**Prototype Letter 25: Notice of Rescission of Suspension, Proposed Termination and Disqualification - Imminent Threat to Health or Safety after provider prevails in appeal**

[*Note: Send this letter by certified mail/return receipt, an equivalent private delivery service (such as FedEx), fax, or e-mail as required by 7 CFR 226.2, definition of “notice” in the regulations.*]

**To Be Placed on Sponsoring Agency Letterhead**

Date

Provider Name

Provider Street Address

Provider City, State 00000

Dear [Provider]:

On [*date received*], 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, [*name of sponsoring organization*] 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 the health and safety of Program participants [***if applicable****, or the day care home had engaged in activities that threaten the public health or safety*]

You filed a timely appeal of the suspension and the proposed termination and disqualification. On [*date of appeal 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, [*name of sponsoring organization*] is prohibited from suspending your participation, terminating your agreement for cause, and your proposed disqualifying you from future participating 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 [*insert a 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 procedures and policies to permanently correct the serious deficiency(ies). Upon approval of an acceptable corrective plan, [*sponsoring organization*] will temporarily defer the determination that you are seriously deficient. If [*sponsoring organization*] initially determines that the corrective action is complete, but later determines that the serious deficiency(ies) has recurred, [*sponsoring organization*] **must** move to immediately to issue a notice of intent to terminate and disqualify you.

Sincerely,

Sponsoring Organization Employee Name & Title

Address and other contact information

cc: Montana DPHHS CACFP