



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

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

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BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

CERTIFIED MAIL RECEIPT #70163010000073892036

January 4, 2018

Todd Farrell, Board Chair
Derrick Kinsey, CEO
Boys and Girls Clubs of Cleveland
385 3rd Street SW
Cleveland, Tennessee 37311-5977

Dear Mr. Farrell,

The Department of Human Services (DHS) - Audit Services Division staff conducted an unannounced on-site monitoring review of the Child and Adult Care Food Program (CACFP) at Boys and Girls Clubs of Cleveland (Sponsor), Application Agreement number 00-175, on October 30, 2017. Additional information was received on November 13, 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.

Based on our review of the Sponsor's records and information provided, the Sponsor had seven at-risk after school feeding sites operating during the test month of May 2017. We selected the Tucker Unit, Johnson Teen Center, and Benton sites as the sample sites. In addition, the review was expanded for the test month of September 2017 and the Powers Unit, Blythe Unit, and Painter Unit sites were selected as the sample sites.

SERIOUS DEFICIENCY DETERMINATION

Based on the monitoring review, the Department has determined that Boys and Girls Clubs of Cleveland is seriously deficient in its operation of the CACFP. In addition, the Department has identified Todd Farrell, Board Chair and Derrick Kinsey, CEO as responsible for the serious deficiencies in light of their responsibility for the overall management of Boys and Girls Clubs of Cleveland's CACFP.

If Boys and Girls Clubs of Cleveland 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 Boys and Girls Clubs of Cleveland’s agreement to participate in the CACFP;
- Propose to disqualify Boys and Girls Clubs of Cleveland from future CACFP participation; and
- Propose to disqualify Todd Farrell, Board Chair and Derrick Kinsey, CEO, from future CACFP participation.

In addition, if Boys and Girls Clubs of Cleveland voluntarily terminates its CACFP agreement after receiving this letter, the Department will propose to disqualify Boys and Girls Clubs of Cleveland, Todd Farrell, Board Chair and Derrick Kinsey, CEO from future CACFP participation. If disqualified, Boys and Girls Clubs of Cleveland, and Todd Farrell, Board Chair and Derrick Kinsey, CEO will be placed on the National Disqualified List (“NDL”). While on the NDL, Boys and Girls Clubs of Cleveland will not be able to participate in the CACFP as an institution or facility. Todd Farrell, Board Chair and Derrick Kinsey, CEO 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:

Background

CACFP Sponsors utilize meal count sheets to record the number of meals served for breakfast, lunch and supplement 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 Sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal count sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights requirements. In addition, we observed meal services during our unannounced site visits on May 22, 2017 and September 14, 2017.

Our review of the Sponsor’s records for May 2017 disclosed the following:

1. **The Sponsor did not provide documentation to support sufficient quantities of milk were purchased for all meals claimed for reimbursement**

This is a Serious Deficiency:

Condition

Based on the number of meals served with milk as a required component, Benton feeding site

required a total of 1,367 half pints of milk. However, the Sponsor could only document the purchase of 600 half pints for Benton. There was a shortage of 767 half pints of milk.

The Tucker Unit and Johnson Teen Center feeding sites are housed in the same building. The milk receipts were combined and milk was delivered to the same address for these two sites. Based on the number of meals served with milk as a required component, the Tucker Unit and Johnson Teen Center sites required a total of 2,685 half pints of milk. However, the Sponsor could only document the purchase of 2,550 half pints of milk for the Tucker Unit and Johnson Teen Center sites. There was a combined shortage of 135 half pints at the Tucker Unit and Johnson Teen Center sites.

As a result, we determined that cost reimbursed for 767 supper meals at the Benton feeding site, and a combined 135 supper meals at the Tucker Unit and Johnson Teen Center feeding sites were disallowed. (See Exhibits A, B, & D)

This resulted in disallowed meals cost of \$3,057.78.

This is a repeat finding from the previous report dated May 25, 2017.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.17a(l) states, "At-risk afterschool snacks must meet the meal pattern requirements for snacks in §226.20(b)(6) and/or (c)(4); at-risk afterschool meals must meet the meal pattern requirements for meals in §226.20(b)(6) and/or (c)(1), (c)(2), or (c)(3)."

Title 7 of the Code of Federal Regulations, Section 226.20(c)(2) states, "Fluid milk, meat and meat alternatives, vegetable, fruits, and grains are required components in the lunch and supper meals. ..."

Recommendation

The Sponsor should ensure enough milk is purchased for all meals served where milk is a required component. In addition, the Sponsor should maintain a month-end inventory and maintain all receipts for food purchases to verify the required amount of milk was purchased and served.

2. The Sponsor's observed meal did not meet USDA meal pattern requirements

Condition

During our on-site visits on May 22, 2017 to the Tucker Unit and Johnson Teen Center sites, we observed an afternoon supplement service. The Sponsor served one 2.2 ounce tube of Go-Gurt and a 100% apple juice box. One 2.2 ounce tube of Go-Gurt does not meet the meet the protein requirement for a creditable meat or meat alternative.

As a result, 59 supplements at the Tucker Unit feeding site and 11 supplements at the Johnson Teen Center feeding site were disallowed. (See Exhibits A, B, & C)

This resulted in disallowed meals cost of \$60.20.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.17a(l) states, "At-risk afterschool snacks must meet the meal pattern requirements for snacks in §226.20(b)(6) and/or (c)(4); at-risk afterschool

meals must meet the meal pattern requirements for meals in §226.20(b)(6) and/or (c)(1), (c)(2), or (c)(3).”

The USDA *Crediting Handbook for the Child and Adult Care Food Program*, Revised January 2014, page 28, states that yogurt in a tube “Must meet Standard of Identity for yogurt, low-fat yogurt, or fat-free yogurt. 4 oz. of yogurt equals 1 oz. of meat/meat alternate.”

Recommendation

The Sponsor should ensure that all meals served meet the USDA meal pattern requirements.

3. The Sponsor served meals outside of the approved serving time and overstated the number of served

This is a Serious Deficiency:

Condition

During our monitoring visit on May 22, 2017 the Tucker Unit site we observed a supper meal service. We arrived at 3:50 pm, and the approved serving time in TIPS was 4:30 pm - 5 pm. The Director stated that most participants had already eaten. We observed 39 participants eating supper during the approved serving time. The Director was informed that only 39 supper meals served could be claimed for this meal service. During our claim review, we noted 92 supper meals were claimed for this meal service.

Based on our meal service observation and review of the claim for reimbursement, we found that the Sponsor overstated the number of supper meals served by 53. (See Exhibits A & B)

This resulted in disallowed meals cost of \$179.67.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.20(k) states, “*Time of meal service. State agencies may require any institution or facility to allow a specific amount of time to elapse between meal services or require that meal services not exceed a specified duration.*”

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

The USDA *Monitoring Handbook for State Agencies*, Revised May 2014, page 29, states monitors must be able to “(e)nsure that the meal service being observed is served during the time frame approved by the State agency.”

Recommendation

The Sponsor should ensure that all meals are served within the approved serving time, and ensure that only eligible meals served are claimed for reimbursement.

4. The Sponsor allowed meals to be taken off-site and overstated the number of meals served

Condition

During our on-site review at Benton Unit on May 22, 2017, we observed a supplement service. There were 14 participants that were served the supplement onsite, and three participants that left the feeding site with their complete meal. The Sponsor claimed 34 afternoon supplements served for this date.

Based on our meal service observation and review of the claim for reimbursement, we found that the Sponsor overstated the number of supplements served by 20. (See Exhibits A & D)

Criteria

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

USDA Memo CACFP 10-2017, issued April 6, 2017, states, "... meals must be consumed on-site in order for the meal to be reimbursable. ..."

This resulted in disallowed meals cost of \$17.20.

Recommendation

The Sponsor should implement procedures to ensure that all meals are consumed onsite and ensure that only eligible meals served are claimed for reimbursement.

5. The Sponsor did not have a current menu posted for the meal observed

Condition

There was no current menu posted at the Benton Unit site during our site visit on May 22, 2017.

Criteria

The USDA Monitoring Handbook for State Agencies, page 29, states, "Institutions must serve meals according to the posted menus and document substitutions."

Recommendation

The Sponsor should ensure that a menu is posted at all sites.

Our review of the Sponsor's records for September 2017 disclosed the following:

6. The Sponsor provided menus that did not meet USDA meal pattern requirements

Condition

The Sponsor provided menus that contained components that were not creditable.

The following menus did not contain the required components:

Date	Site	Menu	Reason	Supplements Disallowed
9/5/17	Painter Unit	100% juice, chips	Chips not creditable	24
9/8/17	Blythe Unit	100% juice, popcorn	Popcorn not creditable	26
9/12/17	Blythe Unit	100% juice, popcorn	Popcorn not creditable	31
9/22/17	Blythe Unit	100% juice, popcorn	Popcorn not creditable	26

As a result, 107 supplements served were disallowed. (See Exhibits E, F, & H)

This resulted in disallowed meals cost of \$94.16.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.17a(l) states, "At-risk afterschool snacks must meet the meal pattern requirements for snacks in §226.20(b)(6) and/or (c)(4); at-risk afterschool meals must meet the meal pattern requirements for meals in §226.20(b)(6) and/or (c)(1), (c)(2), or (c)(3)."

Recommendation

The Sponsor should ensure that all meals served meet the USDA component requirements.

7. The Sponsor overstated the number of supplements as served

This is a Serious Deficiency:

Condition

We completed an onsite review and observed a supplement service at the Powers Unit site on September 14, 2017. The approved serving time was 4 pm - 5 pm. We arrived at 3:48 pm and left the site at 5:05 pm. We documented 16 supplements were served. However, we noted that 30 supplements were claimed for this date.

As a result, the Sponsor overstated the number of afternoon supplements by 14. (See Exhibits E & G)

This resulted in disallowed meals cost of \$12.32.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.10(c) states "...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 that only meals served are claimed.

8. The Sponsor did not conduct monitoring as required

Condition

Based on our review of the Sponsor's documents, we noted that the Sponsor did not conduct the minimum monitoring review as required at the Painter Unit site.

It was also noted that the monitoring forms from all sites were not signed by the Site Official.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.16(d) states:

Each Sponsoring organization must provide adequate supervisory and operational personnel for the effective management and monitoring of the program at all facilities it sponsors. Each sponsoring organization must employ monitoring staff sufficient to meet the requirements of paragraph (b)(1) of this section. ... (d)(4)(iii) Sponsoring organizations must review each facility three times each year, except as described in paragraph (d)(4)(iv) of this section. In addition: (A) At least two of the three reviews must be unannounced; (B) At least one unannounced review must include observation of a meal service; (C) At least one review must be made during each new facility's first four weeks of Program operations; and (D) Not more than six months may elapse between reviews.

Recommendation

The Sponsor should ensure that all monitoring is completed as required at all sites, and that the monitoring forms are signed by the site officials.

Technical Assistance Provided

During our exit on November 13, 2017, we discussed with the Sponsor's personnel completing a milk inventory at the end of each month to document the leftover milk that could be available for use the following month.

OVERPAYMENT-RIGHT TO APPEAL

Disallowed Costs

Based on the 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 \$3,421.33.

Remit a check payable to the *Tennessee Department of Human Services* in the amount of \$3,421.33, 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

SUMMARY

The Department has determined that Boys and Girls Clubs of Cleveland is seriously deficient in its operation of the CACFP and that Todd Farrell, Board Chair and Derrick Kinsey, CEO are responsible for the serious deficiencies.

You may not appeal the serious deficiency determination itself. If the Department proposes to terminate Boys and Girls Clubs of Cleveland's CACFP agreement, or propose to disqualify Boys and Girls Clubs of Cleveland 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.

Boys and Girls Clubs of Cleveland may continue to participate in the CACFP during the corrective action period. The Department will pay any valid claims for reimbursement submitted by Boys and Girls Clubs of Cleveland 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 thirty (30) days of your receipt of this notice:

Boys and Girls Clubs of Cleveland 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 submitted for the center for May 2017 and September 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 \$3,421.33 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 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 regarding this report, please contact Sean Baker, Audit Director 2, at 615-313-4727 or Sean.Baker@tn.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Allette Vayda', with a long horizontal flourish extending to the right.

Allette Vayda
Director, CACFP & SFSP

Enclosures

Exhibit A**Sponsor of At-Risk Afterschool Meals Program Data****Sponsor: Boys and Girls Clubs of Cleveland****Review Month/Year: May 2017****Total Reimbursement: \$16,868.33**

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Meal Count Sheets
Number of Days that CACFP Food Service was operated	19	19
Number of Sites	XXXXXXXX	7
Total Attendance	8,227	8,227
Number of Supplements Served	3,433	3,343
Number of Suppers Served	4,105	3,150
Total Amount of Food Costs	XXXXXXXX	\$14,883.32
Total Amount of Eligible Food and Nonfood Costs	XXXXXXXX	\$16,414.99

Exhibit B**At-Risk Afterschool Site Data****Site: Tucker Unit****Month: May 2017**

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Meal Count Sheets
Number of Days that CACFP Food Service was operated	19	19
Total Attendance	3,873	3,873
Number of Supplements Served	620	561
Number of Suppers Served	2,062	1,874

Exhibit C

At-Risk Afterschool Site Data

Site: Johnson Teen Center

Month: May 2017

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Meal Count Sheets
Number of Days that CACFP Food Service was operated	19	19
Total Attendance	914	914
Number of Supplements Served	298	287
Number of Suppers Served	676	676

Exhibit D

At-Risk Afterschool Site Data

Site: Benton Unit

Month: May 2017

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Meal Count Sheets
Number of Days that CACFP Food Service was operated	19	19
Total Attendance	1,517	1,517
Number of Supplements Served	732	712
Number of Suppers Served	1,367	600

Exhibit E

Sponsor of At-Risk Afterschool Meals Program Data

Sponsor: Boys and Girls Clubs of Cleveland
Review Month/Year: September 2017
Total Reimbursement: \$19,405.66

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Meal Count Sheets
Number of Days that CACFP Food Service was operated	19	19
Number of Sites	XXXXXXXX	7
Total Attendance	9,405	9,405
Number of Supplements Served	3,197	3,076
Number of Suppers Served	4,792	4,792
Total Amount of Food Costs	XXXXXXXX	\$16,273.70
Total Amount of Eligible Food and Nonfood Costs	XXXXXXXX	\$17,782.80

Exhibit F

At-Risk Afterschool Site Data

Site: Blythe Unit
Month: September 2017

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Meal Count Sheets
Number of Days that CACFP Food Service was operated	20	20
Total Attendance	563	563
Number of Supplements Served	539	456

Exhibit G**At-Risk Afterschool Site Data****Site: Powers Unit****Month: September 2017**

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Meal Count Sheets
Number of Days that CACFP Food Service was operated	20	20
Total Attendance	556	556
Number of Supplements Served	543	529

Exhibit H**At-Risk Afterschool Site Data****Site: Painter Unit****Month: September 2017**

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Meal Count Sheets
Number of Days that CACFP Food Service was operated	20	20
Total Attendance	496	496
Number of Supplements Served	494	470



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GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

January 4, 2018

Todd Farrell, Board Chair
Boys and Girls Clubs of Cleveland
385 3rd Street SW
Cleveland, Tennessee 37311-5977

Notice of payment due to findings disclosed in the monitoring report dated January 4, 2018, for Child and Adult Care Food Program (CACFP).

Institution Name:	Boys and Girls Clubs of Cleveland
Institution Address:	385 3rd Street SW Cleveland, Tennessee 37311-5977
Agreement Numbers:	00-175
Amount Due:	\$3,421.33
Due Date:	February 5, 2018

Based on the monitoring report issued 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 \$3,421.33 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 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 the 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

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 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

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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)(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
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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.

**CORRECTIVE ACTION PLAN
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	
Name of Institution Boys and Girls Club of Cleveland	CACFP Agreement No. 00-175
Mailing Address: 385 3 rd Street SW Cleveland, Tennessee 37311	
Section B. Responsible Principal(s) and/or Individual(s)	
Name and Title: Todd Farrell, Board Chair Derrick Kinsey, CEO	Date of Birth (s):
Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan	
SD Report: January 4, 2018	Corrective Action Plan: February 5, 2018
Section D. Findings	
Findings:	
<ol style="list-style-type: none"> 1. The Sponsor did not provide documentation to support sufficient quantities of milk were purchased for all meals claimed for reimbursement 2. The Sponsor's observed meal did not meet USDA meal pattern requirements 3. The Sponsor served meals outside of the approved serving time and overstated the number of served 4. The Sponsor allowed meals to be taken off-site and overstated the number of meals served 5. The Sponsor did not have a current menu posted for the meal observed 6. The Sponsor provided menus that did not meet USDA meal pattern requirements 7. The Sponsor overstated the number of supplements as served 8. The Sponsor did not conduct monitoring as required 	

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 did not provide documentation to support sufficient quantities of milk were purchased for all meals claimed for reimbursement

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 Sponsor's observed meal did not meet USDA meal pattern 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:

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: The Sponsor served meals outside of the approved serving time and overstated the number of served

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: The Sponsor allowed meals to be taken off-site and overstated the number of meals served

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. 5: The Sponsor did not have a current 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:

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. 6: The Sponsor provided menus that did not meet USDA meal pattern 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:

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. 7: The Sponsor overstated the number of supplements as served

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. 8: The Sponsor did not conduct monitoring as required

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.

Printed Name of Authorized Institution Official

Position

Signature of Authorized Institution Official

Date

Signature of Authorized TDHS Official

Date