

# Attachment D: FNS-844 Report of Disqualification from Participation - Individually Disqualified Responsible Principal/Individual or Day Care Home

## Welcome To The National Disqualified List Application

Today's Date: The 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 105-224, 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(e)(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 5 CFR USA/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: 11/30/2024

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. 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 Individual**

**Uploaded Documentation**

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

**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> mmddyyyy		
<b>Street Number:</b> Enter Data	<b>*Street Name/PO Box Number:</b> Enter Data	<b>Additional Address Information:</b> Enter Data
<b>*City:</b> Enter Data	<b>*State/Province:</b> Select One	<b>*Zip Code:</b> Enter Data - Enter Da

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

<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

**Disqualification Information**

**\*Program Type**  
Select One

**\*State Agency Imposing Disqualification:**  
Select One

**\*Region:**  
Select One

**\*Termination Date:**  
mmddyyyy

**\*Type of Individual Disqualification:**  
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)

## Attachment D

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

Enter Data

**Date Debt Paid In Full:**

mmddyyyy

**Name of Provider's Sponsoring Organization**

Enter Data

**Individual's Title with Organization:**

Enter Data

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Submission of false claims for reimbursement                                                                                                                                 |
| <input type="checkbox"/> Submission of false information on the application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Non-compliance with the Program meal pattern                                                                                                                                 |
| <input type="checkbox"/> Simultaneous participation under more than one sponsoring organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Conduct or conditions that threaten the health or safety of a child(ren) in care, or the public health or safety                                                             |
| <input type="checkbox"/> Failure to keep required records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 | <input type="checkbox"/> Failure to participate in training                                                                                                                                           |

**Add Comments**

Enter Data