



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

CERTIFIED MAIL RECEIPT #70170660000035705760

March 6, 2018

Carolyn Lewis, Assistant Director  
Naval Support Activity Mid-South  
5920 Savitz Building 943  
Millington, Tennessee, 38054-5045

Dear Ms. Lewis:

The Department of Human Services (DHS) - Audit Services Division conducted an on-site unannounced on-site monitoring review of the Child and Adult Care Food Program (CACFP) at Naval Support Activity Mid-South, Application Agreement number 00429, on January 22, 2018. 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.

**SERIOUS DEFICIENCY DETERMINATION**

Based on the monitoring review, the Department has determined that Naval Support Activity Mid-South is seriously deficient in its operation of the CACFP. In addition, the Department has identified Carolyn Lewis, Assistant Director as responsible for the serious deficiencies in light of their responsibility for the overall management of Naval Support Activity Mid-South's CACFP.

If Naval Support Activity Mid-South 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 Naval Support Activity Mid-South's agreement to participate in the CACFP;
- Propose to disqualify Naval Support Activity Mid-South from future CACFP participation; and
- Propose to disqualify Carolyn Lewis, Assistant Director, from future CACFP participation.

In addition, if Naval Support Activity Mid-South voluntarily terminates its CACFP agreement after receiving this letter, the Department will propose to disqualify Naval Support Activity Mid-South, Carolyn Lewis, Assistant Director, from future CACFP participation. If disqualified, Naval Support Activity Mid-South, and Carolyn Lewis, Assistant Director will be placed on the National Disqualified List (“NDL”). While on the NDL, Naval Support Activity Mid-South will not be able to participate in the CACFP as an institution or facility. Carolyn Lewis, Assistant Director 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**

### **Background**

CACFP Sponsors utilize meal count sheets to record the number 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 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.

The Sponsor claimed to have three childcare centers operating during the month of September 2017. NSA Mid-South Child Development Center 0948 and NSA Mid-South School Age Care Program 0001 were selected as the sample sites. Additional licensing information was viewed at the Child Development Home 0947 to complete the review.

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

### **1. The Sponsor claimed an in-home day care as a child care center incorrectly**

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

#### **Condition**

The Sponsor claimed a daycare home, Child Development Home 0947, as a child care center. Our review of the licensing documentation revealed that the facility is an in-home daycare and located in a home. Day care homes and child care centers receive different reimbursement rates, and rates are determined according to the type of licensing the facility has. As a result the meals for the test month were disallowed. The review was therefore expanded to include the remaining 2017 federal fiscal year period. The table below details the disallowed meals due to non-compliance with licensing requirements:

<b>Claim Month</b>	<b>Breakfast meals disallowed</b>	<b>Lunch meals disallowed</b>	<b>Supplement meals disallowed</b>

November 2017	77 breakfast meals	77 lunch meals	77 supplement meals
October 2017	70 breakfast meals	70 lunch meals	70 supplement meals
September 2017	63 breakfast meals	63 lunch meals	63 supplement meals
August 2017	81 breakfast meals	81 lunch meals	81 supplement meals
July 2017	49 breakfast meals	50 lunch meals	50 supplement meals
June 2017	44 breakfast meals	72 lunch meals	70 supplement meals
May 2017	42 breakfast meals	68 lunch meals	68 supplement meals
April 2017	No meals claimed	No meals claimed	No meals claimed
March 2017	No meals claimed	No meals claimed	No meals claimed
February 2017	9 breakfast meals	12 lunch meals	12 supplement meals
January 2017	63 breakfast meals	78 lunch meals	77 supplement meals
December 2016	60 breakfast meals	67 lunch meals	67 supplement meals
November 2016	86 breakfast meals	102 lunch meals	93 supplement meals
October 2016	53 breakfast meals	54 lunch meals	56 supplement meals

### Criteria

Title 7 of the Code of Federal Regulations, Section 226.17 (b)(1) states, “Child care centers must have Federal, State, or local licensing or approval to provide day care services to children. Child care centers, which are complying with applicable procedures to renew licensing or approval, may participate in the Program during the renewal process, unless the State agency has information that indicates that renewal will be denied. If licensing or approval is not available, a child care center may participate if it demonstrates compliance with the CACFP child care standards or any applicable State or local child care standards to the State agency.”

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

### Recommendation

The sponsor should:

- Ensure that each site is correctly categorized on the TIPS application.
- Ensure that each site is correctly claimed on the Claim for Reimbursement.
- Log into TIPS and correct the application to reflect the correct type of facility.

## **2. The Sponsor claimed one site under two different programs**

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

#### Condition

One of the Sponsor’s sites, NSA Mid-South School Age Care Program 0001, is categorized as an outside school hours care center as well as a child care center. The site is therefore being reimbursed for both programs. The site should be reimbursed as a child care center only. The error is due to failure to edit check the sponsored center’s meal claims as well as an error in the completion of the site application in the DHS Tennessee Information Payment System (TIPS). As a result the meals claimed under the outside school hours care center for the test month of September 2017 were disallowed. The review was also expanded to include the remaining 2017 federal fiscal year period. The table below details the disallowed meals due claiming and receiving reimbursement for two programs:

<b>Claim Month</b>	<b>Breakfast meals</b>	<b>Lunch meals</b>	<b>Supplement</b>	<b>Supper meals</b>
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	<b>disallowed</b>	<b>disallowed</b>	<b>meals disallowed</b>	<b>disallowed</b>
November 2017	141 breakfast meals	24 lunch meals	278 supplement meals	No meals claimed
October 2017	180 breakfast meals	133 lunch meals	395 supplement meals	No meals claimed
September 2017	133 breakfast meals	37 lunch meals	340 supplement meals	185 supper meals
August 2017	144 breakfast meals	252 lunch meals	578 supplement meals	226 supper meals
July 2017	493 breakfast meals	1,381 lunch meals	1,273 supplement meals	196 supper meals
June 2017	594 breakfast meals	1,726 lunch meals	1,520 supplement meals	229 supper meals
May 2017	143 breakfast meals	136 lunch meals	435 supplement meals	194 supper meals
April 2017	116 breakfast meals	23 lunch meals	388 supplement meals	166 supper meals
March 2017	No meals claimed	No meals claimed	No meals claimed	No meals claimed
February 2017	No meals claimed	No meals claimed	No meals claimed	No meals claimed
January 2017	122 breakfast meals	No meals claimed	337 supplement meals	209 supper meals
December 2016	No meals claimed	No meals claimed	No meals claimed	No meals claimed
November 2016	No meals claimed	No meals claimed	No meals claimed	No meals claimed
October 2016	No meals claimed	No meals claimed	No meals claimed	No meals claimed

### Criteria

Title 7 of the Code of Federal Regulations, Section 226.11(b)(1) states, “*Edit checks of sponsored centers.* Prior to submitting its consolidated monthly claim to the State agency, each sponsoring organization must conduct reasonable edit checks on the sponsored centers' meal claims, which at a minimum, must include those edit checks specified at §226.10(c).”

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

Title 7 of the Code of Federal Regulations, Section 226.10 (c)(2) states, “Compare the number of children enrolled for care at each facility, multiplied by the number of days on which the facility is approved to serve meals, to the total number of meals claimed by the facility for that month. Discrepancies between the facility's meal claim and its enrollment must be subjected to more thorough review to determine if the claim is accurate.”

### Recommendation

The sponsor should

- Log into tips and update the application to list the site as only a child care center
- Ensure that each claim is correct when submitted
- Ensure that no meals are claimed twice

### **3. The number of participants in the free, reduced-price and paid categories was reported incorrectly**

#### Condition

The Claim for Reimbursement for the test month reported four participants in the free category, eight participants in the reduced-price category, and 202 participants in the paid category. However, based on our review of the Sponsor's records, we verified one participant in the free category, five participants in the reduced-price category and 200 participants in the paid category. The differences were based on the following:

#### NSA Mid-South Child Development Center 0948

- There were two participants reported in the free category, however the participants did not have updated enrollment information available. These participants were reclassified to paid.
- There were two participants reported in the reduced-price category, however the participants did not have updated enrollment information available. These participants were reclassified to paid.
- There was one participant classified in the paid category on the application, however the participant was reported in the reduced-price category. This participant was reclassified to paid.
- The Sponsor over reported the free category by one and the paid category by two.

#### Child Development Home 0947

- The Sponsor reported five participants in the paid category; however the participants were not child care center participants. The site was a daycare home as noted in finding 1. As a result, five paid participants were over reported.

#### 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..."

*Title 7 of the Code of Federal Regulations Section 226.17 (b)(8)* states, "Child care centers shall collect and maintain documentation of the enrollment of each child, including information used to determine eligibility for free and reduced price meals in accordance with §226.23(e)(1) ... 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."

#### Recommendation

The Sponsor should ensure that each participant is classified and reported according to income eligibility applications for child care center participants. Applications should be maintained on file and updated annually.

### **4. The Sponsor claimed the incorrect number of meals**

#### Condition

The claim for reimbursement for the test month reported 2,048 breakfast meals, 2,176 lunch meals, 334 supper meals and 2,324 supplement meals. However, our review of the Sponsor's records verified 196 breakfast meals, 100 lunch meals, 185 supper meals and 403 supplement meals prior to any meal disallowances. The Sponsor over claimed the number of breakfast meals by 1,852, over claimed the number of lunch meals by 2,076, over claimed the number of supper meals by 149, and over claimed the number of supplement meals by 1,921. The differences were based on the following:

#### NSA Mid-South Child Development Center 0948

The Sponsor reported 1,852 breakfast meals, 2,076 lunch meals, 1,921 supplement meals and 148 supper meals. However, the Sponsor did not provide meal count documentation to support the meals reported for NSA Mid-South Child Development Center 0948.

The department's monitor observed 93 supplement meals on September 22, 2017. Since those meals were observed by a monitor they are allowed for reimbursement even though no meal counts were provided.

#### NSA Mid-South School Age Care Program 0001

The Sponsor reported 133 breakfast meals, 37 lunch meals, 340 supplement meals and 186 supper meals as a child care center. The center also reported 133 breakfast meals, 37 lunch meals, 340 supplement meals and 185 supper meals as an outside school hours center. Only one set of meal counts were provided which totaled 133 breakfast meals, 37 lunch meals and 185 supper meals. The meals reported for the childcare center over claimed one supplement meals. The meals reported for the outside school hours were disallowed in finding 2.

#### 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 the meal count claimed agree with the actual meal count documentation and meals served.

### **5. The Sponsor did not maintain infant menus**

#### Condition

#### NSA Mid-South Child Development Center 0948

The Sponsor does not maintain infant menus at NSA Mid-South Child Development Center 0948. We were unable to reconcile the number of infant meals served due to the Sponsor's failure to maintain meal count documentation. However, all meals were disallowed in finding 4.

#### Criteria

*Title 7 of the Code of Federal Regulations Section 226.15(e)(10)* states, "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... At a minimum, the following records shall be collected and maintained: (10) Copies of menus, and any other food service records required by the State agency;”

#### Recommendation

The Sponsor should ensure that each infant has a personalized menu which shows what was served at each meal service. The menu should comply with USDA infant meal pattern guidelines based on the infant’s age.

### **6. One supplement menu did not meet USDA meal guidelines**

#### Condition

#### NSA Mid-South School Age Care Program 0001

The supplement menu on September 7, 2017 listed Salami and String Cheese. Both items are considered meat/meat alternate components. A reimbursable supplement meal must list two separate components. As a result, the meal was missing a second creditable component and the cost reimbursement of 11 supplement meals was disallowed.

#### Criteria

Title 7 of the Code of Federal Regulations, Section 226.20(c)(3) states, “Meal patterns for children age 1 through 18 and adult participants. Institutions and facilities must serve the food components and quantities specified in the following meal patterns for children and adult participants in order to qualify for reimbursement... (3) *Snack*. Serve two of the following five components: Fluid milk, meat and meat alternates, vegetables, fruits, and grains...”

*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 ...”

#### Recommendation

The Sponsor should ensure that menus meet the meal patterns established by the USDA.

### **7. The Sponsor did not provide documentation of the required monitoring reviews**

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

#### Condition

The Sponsor did not provide documentation of monitoring reviews as required for any of the sites. Each facility under a sponsoring organization must be reviewed at least three times per year and according to USDA guidelines.

#### 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. At a minimum, Program assistance must include: ... (4)(iii) Frequency and type of required facility reviews. 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 the monitoring of each center in operation is completed at least three times a year, no more than six months apart, and preoperational visits are conducted prior to the start of services being rendered. The Sponsor should ensure that they follow the monitoring requirements as approved in the management plan. Each site should be monitored three times a year with no more than six months between each visit. At least two of the visits should be unannounced.

### **8. The Sponsor did not maintain a written Conflict of Interest policy**

#### Condition

The Sponsor did not maintain a written Conflict of Interest policy.

#### Criteria

Title 7 of the Code of Federal Regulations, Section 226.22 (d) states, "Institutions shall maintain a written code of standards of conduct which shall govern the performance of their officers, employees or agents engaged in the award and administration of contracts supported by Program payments. No employee, officer or agent of the grantee shall participate in selection, or in the award or administration of a contract supported by Federal funds if a conflict of interest, real or apparent, would be involved...."

#### Recommendation

The Sponsor should develop and maintain a written Conflict of Interest policy. This policy should be kept on file and readily available for review.

### **9. The Sponsor did not maintain written Standards of Conduct policy**

#### Condition

The Sponsor did not maintain written Standards of Conduct policy.

#### Criteria

Title 7 of the Code of Federal Regulations Section 226.22 (d) states, "Institutions shall maintain a written code of standards of conduct which shall govern the performance of their officers, employees or agents engaged in the award and administration of contracts supported by Program payments. No employee, officer or agent of the grantee shall participate in selection, or in the award or administration of a contract supported by Federal funds if a conflict of interest, real or apparent, would be involved...."



### Recommendation

The Sponsor should maintain a written Standards of Conduct policy. The policy should be kept on file and readily available for review.

### **10. The Sponsor did not provide enrollment information for all participants**

#### Condition

##### NSA Mid-South School Age Care Program 0001

The Sponsor did not provide enrollment information for two participants.

##### NSA Mid-South Child Development Center 0948

The Sponsor did not provide enrollment information for 39 participants.

#### Criteria

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

### Recommendation

The Sponsor should ensure enrollment information is maintained for each participant and documentation is kept on file.

### **11. The Sponsor reported incorrect participant days**

#### Condition

The claim for reimbursement for the test month reported 3,300 participant days. However based on our review of the Sponsor's records, we noted 2,348 participant days. The differences were based on the following.

##### NSA Mid-South Child Development Center 0948

The Sponsor reported 2,516 participant days for NSA Mid-South Child Development Center 0948. However based on our review of the Sponsor's records, we noted 1,564 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...”

### Recommendation

The Sponsor should ensure the attendance is recorded and reported correctly. Appropriate supporting documentation should be maintained and available.

### **Technical Assistance**

Technical assistance was provided to the Sponsor on the need to update information in TIPS and the requirements for monitoring of sponsored centers. The Sponsor was also referred to the Program Specialists for additional technical assistance.

### **OVERPAYMENT-RIGHT TO APPEAL**

#### **Disallowed Costs**

Based on our review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern CACFP resulted in a total disallowed cost of \$7,610.54.

Remit a check payable to the *Tennessee Department of Human Services* in the amount of \$7,610.54, which the institution owes the Department. **The procedures for submitting an appeal regarding the amount of overpayment are enclosed. Please note that the appeal must be in writing and must be received by our Department no later than fifteen (15) calendar days from your receipt of this letter.** 7 C.F.R. § 226.6(k). The appeal must be submitted to:

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

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

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

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

### **SUMMARY**

The Department has determined that Naval Support Activity Mid-South is seriously deficient in its operation of the CACFP and that Carolyn Lewis, Assistant Director is responsible for the serious deficiencies.

You may not appeal the serious deficiency determination itself. If the Department proposes to terminate Naval Support Activity Mid-South's CACFP agreement, or propose to disqualify Naval Support Activity Mid-South 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.

Naval Support Activity Mid-South may continue to participate in the CACFP during the corrective action period. The Department will pay any valid claims for reimbursement submitted by Naval Support Activity Mid-South 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:

- Log into the Tennessee Information Payment System (TIPS) and revise the claim submitted for November 2017, October 2017, September 2017 August 2017, July 2017, June 2017, May 2017, April 2017, March 2017, February 2017, January 2017, December 2016, November 2016 and October 2016, which contains the verified claim data from the enclosed exhibits.
- Remit a check payable to the *Tennessee Department of Human Resources* in the amount of \$7,610.54 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](mailto: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](mailto:Sean.Baker@tn.gov).

Sincerely,



Allette Vayda  
Director, CACFP & SFSP

Enclosures

**EXHIBIT A****Verification of CACFP Sponsor of Affiliated Centers Claim****Name of Agency: Naval Support Activity Mid-South****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$3,016.64**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	20	20
Total Attendance	3,300	2,348
Number of Breakfasts Served	2,048	133
Number of Lunches Served	2,176	37
Number of Suppers Served	334	185
Number of Supplements Served	2,324	422
Number of Participants in Free Category	4	1
Number of Participants in Reduced-Price Category	8	5
Number of Participants in Paid Category	202	200
Total Number of Participants	214	206
Total Amount of Eligible Food Costs	XXXXXXXX	\$7,862.60
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$433.51

**EXHIBIT B****Verification of Affiliated Sponsored Center Data****Name of Agency: NSA Mid-South School Age Program 0001****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$188.07 (meals claimed as child care center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	20	20
Total Attendance	721	721
Number of Breakfasts Served	133	133
Number of Lunches Served	37	37
Number of Suppers Served	186	185
Number of Supplements Served	340	329
Number of Participants in Free Category	0	0
Number of Participants in Reduced-Price Category	0	0
Number of Participants in Paid Category	46	46
Total Number of Participants	46	46
Total Amount of Eligible Food Costs	XXXXXXXX	See Affiliated Sponsor Exhibit
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	See Affiliated Sponsor Exhibit

**EXHIBIT C****Verification of Affiliated Sponsored Center Data****Name of Agency NSA Mid-South School Age Program 0001****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$187.53 (meals claimed as outside school hours)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	NA	NA
Total Attendance	NA	NA
Number of Breakfasts Served	133	0
Number of Lunches Served	37	0
Number of Suppers Served	185	0
Number of Supplements Served	340	0
Number of Participants in Free Category	NA	NA
Number of Participants in Reduced-Price Category	NA	NA
Number of Participants in Paid Category	NA	NA
Total Number of Participants	NA	NA
Total Amount of Eligible Food Costs	XXXXXXXX	See Affiliated Sponsor Exhibit
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	See Affiliated Sponsor Exhibit

**EXHIBIT D**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: NSA Mid-South Child Development Center 0948**

**Review Month/Year: September 2017**

**Total Meal Reimbursement Received: \$2,582.91**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	20	0
Total Attendance	2,516	1,564
Number of Breakfasts Served	1,852	0
Number of Lunches Served	2,076	0
Number of Suppers Served	148	0
Number of Supplements Served	1,921	93
Number of Participants in Free Category	4	1
Number of Participants in Reduced-Price Category	8	5
Number of Participants in Paid Category	151	154
Total Number of Participants	163	160
Total Amount of Eligible Food Costs	XXXXXXXX	See Affiliated Sponsor Exhibit
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	See Affiliated Sponsor Exhibit

**EXHIBIT E****Verification of Affiliated Sponsored Center Data****Name of Agency: Child Development Home 0947****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$58.11 (homes claimed as centers)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	NA	NA
Total Attendance	NA	NA
Number of Breakfasts Served	63	0
Number of Lunches Served	63	0
Number of Suppers Served	NA	NA
Number of Supplements Served	63	0
Number of Participants in Free Category	NA	NA
Number of Participants in Reduced-Price Category	NA	NA
Number of Participants in Paid Category	NA	NA
Total Number of Participants	NA	NA
Total Amount of Eligible Food Costs	XXXXXXXX	See Affiliated Sponsor Exhibit
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	See Affiliated Sponsor Exhibit



**EXHIBIT F****Verification of Affiliated Sponsored Center Data****Name of Agency: Child Development Home 0947****Review Month/Year: November 2017****Total Reimbursement: \$71.03 (home claimed as center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	77	0
Number of lunch meals served	77	0
Number of supplement meals served	77	0

**EXHIBIT G****Verification of Affiliated Sponsored Center Data****Name of Agency: NSA Mid-South School Age Program 0001****Review Month/Year: November 2017****Total Reimbursement: \$77.56 (meals claimed as outside school hours)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	141	0
Number of lunch meals served	24	0
Number of supplement meals served	278	0

**EXHIBIT H**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: Child Development Home 0947**  
**Review Month/Year: October 2017**  
**Total Reimbursement: \$64.57 (home claimed as center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	70	0
Number of lunch meals served	70	0
Number of supplement meals served	70	0

**EXHIBIT I**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: NSA Mid-South School Age Program 0001**  
**Review Month/Year: October 2017**  
**Total Reimbursement: \$168.76 (meals claimed as outside school hours)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	180	0
Number of lunch meals served	133	0
Number of supplement meals served	395	0

**EXHIBIT J**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: Child Development Home 0947**

**Review Month/Year: August 2017**

**Total Reimbursement: \$74.72 (home claimed as center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	81	0
Number of lunch meals served	81	0
Number of supplement meals served	81	0

**EXHIBIT K**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: NSA Mid-South School Age Program 0001**

**Review Month/Year: August 2017**

**Total Reimbursement: \$486.38 (meals claimed as outside school hours)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	144	0
Number of lunch meals served	252	0
Number of supplement meals served	578	0
Number of supper meals served	226	0

**EXHIBIT L**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: Child Development Home 0947**  
**Review Month/Year: July 2017**  
**Total Reimbursement: \$45.82 (home claimed as center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	49	0
Number of lunch meals served	50	0
Number of supplement meals served	50	0

**EXHIBIT M**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: NSA Mid-South School Age Program 0001**  
**Review Month/Year: July 2017**  
**Total Reimbursement: \$1,242.98 (meals claimed as outside school hours)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	493	0
Number of lunch meals served	1,381	0
Number of supplement meals served	1,273	0
Number of supper meals served	196	0

**EXHIBIT N****Verification of Affiliated Sponsored Center Data****Name of Agency: Child Development Home 0947****Review Month/Year: June 2017****Total Reimbursement: \$55.82 (home claimed as center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	44	0
Number of lunch meals served	72	0
Number of supplement meals served	70	0

**EXHIBIT O****Verification of Affiliated Sponsored Center Data****Name of Agency: NSA Mid-South School Age Program 0001****Review Month/Year: June 2017****Total Reimbursement: \$1,425.77 (meals claimed as outside school hours)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	594	0
Number of lunch meals served	1,726	0
Number of supplement meals served	1,520	0
Number of supper meals served	229	0

**EXHIBIT P**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: Child Development Home 0947**

**Review Month/Year: May 2017**

**Total Reimbursement: \$52.98 (home claimed as center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	42	0
Number of lunch meals served	68	0
Number of supplement meals served	68	0

**EXHIBIT Q**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: NSA Mid-South School Age Program 0001**

**Review Month/Year: May 2017**

**Total Reimbursement: \$264.24 (meals claimed as outside school hours)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	143	0
Number of lunch meals served	136	0
Number of supplement meals served	435	0
Number of supper meals served	194	0

**EXHIBIT R**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: NSA Mid-South School Age Program 0001**

**Review Month/Year: April 2017**

**Total Reimbursement: \$160.97 (meals claimed as outside school hours)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	116	0
Number of lunch meals served	23	0
Number of supplement meals served	388	0
Number of supper meals served	166	0

**EXHIBIT S**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: Child Development Home 0947**

**Review Month/Year: February 2017**

**Total Reimbursement: \$9.81 (home claimed as center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	9	0
Number of lunch meals served	12	0
Number of supplement meals served	12	0

**EXHIBIT T**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: Child Development Home 0947**  
**Review Month/Year: January 2017**  
**Total Reimbursement: \$65.00 (home claimed as center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	63	0
Number of lunch meals served	78	0
Number of supplement meals served	77	0

**EXHIBIT U**

**Verification of Affiliated Sponsored Center Data**

**Name of Agency: NSA Mid-South School Age Program 0001**  
**Review Month/Year: January 2017**  
**Total Reimbursement: \$169.74**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	122	0
Number of supplement meals served	337	0
Number of supper meals served	209	0



**EXHIBIT V****Verification of Affiliated Sponsored Center Data****Name of Agency: Child Development Home 0947****Review Month/Year: December 2016****Total Reimbursement: \$57.60 (home claimed as center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	60	0
Number of lunch meals served	67	0
Number of supplement meals served	67	0

**EXHIBIT W****Verification of Affiliated Sponsored Center Data****Name of Agency: Child Development Home 0947****Review Month/Year: November 2016****Total Reimbursement: \$85.51 (home claimed as center)**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified by Monitoring Review</b>
Number of breakfast meals served	86	0
Number of lunch meals served	102	0
Number of supplement meals served	93	0

**EXHIBIT X****Verification of Affiliated Sponsored Center Data**

Name of Agency: Child Development Home 0947

Review Month/Year: October 2016

Total Reimbursement: \$47.91 (home claimed as center)

Program Area	Reported on Claim	Verified by Monitoring Review
Number of breakfast meals served	53	0
Number of lunch meals served	54	0
Number of supplement meals served	56	0

**EXHIBIT Y****Summary of Overpayment**

Month of Review	Amount of Overpayment
November 2017	\$148.59
October 2017	\$233.33
September 2017	\$2,983.37
August 2017	\$561.10
July 2017	\$1,288.80
June 2017	\$1,481.59
May 2017	\$317.22
April 2017	\$160.97
February 2017	\$9.81
January 2017	\$234.74
December 2016	\$57.60
November 2016	\$85.51
October 2016	\$47.91
<b>Total Amount of Overpayment</b>	<b>\$7,610.54</b>



**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

March 6, 2018

Carolyn Lewis, Assistant Director  
Naval Support Activity Mid-South  
5920 Savitz Building 943  
Millington, Tennessee, 38054-5045

**Notice of payment due to findings disclosed in the monitoring report dated March 2, 2018 for Child and Adult Care Food Program (CACFP)**

Institution Name:	Naval Support Activity Mid-South
Institution Address:	5920 Savitz Drive, Building 943, Millington, Tennessee 38054-5045
Agreement Numbers:	00429
Amount Due:	\$7,610.54
Due Date:	April 7, 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 require your entity to reimburse the Department of Human Services disallowed costs in the amount of \$7,610.54.

Please remit a check or money order payable to the *Tennessee Department of Human Services* in the amount of \$7,610.54 by the due date to:

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

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

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

Thank you for your attention



**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.**

<b>Section A. Institution Information</b>	
<b>Name of Institution</b> Naval Support Activity Mid-South	<b>CACFP Agreement No.</b> 00-429
<b>Mailing Address:</b> 5920 Savitz Drive, Building 943 Millington, Tennessee 38054	
<b>Section B. Responsible Principal(s) and/or Individual(s)</b>	
<b>Name and Title:</b> Carolyn Lewis, Assistant Director	<b>Date of Birth (s):</b>
<b>Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan</b>	
<b>SD Report:</b> March 6, 2018	<b>Corrective Action Plan:</b> March 6, 2018
<b>Section D. Findings</b>	
<b>Findings:</b>	
<ol style="list-style-type: none"> <li>1. The Sponsor claimed an in-home day care as a child care center incorrectly</li> <li>2. The Sponsor claimed one site under two different programs</li> <li>3. The number of participants in the free, reduced-price and paid categories was reported incorrectly</li> <li>4. The Sponsor claimed the incorrect number of meals</li> <li>5. The Sponsor did not maintain infant menus</li> <li>6. One supplement menu did not meet USDA meal guidelines</li> <li>7. The Sponsor did not provide documentation of the required monitoring reviews</li> <li>8. The Sponsor did not maintain a written Conflict of Interest policy</li> <li>9. The Sponsor did not maintain written Standards of Conduct policy</li> <li>10. The Sponsor did not provide enrollment information for all participants</li> <li>11. The Sponsor reported incorrect participant days</li> </ol>	

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 claimed an in-home day care as a child care center incorrectly**

The finding will be fully and permanently corrected.

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

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

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

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

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

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**Measure No.2: The Sponsor claimed one site under two different programs**

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

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

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

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

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

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**Measure No. 3: The number of participants in the free, reduced-price and paid categories was reported incorrectly**

The finding will be fully and permanently corrected.

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

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

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

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

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

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

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**Measure No. 4: The Sponsor claimed the incorrect number of 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:

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

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

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

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**Measure No. 5: The Sponsor did not maintain infant menus**

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

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

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

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

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

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**Measure No. 6: One supplement menu did not meet USDA meal guidelines**

The finding will be fully and permanently corrected.

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

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

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

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

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

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

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**Measure No. 7: The Sponsor did not provide documentation of the required monitoring reviews**

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

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

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

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

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

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**Measure No. 8: The Sponsor did not maintain a written Conflict of Interest policy**

The finding will be fully and permanently corrected.

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

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

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

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

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

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\_\_\_\_\_  
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**Measure No. 9: The Sponsor did not maintain written Standards of Conduct policy**

The finding will be fully and permanently corrected.

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

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

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

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

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

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**Measure No. 10: The Sponsor did not provide enrollment information for all 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:

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

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

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

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**Measure No. 11: The Sponsor reported incorrect participant days**

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

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

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

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:

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I certify by my signature below that I am authorized by the institution to sign this document. As an authorized representative of the institution, I fully understand the corrective measures identified above and agree to fully implement these measures within the required time frame.

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

\_\_\_\_\_  
Position

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

I hereby certify that the above is a true and correct copy of the original as the same appears in the records of the Department of the Interior, Bureau of Land Management, Washington, D. C.

\_\_\_\_\_  
Special Agent in Charge

\_\_\_\_\_  
Assistant to the Director

\_\_\_\_\_  
Assistant to the Director



## 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

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

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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](mailto:AppealsClerksOffice.DHS@tn.gov)**

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

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