

Sponsor Letterhead here!

date

CERTIFIED MAIL
Return Receipt Requested

provider name
provider street address
provider city, state, zip

Notice of Action
Seriously Deficient Determination

Dear Ms. *provider last name*,

Sponsoring organization name has determined that *provider name* is seriously deficient in the operation of the Child and Adult Care Food Program (CACFP). The identification of the serious deficiency cannot be appealed. The basis for this determination is *the on-going failure to maintain adequate records to properly document your claims for reimbursement and claiming over the licensed capacity*. These are serious deficiencies that require your immediate attention and action. Enclosed is a CACFP Corrective Action Plan. Full compliance with the terms of this plan is required. The signed Corrective Action Plan is due *date*.

If you fail to comply with the CACFP Corrective Action Plan, *Sponsoring organization name* intends to terminate you from participation in the CACFP for failure to correct serious deficiencies. If CACFP participation is terminated for cause, you will also be ineligible to participate in the CACFP *and the debt of \$\$\$ will be due immediately*. Your name will be placed on the state and national disqualified lists. 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.

Your participation in the CACFP will not be terminated for cause until after an opportunity has been provided for an appeal to the proposed termination.

We hope that you will be able to take prompt and effective corrective action so that your participation in the CACFP can continue. Please contact me or *other name* if additional information or assistance is needed.

Sincerely,

Your name
Your title

Enclosures: Corrective Action Plan

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