously deficient in the administration of the CACFP. MDE has also identified **Executive Director**, as responsible for the serious deficiency due to their management responsibilities at **Institution Name**.

Attached please find the Analysis of Findings and Corrective Action Report listing the deficiency that resulted in the determination of serious deficiency per federal CACFP regulations 7CFR 226.6(c)(3)(ii). You may not appeal the serious deficiency status.

The documentation of your Corrective Action Plan (CAP) verifying there will be no interruption in **Institution Name** current childcare license (License Number) for the serious deficiency must be submitted to MDE, not just postmarked, by **(Due date= 30 days from date of the letter)**.

If the documentation is received by the due date, and it fully and permanently corrects the serious deficiency, **CENTER's** serious deficiency status may be temporarily deferred by MDE, if the CAP is approved.

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608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909
www.michigan.gov/mde • 833-633-5788

The CACFP staff will conduct a search of the LARA Child Care Licensing website to verify that there has been no interruption of the current License (License Number). Center Name is **required** to immediately inform MDE of a voluntary, involuntary, or if the Center enters into a Settlement Agreement with LARA for closure of the current license (License Number). MDE will consider entering into a LARA Settlement Agreement and/or agreeing to be issued a different license number or different provisional license other than the current license (License Number); an interruption of the current child care license and will proceed to Proposed Termination and Proposed Disqualification. It is recommended that Center Name submit its CAP well in advance of the DATE, due date to allow MDE enough time to review the plan and provide Center with the opportunity to make any corrections and amendments.

MDE will propose to terminate **Institution's Name** CACFP agreement and will propose to disqualify **Institution's Name, Institution Name** and **Executive Director/Authorized Official** without any further opportunity for corrective action, if:

- Documentation and corrective action plan are not received by **Date**.
- Documentation and corrective action plan do not fully and permanently correct the serious deficiency due to LARA's Notice of Intent to revoke the child care license.
- MDE finds the serious deficiency has not been fully and permanently corrected due to voluntary or involuntary closure of the child care license.
- MDE finds that **CENTER Name's** child care licensures was closed voluntarily, involuntarily, or if the child care license was revoked by LARA.
- MDE finds that CENTER NAME entered into a LARA Settlement Agreement for a different license number or different provisional license number upon agreeing to the revocation of **License Number**, MDE will consider this an interruption of the current license and will immediately proceed to Proposed Termination and Proposed Disqualification.

In addition, if **Institution Name** voluntarily terminates its agreement after receiving this letter we will propose to terminate and disqualify **Institution Name, Institution Name** and **Executive Director/Authorized Official** from future participation. If disqualified, **Institution Name, Institution Name** and **Executive Director/Authorized Official** will be placed on the National Disqualified List (NDL). While on the list, **Institution Name** will not be able to participate in CACFP as **Institution Name** or a facility.

Institution Name and **Executive Director/Authorized Official** will not be able to serve as a principal in any **Institution Name** until the United States Department of Agriculture's Food and Nutrition Service, in consultation with MDE, determines that the serious deficiency that led to their placement on the list have been corrected, or until seven years have elapsed since disqualified from participation. However, if any debt relating to the serious deficiency has not been repaid, **Institution Name, Executive Director/Authorized Official** will remain on the NDL until the debt has been repaid.

In addition, a CAP will still need to be submitted to correct the serious deficiency that led to placement on the NDL before the participation of **Institution Name** would be approved. These actions are being taken pursuant to CACFP Regulations 7 CFR 226.6(c)(3).

If MDE proposes to terminate **Institution Name** agreement or proposes to disqualify **Institution Name, Executive Director/Authorized Official**, appeal procedures will be sent at that time.

Institution Name may continue to participate in the CACFP during the corrective action period. MDE will pay any valid claims for reimbursement submitted for this period. As always, claims must be submitted within sixty calendar days of the last day of the month covered by the claim. In addition, MDE will deny any portion of a claim determined as invalid. If MDE denies payment of any portion of a claim, that action would be appealable.

Required corrective action must be received no later than **DATE**.

Please forward your corrective action to:

Michigan Department of Education
Office of Health and Nutrition Services
Child and Adult Care Food Program
Attn: NAME, Program Analyst
P.O. Box 30008
Lansing, MI 48909

This letter is being sent via certified mail and first-class mail. Both letters are considered delivered five days from the date of the letter. If you have any questions or concerns, please contact NAME, Program Analyst at 517-XXX-XXXX or via email at **EMAIL**.

Sincerely,

Lynn M. Cavett, M.Ed., Supervisor
Child and Adult Care Food Program
Office of Health and Nutrition Services

lmc:kf

cc: Ms. Ronnae Jones, Midwest Regional Office

Michigan Department of Education
Office of Health and Nutrition Services
Child and Adult Care Food Program

Institution Name
CACFP Agreement #
Executive Director/Authorized Official
DATE

Analysis of Findings and Corrective Action Report

**Finding #1: Failure to operate the program to
conformance with performance standards.
7 CFR 226.6(c)(3)(ii)(C)**

- The Michigan Department of Education (MDE) Child and Adult Care Food Program (CACFP) received a Notice of Intent to Revoke Your License dated, from the Michigan Department of Licensing and Regulatory Affairs (LARA) Child Care Licensing Division. This notice alleges that the **Institution Name (Institution)** has violated the Child Care Organization Act.
- Pursuant to CACFP regulations 7 CFR 226.6(b)(2)(vii)(C)(5)(ii), participating CACFP **Institution Name** must comply with licensing or approval requirements. Per 7 CFR 226.6 (d), Michigan Department of Education must ensure that child care centers meet state licensing requirements.

Required Corrective Action

Submit to MDE:

- Documentation demonstrating that your center's license is not in jeopardy of revocation due to **Institution Name** violating the Child Care Organization Act.
- Documentation that **Institution Name** will remain fully licensed under the Child Care Licensing Division with no lapse in licensing.

Required Corrective Action

Submit to MDE:

As part of your Corrective Action Plan (CAP), you must include the following information:

- **What** is the serious deficiency and what are the procedures that will be implemented to address the serious deficiency?
- **Who** will address the serious deficiency? List personnel responsible for these tasks.
- **When** will the procedures for addressing the serious deficiency be implemented? Provide a timeline for implementing the procedure (i.e., will the procedure be done daily, weekly, monthly, annually, and when will it begin)?
- **Where** will the CAP documentation be retained?