



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

AUDIT SERVICES UNIT
CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403
TELEPHONE: 615-532-4528 FAX: 615-313-3196
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www.tn.gov/humanservices/

BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

April 17, 2017

Cynthia Morgan, President
Bright Ideas Enrichment Center
2104 Hillshire Circle
Memphis, Tennessee 38133

Dear Ms. Morgan:

The Department of Human Services Audit Services staff conducted an on-site unannounced review of the Child and Adult Care Food Program (CACFP) at Bright Ideas Enrichment Center (Sponsor), Application Agreement 00185, on February 1, 2017. Additional information was requested and received on February 15, 2017 to complete the review. The purpose of this review was to determine if the Sponsor complied with the *United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Title 7 of the Code of Federal Regulations (CFR)* applicable parts, application agreement, and applicable Federal and State regulations.

The Sponsor had two sites operating during the test month of December 2016. The Bright Ideas 001 site was selected as the sample site and available records were reviewed. Applications also were reviewed at the Bright Ideas 002.

Background

Meals served by participating institutions and facilities must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and the Tennessee Department of Human Services to be eligible for reimbursement. We inspected CACFP documentation such as income eligibility forms, enrollment addendum forms, master enrollment lists, attendance records, meal count records, menus and food service cost records. We also assessed compliance with civil rights requirements and observed a meal service.

Our review of the Sponsor's records for the test month of December 2016 disclosed the following:

1. The Sponsor improperly classified eligibility of the CACFP participants

Condition

Based on our review of available documents and information, we noted that the number of participants classified in the free, reduced-price, and paid categories was incorrect. Our

review of CACFP applications provided by the sponsor determined that there were seven participants with regulatory deficiencies:

Bright Ideas Enrichment Center 001

- There were two participants reported in the free category. However, based on the household income, the participants should have been classified as reduced-price. The participants were reclassified as reduced-price.
- There was one participant reported in the free category, but the application on file was dated more than 12 months ago. The participant was reclassified as paid.

Bright Ideas Enrichment Center 002

- There were three participants that were classified as free on their applications, but their applications did not have the signature and date of the determining official. The participants were reclassified as paid.
- There was one participant reported in the free category, but the application on file was dated more than 12 months ago. The participant was reclassified as paid.

Based on our review of available documents, we determined that there were 40 participants in the free category, 10 participants in the reduced-price category, and 76 participants in the paid category.

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."

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual states that centers must "correctly determine and report the eligibility of all participants for free, reduced-price and paid meal payments."

The adjustment in the free, reduced-price, and paid categories affected the claiming percentages. (See Exhibit A).

Recommendation

The Sponsor should ensure that all applications are completed correctly, participants are classified in the correct category and that all participants have a correct and current application on file for the claiming period.

2. The sponsor claimed unapproved meals

Condition

The Sponsor claimed 1 lunch and 1 supplement on Saturday, December 10, 2016 at Bright Ideas Enrichment Center 001. The Sponsor is not approved to serve meals on Saturdays, according to Tennessee Information Payment System (TIPS).

Criteria

Title 7 of the Code of Federal Regulations Section 226.10(c) states, in part:

"(c) Claims for Reimbursement shall report information in accordance with the financial management system established by the State agency, and in sufficient detail to justify the reimbursement claimed and to enable the State agency to provide the final Report of the Child and Adult Care Food Program (FNS 44) required under §226.7(d). In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim."

As a result of our review, we noted that the Sponsor over reported 1 lunch and 1 supplement. Therefore, 1 lunch and 1 supplement were disallowed.

Recommendation

The Sponsor should ensure meals claimed reflect the actual days that are approved in the Sponsor's approved application.

3. The Sponsor reported incorrect lunch meal counts

Condition

Based on our review of available documents and information, we noted that the Sponsor reported incorrect meals counts on the Claim for Reimbursement form for the test site.

Bright Ideas Enrichment Center 001

The sponsor reported 1,029 breakfasts, 1,228 lunches and 1,214 supplements for the sample site, Bright Ideas Enrichment Center 001. However, our review of the site's meal count records verified 1,029 breakfasts, 1,212 lunches and 1,214 supplements prior to any meal disallowances.

As a result of our review, we noted that the Sponsor over reported 16 lunches. Therefore, 16 lunches were disallowed.

Criteria

Title 7 of the Code of Federal Regulations Section 226.10(c) states, in part:

"(c) Claims for Reimbursement shall report information in accordance with the financial management system established by the State agency, and in sufficient detail to justify the reimbursement claimed and to enable the State agency to provide the final Report of the Child and Adult Care Food Program (FNS 44) required under §226.7(d). 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 reported meals agree with meal count documentation and with actual number of meals that were served.

4. The number of attendance days reported was incorrect

Condition

The sponsor reported 1,436 participant days for the sample site, Bright Ideas Enrichment Center 001. However, our review of the site's attendance documentation disclosed that there were 1,255 participant days.

Criteria

Title 7 of the Code of Federal Regulations Section 226.10(c) states, in part:

“(c) Claims for Reimbursement shall report information in accordance with the financial management system established by the State agency, and in sufficient detail to justify the reimbursement claimed and to enable the State agency to provide the final Report of the Child and Adult Care Food Program (FNS 44) required under §226.7(d). 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 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 that the reported attendance agrees to the attendance documentation and with actual participant attendance.

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

Condition

There were eight participants that did not have a current CACFP enrollment addendum form on file.

Criteria

Title 7 of the Code of Federal Regulations Section 226.15(e)(3) states, "Documentation of: The enrollment of each child at day care homes; information used to determine the eligibility of enrolled providers' children for free or reduced price meals; information used to classify day care homes as tier I day care homes, including official source documentation obtained from school officials when the classification is based on school data; and information used to determine the eligibility of enrolled children in tier II day care homes that have been identified as eligible for free or reduced price meals in accordance with §226.23(e)(1). 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 have an enrollment form for each CACFP participant."

Recommendation

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

Disallowed Meals Cost

Based on our review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in disallowed meals cost of \$215.66.

Corrective Action

Bright Ideas Enrichment Center must complete the following actions within 30 days from the date of this report:

- Login to the Tennessee Information Payment System (TIPS) and revise the claim(s) submitted for each site for December 2016 which contains the claim data from the enclosed exhibit.
- Remit a check payable to the **Tennessee Department of Human Services** in the amount of \$215.66 for recovery of amounts disallowed in this report. **Please return the attached billing notice with your check.**
- Submit a corrective action plan to address the deficiencies identified in this report. A corrective action plan template is attached. Please return a corrective action plan to:

AuditServices.CAPS.DHS@tn.gov.

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

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

Please note that the amount of disallowed administrative and/or meals cost is subject to an interest charge. The interest charge will be waived if your revised claim is received by our office within 30 business days from the date of this report. If the revised claim is not received by the 30 business-day deadline, an interest charge may be billed to your institution. Please make your check payable to the Tennessee Department of Human Services and mail your check and the billing notice to:

Child and Adult Care Food Program
Fiscal Services
11th Floor, Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243

In accordance with the federal regulation found at *7 CFR Part 226.6 (k)*, your institution may appeal the disallowed administrative and/or meals cost identified by the monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

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

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

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

Sincerely,

Sam O. Alzoubi
Sam O. Alzoubi, CFE *by jyz*
Director of Audit Services

Exhibit

cc: Ta'Ress Herring, Home Office Manager, Bright Ideas Enrichment Center
Allette Vayda, Director, Child and Adult Care Food Programs
Brian Anthis, Program Coordinator, Child and Adult Care Food Program
Sean Baker, Director, Quality Assurance
Constance Moore, Program Specialist, CACFP
Marty Widner, Program Specialist, CACFP
Comptroller of the Treasury, State of Tennessee

EXHIBIT A

Verification of CACFP Sponsor of Affiliated Centers Claim

Sponsor: Bright Ideas Enrichment Center

Review Month/Year: December 2016

Total Reimbursement: \$ 4,228.47

Program Area	Reported on Claim	Reconciled by Monitor
Number of Days that CACFP Food Service was operated	21	22
Total Attendance	2,083	1,902
Number of Breakfasts Served	1,237	1,237
Number of Lunches Served	1,473	1,456
Number of Suppers Served	NA	NA
Number of Supplements Served	1,743	1,742
Number of Participants in Free Category	47	40
Number of Participants in Reduced-Price Category	8	10
Number of Participants in Paid Category	71	76
Total Number of Participants	126	126
Total Number of Centers	XXXXXXXX	2
Total Amount of Food Costs	XXXXXXXX	\$2,918.26
Total Amount of Eligible Food and Nonfood Costs	XXXXXXXX	\$3,666.92

EXHIBIT B**Verification of Affiliated Sponsored Center Data****Center: Bright Ideas Enrichment Center 001**

Program Area	Reported on Claim	Reconciled during Monitoring Review
Number of Days that CACFP Food Service was operated	21	22
Total Attendance	1,436	1,255
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXXXX	38%
Number of Breakfasts Served	1,029	1,029
Number of Lunches Served	1,228	1,211
Number of Suppers Served	NA	NA
Number of Supplements Served	1,214	1,213
Number of Participants in Free Category	28	25
Number of Participants in Reduced-Price Category	6	8
Number of Participants in Paid Category	52	53
Total Number of Participants	86	86

EXHIBIT C

Verification of Affiliated Sponsored Center Data

Center: Bright Ideas Enrichment Center 002

Program Area	Reported on Claim	Verified by Monitoring Review
Number of Days that CACFP Food Service was operated	NA	NA
Total Attendance	NA	NA
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXXXX	43%
Number of Participants in Free Category	19	15
Number of Participants in Reduced-Price Category	2	2
Number of Participants in Paid Category	19	23
Total Number of Participants	40	40



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April 17, 2017

Cynthia Morgan, President
 Bright Ideas Enrichment Center
 2104 Hillshire Circle
 Memphis, Tennessee 38133

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

Institution Name:	Bright Ideas Enrichment Center
Institution Address:	2104 Hillshire Circle Memphis, Tennessee 38133
Agreement Numbers:	00185
Total Amount Due:	\$215.66
Due Date:	May 18, 2017

Based on the monitoring report issued on April 17, 2017, by the Audit Services Division within the Tennessee Department of Human Services, the Community and Social Services- Food Programs- CACFP & SFSP management has agreed with the findings which requires your institution to reimburse the Department of Human Services for disallowed meals cost.

Please remit a check or money order payable to the **Tennessee Department of Human Services** in the amount of \$215.66 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 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



Tennessee Department of Human Services
Corrective Action Plan for Monitoring Findings

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

Section A. Institution Information

Name of Sponsor/Agency/Site: Bright Ideas Enrichment Center	Agreement No. 00185	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
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Mailing Address: 2104 Hillshire Circle Memphis, Tennessee 38133

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

Name and Title: Cynthia Morgan, President	Date of Birth: / /
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Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 04/17/2017	Corrective Action Plan: 04/17/2017
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Section D. Findings

Findings:

1. The Sponsor improperly classified eligibility of the CACFP participants.
2. The Sponsor claimed unapproved meals.
3. The Sponsor reported incorrect lunch meal counts.
4. The number of attendance days reported was incorrect.
5. There were participants that did not have a CACFP enrollment addendum form

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

Measure No. 1: The Sponsor improperly classified eligibility of the CACFP participants.

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 claimed unapproved meals.

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 reported incorrect lunch 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:

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 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:

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: 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:

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

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

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

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

Printed Name of Authorized Institution Official:

Position:

Signature of Authorized Institution Official: _____

Date: / /

Signature of Authorized TDHS Official: _____

Date: / /

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

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

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

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

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

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

(iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(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

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.



TENNESSEE DEPARTMENT OF HUMAN SERVICES
CLAIM FOR REIMBURSEMENT
 CHILD AND ADULT CARE FOOD PROGRAM

Read INSTRUCTIONS carefully before completing claim.

1. Check Appropriate Claim Type

- Original Claim
- Revised Claim

2. AGREEMENT NUMBER

3. NAME AND ADDRESS OF INSTITUTION

4. MONTH AND YEAR CLAIMED

MONTH: [][] YEAR: [][][][]

5. TOTAL NUMBER OF DAYS FOOD SERVICE WAS PROVIDED FOR PERIOD CLAIMED

[][]

6. TOTAL ATTENDANCE FOR CLAIM PERIOD

A. CHILD OR ADULT CARE CENTERS

B. OUTSIDE SCHOOL HOUR

C. ELIGIBLE PROPRIETARY TITLE XX/
TITLE XIX CENTERS

[][][][][][][][]

[][][][][][][][]

[][][][][][][][]

7. TOTAL NUMBER OF ELIGIBLE PROPRIETARY TITLE XX CENTERS (CHILD) OR TITLE XIX CENTERS (ADULT)

[][][]

MEALS SERVED TO PARTICIPANTS IN CHILD/ADULT CARE CENTERS

	A. BREAKFAST	B. LUNCHES	C. SUPPERS	D. SUPPLEMENTS
8. FREE	[][][][][][]	[][][][][][]	[][][][][][]	[][][][][][]
9. REDUCED	[][][][][][]	[][][][][][]	[][][][][][]	[][][][][][]
10. PAID	[][][][][][]	[][][][][][]	[][][][][][]	[][][][][][]

(REQUIRED FOR ALL CENTER CLAIMS)

11. TOTAL	[][][][][][]	[][][][][][]	[][][][][][]	[][][][][][]
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12. TOTAL NUMBER OF PARTICIPANTS ENROLLED IN CENTERS FOR THIS CLAIM PERIOD BY INCOME GROUP

FREE

REDUCED

PAID

[][][][][][]

[][][][][][]

[][][][][][]

13. REMARKS

I CERTIFY that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I further certify that claims submitted for meals served in proprietary centers meet the requirements for reimbursement as established by the Federal Regulations as 7CFR Part226. I further certify that all claims for reimbursement shall be submitted to the State Office no later than 30 days after end of the claim month. I understand that failure to submit claims within the 30 day deadline may result in such claims not being paid.

14. SIGNATURE OF AUTHORIZED REPRESENTATIVE

14. TITLE

15. PREPARATION DATE

MO: [][] DAY: [][] YEAR: [][][]

All receipts, invoice and other evidence of purchase must be retained and available for future audit for a period of 3 years after the end of the fiscal year to which they pertain.

No further reimbursement shall be paid under the CACFP for the period covered by this claim unless this is completed and filed as required by the Tennessee Department of Human Services and the Federal Regulations at 7 CFR Part 226