

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
Community Nutrition Programs
Child and Adult Care Food Program

Guidance Memorandum M: For Sponsoring Organizations of the Child and Adult Care Food Program (CACFP) in Day Care Homes

Topic: Serious Deficiency Procedures for Day Care Homes

Date July 2011

Public Law 106-224, the Agricultural Risk Protection Act of 2000 (ARPA), made a significant change to the procedures involved in terminating participation in the Child and Adult Care Food Program (CACFP) of a day care home. Specifically, section 243(c) of the ARPA added statutory language that gives day care homes, for the first time, the right to request an administrative review of a termination of their Program participation when the termination is "for cause". Termination for convenience continues to be permitted, and does not require the sponsoring organization to offer an administrative review to the day care home provider in these types of cases.

For day care homes State agencies are now required to either: (1) establish a State-level administrative review process; or (2) require sponsoring organizations (either individually or through a sponsor association) to establish an administrative review. Effective March 1, 2001 it was determined that the Wisconsin Department of Public Instruction would not handle the administrative review process for day care homes.

All sponsoring organizations of family day care homes must establish an administrative review process for their day care homes. As noted above, this process may be handled individually by each sponsor, or by way of the Wisconsin Sponsors' Forum. In either case, care must be taken to ensure that all three criteria listed below, in particular item #3, are followed. Additionally, for Program deficiencies other than an imminent threat to the health and safety of children, or engaging in activities which threaten the public health or safety, the day care home must be given an opportunity to take corrective action before termination. The administrative review process must:

1. Give notice to the home that the sponsoring organization intends to terminate the home's participation, as well as the reason(s) for the intended action;
2. Give the home and the sponsoring organization adequate time to submit documentation of their case to a review official; and
3. Ensure that the administrative review official is an impartial and independent person not involved in the decision to terminate the home's participation. The administrative review official must not have been involved in the action that is the subject of the administrative review, or have a direct personal or financial interest in the outcome of the administrative review.

Our office must be copied on all written correspondence with a provider once the provider has been declared seriously deficient in the CACFP. All written correspondence to the provider must be sent by certified mail/return receipt, an equivalent private delivery service (such as FedEx), fax or email as required by 226.2 (definition of "notice" in the CACFP regulations). The DPI recommends the use of only certified mail/return receipt. If the notice is undeliverable, it is considered to be received by the day care home five days after being sent to the addressee's last known mailing address, facsimile number or email address (7 CFR 226.2).

Except in cases of imminent threat to the health and safety of children in care or the public safety, the provider must be given an opportunity to correct the cause(s) of the serious deficiency. **Under no circumstances may the time allotted for the corrective action plan exceed thirty (30) calendar days.** If the day care home provider does not correct the serious deficiency(ies) to the sponsor's satisfaction within the allotted timeframe (i.e. a written corrective action plan must be on file and approved by the sponsor within 30 days of the date of the Declaration of Serious Deficiency), a Notice of Intent to Terminate must be sent to the provider by certified mail/return receipt, an equivalent private delivery service (such as FedEx), fax or email as required by 226.2 (definition of "notice" in the CACFP regulations).

It is recommended that once a sponsoring organization has identified the serious deficiency(ies) the requisite serious deficiency declaration be issued in a timely manner, as defined in writing by the sponsoring organization. It is also recommended that the sponsoring organization have a written policy which details those staff persons within the organization that shall have the authority to issue declarations of serious deficiency.

Included with this guidance memo are prototype appeal procedures, a checklist, and sample form letters. When using these, please ensure that the name and address of the relevant agency contact person is added to the appeal procedures and the sample forms as needed. If your agency intends to develop your own procedures and/or form letters, please submit these to the DPI for review and approval.

Program payments will continue for claims supported by appropriate records pending the outcome of the administrative review. A provider's Program payments may only be suspended when the sponsor determines there is an imminent threat to the health and safety of the children at the day care home or the public health and safety. However, sponsors are reminded that they must not pay any claim or portion of a claim that the sponsor believes to be invalid. Sponsors should refer to the DPI letter of January 22, 2001 regarding how to handle "questionable" provider claims.

Termination for convenience may not be used by a sponsoring organization in instances where the termination is actually for cause (i.e., is based on the provider's having committed one or more of the eight specified serious deficiencies for day care homes and/or the day care home's failure to comply with the terms of your agreement with the sponsoring organization). Once a day care home provider has been terminated for cause from the CACFP their name will be placed on the National Disqualified List (NDL). While on the list the provider will not be able to participate in the CACFP as a day care home provider in any state. In addition, the provider will not be able to serve as a principal in any CACFP institution or facility. The provider will remain on the list for seven (7) years unless a special exception has been granted by the Wisconsin Department of Public Instruction. However, if any debt relating to the serious deficiencies has not been repaid, the provider will remain on the list until the debt has been paid.

Removal from the National Disqualified List

A day care home provider may be removed from the National Disqualified List (NDL) with the approval of the DPI prior to seven years having elapsed if it has been determined that the cause(s) of the serious deficiency(ies) that led to the provider's placement on the NDL has(ve) been corrected [7 CFR 226.6(c)(7)(vi)] and no debts are owing to the Program. In this circumstance the following procedures must be followed:

1. The terminated provider submits a written request to the sponsoring organization that issued the termination for cause, requesting removal from the NDL. The provider request for removal from the NDL must include clear and compelling documentation that the cause(s) of the serious deficiency(ies) has(ve) been fully and permanently corrected and that the provider is now capable of properly handling all financial and administrative responsibilities for the operation of the CACFP in their day care home.
2. Upon receipt of the written request for removal from the NDL the sponsoring organization will evaluate the submitted documentation and render a decision.
3. If the sponsor has determined that the provider's request is not valid (meaning the cause(s) of the serious deficiency(ies) has(ve) not been properly corrected and/or a debt is still owing to the Program), the request will be denied in writing to the provider, with a copy of this letter sent to DPI. The provider will remain on the NDL until seven (7) years have elapsed from the date of termination, or longer, until all outstanding debts to the Program have been repaid.
4. If the sponsor has determined that the terminated provider has properly corrected the cause(s) of the serious deficiency(ies), and there are no debts owing to the Programs, the sponsor will inform DPI in writing and recommend that the provider's name be removed from the NDL.
5. DPI will review the request from the sponsor and render a final decision. If in agreement with the sponsor, the DPI will request USDA to remove the provider's name from the NDL. Upon notification that the provider's name has been removed from the NDL the DPI will inform the sponsor, who will in turn inform the provider. The provider will then be eligible to again participate in the CACFP. (Note: the sponsoring organization that terminated the provider for cause is under no obligation to again sponsor the provider to participate in the CACFP.)
6. If the DPI does not agree with the sponsor's request to remove the provider from the NDL the sponsor will be informed in writing, and the sponsor in turn will inform the provider. The provider's name will remain on the NDL until seven (7) years have elapsed from the date of termination for cause, or longer if debts are still owing to the Program.
7. A terminated provider may make one request in a twelve-month period during the seven-year disqualification period to have her or his name removed from the National Disqualified List. All provider requests for removal from the NDL must follow the above procedures.



CHILD AND ADULT CARE FOOD PROGRAM

<*Sponsoring Organization Name*>

Appeal Procedures

Family Day Care Homes

Revised September 2006

The following appeal procedures established in accordance with Sections 226.6, 226.16 and 226.18 of the Child and Adult Care Food Program regulations, as amended by Section 243(c)(5)(D) of Public Law 106-224, shall apply to any family day care home provider requesting a review of the Intent to Terminate Notice from participation in the Child and Adult Care Food Program.

The Notice of Intent to Terminate CACFP participation by the responsible Sponsoring Organization of Day Care Homes shall be based on the following standards: submission of false information on the application (Application-Day Care Home, PI-1472); submission of false claims for reimbursement; simultaneous participation under more than one sponsoring organization; non-compliance with the Program meal pattern; failure to keep required records; conduct or conditions that threaten the health or safety of a child(ren) in care, or the public health and safety; a determination that the day care home has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. (A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency, or the concealment of such a conviction); failure to participate in training; or any other circumstance related to non-performance under the sponsoring organization-day care home agreement (P1-1425), as specified by the sponsoring organization or the State agency.

Procedure:

1. The family day care home provider shall be advised in writing of the grounds on which the Sponsoring Organization based the Intent to Terminate Notice. The Intent to Terminate notice of action, which shall be sent by certified mail, return receipt requested, an equivalent private delivery service (such as FedEx), fax or email as required by 226.2 (definition of "notice" in the CACFP regulations) shall also include a statement indicating that the family day care home provider has the right to appeal the action. If the notice is undeliverable, it is considered to be received by the day care home five days after being sent to the addressee's last known mailing address, facsimile number or email address.
2. An appeal (a written request for review) shall be filed by the family day care home provider within 10 calendar days from the date the family day care home provider received the notice of action. The day care home may review the record on which the decision to issue a Notice of Intent to terminate was based, and refute the action in writing. The family day care home provider may retain legal counsel or may be represented by another person. The Sponsoring Organization shall acknowledge the receipt of the request for appeal within 10 calendar days of receipt of the written request. The written request for review must be addressed to: *<insert the name and address of the appropriate agency official>*.
3. Any information on which the Sponsoring Organization's action was based shall be available to the family day care home provider for inspection from the date of receipt of the request for review.
4. The family day care home provider may refute the charges contained in the notice of action in person at a hearing, if requested in writing by the family day care home provider and agreed to by the review official, and/or by written documentation to the review official. (The administrative review official is not required to

hold a hearing.) In order to be considered, written documentation must be filed with the review official within 30 calendar days after the Sponsoring Organization receives the request for review (appeal request) from the family day care home provider.

5. If requested by the family day care home provider and agreed to by the review official, a hearing shall be held by the review official in addition to, or in lieu of, a review of written information submitted by the family day care home provider. The Review Committee Official shall inform the family day care home provider, the Sponsoring Organization, the President and Vice President of the WI CACFP Sponsors Forum and the Wisconsin Department of Public Instruction/Community Nutrition Team of the time, place and date of the hearing at least 10 calendar days prior to the hearing. The notice shall be sent by certified mail.
6. Failure of the family day care home provider's representative to appear at a scheduled hearing shall constitute the family day care home provider's waiver of the right to a personal appearance before the review official, unless the review official agrees to reschedule the hearing. A representative of the Sponsoring Organization shall be allowed to attend the hearing to respond to the family day care home provider's testimony, present evidence, and to answer questions posed by the review official.
7. The review official shall be an independent and impartial official other than, and not accountable to, any person authorized to make decisions that are subject to appeal under the provisions of this section. The review official shall not have been involved in the action that is the subject of the administrative review, or have a direct personal or financial interest in the outcome of the administrative review.
8. The review official shall make a determination based on information provided by the Sponsoring Organization, the family day care home provider, and on Federal and State laws, regulations, policies, and procedures governing the Program.
9. Within 70 calendar days of the Sponsoring Organization's receipt of the request for review/appeal, the review official shall inform the Sponsoring Organization, the family day care home provider, and the Wisconsin Department of Public Instruction/Community Nutrition Team of the determination of the administrative review.
10. Participating family day care homes may continue to operate under the Program during an appeal of the Intent to Terminate unless the action is based on imminent danger to the health or welfare of children or when the day care home's activities pose a threat to public health or safety. If the institution or facility has been terminated for this reason, the Sponsoring Organization shall so specify in your notice of action. Program payments will continue for claims supported by appropriate records pending the outcome of the administrative review.
11. The determination by the Sponsoring Organization administrative review official is the final administrative determination to be afforded to the family day care home provider.

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
CHILD AND ADULT CARE FOOD PROGRAM**

Serious Deficient Procedures - Family Day Care Homes

(Revised September 2006)

1. Review and investigation of substantive Program violations. Serious deficiencies for day care homes are:
 - a. Submission of false information on the application (Application-Day Care Home, PI-1472) [7 CFR 226.16(l)(2)(i)];
 - b. Submission of false claims for reimbursement [7 CFR 226.16(l)(2)(ii)];
 - c. Simultaneous participation under more than one sponsoring organization [7 CFR 226.16(l)(2)(iii)];
 - d. Non-compliance with the Program meal pattern [7 CFR 226.16(l)(2)(iv)];
 - e. Failure to keep required records [7 CFR 226.16(l)(2)(v)];
 - f. Conduct or conditions that threaten the health or safety of a child(ren) in care, or the public health and safety [7 CFR 226.16(l)(2)(vi)];
 - g. A determination that the day care home has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency, or the concealment of such a conviction [7 CFR 226.16(l)(2)(vii)];
 - h. Failure to participate in training [7 CFR 226.16(l)(2)(viii)]; or
 - i. Any other circumstance related to non-performance under the sponsoring organization-day care home agreement (P1-1425), as specified by the sponsoring organization or the State agency [7 CFR 226.16(l)(2)(ix)].
2. Letter to home provider notifying them of the declaration of serious deficiency. **FORM 1**
3. Unless the violations relate to health and safety, the provider must be given opportunity to develop and implement a corrective action plan. **Under no circumstances may the time allotted for the corrective action plan exceed thirty (30) business days.** (See Health and Safety Issues below for the procedures to follow when there is imminent threat to the health and safety of children in care or when the day care home has engaged in activities which threaten the public health or safety.)

Provider Date of Birth (DOB) If the sponsor does not already have on file the provider's DOB, the corrective action plan must include a requirement that the provider submit their DOB.

CORRECTIVE ACTION PLAN

4. If the provider submits an acceptable corrective action plan, then **FORM 3**.
5. If the provider submits an unacceptable corrective action plan, then **FORM 4** – along with a corrective action plan prepared by the sponsoring organization that is acceptable. This acceptable corrective action plan must be signed and returned. When it is signed and returned, then **FORM 3a**. If the provider fails to sign and return this corrective action plan, then a Notice of Intent to Terminate must be sent. **FORM 2c**.
6. If the provider fails to submit a corrective action plan at all, a Notice of Intent to Terminate is sent, **FORM 2**, along with Appeal Procedures.
7. If the problems persist, then a Notice of Intent to Terminate is sent - **FORM 2a** (if provider written CAP), or **FORM 2b** (if sponsor written CAP).

TERMINATION FROM CACFP

8. If provider requests an administrative review after receiving FORM 2, 2a, 2b, or 2c, then a review must be scheduled and the provider must be given 10 days notice. See Appeal Procedures. **The Department of Public Instruction (DPI) must be notified in writing by the sponsoring organization whenever a provider requests an appeal.** If a review is requested but a hearing is not requested, a review official should conduct the review. (A hearing is only required if requested by the provider, and agreed to by the review official.)
9. The review official should prepare a written decision either upholding the termination (**FORM 5c**) or denying the termination (**FORM 7**). There is no further administrative review. A copy of the written decision must be submitted to the Department of Public Instruction.
10. If the provider does not file an appeal a final decision terminating the provider from CACFP shall be made by the sponsoring organization. The sponsoring organization shall issue the termination letter.
 - a. If the provider received FORM 2 then use **FORM 5** to terminate.
 - b. If the provider received FORM 2a or 2b, then use **FORM 5a** to terminate.
 - c. If the provider received FORM 2c then use **FORM 5b** to terminate.

A copy of the termination must be sent to the Department of Public Instruction as the provider must be reported to the federal government.

HEALTH AND SAFETY ISSUES

1. If the violations relate to an imminent threat to the health and safety of the children at the day care home, or if the day care home has engaged in activities which threaten the public health or safety, the sponsor must declare the provider seriously deficient, provide written Notice of Intent to Terminate the provider's agreement for cause, and suspend Program payments pending the completion of the provider's administrative review (if requested). Use **FORM 6** to immediately suspend for violations related to health and safety and provide Notice of Intent to Terminate.
2. If provider files an appeal after receiving FORM 6, then an administrative review must be scheduled and the provider must be given 10 days notice. See Appeal Procedures. If a review is requested but a hearing is not requested, a review official should conduct the review.
3. The review official should prepare a written decision either upholding the proposed termination or denying the proposed termination. There is no further administrative review. A copy of the written decision must be submitted to the Department of Public Instruction. If the proposed termination is upheld the sponsoring organization must issue the termination letter.
4. If the provider does not file an appeal, a final decision terminating the provider from the CACFP shall be made (**FORM 6b**).

A copy of the termination must be sent to the Department of Public Instruction as the provider must be reported to the federal government.

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

<Provider Date of Birth>

Re: Declaration of Serious Deficiency in the Child and Adult Care Food Program

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425), or ...>. The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)> .

Based on this violation, <Sponsoring Organization> has determined that <provider name> is seriously deficient in the Child and Adult Care Food Program (CACFP). The serious deficiency determination is not subject to administrative review. <provider name> shall be issued a “Notice of Intent to Terminate” for cause from participation in the CACFP, unless a corrective action plan is submitted within ten (10) days and is implemented immediately. The corrective action plan must be received in our office by the close of business on or before <insert date>. Failure to submit a corrective action plan by <insert date> and/or failure to fully and permanently correct the serious deficiency(ies) within the allotted time will result in a “Notice of Intent to Terminate” from the CACFP. The day care home’s voluntary termination of your agreement with <Sponsoring Organization> after having been notified that it is seriously deficient will still result in the day care home’s formal termination by the Wisconsin Department of Public Instruction (DPI) and placement of the day care home and your principals on the National disqualified list.

Termination under either circumstance will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(l)(1) of the CACFP regulations [7 CFR 226.16(l)(1)].

The Corrective action plan shall indicate how <provider name> will ensure <cite Program requirements to be met>. The corrective action plan is subject to approval by <Sponsoring Organization>, and must thoroughly correct and remedy all Program deficiencies and permanently maintain the corrective actions.

The corrective action plan must be received in our office by the close of business on or before <insert date>. Please submit this corrective action plan to <agency staff name and address>. If you have questions or concerns contact <agency staff name> at <telephone number>.

Sincerely,

<agency staff name and title>

<sponsoring organization>

cc: Wisconsin Department of Public Instruction

FORM 1 (Rev. 10/10)

Guidance Memorandum M, revision date 7/11

See the DPI CACFP website at <http://dpi.wi.gov/fns/homememos.html> for the most current version

Certified Mail

<Date>

<provider name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Notice of Intent to Terminate for Cause from the Child and Adult Care Food Program

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name><engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425 or ...)> and therefore was declared seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s) >.

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before<date>. No corrective action plan has been filed.

Therefore, <provider name> is being issued this Notice of Intent to Terminate from the CACFP. You have a right to appeal this Notice of Intent to Terminate. You must file a written request for an appeal. A written request for an appeal must be received in our office by the close of business on or before <date>. This written request for an appeal must be sent to <insert name and address of appropriate agency official>. The review of your appeal will be conducted based on written documentation you and <Sponsoring Organization> submit. This review will be conducted by an independent review officer and the appeal committee. You may also request that the review of your appeal include an in-person hearing, which would be conducted via a phone call before an independent review officer and the appeal committee. (The decision whether or not to hold such hearing will be made by the Review Committee Officer) If you wish to request an in-person hearing via a phone call, you must specify that you want a hearing in your written request for an appeal. The appeal procedures are enclosed with this notice.

While the appeal is pending, you may continue to be reimbursed for any valid claims that are supported by appropriate Program records. However, if the sponsoring organization’s decision is upheld, you may be required to repay this reimbursement. Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)].

Sincerely,

<agency staff name and title>

<sponsoring organization>

Enc: Appeal Procedures
Cc: Wisconsin Department of Public Instruction

FORM 2 (Rev. 10/10)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Notice of Intent to Terminate for Cause from CACFP due to violation of Corrective Action Plan

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425, or ...)> and therefore was declared seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)> .

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before <date>. A corrective action plan was filed and approved on <date>. At this time, you were notified that you must remain in permanent compliance with the approved corrective action plan and all Program requirements as specified in 7 CFR 226.

On <date>, <sponsoring organization> determined that <provider name> continued to <engage in unlawful practices, falsify Program records and/or information, conceal a criminal background, engage in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or...>. The basis for this finding includes <cite specific description of new deficiencies>.

Due to these violations, <provider name> is being issued this Notice of Intent to Terminate for cause from the CACFP. You have a right to appeal this Notice of Intent to Terminate to <Sponsoring Organization>. You must file a written request for an appeal. . A written request for an appeal must be received in our office by the close of business on or before <date>. This written request for an appeal must be submitted to <agency person and address>. The review of your appeal will be conducted based on written documentation you and <Sponsoring Organization> submit. This review will be conducted by an independent review officer and the appeal committee. You may also request that the review of your appeal include an in-person hearing, which would be conducted via a phone call before an independent review officer and the appeal committee. (The officer is not required to hold a hearing.) If you wish to request an in-person hearing via a phone call, you must specify that you want a hearing in your request for an appeal. The appeal procedures are enclosed with this notice.

While the appeal is pending, you may continue to be reimbursed for any valid claims that are supported by appropriate Program records. However, if sponsoring organization’s decision is upheld, you may be required to repay this reimbursement. Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)]. If you have any questions, please contact <agency contact person and number>.

Sincerely,

<agency staff name and title><sponsoring organization>

Enc. Appeal Procedures

Cc: Wisconsin Department of Public Instruction

FORM 2a (Rev. 10/10)

Guidance Memorandum M, revision date 7/11

See the DPI CACFP website at <http://dpi.wi.gov/fns/homememos.html> for the most current version

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Notice of Intent to Terminate for Cause from CACFP due to violation of Corrective Action Plan

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...> and there fore was declared to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before <date>. You filed a corrective action plan on <date>; however, it **was not** approved by <sponsoring organization>. <Provider name> was directed to sign an approved corrective action plan. On <date> this approved corrective action plan was signed by <provider name>. At that time, you were notified that you must remain in permanent compliance with the approved corrective action plan and all Program requirements as specified in 7 CFR 226.

On <date>, <sponsoring organization> determined that <provider name> continued to <engage in unlawful practices, falsify Program records and/or information, conceal a criminal background, engage in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...>. The basis for this finding includes <insert detailed description of new deficiencies>.

Due to these violations, <provider name> is being issued this Notice of Intent to Terminate for cause from the CACFP. You have a right to appeal this Notice of Intent to Terminate to <Sponsoring Organization>. You must file a written request for an appeal.. A written request for an appeal must be received in our office by the close of business on or before <date> This written request for an appeal must be sent to <agency contact and address>. The review of your appeal will be conducted based on written documentation you and <Sponsoring Organization> submit. This review will be conducted by an independent review officer and the appeal committee. You may also request that the review of your appeal include an in-person hearing, which would be conducted via a phone call before an independent review officer and the appeal committee. (The administrative review officer is not required to hold a hearing.) If you wish to request an in-person hearing via a phone call, you must specify that you want a hearing in your request for an appeal. The appeal procedures are enclosed with this notice.

While the appeal is pending, you may continue to be reimbursed for any valid claims that are supported by appropriate Program records. However, if sponsoring organization’s decision is upheld, you may be required to repay this reimbursement. Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)]. If you have any questions, please contact <agency contact person and number>.

Sincerely,

<agency staff name and title>

<sponsoring organization>

Enc. Appeal Procedures

Cc: Wisconsin Department of Public Instruction

FORM 2b (Rev. 10/10)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Notice of Intent to Terminate for Cause from the Child and Adult Care Food Program

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...> and there fore was declared to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the (CACFP) unless a corrective action plan was received in our office by the close of business on or before<date>.

On <date> a corrective action plan was submitted. This plan was deemed unsatisfactory by <Sponsoring organization>. Therefore, <provider name> was directed to sign an approved corrective action plan developed by <Sponsoring organization>. <Provider name> failed to sign an approved corrective action plan.

Therefore, <provider name> is being issued this Notice of Intent to Terminate for cause from the CACFP. You have a right to appeal this Notice of Intent to Terminate. You must file a written request for an appeal. A written request for an appeal must be received in our office by the close of business on or before <date>. This written request for an appeal must be sent to <insert name and address of appropriate agency official>. The review of your appeal will be conducted based on written documentation you and <Sponsoring Organization> submit. This review will be conducted by an independent review officer and the appeal committee. You may also request that the review of your appeal include an in-person hearing, which would be conducted via a phone call before an independent review officer and the appeal committee. (The administrative review officer is not required to hold a hearing.) If you wish to request an in-person hearing via a phone call, you must specify that you want a hearing in your request for an appeal.. The appeal procedures are enclosed with this notice.

While the appeal is pending, you may continue to be reimbursed for any valid claims that are supported by appropriate Program records. However, if the sponsoring organization’s decision is upheld, you may be required to repay this reimbursement. Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)].

Sincerely,

<agency staff name and title>

<sponsoring organization>

Enc: Appeal Procedures

Cc: Wisconsin Department of Public Instruction

FORM 2c (Rev. 10/10)

Guidance Memorandum M, revision date 7/11

See the DPI CACFP website at <http://dpi.wi.gov/fns/homememos.html> for the most current version

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Approved Corrective Action Plan

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...> and was therefore declared to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes<cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before <date>. You filed a corrective action plan on <date>.

Based on the information provided by you we are approving the corrective action plan and we will temporarily defer the notice of serious deficiency issued on <date>. The details of the approved corrective action plan are:

Remember that you must remain in permanent compliance with program requirements as stated in 7CFR 226 and according to the above approved corrective action plan. If the above Program deficiencies are cited again, you will be issued a Notice of Intent to Terminate. Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(l)(1) of the CACFP regulations [7 CFR 226.16(l)(1)].

Please contact <agency staff name and title> if you have any questions or concerns. We look forward to your continued participation in the CACFP.

Sincerely,

<agency staff name and title>

<sponsoring organization>

cc: Wisconsin Department of Public Instruction

FORM 3 (Rev.7/11)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Approved Corrective Action Plan

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...>and therefore was determined to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes<cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>-, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before <date>. You filed a corrective action plan on <date>; however, it was not approved by <sponsoring organization >. On <date> an acceptable corrective action plan was signed by <provider name>. Therefore, <provider name> will be allowed to continue participating in the CACFP. Based on the information provided by you we are approving the corrective action plan and we will temporarily defer the notice of serious deficiency issued on <date>. The details of the approved corrective action plan are:

Remember that you must remain in permanent compliance with program requirements as stated in 7CFR 226 and according to the above approved corrective action plan. If the above Program deficiencies are cited again, you will be issued a Notice of Intent to Terminate. Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)].

Please contact <agency staff name and title> if you have any questions or concerns. We look forward to your continued participation in the CACFP.

Sincerely,

<agency staff name and title>

<sponsoring organization>

cc: Wisconsin Department of Public Instruction

FORM 3a (Rev.7/11)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: UNACCEPTABLE Corrective Action Plan

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...> and therefore was declared seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before <date>. You filed a corrective action plan on <date>.

Based on the information provided by you we **cannot** approve the corrective action plan. The specific reasons for not approving your corrective action plan are <specific deficiencies and/or omissions in the submitted corrective action plan>.

[Option 1] You have until <date> to submit an acceptable corrective action plan. This corrective action plan must immediately and permanently correct the causes of the serious deficiencies. Failure to submit an acceptable corrective action plan by <date> will result in the issuance of a Notice of Intent to Terminate from the CACFP. This corrective action plan must be received in our office by the close of business on or before <insert date>.

[Option 2] <Provider Name> must correct the problems cited on <date from declaration of serious deficiency> by agreeing to the attached corrective action plan. <Provider name> must sign and return the enclosed Corrective Action Plan by <date>. This corrective action plan must be received in our office by the close of business on or before <insert date>. Failure to do so will result in the issuance of a Notice of Intent to Terminate <provider name> from the CACFP

Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)]. Please contact <agency staff name and title> if you have any questions or concerns.

Sincerely,

<agency staff name and title>

<sponsoring organization>

cc: Wisconsin Department of Public Instruction
FORM 4 (Rev. 10/10)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Termination for Cause from the Child and Adult Care Food Program

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name><engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...> and there fore was declared to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before <insert date>.. No corrective action plan was filed.

On <date>, <Sponsoring Organization> sent, via certified mail, a Notice of Intent to Terminate for Cause of participation from the CACFP to <provider name>. <Provider name> was advised of <her/his> appeal rights on <date>. <Provider name> has not appealed <Sponsoring organization's> determination.

THEREFORE, <provider name> is terminated for cause from the CACFP effective as of the date of this letter. Notice of this termination is being forwarded to the Wisconsin Department of Public Instruction (DPI). Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)].

Sincerely,

<agency staff name and title>

<sponsoring organization>

Cc: Wisconsin Department of Public Instruction

FORM 5 (Rev. 10/10)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Termination for Cause from the Child and Adult Care Food Program

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...> and therefore was declared to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before <insert date>. A corrective action plan was filed and approved on <date>. At that time, you were notified that you must remain in permanent compliance with the approved corrective action plan and all Program requirements as specified in 7 CFR 226.

On <date>, <sponsoring organization> found further evidence that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...>. The basis for this finding includes <cite detailed description of new deficiencies>. On <date>, <sponsoring organization> sent, via certified mail, a Notice of Intent to Terminate to <provider name>. <Provider name> was advised of your appeal rights on <date>. <Provider name> has not appealed <sponsoring organization>'s determination.

THEREFORE, <provider name> is terminated for cause from the CACFP. Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)].

Sincerely,

<agency staff name and title>

<sponsoring organization>

Cc: Wisconsin Department of Public Instruction

FORM 5a (Rev. 10/10)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Termination for Cause from the Child and Adult Care Food Program

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...>and therefore was determined to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before<date>.

On <date> a corrective action plan was submitted. This plan was deemed unsatisfactory by <Sponsoring organization>. <Provider name> was directed to sign an approved corrective action plan and ensure that this signed corrective action plan was received in our office by the close of business on or before <date>. <Provider name> failed to sign an approved corrective action plan.

On <date>, <sponsoring organization> sent, via certified mail a Notice of Intent to Terminate for Cause from the CACFP to <provider name>. <Provider name> was advised of your appeal rights on <date>. <Provider name> has not appealed <Sponsoring organization>'s determination.

THEREFORE, <provider name> is terminated for cause from the CACFP. Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)].

Sincerely,

<agency staff name and title>

<sponsoring organization>

Cc: Wisconsin Department of Public Instruction

FORM 5b (Rev. 10/10)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Termination for Cause from the Child and Adult Care Food Program

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...>and therefore was determined to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before<date>.

[Select appropriate paragraph a, b or c]

[a] On <date> a corrective action plan was submitted. This plan was deemed unsatisfactory by <Sponsoring organization>. <Provider name> was directed to sign an approved corrective action plan <date>. <Provider name> failed to sign an approved corrective action plan.

[b] A corrective action plan was filed and approved on <date>. At that time, you were notified that you must remain in permanent compliance with the approved corrective action plan and all Program requirements as specified in 7 CFR 226. On <date>, <sponsoring organization> found further evidence that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...>. The basis for this finding includes <cite detailed description of new deficiencies>.

[c] No corrective action plan was filed by <Provider name>

On <date>, <sponsoring organization> sent, via certified mail a Notice of Intent to Terminate for Cause from the CACFP to <provider name>. <Provider name> was advised of <his/her> appeal rights on <date>. <Provider name> filed a request for an appeal on <date> On <date> an administrative review was conducted, with a final decision by the administrative review official being issued on <date>. <Provider's name> appeal was denied. There is no further administrative review.

THEREFORE, <provider name> is terminated for cause from the CACFP. Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)].

Sincerely,

<agency staff name and title>

<sponsoring organization>

Cc: Wisconsin Department of Public Instruction
FORM 5c (Rev. 10/10)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

<Provider Date of Birth>

SHARES Provider Number: <thirteen digits>

Re: Notice of Suspension and Notice of Intent to Terminate for Cause from the Child and Adult Care Food Program Due to Health and Safety Concerns

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> and the day care home facility pose an imminent threat <to the health and safety of the children at the day care home, or that your day care home has engaged in activities which threaten the public health or safety>and therefore is determined to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)>.

Based on this violation, <Sponsoring Organization> has determined that <provider name> shall be declared serious deficient in the administration of the CACFP and issued this Notice of Intent to Terminate for cause from the CACFP. In addition, because these violations relate to the health and safety of others, <provider name> is immediately suspended from participation in the CACFP. During this suspension and throughout any subsequent appeal of termination, you will not receive reimbursement for any CACFP claims.

You have a right to appeal this Notice of Intent to Terminate. A written request for an appeal must be received in our office by the close of business on or before <insert date>. Submit this written request for an appeal to <insert name and address of appropriate agency official> The review of your appeal will be conducted based on written documentation you and <Sponsoring Organization> submit. This review will be conducted by an independent review officer and the appeal committee. You may also request that the review of your appeal include an in-person hearing, which would be conducted via a phone call before an independent review officer and the appeal committee. (The administrative review official is not required to hold a hearing.) If you wish to request an in-person hearing via a phone call, you must specify that you want a hearing in your request for an appeal. The appeal procedures are enclosed with this notice. If the review officer overturns the suspension, the day care home may claim reimbursement for eligible meals served during the suspension. The day care home’s voluntary termination of your agreement with <Sponsoring Organization> after having been notified that it is seriously deficient will still result in the day care home’s formal termination by the Wisconsin Department of Public Instruction (DPI) and placement of the day care home and your principals on the National Disqualified List

Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)].

Sincerely,

<agency staff name and title>

<sponsoring organization>

Enc: Appeal Procedures

Cc: Wisconsin Department of Public Instruction
FORM 6 (Rev. 10/10)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Termination for Cause from the Child and Adult Care Food Program

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> and the day care home facility pose an imminent threat <to the health and safety of the children at the day care home, or that your day care home has engaged in activities which threaten the public health or safety>and therefore was determined to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes<cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>, <Sponsoring Organization> issued <provider name> a Notice of Intent to Terminate for cause from participation in CACFP.

On <date>, <Sponsoring Organization> sent, via certified mail, a Notice of Intent to Terminate for cause of participation from the CACFP to <provider name>. <Provider name> was advised of <her/his> appeal rights on <date>. <Provider name> has not appealed <Sponsoring organization's> determination.

THEREFORE, <provider name> is terminated for cause from the CACFP effective as of the date of this letter. Notice of this termination is being forwarded to the Wisconsin Department of Public Instruction (DPI). Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(l)(1) of the CACFP regulations [7 CFR 226.16(l)(1)].

Sincerely,

<agency staff name and title>

<sponsoring organization>

Cc: Wisconsin Department of Public Instruction

FORM 6b (Rev. 10/10)

Certified Mail

<Date>

<Provider Name><Provider Number>

<address>

<city>

SHARES Provider Number: <thirteen digits>

Re: Rescission of Notice of Intent to Terminate for Cause from the Child and Adult Care Food Program

Dear Mr./Ms. _____,

On <date>, <Sponsoring Organization>, determined that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...> and therefore was determined to be seriously deficient in the Child and Adult Care Food Program (CACFP). The basis for this finding includes <cite specific Program deficiencies and include the relevant CFR citation(s)>.

On <date>, <Sponsoring Organization> advised <provider name> that it would be issued a Notice of Intent to Terminate for cause from participation in the CACFP unless a corrective action plan was received in our office by the close of business on or before <date>.

[Select appropriate paragraph a, b or c]

[a] On <date> a corrective action plan was submitted. This plan was deemed unsatisfactory by <Sponsoring organization>. <Provider name> was directed to sign an approved corrective action plan <date>. <Provider name> failed to sign an approved corrective action plan.

[b] A corrective action plan was filed and approved on <date>. At that time, you were notified that you must remain in permanent compliance with the approved corrective action plan and all Program requirements as specified in 7 CFR 226. On <date>, <sponsoring organization> found further evidence that <provider name> <engaged in unlawful practices, falsified Program records and/or information, concealed a criminal background, engaged in substantial failure to fulfill the terms of the sponsor-provider Program agreement (PI-1425) or ...>. The basis for this finding includes <cite detailed description of new deficiencies>.

[c] No corrective action plan was filed by <Provider name>

On <date>, <sponsoring organization> sent, via certified mail a Notice of Intent to Terminate for Cause from the CACFP to <provider name>. <Provider name> was advised of <his/her> appeal rights on <date>. <Provider name> filed a request for an appeal on <date> On <date> an administrative review was conducted, with a final decision by the review official being issued on <date>. <Provider's name> appeal was upheld.

THEREFORE, the Notice of Intent to Terminate for Cause issued to <provider name> is rescinded. Remember that you must remain in permanent compliance with program requirements as stated in 7CFR 226 and according to the guidance provided to you by our agency. If deficiencies are cited again, you will be issued a new Notice of Intent to Terminate. Termination under these circumstances will require that your name be placed on the National Disqualified List. While on the list you will not be able to participate in the CACFP as a day care home provider in any state. In addition, you will not be able to serve as a principal in any CACFP institution or facility. You will remain on the list for seven (7) years until such time as the Wisconsin Department of Public Instruction determines that the serious deficiency(ies) that led to your placement on the list has(ve) been corrected, or until seven years have elapsed since your agreement was terminated for cause. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been paid. These actions are being taken pursuant to section 226.16(1)(1) of the CACFP regulations [7 CFR 226.16(1)(1)].

Please contact *<agency staff name and title>* if you have any questions or concerns. We look forward to your continued participation in the CACFP.

Sincerely,

<agency staff name and title>
<sponsoring organization>

cc: Wisconsin Department of Public Instruction

FORM 7 (Rev. 10/10)