



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

**CERTIFIED MAIL RECEIPT # 70153010000175366023**

May 17, 2017

Valerie Malone, Owner  
Apples and Cookies Enrichment Center  
5295 Soltiare Way  
Memphis, Tennessee 38109-6378

**RE: Notice of Serious Deficiency for the Child and Adult Care Food Program (CACFP)  
Agreement Number 00155 and Demand for Overpayment.**

Dear Ms. Malone:

The Department of Human Services Audit Services staff conducted an on-site unannounced monitoring review of the Child and Adult Care Food Program (CACFP) at Apples and Cookies Enrichment Center (Sponsor), Application Agreement 00155, on March 15, 2017 and March 17, 2017. Additional information was received on March 21, 2017 to complete the review. The purpose of this review was to determine if the Sponsor complied with the *Title 7 of the Code of Federal Regulations* (CFR) applicable parts, application agreement, and applicable Federal and State regulations.

Background

CACFP sponsors utilize meal count sheets to record the number of meals served for breakfast, lunch, supper and supplements meals served. Meals served by participating sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. The CACFP sponsors report the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected CACFP documentation such as income eligibility forms, enrollment addendum forms, attendance records, meal count records, menus, sign-in and sign-out forms and food service cost records for January 2017. A meal service was observed on March 15, 2017.

We contacted individuals noted as Household Contacts on March 16, 2017 to confirm that participants living at that address attended the Sponsor services for the month of January 2017.

Household contacts were also made on March 20, 2017 in regards to participants attending the Sponsor services for the months on October 2016, November 2016 and December 2016. When we returned to the Sponsor on March 17, 2017, we retrieved attendance records and meal count records for October 2016, November 2016 and December 2016. We also assessed compliance with civil rights requirements.

Our review of the Sponsor's records for the test months of January 2017, December 2016, November 2016, and October 2016 (attendance, meal counts, and applications) disclosed the following: (1) the Sponsor provided attendance records included children who did not attend Apples and Cookies Enrichment Center; (2) according to CACFP applications on file, participants were categorized in incorrect categories; (3) the Sponsor reported incorrect meal counts; (4) the Sponsor's sign-in and sign-out sheets did not coincide with the reported number of meals based on participant presence for the month of January 2017; (5) menus did not meet USDA component requirements; (6) the number of attendance days reported was incorrect; (7) the Sponsor's documented number of meals served exceeded the verified attendance; (8) the sponsor did not have a dated menu posted for the meal observed; and (9) there were participants that did not have a CACFP enrollment addendum form.

### **SERIOUS DEFICIENCY DETERMINATION**

Based on the monitoring review, the Department has determined that Apples and Cookies Enrichment Center is seriously deficient in its operation of the CACFP. In addition, the Department has identified Valerie Malone, Owner as responsible for the serious deficiencies in light of their responsibility for the overall management of Apples and Cookies Enrichment Center's CACFP.

If Apples and Cookies Enrichment Center does not fully and permanently correct all of the serious deficiencies and submit documentation of the corrective action by the due date, the Department will:

- Propose to terminate Apples and Cookies Enrichment Center's, agreement to participate in the CACFP;
- Propose to disqualify Apples and Cookies Enrichment Center from future CACFP participation; and
- Propose to disqualify Valerie Malone, Owner from future CACFP participation.

In addition, if Apples and Cookies Enrichment Center voluntarily terminates its CACFP agreement after receiving this letter, the Department will propose to disqualify Apples and Cookies Enrichment Center and Valerie Malone, Owner from future CACFP participation. If disqualified, Apples and Cookies Enrichment Center and Valerie Malone, Owner will be placed on the National Disqualified List ("NDL"). While on the NDL, Apples and Cookies Enrichment Center will not be able to participate in the CACFP as an institution or facility. Valerie Malone,

Owner will not be able to serve as a principal in any institution or facility or as a day care home provider in the CACFP.

Institutions and individuals remain on the NDL until the United States Department of Agriculture's Food and Nutrition Service, in consultation with the Department, determines that the serious deficiencies have been corrected, or until seven years after their disqualification. However, if any debt relating to the serious deficiencies has not been repaid, they will remain on the list until the debt has been repaid.

The authorization for this action is found in Paragraph 1.e. of your FY 2016 CACFP Provider Agreement and in the CACFP regulations at 7 C.F.R. § 226.6(c)(3). You may not appeal a finding of serious deficiency.

### **SERIOUS DEFICIENCIES ADDITIONAL FINDINGS AND REQUIRED CORRECTIVE ACTION**

The following paragraphs detail each serious deficiency and additional finding.

#### **1. The Sponsor provided attendance records included children who did not attend Apples and Cookies Enrichment Center**

##### **This is a Serious Deficiency:**

###### Condition

The Sponsor's records of children's attendance were contradicted by parent's statements regarding the children's attendance.

###### **January 2017**

The Claim for Reimbursement for the test month reported 22 participants in the free category, zero participants in the reduced-price category, and zero participants in the paid category. However, based on our review of the Sponsor's records, we found that there was one participant in the free category, zero participants in the reduced-price category, and 13 participants in the paid category. The differences were based on the following:

- We contacted 8 parents who were listed as Household Contacts on the participant's enrollment documentation. These eight parents verbally stated that their children did not attend Apples and Cookies Enrichment Center during the entire month of January 2017.
- Adjustments made due to the application errors in Finding 2.

The total number of participants reported by the Sponsor was 22. However, we noted only 14 participants in the program for January 2017.

(See Exhibit A)

### **December 2016**

The Claim for Reimbursement for the test month reported 20 participants in the free category, zero participants in the reduced-price category, and zero participants in the paid category. However, our review of the Sponsor's records verified there was one participant in the free category, zero participants in the reduced-price category, and 13 participants in the paid category. The differences were based on the following:

- We contacted 3 parents who were listed as Household Contacts on the participant's enrollment documentation. These 3 parents verbally stated that their children did not attend Apples and Cookies Enrichment Center during the entire month of December 2016.
- Adjustments made due to the application errors in Finding 2.

(See Exhibit B)

### **November 2016**

The Claim for Reimbursement for the test month reported 20 participants in the free category, zero participants in the reduced-price category, and zero participants in the paid category. However, our review of the Sponsor's records verified there was one participant in the free category, zero participants in the reduced-price category, and 13 participants in the paid category. The differences were based on the following:

- We contacted 3 parents who were listed as Household Contacts on the participant's enrollment documentation. These 3 parents verbally stated that their children did not attend Apples and Cookies Enrichment Center during the entire month of November 2016.
- Adjustments made due to the application errors in Finding 2.

(See Exhibit C)

### **October 2016**

The Claim for Reimbursement for the test month reported 20 participants in the free category, zero participants in the reduced-price category, and zero participants in the paid category. However, our review of the Sponsor's records verified there was one participant in the free

category, zero participants in the reduced-price category, and 13 participants in the paid category. The differences were based on the following:

- We contacted 3 parents who were listed as Household Contacts on the participant's enrollment documentation. These 3 parents verbally stated that their children did not attend Apples and Cookies Enrichment Center during the entire month of October 2016.
- Adjustments made due to the application errors in Finding 2.

(See Exhibit D)

#### Criteria

The State of Tennessee Child and Adult Care Food Program Policies and Procedures Manual (2014, pp. 178-179.) states, in part, "The following findings will require household contacts and administrative action by the TDHS in conducting reviews required by 7 CFR Part 226.6 (m) (4) (i) and (ii):

1. Inconsistency between Attendance and Meal Counts:
  - a. During each feeding site review, the number of participants observed in attendance at the meal service will be compared to the number of meals reported for the previous 5 days and to the participants' enrollment forms to detect any significant and inexplicable inconsistency between the observed attendance and previous meal counts;
  - b. If any significant and inexplicable inconsistency is found between the observed attendance and the number of meals reported for the 5 previous operational days, state monitoring personnel will contact the parents and guardians of the participants; and
  - c. If any of the contacts with parents and guardians reveal that a false claim was submitted, a finding will be included in the monitoring report and appropriate meal disallowances will be made.

If it appears that the false claim was unknowingly submitted by the sponsor, the TDHS may initiate the serious deficiency process and will require the sponsor to implement corrective action. However, if it appears that the false claim was knowingly submitted by the sponsor, the TDHS may suspend the sponsor's CACFP participation, and will initiate action to terminate the sponsor's Grant Contract.

If the false claim concerns an unaffiliated center and the TDHS determines that the claim was unknowingly submitted by the center, the TDHS will instruct the sponsor to require corrective action by the center. However, if it appears that the false claim was

knowingly submitted by the center, the TDHS will direct the sponsor to terminate its agreement with the center.

2. Irregularities with Participant Eligibility Applications:

- a. Participant eligibility applications will be reviewed for any irregularities including, but not be limited to, applications from different households which appear to have parent or guardian signatures in the same handwriting, applications that appear to have been changed with correction fluid or tape, and applications that are found with data that appears to be entered after the applications were signed by the parents or guardians;
- b. If any irregularities are found, state monitoring personnel will contact the parents and guardians of the affected participants; and
- c. If any of the contacts with parents and guardians reveal that a false claim was submitted, a finding will be included in the monitoring report and appropriate meal disallowances will be made.

If it appears that the false claim was unknowingly submitted by the sponsor, the TDHS may initiate the serious deficiency process and will require the sponsor to implement corrective action. However, if it appears that the false claim was knowingly submitted by the sponsor, the TDHS may suspend the sponsor's CACFP participation, and will initiate action to terminate the sponsor's Grant Contract.

If the false claim concerns an unaffiliated center and the TDHS determines that the claim was unknowingly submitted by the center, the TDHS will instruct the sponsor to require corrective action by the center. However, if it appears that the false claim was knowingly submitted by the center, the TDHS will direct the sponsor to terminate its agreement with the center.

Recommendation

The Sponsor should implement internal controls to ensure that no meals are claimed for children who are not receiving care at the center. The Sponsor should also ensure that the claim for reimbursement is based on actual and factual supporting documentation and information.

**2. According to CACFP applications on file, participants were categorized in incorrect categories**

**This is a Finding:**

**Condition**

### **January 2017**

The review of the applications on file revealed the following:

- There were ten participants that were reported in the free category, but their applications were dated more than 12 months ago. These participants were reclassified as paid.
- There was one participant reported in the free category whose application did not have a Families First assistance number, household income, determining official's signature and was dated more than 12 months ago. This participant was reclassified as paid.
- There were two participants reported in the free category whose applications did not have a Families First assistance number, household income, determining official's signature or date on the applications. These participants were reclassified as paid.

(See Exhibit A)

### **December 2016**

The review of the applications on file revealed the following:

- There were ten participants that were reported in the free category, but their applications were dated more than 12 months ago. These participants were reclassified as paid.
- There was one participant reported in the free category whose application did not have a Families First assistance number, household income, determining official's signature and was dated more than 12 months ago. This participant was reclassified as paid.
- There were two participants reported in the free category whose applications did not have a Families First assistance number, household income, determining official's signature or date on the applications. These participants were reclassified as paid.

(See Exhibit B)

### **November 2016**

- There were ten participants that were reported in the free category, but their applications were dated more than 12 months ago. These participants were reclassified as paid.
- There was one participant reported in the free category whose application did not have a Families First assistance number, household income, determining official's signature and was dated more than 12 months ago. This participant was reclassified as paid.

- There were two participants reported in the free category whose applications did not have a Families First assistance number, household income, determining official's signature or date on the applications. These participants were reclassified as paid.

(See Exhibit C)

### **October 2016**

The review of the application on file revealed the following:

- There were ten participants that were reported in the free category, but their applications were dated more than 12 months ago. These participants were reclassified as paid.
- There was one participant reported in the free category whose application did not have a Families First assistance number, household income, determining official's signature and was dated more than 12 months ago. This participant was reclassified as paid.
- There were two participants reported in the free category whose applications did not have a Families First assistance number, household income, determining official's signature or date on the applications. These participants were reclassified as paid.

(See Exhibit D)

### Criteria

*Title 7 of the Code of Federal Regulations Section 226.17(b)(8)* states, "Child care centers shall collect and maintain documentation of the enrollment of each child, including information used to determine eligibility for free and reduced price meals in accordance with §226.23(e)(1). In addition, Head Start participants need only have a Head Start statement of income eligibility, or a statement of Head Start enrollment from an authorized Head Start representative, to be eligible for free meal benefits under the CACFP. Such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care."

The State of Tennessee Child and Adult Care Food Program Policies and Procedures Manual (2014, p. 18) states "To operate the CACFP and receive reimbursement, all independent child care centers and sponsoring organizations must keep accurate records on the eligibility of enrolled participants for free and reduced-price meals."

### Recommendation



The Sponsor should ensure all applications are completed correctly, and that all participants' applications are current and up to date.

### **3. The Sponsor reported incorrect meal counts**

#### **This is a Finding:**

##### Condition

##### **January 2017**

The Claim for Reimbursement for the test month had 418 breakfasts, 418 lunches and 418 supplements served. However, our review of the Sponsor's records disclosed 396 breakfasts, 342 lunches and 396 supplements prior to any meal disallowances.

As a result of the review, the Sponsor over reported the number of breakfast and supplements by 22 and lunches were over reported by 76.

(See Exhibit A)

##### **December 2016**

The Claim for Reimbursement for the test month had 400 breakfasts, 400 lunches, and 400 supplements served. However, our review of the Sponsor's records disclosed 440 breakfasts, 380 lunches and 440 supplements prior to any meal disallowances.

As a result, the sponsor over reported the number of lunches by 20.

(See Exhibit B)

##### **November 2016**

The Claim for Reimbursement for the test month had 440 breakfasts, 440 lunches and 440 supplements served. However, our review of the Sponsor's records disclosed 440 breakfasts, 380 lunches and 440 supplements prior to any meal disallowances.

As a result, the sponsor over reported the number of lunches by 60.

(See Exhibit C)

##### **October 2016**

The Claim for Reimbursement for the test month had 420 breakfasts, 420 lunches and 420 supplements served. However, our review of the sponsor's records disclosed 462 breakfasts, 399 lunches and 462 supplements prior to any meal disallowances.

As a result, the sponsor over reported the number of lunches by 21.

(See Exhibit D)

#### Criteria

*Title 7 of the Code of Federal Regulations Section 226.10(c)* states that "... In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim..."

#### Recommendation

The Sponsor should ensure meal counts are accurately completed and that the number of participants equals the number of children who actually participate in the program.

This is a repeat finding, from previous report dated April 7, 2014.

- 4. The Sponsor's sign-in and sign-out sheets did not coincide with the reported number of meals based on participant presence for the month of January 2017.**

#### This is a Finding:

##### Condition

The sign-in and sign-out sheets were used to compare the number of possible meals that could be claimed based on the times the participants were present to the documented meals claimed for the test month of January 2017. The total number of meals that could be claimed based on participant presence was 100 breakfasts, 135 lunches and 84 supplements.

As a result of the review, the total meals that were over claimed and will be disallowed were 154 breakfasts, 119 lunches, and 170 supplements for the month of January 2017.

(See Exhibit A)

##### Criteria

*Title 7 of the Code of Federal Regulations Section 226.15 (e)* states, "*Recordkeeping*. Each institution shall establish procedures to collect and maintain all program records required under this part, as well as any records required by the State agency. Failure to maintain such

records shall be grounds for the denial of reimbursement for meals served during the period covered by the records in question and for the denial of reimbursement for costs associated with such records. At a minimum, the following records shall be collected and maintained: ... (4) Daily records indicating the number of participants in attendance and the daily meal counts, by type (breakfast, lunch, supper, and snacks), served to family day care home participants, or the time of service meal counts, by type (breakfast, lunch, supper, and snacks), served to center participants. State agencies may require family day care homes to record meal counts at the time of meal service only in day care homes providing care for more than 12 children in a single day, or in day care homes that have been found seriously deficient due to problems with their meal counts and claims. ...”

Recommendation

The Sponsor should ensure that each child is present and actually participated in the food service for the meals claimed. The Sponsor should also ensure that the attendance coincides with the sign-in and sign-out forms.

**5. Menus did not meet USDA component requirements**

**This is a Finding:**

Condition

Our review of the sponsor’s menus revealed the following:

<b>Date</b>	<b>Missing Component</b>	<b>Disallowed Meals</b>
01/13/17	Grain/Bread: Menu listed- Orange Juice and sugar pops.	22 Breakfasts
01/13/17	Second credible component: Menu listed- ice cream and cupcakes Ice Cream is not a creditable component.	22 Supplements
01/13/17	Meat/Meat alternate: Menu listed- Fish patty, corn on cob, mandarin oranges, garlic toast and milk The label provided for the fish patty was noted as child nutrition labeled on the menu. However, the label provided is not a CN label and no product formulation statement was provided for the amount of protein in the product. Therefore, the amount of protein could not be determined.	19 Lunches
01/27/17	Meat/Meat Alternate: Menu Listed: Chicken Nuggets, baked beans, pineapples, rolls and milk The label provided for the chicken nuggets is not a CN label and no product formulation statement was provided	19 Lunches

Date	Missing Component	Disallowed Meals
	for the amount of protein in the product. Therefore, the amount of protein could not be determined.	

(See Exhibit A)

Criteria

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (page 26) states, “All meals must meet the meal patterns established by the USDA to be eligible for CACFP reimbursement.” The USDA meal pattern requirements are on pages 27-32.

The USDA Crediting Handbook for the Child and Adult Care Food Program, (p. 23) concerning chicken nuggets states “Only the edible chicken portion is creditable as a meat. Commercial chicken nuggets must have a (1) CN label or (2) Product Formulation Statement signed by an official of the manufacturer (not a sales person).”

*Title 7 of the Code of Federal Regulations Section 226 Appendix C, (1-2.a)* states “1. The Child Nutrition (CN) Labeling Program is a voluntary technical assistance program administered by the Food and Nutrition Service (FNS) in conjunction with the Food Safety and Inspection Service (FSIS), and Agricultural Marketing Service (AMS) of the U.S. Department of Agriculture (USDA), and National Marine Fisheries Service of the U.S. Department of Commerce (USDC) for the Child Nutrition Programs. This program essentially involves the review of a manufacturer's recipe or product formulation to determine the contribution a serving of a commercially prepared product makes toward meal pattern requirements and a review of the CN label statement to ensure its accuracy. CN labeled products must be produced in accordance with all requirements set forth in this rule. 2. Products eligible for CN labels are as follows:(a) Commercially prepared food products that contribute significantly to the meat/meat alternate component of meal pattern requirements of 7 CFR 210.10, 225.21, and 226.20 and are served in the main dish. ”

As a result, 22 breakfasts, 38 lunches and 22 supplements were disallowed.

Recommendation

The Sponsor should ensure all meals prepared meet the meal patterns established by the USDA.

**6. The number of attendance days reported was incorrect**

**This is a Finding:**

Condition

**January 2017**

The Claim for Reimbursement for the test month reported 418 participant days. However, our review verified 254 participant days. Due to eight parents' verbal verification that their children were not present during the month, 153 attendance days were disallowed from the verified attendance count.

(See Exhibit A)

**December 2016**

The Claim for Reimbursement for the test month reported 400 participant days. However, our review verified 276 participant days. Due to three parents' verbal verification that their children were not present during the month, 60 days were disallowed from the verified attendance count.

(See Exhibit B)

**November 2016**

The Claim for Reimbursement for the test month reported 440 participant days. However, our review verified 278 participant days. Due to three parents' verbal verification that their children were not present during the month, 60 days were disallowed from the verified attendance count.

(See Exhibit C)

**October 2016**

The Claim for Reimbursement for the test month reported 420 participant days. However, our review disclosed 294 participant days. Due to three parents' verbal verification that their children were not present during the month, 63 days were disallowed from the verified attendance count. One participant was listed twice on the roster, resulting in an additional 21 attendance days disallowed.

(See Exhibit D)

Criteria

Title 7 of the Code of Federal Regulations Section 226.10 (c) states that "... institutions shall certify that the claim submitted for reimbursement is correct..."

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual states that "each institution must maintain documentation of individual children's attendance on a daily basis."

#### Recommendation

The Sponsor should ensure the number of attendance days being reported is accurate.

This is a repeat finding, from previous report dated April 7, 2014.

### **7. The Sponsor's documented number of meals served exceeded the verified attendance**

#### **This is a Serious Deficiency:**

##### **January 2017**

Based on the meal count documentation, the number of verified breakfasts exceeded the verified attendance by 120, the number of verified lunches exceeded the verified attendance by 50 and the number of verified supplements exceeded the verified attendance by 120. The number of meals served cannot exceed the verified attendance of 254.

As a result, the meals exceeding attendance were disallowed.

(See Exhibit A)

##### **December 2016**

Based on the meal count documentation, the number of verified breakfasts exceeded the verified attendance by 164, the number of verified lunches exceeded the verified attendance by 104 and the number of verified supplements exceeded the verified attendance by 164. The number of meals served cannot exceed the verified attendance of 276.

As a result, the meals exceeding attendance were disallowed.

(See Exhibit B)

##### **November 2016**

Based on the meal count documentation, the number of verified breakfasts exceeded the verified attendance by 162, the number of verified lunches exceeded the verified attendance by

102 and the number of verified supplements exceeded the verified attendance by 162. The number of meals served cannot exceed the verified attendance of 278.

As a result, the meals exceeding attendance were disallowed.

(See Exhibit C)

### **October 2016**

Based on the meal count documentation, the number of verified breakfasts exceeded the verified attendance by 168, the number of verified lunches exceeded the verified attendance by 105 and the number of verified supplements exceeded the verified attendance by 168. The number of meals served cannot exceed the verified attendance of 294.

As a result, the meals exceeding attendance were disallowed.

(See Exhibit D)

### Criteria

*Title 7 of the Code of Federal Regulations Section 226.10 (c)* states that "... In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim..."

### Recommendation

The Sponsor should ensure the monthly report is correct and accurate number of meals served and attendance of the correct number of participants.

## **8. The sponsor did not have a dated menu posted for the meal observed**

### **This is a Finding:**

#### Condition

There was no dated menu posted at the time of our visit on March 15, 2017.

#### Criteria

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p. 23) states that "Each menu is posted in a conspicuous place for all parents and guardians to observe."

#### Recommendation

The Sponsor should ensure a dated menu is posted in a conspicuous place for the meals being served to participants.

**9. There were participants that did not have a CACFP enrollment addendum form**

**This is a Finding:**

Condition

There were 14 participants that did not have a CACFP enrollment addendum form on file for the months of January 2017, December 2016, November 2016 and October 2016.

Criteria

*Title 7 Code of Federal Regulations Section 226.15 (e)(2)* states “Documentation of the enrollment of each participant at centers (except for outside-school-hours care centers, emergency shelters, and at-risk afterschool care centers). All types of centers, except for emergency shelters and at-risk afterschool care centers, must maintain information used to determine eligibility for free or reduced-price meals in accordance with §226.23(e)(1). For child care centers, such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child’s normal days and hours of care and the meals normally received while in care.”

In addition, the Tennessee Child and Adult Care Food Program Policies and Procedures Manual state that “Each institution must meet the enrollment requirements mandated by child care licensing regulations. In addition, each institution must have an enrollment form for each CACFP participant. The enrollment form must meet the following requirements:

1. Be updated annually and signed by a parent or guardian of the participant;
2. Identify the “normal” days and hours in care for each enrolled participant; and
3. Identify the meals to be received by each enrolled participant.”

Recommendation

The Sponsor should ensure that all current participants have a current CACFP enrollment addendum form on file.

Apples and Cookies Enrichment Center must submit a Corrective Action Plan (“CAP”), which details how the Institution will ensure the correction of the serious deficiencies and additional findings described above. The CAP must include information regarding what procedures were implemented to address the serious deficiencies, who is responsible for addressing the serious deficiencies, when was the procedure implemented to address the serious deficiencies, and how



Valerie Malone, Owner  
Apples and Cookies Enrichment Center  
May 17, 2017  
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the institution will ensure the continued implementation of the corrective action. A blank CAP is enclosed for your use.

## **OVERPAYMENT-RIGHT TO APPEAL**

### **Disallowed Meal Costs**

#### **January 2017**

Based on our review, we determined that the sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$2,342.39.

#### **December 2016**

Based on our review, we determined that the sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$2,038.41.

#### **November 2016**

Based on our review, we determined that the sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$2,274.30.

#### **October 2016**

Based on our review, we determined that the sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$2,135.07.

Remit a check payable to the *Tennessee Department of Human Services* in the amount of **\$8,790.17**, which the institution owes the Department. **The procedures for submitting an appeal regarding the amount of overpayment are enclosed. Please note that the appeal must be in writing and must be received by our Department no later than fifteen (15) calendar days from your receipt of this letter.** 7 C.F.R. § 226.6(k). 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 overpayment, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

In accordance with the CACFP regulations at 7 C.F.R. § 226.14(a), in part, the State agency must assess interest 30 days from the initial request for repayment. For information about applied interest rates please visit the following website:

[http://www.fiscal.treasury.gov/fsreports/rpt/cvfr/historical\\_rates.htm](http://www.fiscal.treasury.gov/fsreports/rpt/cvfr/historical_rates.htm)

## SUMMARY

The Department has determined that Apples and Cookies Enrichment Center is seriously deficient in its operation of the CACFP and that Valerie Malone, Owner is responsible for the serious deficiencies.

You may not appeal the serious deficiency determination itself. If the Department proposes to terminate Apples and Cookies Enrichment Center's CACFP agreement, or propose to disqualify Apples and Cookies Enrichment Center and the responsible individuals, you will be able to appeal those actions and you will be advised of your appeal rights and the appeal procedures at that time.

Apples and Cookies Enrichment Center may continue to participate in the CACFP during the corrective action period. The Department will pay any valid claims for reimbursement submitted by Apples and Cookies Enrichment Center for the corrective action period. As always, you must submit claims within sixty (60) calendar days of the last day of the month covered by the claim. The Department will deny any portion of a claim we determine is invalid. If the Department denies payment of any portion of a claim submitted for the corrective action period, that action would be appealable.

To provide for the full and permanent correction of the serious deficiencies and findings, please complete the following actions within fifteen (15) days of your receipt of this notice:

1. Login to (TIPS) the Tennessee Information Payment System and submit a revised claim for January 2017, December 2016, November 2016, and October 2016.
2. Remit a check payable to the Department in the amount of **\$8,790.17**.
3. Complete and return the enclosed corrective action plan to address in full the monitoring review to:

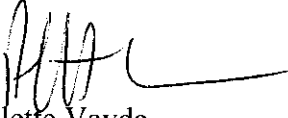
**Tennessee Department of Human Services  
Allette Vayda-CACFP/SFSP Unit  
Citizens Plaza – 8th Floor  
400 Deaderick Street  
Nashville, Tennessee 37243-1403.**

If the Department does not receive the corrective action plan by the deadline date, or the Department determines that the corrective action plan does not provide for the full and permanent correction of the serious deficiencies and findings, the Department will propose to terminate the Institution's CACFP Provider Agreement and to disqualify you and the Institution from future CACFP participation by issuing a Notice of Proposed Termination and Disqualification.

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

Valerie Malone, Owner  
Apples and Cookies Enrichment Center  
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Sincerely,

A handwritten signature in black ink, appearing to read 'AV' followed by a long horizontal flourish.

Allette Vayda  
Director, CACFP & SFSP

AV/ba

Enclosures

**EXHIBIT A**

**Verification of CACFP Independent Center Claim (Claiming Percentages)**

**Name of Agency: Apples and Cookies Enrichment Center**

**Review Month/Year: January 2017**

**Total Meal Reimbursement Received: \$2,491.28**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	19	18 <sup>1</sup>
Total Attendance	418	254 <sup>1</sup>
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXXX	7%
Percentage of Participants in the Child Care Certificate Program	XXXXXXX	57%
Number of Breakfasts Served	418	100 <sup>2</sup>
Number of Lunches Served	418	135 <sup>2</sup>
Number of Suppers Served	NA	NA
Number of Supplements Served	418	84 <sup>2</sup>
Number of Participants in Free Category	22	1 <sup>3</sup>
Number of Participants in Reduced-Price Category	0	0
Number of Participants in Paid Category	0	13 <sup>3</sup>
Total Number of Participants	22	14 <sup>3</sup>
Total Amount of Eligible Food Costs	XXXXXXXXXX	\$648.41

Total Amount of Eligible Food and Non-Food Costs	XXXXXXXXXX	\$2,038.00
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<sup>1</sup>The difference is due to reporting errors and attendance days disallowed based on household contacts. (Finding 6) The number of days that the CACFP Food Service was operated was not included as a finding in this report.

<sup>2</sup>The differences are due to menu deficiencies, reporting errors, meals exceeding attendance, and meals disallowed based on sign-in and sign-out forms. (Findings 3, 4, 5, and 7)

<sup>3</sup>The differences are due to application and reporting errors. (Findings 1 and 2)

## EXHIBIT B

### Verification of CACFP Independent Center Claim (Claiming Percentages)

**Name of Agency: Apples and Cookies Enrichment Center**

**Review Month/Year: December 2016**

**Total Meal Reimbursement Received: \$2,384.00**

Program Area	Reported on Claim	Verified By Monitoring Review
Number of Days that CACFP Food Service was operated	20	20
Total Attendance	400	276 <sup>1</sup>
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXXX	7%
Percentage of Participants in the Child Care Certificate Program	XXXXXXX	43%
Number of Breakfasts Served	400	276 <sup>2</sup>
Number of Lunches Served	400	276 <sup>2</sup>
Number of Suppers Served	NA	NA
Number of Supplements Served	400	276 <sup>2</sup>
Number of Participants in Free Category	20	1 <sup>3</sup>

Number of Participants in Reduced-Price Category	0	0
Number of Participants in Paid Category	0	13 <sup>3</sup>
Total Number of Participants	20	14 <sup>3</sup>
Total Amount of Eligible Food Costs	XXXXXXXXXX	NA
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXXXX	NA

<sup>1</sup>The difference is due to reporting errors and attendance days disallowed based on Household contact. (Finding 6)

<sup>2</sup> The differences are due to reporting errors and meals disallowed for exceeding attendance. (Findings 3 and 7)

<sup>3</sup> The differences are due to application and reporting errors (Findings 1 and 2)

## EXHIBIT C

### Verification of CACFP Independent Center Claim (Claiming Percentages)

**Name of Agency: Apples and Cookies Enrichment Center**

**Review Month/Year: November 2016**

**Total Meal Reimbursement Received: \$2,622.40**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	22	20 <sup>1</sup>
Total Attendance	440	278 <sup>1</sup>
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXXX	7%
Percentage of Participants in the Child Care Certificate Program	XXXXXXX	43%

Number of Breakfasts Served	440	278 <sup>2</sup>
Number of Lunches Served	440	278 <sup>2</sup>
Number of Suppers Served	NA	NA
Number of Supplements Served	440	278 <sup>2</sup>
Number of Participants in Free Category	20	1 <sup>3</sup>
Number of Participants in Reduced-Price Category	0	0
Number of Participants in Paid Category	0	13 <sup>3</sup>
Total Number of Participants	20	14 <sup>3</sup>
Total Amount of Eligible Food Costs	XXXXXXXXXX	NA
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXXXX	NA

<sup>1</sup>The difference is due to reporting errors and attendance days disallowed based on household contacts. (Finding 6) The number of days that the CACFP Food Service was operated was not included as a finding in this report.

<sup>2</sup> The differences are due to reporting errors and meals disallowed for exceeding attendance. (Findings 3 and 7)

<sup>3</sup>The differences are due to application and reporting errors. (Findings 1 and 2)

**EXHIBIT D**

**Verification of CACFP Independent Center Claim (Claiming Percentages)**

**Name of Agency: Apples and Cookies Enrichment Center**

**Review Month/Year: October 2016**

**Total Meal Reimbursement Received: \$2,503.20**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	21	21

Total Attendance	420	294 <sup>1</sup>
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXXX	7%
Percentage of Participants in the Child Care Certificate Program	XXXXXXX	43%
Number of Breakfasts Served	420	294 <sup>2</sup>
Number of Lunches Served	420	294 <sup>2</sup>
Number of Suppers Served	NA	NA
Number of Supplements Served	420	294 <sup>2</sup>
Number of Participants in Free Category	20	1 <sup>3</sup>
Number of Participants in Reduced-Price Category	0	0
Number of Participants in Paid Category	0	13 <sup>3</sup>
Total Number of Participants	20	14 <sup>3</sup>
Total Amount of Eligible Food Costs	XXXXXXXXX	NA
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXXX	NA

<sup>1</sup>The difference is due to reporting errors and attendance days disallowed based on Household contact. (Finding 6)

<sup>2</sup> The differences are due to reporting errors and meals disallowed for exceeding attendance. (Findings 3 and 7)

<sup>3</sup> The differences are due to application and reporting errors (Findings 1 and 2)



**Exhibit E:**

**Disallowed Costs Totals**

**Questioned Costs Summary**

<b>Month</b>	<b>Questioned Costs</b>
January 2017	\$2,342.39
December 2016	\$2,038.41
November 2016	\$2,274.30
October 2016	\$2,135.07
<b>Total Disallowed Costs</b>	<b>\$8,790.17</b>

Valerie Malone, Owner  
Apples and Cookies Enrichment Center  
May 17, 2017  
Page 26 of 27



**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  
TTY: 1-800-270-1349  
www.tn.gov/humanserv/

**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

May 17, 2017

Valerie Malone  
Apples and Cookies Enrichment Center  
5295 Soltiare Way  
Memphis, Tennessee 38109-6378

**Notice of payment due to findings disclosed in the monitoring report dated May 17, 2017, for Child and Adult Care Food Program (CACFP).**

Institution Name:	Apples and Cookies Enrichment Center
Institution Address:	3654 Boxtown Road Memphis TN, 38019
Agreement Numbers:	00155
Amount Due:	\$8,790.17
Due Date:	June 17, 2017

Based on the monitoring report issued on May 4, 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 Apples and Cookies Enrichment Center to reimburse the Department of Human Services unallowed cost in the amount of \$8,790.17.

Please remit a check or money order payable to the *Tennessee Department of Human Services* in the amount of \$8,790.17 by the due date to:

**Tennessee Department of Human Services  
Fiscal Services 11<sup>th</sup> Floor**

Valerie Malone, Owner  
Apples and Cookies Enrichment Center  
May 17, 2017  
Page 27 of 27

**Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243-1403**

Please note that the unallowed cost / overpayment of the CACFP 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](mailto:Allette.Vayda@tn.gov)

Thank you for your attention

## **APPEAL PROCEDURES FOR CHILD AND ADULT CARE INSTITUTIONS AND SPONSORING AGENCIES**

### **Appeal Procedures**

1. Pursuant to 7 CFR §226.6(k)(4), the TN Department of Human Services (TDHS) must provide administrative review procedures to institutions and responsible principals and responsible individuals as follows:

- (a) Annually to all institutions;
- (b) To an institution and to each responsible principal and responsible individual when the State agency takes any action subject to an administrative review as described in 7 CFR §226.6(k)(2); and
- (c) Any other time upon request.

2. Pursuant to 7 CFR 226.6(k)(3) and (k)(9), some administrative actions are not subject to administrative review. Those actions are listed in paragraph 2.(a). Other administrative actions may be administratively appealed. Those actions are listed in paragraph 2.(b) and (c). All institutions and sponsoring agencies may appeal any adverse administrative action listed in paragraph 2.(b) which are taken by the TDHS by requesting a fair hearing to appear in person to refute the action, or by requesting a review of written information in lieu of a fair hearing.

(a) Pursuant to 7 CFR Part 226.6 (k)(3) TDHS is prohibited from offering administrative reviews of the following actions:

- (i) FNS decisions on claim deadline exceptions and requests for upward adjustments to a claim.
- (ii) Determination of serious deficiency.
- (iii) State agency determination that corrective action is inadequate.
- (iv) Disqualification and placement on State agency list and National disqualified list.
- (v) Termination.
- (vi) State agency or FNS decision regarding removal from the National disqualified list.
- (vii) State agency's refusal to consider an application submitted by an institution or facility on the National disqualified list.

(b) Pursuant to 7 CFR Part 226.6(k)(9), an abbreviated appeal process is available for the following actions. TDHS must limit the administrative review to a review of written submissions by the TDHS and institutions or sponsoring agencies concerning the accuracy of the State agency's determination if the application was denied, or the State agency proposes to terminate the institution's agreement because:

- (viii) The information submitted on the application was false;
- (ix) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities is on the national disqualified list;
- (x) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities is ineligible to participate in any other publicly funded program by reason of violation of the requirements of the program;

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

- (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 16<sup>th</sup> 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)(ii)(D), (c)(2)(iii)(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](mailto: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.

**CORRECTIVE ACTION PLAN FOR  
MONITORING FINDINGS FOR  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
TENNESSEE DEPARTMENT OF HUMAN SERVICES (TDHS)**

**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 Date of Birth on the first page; enter your name, title and date of signature on the last page. Sign your name in ink. **Please return ALL pages of the completed Corrective Action Plan form.**

**Section A. Institution Information**

<b>Name of Institution</b> Apples and Cookies Enrichment Center	<b>CACFP Agreement No.</b> 00155
<b>Mailing Address:</b> 5295 Soltiare Way  Memphis, Tennessee 38109-6378	

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

<b>Name and Title:</b> Valerie Malone, Owner	<b><u>Date of Birth (s):</u></b>
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**Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan**

<b>SD Report:</b> 5-17-17	<b>Corrective Action Plan:</b> 5-17-17
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**Section D. Findings**

<p><b>Findings:</b></p> <ol style="list-style-type: none"> <li>1. The Sponsor provided attendance records included children who did not attend Apples and Cookies Enrichment Center</li> <li>2. According to CACFP applications on file, participants were categorized in incorrect categories</li> <li>3. The Sponsor reported incorrect meal counts</li> <li>4. The Sponsor's sign-in and sign-out sheets did not coincide with the reported number of meals based on participant presence for the month of January 2017.</li> <li>5. Menus did not meet USDA component requirements</li> <li>6. The number of attendance days reported was incorrect</li> <li>7. The Sponsor's documented number of meals served exceeded the verified attendance</li> <li>8. The sponsor did not have a dated menu posted for the meal observed</li> <li>9. There were participants that did not have a CACFP enrollment addendum form</li> </ol>
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The following measures will be completed within **30 business days** of my institution's receipt of this corrective action plan:

**Measure No. 1: The Sponsor provided attendance records included children who did not attend Apples and Cookies Enrichment Center**

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:

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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?):

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

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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:

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**Measure No.2: According to CACFP applications on file, participants were categorized in incorrect categories**

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:

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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?):

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

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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:

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**Measure No. 3: The Sponsor reported incorrect meal counts**

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:

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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?):

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

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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:

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**Measure No. 4: The Sponsor's sign-in and sign-out sheets did not coincide with the reported number of meals based on participant presence for the month of January 2017.**

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:

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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?):

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

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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:

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**Measure No. 5: Menus did not meet USDA component requirements**

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:

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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?):

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

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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:

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**Measure No.6: The number of attendance days 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:

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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?):

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

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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:

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**Measure No. 7: The Sponsor's documented number of meals served exceeded the verified attendance**

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:

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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?):

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

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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:

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**Measure No. 8: The sponsor did not have a dated menu posted for the meal observed**

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:

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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?):

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

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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:

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**Measure No. 9: There were participants that did not have a CACFP enrollment addendum form**

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:

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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?):

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

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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:

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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.

\_\_\_\_\_  
Printed Name of Authorized Institution Official

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature of Authorized Institution Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized TDHS Official

\_\_\_\_\_  
Date