United States Department of Agriculture

Food and Nutrition Service

Mountain Plains Region

1244 Speer Boulevard
Denver, CO
80204-2581

APR 24 2003

Reply to Attn of: CACFP-698

Subject: Notifications Regarding Seriously Deficient Institutions/Providers Leading to Disqualification in the Child and Adult Care Food Program (CACFP)

To: STATE AGENCY DIRECTORS - (Special Nutrition Programs) Colorado DPHE, Iowa, Kansas, Missouri DHSS, Montana DPHH, Nebraska, North Dakota, South Dakota, Utah and Wyoming

As you know, you have been required to submit all letters and correspondence regarding institutions that have been declared seriously deficient. Once an institution is declared seriously deficient, the following must be sent to the Regional Office (RO):

- Notice of Serious Deficiency
- Notice of Successful Corrective Action or Notice of Proposed Termination/Proposed Disqualification, and
- Notice of Termination/Disqualification, and for all responsible principals/individuals, their mailing address and date of birth

These notices must contain specific information. Please refer to 226.6(c)(1) for notice requirements for new institutions; 226.6(c)(2) for renewing institutions; and 226.6(c)(3) for participating institutions.

In an effort to simplify this process, you now may submit information for adding institutions and their responsible principals/individuals to the National Disqualified Listing (NDL) via an electronic process. Attached you will find copies of the electronic tool developed by Headquarters for State Agencies to electronically submit terminated institutions, their responsible principals/individuals (RPI), and providers to the RO. The information requested on these forms needs to be submitted whether or not you are submitting the information electronically or in written form.

Electronic Process for Institutions

To add an institution, responsible principal, and responsible individual to the NDL, you may now submit the electronic form with all required information via email to your CACFP contact person in the RO. By the time you receive this memorandum, you should have received via email the electronic form.

Written Process for Institutions

You continue to have the option of submitting information via written communication. If submitting information in written form, please provide the following:

- Name and address of the organization
- Other names for this organization, also known as/doing business as
- Date of termination
- Type of organization/institution (i.e., sponsor of centers only, sponsors of FDCHs only, sponsor of centers and FDCHs, or independent centers)
- If the institution has failed to repay debt – indicate yes or no
- Amount of debt, if applicable
- The reason(s) for the disqualification. Indicate if this is a new, renewing, or participating institution
- Names of RPI with the following:
    - Full name
    - Any other names used
    - Date of birth
    - Title
    - Mailing address
    - If the RPI has failed to repay individual debts owed under the Program.

Electronic Process for Family Day Care Home (FDCH) Providers

To add a FDCH to the NDL, you may now submit the electronic form with all required information via email to your CACFP contact person in the RO. By the time you receive this memorandum, you would have received via email the electronic form.

Written Process for FDCH Providers

You continue to have the option of submitting information via written communication. If submitting information in written form, please provide the following:

- Name and address of the provider
- Other names used by the provider – also known as
- Provider's date of birth
- Termination Date
- If the provider failed to repay any debts owed – indicate yes or no
- Amount of debt, if applicable
- Name and address of sponsoring organization
- Reason(s) for the disqualification

If there are any questions regarding either of the new processes please contact our office at (303) 844-0359.

Mary Nielsen

DARLENE SANCHEZ
Regional Director
for Special Nutrition Programs

Attachments

Child and Adult Care Food Program (CACFP) - Report of Disqualification from Participation
Sponsoring Organization or Independent Institution

State Agency Imposing Disqualification:

Name of Organization/Institution:
Address of Organization/Institution:
Also Known As/Doing Business As:
Termination Date:
Type of Organization/Institution: (check one): ☐ **Sponsor of centers only** ☐ **Sponsor of centers and homes**
☐ **Sponsor of family day care homes only** ☐ **Independent Institution**

Has the INSTITUTION failed to repay debts owed under the Program? ☐ **Yes** ☐ **No**

Reason(s) for Disqualification: (Check or describe all that apply)

New Institution

☐	e
past 7 years that indicates a lack of business integrity	
☐ Any other action affecting the institution's ability to administer the Program in accordance with Program requirements	

Participating or Renewing Institution

☐ Submission of false information on the institution's application	☐ Claiming reimbursement for meals not served to participants	☐ Failure of a sponsoring organization to properly train and monitor sponsored facilities in accordance with 7 CFR 226.16(d)
☐ Permitting an individual on the National Disqualified Llist to serve as a principal or provider	☐ Claiming reimbursement for a significant number of meals that do not meet program requirements	☐ Use of day care home funds by a sponsoring organization to pay for the sponsoring organization's administrative expenses
☐ Failure to operate in conformance with performance standards at 7 CFR 226.6(b)(18)	☐ Use of a food service management company that is in violation of health codes	☐ Failure to perform any of the other financial or administrative responsibilities required by 7 CFR 226
☐ Failure to comply with bid procedures/ contract requirements of applicable Federal procurement regulations	☐ Failure of sponsoring organization to disburse payments to facilities in accordance with regulations	☐ Failure to properly implement and administer day care home termination and administrative review procedures
☐ Failure to return advance payments which exceeded the amount earned for serving eligible meals, or failure to return disallowed start-up or expansion payments	☐ Claiming reimbursement at title XX child care center in a month when less than 25% of enrolled children or licensed capacity (whichever is less) are title XX beneficiaries	☐ The institution or any of the institution's principals have been declared ineligible for any other public program by reason of violating that program's requirements
☐ Failure to maintain adequate records	☐ Claiming reimbursement at title XIX or XX adult day care center in a month when less than 25% of enrolled adult participants are title XIX or XX beneficiaries	☐ Conviction of institution or any of the institution's principals for activity that occurred during the past 7 years that indicates a lack of business integrity
☐ Failure to adjust meal orders to variations in the number of participants	☐ Failure by a sponsor of day care homes to properly classify homes as tier I or tier II in accordance with CFR 226.15(f)	☐ Any other action affecting the institution's ability to administer the Program in accordance with Program requirements
Other or additional comment:		

Responsible Parties/Individuals (RPIs)

Last Name	First Name/M.I.	Any other Names Used	Date of Birth	Title	RPI's Mailing Address	Has the RPI failed to repay individual debts owed under the Program?
						☐ Yes
						☐ Yes
						☐ Yes
						☐ Yes

Child and Adult Care Food Program (CACFP)
Report of Disqualification from Participation
Family Day Care Home Provider

State Agency Imposing Disqualification:

Name of Provider: Last Name: First Name/M.I.:
Also Known As:
Address of Provider:
Date of Birth of Provider:
Termination Date:
Has the PROVIDER failed to repay debts owed under the Program? ☐ **Yes** ☐ **No**
If yes, what is the amount owed?

Sponsoring Organization Name:
Sponsoring Organization Address:

Reason(s) for Disqualification: (Check or describe all that apply)

☐ Submission of false information on application

☐ 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 or safety

☐ A determination that the day care home has been convicted of any activity that occurred during the past 7 years and that indicated a lack of business integrity

☐ Any other circumstance related to non-performance under the sponsoring organization-day care home agreement, as specified by the sponsoring organization or the State agency

Other or additional comment: