Child and Adult Care Food Program (CACFP)
Report of Disqualification from Participation
Family Day Care Home Provider

Sponsoring Organization Reporting Disqualification: _____

For Information Contact: _____

INSTRUCTIONS: *Completed and returned this form along with the supporting documentation to the Family Day Care Food Program office. The authorized representative of the sponsoring organization must sign this form, keep one and send one back to the provider.*

Provider Information:

Provider #: _____

Last Name: _____ First Name: _____ M.I. _____

Also Known As: _____

Address of Provider: _____

Date of Birth of Provider: _____

Termination Date: _____

Does the Provider have an outstanding debt to CACFP? ☐ Yes ☐ No

If yes, what is the amount owed? _____

Sponsoring Organization Name: _____

Sponsoring Organization Address: _____

Reason(s) for Disqualification: (Check or describe all that apply)

☐ Submission of false information on application	☐ Failure to keep required records
☐ Submission of false claims for reimbursement	☐ Conduct that threatens the health or safety of child (ren) in care, or the public health and safety
☐ Simultaneous participation under more than one sponsoring organization	☐ A determination that the day care home has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity (including fraud, antitrust violations embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency) or the concealment of such a condition
☐ Non-compliance with the program meal pattern	☐ Any other circumstance related to non-performance under the sponsoring organization day-care-home agreement, as specified by the sponsoring organization or the State agency
Other or additional comment:	