



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:								