



Welcome To The National Disqualified List Application

Today's Date: Thu Nov 21, 2019 07:25:15 CST

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

Welcome Sponsoring Organization user.

- Current Disqualifications
- Disqualified Individuals List
- Disqualified Institutions List
- Search
- Search Individual
- Search Institution
- Bulk Search Individual
- Bulk Search Institution

Introduction

This information is being collected to assist the Food and Nutrition Service in maintaining the National Disqualified List of institutions, day care home providers, and individuals that have been terminated or otherwise disqualified from participation in the Child and Adult Care Food Program (CACFP). This is a mandatory collection under Section 243(c) of Public Law 106-224, the Agricultural Risk Protection Act of 2000, which amended section (42 U.S.C. 1766(d)(5)(E)(i) and (ii) of the Richard B. Russell National School Lunch Act and under 7 CFR §226.9(c)(7)(i). FNS uses the information to administer the program and ensures that it is 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 collection requests personally identifiable information which will be kept private to the extent provided by law under the Privacy Act of 1974 and SCRN USDA/FNS-11 Information on Persons Identified as Responsible for Serious Deficiencies, Proposed for Disqualification, or Disqualified to Participate as Principals or Family Day Care Home Operators in the CACFP.

OMB Control # 0584-0584  
Expiration Date: 11/30/20xx

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 for this information collection is 0584-0584. The time required to complete this information collection is estimated to average 30 minutes (0.50 hours) 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0584). Do not return the completed form to this address.



- 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

**Add Institution**

**Uploaded Documentation**

AA-Sample Corrective Action.docx  
 AA-Sample Corrective Action.docx  
 AA-Sample Corrective Action.docx

**\* Institution Name :**

**\* Type of Institution :**

**\* DUNS Number :**

**\* Employer Id Number (EIN) :**

**Street Number :**

**\* Street Name/PO Box Number :**

**\* City :**

**\* State/Province :**

**Additional Address Information :**

**\* Zip Code :**  
 -

**Other Business Names :** (Please enter other business names below.)

**Disqualification Information**

**\* Program Type**

**\* State Agency Imposing Disqualification :**

**\* Region :**

**\* Termination Date :**

**\* Debt Owed :**

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

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

**Date Debt Paid in Full :**

## Attachment A-1

### FNS-843- Report of Disqualification from Participation: Institution and Responsible Principals/Individuals

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

- |  |  |
|--|--|
| <input type="checkbox"/> Failure to comply with the bid procedures and contract requirements of applicable Federal procurement regulations<br><input type="checkbox"/> Submission of false information on the institution's application, including but not limited to a determination that the institution has concealed a conviction for any activity that occurred during the past seven years and that indicates 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<br><input type="checkbox"/> Failure by a sponsoring organization to properly train or monitor sponsored facilities in accordance with \$226.16(d).<br><input type="checkbox"/> Failure to properly implement and administer the day care home termination and administrative review provisions set forth at paragraph \$226.6(l) and \$226.16(l)<br><input type="checkbox"/> Failure to return to the State agency any advance payments that exceeded the amount earned for serving eligible meals, or failure to return disallowed start-up or expansion payments<br><input type="checkbox"/> Failure to adjust meal orders to conform to variations in the number of participants<br><input type="checkbox"/> Conviction of the institution or any of its principals for any activity that occurred during the past seven years and that indicates 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<br><input type="checkbox"/> Failure of a sponsoring organization to disburse payments to its facilities in accordance with the regulations at \$226.16(g) and (h) or in accordance with its management plan<br><input type="checkbox"/> Claiming reimbursement for meals served by a for-profit child care center or a for-profit outside-school-hours care center during a calendar month in which less than 25 percent of the children in care (enrolled or licensed capacity, whichever is less) were eligible for free or reduced-price meals or were title XX beneficiaries<br><input type="checkbox"/> Use of day care home funds by a sponsoring organization to pay for the sponsoring organization's administrative expenses<br><input type="checkbox"/> Failure to operate the Program in conformance with the performance standards set forth in paragraphs (b)(1)(xviii) and (b)(2)(vii) of \$226.6 | <input type="checkbox"/> The fact the institution or any of the institution's principals have been declared ineligible for any other publicly funded program by reason of violating that program's requirements. However, this prohibition does not apply if the institution or the principal has been fully reinstated in, or is now eligible to participate in, that program, including the payment of any debts owed<br><input type="checkbox"/> Failure by a sponsoring organization of day care homes to properly classify day care homes as tier I or tier II in accordance with \$226.15(f).<br><input type="checkbox"/> Failure to perform any of the other financial and administrative responsibilities required by \$226.6<br><input type="checkbox"/> Permitting an individual who is on the National disqualified list to serve in a principal capacity with the institution or, if a sponsoring organization, permitting such an individual to serve as a principal in a sponsored center or as a day care home<br><input type="checkbox"/> Failure to maintain adequate records<br><input type="checkbox"/> Claiming reimbursement for meals not served to participants<br><input type="checkbox"/> Claiming reimbursement for a significant number of meals that do not meet Program requirements<br><input type="checkbox"/> Claiming reimbursement for meals served by a for-profit adult day care center during a calendar month in which less than 25 percent of its enrolled adult participants were title XIX or title XX beneficiaries<br><input type="checkbox"/> Use of a food service management company that is in violation of health codes<br><input type="checkbox"/> Any other action affecting the institution's ability to administer the Program in accordance with Program requirements<br><input type="checkbox"/> Other |
|--|--|

**Add Comments**

**Please add Responsible Principals/Individual here:**

**RPI 1:**

**\*First Name:**

Enter Data

**\*Date of Birth:**

**Middle Name:**

Enter Data

**Title:**

Enter Data

**\*Last Name:**

Enter Data

**\*Program Debt:**

Select One

**Street Number:**

Enter Data

**\*Street Name/PO Box Number:**

Enter Data

**Additional Address Information:**

Enter Data

**\*City:**

Enter Data

**\*State/Province:**

Select One

**\*Zip Code:**

Enter Data - Enter Da

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

**First Name:**


**Middle Name:**


**Last Name:**


To remove the above Responsible Principals/Individual, click Remove button  
Click **Save** to save this action.

<< Remove

To add additional Responsible Principals/Individuals, click

Add

Save

Cancel