

## **Attachment A-2**

**FNS-844 Report of Disqualification from Participation – Individually  
Disqualified Responsible Principal/Individual or Day Care Home Provider**



Welcome To The National Disqualified List Application

Today's Date: Wed Aug 03, 2016 11:03:31 EDT

Please select the desired feature from the menu on the left.

Welcome Nicole Boles, National Office user.

National Office Individual Recommend Remove Count: 6  
National Office Individual Recommend Delete Count: 1

National Office Institution Recommend Remove Count: 3  
National Office Institution Recommend Delete Count: 2

Region Individual Actions

| Region          | Pending | Pending Remove | Pending Update | Pending Delete | Recommend Delete | Recommend Remove |
|-----------------|---------|----------------|----------------|----------------|------------------|------------------|
| Southwest       | 0       | 0              | 1              | 0              | 0                | 0                |
| Mountain Plains | 0       | 0              | 0              | 0              | 0                | 0                |
| Southeast       | 0       | 1              | 0              | 0              | 0                | 0                |
| Mid Atlantic    | 19      | 0              | 1              | 0              | 1                | 6                |
| Midwest         | 0       | 0              | 0              | 0              | 0                | 0                |
| Northeast       | 1       | 0              | 0              | 0              | 0                | 0                |
| Western         | 0       | 0              | 0              | 0              | 0                | 0                |

Region Institution Actions

| Region          | Pending | Pending Remove | Pending Update | Pending Delete | Recommend Delete | Recommend Remove |
|-----------------|---------|----------------|----------------|----------------|------------------|------------------|
| Southwest       | 0       | 0              | 0              | 0              | 0                | 0                |
| Mountain Plains | 0       | 0              | 0              | 0              | 0                | 0                |
| Southeast       | 0       | 0              | 0              | 0              | 0                | 0                |
| Mid Atlantic    | 8       | 1              | 4              | 1              | 2                | 3                |
| Midwest         | 0       | 0              | 0              | 0              | 0                | 0                |
| Northeast       | 0       | 0              | 0              | 0              | 0                | 0                |
| Western         | 0       | 0              | 0              | 0              | 0                | 0                |

Introduction

Section 243(c) of Public Law 106-224, the Agricultural Risk Protection Act of 2000, amended § 17(d)(5) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1766 (d)(5)(E)(i) and (ii)) by requiring the Department of Agriculture to maintain a list of institutions, family day care home providers, and individuals that have been terminated or otherwise disqualified from Child and Adult Care Food Program (CACFP) participation. The law also required the Department to make the list available to State agencies for their use in reviewing applications to participate and to sponsoring organizations to ensure that they do not employ as principals any persons who are disqualified from the Program. This statutory mandate has been incorporated into § 225.6(c)(7) of the CACFP regulations.

OMB Number: 0584-0584  
Expiration Date: XXXX/20xx

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0584. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

- Current Disqualifications
- Disqualified Individuals List
- Disqualified Institutions List
- Pending Actions
  - Pending Individual Actions
  - Pending Institution Actions
- Region Actions
  - Individual Actions
  - Institution Actions
- Search
  - Search Individual
  - Search Institution
  - Bulk Search Individual
  - Bulk Search Institution
- Add
  - Add Individual
  - Add Institution
- Recycle
  - Recycle Individuals
  - Recycle Institutions
- Admin Tasks
  - Manage Users - Add
  - Manage Users - Update



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- Manage Users -

**Add Individual**

**Uploaded Documentation**

Test.docx  
 Test.docx  
 Test.docx

**Personal Information**

|  |   |  |
|--|---|--|
| <b>*First Name:</b><br><input type="text" value="Enter Data"/>   | <b>Middle Name:</b><br><input type="text" value="Enter Data"/>                | <b>*Last Name:</b><br><input type="text" value="Enter Data"/>  |
| <b>*Date of Birth:</b><br><input type="text" value="mmddyyyy"/>  |   |  |
| <b>Street Number:</b><br><input type="text" value="Enter Data"/> | <b>*Street Name/PO Box Number:</b><br><input type="text" value="Enter Data"/> | <b>Additional Address Information:</b><br><input type="text" value="Enter Data"/>                    |
| <b>*City:</b><br><input type="text" value="Enter Data"/>         | <b>*State/Province:</b><br><input type="text" value="Select One"/>            | <b>*Zip Code:</b><br><input type="text" value="Enter Data"/> - <input type="text" value="Enter Da"/> |

**Other Names:**(Please enter other names below)

|   |  |  |
|---|--|--|
| <b>First Name:</b><br><input type="text" value="Enter Data"/> | <b>Middle Name:</b><br><input type="text" value="Enter Data"/> | <b>Last Name:</b><br><input type="text" value="Enter Data"/> |
| <input type="text" value="Enter Data"/>                       | <input type="text" value="Enter Data"/>                        | <input type="text" value="Enter Data"/>                      |
| <input type="text" value="Enter Data"/>                       | <input type="text" value="Enter Data"/>                        | <input type="text" value="Enter Data"/>                      |
| <input type="text" value="Enter Data"/>                       | <input type="text" value="Enter Data"/>                        | <input type="text" value="Enter Data"/>                      |
| <input type="text" value="Enter Data"/>                       | <input type="text" value="Enter Data"/>                        | <input type="text" value="Enter Data"/>                      |

**Disqualification Information**

**\*Program Type**

**\*State Agency Imposing Disqualification:**

**\*Region:**

**\*Termination Date:**

**\*Type of Individual Disqualification:**

**\*Debt Owed:**

Add

Manage Users - Update

Select One

\*Debt Owed:

Select One

Original Debt Amount:(Please enter the amount in US dollars)

Enter Data

Amount Paid:(Please enter the amount with interest in US dollars)

Enter Data

Date Debt Paid in Full:

mmddyyyy

Name of Provider's Sponsoring Organization or Responsible Principal/Individual's Institutional Affiliation:

Enter Data

Individual's Title with Organization:

Enter Data

**\*Disqualification Reasons:** (Please select one or more disqualification reasons as applicable)

- Other
- Submission of false information on the application
- Simultaneous participation under more than one sponsoring organization
- Failure to keep required records
- 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. 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 State agency, or the concealment of such a conviction
- Submission of false claims for reimbursement
- Non-compliance with the Program meal pattern
- Conduct or conditions that threaten the health or safety of a child(ren) in care, or the public health or safety
- 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
- Failure to participate in training

**Add Comments**

Enter Data

Save Cancel