

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

State Agency (SA) Imposing Disqualification: **Oklahoma State Department of Education (OSDE)**

Name of Provider: Last Name \_\_\_\_\_ First Name/M.I.: \_\_\_\_\_

Also Known As (A.K.A.): \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Date of Birth (D.O.B.) of Provider: \_\_\_\_\_ (mm/dd/yyyy)

Termination Date: \_\_\_\_\_ (mm/dd/yyyy)

Has the PROVIDER failed to repay debts owed under the program? Yes  No  If yes, \$ \_\_\_\_\_

Sponsoring Organization (SO) Name: \_\_\_\_\_

Sponsoring Organization (SO) Address: \_\_\_\_\_

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

<input type="checkbox"/> Submission of false information on application	<input type="checkbox"/> Failure to keep required records
<input type="checkbox"/> Submission of false claims for reimbursement	<input type="checkbox"/> Conduct or conditions that threaten the health or safety of children in care or the public health or safety
<input type="checkbox"/> Simultaneous participation under more than one SO	<input type="checkbox"/> Non-compliance with program meal pattern
<input type="checkbox"/> A determination that the family day care home (FDCH) has been convicted of any activity that occurred during the past 7 years and that indicated a lack of business integrity. A lack of business integrity includes 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 SA, or the concealment of such a conviction	<input type="checkbox"/> Any other circumstances related to nonperformance under the SO-FDCH agreement, as specified by the SO or the State Agency
<input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Failure to participate in training

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Comments: \_\_\_\_\_  
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Print Name of Sponsoring Organization  
Authorized Representative

\_\_\_\_\_  
Signature of Sponsoring Organization  
Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (mm/dd/yyyy)