

Sponsor Letterhead here!

date

**CERTIFIED MAIL**  
**Return Receipt Requested**

*provider name*  
*provider street address*  
*provider city, state, zip*

**Notice of Action**  
**Proposed Termination**

Dear Ms. *provider last name*,

In my letter of *date*, you were notified that *Sponsoring organization name* determined that you were seriously deficient in the administration of the Child and Adult Care Food Program (CACFP) and that *provider name* is responsible for the serious deficiency. The determination was based on the *on-going failure to maintain adequate records to properly document your claims for reimbursement*.

*Sponsoring organization name* provided you with a Corrective Action Plan that was signed and effective on *date*. The terms of participation during the probationary period were identified in a letter dated *January 12, 2001* (enclosed) and are as follows:

- *provider's name* is required to submit documentation to support each month's claim.
- A repayment check for the overclaim owed.
- *provider's name* will demonstrate compliance with CACFP rules and regulations, including the requirements in the Corrective Action Plan.

At this point, you are in noncompliance with the Corrective Action Plan. Because you failed to follow the Corrective Action Plan and failed to submit the repayment check, *sponsoring organization* intends to terminate you for cause effective *date*. We regret the necessity to take this action. However, your failure to comply with regulatory and policy requirements constitutes a serious deficiency and creates an unacceptable risk to CACFP integrity.

Additionally you will be ineligible to participate in the CACFP. Your name will be placed on the state and national lists of disqualified individuals. If you voluntarily terminate your agreement with *Sponsoring organization name* after receiving this notice, the *Sponsoring organization name* is required to place your name on the disqualified lists.

Since this action affects your participation, the right to appeal this determination is afforded. Attached is a copy of the appeal procedures. Please read these procedures carefully since failure to comply may result in the loss of your appeal rights. If you appeal, you will be eligible for participation and receive reimbursement for eligible meals served until the appeal is concluded.

The total overclaim amount of \$XX is due to *Sponsoring organization* immediately.

Sincerely,

*Your name*  
*Your title*

Enclosures: Appeal Process

C: Assistant Director, Child Nutrition & Wellness, Kansas State Department of Education  
*Other?*