**Notice of Serious Deficiency Notice for Providers**

Date

Program Name

Director’s Name

Contract Signer’s Name

Address

City, MT Zip Code

Dear (Director and Contract Signer),

**SERIOUS DEFICIENCY DETERMINATION**

Based on the [*review/audit/etc*.], the [*sponsoring organization*] 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*], 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, the [*provider*] 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 the Montana DPHHS CACFP, 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. [*Insert discussion of serious deficiencies and required corrective action. Each serious deficiency discussed must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l)(2). If the serious deficiency is not specifically listed, cite*: 7 CFR *226.16(l)(2)(ix), any other circumstance related to non-performance under the sponsoring organization-day care home agreement.*]

**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*]. *Different deadlines for different serious deficiencies may be established.*

If we do not receive the documentation of your corrective action by [*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.

Sincerely,

Sponsoring Organization Employee Name & Title

Address and other contact information

cc: Montana DPHHS CACFP