



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

CERTIFIED MAIL RECEIPT #70163010000073326241

May 7, 2018

Jesse Worney, Board Chair  
Brandon Williams, Director  
New Beginnings International Ministry  
3670 Central Pike, Suite G  
Hermitage, Tennessee 37076-3417

Dear Mr. Worney and Mr. Williams,

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 New Beginnings International Ministry (Sponsor), Application Agreement number 00-0054, on March 28, 2018. Additional information was requested on April 2, 2018, and provided on April 3, 2018. The purpose of this review was to determine if the Sponsor complied with the *Title 7 of the Code of Federal Regulations* (CFR) applicable parts, provider agreement, and applicable Federal and State regulations.

Based on our review of the Sponsor's records and information provided, the Sponsor had 35 feeding sites operating during the test month. Antioch Community Center (Antioch), Harvest Hands, McCabe Community Center (McCabe), NYBA, and Old Hickory Community Center (Old Hickory) feeding sites selected as the sample.

**SERIOUS DEFICIENCY DETERMINATION**

Based on the monitoring review, the Department has determined that New Beginnings International Ministry is seriously deficient in its operation of the CACFP. In addition, the Department has identified Jesse Worney, Board Chair and Brandon Williams, Director as responsible for the serious deficiencies in light of their responsibility for the overall management of New Beginnings International Ministry's CACFP.

If New Beginnings International Ministry 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 New Beginnings International Ministry's agreement to participate in the CACFP;

- Propose to disqualify New Beginnings International Ministry from future CACFP participation; and
- Propose to disqualify Jesse Worney, Board Chair and Brandon Williams, Director, from future CACFP participation.

In addition, if New Beginnings International Ministry voluntarily terminates its CACFP agreement after receiving this letter, the Department will propose to disqualify New Beginnings International Ministry and Jesse Worney, Board Chair and Brandon Williams, Director from future CACFP participation. If disqualified, New Beginnings International Ministry, and Jesse Worney, Board Chair and Brandon Williams, Director will be placed on the National Disqualified List (“NDL”). While on the NDL, New Beginnings International Ministry will not be able to participate in the CACFP as an institution or facility. Jesse Worney, Board Chair and Brandon Williams, Director will not be able to serve as a principal in any institution or facility or as a day care home provider in the CACFP.

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

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

## **SERIOUS DEFICIENCIES, ADDITIONAL FINDINGS AND REQUIRED CORRECTIVE ACTION**

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 counts 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 meal services during our unannounced site visits to all sites in our sample during the test month of February 2018.

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

#### **1. The Sponsor reported incorrect meal counts**

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

##### Condition

The Claim for Reimbursement for the test month reported 23,805 supper meals and 22,688 supplements served. However, based on our review of the Sponsor’s records, we found that were 22,853 supper meals and 22,201 supplements served prior to any meal disallowances.

As a result, 952 supper meals and 487 supplements served were overreported. (See Exhibit A)

This is a repeat finding from a previous report dated July 5, 2016.

#### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.10(c)* states, "...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ...."

#### Recommendation

The Sponsor should ensure that claims for reimbursement are completed correctly and based on accurate supporting documents.

### **2. The Sponsor reported incorrect meal counts for an observed meal**

#### Condition

##### **Antioch** – sample site

Based on our observation of meal service at Antioch feeding site on February 16, 2018, we observed 48 supper meals served, however, the Sponsor claimed 49 super meals as served.

As a result, one supper meal was disallowed. (See Exhibits A & B)

##### **Old Hickory** – sample site

Based on our observation of meal service at Old Hickory feeding site on February 15, 2018, we observed 61 supper meals served, however, the Sponsor claimed 66 super meals as served.

As a result, five supper meals were disallowed. (See Exhibits A & F)

#### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.10(c)* states, "... In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim...."

#### Recommendation

The Sponsor should ensure that claims for reimbursement are completed correctly and based on accurate supporting documents. The meal count records should be accurate and report the actual number of meals served.

### **3. The Sponsor provided menus that did not meet the USDA meal pattern requirements**

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

#### Condition

The Sponsor's menu reported "Mott's Fruit Snack" was served as a fruit component for suppers on February 5, 7, and 21, 2018. The fruit snack only provides 0.8 ounces or 0.1 cups of fruit which is not sufficient. Meals were disallowed as follows:

Feeding Site	Meal Type	Number of Meals
Antioch	Supper	150
Harvest Hands	Supper	148
McCabe	Supper	175
NYBA	Supper	242
Old Hickory	Supper	261

The Sponsor's menu for the supper meal served on February 14, 2018, listed milk, wheat bread, bologna or peanut butter/jelly, cheese, carrots, mayo, and ranch. A second vegetable or fruit component was missing. Meals were disallowed as follows:

Feeding Site	Meal Type	Number of Meals
Antioch	Supper	50
Harvest Hands	Supper	61
McCabe	Supper	55
Old Hickory	Supper	87

The Sponsor's menu for the supper meal served on February 28, 2018, listed milk, wheat bread, turkey, cheese, carrots, mayo, and ranch. A second vegetable or fruit component was missing. Meals were disallowed as follows:

Feeding Site	Meal Type	Number of Meals
Antioch	Supper	50
McCabe	Supper	66
NYBA	Supper	231
Old Hickory	Supper	87

As a result, 1,663 supper meals served were disallowed. (See Exhibits)

Additionally, the Sponsor served components for meals that are not creditable due to the updated meal pattern requirements set by the USDA effective October 1, 2017. These deficiencies are as follows:

- The Sponsor served "Gogurt" yogurt on February 1, 2018. Gogurt has 24.36 grams of sugar per 6 ounces.
- The Sponsor served "cookies" on February 4, 2018. Grain-based desserts are not creditable components.

Also, the Sponsor's menus and receipts did not indicate that a whole grain component was served at least once during any day of CACFP operations.

There were no meals disallowed due to the one year grace period granted to Sponsors to conform to the revised CACFP meal pattern requirements effective October 1, 2017.

#### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.17a(l)* states, “At-risk afterschool snacks must meet the meal pattern requirements for snacks in §226.20(b)(6) and/or (c)(4); at-risk afterschool meals must meet the meal pattern requirements for meals in §226.20(b)(6) and/or (c)(1), (c)(2), or (c)(3).”

*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.”

*Title 7 of the Code of Federal Regulations, Section 226.20(a)(3)* states, “A serving may contain fresh, frozen, canned, dried fruits, or fruit juice. All fruits are based on their volume as served, except that 1/4 cup of dried fruit counts as 1/2 cup of fruit.”

*Title 7 of the Code of Federal Regulations, Section 226.20(a)(5)(iii)(B)* states, “Yogurt must contain no more than 23 grams of total sugars per 6 ounces...”

*Title 7 of the Code of Federal Regulations, Section 226.20(a)(4)(iii)* states, “Grain-based desserts do not count towards meeting the grains requirement.”

*Title 7 of the Code of Federal Regulations, Section 226.20(a)(4)(i)(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 feeding sites are serving meals that meet USDA meal pattern requirements. Meal components served should conform with the updated meal pattern requirements. When whole grain components are being served the menu should reflect it.

#### **4. The Sponsor served an observed meal that did not meet meal component requirements**

##### Condition

McCabe – sample site

During our unannounced site visit to the McCabe feeding site on February 14, 2018, the observed meals served consisted of bologna, wheat bread, American cheese, baby carrots, fruit gummies, animal crackers, and milk. There were only four baby carrots served and a second vegetable or fruit was not served. Six baby carrots are equal to a half cup.

All suppers reported for this day were disallowed due to menu errors reported in Finding 3. No additional meals were disallowed.

NYBA – sample site

During our unannounced site visit on February 21, 2018, the observed meals served consisted of bologna, wheat bread, cheese, celery, juice, milk, fruit snack and fruit roll ups. The meals were offered versus served and both supper and snack were offered together. None of the meals served had all the USDA accepted components to be a creditable meal.

As a result, 45 supper meals and 45 snacks were disallowed. (See Exhibits A and E)

This is a repeat finding from a previous report dated July 5, 2016.

## **5. The Sponsor served meals outside of the approved serving time**

### Condition

Antioch – sample site

We conducted an on-site visit on February 16, 2018, at the Antioch feeding site. The approved feeding time for supper was 3:00 – 4:00 p.m. There were 21 meals served during the approved time, and 27 supper meals served after 4:00 p.m. Since we were on site and the meals were served, we did not disallow the meals.

Harvest Hands – sample site

A site review was completed on February 16, 2018, at the Harvest Hands feeding site. The approved feeding time was 3:00 – 4:00 p.m. There were no meals served during the approved time, and no supper meals served after 4:05 p.m. were allowed.

As a result, 63 supper meals claimed were disallowed. (See Exhibits A and C)

### 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....”

### Recommendation

The Sponsor should ensure that meals are served during the approved feeding site time.

### **Observation**

The Sponsor’s menus listed “snack” as a component served on February 2, 3, and 20 - 23, 2018. A review of the Sponsor’s receipts revealed creditable components for a snack were purchased. The Sponsor should specify what components are being served in order to avoid any meal disallowances.

### **Technical Assistance Provided**

During our visit on March 28, 2018, the Sponsor requested technical assistance regarding meal pattern changes as of October 1, 2017. We communicated this request to a program specialist to provide technical assistance.

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

#### **Disallowed Meals Cost**

Based on the 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 \$10,107.76.

Remit a check payable to the *Tennessee Department of Human Services* in the amount of \$10,107.76, which the institution owes the Department. **The procedures for submitting an appeal regarding the amount of overpayment are enclosed. Please note that the appeal must be in writing and must be received by our Department no later than fifteen (15) calendar days from your receipt of this letter.** 7 C.F.R. § 226.6(k). The appeal must be submitted to:

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

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

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

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

## SUMMARY

The Department has determined that New Beginnings International Ministry is seriously deficient in its operation of the CACFP and that Jesse Worney, Board Chair and Brandon Williams, Director are responsible for the serious deficiencies.

You may not appeal the serious deficiency determination itself. If the Department proposes to terminate New Beginnings International Ministry's CACFP agreement, or propose to disqualify New Beginnings International Ministry 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.

New Beginnings International Ministry may continue to participate in the CACFP during the corrective action period. The Department will pay any valid claims for reimbursement submitted by New Beginnings International Ministry 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:

- Login to the Tennessee Information Payment System (TIPS) and revise the claim(s) submitted for each site for February 2018 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 \$10,107.76 for recovery of the amounts disallowed in this report. **Please return the attached billing notice with your check;** and
- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

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

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

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

Sincerely,



Allette Vayda  
Director of Operations- Food Programs

#### Exhibits

cc: Brandon Williams, Director, New Beginnings International Ministry  
Sam Alzoubi, Director of Audit Services, Office of Inspector General  
Sean Baker, Audit Director, Office of Inspector General  
Debra Pasta, Program Manager, Child and Adult Care Food Program  
Elke Moore, Administrative Services Assistant 3, Child and Adult Care Food Program  
Constance Moore, Program Specialist, Child and Adult Care Food Program  
Marty Widner, Program Specialist, Child and Adult Care Food Program  
Comptroller of the Treasury, State of Tennessee

**Exhibit A****Sponsor of At-Risk Afterschool Meals Program Data for the Sampled Sites****Sponsor: New Beginnings International Ministry****Review Month/Year: February 2018****Total Reimbursement: \$102,390.25**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Days of CACFP Food Service	19	19
Number of Sites	35	35
Number of Supplements Served	22,688	22,156
Number of Suppers Served	23,805	21,021
Total Amount of Food Costs	XXXXXXXX	\$44,508.09
Total Amount of Eligible Food and Nonfood Costs	XXXXXXXX	\$86,315.20

**Exhibit B****At-Risk Afterschool Site Data****Site: Antioch**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Days of CACFP Food Service	19	17
Number of Supplements Served	948	849
Number of Suppers Served	948	598

**Exhibit C**

**At-Risk Afterschool Site Data**

**Site: Harvest Hands**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Days of CACFP Food Service	19	14
Number of Suppers Served	1,206	438

**Exhibit D**

**At-Risk Afterschool Site Data**

**Site: McCabe**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Days of CACFP Food Service	19	19
Number of Supplements Served	1,125	964
Number of Suppers Served	1,120	697

**Exhibit E**

**At-Risk Afterschool Site Data**

**Site: NYBA**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Days of CACFP Food Service	10	10
Number of Supplements Served	2,086	1,952
Number of Suppers Served	2,086	1,722

Exhibit F

**At-Risk Afterschool Site Data**

Site: Old Hickory

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Days of CACFP Food Service	19	19
Number of Supplements Served	1,607	1,469
Number of Suppers Served	1,594	1,023



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GOVERNOR

**DANIELLE W. BARNES**

COMMISSIONER

May 7, 2018

Jesse Worney, Board Chair  
New Beginnings International Ministry  
3670 Central Pike, Suite G  
Hermitage, Tennessee 37076-3417

**Notice of payment due to findings disclosed in the monitoring report dated May 3, 2018 for Child and Adult Care Food Program (CACFP)**

Institution Name:	New Beginnings International Ministry
Institution Address:	3670 Central Pike, Suite G Hermitage, Tennessee 37076-3417
Agreement Numbers:	00-054
Amount Due:	\$10,107.76
Due Date:	June 8, 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 11<sup>th</sup> 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](mailto: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 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

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

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

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

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

(iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.

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

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

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

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

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

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

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

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

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

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

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

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

**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**

<b>Name of Institution</b> New Beginnings International Ministry	<b>CACFP Agreement No.</b> <b>00-054</b>
<b>Mailing Address:</b> 3670 Central Pike, Suite G Hermitage, Tennessee 37076	

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

<b>Name and Title:</b> Jesse Worney, Board Chair Brandon Williams, Director	<b>Date of Birth (s):</b>
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**Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan**

<b>SD Report:</b> May 7, 2018	<b>Corrective Action Plan:</b> May 7, 2018
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**Section D. Findings**

<p><b>Findings:</b></p> <ol style="list-style-type: none"> <li>1. The Sponsor reported incorrect meal counts</li> <li>2. The Sponsor reported incorrect meal counts for an observed meal</li> <li>3. The Sponsor provided menus that did not meet the USDA meal pattern requirements</li> <li>4. The Sponsor served an observed meal that did not meet meal component requirements</li> <li>5. The Sponsor served meals outside of the approved serving time</li> <li>6. The Sponsor was unable to provide labels for cereals listed on the menus</li> <li>7. The Sponsor served grain-based desserts</li> </ol>
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The following measures will be completed within **5 business days** of my institution's receipt of this corrective action plan:

**Measure No. 1: 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:

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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 reported incorrect meal counts for an observed meal**

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 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:

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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 an observed meal that did not meet meal component 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:

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

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

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

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**Measure No. 5: The Sponsor served meals outside of the approved serving 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.

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

\_\_\_\_\_  
Position

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date