



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

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BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

CERTIFIED MAIL RECEIPT #70163010000073326319

June 6, 2018

Byron Moore, Board Chairman
Sonia Washington, Director
Ernestine Rivers Child Care Center
1492 Mississippi Boulevard
Memphis, Tennessee, 38106-5770

RE: Notice of Serious Deficiency for the Child and Adult Care Food Program (CACFP) Agreement Number 00-264 and Demand for Overpayment.

Dear Mr. Moore,

The Department of Human Services (DHS) - Audit Services Division staff conducted an unannounced on-site review of the Child and Adult Care Food Program (CACFP) at Ernestine Rivers Child Care Center (Sponsor) Application Agreement 00-264 on May 7, 2018. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code of Federal 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 Ernestine Rivers Child Care Center is seriously deficient in its operation of the CACFP. In addition, the Department has identified Byron Moore, Chairman of the Board and Sonia Washington, Director as responsible for the serious deficiencies in light of their responsibility for the overall management of Ernestine Rivers Child Care Center's CACFP.

If Ernestine Rivers Child Care Center does not fully and permanently correct all of the serious deficiencies and submit documentation of the corrective action by the due date, the Department will:

- Propose to terminate Ernestine Rivers Child Care Center's agreement to participate in the CACFP;
- Propose to disqualify Ernestine Rivers Child Care Center from future CACFP participation; and

- Propose to disqualify Byron Moore, Chairman of the Board and Sonia Washington, from future CACFP participation.

In addition, if Ernestine Rivers Child Care Center voluntarily terminates its CACFP agreement after receiving this letter, the Department will propose to disqualify Ernestine Rivers Child Care Center, Byron Moore, Chairman of the Board and Sonia Washington from future CACFP participation. If disqualified, Ernestine Rivers Child Care Center, Byron Moore, Chairman of the Board and Sonia Washington will be placed on the National Disqualified List (“NDL”). While on the NDL, Ernestine Rivers Child Care Center will not be able to participate in the CACFP as an institution or facility. Byron Moore, Chairman of the Board and Sonia Washington will not be able to serve as a principal in any institution or facility or as a day care home provider in the CACFP.

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

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

SERIOUS DEFICIENCIES, ADDITIONAL FINDINGS AND REQUIRED CORRECTIVE ACTION

The following paragraphs detail each serious deficiency and additional finding:

Background

CACFP Sponsors utilize meal count sheets to record the number of 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. In addition, we observed a supplement service on March 14, 2018.

Our review of the Sponsor’s records for March 2018 disclosed the following:

- 1. The Sponsor reported the number of participants in the free, reduced-price, and paid categories incorrectly**

Condition

The claim for reimbursement for the test month reported 31 participants in the free category, two participants in the reduced-price category and ten participants in the paid category. However, our review of the Sponsor’s records verified 24 participants in the free category, one participant in the reduced-priced category and 12 participants in the paid category. The differences were based on the following:

- There were four participants reported as free that did not have an application on file. These participants were reclassified to the paid category.

- There was one participant reported in the reduced-price category that did not have an application on file. This participant was reclassified to the paid category.
- The Sponsor over reported the number of participants in the free category by three and the number of participants in the paid category by three.

This is a repeat finding from a prior Serious Deficiency report dated November 22, 2017.

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 each participant is correctly categorized and reported. The Sponsor should ensure documentation is maintained to support the claim.

2. The Sponsor reported the number of meals served incorrectly

Condition

The claim for reimbursement for the test month reported 525 breakfast meals, 604 lunch meals and 593 supplements as served. However, our review of the Sponsor's records noted 496 breakfast meals, 602 lunch meals and 591 supplements prior to any disallowances. The Sponsor over reported the number of breakfast meals by 29, the number of lunch meals by two and the number of supplements by two.

This is a repeat finding from a prior Serious Deficiency report dated November 22, 2017.

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 claim for reimbursement is completed based on proper supporting documentation and that the meal count agrees with the meal count documentation.

3. The Sponsor did not provide evidence that sufficient quantities of milk claimed for meals served were purchased

This is a Serious Deficiency:

Condition

The Sponsor did not maintain a milk inventory and the first receipt documenting milk being purchased was dated March 17, 2018. As a result, all meals requiring milk from March 1, 2018, until March 17, 2018, were disallowed.

As a result, 277 breakfast meals, 329 lunch meals, and 125 supplements were 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. ...”

Title 7 of the Code of Federal Regulations, Section 226.20(c)(1) states, in part, “Fluid milk, vegetables or fruit, or portions of both, and grains are required components of the breakfast meal.”

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

Recommendation

The Sponsor should maintain a month-end inventory for each month and all receipts for food purchases in order to provide evidence that the required amount of milk was purchased and served.

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

Condition

A reimbursable breakfast meal consists of milk, a grain/ grain alternate and a fruit or vegetable component. A reimbursable lunch meal consists of milk, a grain/ grain alternate, a meat or meat alternate, vegetable and a fruit/vegetable/juice component. A reimbursable supplement meal must have at least two different components for the following five components: milk, meat/meat alternate, fruit, vegetable, grain/ grain alternate. We asked the Sponsor to provide Child Nutrition labels for processed foods. The sponsor was unable to provide the requested labels. The lunch menus for March 2018 had deficiencies and listed the following:

Date	Missing Component	Disallowed Meals
3/01/18	Missing Component: Fruit or Vegetable Menu lists: Grits, Sausage, Milk	32 Breakfast meals (meals previously disallowed in finding 3)
03/02/18	Deficient Component: Pizza Rolls Menu Lists: Pizza Rolls, Salad (tomatoes and lettuce), oranges, milk	33 Lunch Meals (meals previously disallowed in finding 3)
03/09/18	Missing Component: Protein Menu lists: Pinto Beans, Alfredo Noodles, Sliced Peaches, Wheat Bread, Milk	30 Lunch Meals (meals were previously disallowed in finding 3)
03/12/18	Missing component: Fruit or vegetable Menu lists: Eggs, Multi-grain Toast, milk	21 Breakfast meals (meals were previously disallowed in finding 3)
03/13/18	Missing second component Menu lists: Trail mix, multi-grain cereal, goldfish	23 Supplement Meals
03/14/18	Deficient Component: Corn Dogs Menu lists: Corn Dog, French Fries,	23 Lunch Meals (meals were previously disallowed in finding 3)

	Pineapples, Milk. No CN Label provided	3)
03/15/18	Missing Component: Fruit or vegetable Menu Lists: Grits, Sausage, Milk	18 Breakfast meals (meals were previously disallowed in finding 3)
03/16/18	Deficient Component: Pizza Rolls Menu Lists: Pizza Rolls, Salad (tomatoes and lettuce), oranges, milk	17 Lunch Meals (meals were previously disallowed in finding 3)
03/16/18	Deficient Component: Veggie Chips Menu lists: Veggie Chips, Juice	17 Supplement Meals
03/19/18	Missing component: Milk Menu lists: Cheese Tortilla Pizza, French Fries, Sweet peas, Pizza Sauce, Tortilla Shell	28 Lunch Meals
03/23/18	Missing component: Protein Menu lists: Pinto Beans, Alfredo Noodles, Sliced Peaches, Wheat Bread, Milk	31 Lunch Meals
03/29/18	Missing component: Milk Menu lists: Grits, Turkey Sausage, 100% Fruit Juice, Wheat Toast	11 Breakfast Meals

As a result, the cost reimbursement of 11 Breakfast meals, 59 lunch meals and 40 Supplements were disallowed.

This is a repeat finding from a prior Serious Deficiency report dated November 22, 2017.

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 ...”

The USDA Crediting Foods in the Child and Adult Care Food Program, page 62, states, “When crediting such products as chili-macs, pizzas, pot pies, sloppy Joes, and raviolis toward the meat/meat alternate component, the amount of meat/meat alternate per serving (not the total portion size) is the determining factor for crediting purposes. Because of the uncertainty of the actual amount of meat/meat alternate contained in these products, they should not be used unless (1) they are CN-labeled; or (2) you obtain a Product Formulation Statement signed by an official of the manufacturer (not a sales person) that shows how the crediting has been determined. Remember that only a CN-labeled product carries a warranty that protects against financial audit claims. See the sample formulation statement on page 73 with required information and documentation.”

The USDA Crediting Foods in Child and Adult Care Food Program, page 33, states, “Snack chips such as banana, fruit, vegetable, and potato chips may not be credited as a fruit or vegetable. However, 100% dried fruits or vegetables are creditable based on the volume served. See page 2-4 of the Food Buying Guide. “

Recommendation

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

5. The number of attendance days was reported incorrectly

Condition

The Claim for Reimbursement for the test month reported 660 participant days. However, based on our review of the Sponsor's records we noted 599 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. The Sponsor should ensure appropriate documentation is kept to support the claim.

6. The Sponsor had missing enrollment information

Condition

The Sponsor did not maintain enrollment information for every participant claimed. There were 11 participants with no enrollment information on file.

This is a repeat finding from a prior Serious Deficiency report dated November 22, 2017.

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.

7. The Sponsor did not maintain documentation of CACFP training

Condition

The Sponsor did not provide documentation to show that the CACFP training was provided to staff. The Sponsor stated that training was conducted at the same time as the Civil Rights training. The Sponsor was able to provide documentation of the Civil Rights training but was unable to provide documentation of CACFP training.

This is a repeat finding from a prior Serious Deficiency report dated November 22, 2017.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.15(e) states, "... At a minimum, the following records shall be collected and maintained: (12) Information on training session date(s) and location(s), as well as topics presented and names of participants; and (14)... records documenting the attendance at annual training of each staff member with monitoring responsibilities. Training must include instruction, appropriate to the level of staff experience and duties, on the Program's meal patterns, meal counts, claims submission and claim review procedures, recordkeeping requirements, and an explanation of the Program's reimbursement system."

The USDA Monitoring Handbook for State Agencies, page 30, states, "Training must include instructions, appropriate to the level of staff experience and duties, on the Program's meal patterns, meal counts, claims submission and claim review procedures, recordkeeping requirements, and an explanation of the Program's reimbursement system and adherence with civil rights requirements."

Recommendation

The Sponsor should record the required information at each training session and then keep the records for the appropriate timeframe.

8. The Sponsor served juice at more than one meal service per day

Condition

In accordance with the revised meal pattern requirements, effective October 1, 2017, juice may not be served at more than one meal service per day. The following deficiencies were identified:

The Sponsor served juice at the breakfast meal service and supplement meal service on the following days: 03/07/18, 03/16/18 and 03/21/18.

There were no meals disallowed due to the one year grace period given to Sponsors to conform to the revised CACFP meal patterns.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.20 (a)(2)(i) states, "Pasteurized, full-strength vegetable juice may be used to fulfill the entire requirement. Vegetable juice or fruit juice may only be served at one meal, including snack, per day."

Title 7 of the Code of Federal Regulations, Section 226.20 (a)(3)(i) states, "Pasteurized, full-strength fruit juice may be used to fulfill the entire requirement. Fruit juice or vegetable juice may only be served at one meal, including snack, per day."

Recommendation

The Sponsor should review the menu and ensure the menu meets the new meal pattern requirements established by the USDA.

9. The Sponsor did not provide documentation to support the requirement that one whole grain-rich grain must be served each day

Condition

In accordance with the revised meal pattern requirements, effective October 1, 2017, at least one serving of grain per day must be whole grain-rich. The Sponsor's menu did not list a whole grain being served on any day during the month.

There were no meals disallowed due to the one year grace period given to Sponsors to conform to the revised CACFP meal patterns.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.20 (4)(A) states, "At least one serving per day, across all eating occasions of bread, cereals, and grains, must be whole grain-rich. Whole grain-rich foods contain at least 50 percent whole grains and the remaining grains in the food are enriched and must meet the whole grain-rich criteria specified in FNS guidance."

Recommendation

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

Technical Assistance

We discussed new meal pattern requirements, menu documentation, and training documentation requirements with the Sponsor.

Meal Service Observation

Our observation of the supplement service on March 14, 2018, revealed no deficiencies.

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 \$1,740.61.

The procedures for submitting an appeal regarding the amount of overpayment are enclosed. Please note that the appeal must be in writing and must be received by our Department no later than fifteen (15) calendar days from your receipt of this letter. 7 C.F.R. § 226.6(k). The appeal must be submitted to:

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

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

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

http://www.fiscal.treasury.gov/fsreports/rpt/cvfr/historical_rates.htm

SUMMARY

The Department has determined that Ernestine Rivers Child Care Center is seriously deficient in its operation of the CACFP and that Byron Moore, Chairman of the Board and Sonia Washington, Director are responsible for the serious deficiencies.

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

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

To provide for the full and permanent correction of the serious deficiencies and findings, please complete the following actions within thirty (30) days of your receipt of this notice:

- Log into the Tennessee Information Payment System (TIPS) and revise the claim submitted for March 2018, which contains the verified claim data from the enclosed exhibits. **Please note that, if the claim is revised,** TIPS will automatically deduct the overpayment from your next CACFP claim for reimbursement. **OR**
- If you are no longer participating in the CACFP program, remit a check payable to the ***Tennessee Department of Human Services*** in the amount noted in the report for recovery of the amounts disallowed in this report. ***Please return the attached billing notice with your check;*** and
- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

AuditServices.CAPS.DHS@tn.gov

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

We appreciate the assistance provided during this review. If you have any questions regarding this report, please contact Sean Baker, Audit Director 2, at 615-313-4727 or sean.baker@tn.gov.

Sincerely,



Allette Vayda

Director of Operations- Food Programs

EXHIBIT

Verification of CACFP Independent Center Claim

Name of Agency: Ernestine Rivers Child Care Center

Review Month/Year: March 2018

Total Meal Reimbursement Received: \$2,800.39

Program Area	Reported on Claim	Reconciled By Monitoring Review
Number of Days that CACFP Food Service was operated	21	21
Total Attendance	660	599
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXX	68%
Number of Breakfasts Served	525	208
Number of Lunches Served	604	214
Number of Supplements Served	593	426
Number of Participants in Free Category	31	24
Number of Participants in Reduced-Price Category	2	1
Number of Participants in Paid Category	10	12
Total Number of Participants	43	37
Total Amount of Eligible Food Costs	XXXXXXXX	\$1,080.29
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1,234.97



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GOVERNOR

DANIELLE W. BARNES

COMMISSIONER

June 6, 2018

Byron Moore, Board Chairman
Ernestine Rivers Child Care Center
1492 Mississippi Boulevard
Memphis, Tennessee, 38106-5770

Notice of payment due to findings disclosed in the monitoring report for Child and Adult Care Food Program (CACFP)

Institution Name:	Ernestine Rivers Child Care Center
Institution Address:	1492 Mississippi Blvd. Memphis, Tennessee 38106-5770
Agreement Numbers:	00-264
Amount Due:	\$1,740.61
Due Date:	July 6, 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 institution to reimburse the Department of Human Services the disallowed cost noted in the report

Please remit a check or money order payable to the *Tennessee Department of Human Services* in the amount noted above by the due date to:

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

Please note that the disallowed meals 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 of Operations at (615) 313-3769 or Allette.Vayda@tn.gov

Thank you for your attention

APPEAL PROCEDURES FOR CHILD AND ADULT CARE INSTITUTIONS AND SPONSORING AGENCIES

Appeal Procedures

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

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

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

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

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

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

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

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- (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

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

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

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

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

Section A. Institution Information	
Name of Institution Ernestine Rivers Child Care Center	CACFP Agreement No. 00-264
Mailing Address: 1492 Mississippi Boulevard Memphis, Tennessee 38106	
Section B. Responsible Principal(s) and/or Individual(s)	
Name and Title: Bryon Moore, Chairman of the Board Sonia Washington, Director	Date of Birth (s):
Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan	
SD Report: June 6, 2018	Corrective Action Plan: June 6, 2018
Section D. Findings	
Findings:	
<ol style="list-style-type: none"> 1. The number of participants reported by the Sponsor in the free, reduced, and paid categories was incorrect 2. The Sponsor reported incorrect meal counts 3. The Sponsor did not provide evidence that sufficient quantities of milk claimed for meals served were purchased 4. The Sponsor provided menus that did not meet the USDA meal pattern requirements 5. The number of attendance days was reported incorrectly 6. The Sponsor had missing enrollment information 7. The Sponsor did not maintain documentation of CACFP training 8. The Sponsor served juice at more than one meal service per day 9. The Sponsor did not provide documentation to support the requirement that one whole grain-rich grain must be served each day 	

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

Measure No. 1: The number of participants reported by the Sponsor 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: The Sponsor did not provide evidence that sufficient quantities of milk claimed for meals served were purchased

The finding will be fully and permanently corrected.

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

Name: _____

Position Title: _____

Name: _____

Position Title: _____

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

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

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

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

Measure No. 4: The Sponsor provided menus that did not meet the USDA meal pattern requirements

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

Name: _____ Position Title: _____

Name: _____

Position Title: _____

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

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

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

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

Measure No. 5: The number of attendance days 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:

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

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

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

Measure No. 6: The Sponsor had missing enrollment information

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 7: The Sponsor did not maintain documentation of CACFP training

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 8: The Sponsor served juice at more than one meal service per day

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. 9: The Sponsor did not provide documentation to support the requirement that one whole grain-rich grain must be served each day

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

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

Printed Name of Authorized Institution Official

Position

Signature of Authorized Institution Official

Date

Signature of Authorized TDHS Official

Date