

## Sponsor Letterhead

### **Serious Deficiency Process**

#### **Letter I: Notice of Termination and Disqualification: Imminent Threat to Health and Safety (following failure to appeal)**

Date

Provider's Name

Provider's Street Address

Provider's City, State, Zip code

Licensed/Unlicensed Provider Number/Sponsor Assigned Provider Number

Provider's Date of Birth

Certified Return Receipt #

#### **Notice of Termination and Disqualification**

Dear [Provider]:

This letter is being sent via [certified mail, return receipt (or the equivalent private delivery service), by facsimile or by e-mail address and regular mail]. It will be considered delivered five days from the date it is mailed. [Sponsor] has a responsibility to the United States Department of Agriculture (USDA) and the Michigan Department of Education (MDE) to properly monitor child care providers to ensure compliance with the regulations and requirements of the Child and Adult Care Food Program (CACFP).

On [date of Combined Notice], a letter was sent to you by [method of delivery] and received on [date], notifying you that you were seriously deficient in the operation of the CACFP, that your participation in the CACFP was suspended, proposed to terminate your CACFP agreement for cause, and proposed to disqualify you from further CACFP participation. The deadline of [insert deadline for requesting appeal] to submit any request for an appeal of the proposed termination and proposed disqualification has now passed. No request for an appeal was received by [Sponsor].

#### **Termination and Disqualification**

Because the time to request an appeal has now expired, [Sponsor] is:

- Terminating your agreement to participate in the CACFP for cause effective [date of decision].
- Disqualifying you from future CACFP participation effective [date of decision].

You may not appeal the termination of your agreement for cause or your disqualification from participation in CACFP.

Please contact [staff name, title] at [phone number] if you have any questions or require any additional information.

Sincerely,

cc: Michigan Department of Education  
Michigan Department of Human Services, Bureau of Child and Adult Licensing  
Provider file