

NOTICE OF REIMBURSEMENT DEDUCTIONS

Provider Name: _____ Provider #: _____

Month: _____ Date: _____

DEAR PROVIDER:

Your _____ records have been reviewed and the problems noted are addressed in this letter. Because your grace period is over, it is necessary for us to take the following action:

A. Registration Requirements

____ 1. You failed to notify our office of an address change. A pre-approval home visit must be scheduled for registration renewal. Please contact _____.
(Name, phone number)

____ 2. Your Registration Certificate has expired. A home visit must be scheduled for registration renewal. You must contact your registering agency by (____/____/____). Upon receipt, submit a copy of your current registration certificate to our office.

____ 3. Meals were claimed for children beyond the maximum capacity approved by your registration.

____ 4. Children over 12 were claimed for reimbursement.

B. Eligibility and Enrollment Records

____ 1. Eligibility applications are missing for the following children:

____ 2. Your own children were claimed although they were determined ineligible for the program.

____ 3. Enrollment forms are not on file for the following children:

C. USDA Meal Requirements

____ 1. Your menus are not in compliance with meal pattern requirements (See the attached menu evaluation form for details).

____ 2. A valid doctor's statement was not maintained on file for participants with special dietary needs.

____ 3. Meals were served on day(s) you were not approved to operate.

Dates: _____

____ 4. Meals were claimed for your own children when no other non-residential daycare participant(s) were in attendance.

____ 5. You claimed more than 3 meals per child, per day.

D. Attendance Records and Meal Count Records

____ 1. Attendance was not recorded for each participant.

____ 2. Number of meals claimed exceeds the number of children in attendance.

____ 3. Calculation errors were identified on your meal count records.

____ 4. You did not sign and date your meal count record(s), certifying that the information is true and accurate. Therefore, it has been returned for corrections. You must resubmit these documents by _____. Reimbursement will be denied for the month of _____ if not received by the date indicated.

E. Home Review Report

____ 1. Meals were not recorded on a daily basis during your last home visit. This problem has been previously identified _____ times.

____ 2. The number of meals claimed differs from the number observed during the last home visit.

F. Other:

____ 1. Your daily dated menus, attendance records and meal count records were not received until after the required timeframe. Refer to your Agreement between Sponsoring Organization and Providers for details.

____ 2. _____

Therefore, your reimbursement has been reduced by \$ _____. In the future, ensure program compliance to avoid loss of reimbursement. If you have any questions or need help, contact _____ at _____.
(Name) (Phone Number)

Sincerely,