



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165
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www.tn.gov/humanservices

BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

October 10, 2017

Donny King, Executive Director
TNKids Nutrition, Incorporated
319 North Main Street
Springfield, Tennessee 37172

Dear Ms. Cobb:

The Department of Human Services (DHS) Audit Services staff conducted an on-site unannounced review of the Summer Food Service Program (SFSP) at TNKids Nutrition, Inc., Application Agreement number 00-075 on August 29, 2017. Additional information was requested and received on August 30, 2017 to complete the review. We reviewed the Sponsor's records of reimbursements and expenditures for May and June 2017, as these months were combined on the Claim for Reimbursement.

The Sponsor was approved for 19 feeding sites of which 19 were in operation during our unannounced visits in June 2017. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code of Federal Regulations (CFR)* applicable parts, application agreement, and applicable Federal and State regulations.

Background

SFSP sponsors utilize meal count sheets to record the number of meals served at feeding sites for breakfast, lunch, supper and supplements (snacks). Second meals are offered once all eligible children have been served first meals. The SFSP sponsor will report the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal counts sheets for each site for our test period and reconciled the meals claimed to the meals reported as served for each meal service. In addition, we observed a pm supplement meal at Blair Street Community Center on June 28, 2017, and observed a breakfast meal at Crestview Explorers and an am supplement meal at Country Place Apartments on June 30, 2017.

Our review of the Sponsor's records for May and June 2017 disclosed the following:

1. The number of meals reported was incorrect

Condition

The Claim for Reimbursement for the test month reported 4,280 1st breakfast meals, 47 2nd breakfast meals, 2,911 AM supplement meals, 2,858 PM supplement meals, 258 1st supper meals and five 2nd supper meals served. However, our review of the Sponsor's records verified 4,279 1st breakfast, 43 2nd breakfast meals, 2,897 AM supplement meals, 2,851 PM supplement meals, 258 1st supper meals and five 2nd supper meals before any meal disallowances.

The Sponsor overreported one 1st breakfast, 14 AM supplements and seven PM supplement meals. (See Exhibit A)

Criteria

Title 7 of the *Code of Federal Regulations*, Section 225.9 (d)(5) states, in part, "... In submitting a claim for reimbursement, each sponsor shall certify that the claim is correct and that records are available to support this claim. Failure to maintain such records may be grounds for denial of reimbursement for meals served and/or administrative costs claimed during the period covered by the records in question."

Recommendation

The Sponsor should ensure that accurate meal counts are being recorded and claimed for each feeding site.

2. The number of meals reported exceeded the site's maximum approved level

Condition

There were pm supplement meals reported that exceeded the approved site capacity at the Springfield High School site.

Date	Approved Capacity	Meals Reported	Number of meals disallowed
June 2, 2017	80	85	5 PM supplements
June 3, 2017	80	84	4 PM supplements

As a result, nine PM supplements were disallowed. (See Exhibits A & Q)

Criteria

Title 7 of the *Code of Federal Regulations*, Section 225.15 (b)(3) states, in part, "The sponsor shall not order or prepare meals for children at any site in excess of the site's approved level"

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) *Summer Food Service Program 2016 Administration Guide* for sponsors, states "Reimbursement may not be claimed for meals in excess of the site's approved level of meal service."

3. Meals were served outside the approved meal service time

Condition

We attempted to observe a PM supplement at Springfield High School on June 29, 2017. The approved serving time was 2 pm to 2:30 pm. We arrived at 12:58 pm to observe the meal. The site supervisor stated that the PM supplement was served with the lunch meal. The site supervisor also stated that that was the last day of meal service for this site.

We attempted to observe a breakfast meal service at Crestview Explorers on June 29, 2017. The approved serving time was 9:30 am to 10:00 am. We arrived at 9 am and the site supervisor stated the meal was served at 8:30 am.

Criteria

Title 7 of the *Code of Federal Regulations*, Section 225.16 (c)(3) states, "Meals served outside of the period of approved meal service shall not be eligible for Program payments."

The United States Department of Agriculture (USDA) *Summer Food Service Program 2016 Administration Guide*, page 60, states sponsors must "Serve meals during the meal service times submitted on the Site Information Sheet and approved by the State agency. The State agency must approve any changes in meal service times.

Recommendation

The Sponsor should ensure that all meals are served within the approved serving times.

4. Daily Meal Count Sheets did not contain required signatures

Condition

The daily meal count sheets for Coldstream Christian Camp for supper on June 14th and breakfast on June 15, 2017 did not have a signature or date at the bottom verifying that the meals counts taken were accurate.

Therefore, 31 1st breakfasts, four 2nd breakfasts, 48 1st suppers, and 12 2nd supper meals served were disallowed.

Criteria

The USDA *Summer Food Service Program 2016 Administration Guide*, page 139, states, "All sponsors must use daily site records in order to document the number of Program meals they have served to children. The sponsor must provide all necessary record sheets to the sites. Site Supervisors are then responsible for keeping the records each day. The site personnel must complete the records based on actual counts taken at each site for each meal service on each day of operation. Site personnel must be sure that they record all required counts."

Recommendation

The Sponsor should ensure that all daily meal count sheets are signed and dated by trained personnel to certify the accuracy of the meal counts.

Technical Assistance Provided

The DHS monitoring staff explained the findings to the Sponsor. No request for further technical assistance was made at this time.

Disallowed Meals Cost

Based on the review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the SFSP resulted in a total disallowed cost of \$289.94.

Corrective Action

TNKids Nutrition, Inc. must complete the following actions within 30 days from the date of this report:

- Login to the Tennessee Information Payment System (TIPS) and revise the claim(s) submitted for each site for June 2017, which contains the reconciled claim data from the enclosed exhibit.
- Remit a check payable to the *Tennessee Department of Human Services* in the amount of \$289.94 for recovery of the amounts disallowed in this report. **Please return the attached billing notice with your check**; and
- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

AuditServices.CAPS.DHS@tn.gov

If you have questions related to the corrective action plan, please contact:

Allette Vayda, Director
Child and Adult Care Food Program
8th Floor Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243
Allette.Vayda@tn.gov
(615) 313-3769

Please note that the amount of disallowed cost is subject to an interest charge. The interest charge will be waived if your revised claim within 30 days from the date of this report. If the revised claim is not completed by the 30-day deadline, an interest charge may be billed to your institution. Please mail your check and the billing notice to:

Summer Food Service Program
Fiscal Services
11th Floor, Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243

In accordance with the federal regulation found at 7 *CFR Part 225.13*, your institution may appeal the amount of disallowed cost identified in this monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human Services
Appeals and Hearings Division, Clerk's Office
P.O. Box 198996
Nashville, TN 37219

If the Institution decides to appeal the amount of disallowed administrative and meals cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

We appreciate the assistance provided during this review. If you have any questions regarding this report, please contact Jackie Yokley, Audit Director 2, at 615-837-5035 or Jackie.D.Yokley@tn.gov.

Sincerely,



Sam O. Alzoubi, CFE
Director of Audit Services

Exhibits

cc: Allette Vayda, Director, Child and Adult Care Food Program
Elke Moore, Administrative Services Assistant 3, Child and Adult Care Food Program
Constance Moore, Program Specialist, Child and Adult Care Food Program
Marty Widner, Program Specialist, Child and Adult Care Food Program
Comptroller of the Treasury, State of Tennessee

Exhibit A:

Summary of Total of Claimed and Reconciled Meals

Sponsor: TNKids Nutrition, Inc.

Review Month/Year: May/June 2017

Claim Reimbursement Total: \$15,708.63

Meal Type Service	Reported on Claim	Reconciled Meals to Meal Counts Sheets¹
Number of Participating Sites for Breakfast	12	13
Number of Participating Sites for AM Supplements	10	12
Number of Participating Sites for PM Supplements	9	10
Number of Participating Sites for Supper	1	1
Number of Breakfasts Served	4,280	4,248
Number of 2 nd Breakfasts Served	47	43
Number of AM Supplements Served	2,911	2,897
Number of PM Supplements Served	2,858	2,842
Number of Suppers Served	258	210
Number of 2 nd Suppers Served	5	5

¹Total allowable meals after any disallowance of meals as noted in all findings
 Sites Monitored: Blair Street Community Center, Country Place Apartments, Crestview Explorers

EXHIBIT B:

Site: Barren Plains Baptist Church

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	2	2
Number of PM Supplements Served	41	41

Exhibit C:

Site: Belmont Lodge Apartments

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	10	10
Number of AM Supplements Served	17	17
Number of PM Supplements Served	59	59

Exhibit D:

Site: Blair Street Community Center

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	24	24
Number of Breakfasts Served	120	120
Number of PM Supplements Served	125	125

Exhibit E:

Site: Cheatham Park Elementary School

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	15	15
Number of Breakfasts Served	839	839
Number of AM Supplements Served	916	916

Exhibit F:

Site: Coldstream Christian Camp

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	5	5
Number of 1 st Breakfasts Served	235	204
Number of 2 nd Breakfasts Served	47	43
Number of 1 st Suppers Served	258	210
Number of 2 nd Suppers Served	5	5

Exhibit G:

Site: Community Baptist Church

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	20	20
Number of Breakfast Served	424	423
Number of PM Supplements Served	430	428

Exhibit H:

Site: Coopertown Elementary School

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	15	15
Number of Breakfasts Served	278	278
Number of AM Supplements Served	378	378

EXHIBIT I:

Site: Coopertown Middle School

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	15	15
Number of Breakfasts Served	258	258
Number of AM Supplements Served	412	412

Exhibit J:

Site: Country Place Apartments

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	8	8
Number of AM Supplements Served	16	16
Number of PM Supplements Served	29	29

Exhibit K:

Site: Crestview Elementary School

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	6	6
Number of AM Supplements Served	79	79

Exhibit L:

Site: Crestview Explorers

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	24	24
Number of Breakfasts Served	477	477
Number of PM Supplements Served	564	559

Exhibit M:

Site: East Robertson Elementary School

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	15	15
Number of Breakfasts Served	590	590
Number of AM Supplements Served	591	577

Exhibit N:

Site: Jo Byrns Elementary School

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	15	15
Number of Breakfasts Served	282	282
Number of AM Supplements Served	350	350

Exhibit O:

Site: Krisle Elementary School

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	15	15
Number of 1st Breakfasts Served	144	144
Number of 2 nd Breakfasts Served	1	1
Number of AM Supplements Served	144	144

Exhibit P:

Site: Robertson County Players

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	10	10
Number of Breakfasts Served	303	303
Number of PM Supplements Served	485	485

Exhibit Q:

Site: Springfield High School

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	14	14
Number of Breakfasts Served	330	330
Number of PM Supplements Served	1,116	1,107

Exhibit R:

Site: Woodland Apartments

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	6	6
Number of AM Supplements Served	8	8
Number of PM Supplements Served	9	9



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October 10, 2017

Donny King, Executive Director
TNKids Nutrition, Incorporated
319 North Main Street
Springfield, Tennessee 37172

Notice of payment due to findings disclosed in the monitoring report dated October 10, 2017 for the Summer Food Service Program (SFSP).

Institution Name:	TNKids Nutrition, Inc.
Institution Address:	319 North Main Street Springfield, Tennessee 37172
Agreement Numbers:	00-075
Amount Due:	\$289.94
Due Date:	November 10, 2017

Based on the monitoring report issued on October 10, 2017 by the Audit Services Division within the Tennessee Department of Human Services, the Community and Social Services - Food Programs - CACFP & SFSP management has agreed with the findings which requires your institution to reimburse the Department of Human Services for disallowed meals cost.

Please remit a check or money order payable to the *Tennessee Department of Human Services* in the amount of \$289.94 by the due date to:

**Tennessee Department of Human Services
Fiscal Services 11th Floor
Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243-1403**

Please note that the disallowed meals cost / overpayment of the SFSP is subject to an interest charge. The interest charge will be waived if the payment is received by the due date. If payment is not received by the end of 5th day of the due date, an interest charge may be added to the original amount due and will be billed to your entity.

If you have any questions regarding this notice, please feel free to contact Allette Vayda, Director, Community and Social Services - Food Programs - CACFP & SFSP at (615) 313-3769 or Allette.Vayda@tn.gov.

Thank you for your attention



Corrective Action Plan for Monitoring Findings

Instructions: Please print in ink or type the information to complete this document. Enter the date of birth for each Responsible Principal and/or Individual in Section B. Attach the additional documentation requested. Enter your name, title and date of signature on the last page. Please sign your name in ink. **Please return ALL pages of the completed Corrective Action Plan form.**

Section A. Institution Information

Name of Sponsor/Agency/Site: TN Kids Nutrition	Agreement No. 00-075	<input checked="" type="checkbox"/> SFSP <input type="checkbox"/> CACFP
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Mailing Address: 319 North Main Street Springfield, Tennessee 37172

Section B. Responsible Principal(s) and/or Individual(s)

Name and Title: Donny King, Executive Director	Date of Birth: / /
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Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 10/10/2017	Corrective Action Plan: 10/10/2017
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Section D. Findings

Findings:

1. The number of meals reported was incorrect
2. The number of meals reported exceeded the site's maximum approved level
3. Meals were served outside the approved meal service time
4. Daily Meal Count Sheets did not contain required signatures

The following measures will be completed within **30 calendar days** of my institution's receipt of this corrective action plan:

Measure No. 1: The number of meals reported was incorrect

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No.2: The number of meals reported exceeded the site's maximum approved level

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: _____ Position Title: _____

Name: _____ Position Title: _____

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 3: Meals were served outside the approved meal service time

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 4: Daily Meal Count Sheets did not contain required signatures

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: Position Title:

Name: Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

I certify by my signature below that I am authorized by the institution to sign this document. As an authorized representative of the institution, I fully understand the corrective measures identified above and agree to fully implement these measures within the required time frame. I also understand that failure to fully and permanently correct the findings in my institution's CACFP or SFSP will result in its termination from the program, and the placement of the institution and its responsible principals on the National Disqualified List maintained by the U.S. Department of Agriculture.

Printed Name of Authorized Institution Official:

Position:

Signature of Authorized Institution Official: _____

Date: / /

Signature of Authorized TDHS Official: _____

Date: / /

- (xi) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities has been convicted for any activity that indicates a lack of business integrity;

(c) Administrative review is also available if the State agency notifies the institution and responsible principal or responsible individual of the following actions: proposed disqualification of a responsible principal or responsible individual, denial of a budget, denial of a line item within a budget, downward adjustment of the amount approved in a budget, suspension of an institution's participation, denial of start-up or expansion funds, denial of a request for advanced payment, recovery of an advance in excess of a claim, denial of a claim for reimbursement (except for late submission), decision not to forward an exception request for payment of a late claim, overpayment demand, denial of a new or renewing institution's application for participation, denial of sponsored facility application, notice of proposed termination, claim denial, claim deadline exceptions and requests for upward adjustments to a claim, or any other action affecting an institutions participation or claim for payment.

3. All appeal requests must be presented in writing to the TDHS Division of Appeals and Hearings not later than 15 calendar days after the date the institution or sponsoring agency receives the notice of adverse administrative action.

4. The date of an institution's or sponsoring agency's receipt of a notice of suspension and/or proposed termination and disqualification will be governed by the federal regulation at 7 CFR Part 226.2. The notice must specify the action being proposed or taken and the basis for the action, and is considered to be received by the institution or day care home when it is delivered, sent by facsimile, or sent by email. If the notice is undeliverable, it is considered to be received by the institution, responsible principal or responsible individual, or day care home five days after being sent to the addressee's last known mailing address, facsimile number, or email address.

5. The TDHS Division of Appeals and Hearings will acknowledge the receipt of the appeal request within 10 calendar days of the receipt of the institution's or sponsoring agency's request for review. The written request for review should state if a fair hearing is requested or if a review of written information in lieu of a fair hearing is requested. If the appeal request from the institution or sponsoring agency does not specifically request a hearing, a review of written information in lieu of a hearing will occur. If a fair hearing is requested and the institution or sponsoring agency's representative fails to appear, the right to a personal appearance is waived.

6. If an institution or sponsoring agency does not request a fair hearing or a review of written information in lieu of the hearing within 15 calendar days from the date the institution or sponsoring agency receives a Notice of Proposed Termination, the TDHS will issue a letter advising the institution or sponsoring agency that it is terminated from the CACFP effective on the 16th calendar day following the institution's or sponsoring agency's receipt of the notice, and that the responsible principals and individuals of the institution or sponsoring agency are disqualified from participation.

7. To be considered for a fair hearing or for a review of written information in lieu of a fair

Appeal Procedures for Child and Adult Care Food Program-Institutions
Revised March 2017

hearing, all written documents must be submitted to the TDHS Division of Appeals and Hearings not later than 30 days after receipt of the notice of adverse administrative action.

8. The action of the TDHS must remain in effect during the administrative review. The effect of this requirement on particular actions by TDHS is as follows:

(i) *Overpayment demand.* During the period of the administrative review, TDHS is prohibited from taking action to collect or offset the overpayment. However TDHS must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the TDHS's action.

(ii) *Recovery of advances.* During the administrative review, TDHS must continue its efforts to recover advances in excess of the claim for reimbursement for the applicable period. The recovery may be through a demand for full repayment or an adjustment of subsequent payments.

(iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(ii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.

9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.

10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.

11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.

12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.

13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.

14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.

15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

Appeal Procedures for Child and Adult Care Food Program-Institutions
Revised March 2017

continuance shall not be for a period longer than ten (10) calendar days unless there are exceptional circumstances. Exceptional circumstances must be detailed in the order of continuance and the order must contain a date certain for the hearing, to be set as soon as possible. A report of pending CACFP desk review and fair hearing requests will be generated and reviewed daily by the Clerk's Office and the Legal Director for Appeals and Hearings who will monitor the dates for timeliness. In the event a decision has not been rendered within forty-five (45) calendar days of the date of receipt of the request for fair hearing or desk review, the Legal Director for Appeals and Hearings or their back-up shall notify the hearing official to take appropriate action.

16. All requests for a fair hearing or for a review of written information in lieu of a hearing must be submitted to:

Tennessee Department of Human Services
Division of Appeals and Hearings
PO Box 198996, Clerk's Office
Nashville, TN 37219-8996
Fax: (615) 248-7013 or (866) 355-6136
E-mail: AppealsClerksOffice.DHS@tn.gov

17. If a termination action is upheld by the hearing officer, the TDHS will issue a letter to the institution or sponsoring agency and its responsible principals and individuals advising that the termination and disqualification are effective on the date of the ruling issued by the hearing officer. The agency maintains searchable records of all administrative reviews and their dispositions for a period of five (5) years.

18. As required by 7 CFR Part 226.6 (c)(7), each disqualified institution, sponsoring agency, principal and individual will be placed on the National Disqualified List maintained by the U.S. Department of Agriculture (USDA). Once included on the National Disqualified List, an institution, sponsoring agency, principal and individual shall remain on the list until such time as the USDA, in consultation with the TDHS, determines that the serious deficiencies that led to their placement on the list have been corrected, or until seven years have elapsed since they were disqualified from participation. However, if the institution, sponsoring agency, principal or individual has failed to repay debts owed under the program, they will remain on the list until the debt has been paid.