**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

RE: Notice of Recission of Suspension, Proposed Termination and Disqualification - Imminent Threat to Health and Safety – Review Official Overturned Proposed Termination and Suspension

Dear Provider Name**:**

On date [The date the provider received the combined Notice], you received a combined Notice of Serious Deficiency, Suspension, Proposed Termination and Disqualification. This letter concerns that Notice which suspended your participation in the Child and Adult Care Food program (CACFP). In that Notice, Sponsor name, also proposed to terminate your CACFP agreement for cause and to disqualify you from further CACFP participation. These actions were based on the determination that you were operating under conditions that posed an imminent threat to health and safety of Program participants and/or the day care home engaged in activities that threaten the public health or safety.

You filed a timely appeal of the suspension and proposed termination and disqualification. On date of hearing official’s decision, the Administrative Review Official issued a decision. In that decision, the suspension and proposed actions were overturned.

**SERIOUS DEFICIENCY DETERMINATION, SUSPENSION, PROPOSED TERMINATION AND PROPOSED DISQUALIFICATION**

As a result, Sponsor Name, is prohibited from suspending your participation, terminating your agreement for cause, and disqualifying you from future participation in the Program.

Any valid claims for reimbursement submitted by you for the period of the suspension will be paid. You must submit these claims by date that will give the provider an appropriate length of time to submit these claims.

You must still submit a corrective action plan to implement procedure and policies to permanently correct the serious deficiency(ies). Upon approval of an acceptable corrective action plan, Sponsor Name will temporarily defer the determination that you are seriously deficient. If Sponsor Name initially determines that the corrective action is complete, but later determines that the serious deficiency(ies) has recurred, Sponsor Name **must** move to immediately issue a notice of intent to terminate and disqualify you.

COMMENTS

Sincerely,

Sponsor Employee Name and Title

Sponsoring Organization Name

cc: GA DECAL