

# Provider Transfer Policy

## Allowable transfers

A provider may transfer from one SO to another during (1) the provider's annual renewal month, which is the month the provider signed the agreement, or (2) with sponsor and/or USOE approval at any other time. A provider may not transfer more than once in a 12 month period.

Transfers taking place outside the normal transfer month are generally for special reasons only. The current and new SO may allow a transfer if they both agree. If an agreement cannot be reached, a provider may submit a request for transfer "for cause" to the USOE. A detailed written justification must be attached to the transfer request form if it is to be considered by the USOE.

A provider who becomes inactive during the year, regardless of the reason, remains with the sponsor who has the agreement with the provider until the expiration of the renewal month.

All transferred providers are considered new and the requisite new provider procedures must be followed.

## Procedure

The provider may obtain a transfer request form from the USOE or the new SO. Once the provider completes the form it must be sent to the current sponsor (or USOE if "for cause"). The current sponsor completes their portion of the form and returns it to the provider. The provider then gives the form to the new sponsor, who completes the form and submits a copy to the USOE. Upon receipt of the transfer form, the USOE will transfer the provider from the old sponsor to the new sponsor on CNPWeb. The new sponsor will complete CNPWeb for the transferred provider. Sponsors who bypass this process are subject to overclaim of any reimbursement paid to the provider prior to the official transfer by the USOE.

Prior to accepting a new provider at any time the new sponsor must check both the terminated provider list and the inactive list on CNP Web. If a provider is on the terminated list he or she cannot be accepted by a sponsor. If a provider is on the inactive list but has a current agreement with another sponsor, an agreed-upon transfer must formally take place or the provider is ineligible to change sponsors until the expiration of the renewal month.

## Conditions for transfer

- The provider must not have been terminated by a previous SO (providers who have been terminated remain on the disqualified list for seven years or until any debt to

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the program is repaid, whichever is longer). The sponsor must check CNPWeb's terminated provider list.

- The provider must not owe funds to the SO.
- If a SO accepts the transfer of a provider who is completing corrective action, the new SO must:
  - Obtain a copy of the required corrective action from the old sponsor
  - Continue the corrective action and follow up for an additional three months.
  - Conduct a monthly review of the provider during the corrective action.
  - Make at least one parent contact.
- The provider may not transfer if there is an unresolved serious deficiency or pending proposed termination.
- The transfer of a provider who has had a serious deficiency temporarily deferred may be accepted if no funds are owed. The new sponsor must obtain a copy of the serious deficiency paperwork from the old sponsor. If the serious deficiency recurs under the new sponsor, termination procedures must be initiated.

If a provider is not permitted to transfer or the transfer is not completed for any reason, it is not necessary to submit the transfer form to the USOE.

### **Withdrawal, inactivity, and transfer**

A provider formally withdrawing from the food program must submit a signed letter documenting the request to the sponsor. This letter formalizes the withdrawal from the program; however, the provider's agreement and application remain in force until the renewal date.

Regardless of withdrawal or periods of inactivity, a provider may not sign up with a different sponsor until a provider transfer takes place or the provider has not claimed for 12 months.

### **Steps for withdrawn or inactive providers**

- If a provider is inactive for vacation or other personal reasons, on CNPWeb uncheck the months the provider will not be claiming.
- If a provider is inactive for unknown reasons on CNPWeb uncheck the months through the renewal month or for 12 months, whichever is longer.
- If a provider submits a formal withdrawal letter, inactivate the provider on CNPWeb

# FAMILY DAY CARE PROVIDER TRANSFER REQUEST

## 1. TO BE COMPLETED BY THE PROVIDER

Name \_\_\_\_\_ ID#: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Agreement Annual Renewal Month \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Reason for Transfer \_\_\_\_\_

*For assistance completing this process contact the Utah State Office of Education, Child Nutrition Programs, 250 East 500 South, Box 144200, Salt Lake City, UT 84114-4200. Phone (801) 538-7680. The USOE/CNP does not hear administrative appeals of adverse actions taken by sponsoring organizations.*

**Provider – Please send this form to your current sponsor for written approval to transfer.**

## 2. TO BE COMPLETED BY THE CURRENT SPONSOR

Agreement # \_\_\_\_\_ Organization Name \_\_\_\_\_  
 CNPWeb inactive listed checked

### CHECK THE APPROPRIATE BOX(ES) AND DESCRIBE THE APPLICABLE

Allowable Transfers	Non-allowable Transfers
<input type="checkbox"/> During renewal month (as per Agreement date) <input type="checkbox"/> Best interest of the sponsor or provider <input type="checkbox"/> Previous serious deficiency temporarily deferred, no funds owed <input type="checkbox"/> Pending corrective action (may be approved only if new sponsor accepts responsibility for follow through)	<input type="checkbox"/> Not due for renewal <input type="checkbox"/> Unresolved corrective action <input type="checkbox"/> Unresolved fiscal action (funds have not been repaid) Amount \$ _____ <input type="checkbox"/> Unresolved current serious deficiency or pending termination.
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<p><u>Transfer is allowed</u></p> <p>_____</p> <p>Date provider is released from current sponsor</p> <p>_____</p> <p>Signature of current sponsor</p> <p>_____</p> <p>Date</p> <p>_____</p>	<p><u>Transfer is not allowed</u></p> <p>_____</p> <p>Signature of current sponsor</p> <p>_____</p> <p>Date</p> <p>_____</p>

**Sponsor – Return this form to the provider.**

**Provider – If a transfer is allowed you are responsible to forward this form, completed and signed by your current sponsor, to any potential new sponsor. There is no obligation on the part of any sponsoring organization to accept your application to participate.**

**Transfer approved by State Agency.** A provider may request a transfer from the state agency “for cause.” A detailed justification must accompany the request. The state agency may approve transfers if they are for the good of the program. State agency will complete “Allowable Transfers” box. Transfer may be returned to the provider if insufficient justification is presented. State agency will notify current sponsor if transfer approved

Signature of state agency authorized representative: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. TO BE COMPLETED BY THE NEW SPONSOR

Agreement # \_\_\_\_\_ Organization Name \_\_\_\_\_  
 Sponsor Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of new sponsor \_\_\_\_\_ Effective Date of Transfer \_\_\_\_\_

**Sponsor - The effective date of when the provider can begin claiming is determined by when the application, agreement, and preapproval visit are finished. Send a copy of this completed form to USOE/CNP prior to entering information on CNPWeb. The official transfer date is determined by the renewal month in the provider agreement.**

## 4. TO BE COMPLETED BY USOE

Transfer completed \_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_