



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING  
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NASHVILLE, TENNESSEE 37243-1403

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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

April 30, 2018

Sam Shaw, Board Chairman  
Lagoshen Child Care Center  
PO Box 386  
Rossville, Tennessee 38066-4118

Dear Mr. Shaw,

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 Lagoshen Child Care Center Application Agreement 00-375 on March 20, 2018. We reviewed the Sponsor's records of reimbursement and expenditures for the period of January 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.

**Background**

CACFP Sponsors utilize meal count sheets to record the number of meals served for breakfast, lunch, supper and supplement meals. 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 attempted to observe a meal service on January 26, 2018.

Our review of the Sponsor's records for January 2018 disclosed the following:

**1. 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 2017; at least one serving of grain per day must be whole grain-rich. The following deficiencies were identified:

The menus for the following dates did not list any whole grain product as being served: 01/04/18, 01/09/18 and 01/26/18.

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 (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 the menus meet the meal patterns established by the USDA.

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

Condition

In accordance to the revised meal pattern requirements effective October 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 dates: 01/02/18, 01/03/18, 01/05/18, 01/08/18, 01/09/18, 01/10/18, 01/11/18, 01/15/18, 01/16/18, 01/17/18, 01/19/18, 01/24/18, 01/29/18, 01/30/18 and 01/31/18.

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, "... Vegetable juice or fruit juice may only be served at one meal, including snack, per day."*

Recommendation

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

**3. The Sponsor served cereals that exceeded the allowable sugar amounts established by the USDA**

Condition

In accordance with the revised meal pattern requirements effective October 2017, breakfast cereals must contain no more than six grams of sugar per dry ounce. The following menus listed cereals with sugar amounts which exceeded the allowable amount by three grams:

| Date     | Meal with deficient cereal | Menu Item          |
|----------|----------------------------|--------------------|
| 01/03/18 | Breakfast meal             | Honey Nut Cheerios |
| 01/10/18 | Breakfast meal             | Honey Nut Cheerios |
| 01/17/18 | Breakfast meal             | Honey Nut Cheerios |
| 01/23/18 | Breakfast meal             | Honey Nut Cheerios |
| 01/31/18 | Breakfast meal             | Honey Nut Cheerios |

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)(4)(ii)* states, "...Breakfast cereals must contain no more than 6 grams of sugar per dry ounce..."

Recommendation

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

**4. The Sponsor served outside of approved meal service time**

Condition

A site visit was attempted on January 26, 2018. Staff arrived at approximately 11:15 a.m. The approved lunch meal service time was listed from 11:30 a.m. until 12:30 p.m. Staff was informed that meals had already been served. As a result, we were unable to observe the lunch meal service. The director was notified that the lunch meals were not reimbursable and should not be claimed for reimbursement. The Sponsor did not claim the meal and therefore there were no disallowances.

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 the application in accordance with the meal pattern requirements..."

Recommendation

The Sponsor should ensure the meals are served as approved in the application and at the approved meal service times.

## Technical Assistance Provided

Technical assistance was provided to the Sponsor on the revised meal pattern requirements.

## Questioned Costs

The disallowed meals cost associated with the findings above are below the DHS threshold for repayment.

## Corrective Action

Lagoshen Child Care Center must complete the following actions within 30 days from the date of this report:

- 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:

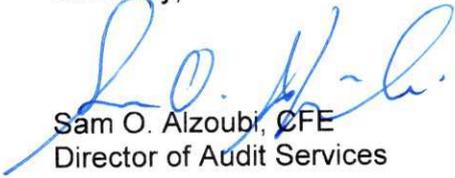
[AuditServices.CAPS.DHS@tn.gov](mailto:AuditServices.CAPS.DHS@tn.gov)

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

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

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,



Sam O. Alzoubi, CFE  
Director of Audit Services

Exhibits

Cc: Lyvonne Crutchfield, Director, Lagoshen Child Care Center  
Allette Vayda, Director of Operations, Child and Adult Care Food Program  
Debra Pasta, Program Manager, Child and Adult Food Program  
Constance Moore, Program Specialist, Child and Adult Care Food Program  
Marty Widner, Program Specialist, Child and Adult Care Food Program  
Comptroller of the Treasury, State of Tennessee

**EXHIBIT**

**Verification of CACFP Independent Center Claim**

**Name of Agency: Lagoshen Child Care Center**

**Review Month/Year: January 2018**

**Total Meal Reimbursement Received: \$965.03**

| <b>Program Area</b>                                 | <b>Reported on Claim</b> | <b>Reconciled By Monitoring Review</b> |
|---|--------------------------|--|
| Number of Days that CACFP Food Service was operated | 19                       | 19                                     |
| Total Attendance                                    | 280                      | 280                                    |
| Number of Breakfasts Served                         | 152                      | 152                                    |
| Number of Lunches Served                            | 228                      | 228                                    |
| Number of Supplements Served                        | 274                      | 274                                    |
| Number of Participants in Free Category             | 14                       | 14                                     |
| Number of Participants in Reduced-Price Category    | 1                        | 1                                      |
| Number of Participants in Paid Category             | 6                        | 6                                      |
| Total Number of Participants                        | 21                       | 21                                     |
| Total Amount of Eligible Food Costs                 | XXXXXXXX                 | \$957.78                               |
| Total Amount of Eligible Food and Non-Food Costs    | XXXXXXXX                 | \$1,791.42                             |



# 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: Lagoshen Child Care Center | Agreement No.<br>00375 | <input type="checkbox"/> SFSP<br><input checked="" type="checkbox"/> CACFP |
|---|------------------------|--|

Mailing Address: PO Box 386 Rossville, Tennessee 38066-4118

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

|  |                    |
|--|--------------------|
| Name and Title: Sam Shaw, Board Chairman | Date of Birth: / / |
|--|--------------------|

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

|                              |                                   |
|------------------------------|-----------------------------------|
| Monitoring Report: 4/30/2018 | Corrective Action Plan: 4/30/2018 |
|------------------------------|-----------------------------------|

## Section D. Findings

Findings:

1. The Sponsor did not provide documentation to support the requirement that one whole grain-rich grain must be served each day
2. The Sponsor served juice at more than one meal service per day
3. The Sponsor served cereals that exceeded the allowable sugar amounts established by the USDA
4. The Sponsor served outside of approved meal service time

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 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:

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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 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:

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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 Sponsor served cereals that exceeded the allowable sugar amounts established by the USDA**

The finding will be fully and permanently corrected.

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

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

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

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

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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 served outside of approved meal service time**

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

Printed Name of Authorized Institution Official:

Position:

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

Date: / /

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

Date: / /

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

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

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

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

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

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

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

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

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

8. The action of the TDHS must remain in effect during the administrative review. The effect of this requirement on particular actions by TDHS is as follows:
  - (i) *Overpayment demand.* During the period of the administrative review, TDHS is prohibited from taking action to collect or offset the overpayment. However TDHS must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the TDHS's action.
  - (ii) *Recovery of advances.* During the administrative review, TDHS must continue its efforts to recover advances in excess of the claim for reimbursement for the applicable period. The recovery may be through a demand for full repayment or an adjustment of subsequent payments.
  - (iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.
9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.
10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.
11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.
12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.
13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.
14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.
15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

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

continuance shall not be for a period longer than ten (10) calendar days unless there are exceptional circumstances. Exceptional circumstances must be detailed in the order of continuance and the order must contain a date certain for the hearing, to be set as soon as possible. A report of pending CACFP desk review and fair hearing requests will be generated and reviewed daily by the Clerk's Office and the Legal Director for Appeals and Hearings who will monitor the dates for timeliness. In the event a decision has not been rendered within forty-five (45) calendar days of the date of receipt of the request for fair hearing or desk review, the Legal Director for Appeals and Hearings or their back-up shall notify the hearing official to take appropriate action.

16. All requests for a fair hearing or for a review of written information in lieu of a hearing must be submitted to:

**Tennessee Department of Human Services**  
**Division of Appeals and Hearings**  
**PO Box 198996, Clerk's Office**  
**Nashville, TN 37219-8996**  
**Fax: (615) 248-7013 or (866) 355-6136**  
**E-mail: [AppealsClerksOffice.DHS@tn.gov](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.