**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 Proposed Termination and Proposed Disqualification” for cause from participation in the CACFP, unless a corrective action plan is submitted within *<select seven or ten (7 or 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/orfailure to fully and permanently correct the serious deficiency(ies) within the allotted time will result in a “Notice of Proposed Termination and Proposed Disqualification” 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.

**Corrective Action Plan**

The submission of the corrective action plan must include *<provider name*>’s official documentation demonstrating that the serious deficiencies have been fully and permanently corrected. *<Sponsoring Organization>* will rely on the submission of this information to determine whether *<provider name*> has internal controls in place to ensure Program accountability. Therefore, the corrective action plan **must** include at a minimum the following information:

* + *<provider name*>’s full name, address, and date of birth;
  + Each serious deficiency and the procedures to be implemented to correct the issue;
  + The timeframe for implementation of the procedures to correct the issue;
  + The location where records will be kept associated with correcting the issue; and
  + Supporting documentation. *<Specify all support documentation, and the time period of the support documentation, as applicable, that must be submitted as part of the corrective action plan.>*

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. 7/15)

**Certified Mail**

<*Date>*

*<provider name><Provider Number>*

*<address>*

*<city>*

***SHARES Provider Number: <thirteen digits>***

Re: Notice of Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification from the CACFP. The day care home’s voluntary termination of your agreement with *<Sponsoring Organization>* after having been notified that it is being issued a Notice of Proposed Termination and Proposed Disqualification 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. You have a right to appeal this Notice of Proposed Termination and Proposed Disqualification. If you wish to appeal, 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(l)(1) of the CACFP regulations [7 CFR 226.16(l)(1)].

Sincerely,

*<agency staff name and title>*

*<sponsoring organization>*

Enc: Appeal Procedures

Cc: Wisconsin Department of Public Instruction FORM 2 (Rev. 7/15)

Certified Mail

<*Date>*

*<Provider Name><Provider Number>*

*<address>*

*<city>*

***SHARES Provider Number: <thirteen digits>***

Re: Notice of Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification for cause from the CACFP. The day care home’s voluntary termination of your agreement with *<Sponsoring Organization>* after having been notified that it is being issued a Notice of Proposed Termination and Proposed Disqualification 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. You have a right to appeal this Notice of Proposed Termination and Proposed Disqualification to *<Sponsoring Organization>.* If you wish to appeal, 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(l)(1) of the CACFP regulations [7 CFR 226.16(l)(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. 7/15)

**Certified Mail**

<*Date>*

*<Provider Name><Provider Number>*

*<address>*

*<city>*

***SHARES Provider Number: <thirteen digits>***

Re: Notice of Proposed Termination and Proposed Disqualification 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 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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification for cause from the CACFP. The day care home’s voluntary termination of your agreement with *<Sponsoring Organization>* after having been notified that it is being issued a Notice of Proposed Termination and Proposed Disqualification 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. You have a right to appeal this Notice of Proposed Termination and Proposed Disqualification to *<Sponsoring Organization>.* If you wish to appeal, 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 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(l)(1) of the CACFP regulations [7 CFR 226.16(l)(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. 7/15)

**Certified Mail**

<*Date>*

*<Provider Name><Provider Number>*

*<address>*

*<city>*

***SHARES Provider Number: <thirteen digits>***

**Re: Notice of Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification for cause from the CACFP. The day care home’s voluntary termination of your agreement with *<Sponsoring Organization>* after having been notified that it is being issued a Notice of Proposed Termination and Proposed Disqualification 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. You have a right to appeal this Notice of Proposed Termination and Proposed Disqualification. If you wish to appeal, 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(l)(1) of the CACFP regulations [7 CFR 226.16(l)(1)].

Sincerely,

*<agency staff name and title>*

*<sponsoring organization>*

Enc: Appeal Procedures

Cc: Wisconsin Department of Public Instruction FORM 2c (Rev. 7/15)

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 Proposed Termination and Proposed Disqualification 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>*. Your next visit will be conducted as an unannounced review and will include an assessment of the implementation and effectiveness of the approved corrective action plan detailed below. The details of the approved corrective action plan are:

* + *<List each serious deficiency and the procedures to be implemented to correct the issue>;*
  + *<Detail the timeframe for implementation of the procedures to correct the issue>;*
  + *<Specify the location where records will be kept associated with correcting the issue>;* and
  + *<Specify all supporting documentation submitted by the provider as part of the CAP>.*

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 Proposed Termination and Proposed Disqualification. 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.7/15)

**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 Proposed Termination and Proposed Disqualification 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>*. Your next visit will be conducted as an unannounced review and will include an assessment of the implementation and effectiveness of the approved corrective action plan detailed below. The details of the approved corrective action plan are:

* + *<List each serious deficiency and the procedures to be implemented to correct the issue>;*
  + *<Detail the timeframe for implementation of the procedures to correct the issue>;*
  + *<Specify the location where records will be kept associated with correcting the issue>;* and
  + *<Specify all supporting documentation submitted by the provider as part of the CAP>.*

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 Proposed Termination and Proposed Disqualification. 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 3a (Rev.7/15)

**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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification *<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(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.

Sincerely,

*<agency staff name and title>*

*<sponsoring organization>*

cc: Wisconsin Department of Public Instruction

FORM 4 (Rev. 7/15)

**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 Proposed Termination and Proposed Disqualification 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 <d*ate>*, *<Sponsoring Organization*> sent, via certified mail, a Notice of Proposed Termination and Proposed Disqualification 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 5 (Rev. 7/15)

**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 Proposed Termination and Proposed Disqualification 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 <*dat*e>, <*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 Proposed Termination and Proposed Disqualification 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(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 5a (Rev. 7/15)

**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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification 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(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 5b (Rev. 7/15)

**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 Proposed Termination and Proposed Disqualification 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 <*dat*e>, <*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 Proposed Termination and Proposed Disqualification 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(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 5c (Rev. 7/15)

**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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification. 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(l)(1) of the CACFP regulations [7 CFR 226.16(l)(1)].

Sincerely,

*<agency staff name and title>*

*<sponsoring organization>*

Enc: Appeal Procedures

Cc: Wisconsin Department of Public Instruction

FORM 6 (Rev. 7/15)

**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 Proposed Termination and Proposed Disqualification for cause from participation in CACFP.

On <d*ate>*, *<Sponsoring Organization*> sent, via certified mail, a Notice of Proposed Termination and Proposed Disqualification for cause of participation from the CACFP to <*provider name>*. *<Provider name>* was advised of *<her/his*> appeal rights on <*date>.*

[Select a or b]

[a] <*Provider name>* has not appealed *<Sponsoring organization's>* determination.

Or

[b]*<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 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. 7/15)

**Certified Mail**

<*Date>*

*<Provider Name><Provider Number>*

*<address>*

*<city>*

***SHARES Provider Number: <thirteen digits>***

**Re: Rescission of Notice of Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification 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 <*dat*e>, <*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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification 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 Proposed Termination and Proposed Disqualification. 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 7 (Rev. 7/15)