



**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/humanservices

BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

October 30, 2017

Ben Ferguson, Chairman of the Board
Hands Up Preschool
185 Greenfield Drive
Jackson, Tennessee 38301-2721

Dear Mr. Ferguson:

The Department of Human Services Audit Services staff conducted an on-site unannounced review of the Child and Adult Care Food Program (CACFP) at Hands Up Preschool, Application Agreement 00-306, on September 18, 2017. We reviewed the Sponsor's records of reimbursement and expenditures for the period of May 2017. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code 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 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 DHS to be eligible for reimbursement. The CACFP sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) system 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 a meal service during our site visit on May 19, 2017.

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

1. The number of participants reported in the free, reduced, and paid categories was incorrect

Condition

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

The claim for reimbursement for the test month of May 2017 reported 56 participants in the free category, nine participant in the reduced-price category, and five participants in the paid category. However, based on our review of the Sponsor's records, we noted that there were 50 participants in the free category, eight participants in the reduced-price category, and 10 participants in the paid category. The differences were based on the following:

- There were three participants reported in the free category whose application did not have the Families First assistance number or household income. These three participants were reclassified as paid.
- There were two participants reported in the free category that did not have an application on file for the test month. These two participants were reclassified as paid.
- There was one participant that was reported in the reduced-price category, but based on household income should have been reported as free. This participant was reclassified as free.
- There was one participant that was reported in the free category, but based on household income; they should have been reported as reduced-price. This participant was reclassified as reduced-price.
- There was one participant who was categorized as free on the application but was reported as reduced-priced. This participant was reclassified as free.
- There were two participants reported in the free category, but did not have any attendance for the month and therefore should not have been counted in the number of participants.

Criteria

Title 7 of the Code of Federal Regulations, Section, 226.10 (c) states, in part, "... 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 (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 that each participant is classified and reported according to income eligibility applications for child care center participants, and that appropriate documentation is maintained on file.

2. The Sponsor reported incorrect meal counts

Condition

The claim for reimbursement for May 2017 reported 873 breakfast meals, 893 lunch meals and 891 supplements served. However, based on our review of the Sponsor's records, we noted that 873 breakfast meals, 895 lunch meals and 892 supplements were served prior to any meal disallowances. The Sponsor under reported the number of lunch meals by two and under reported the number of supplements by one.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.10(c) requires institutions to ensure that the number of meals submitted on the Claim for Reimbursement is correct.

In addition, the Tennessee Child and Adult Care Food Program Policies and Procedures Manual states that child care centers "must submit to the TDHS accurate monthly reports on the number of meals served."

Recommendation

The Sponsor should ensure that the claim for reimbursement is completed based on proper supporting documentation, and the meal count claimed agrees with the actual meal count documentation.

3. Menus did not contain all required components as required by USDA

Condition

Based on review the Sponsor's menus, we noted that that menus did not conform to the requirements of USDA meal pattern. A breakfast meal consists of one serving of fluid milk, one serving of a fruit/vegetable/juice, and one serving of bread/grains. The following is a summary of deficiencies noted in the Sponsor's menu:

| Date | Deficient or Missing Component | Disallowed Meals (# and type) |
|----------|---|-------------------------------|
| 05/05/17 | Missing component: Fruit/vegetable/juice Menu Listed: Mini Muffins, Yogurt and 1% Milk | 59 Breakfasts |
| 05/12/17 | Missing component: Fruit/vegetable/juice Menu Listed: Mini Muffins, Yogurt and 1% Milk | 55 Breakfasts |
| 05/19/17 | Missing component: Fruit/vegetable/juice Menu Listed: Mini Muffins, Yogurt and 1% Milk | 47 Breakfasts |

As a result, the cost reimbursement for 161 breakfast meals was disallowed.

Criteria

Title 7 of the Code of Federal Regulations Section 226.17(b)(4) states, "Each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20. ..."

In addition, the Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p. 23) states that “An institution must maintain menus that meet the following requirements: a. All food components, as required for each type of meal to be served (i.e., breakfast, lunch, supper and supplement), are identified.”

Recommendation

The Sponsor should ensure that the menus are reviewed to ensure they reflect the meal served and contain all required meal components, as required by the USDA.

4. There were errors in certain enrollment addendum forms

Condition

Based on our review of the participants' enrollment forms, we noted the following:

- There was one participant enrollment addendum form that did not have a parent's signature or the date of the parent's signature.
- There was one participant enrollment addendum form that did not have the date of the parent's signature so it could not be determined if it was updated annually.
- There was one participant enrollment addendum form that did not have a complete date. The application did not have the year included with the date so it could not be determined if it was updated annually.

Criteria

The *USDA FNS Code of Federal Regulations 7 CFR, 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: ... (2) 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.”

5. The number of attendance days reported was incorrect

Condition

The claim for reimbursement for May 2017 reported 897 participant days. However, based on our review of the Sponsor's records, we noted that there were 899 participant days.

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. ..."

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 attendance is counted and reported correctly.

Disallowed Costs

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 \$553.85.

Corrective Action

Hands Up Preschool 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 May 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 \$553.85 for recovery of the amounts disallowed in this report. **Please return the attached billing notice with your check**; and
- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

AuditServices.CAPS.DHS@tn.gov

If you have questions relative 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

Please note that the overpayment is subject to an interest charge. The interest charge will be waived if your revised claim is received by our office within 30 days from the date of this report. If the revised claim is not received by the 30-day deadline, an interest charge may be billed to your institution. Please 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

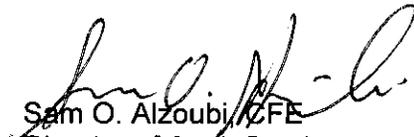
In accordance with the federal regulation found at 7 CFR Part 226.6 (k), your institution may appeal the overpayment identified by the monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

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 meals cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

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

Sincerely,



Sam O. Alzoubi, CFE
Director of Audit Services

Exhibit

Cc: Matthew Marshall, Executive Director, Hands Up Preschool
Allette Vayda, Director, Child and Adult Care Food Programs
Debra Pasta, Program Manager, Child and Adult Care Food Program
Elke Moore, Administrative Services Assistant 3, Child and Adult Care Food Program
Constance Moore, Program Specialist, Child and Adult Care Food Program
Marty Widner, Program Specialist, Child and Adult Care Food Program
Comptroller of the Treasury, State of Tennessee

EXHIBIT

Verification of CACFP Independent Center Claim (Claiming Percentages)

Name of Agency: Hand Up Preschool

Review Month/Year: May 2017

Total Meal Reimbursement Received: \$4,831.43

| Program Area | Reported on Claim | Reconciled By Monitoring Review |
|---|--------------------------|--|
| Number of Days that CACFP Food Service was operated | 15 | 15 |
| Total Attendance | 897 | 899 |
| Number of Breakfasts Served | 873 | 712 |
| Number of Lunches Served | 893 | 895 |
| Number of Supplements Served | 891 | 892 |
| Number of Participants in Free Category | 56 | 50 |
| Number of Participants in Reduced-Price Category | 9 | 8 |
| Number of Participants in Paid Category | 5 | 10 |
| Total Number of Participants | 70 | 68 |
| Total Amount of Eligible Food Costs | XXXXXXXX | \$1,973.63 |
| Total Amount of Eligible Food and Non-Food Costs | XXXXXXXX | \$1,973.63 |



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October 30, 2017

Ben Ferguson, Chairman of the Board
Hands Up Preschool
185 Greenfield Drive
Jackson, Tennessee 38301-2721

Notice of payment due to findings disclosed in the monitoring report dated October 30, 2017 for Child and Adult Care Food Program (CACFP).

| | |
|----------------------|--|
| Institution Name: | Hands Up Preschool |
| Institution Address: | 185 Greenfield Drive Jackson, Tennessee 38301-2721 |
| Agreement Numbers: | 000306 |
| Amount Due: | \$553.85 |
| Due Date: | November 30, 2017 |

Based on the monitoring report issued on October 30, 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 Hands Up Preschool to reimburse the Department of Human Services unallowed cost in the amount of \$553.85.

Please remit a check or money order payable to the *Tennessee Department of Human Services* in the amount of \$553.85 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



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: Hands Up Preschool | Agreement No. 00306 | <input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP |
|---|------------------------|--|

Mailing Address: 185 Greenfield Drive Jackson, Tennessee 38301-2721

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

| | |
|---|--------------------|
| Name and Title: Ben Ferguson, Chairman of the Board | Date of Birth: / / |
|---|--------------------|

Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

| | |
|-----------------------------|----------------------------------|
| Monitoring Report: 10/30/17 | Corrective Action Plan: 10/30/17 |
|-----------------------------|----------------------------------|

Section D. Findings

Findings:

1. The number of participants reported in the free, reduced, and paid categories was incorrect
2. The Sponsor reported incorrect meal counts
3. Menus did not contain all required components as required by USDA
4. There were errors in certain enrollment addendum forms
5. There were errors in certain enrollment addendum forms

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

Measure No. 1: The number of participants reported in the free, reduced, and paid categories was incorrect

The finding will be fully and permanently corrected.

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

Name:

Position Title:

Name:

Position Title:

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

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

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

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

Measure No.2: The 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:

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: Menus did not contain all required components as required by USDA

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: There were errors in certain enrollment addendum forms

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 errors in certain enrollment addendum forms

The finding will be fully and permanently corrected.

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

Name:

Position Title:

Name:

Position Title:

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

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

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

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

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

Printed Name of Authorized Institution Official:

Position:

Signature of Authorized Institution Official: _____

Date: / /

Signature of Authorized TDHS Official: _____

Date: / /

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

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

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

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

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

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

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

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

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

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

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

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

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