

- ▶ Recycle Institutions
- Admin Tasks**
- ▶ Manage Users - Add
- ▶ Manage Users - Update

Unknown RO	1	0	0	0	0	0
Midwest	2	0	0	0	0	0
Northeast	2	0	0	0	0	0
Western	0	0	0	0	0	0

**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 226.6(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 SORN 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.

**Warning: The intended use of the National Disqualified List is only to verify that all who apply to operate the Child and Adult Care Food Program qualify to participate. Any other use of the National Disqualified List is strictly prohibited. By entering this site, you are agreeing to use the site for only this purpose.**

OMB Number: 0584-0584  
 Expiration Date: 7/31XXXX

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 (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:

*ATTN: PRA (0584-0584)  
 U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support  
 Braddock Metro Center II  
 1320 Braddock Place  
 Alexandria, VA 22314*

Do not return the completed form to this address.

**Help Desk**

For questions or problems using NDL, or to provide general feedback, please contact the Help Desk.  
[ndlhelp@usda.gov](mailto:ndlhelp@usda.gov)



## Welcome To The National Disqualified List Application

**Today's Date:** Wed Jul 26, 2023 07:03:47 CDT

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

Welcome **Suzanne Diggs, National Office user**

**National Office Individual Recommend Remove Count: 1**

**National Office Individual Recommend Delete Count: 1**

**National Office Institution Recommend Remove Count: 0**


**National Office Institution Recommend Delete Count: 0**

### Region Individual Actions

Region	Pending	Pending Remove	Pending Update	Pending Delete	Recommend Delete	Recommend Remove
Southwest	3	12	0	0	0	0
Mountain Plains	3	0	0	0	0	0
Southeast	2	2	0	0	0	0
Mid Atlantic	1	0	0	0	0	0
Unknown RO	2	0	0	0	0	0
Midwest	9	0	1	0	1	0
Northeast	12	0	0	0	0	1
Western	0	0	0	0	0	0

- 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**

# A-2 - FNS-844 Report of Disqualification from Participation – Individually Disqualified Responsible Principal/Individual or Day Care Home Provider



United States Department of Agriculture  
**Food and Nutrition Service**

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Current Disqualifications

### Add Individual

#### Uploaded Documentation

Notice of Serious Deficiency.pdf  
 Notice of Intent to Terminate.pdf  
 Notice to Terminate and resulting template.pdf

#### Personal Information

<b>*First Name:</b> Enter Data	<b>Middle Name:</b> Enter Data	<b>*Last Name:</b> Enter Data
<b>*Date of Birth:</b> mmdyyyy	<b>*Street Name/PO Box Number:</b> Enter Data	<b>Additional Address Information:</b> Enter Data
<b>Street Number:</b> Enter Data	<b>*State/Province:</b> Select One	<b>*Zip Code:</b> Enter Data - Enter Dat
<b>*City:</b> Enter Data	<b>Other Names:(Please enter other names below)</b>	

<b>First Name:</b> Enter Data	<b>Middle Name:</b> Enter Data	<b>Last Name:</b> Enter Data
Enter Data	Enter Data	Enter Data
Enter Data	Enter Data	Enter Data
Enter Data	Enter Data	Enter Data
Enter Data	Enter Data	Enter Data

Search

[Disqualified Individuals List](#)  
[Disqualified Institutions List](#)  
[Search Individual](#)  
[Search Institution](#)  
[Bulk Search Individual](#)  
[Bulk Search Institution](#)

Add

[Add Individual](#)  
[Add Institution](#)

#### Disqualification Information

**\*Program Type**  
 Select One

**\*State Agency Imposing Disqualification:**  
 New Jersey

**\*Region:**  
 Mid Atlantic


**\*Termination Date:**  
 mmdyyyy

**\*Type of Individual Disqualification:**  
 Select One


**\*Debt Owed:**  
 Select One

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

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



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**Current Disqualifications**

- Disqualified Individuals List
- Disqualified Institutions List

**Search**

- Search Individual
- Search Institution
- Bulk Search Individual
- Bulk Search Institution

**Add**

- Add Individual
- Add Institution

**Add Individual**

**Uploaded Documentation**

Notice of Serious Deficiency.pdf  
 Notice of Intent to Terminate.pdf  
 Notice to Terminate and resulting template.pdf

**Personal Information**

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

Other Names:(Please enter other names below)

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

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