

**Notice of Serious Deficiency, Suspension, and Proposed Termination and Disqualification
for Family Day Care Home Providers for Imminent Threat to Health and Safety**

Sent by Certified Mail

<<Date>>

<<Provider Name>>

<<Provider License Number>>

<<Provider City, State, Zip>>

Dear <<Provider Name>>:

This letter concerns the suspension of Child and Adult Care Food Program (CACFP) participation, including Program payments, determination of serious deficiency, and proposed termination and disqualification from the CACFP as a result of <<description of the basis for the serious deficiency determination and any supporting language>>.

SERIOUS DEFICIENCY DETERMINATION

Based on the <<event, home visit, CDHS Order of Summary Suspension, etc.>>, <<sponsoring organization name>> determined that you are seriously deficient in the operation of the CACFP.

<<Insert discussion of the serious deficiencies. Each SD identified must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(1)(2). If the serious deficiency is not specifically listed, cite 7 CFR 226.16(1)(2)(ix), and any other circumstance related to non-performance under the sponsoring organization-day care home agreement.>>

SUSPENSION

One of the serious deficiencies identified is an imminent threat to the health or safety of CACFP participants or the public. Because of this imminent risk, <<Name of sponsoring organization>> must suspend your CACFP participation, including all program payments.

The suspension of CACFP participation, including all CACFP payments, will take effect on <<DATE>>. <<Name of sponsoring organization>> takes this action pursuant to 7CFR 226.16(1)(4) of the CACFP regulations.

PROPOSED TERMINATION AND DISQUALIFICATION

As a result, <<Name of sponsoring organization>> proposes to:

- Terminate your agreement to participate in the CACFP for cause effective the first day following the 15 day appeal period, which is the period of 15 days after your receipt of this letter, and
- Disqualify you from future CACFP participation effective the first day following the 15 day appeal period, which is the period of 15 days after your receipt of this letter.

If you voluntarily terminate your agreement after receiving this letter, <<name of sponsoring organization>> will propose to disqualify you from future CACFP participation. If disqualified, you 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 institution or facility.

You will remain on the NDL unless the Colorado Department of Public Health and Environment, in consultation with <<name of sponsoring organization>> and USDA's Food and Nutrition Service 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.

<<Name of sponsoring organization>> initiates these actions pursuant to 7 CFR 226.16(l) of the CACFP regulations.

APPEAL OF SUSPENSION AND PROPOSED TERMINATION AND DISQUALIFICATION

You may only appeal the suspension, the proposed termination of your CACFP agreement for cause, and your proposed disqualification. 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

<<Name of sponsoring organization>> is suspending your CACFP participation, including all CACFP payments. In addition, the sponsoring organization is proposing to terminate your agreement for cause and disqualify you from future CACFP participation.

The suspension will remain in effect during the period of any appeal. However, if you request an appeal and the hearing official overturns the suspension, all valid claims for reimbursement submitted by you for the period of the suspension will be paid. As always, the sponsoring organization will deny any portion of a claim that is determined to be invalid.

If you appeal the proposed termination and disqualification, these 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 on the first day following the 15 day appeal period. You will be disqualified from future CACFP participation and your name will be placed on the National Disqualified List.

Sincerely,

<<Sponsoring organization employee Name and Title>>

Enclosure: Appeal Procedures

Cc: Colorado Department of Public Health and Environment, Child and Adult Care Food Program