

North Carolina Department of Health and Human Services  
 Division of Child and Family Well-Being, Community Nutrition Services Section  
 Child and Adult Care Food Program



## Report of Disqualification from Participation

SPONSORING ORGANIZATION IMPOSING DISQUALIFICATION										
Sponsoring Organization Name							Agreement #			
Sponsoring Organization Address										
Last Name					First Name				Middle Initial	
Also Known As										
FDCH Provider's Mailing Address										
FDCH Provider's Date of Birth					Termination Date					
Has the FDCH Provider failed to repay a debt owed under the program?								Yes		No
If Yes, total amount owed?		\$								
Reason(s) for Disqualification										
<i>Check all that apply. At least one must be checked. If "Other" is chosen, reason must be explained.</i>										
	Submission of false information on application									
	Submission of false claims for reimbursement									
	Simultaneous participation under more than one sponsoring organization									
	Non-compliance with the program meal pattern									
	Failure to keep required records									
	Conduct or conditions that threaten the health or safety of a child(ren) in care, or the public health or safety									
	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									
	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									
	If other, please describe:									