



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

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BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

June 11, 2018

Denny Robinson, Chairman of the Board
Upper Cumberland Human Resource Agency
580 South Jefferson Avenue
Cookeville, Tennessee 38501-4673

Dear Mr. Robinson,

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 Upper Cumberland Human Resource Agency (Sponsor), Application Agreement number 00-560 on April 24, 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 one head start site and 102 day care homes operating during the review period. In addition to monitoring the head start site, the homes of **Amy Breneman, Bill Fugate, Karen Grandfield, Lois Holden, Joy Rathman, and Teresa Smith** were selected as the sample sites for review of the homes program.

Background

CACFP Sponsors utilize meal count sheets to record the number of breakfast, lunch, supper and supplement meals served. Meals served by participating Sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. The CACFP Sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal count sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights requirements. In addition, meal services were observed during our site visits made during the test month.

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

Family Day Care Homes

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

Condition

Based on our review of the menus provided by the Sponsor for the day care home of **Joy Rathman**, we noted that the menus provided did not meet USDA meal pattern requirements. The menus provided had deficiencies as follows:

Date	Menu	Menu Error	Meal Type	No. of Meals
3/1/18	Lit'l Smokies links, macaroni, green beans, grapes, milk	The five links served contain less than 1.5 ounces of meat/meat alternate	Lunch	6
3/6/18	Hot dog, hot dog bun, French fries, applesauce, milk	The hot dog served contains less than 1.5 ounces of meat/meat alternative	Lunch	6
3/20/18	Hot dog, hot dog bun, French fries, applesauce, milk	The hot dog served contains less than 1.5 ounces of meat/meat alternative	Lunch	6
3/27/18	Hot dog, hot dog bun, French fries, applesauce, milk	The hot dog served contains less than 1.5 ounces of meat/meat alternative	Lunch	5
Total disallowable lunch meals				23

As a result, 23 lunch meals were disallowed. (See Exhibit G)

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 review all menus to ensure all meals served meet USDA requirements.

2. The Sponsor's menus were not supported by recipes and labels for processed foods at the homes upon request

Condition

When we requested processed food labels to support menus, day care home operators at all sample sites stated they were unaware of the requirement that they keep Child Nutrition (CN) labels, manufacturer's product formulation statements, or other labels to document their adherence to meal pattern guidelines. Each provider stated they had never heard of this requirement, or the requirement to keep recipes, before our observation visit to their sites.

Criteria

The USDA Monitoring Handbook for State Agencies, page 28, states, "Ensure that all commercially processed combination dishes (i.e., those dishes containing more than one meal pattern component) have a CN label or manufacturer's product analysis sheet to verify that meal pattern requirements are being met. If a CN label/ manufacturer's product analysis sheet is not available, verify that another creditable food is added in sufficient quantity to meet the meal pattern requirements. Confirm that the institution or facility understands the directions on the CN label or product analysis sheet for serving the correct amount of commercially processed items."

Recommendation

The Sponsor should ensure day care home providers are aware of the requirement to keep food labels and recipes to support menus.

3. Meal Count records were not current and completed as required

Condition

During our site visit on March 9, 2018, the meal count records at the home of **Lois Holden** were unavailable for March 8, 2018. However, the meal count records were provided immediately after the site visit via email.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.18(e) states, "Each day care home must maintain on file documentation of each child's enrollment and must maintain daily records of the number of children in attendance and the number of meals, by type, served to enrolled children ...".

Recommendation

The Sponsor should ensure that all attendance and meal count records are current and available upon request.

4. The Sponsor's provider served a meal that did not reflect the Sponsor approved posted menu

Condition

Based on the observed meals during our site visits, we noted that items served did not match food items listed on the posted menus as follows:

Provider	Posted Menu	Actual Meal Served
Amy Breneman	Lunch: Chicken nuggets, French fries, green beans, whole grain toast, milk	Lunch: Chicken nuggets, French fries, sliced banana, milk ¹
Lois Holden	Lunch: Ham, cornbread, navy beans, peaches, milk	Lunch: Chicken nuggets, peas, tater tots, wheat bread, fruit cocktail, milk
Teresa Smith	Snack: Cinnamon toast, milk	Snack: Apple slices, milk, brownies

¹ Observed meal; disallowed by sponsor for failure to meet meal pattern guideline for grain omission

Criteria

Title 7 of the Code of Federal Regulations, Section 226.18(d) states, in part, "Each day care home participating in the program shall serve the meal types specified in its approved application in accordance with the meal pattern requirements specified in Section 226.20. Menu records shall be maintained to document compliance with these requirements..."

Recommendation

The Sponsor should ensure menus must be updated to accurately reflect food items to be served each day when changes must be made.

Van Buren Head Start

The Sponsor did not complete monitoring as required

Condition

The Sponsor monitored the facility on February 23, 2017; August 17, 2017; and March 26, 2018. There was a seven month gap between the August 2017 and March 2018 monitoring visits.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.16(d) states, "(d) Each sponsoring organization must provide adequate supervisory and operational personnel for the effective management and monitoring of the program at all facilities it sponsors." Subsection 4(iii)(D) states, "Not more than six months may elapse between reviews."

Recommendation

The Sponsor must ensure monitoring reviews occur no more than six months apart.

Technical Assistance Provided

During all day care home visits, technical assistance was provided regarding recipes and Child Nutrition labels, and the importance of complete and accurate record keeping.

After our visit on April 24, 2018, technical assistance was provided with a series of email messages regarding food label requirements, monitoring responsibilities, and protein content in common foods combined with a table of meal pattern guidelines effective October 1, 2018.

Disallowed Meals Cost

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

Corrective Action

The Sponsor 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

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
(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.

Sincerely,



Sam O. Alzoubi, CFE
Director of Audit Services

Exhibits

cc: Mark Farley, Interim Director, Upper Cumberland HRA
Christa Widener, CACFP Manager, Upper Cumberland HRA
Karla Hillis, Director, Upper Cumberland HRA Van Buren Head Start
Lindsey Beach, Health Services, Upper Cumberland HRA
Allette Vayda, Director of Operations, Child and Adult Care Food Program
Debra Pasta, Program Manager, Child and Adult Care Food Program
Constance Moore, Program Specialist, Child and Adult Care Food Program
Elke Moore, Administrative Service Assistant 3, 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**Verification of CACFP Sponsor of Affiliated Centers Claim****Name of Agency: UCHRA Van Buren Head Start****Review Month/Year: March 2018****Total Meal Reimbursement Received: \$3,196.18**

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to documentation
Total Days of CACFP Food Service	19	19
Total Attendance	550	550
Number of Breakfasts Served	484	484
Number of Lunches Served	543	543
Number of Supplements Served	533	533
Total Number Participants	37	37
Total Amount of Food Costs	XXXXXX	\$4,109.36
Total Amount of Eligible Food and Nonfood Costs	XXXXXX	\$4,155.75

EXHIBIT B**Verification of CACFP Claim for Day Care Home Sponsor****Name of Agency: Upper Cumberland Human Resource Agency****Review Month/Year: March 2018****Total Meal Reimbursement Received: \$77,840.30**

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to documentation
Number of Tier 1 Breakfasts Served ¹	16,949	16,949
Number of Tier 1 Lunches Served	16,694	16,672
Number of Tier 1 PM Supplements Served	18,387	18,387
Number of Tier 1 Suppers Served	394	394
Number of Tier 1 Evening Supplements Served	244	244
Total Number of Tier 1 Homes	102	102

¹All homes are Tier I homes

EXHIBIT C**Individual Home Review Data**

Name of Home/Tier Type: Amy Breneman, Tier I
Sponsor Reimbursement Paid to the Home: \$1,198.62
Reimbursement due based on Reported Information: \$1,198.62
Reimbursement due based on Verified Information: \$1,198.62

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to documentation
Total Days of CACFP Food Service	22	22
Total Tier I Attendance	303	303
Number of Tier I Breakfasts Served	296	296
Number of Tier I Lunches Served	240	240
Number of Tier I Supplements Served	302	302

EXHIBIT D**Individual Home Review Data**

Name of Home/Tier Type: Bill Fugate, Tier I
Sponsor Reimbursement Paid to the Home: \$770.99
Reimbursement due based on Reported Information: \$770.99
Reimbursement due based on Verified Information: \$773.45

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to documentation
Total Days of CACFP Food Service	21	21
Total Tier I Attendance	236	236
Number of Tier I Breakfasts Served	236	236
Number of Tier I Lunches Served	118	119 ¹
Number of Tier I Supplements Served	235	235

¹The difference in the reported and verified is immaterial and was not included in this report as a finding

EXHIBIT E**Individual Home Review Data**

Name of Home/Tier Type: Karen Grandfield, Tier I
Sponsor Reimbursement Paid to the Home: \$487.92
Reimbursement due based on Reported Information: \$487.92
Reimbursement due based on Verified Information: \$487.92

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to documentation
Total Days of CACFP Food Service	21	21
Total Tier I Attendance	117	117
Number of Tier I Breakfasts Served	95	95
Number of Tier I Lunches Served	116	116
Number of Tier I Supplements Served	107	107

EXHIBIT F**Individual Home Review Data**

Name of Home/Tier Type: Lois Holden Tier I
Sponsor Reimbursement Paid to the Home: \$596.86
Reimbursement due based on Reported Information: \$596.86
Reimbursement due based on Verified Information: \$596.86

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to documentation
Total Days of CACFP Food Service	21	21
Total Tier I Attendance	142	142
Number of Tier I Breakfasts Served	138	138
Number of Tier I Lunches Served	127	127
Number of Tier I Supplements Served	142	142

EXHIBIT G**Individual Home Review Data**

Name of Home/Tier Type: Joy Rathman, Tier I
Sponsor Reimbursement Paid to the Home: \$579.19
Reimbursement due based on Reported Information: \$579.19
Reimbursement due based on Verified Information: \$522.61

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to documentation
Total Days of CACFP Food Service	20	20
Total Tier I Attendance	129	129
Number of Tier I Breakfasts Served	128	128
Number of Tier I Lunches Served	129	106
Number of Tier I Supplements Served	129	129

EXHIBIT H**Individual Home Review Data**

Name of Home/Tier Type: Teresa Smith, Tier I
Sponsor Reimbursement Paid to the Home: \$594.00
Reimbursement due based on Reported Information: \$594.00
Reimbursement due based on Verified Information: \$594.00

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to documentation
Total Days of CACFP Food Service	21	21
Total Tier I Attendance	132	132
Number of Tier I Breakfasts Served	132	132
Number of Tier I Lunches Served	132	132
Number of Tier I Supplements Served	132	132



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: Upper Cumberland Human Resource Agency	Agreement No. 00560	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
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Mailing Address: 580 South Jefferson Avenue Cookeville, Tennessee 38501-4673

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

Name and Title: Denny Robinson, Chairman of the Board	Date of Birth: / /
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Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 6/11/2018	Corrective Action Plan: 6/11/2018
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Section D. Findings

Findings:

1. The Sponsor provided menus that did not meet the USDA meal pattern requirements
2. The Sponsor's menus were not supported by recipes and labels for processed foods at the homes upon request
3. Meal Count records were not current and completed as required
4. The Sponsor's provider served a meal that did not reflect the Sponsor approved posted menu

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 provided menus that did not meet the USDA meal pattern requirements

The finding will be fully and permanently corrected.

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

Name:

Position Title:

Name:

Position Title:

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

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

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

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

Measure No.2: The Sponsor's menus were not supported by recipes and labels for processed foods at the homes upon request

The finding will be fully and permanently corrected.

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

Name:

Position Title:

Name:

Position Title:

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

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

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

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

Measure No. 3: Meal Count records were not current and completed as required

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 4: The Sponsor's provider served a meal that did not reflect the Sponsor approved posted menu

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: / /

Signature of Authorized TDHS Official: _____

Date: / /

APPEAL PROCEDURES FOR CHILD AND ADULT CARE INSTITUTIONS AND SPONSORING AGENCIES

Appeal Procedures

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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**

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.