

**Child and Adult Care Food Program (CACFP)
 Report of Disqualification from Participation
 Family Day Care Home Provider /Individually Disqualified RPI**

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|---|-----------------|
| State Agency Imposing Disqualification: | |
| Type of Disqualification: FDCH Provider: <input type="checkbox"/> Independently Disqualified RPI <input type="checkbox"/> | |
| Last Name: | First Name/M.I |
| Also Known As: | |
| Individual's Mailing Address: | Street Address: |
| | City/State/Zip: |
| Individual's Date of Birth: | |
| Termination Date: | |
| Has the individual failed to repay a debt owed under the program? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Provider's Sponsoring Organization or RPI's Institution Name: | |
| Provider's Sponsoring Organization or RPI's Institution Address: | |
| Street Address: | |
| City/State/Zip: | |
| If Independently Disqualified RPI, Individual's Title/Position: | |
| Reasons(s) for Disqualification - Providers: (Check all that apply. At least one must be checked. If Other is chosen, reason must be explained:) | |
| <input type="checkbox"/> Submission of false information on application | |
| <input type="checkbox"/> Submission of false claims for reimbursement | |
| <input type="checkbox"/> Simultaneous participation under more than one sponsoring organization | |
| <input type="checkbox"/> Non-compliance with the program meal pattern | |
| <input type="checkbox"/> Failure to keep required records | |
| <input type="checkbox"/> Conduct or conditions that threaten the health or safety of a child(ren) in care, or the public health or safety | |
| <input type="checkbox"/> A determination that the day care home has been convicted of any activity that occurred during the past 7 years and that indicated a lack of business integrity | |
| <input type="checkbox"/> 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 | |
| <input type="checkbox"/> Other: Describe: | |

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Page 2 – Complete only if reporting an Individually Disqualified RPI

| Reasons(s) for Disqualification – Individually Disqualified RPIs: (Check all that apply. At least one must be checked. If Other is chosen, reason must be explained:) | | |
|---|--|---|
| <input type="checkbox"/> Submission of false information on the institution's application | <input type="checkbox"/> Claiming reimbursement for meals not served to participants | <input type="checkbox"/> Failure of a sponsoring organization to properly train and monitor sponsored facilities in accordance with 7 CFR 226.16(d) |
| <input type="checkbox"/> Permitting an individual on the National Disqualified List to serve as a principal or provider | <input type="checkbox"/> Claiming reimbursement for a significant number of meals that do not meet program requirements | <input type="checkbox"/> Use of day care home funds by a sponsoring organization to pay for the sponsoring organization's administrative expenses |
| <input type="checkbox"/> Failure to operate in conformance with performance standards at 7 CFR 226.6(b)(18) | <input type="checkbox"/> Use of a food service management company that is in violation of health codes | <input type="checkbox"/> Failure to perform any of the other financial or administrative responsibilities required by 7 CFR 226 |
| <input type="checkbox"/> Failure to comply with bid procedures/ contract requirements of applicable Federal procurement regulations | <input type="checkbox"/> Failure of sponsoring organization to disburse payments to facilities in accordance with regulations | <input type="checkbox"/> Failure to properly implement and administer day care home termination and administrative review procedures |
| <input type="checkbox"/> Failure to return advance payments which exceeded the amount earned for serving eligible meals, or failure to return disallowed start-up or expansion payments | <input type="checkbox"/> Claiming reimbursement at title XX child care center in a month when less than 25% of enrolled children or licensed capacity (whichever is less) are title XX beneficiaries | <input type="checkbox"/> The institution or any of the institution's principals have been declared ineligible for any other public program by reason of violating that program's requirements |
| <input type="checkbox"/> Failure to maintain adequate records | <input type="checkbox"/> Claiming reimbursement at title XIX or XX adult day care center in a month when less than 25% of enrolled adult participants are title XIX or XX beneficiaries | <input type="checkbox"/> Conviction of institution or any of the institution's principals for activity that occurred during the past 7 years that indicates a lack of business integrity |
| <input type="checkbox"/> Failure to adjust meal orders to variations in the number of participants | <input type="checkbox"/> Failure by a sponsor of day care homes to properly classify homes as tier I or tier II in accordance with CFR 226.15(f) | <input type="checkbox"/> Any other action affecting the institution's ability to administer the Program in accordance with Program requirements |
| <input type="checkbox"/> Other. Explain: | | |