

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

DANIELLE W. BARNES COMMISSIONER

March 2, 2018

Brian Kelch, Owner Kiddie Kingdom Daycare 23202 West Lee Highway Philadelphia, Tennessee 37846

Dear Mr. Kelch,

The Department of Human Services (DHS) - Audit Services Division staff conducted an unannounced on-site monitoring review of the Child and Adult Care Food Program (CACFP) at Kiddie Kingdom Daycare Childcare (Sponsor), Application Agreement number 00-343, on February 5, 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.

Based on our review of the Sponsor's records and information provided, the Sponsor had two feeding sites operating during the test month of December 2017. We selected the Kiddie Kingdom 2 feeding site as our sample site.

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 and observed a meal service. In addition, we observed a lunch meal during our unannounced site at Kiddie Kingdom 2 on December 4, 2017.

Our review of the Sponsor's records for December 2017 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 at Kiddie Kingdom 2 reported 40 participants in the free category, seven participants in the reduced-price category, and 48 participants in the paid category. However, based on our review of the Sponsors records, we found there were 38 participants in the free category, eight participants in the reduced-price category, and 53 participants in the paid category.

The differences were based on the following:

- There was one participant classified as free but was income eligible for reducedprice on the application. This participant was reclassified as reduced-price.
- The number of participants reported in the free category was over reported by one participant, and the number of participants in the paid category was underreported by five participants.

The Sponsor reported a total of 95 participants, but we identified 99 participants in attendance.

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

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 report each participant in the correct category, based on properly completed applications.

2. The Sponsor reported incorrect meal counts

Condition

The Claim for Reimbursement for the test month reported 908 breakfasts, 716 lunches, and 1,175 supplements served. However, our review of the Sponsors records for the test site verified 898 breakfasts, 716 lunches, and 1,174 supplements prior to any meal disallowances.

As a result, the Sponsor over-reported 10 breakfast meals and one supplement served. (See Exhibit B)

<u>Criteria</u>

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 meal count claimed agrees with the actual meal count documentation.

<u>Note</u>: Our observation of the lunch meal service on December 4, 2017 resulted in no deficiencies.

Technical Assistance

During the exit conference on February 5, 2018, we provided technical assistance regarding CN Labels and Product Formulation Statements.

Disallowed Meals Cost

Based on our review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$142.80.

Corrective Action

The Sponsor must complete the following actions within 30 days from the date of this report:

- Login to the Tennessee Information Payment System (TIPS) and revise the claim(s) submitted for December 2017 which contains the verified claim data from the enclosed exhibit.
- Remit a check payable to the *Tennessee Department of Human Services* in the amount of \$142.80 for recovery of the amounts disallowed in this report. <u>*Please return*</u> <u>the attached billing notice with your check</u>; and
- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

AuditServices.CAPS.DHS@tn.gov

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

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

Please note that the amount of disallowed cost is subject to an interest charge. The interest charge will be waived if your revised claim within 30 days from the date of this report. If the revised claim is not completed by the 30-day deadline, an interest charge may be billed to your institution. Please mail your check and the billing notice to:

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

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

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

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

We appreciate the assistance provided during this review. If you have any questions, please contact Sean Baker, Audit Director 2, at 615-313-4727 or <u>Sean.Baker@tn.gov.</u>

Sincerely,

Sam O. Alzoubi, CFE

Director of Audit Services

Exhibits

cc: Jessica Bowman, Site Director, Kiddie Kingdom 2 Allette Vayda, Director, Child and Adult Care Food Programs Debra Pasta, Program Manager, Child and Adult Care Food Program Constance Moore, Program Specialist, Child and Adult Care Food Program Marty Widner, Program Specialist, Child and Adult Care Food Program Elke Moore, Administrative Assistant 3, Child and Adult Care Food Program Comptroller of the Treasury, State of Tennessee

EXHIBIT A

Verification of CACFP Sponsor of Affiliated Sites

Sponsor: Kiddie Kingdom Daycare Review Month/Year: December 2017 Total Reimbursement: \$4,045.94

Program Area	Reported on Claim	Reconciled to Documentation
Total Number of Centers	2	2
Total Days that CACFP Food Service Operated	19	19
Total Attendance	1,863	1,83
Number of Breakfasts Served	1,288	1,278
Number of Lunches Served	1,288	1,288
Number of Supplements Served	1,675	1,674
Number of Participants in Free Category	52	50
Number of Participants in Reduced-Price Category	16	17
Number of Participants in Paid Category	75	80
Total Number of Participants	143	147

EXHIBIT B

Verification of Affiliated Sponsored Center

Center: Kiddie Kingdom 2

Program Area	Reported on Claim	Reconciled to Documentation
Total Days that CACFP Food Service Operated	19	19
Total Attendance	1,308	1,308
Percentage of Participants in the Free or Reduced- price Category	49%	46%
Number of Breakfasts Served	908	898
Number of Lunches Served	716	716
Number of Supplements Served	1,175	1,174
Number of Participants in Free Category	40	38
Number of Participants in Reduced-Price Category	7	8
Number of Participants in Paid Category	48	53
Total Number of Participants	95	99



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BILL HASLAM GOVERNOR DANIELLE W. BARNES COMMISSIONER

March 2, 2018

Brian Kelch, Owner Kiddie Kingdom Daycare 23202 West Lee Highway Philadelphia, Tennessee 37846

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:	Kiddie Kingdom Daycare	
Institution Address:	23202 West Lee Highway Philadelphia, Tennessee 37846	
Agreement Numbers:	00-343	
Amount Due:	\$142.80	
Due Date:	April 2, 2018	

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

Please remit a check or money order payable to the *Tennessee Department of Human Services* in the amount of \$142.80 by the due date to:

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

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

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

Thank you for your attention



Tennessee Department of Human Services Corrective Action Plan for Monitoring Findings

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

Section A. Institution Information

Name of Sponsor/Agency/Site: Kiddie	Kingdom Daycare	Agreement No. 00343	□ SFSP ⊠ CACFP
Mailing Address: 23202 West Lee High	nway Philadelphia, Tenr	essee 37846	
Section B. Responsible Principal(s)	and/or Individual(s)		
Name and Title: Brian Kelch, Owner		Date of Birth: / /	
Section C. Dates of Issuance of Mon	nitoring Report/Correct	ive Action Plan	
Monitoring Report: 3/2/2018	Corrective Act	ion Plan: 3/2/2018	

Section D. Findings

Findings:

- 1. The Sponsor reported the number of participants in the free, reduced-price and paid categories incorrectly
- 2. The Sponsor reported incorrect meal counts

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

Measure No. 1: The Sponsor reported the number of participants in the free, reduced-price and paid categories 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.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:

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

Printed Name of Authorized Institution Official:		Position:		
Signature of Authorized Institution Official:	Date:	1	1	
Signature of Authorized TDHS Official:	Date:	1	1	

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 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 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

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 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 16a calendar day following the institution's or sponsoring agency's receipt of the notice, and that the responsible principals and individuals of the institution or sponsoring agency are disqualified from participation.

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

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

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

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

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

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

(iii) Program payments. The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.

9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.

10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.

11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.

12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.

13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.

14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.

15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

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

continuance shall not be for a period longer than ten (10) calendar days unless there are exceptional circumstances. Exceptional circumstances must be detailed in the order of continuance and the order must contain a date certain for the hearing, to be set as soon as possible. A report of pending CACFP desk review and fair hearing requests will be generated and reviewed daily by the Clerk's Office and the Legal Director for Appeals and Hearings who will monitor the dates for timeliness. In the event a decision has not been rendered within fortylegal 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: <u>AppealsClerksOffice.DHS@tp.gov</u>

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.