Sponsor Name and/or Logo

Street Address

City, State, Zip

Phone

Email

Date

Provider Name

Street Address

City, State, Zip

Email Address

VIA: Select Method of Notice Delivery

Dear Provider Name,

This letter concerns the brief description of the basis for the serious deficiency determination – review, audit, etc. and date of review/auditof your operation of the Child and AdultCare Food Program (CACFP).

**SERIOUS DEFICIENCY DETERMINATION**

Based on the title of review/audit/etc., sponsoring organization name has determined that you are seriously deficient in your operation of the CACFP. If you do not fully and permanently correct all of the serious deficiencies and submit documentation of the corrective action by date [deadline date for corrective action submittal]*,* we will propose to:

• Terminate your agreement to participate in the CACFP for cause, and

• Disqualify you from future CACFP participation.

If you voluntarily terminate your agreement after receiving this letter, we will propose to disqualify you from future CACFP participation. If disqualified, Provider Name [ first and last name]will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility.

You will remain on the NDL until USDA’s Food and Nutrition Service, in consultation with Georgia Department of Early Care and Learning, determines that the serious deficiencies have been corrected, or until seven years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid.

These actions are being taken pursuant to 7 CFR 226.16(l).

**SERIOUS DEFICIENCIES AND REQUIRED CORRECTIVE ACTION**

The following paragraphs detail each serious deficiency and the corrective action required.

1. Choose an item.

**Serious Deficiency Details:** Insert discussion of serious deficiency

**Required Corrective Action:** Insert Require Corrective Action

1. Choose an item.

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**Required Corrective Action:** Insert Require Corrective Action

**SUMMARY**

We have determined that you are seriously deficient in your operation of the CACFP. Documentation showing the corrective action for each of the serious deficiencies cited in this letter is required. The documentation must be received (not just postmarked) by Corrective action deadline date.

If we do not receive the documentation of your corrective action by Corrective action deadline date*,* or if we determine that the actions taken do not fully and permanently correct all of the serious deficiencies, we will propose to terminate your CACFP agreement for cause and disqualify you.

You may not appeal the serious deficiency determination. However, if we propose to terminate your agreement for cause and disqualify you, you will be able to appeal those actions and you will be advised the appeal procedures at that time.

You may continue to participate in the CACFP during the corrective action period. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

If we receive the documentation of your corrective action by the due date and determine that it fully and permanently corrects all of the serious deficiencies, we will temporarily defer the serious deficiency determination. We may conduct an unannounced follow-up review to verify the adequacy of the corrective action. If we find in the follow-up review, or any subsequent review, that the serious deficiency(ies) has/have not been fully and permanently corrected, we will immediately propose to terminate your agreement for cause and disqualify you without any further opportunity for corrective action.

COMMENTS

Sincerely,

Sponsor Employee Name and Title

Sponsoring Organization Name

cc: GA DECAL