

**Community Nutrition Programs
Child and Adult Care Food Program (CACFP)**

Applies To: Family Day Care Home Sponsoring Organizations in the CACFP

Revision Date: July 2015

Resources: *USDA's Serious Deficiency, Suspension, & Appeals for State Agencies & Sponsoring Organizations Handbook*

Attachments: *Serious Deficient Procedures, Appeal Procedures, and Sample Form Letters*

A. History

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 or "Provider".

- Specifically, section 243(c) of the ARPA added statutory language that gave Providers, for the first time, the right to request an administrative review of a termination of their CACFP participation when the termination is "for cause".
- The Sponsor is permitted to terminate Providers "for convenience" without offering an administrative review to the Provider.

For Providers, State agencies were required to either:

- Establish a State-level administrative review process; or
- Require Sponsors (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 Providers.

B. The Administrative Review Process

All Sponsors of Family Day Care Home Providers must establish an administrative review process to ensure that the Providers have an opportunity to implement corrective action for resolving the serious deficiencies, except when the serious deficiencies involve an imminent threat to the health and safety of children or the Provider has engaged in activities which threaten the public health or safety. This administrative review process must be followed when a Provider is issued a *Notice of Proposed Termination and Disqualification* from the CACFP, giving the Provider the option to appeal the proposed termination and disqualification by following the *Appeal Procedures* that are enclosed with the notice.

→ **As part of establishing the administrative review process, Sponsors must designate a qualified person for taking the responsibilities of the administrative review official and it must allow both the Provider and the Sponsor adequate time to submit documentation of their case to the administrative review official.**

1. Requirements for the Administrative Review Official

a. The administrative review official must be:

- i. An impartial and independent person;**
- ii. Not involved in the decision to terminate the home's participation;**
- iii. Not involved in the action that is the subject of the administrative review; and**
- iv. Not have a direct personal or financial interest in the outcome of the administrative review**

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b. The administrative review official's role:

- i. The administrative review official's decision must be based on the information provided by the State agency, the institution (Sponsor), and responsible principles and individuals (RPIs) (Providers), and Federal and State laws, regulations, policies, and procedures governing the CACFP [7 CFR 226.6(k)(5)(viii)].

With emphasis, the administrative review official must:

- Assess the State Agency's or Sponsor's action to propose termination;
- Determine whether the actions taken by the State agency, institution, RPIs, and providers followed the Federal regulations, policies, and procedures governing the CACFP; and
- Base his/her decisions on the information presented by the State agency, the institution, RPIs, or providers and Federal and State laws, regulations, policies and procedures.

ii. The authority of the administrative review official does not include:

- Interpreting the intent or expanding the meaning of Federal regulations;
- Validating the serious deficiency determination;
- Verifying whether corrective actions submitted by RPIs fully and permanently corrects Program violations; and
- Establishing settlements of demands for overpayments.

- iii. Sponsors and Providers must be permitted to contact the administrative review official directly, pursuant to the regulations if they so desire.

- iv. The administrative review official's determination "is the final administrative determination to be afforded the institution, RPIs, or providers", per 7 CFR 226.6(k)(5)(x) and 226.6(l)(5)(vii).

3. The State Agency (DPI)

DPI is ultimately responsible for ensuring administrative review officials abide by the procedures set forth in 7 CFR 226.6(k)(5), as listed above in section B1 and B2.

a. USDA FNS (Food and Nutrition Services) Audits

If USDA FNS identifies that administrative review officials are not basing their decisions on Federal and State laws, regulations, policies, and procedures, and not applying them to the facts of CACFP cases, FNS may take one or more of the following actions as appropriate per 7 CFR 235.11(b) and 3016.43:

- Temporarily withhold cash payments pending correction of the deficiency by the State agency. The State agency must continue to make Program payments to CACFP participants during this administrative action;
- Disallow all or part of the cost of the activity or action not in compliance and return these funds to FNS;
- Wholly or partly suspend or terminate the award for the State agency's Program;
- Withhold further awards for the Program; or
- Take other remedies that may be legally available.

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b. Providing Guidance to Administrative Review Officials

DPI and the Sponsors must provide CACFP training to the administrative review officials responsible for CACFP cases. Some ways that DPI and the Sponsors can provide training to administrative review officials are:

- Provide copies of the training materials issued by DPI, including the *State Agency Guidance Memorandums* for home Sponsors.
- Offer to train on a quarterly, semi-annual, or annual basis, i.e. by in-person trainings or webinars.
- Review concerns raised by the administrative review officials that relate to their decisions issued on CACFP cases for strengthening DPI's and the Sponsor's ability to effectively administer the CACFP.

C. The Serious Deficiency Process

1. Sponsor's Serious Deficiency Policy and Procedure:

Sponsors should have a written policy which includes detail on the specific staff personnel within its organization who will have the authority to issue the required written notices relating to the serious deficiency process.

2. Written Correspondence during the Serious Deficiency Process

a. Definition of "Notice":

All written correspondence to the Provider that relate to the Serious Deficiency Process must be sent by certified mail/return receipt, an equivalent private delivery service (such as FedEx), fax, or email. If the notice is undeliverable, it is considered to be received by the Provider five days after being sent to the addressee's last known mailing address, facsimile number or email address. Any timeframes associated with the given notice start with the earliest form of transmission. (7 CFR 226.2)

→ **DPI advises to follow the best practice of sending notices by certified mail/return receipt for getting proof of the delivery.**

b. DPI must be copied on all of the Sponsor's written correspondence with the Provider sent during the serious deficiency process.

3. Serious Deficient Procedures, Appeal Procedures, and Sample Form Letters

Included with this guidance memorandum are the following documents:

- Required **Appeal Procedures** that must be included with the *Notice of Proposed Termination and Disqualification* letters; The Sponsor must add the name of the relevant staff person to be contacted.
- **Serious Deficient Procedures for Family Day Care Homes**, which lists the USDA regulatory citations for each of the potential serious deficiencies for day care home Providers, found under 7 CFR 226.16(l)(2), and guidance on which sample form letters to use when issuing correspondence for different scenarios and steps taken within the serious deficiency process.
- **Sample form letters**, which include the proper regulatory citations and have been approved by DPI's legal department: *when using these sample form letters, the name and address of the relevant Sponsor contact person must be added as well as the appropriate regulatory citation(s) for the specified serious deficiency(ies).*

If your agency intends to develop its own procedures and/or form letters, please submit them to the DPI for review and approval.

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4. Selecting the Appropriate Serious Deficiency(ies) under the USDA Regulatory Citations:

- Submission of false claims for reimbursement [7 CFR 226.16(l)(2)(ii)]

The Sponsor must carefully decide when to declare a Provider as seriously deficient based on the *Submission of false claims for reimbursement [7 CFR 226.16(l)(2)(ii)]*.

- The Provider's actions leading up to this serious deficiency should be fully and carefully documented to clearly show the objective evidence of the Provider submitting false claims.
- The only acceptable corrective action to this serious deficiency is for the Provider to demonstrate that the Sponsor has made an administrative error, has confused two providers with similar or identical names, and/or received inaccurate information from the parents contacted through the household contact process.

→ If the Provider is unable to demonstrate that any of these errors have occurred, then the Sponsor must issue the Notice of Proposed Termination and Disqualification, deny any invalid part of the Provider's submitted claim(s), and require repayment (if the submitted claim(s) have already been paid).

5. Determining the Serious Deficiencies and Issuing a Declaration of Serious Deficiency Letter

Sponsors have the authority to determine when a violation rises to the level of a serious deficiency. In making this determination, the Sponsor should consider the following aspects:

- The severity of the problem;
- The degree of responsibility attributable to the Provider;
- The Provider's history of participation in the CACFP;
- The nature of the requirements relating to the problem;
- The degree to which the problem impacts Program integrity.

Once a Sponsor has identified the serious deficiency(ies), the Sponsor must issue the written notice of serious deficiency in a timely manner. The written notice of serious deficiency declaration must specify the actions leading up to serious deficiencies, identify the specific serious deficiencies and their regulatory citations, and require the Provider to submit a written corrective action plan. Please note that being declared seriously deficient is not an appealable action.

→ For further information on the required serious deficiency process for day care homes, refer to the USDA handbook *Serious Deficiency, Suspension, & Appeals for State Agencies & Sponsoring Organizations (Revision 2/15)*, Part 2 (pages 30-38) at the web link: [USDA's Serious Deficiency, Suspension, & Appeals for State Agencies & Sponsoring Organizations Handbook](#)

6. Corrective Action

a. Provider's Rights to Submit Corrective Action:

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.

b. The Provider's 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 notice.

→ If the Provider does not correct the serious deficiency(ies) to the sponsor's satisfaction within this allotted timeframe, a *Notice of Proposed Termination and Disqualification* must be sent to the Provider (as stated above in section C2a and C2b).

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c. Requirements for the Provider's Corrective Action Plan (CAP)

Providers are required to submit corrective actions taken to fully and permanently correct each serious deficiency to the Sponsor [7 CFR 226.16(k)(3)(F)(ii)]. If the Sponsor determines that the corrective actions fully and permanently correct each serious deficiency, then the Sponsor must temporarily defer the Provider's serious deficiency determination.

The CAP must include the Provider's official documentation demonstrating that the serious deficiencies have been fully and permanently corrected. The Sponsor must rely on the submission of this information to determine whether the Provider has internal controls in place to ensure accountability.

The CAP must include the following information:

- The Provider'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: this may include copies of income eligibility forms, enrollment forms, enrollment rosters, training documentation, menus, Child Nutrition labels or manufacturers' product analysis sheets or recipes, attendance records, meal count forms, itemized food receipts, etc.

d. Verification of Provider's Proposed Correction Action Plan:

As a best practice even though it is not required, the Sponsor **should** conduct an unannounced visit prior to approval of the Provider's submitted corrective action plan. The purpose of this unannounced visit would be to verify the proposed corrective action plan and determine if it is adequate or not.

7. Continuation of Program Payments during the Serious Deficiency Process:

Sponsors must continue issuing Program payments for the Provider's submitted claims that are supported by appropriate records, pending the outcome of the administrative review.

a. Suspension of Payments:

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.

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b. Denial of Invalid Claims:

Sponsors must not pay any claim or portion of a claim that the Sponsor believes to be invalid.

As explained within the January 22, 2001 DPI memo:

i. Submitted Invalid Claims – Not yet Processed for Payment by DPI:

If the Provider has submitted a claim for which the Sponsor has determined to be partially invalid and the Sponsor has not yet submitted the Provider's partially invalid claim to DPI for payment, the Sponsor should return the claim to the Provider. When returning the invalid claim to the Provider, the Sponsor should include an explanation of the claim error(s) and/or discrepancies and instruct the Provider to submit the corrected claim to the Sponsor by its established deadline for ensuring that the Sponsor can submit the Provider's corrected claim to DPI for payment by the 60 calendar day deadline.

ii. Submitted Invalid Claims – Processed but not yet Paid by DPI:

(a) Release the payment for the questionable claim to the Provider, identify the invalid parts of the claim, and proceed to recover the payment amount that was issued in error from the invalid claim, from the Provider.

(b) Return the entire payment amount received from DPI for this claim and return the submitted claim to the Provider. When returning the invalid claim to the Provider, the Sponsor should include an explanation of the claim error(s) and/or discrepancies and instruct the Provider to submit the corrected claim to the Sponsor by its established deadline for ensuring that the Sponsor can submit the Provider's corrected claim to DPI for payment by the 60 calendar day deadline.

8. Issuing the *Notice of Proposed Termination and Disqualification*:

Once the Sponsor determines that the serious deficient Provider either did not submit acceptable corrective action or cannot be given the opportunity to submit corrective action (in cases of imminent threat to healthy and safety), the Sponsor must issue the serious deficient Provider a written notice in which the Sponsor proposes to terminate and disqualify the Provider from CACFP participation and explains the reason(s) for this proposed action; the *Notice of Proposed Termination and Disqualification* must include a copy of the *Appeal Procedures*.

9. Termination and Disqualification from the CACFP

Once a Provider has been issued the *Notice of Termination and Disqualification*, and therefore terminated "for cause" from the CACFP, his/her name will be placed on the CACFP National Disqualified List (NDL) maintained by USDA.

- **The NDL:** While on the NDL, the Provider will not be able to participate in the CACFP as a Provider in any state. The Provider also will not be able to serve as a principal in any CACFP institution or facility. He/she will remain on the NDL for seven (7) years unless a special exception has been granted by DPI. However, if any debt relating to the serious deficiencies has not been repaid, the Provider will remain on the NDL until the debt has been paid.
- **Improper Termination "For Convenience":** A Sponsor must not terminate a Provider "for convenience" when the Provider's termination is actually "for cause", or when it is based on the Provider committing one or more of the eight specified serious deficiencies and/or the Provider's failure to comply with the terms of the agreement with the Sponsor.

10. Removal from the NDL

A Provider may be removed from the NDL with the approval of the DPI and USDA prior to the lapse of seven (7) years if it has been determined that the causes of the serious deficiencies that led to the Provider's placement on the NDL have been corrected [7 CFR 226.6(c)(7)(vi)], and the Provider owes no debts to the Program.

The following procedure (*on the next page*) must be adhered to for pursuing removal from the NDL:

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Required Procedure for NDL Removal

- a. The terminated Provider must submit a written request for being removed from the NDL, to the Sponsor that issued the termination and disqualification. The Provider's request for his/her removal from the NDL must include clear and compelling documentation that the cause of the serious deficiencies have 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 his/her day care home.
- b. Upon receiving the Provider's written request for removal from the NDL, the sponsor must evaluate the submitted documentation and render a decision.
- c. If the Sponsor determines 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 Sponsor must provide written notification to the Provider of the denial of his/her request; a copy of this letter must be forwarded 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.**
- d. If the Sponsor determines that the terminated provider has properly corrected the cause(s) of the serious deficiency(ies) and he/she does not owe any debts to the Program, the Sponsor must provide written notification of this determination to DPI for recommending that the Provider's name be removed from the NDL.
- e. DPI will review the Sponsor's written request and render a final decision. If in agreement with the Sponsor, DPI will submit a request to USDA for removing the Provider's name from the NDL. Upon receiving notification from USDA 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 participate in the CACFP again.**
(Note: the Sponsor that terminated the Provider for cause is under no obligation to sponsor the Provider again for his/her participation in the CACFP.)
- f. If DPI does not agree with the Sponsor's request to remove the Provider from the NDL, DPI will provide written notification to the Sponsor 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 he/she still owes debt to the Program.
- g. A Provider who has been terminated "for cause" may make one request in a twelve-month period during the seven-year disqualification period to have her/his name removed from the NDL by following the above procedure.



CHILD AND ADULT CARE FOOD PROGRAM

<*Sponsoring Organization Name*>

Appeal Procedures

Family Day Care Homes

Revised July 2015

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 Notice of Proposed Termination and Disqualification from participation in the Child and Adult Care Food Program.

The Notice of Proposed Termination and Disqualification 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 Proposed Termination and Disqualification Notice. The Proposed Termination and Disqualification Notice, 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 Proposed Termination and Disqualification 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.

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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 administrative review official, and/or by written documentation to the administrative 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 administrative 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 administrative review official, a hearing shall be held by the administrative 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 administrative 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 administrative review official.
7. The administrative 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 administrative 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 administrative 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 Proposed Termination and Disqualification 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.

Serious Deficient Procedures - Family Day Care Homes (Revised July 2015)

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 the Provider notifying him/her 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 Provider 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 Sponsor 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 Proposed Termination and Disqualification must be sent. **FORM 2c**.

****Serious Deficiency - Submission of false claims for reimbursement:** The only acceptable corrective action to this serious deficiency is for the Provider to demonstrate that the Sponsor has made an administrative error, has confused two providers with similar or identical names, and/or received inaccurate information from the parents contacted through the household contact process.

6. If the Provider fails to submit a corrective action plan at all, a Notice of Proposed Termination and Disqualification is sent, **FORM 2**, along with the *Appeal Procedures*.
7. If the problems persist, then a Notice of Proposed Termination and Disqualification is sent - **FORM 2a** (if Provider has written CAP), or **FORM 2b** (if Sponsor has written CAP).

TERMINATION FROM CACFP:

8. If the 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 the *Appeal Procedures*. **DPI must be notified in writing by the Sponsor whenever a Provider requests an appeal.** If a review is requested but a hearing is not requested, an administrative review official should conduct the review. (A hearing is only required if requested by the Provider, and agreed to by the administrative review official.)
9. The administrative 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 DPI.
10. If the Provider does not file an appeal, a final decision terminating the Provider from the CACFP must be made by the Sponsor. The Sponsor must 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.

The Sponsor must forward a copy of the termination letter to DPI. DPI must submit the Provider's name, address, and date of birth to USDA for placement on the National Disqualified List.

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 Provider has engaged in activities which threaten the public health or safety, the Sponsor must declare the Provider seriously deficient, provide written Notice of Proposed Termination and Disqualification of 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 Proposed Termination and Disqualification.
2. If the 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, an administrative review official should conduct the review.
3. The administrative 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 DPI. If the proposed termination is upheld, the Sponsor 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**).

The Sponsor must forward a copy of the termination letter to DPI. DPI must submit the Provider's name, address, and date of birth to USDA for placement on the National Disqualified List.

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/or failure 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(1)(1) of the CACFP regulations [7 CFR 226.16(1)(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(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. 7/15)

Guidance Memorandum M

All Guidance Memorandums for home sponsors: http://fns.dpi.wi.gov/fns_homememos

Revision Date: 7/15

Page 14 of 28

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(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. 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(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. 7/15)

Guidance Memorandum M

All Guidance Memorandums for home sponsors: http://fns.dpi.wi.gov/fns_homememos

Revision Date: 7/15

Page 16 of 28

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(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. 7/15)

Guidance Memorandum M

All Guidance Memorandums for home sponsors: http://fns.dpi.wi.gov/fns_homememos

Page 17 of 28

Revision Date: 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(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 3 (Rev.7/15)

Guidance Memorandum M

All Guidance Memorandums for home sponsors: http://fns.dpi.wi.gov/fns_homememos

Revision Date: 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(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.7/15)

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(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. 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 <date>, <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(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. 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 <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 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)

Guidance Memorandum M

All Guidance Memorandums for home sponsors: http://fns.dpi.wi.gov/fns_homememos

Revision Date: 7/15

Page 22 of 28

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(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. 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 <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 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(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. 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(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. 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 <date>, <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 <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 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(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. 7/15)