**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 Proposed Termination and Disqualification – No Corrective Actions Submitted

Dear Provider Name**:**

This letter concerns the Date [The date the Notice of Serious Deficiency was issued.] Notice that you are seriously deficient in your operation of the Child and Adult Care Food Program (CACFP).

On or before Date [The date the Provider was to submit corrective actions.]you were required to submit documentation detailing the actions taken to correct the serious deficiency(ies). As of this date, you have not submitted any required correction(s).

**PROPOSED TERMINATION AND DISQUALIFICATION**

As a result, effective Date [The effective date for the termination/disqualification must be after the deadline for requesting an appeal], we 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, youwill 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 the 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).

**APPEAL OF PROPOSED TERMINATION AND PROPOSED DISQUALIFICATION**

The proposed termination of your agreement for cause and your disqualification may be appealed. A copy of the appeal procedures is enclosed. If you choose to appeal the proposed actions, follow the appeal procedures exactly as failure to do so may result in the denial of your request for an appeal.

**SUMMARY**

You have not fully and permanently corrected the serious deficiencies identified in the Serious Deficiency Notice. For this reason, Sponsor Nameis proposing to terminate your CACFP agreement for cause and to disqualify you from future Program participation.

If you appeal the proposed termination and disqualification, the actions will not take effect until the hearing official issues a decision. If you do not make a timely request for an appeal, your agreement will be terminated for cause. You will be disqualified from future CACFP participation effective Date [The effective date for the termination/disqualification must be after the deadline for requesting an appeal. This date is the same as the effective date entered above]and placed on the NDL.

You may continue to participate in the CACFP until termination/disqualification effective dateor, if you appeal the proposed actions, until the hearing official issues a decision on the appeal. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

COMMENTS

Sincerely,

Sponsor Employee Name and Title

Sponsoring Organization Name

Enclosure: Sponsor Appeal Procedures

cc: GA DECAL