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DEPARTMENT OF HUMAN SERVICES**

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October 27, 2017

Mrs. Mentha White, Executive Director
Mr. Quinton White, President/Administrator
The Hand That Gives Foundation, Inc.
567 Lester Street
Memphis, Tennessee 38112

**RE: Notice of Serious Deficiency for Summer Food Services Program (SFSP)
Agreement Number 00-087 and Overpayment**

Dear Mrs. and Mr. White:

The Department of Human Services (DHS) Audit Services staff conducted an on-site, unannounced review of the Summer Food Service Program (SFSP) at The Hand that Gives Foundation, Inc., Application Agreement number 00-087, on July 19, 2017. We reviewed the Sponsor's records of reimbursements and expenditures for June 2017. The Sponsor was approved for 46 feeding sites of which 36 were in operation during our unannounced visits in June 2017. 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.

Background

Meals served by participating sponsoring organizations must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and the Tennessee Department of Human Services (DHS) to be eligible for reimbursement. SFSP sponsors utilize meal count sheets to record the number of meals served at feeding sites for breakfast, lunch, supper and supplements (Supplements). Second meals are offered once all eligible children have been

served first meals. The SFSP sponsor will report the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal counts sheets for each site for our test period and reconciled the meals claimed to the meals reported as served for each meal service. In addition, we also observed select meal services at Ashton Hills Apartments (0026), Knob Hill Apartments (0020), Sherwood Forest Apartments (0039), Springdale Creek Apartments (0002), and Walden Pointe Apartments (0027).

SERIOUS DEFICIENCY DETERMINATION

Based on the monitoring review, the Department has determined that The Hand that Gives Foundation, Inc. is seriously deficient in its operation of the SFSP. In addition, the Department has identified Mentha White, Executive Director, and Quinton White, President/Administrator as responsible for the serious deficiencies in light of their responsibility for the overall management of The Hand that Gives Foundation, Inc.'s SFSP.

If The Hand that Gives Foundation, Inc. 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 The Hand that Gives Foundation, Inc.'s , agreement to participate in the SFSP.

The authorization for this action is found in Paragraph 2.m. of your FY 2016 SFSP Provider Agreement and in the SFSP regulations at 7 C.F.R. § 225.11(c). You may not appeal a finding of serious deficiency.

SERIOUS DEFICIENCIES AND REQUIRED CORRECTIVE ACTION

The following paragraphs detail each serious deficiency, additional finding and the corrective action required.

Our review of the Sponsor's records for June 2017 indicates the following:

1. Records were not readily available and were not maintained at approved site address

This is a Serious Deficiency

Condition

On July 19, 2017, DHS program monitors conducted an unannounced on-site visit to the Sponsor at 567 Lester Street, Memphis, Tennessee. Upon arrival at 7:30 am, program monitors spoke to the kitchen staff and requested SFSP records. Kitchen staff stated that they did not know where records were stored, and did not have access to them. Program monitors then asked if administrative staff was on the premises. Administrative staff was not on site, and program monitors called the contact in the application, who informed the monitors that he would be on site within an hour. The Sponsor did not show up. Program monitors called two more times, with the Sponsor stating that he would arrive within the hour. As program monitors were preparing to

leave, administrative staff arrived at 11:45 am, carrying a box of meal count records. Administrative staff indicated that the records in question were stored in an adjacent church (Early Grove Baptist Church located at 557 Lester Street, Memphis, Tennessee 38112). Some delivery tickets and production records were included in the box with the meal count sheets.

DHS program monitors completed the on-site visit on July 24, 2017. However, during our on-site visit, the Sponsor failed to submit a complete list of requested documentation, including racial and ethnic data and all meal count sheets for sites claimed on the official Claim for Reimbursement. The Sponsor also submitted partial documentation for payroll expenses.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.15 (c)(1) states “Sponsors shall maintain accurate records which justify all costs and meals claimed. Failure to maintain such records may be grounds for denial of reimbursement for meals served and/or administrative costs claimed during the period covered by the records in question. The sponsor's records shall be available at all times for inspection and audit by representatives of the Secretary, the Comptroller General of the United States, and the State agency for a period of three years following the date of submission of the final claim for reimbursement for the fiscal year.”

Title 7 of the US Code of Federal Regulations, Section 225.6 (e) states, “State-Sponsor Agreement. A sponsor approved for participation in the Program must enter into a permanent written agreement with the State agency. All sponsors must agree in writing to: ... (14) states that the Sponsor should “Upon request, make all accounts and records pertaining to the Program available to State, Federal, or other authorized officials for audit or administrative review, at a reasonable time and place...”

Recommendation

The Sponsor should ensure that all records and documents associated with the Program are kept on-site and/or provided upon request.

2. The number of meals reported for reimbursement was incorrect

Condition

The number of meals reported for reimbursement was incorrect. The differences were based on the following:

Lunch

The Sponsor’s claim for reimbursement for June 2017 reported 39,574 lunch meals served. However, based on our review of the Sponsor’s records, we verified 37,643 lunch meals served prior to any disallowances. As a result of the review we noted that the Sponsor over reported 1,931 lunch meals.

PM Supplements

The Sponsor's claim for reimbursement for June 2017 reported 39,215 supplements served. However, based on our review of the Sponsor's records, we verified 37,309 supplements served prior to any disallowances. As a result of the review we noted that the Sponsor over reported 1,906 supplements.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.9 (d) (5) states "Claims for reimbursement shall report information in accordance with the financial management system established by the State agency, and in sufficient detail to justify the reimbursement claimed and to enable the State agency to provide the Reports of Summer Food Service Program Operations required under §225.8 (b). In submitting a claim for reimbursement, each sponsor shall certify that the claim is correct and that records are available to support this claim. Failure to maintain such records may be grounds for denial of reimbursement for meals served and/or administrative costs claimed during the period covered by the records in question. ..."

Recommendation

The Sponsor should ensure that meals claimed for reimbursement are based on completed and correct meal count sheets, as well as, any other appropriate supporting records.

3. Meal count sheets were not available for two sites that meals were claimed for reimbursement

Condition

The Sponsor submitted claim for reimbursement for two (2) feeding sites without proof proper supporting documentation, such as meal count sheets. During our on-site visit, the Sponsor did not provide us with the meal count sheets for Birch Leaf Apartments (0014) and Garden View Apartments (0015) at the time records were requested. The Sponsor provided meal delivery tickets for both sites, but failed to provide required meal count sheets. The Sponsor subsequently claimed both sites on an amended Claim for Reimbursement. The claimed and reconciled meal differences were reflected in finding 2 above, as a meal count error.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.9 (d) (5) states that "... In submitting a claim for reimbursement, each sponsor shall certify that the claim is correct and that records are available to support this claim. Failure to maintain such records may be grounds for denial or reimbursement for meals served and/or administrative costs claimed during the period covered by the records in question. ..."

Recommendation

The Sponsor should ensure that claims for reimbursement are complete, accurate, supported, and available upon request.

4. Meal count sheets were not signed or contained photocopied signatures

This is a Serious Deficiency

Condition

Based on our review of the records provided by the Sponsor's, we noted that several feeding sites submitted meal count sheets that were not signed or had photocopied signatures. Disallowances were based on the following:

Failure to sign meal count sheets

Site Name	Number of Meals Disallowed/Unsigned	Dates of meal disallowances
0046 Apartments at Hedgegrew	-58 Lunches	06/25/17
0037 Askew Place	-30 Lunches	06/23/17
	-40 Supplements	06/29/17
0044 Cane Creek Apartments	-76 Lunches	06/18/17
0024 Crockett Park Apartments	-67 Supplements	06/17/17
0030 Hickory Hill Apartments	-27 Supplements	06/10/17
0020 Knob Hill Apartments	-45 Lunches	06/17/17
0036 Montgomery Plaza	-190 Supplements	06/16/17; 06/28/17
0031 Valley Forge Apartments	-65 Lunches	06/13/17
	-65 Supplements	06/13/17
0033 Weaver Field Apartments	-48 Lunches	06/10/17

As a result of the review, we determined that 322 lunch meals and 389 Supplement meals were disallowed.

Photocopied meal count sheets

Site Name	Number of Meals Disallowed/ Photocopied signatures	Dates of meal disallowances
0042 New Horizon Apartments	-315 Lunches	06/10/17,06/11/17, 06/30/17
	-315 Supplements	06/10/17, 06/11/17, 06/30/17

0017 Spring Court Apartments	-781 Lunches	06/07/17, 06/08/17, 06/09/17, 06/10/17, 06/11/17, 06/12/17, 06/13/17, 06/14/17, 06/15/17, 06/16/17, 06/17/17, 06/18/17, 06/19/17, 06/20/17, 06/21/17, 06/22/17, 06/23/17, 06/24/17, 06/25/17, 06/26/17, 06/27/17, 06/28/17, 06/29/17
	-767 Supplements	06/07/17, 06/08/17, 06/09/17, 06/10/17, 06/11/17, 06/12/17, 06/13/17, 06/14/17, 06/15/17, 06/16/17, 06/17/17, 06/18/17, 06/19/17, 06/20/17, 06/21/17, 06/22/17, 06/23/17, 06/24/17, 06/25/17, 06/26/17, 06/27/17, 06/28/17, 06/29/17
0002 Springdale Creek Apartments	-868 Lunches	06/08/17, 06/18/17, 06/19/17, 06/20/17, 06/21/17, 06/22/17, 06/24/17, 06/25/17, 06/30/17
	-1,037 Supplements	06/08/17, 06/15/17, 06/18/17, 06/19/17, 06/20/17, 06/21/17, 06/22/17, 6/24/17, 6/25/17, 6/29/17, 6/30/17
0032 Wesley Forrest Townhomes	-502 Lunches	06/19/17, 06/20/17, 06/21/17, 06/22/17, 06/24/17, 06/26/17, 06/27/17, 06/28/17, 06/29/17, 06/30/17
	-455 Supplements	06/19/17, 06/20/17, 06/21/17, 06/22/17, 06/24/17, 06/26/17, 06/27/17, 06/28/17, 06/29/17,

As a result of the review, we determined that 2,466 lunch meals and 2,574 supplement meals were disallowed.

Criteria

According to the USDA FNS Summer Food Service Program 2016 Administration Guide for sponsors, pages 66 and 184, meals must be counted at the actual point of service, i.e., meals are counted as they are served, to ensure that an accurate count of meals served is obtained and reported.

According to the Summer Food Service Program 2016 Administrative Guide Summer Food Service Program for Sponsors, pages 139 and 184, all sponsors must use daily site records in order to document the number of program meals they have served to children. The sponsor must provide all necessary record sheets to the sites. Site supervisors are then responsible for keeping the records each day. They may have their monitors pick up site reports on designated days, or

the site supervisors may be asked to mail the records to the sponsor's office. When they collect the site records, sponsors should check for the site supervisor's signature.

Recommendation

Sponsor should ensure that site personnel complete and submit accurate meal count records which support the claim for reimbursement and sign before submission.

5. The Sponsor over stated and claimed more meals as served than what we observed

Condition

Based on our review of the supporting documents for claim for reimbursement for June 2017, we noted that the Sponsor overstated the number of meals served on June 22, 2017 and June 26, 2017. The Sponsor over-reported and claimed more meals than what the monitors observed on June 22, 2017 and June 26, 2017. Below are the details:

Knob Hill Apartments

- The Sponsor claimed 18 lunch meals as served on June 22, 2017. However, we observed only 12 lunch meals served. As a result, six lunch meals were disallowed.
- The Sponsor's claimed 17 supplements as served on the June 22, 2017. However, we observed only six (6) supplements served. As a result 11 supplements were disallowed.

Sherwood Forest Apartments

- The Sponsor's claimed 22 lunch meals served on June 26, 2017. However, we observed only six (6) lunch meals served. As a result, 16 lunch meals were disallowed.

Springdale Creek Apartments

- The Sponsor's claimed 58 lunch meals as served on June 26, 2017. However we observed only 14 lunch meals served. As a result, 44 lunches were disallowed.

As a result, of 66 lunch meals and 11 supplements were disallowed.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.9 (d)(5) states that "...each sponsor shall certify that the claim is correct and records are available to support this claim...."

Recommendation

While we could not determine whether the Sponsor's intended to overstate the claim for reimbursement, the Sponsor should ensure that the claim for meals reimbursement accurate and completed based on proper supporting documents.

6. Lunch meals served did not meet USDA meal pattern requirements

Condition

- On June 23, 2017 we completed an unannounced site visit to Ashton Hill Apartments (0026) to observe the lunch meal service. There were 23 lunches served and the meals consisted of chicken breasts on white bread, carrots, apples and milk. However, three participants’ meals consisted of milk only. As a result those meals were determined non-reimbursable and three lunch meals were disallowed.
- On June 22, 2017 we completed an unannounced site visit to Knob Hill Apartments (0020) to observe the snack service. There were six (6) snacks served which consisted of goldfish crackers and fruit juice. Two of the meals were served with Capri Sun, which is only 10% fruit juice. Those two snacks were determined non-reimbursable and were disallowed.
- On June 26, 2017 we completed an unannounced site visit to Sherwood Forest Apartments (0039) and Springdale Creek Apartments (0002) for the lunch meal services. Program monitors observed that the meal served did not contain 2oz of a meat or meat alternative as required. The meal consisted of beef bologna sandwich on white bread, lettuce, an apple, and fat-free milk. Program monitors completed a vendor guide for the Sponsor, and visited the kitchen on that day as well. Upon initial inspection, monitors observed preparation of meals, but did not see the sandwiches being prepared. Upon visiting the two feeding sites, program monitors returned to the Sponsor’s kitchen to verify that sandwiches served for that day only contained one slice of bologna, which is the equivalent of 1oz of meat/meat alternative. Kitchen staff confirmed this and stated that five feeding sites had not received delivery of meals at that time, and that they would add additional meat/meat alternative to meet USDA requirements. Those feeding sites are: Harmony Park Apartments (0016), Holiness Tabernacle Church (0043), Pleasant View Apartments (0013), Sycamore Lake Apartments (0023), and Timber Pines Apartments (0008). As a result, 1,057 lunches were disallowed as a result. Meal disallowances were based on the following:

Site name	Number of Lunches disallowed
0046 Apartments at Hedgegrow	66 Lunches
0037 Askew Place	40 Lunches
0041 Austin Park	70 Lunches
0022 Avery Park Apartments	60 Lunches
0045 Barron Court	36 Lunches
0044 Cane Creek Apartments	80 Lunches
0047 Charter Oaks Apartments	23 Lunches
0007 Commons at Brentwood Apartments	90 Lunches
0038 G.E. Patterson Pointe	35 Lunches
0012 Graceland Apartments	54 Lunches
0021 Jennifer Meadows Apartments	70 Lunches
0020 Knob Hill Apartments	20 Lunches
0036 Montgomery Plaza	90 Lunches
0042 New Horizon Apartments	120 Lunches
0019 Seventh Street Apartments	28 Lunches

0039 Sherwood Forest	6 Lunches
0002 Springdale Creek Apartments	14 Lunches
0028 Stonegate Apartments	30 Lunches
0031 Valley Forge Apartments	65 Lunches
0033 Weaver Field Apartments	60 Lunches

This finding is a repeat finding noted in March 29, 2017 report.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.16 (d) (1) (2) (3) states, "...Sponsors shall ensure that meals served meet all of the (meal pattern) requirements..."

Title 7 of the US Code of Federal Regulations, Section 225.16 (d) (1) indicates that in order for fruit or vegetable juice to be reimbursable, it must be full strength or an equivalent quantity of any combination of vegetables, fruits or juice.

As a result 1,060 lunches and two supplements were disallowed.

Recommendation

The Sponsor should ensure that all meals meet USDA meal pattern requirements. The Sponsor should also ensure that staff is trained to recognize meal pattern requirements as well.

7. Meal counts were not taken correctly

This is a Serious Deficiency

Condition

The Sponsor did not correctly complete daily point of service meal count sheets. Some meal count numbers reported did not match what was marked at the actual point of service. Meals that were not marked at the point of service were disallowed. Meal disallowances are based on the following:

Site Name	Meals Allowed/Disallowed	Dates of Allowance/Disallowance
0046 Apartments at Hedgerow	-14 Lunches	06/13/17
	-28 Supplements	06/13/17
0026 Ashton Hills Apartments	-31 Supplement	06/15/17, 06/25/17
0041 Austin Park	-3 Lunches	06/27/17
0022 Avery Park	-11 Lunches	06/8/17, 06/13/17, 06/14/17, 06/15/17, 06/23/17, 06/25/17, 06/29/17

	-22 Supplements	06/7/17, 06/9/17, 06/13/17, 06/18/17, 06/23/17, 06/25/17, 06/28/17, 06/29/17, 06/30/17
0045 Barron Court	-16 Lunches	06/22/17
0044 Cane Creek Apartments	-1 Supplement	06/26/17
0007 Commons at Brentwood Apartments	-2 Lunches	06/14/17, 06/21/17
	-4 Supplements	06/20/17, 06/22/17
0038 GE Patterson Pointe	-40 Lunches	06/15/17
0012 Graceland Farms	-7 Lunches	06/19/17
	-16 Supplements	06/19/17, 06/22/17
0016 Harmony Park Apartments	-2 Lunches	06/19/17, 06/30/17
	-1 Supplement	06/17/17
0030 Hickory Hill apartments	-1 Supplement	06/22/17
0043 Holiness Tabernacle Church	-10 Lunches	06/22/17
	-10 Supplements	06/22/17
0020 Knob Hill Apartments	+10 Supplements	06/7/17
0021 Jennifer Meadows Apartments	-28 Lunches	06/19/17
	-57 Supplements	06/18/17, 06/19/17
0036 Montgomery Plaza	-20 Supplements	06/27/17
0042 New Horizon Apartments	-20 Supplements	06/14/17
0013 Pleasant View Apartments	+2 Supplements	06/24/17
0019 Seventh Street Apartments	-60 Supplements	06/22/17
0039 Sherwood Forest	-40 Supplements	06/11/17, 06/16/17, 06/21/17
0002 Springdale Creek Apartments	-1 Lunch	06/13/17
	-11 Supplements	06/9/17, 06/12/17, 06/27/17
0058 Stonegate Apartments	-6 Lunches	06/8/17, 06/9/17

	-4 Supplements	06/13/17, 06/23/17, 06/30/17
0040 Ten Mile Creek Apartments	-1 Lunch	06/16/17
0008 Timber Pines Apartments	-40 Supplements	06/12/17, 06/25/17
00031 Valley Forge Apartments	-7 Lunches	06/12/17, 06/29/17
	-34 Supplements	06/8/17, 06/12/17, 06/14/17, 06/17/17, 06/21/17, 06/21/17, 06/26/17, 6/28/17, 06/29/17
0027 Walden Pointe Apartments	-20 Lunches	06/17/17
0033 Weaver Field Apartments	+4 Lunches	06/24/17
0032 Wesley Forrest Townhomes	-26 Lunches	06/08/17, 06/13/17, 06/14/17
	-4 Supplements	06/30/17

As a result, 190 lunch meals and 392 supplements were disallowed.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.16 (c) (1) states, “Sponsors shall maintain accurate records which justify all costs and meals claimed. Failure to maintain such records may be grounds for denial of reimbursement for meals served and/or administrative costs claimed during the period covered by the records in question...”

According to the USDA FNS Summer Food Service Program 2016 Administrative Guide Summer Food Service Program for sponsors, pages 66 and 184, meals must be counted at the actual point of service, i.e., meals are counted as they are served, to ensure that an accurate count of meals served is obtained and reported.

Recommendation

Sponsor should ensure that site personnel complete and submit accurate meal count records which support the claim for reimbursement before submission.

8. Meal count sheets did not identify the meal type being served

Condition

The Sponsor submitted meal count sheets for two feeding sites that did not identify the type of meal being served.

Site Name	Number of First Meals Disallowed	Date meals disallowed
0041 Austin Park	-55 Supplements	06/30/17

0030 Hickory Hills Apartments	-30 Supplements	06/13/17
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As a result, 85 supplements were disallowed due to failure to identify meal service type on meal count sheets submitted as part of the claim for reimbursement.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.16 (c) (1) states, “Sponsors shall maintain accurate records which justify all costs and meals claimed. Failure to maintain such records may be grounds for denial of reimbursement for meals served and/or administrative costs claimed during the period covered by the records in question. ...”

As indicated above, the Sponsor is responsible for distributing and collecting meal count records, as well as ensuring that site supervisors have adequately completed required meal count sheets, including required signatures, identifying meal type, and accurately calculating the number of meals served.

Recommendation

The Sponsor should ensure that feeding site staff has been trained on how to accurately complete meal count sheets.

9. The Sponsor did not serve all meal components at the same time as unitized meals to participants

Condition

During our observation of meal services at the sampled feeding sites, the Sponsor failed to serve meals as a complete (unitized) unit. The meals were served and then milk was served several minutes later at those feeding sites:

- During the lunch meal service observation on June 23, 2017, program monitors observed 19 non-unitized meals being served at 0026 Ashton Hills Apartments. Those meals were disallowed.
- During the lunch meal service observation on June 22, 2017, program monitors observed 12 non-unitized meals served at 0020 Knob Hill Apartments. Those meals were disallowed.
- During the lunch meal service observation on June 26, 2017, program monitors observed six non-unitized meals were served at 0039 Sherwood Forest Apartments. Meals were previously disallowed in finding 6.
- During the lunch meal service observation on June 26, 2017, program monitors observed 14 non-unitized meals being served at 0002 Springdale Creek Apartments. Meals were previously disallowed in finding 6.

- During the lunch meal service observation on June 22, 2017, six non-unitized meals were served at Walden Pointe Apartments.

As a result of our observation of the lunch meal services, we determined that 37 lunch meals are disallowed.

Criteria

The USDA FNS Summer Food Service Program 2016 Administrative Guide Summer Food Service Program for Sponsors, page 133, states “that reimbursement may not be claimed for meals not served as a complete unit (except in “offer versus serve” sites where complete meals must be offered to participants).”

Recommendation

The Sponsor should ensure that feeding sites staff has been properly trained in delivering to the participants complete meals to be to eligible reimbursement.

10. The Sponsor overstated the number of meals served for which the claimed meals exceeded the feeding site’s approved level of meal service

This is a Serious Deficiency

Condition

The Sponsor claimed more meals than what was approved for the following feeding sites. Also, based on review the meal count sheets (records) it appears that the Sponsor block-claim on several instances.

Review of the Sponsor’s records disclosed the following:

Site Name and Serving Capacity	Date	Meals Reported	Number of Meals Disallowed
Askew Place – Capacity 30 changed to 40 on 6/12/17			
	06/07/17	40 Lunches	-10 Lunches
	06/07//17	40 Supplements	-10 Supplements
	06/08/17	40 Lunches	-10 Lunches
	06/08/17	40 Supplements	-10 Supplements
	06/09/17	40 Lunches	-10 Lunches
Knob Hill – Capacity 40 changed to 60 on 07/17/17	06/09/17	40 Supplements	-10 Supplements
	06/12/17	50 Supplements	-10 Supplements
	06/13/17	50 Lunches	-10 Lunches

	06/13/17	50 Supplements	-10 Supplements
	06/14/17	50 Lunches	-10 Lunches
	06/14/17	50 Supplements	-10 Supplements
	06/15/17	50 Lunches	-10 Lunches
	06/15/17	50 Supplements	-10 Supplements
	06/16/17	46 Lunches	-6 Lunches
	06/16/17	46 Supplements	-6 Supplements
	06/17/17	44 Supplements	-4 Supplements
	06/18/17	42 Lunches	-2 Lunches
	06/18/17	42 Supplements	-2 Supplements
	06/19/17	50 Lunches	-10 Lunches
	06/19/17	50 Supplements	-10 Supplements
	06/25/17	47 Lunches	-7 Lunches
	06/25/17	47 Supplements	-7 Supplements
	06/27/17	50 Lunches	-10 Lunches
	06/27/17	50 Supplements	-10 Supplements
	06/28/17	50 Lunches	-10 Lunches
	06/28/17	50 Supplements	-10 Supplements
	06/30/17	50 Lunches	-10 Lunches
	06/30/17	50 Supplements	-10 Supplements
Sherwood Forest – Capacity 30			
	06/10/17	36 Lunches	-6 Lunches
	06/11/17	38 Lunches	-8 Lunches
	06/13/17	33 Lunches	-3 Lunches
	06/13/17	33 Supplements	-3 Supplements
	06/15/17	37 Lunches	-7 Lunches
	06/15/17	37 Supplements	-7 Supplements
	06/17/17	34 Lunches	-4 Lunches
	06/17/17	32 Supplements	-2 Supplements
	06/18/17	36 Lunches	-6 Lunches
	06/18/17	36 Supplements	-6 Supplements
	06/23/17	40 Lunches	-10 Lunches
	06/23/17	40 Supplements	-10 Supplements
	06/24/17	38 Lunch	-8 Lunches
	06/24/17	37 Supplements	-7 Supplements
	06/25/17	39 Lunches	-9 Lunches
	06/25/17	39 Supplements	-9 Supplements
Weaver Field- Capacity 30 changed to 60 on 6/19/17			
	06/09/17	50 Lunches	-20 Lunches
	06/09/17	50 Supplements	-20 Supplements
	06/10/17	46 Supplements	-16 Supplements
	06/11/17	48 Lunches	-18 Lunches
	06/11/17	48 Supplements	-18 Supplements

	06/12/17	50 Lunches	-20 Lunches
	06/12/17	50 Supplements	-20 Supplements
	06/13/17	50 Lunches	-20 Lunches
	06/13/17	50 Supplements	-20 Supplements
	06/14/17	50 Lunches	-20 Lunches
	06/16/17	50 Supplements	-20 Supplements
	06/16/17	50 Lunches	-20 Lunches
	06/17/17	49 Lunches	-19 Lunches
	06/17/17	47 Supplements	-17 Supplements
	06/18/17	46 Lunches	-16 Lunches
	06/18/17	46 Supplement	-16 Supplements

As a result 329 lunch meals and 320 supplements were disallowed.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.15 (3) states, "...For sites for which approved levels of meal service have been established in accordance with §225.6(d)(2), the sponsor shall adjust the number of meals ordered or prepared with the objective of providing only one meal per child whenever the number of children attending the site is below the approved level. The sponsor shall not order or prepare meals for children at any site in excess of the site's approved level, but may order or prepare meals above the approved level if the meals are to be served to adults performing necessary food service labor in accordance with §225.9(d)(4)..."

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Summer Food Service Program 2016 *Administration Guide* for sponsors, states "Reimbursement may not be claimed for meals in excess of the site's approved level of meal service."

Recommendation

The Sponsor should ensure that meals are not claimed above the maximum approved level of meal service prior to the submission of a claim.

11. Meals served outside of feeding sites approved meal service dates

Condition

Review of the Sponsor's records disclosed that meals were served outside the approved dates for the feeding sites. Details are as follow:

Site Name and Meal Service Dates	Dates	Meals Reported	Meals Disallowed
0041 Austin Park Approved meal service			

dates: 6/10/17 to 8/6/17			
	06/07/17	50 Lunches	-50 Lunches
	06/07/17	50 Supplements	-50 Supplements
	06/08/17	50 Lunches	-50 Lunches
	06/08/17	50 Supplements	-50 Supplements
	06/09/17	50 Lunches	-50 Lunches
	06/09/17	50 Supplements	-50 Supplements
0042 New Horizon Approved meal service dates: 6/10/17 to 8/6/17			
	06/08/17	80 Lunches	-80 Lunches
	06/08/17	80 Supplements	-80 Supplements
	06/09/17	98 Lunches	-98 Lunches
	06/09/17	98 Supplements	-98 Supplements
0039 Sherwood Forest Approved meal service dates: 6/10/17 to 8/6/17			
	06/07/17	22 Lunches	-22 Lunches
	06/08/17	24 Lunches	-24 Lunches
	06/08/17	22 Supplements	-22 Supplements
	06/09/17	24 Lunch	-24 Lunches
	06/09/17	20 Supplements	-20 Supplements

As a result 398 lunches and 370 supplements were disallowed.

This finding is a repeat finding noted in March 29, 2017 report.

Condition

Title 7 of the US Code of Federal Regulations, Section 225.16 (c) (3) states, "Meals served outside of the period of approved meal service shall not be eligible for Program payments."

Recommendation

Sponsor should ensure that all meals served are within the date ranges and timeframes established under approved contract.

12. Observed meals were served outside of approved meal service time

Condition

On June 22, 2017, program monitors completed an unannounced site visit to Walden Pointe Apartments. Per TIPS, the site's approved lunch meal service time is 12:00 pm – 1:00 pm. Program monitors arrived at 11:50 am; however, meals were not delivered until 12:40 pm and meal service did not begin until 12:45. The site served meals outside, however rain forced site administrators to serve meals inside the kitchen of the apartment complex. Only one participant arrived within the approved meal service time. At 1:00 pm the Sponsor's monitor arrived and informed the feeding site staff that meals would need to be served outside, and so the feeding site administrators moved meals outside. This was after approved lunch meal service time. Five meals were served after 1:00 pm. These meals were disallowed in finding 9.

On June 22, 2017, program monitors completed an unannounced site visit to Knob Hill Apartments. Per TIPS, the feeding site's approved lunch meal service time is 2:00 pm – 2:45 pm. Program monitors arrived at 2:00 pm. Meals were not delivered until 2:15 pm. The feeding site staff began serving the lunch meal, and also served supplement to six participants during lunch meal service. The feeding site staff continued to serve lunch meals after 2:45 pm. A total of three lunches were served outside of the approved meal service time. The lunches were previously disallowed in finding 9, and two of the six supplements were disallowed in finding 6.

As a result, four supplements were disallowed.

This finding is a repeat finding noted in March 29, 2017 report.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.16 (c) (3) and (4) states, "Meals served outside of the period of approved meal service shall not be eligible for Program payments. Any permanent or planned changes in meal service periods must approved by the State agency."

Recommendation

Sponsor should work closely with site administrators to ensure that sites are adhering to TIPS approved meal service times, and/or update TIPS as required.

13. Participants consumed meals off site

Condition

- During lunch observation at 0026 Ashton Hills Apartments on June 23, 2017 one participant was observed taking a meal off site. This meal was determined non reimbursable and was disallowed.

- During the lunch observation at Knob Hill Apartments on June 22, 2017 eight participants were observed taking meals off site. These meals were disallowed in finding 9.
- During the lunch observation at Springdale Creek Apartments, participants were observed taking meals off site. These meals were disallowed in finding 6.

As a result one lunch was disallowed.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.6 (e) (15) requires that participating Sponsors must provide a written documentation agreeing that site staff/administrators will ensure that all eligible children will remain on site while consuming meals.

Recommendation

Sponsor should ensure that site personnel have been properly trained to keep eligible participants on site, including providing activities to engage participants while on site.

14. The meals documented as served exceeded the number of meals documented on the delivery ticket

Condition

According to meal the delivery tickets and meal count sheets for Springdale Creek, the number of meals served exceeded the number of meals available. Disallowances were based on the following:

Date	Number of meals available	Number of meals claimed	Number of disallowed meals
06/09/17	100 Lunches	101 Lunches	-1 Lunch
06/09/17	100 Supplements	101 Supplements	-1 Supplement
06/10/17	100 Lunches	110 Lunches	-10 Lunches
06/10/17	100 Supplements	110 Supplements	-10 Supplements
06/11/17	100 Lunches	110 Lunches	-10 Lunches

Criteria

7 CFR 225.15 (c) states "...Sponsors shall maintain accurate records which justify all cost and meals claimed..."

Recommendation

The Sponsor should ensure that delivery tickets and meal count sheets are completed accurately and based on the actual number of meals available for the meal service.

15. Insufficient quantities of milk were purchased

Condition

Based on the number of meals served with milk as a required component, a total of 262,024 ounces of milk were needed. However, the sponsor could only document the purchases of 226,400 ounces of milk, which resulted in a shortage of 35,624 ounces.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.16 (d) requires the Sponsors to provide nutritious and well-balanced meals to each child. Sponsors shall ensure that meals served meet all of the requirements.

According to *Title 7 of the Code of Federal Regulations, Section 225.16 (d)*, milk is a required component of lunch and part of the minimum amounts of food components to be served.

As a result, 4,453 lunches were disallowed.

Recommendation

The Sponsor should ensure that all meals meet USDA meal pattern requirements and documentation of milk purchases are maintained and kept on file as proof of purchase.

16. The days of operation for some sites was incorrect

Condition

The days of operation for multiple feeding sites were incorrect. Our review of available records showed the following:

Site Name	Operating Days in TIPS and Meal type	Verified Days of Operation per Meal Count Sheets
Ashton Hills Apartments - 0026	23/Lunch 23/PM Snack	19/Lunch 19/PM Snack
Austin Park Apartments- 0041	20/Lunch 20/PM Snack	24/Lunch 24/PM Snack
Avery Park Apartments-0022	23/Lunch 23/PM Snack	24/Lunch 24/PM Snack
Barron Court Apartments- 0045	17/Lunch 17/PM Snack	18/Lunch 18/PM Snack
Crockett Park Apartments- 0024	20/Lunch 20/PM Snack	19/Lunch 19/PM Snack
Graceland Farms Apartments-0012	23/Lunch 23/PM Snack	24/Lunch 24/PM Snack
Harmony Park Apartments- 0016	20/Lunch 20/PM Snack	21/Lunch 21/PM Snack
Hickory Hill Apartments- 0030	23/Lunch 23/PM Snack	19/Lunch 19/PM Snack
Jennifer Meadows	23/Lunch	24/Lunch

Apartments-0021	23/PM Snack	24/PM Snack
Knob Hill Apartments-0020	23/PM Snack	24/PM Snack
Lexington Apartments-0025	30/Lunch 30/PM Snack	19/Lunch 19/PM Snack
New Horizon Apartments-0042	20/Lunch 20/PM Snack	22/Lunch 23/PM Snack
Pleasant View Apartments-0013	20/Lunch 20/PM Snack	21/Lunch 21/PM Snack
Sherwood Forest Apartments-0039	20/PM Snack	18/PM Snack
Spring Court Apartments-0017	23/Lunch 23/PM Snack	24/Lunch 24/PM Snack
Springdale Creek Apartments-0002	23/Lunch 23/PM Snack	24/Lunch 24/PM Snack
Stonegate Apartments-0028	23/Lunch 23/PM Snack	24/Lunch 24/PM Snack
Sycamore Lake Apartments-0023	23/Lunch 23/PM Snack	24/Lunch 24/PM Snack
Ten Mile Creek Apartments-0040	20/Lunch 20/PM Snack	16/Lunch 16/PM Snack
Timber Pines Apartments-0008	23/Lunch 23/PM Snack	24/Lunch 24/PM Snack
Valley Forge Apartments-0031	23/PM Snack	22/PM Snack
Walden Pointe Apartments-0027	23/Lunch 23/PM Snack	18/Lunch 19/PM Snack
Weaver Field Apartments-0033	23/Lunch 23/PM Snack	24/Lunch 24/PM Snack
Wesley Forrest Apartments-0032	20/Lunch 20/PM Snack	24/Lunch 24/PM Snack

Criteria

Title 7 of the Code of Federal Regulations, Section 225.9 (c) requires that sponsors shall certify that claims submitted for reimbursement are correct and records are available to support the claim submitted.

Recommendation

The Sponsor should review meal count sheets to ensure that operating days are correct when submitting claim for reimbursement.

17. Second meals were served to participants before all participants received first meals

Condition

During our on-visit on June 22, 2017 to observe a lunch meal service, we observed the feeding site staff serving second meals to participants before completing the first meal service at Ashton Hill Apartments. The Sponsor did not claim those second meals.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.15 (b)(4) states “In recognition of the fluctuation in participation levels which makes it difficult to estimate precisely the number of meals needed and to reduce the resultant waste, sponsors may claim reimbursement for a number of second meals which does not exceed two percent of the number of first meals served to children for each meal type (i.e., breakfasts, lunches, supplements, or suppers) during the claiming period. The State agency shall disallow all claims for second meals if it determines that the sponsor failed to plan and prepare or order meals with the objective of providing only one meal per child at each meal service. Second meals shall be served only after all participating children at the site's meal service have been served a meal.”

Recommendation

The Sponsor should inform site staff of how to distribute meals to ensure that each participant receives one meal. The Sponsor should also inform site staff whether or not seconds are offered through their program.

18. The Sponsor did not prepare or order meals based on the feeding site participation

Condition

During our on-site visit to the Sponsor's feeding site, we noted that the Sponsor did not prepare or order meals based on the feeding sites participation. The follow are details of what we observed:

- On June 22, 2017, we observed 23 lunch meals served at Ashton Hills Apartments; however, 68 lunch meals were delivered to the feeding site.
- On June 22, 2017, we observed 12 lunches served at Knob Hill Apartments; however 23 lunch meals were delivered to the feeding site.
- On June 22, 2017, we observed six lunch meals served at Walden Pointe; however, 40 lunch meals were delivered to the site.
- On June 26, 2017, we observed six lunch meals were served at Sherwood Forest; however, 40 lunch meals were delivered to the feeding site.
- On June 26, 2017, we observed 14 lunch meals served at Springdale Creek Apartments; however, 110 lunch meals were delivered to the feeding site.

As noted in the findings above, all observed meals have been previously disallowed.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.15 (b)(3) states “Sponsors shall plan for and prepare or order meals on the basis of participation trends with the objective of providing only one meal per child at each meal service. The sponsor shall make the adjustments necessary to achieve this objective using the results from its monitoring of sites. For sites for which approved levels of meal service have been established in accordance with §225.6(d)(2), the sponsor shall adjust the number of meals ordered or prepared with the objective of providing only one meal per child whenever the number of children attending the site is below the approved level. The sponsor shall not order or prepare meals for children at any site in excess of the site's approved level, but may order or prepare meals above the approved level if the meals are to be served to adults performing necessary food service labor in accordance with §225.9(d)(4). Records of participation and of preparation or ordering of meals shall be maintained to demonstrate positive action toward meeting this objective.”

Recommendation

The Sponsor should ensure that the feeding sites staff submit accurate meal count sheets, and adjust number of meals prepared/delivered accordingly.

19. The Sponsor did not complete pre-operational site visits for multiple feeding sites

Condition

Sponsor did not conduct pre-operational site visits for the following feeding sites:

- Birch Leaf Apartments
- Charter Oaks Apartments
- Commons at Brentwood Apartments
- Garden View Apartments
- Graceland Farms Apartments
- Harmony Park Apartments
- Pleasant View Apartments
- Spring Court Apartments
- Timber Pines Apartments

This finding is a repeat finding noted in March 29, 2017 report.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.14 (c) states, “No applicant sponsor shall be eligible to participate in the Program unless it: ... (6) Certifies that all sites have been visited and have the capability and the facilities to provide the meal service planned for the number of children anticipated to be served; ...”

Recommendation

The Sponsor should complete pre-operational site visits to ensure that approved feeding sites staff are properly trained and equipped to meet Program goals.

20. The Sponsor did not complete first week visits for all approved feeding sites reported on June 2017 claim for reimbursement

Condition

The Sponsor did not complete first week visits for five feeding sites claimed on the June 2017 claim for reimbursement. The feeding sites are: The Commons at Brentwood Apartments, Graceland Farms Apartments, Pleasant View Apartments, Spring Court Apartments, and Timber Pines Apartments.

This finding is a repeat finding noted in March 29, 2017 report.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.15 (d)(2) states, “Sponsors shall visit each of their sites at least once during the first week of operation under the Program and shall promptly take such actions as are necessary to correct any deficiencies.”

Recommendation

The Sponsor should ensure that all site visits are completed during the first week of operation, as required.

21. The Sponsor did not provide us with documentation to show that a review of food service operation within the first-four week was conducted at the feeding sites

Condition

We requested documentation and records of the Sponsors review of the food service operation of the feeding sites; however, the Sponsor failed to provide us with any documentation regarding the first-four week feeding site visits.

Criteria

Title 7 of the US Code of Federal Regulations, Section 225.15 (d)(3) states that “Sponsors shall review food service at each site at least once during the first four weeks of Program operations, and thereafter shall maintain a reasonable level of site monitoring. Sponsor shall complete a monitoring form developed by the State agency during the conduct of these reviews.”

Recommendation

The Sponsor should ensure that reviews of food services at each feeding site is conducted with the first four-weeks of operation and maintain the documents of the reviews.

22. The Sponsor did not complete racial/ethnic data forms for any of its operational feeding sites

Condition

The Sponsor did not provide documentation of completed racial/ethnic forms for any of the 36 operational feeding sites claimed on the submitted claim for reimbursement for June 2017.

Criteria

The USDA FNS 2016 Administrative Guide Summer Food Service Program for Sponsors, page 122, states that “the Sponsor must collect ethnic/racial category data each year by ethnic/racial category for each site under the sponsor’s jurisdiction.”

Recommendation

The Sponsor should maintain records of racial/ethnic data as required by the federal regulations.

23. The Sponsor did not maintain adequate records to track food inventory

This is a Serious Deficiency

Condition

The Sponsor submitted expenses for food costs from June 1, 2017 through June 30, 2017 in the amount of \$39,281.33. This amount was based on production records submitted for self-prepared meals. Based on the submitted Claim for Reimbursement, The Sponsor’s revenue received for June 2017 totaled \$187,254.97.

Criteria

The USDA FNS 2016 Administrative Guide Summer Food Service Program for Sponsors, page 141, states “The data that is necessary for computing the cost of food used is more extensive when sponsors prepare their own meals on site or at a central kitchen. Records to support the cost of food used should include, at a minimum:

- Receiving reports that record the amount of food received from the supplier
- Purchasing invoices
- Records of any returns, discounts, or other credits not reflected on purchase invoices
- Inventory records that show the kinds of food items on hand at the beginning and end of the inventory period, the quantity of each item, documented major inventory adjustments, and the total value of the beginning and ending inventory

Recommendation

The Sponsor should maintain food inventory records as required by the USDA FNS 2016 Administrative Guide Summer Food Service Program for Sponsors.

24. The Sponsor did not maintain adequate labor records to track labor costs

Condition

The Sponsor submitted expenses for labor costs from June 1, 2017 through June 30, 2017 in the amount of \$4,582.44. This amount was based on time and attendance records submitted. However, the documents provided did not represent the total cost for labor for all feeding site and Sponsor's staff.

Criteria

The USDA FNS 2016 Administrative Guide Summer Food Service Program for Sponsors, page 142, states "Sponsors must keep accurate time and attendance records for all labor costs that are attributed to the SFSP."

Recommendation

The Sponsor should maintain adequate labor cost records as required to enable tracing of labor cost to the proper supporting documentation.

25. The Sponsor did not notify the Health Department of the locations and dates of operation of all sites

Condition

The Sponsor submitted two letters, dated April 22, 2017 and April 23, 2017, to the local health department listing a total of 16 approved sites, which also indicated the dates and times food service would begin and end at the listed sites. At the time of the Sponsor visit on July 19, 2017, the Sponsor had a total of 46 approved sites, of which 36 were in operation during the review month, June 2017.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.16 (a) states, in part, "Within two weeks of receiving notification of their approval, but in any case prior to commencement of Program operation, sponsors shall submit to the State agency a copy of their letter advising the appropriate health department of their intention to provide a food service during a specific period at specific sites."

Recommendation

The Sponsor should ensure that the local health department has been notified of their intention to provide food service for all approved sites.

Technical Assistance

The DHS program monitoring personnel provided technical assistance regarding the correct manner to complete point of service meal delivery to site personnel at Ashton Hills Apartments, Knob Hill Apartments, Sherwood Forest Apartments, Springdale Creek Apartments, and Walden Pointe Apartments. The monitors also informed the Sponsor and feeding site personnel at Springdale Creek Apartments on what consists of an acceptable meal count sheet, including valid signatures and correctly identifying meal being served.

The monitors also provided technical assistance on how to properly retain and maintain records, as required under State and Federal regulations, and what records should be available on site.

Follow Up Review of the Claim for Reimbursement

The DHS program monitoring personnel will follow up with a review of the Hand That Gives Foundation, Inc. supporting documentation for July 2017 and August 2017 claims for reimbursement, amended claim for June 2017, including, but not limited to, an on-site visit and inquiry of management and staff. At the end of the review, a monitoring report will be issued detailing the results of the review and recommendation, if applicable.

OVERPAYMENT - RIGHT TO APPEAL

Overpayment

Based on our review of the records provided by Sponsor, inquiry of staff, on-site visits to the feedings sites, and observation of meal services, we determined that the Sponsor was not in compliance with the federal and state regulations that govern the SFSP and that the cost reimbursed for meals of \$48,710.69 is disallowed.

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 ten (10) calendar days from your receipt of this letter. 7 C.F.R. § 225.13(a). 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.

SUMMARY

The Department has determined that The Hand that Gives Foundation, Inc. is seriously deficient in its operation of the SFSP and that Mentha White, Executive Director, and Quinton White, President/Administrator are responsible for the serious deficiencies.

You may not appeal the serious deficiency determination itself. If the Department proposes to terminate The Hand that Gives Foundation, Inc.'s SFSP agreement, you will be able to appeal those actions and you will be advised of your appeal rights and the appeal procedures at that time.

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:

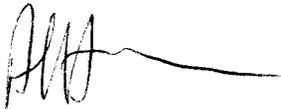
1. Login to (TIPS) the Tennessee Information Payment System and submit a revised claim for June and July 2016.
2. Remit a check payable to the Department in the amount of **\$48,710.69** for recovery of the overpayment; and
3. Complete and return the enclosed corrective action plan to address the findings of the monitoring review to:

Tennessee Department of Human Services
Allette Vayda - SFSP/SFSP Unit
Citizens Plaza - 8th Floor
400 Deaderick Street
Nashville, Tennessee 37243-1403.

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 Sponsor's SFSP Provider Agreement and to disqualify you and the Sponsor from future SFSP participation by issuing a Notice of Proposed Termination.

We appreciate the assistance provided during this review. If you have any questions, please contact Jackie Yokley, Audit Director 2, at 615-837-5035 or Jackie.D.Yokley@tn.gov.

Sincerely,



Allette Vayda
Program Director
CACFP & SFSP

AV/ba

Enclosures

EXHIBIT A

Summary of Total Claimed and Reconciled Meals

Sponsor: The Hand that Gives Foundation, Inc.

Review Month/Year: June 2017

Total Meal Reimbursement Received: \$187,254.97

Site Meal Service Activity	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	30	30
Number of Participating Sites for Lunch	36	36
Number of Participating Sites for Supplements	36	36
Number of Lunches Served	39,574	28,300
Number of Supplements Served	39,215	33,151

*Exhibits B through KK reflect meals disallowed before the milk shortage. Meals were disallowed from the Sponsor's totals after all other disallowances for the milk shortage.

Exhibit B

Sponsor: The Hand that Gives

Site: 0026-Ashton Hills Apartments (Sample)

Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	19
Number of Lunches Served	1,655	1,233
Number of Supplements Served	1,608	1,197

Exhibit C

Sponsor: The Hand that Gives
Site: 0020-Knob Hill (Sample)
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	24
Number of Lunches Served	972	754
Number of Supplements Served	966	860

Exhibit D

Sponsor: The Hand that Gives
Site: 0039-Sherwood Forrest Apartments (Sample)
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	20	20
Number of Lunches Served	587	456
Number of Supplements Served	579	425

Exhibit E

Sponsor: The Hand that Gives
Site: 0002-Springdale Creek Apartments (Sample)
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	24
Number of Lunches Served	2,251	1,312
Number of Supplements Served	2,211	1,153

Exhibit F

Sponsor: The Hand that Gives
Site: 0027-Walden Pointe Apartments (Sample)
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	19
Number of 1st Lunches Served	664	419
Number of 1st Supplements Served	610	425

Exhibit G

Sponsor: The Hand that Gives
Site: 0046-Apartments at Hedgegrow
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	17	17
Number of 1st Lunches Served	963	826
Number of 1st Supplements Served	950	924

Exhibit H

Sponsor: The Hand that Gives
Site: 0037-Askew Place
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	18	18
Number of 1st Lunches Served	738	598
Number of 1st Supplements Served	740	630

Exhibit I

Sponsor: The Hand that Gives
Site: 0041-Austin Park Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	20	24
Number of 1st Lunches Served	1,339	1,307
Number of 1st Supplements Served	1,339	1,325

Exhibit J

Sponsor: The Hand that Gives
Site: 0022-Avery Park Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	24
Number of 1st Lunches Served	1,440	1,319
Number of 1st Supplements Served	1,440	1,368

Exhibit K

Sponsor: The Hand that Gives
Site: 0045-Barron Court
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	17	18
Number of 1st Lunches Served	590	568
Number of 1st Supplements Served	568	568

Exhibit L

Sponsor: The Hand that Gives
Site: 0014-Birch Leaf
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	12	0
Number of 1st Lunches Served	927	0
Number of 1st Supplements Served	922	0

Exhibit M

Sponsor: The Hand that Gives
Site: 0044-Cane Creek Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	18	18
Number of 1st Lunches Served	1,295	1,143
Number of 1st Supplements Served	1,275	1,274

Exhibit N

Sponsor: The Hand that Gives
Site: 0047-Charter Oaks Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	12	12
Number of 1st Lunches Served	483	460
Number of 1st Supplements Served	462	462

Exhibit O

Sponsor: The Hand that Gives
Site: 0007-Commons at Brentwood Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	18	18
Number of 1st Lunches Served	1,492	1,400
Number of 1st Supplements Served	1,490	1,486

Exhibit P

Sponsor: The Hand that Gives
Site: 0024-Crockett Park Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	20	19
Number of 1st Lunches Served	1,226	1,226
Number of 1st Supplements Served	1,210	1,143

Exhibit Q

Sponsor: The Hand that Gives
Site: GE Patterson Pointe
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	18	18
Number of 1st Lunches Served	647	572
Number of 1st Supplements Served	650	650

Exhibit R

Sponsor: The Hand that Gives
Site: 0015-Garden View
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	12	0
Number of 1st Lunches Served	745	0
Number of 1st Supplements Served	731	0

Exhibit S

Sponsor: The Hand that Gives
Site: 0012-Graceland Farms Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	24
Number of 1st Lunches Served	1,282	1,221
Number of 1st Supplements Served	1,268	1,252

Exhibit T

Sponsor: The Hand that Gives
Site: 0016-Harmony Park Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	20	21
Number of 1st Lunches Served	1,659	1,657
Number of 1st Supplements Served	1,652	1,651

Exhibit U

Sponsor: The Hand that Gives
Site: 0030-Hickory Hill Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	19
Number of 1st Lunches Served	773	570
Number of 1st Supplements Served	775	517

Exhibit V

Sponsor: The Hand that Gives
Site: 043-Holiness Tabernacle Church
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	15	15
Number of 1st Lunches Served	353	344
Number of 1st Supplements Served	360	349

Exhibit W

Sponsor: The Hand that Gives
Site: 0021-Jennifer Meadows Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	24
Number of 1st Lunches Served	1,548	1,450
Number of 1st Supplements Served	1,528	1,471

Exhibit X

Sponsor: The Hand that Gives
Site: 0025-Lexington Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	30	19
Number of 1st Lunches Served	565	565
Number of 1st Supplements Served	570	570

Exhibit Y

Sponsor: The Hand that Gives
Site: 0036-Montgomery Plaza
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	18	18
Number of 1st Lunches Served	1,727	1,637
Number of 1st Supplements Served	1,728	1,518

Exhibit Z

Sponsor: The Hand that Gives
Site: 0042-New Horizon Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	20	23
Number of 1st Lunches Served	2,454	1,741
Number of 1st Supplements Served	2,445	1,934

Exhibit AA

Sponsor: The Hand that Gives
Site: 0013-Pleasant View Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	20	21
Number of 1st Lunches Served	1,507	1,507
Number of 1st Supplements Served	1,496	1,498

Exhibit BB

Sponsor: The Hand that Gives
Site: 0019-Seventh Street Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	21	21
Number of 1st Lunches Served	1,160	1,132
Number of 1st Supplements Served	1,150	1,090

Exhibit CC

Sponsor: The Hand that Gives
Site: 0017-Spring Court Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	24
Number of 1st Lunches Served	816	37
Number of 1st Supplements Served	801	36

Exhibit DD

Sponsor: The Hand that Gives
Site: 0028-Stonegate Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	24
Number of 1st Lunches Served	730	694
Number of 1st Supplements Served	730	726

Exhibit EE

Sponsor: The Hand that Gives
Site: 0023-Sycamore Lake Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	24
Number of 1st Lunches Served	1,120	1,120
Number of 1st Supplements Served	1,120	1,120

Exhibit FF

Sponsor: The Hand that Gives
Site: 0040-Ten Mile Creek Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	18	16
Number of 1st Lunches Served	1,098	1,158
Number of 1st Supplements Served	1,090	1,154

Exhibit GG

Sponsor: The Hand that Gives
Site: 0008-Timber Pines Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	24
Number of 1st Lunches Served	1,463	1,463
Number of 1st Supplements Served	1,453	1,413

Exhibit HH

Sponsor: The Hand that Gives
Site: 0031-Valley Forge Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	23	23
Number of 1st Lunches Served	1,518	1,333
Number of 1st Supplements Served	1,516	1,302

Exhibit II

Sponsor: The Hand that Gives
Site: 0033-Weaver Field Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	20	24
Number of 1st Lunches Served	921	954
Number of 1st Supplements Served	913	1,016

Exhibit JJ

Sponsor: The Hand that Gives
Site: 0032-Wesley Forrest Townhomes
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	20	24
Number of 1st Lunches Served	818	529
Number of 1st Supplements Served	822	597

Exhibit KK

Sponsor: The Hand that Gives
Site: 0035-Winbranch Apartments
Review Month/Year: June 2017

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	1	1
Number of 1st Lunches Served	48	48
Number of 1st Supplements Served	47	47

Exhibit LL

Overpayment Summary

Disallowed Meals	X Meal Rate	Total
11,274 Lunches	\$3.8325	\$43,207.61
6,064 Snacks	\$0.9075	\$5,503.08
Total Overpayment		\$48,710.69



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403
TELEPHONE: 615-313-4700 FAX: 615-741-4165
TTY: 1-800-270-1349
www.tn.gov/humanservices

BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

October 27, 2017

Mr. Quinton White, Director
The Hand That Gives Foundation, Inc.
567 Lester Street
Memphis, Tennessee 38112

Notice of payment due to findings disclosed in the monitoring report dated October 27, 2017, for Summer Food Service Program (SFSP).

Institution Name:	The Hand that Gives Foundation, Inc.
Institution Address:	567 Lester Street Memphis, Tennessee 38112
Agreement Numbers:	00-087
Amount Due:	\$48,710.69
Due Date:	November 28, 2017

Based on the monitoring report issued on October 27, 2017, by the Audit Services Division within the Tennessee Department of Human Services, the Community and Social Services- Food Programs- CACFP & SFSP management has agreed with the findings which requires The Hand that Gives Foundation, Inc. to reimburse the Department of Human Services unallowed cost in the amount of \$48,710.69.

Please remit a check or money order payable to the **Tennessee Department of Human Services** in the amount of \$48,710.69 by the due date to:

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

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

Thank you for your attention

**CORRECTIVE ACTION PLAN
SUMMER FOOD SERVICE PROGRAM (SFSP)
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. Sponsor Information	
Name of Institution The Hand that Gives Foundation, Inc.	CACFP Agreement No. 00-087
Mailing Address: 567 Lester Street Memphis, Tennessee 38112	
Section B. Responsible Principal(s) and/or Individual(s)	
Name and Title: Mentha Wihte, Executive Director Quinton White, President/Administrator	Date of Birth (s):
Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan	
SD Report: October 27, 2017	Corrective Action Plan: October 27, 2017
Section D. Findings	
Findings:	
<ol style="list-style-type: none"> 1. Records were not readily available and were not maintained at approved site address 2. The number of meals reported for reimbursement was incorrect 3. Meal count sheets were not available for two sites that meals were claimed for reimbursement 4. Meal count sheets were not signed or contained photocopied signatures 5. The Sponsor over stated and claimed more meals as served than what we observed 6. Lunch meals served did not meet USDA meal pattern requirements 7. Meal counts were not taken correctly 8. Meal count sheets did not identify the meal type being served 9. The Sponsor did not serve all meal components at the same time as unitized meals to participants 	

10. The Sponsor overstated the number of meals served for which the claimed meals exceeded the feeding site's approved level of meal service
11. Meals served outside of feeding sites approved meal service dates
12. Observed meals were served outside of approved meal service time
13. Participants consumed meals off site
14. The meals documented as served exceeded the number of meals documented on the delivery ticket
15. Insufficient quantities of milk were purchased
16. The days of operation for some sites was incorrect
17. Second meals were served to participants before all participants received first meals
18. The Sponsor did not prepare or order meals based on the feeding site participation
19. The Sponsor did not complete pre-operational site visits for multiple feeding sites
20. The Sponsor did not complete first week visits for all approved feeding sites reported on June 2017 claim for reimbursement
21. The Sponsor did not provide us with documentation to show that a review of food service operation within the first-four week was conducted at the feeding sites
22. The Sponsor did not complete racial/ethnic data forms for any of its operational feeding sites
23. The Sponsor did not maintain adequate records to track food inventory
24. The Sponsor did not maintain adequate labor records to track labor costs
25. The Sponsor did not notify the Health Department of the locations and dates of operation of all sites

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

Measure No. 1: Records were not readily available and were not maintained at approved site address

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 number of meals reported for reimbursement was incorrect

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 3: Meal count sheets were not available for two sites that meals were claimed for reimbursement

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: Meal count sheets were not signed or contained photocopied signatures

The finding will be fully and permanently corrected.

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

Name: _____

Position Title: _____

Name: _____

Position Title: _____

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

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

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

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

Measure No. 5: The Sponsor over stated and claimed more meals as served than what we observed

The finding will be fully and permanently corrected.

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

Name: _____

Position Title: _____

Name: _____

Position Title: _____

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

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

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

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

Measure No. 6: Lunch meals served did not meet 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. 7: Meal counts were not taken correctly

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 8: Meal count sheets did not identify the meal type being served

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 9: The Sponsor did not serve all meal components at the same time as unitized meals to participants

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. 10: The Sponsor overstated the number of meals served for which the claimed meals exceeded the feeding site's approved level of meal service

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. 11: Meals served outside of feeding sites approved meal service dates

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. 12: Observed meals were 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:

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. 13: Participants consumed meals off site

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. 14: The meals documented as served exceeded the number of meals documented on the delivery ticket

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. 15: Insufficient quantities of milk were purchased

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 16: The days of operation for some sites was incorrect

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 17: Second meals were served to participants before all participants received first meals

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. 18: The Sponsor did not prepare or order meals based on the feeding site participation

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. 19: The Sponsor did not complete pre-operational site visits for multiple feeding sites

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. 20: The Sponsor did not complete first week visits for all approved feeding sites reported on June 2017 claim for reimbursement

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. 21: The Sponsor did not provide us with documentation to show that a review of food service operation within the first-four week was conducted at the feeding sites

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. 22: The Sponsor did not complete racial/ethnic data forms for any of its operational feeding sites

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. 23: The Sponsor did not maintain adequate records to track food inventory

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. 24: The Sponsor did not maintain adequate labor records to track labor costs

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. 25: The Sponsor did not notify the Health Department of the locations and dates of operation of all sites

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

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

Printed Name of Authorized Sponsor Official

Position

Signature of Authorized Sponsor Official

Date

Signature of Authorized TDHS Official

Date

**SUMMER FOOD SERVICE PROGRAM
SPONSOR APPEAL PROCEDURES
REVISED FEBRUARY 21, 2014**

7 C.F.R. § 225.13 governs appeals in the Summer Food Service Program and the maximum time limit for processing appeals is nineteen (19) calendar days for the Summer Food Service Program as follows:

1. The Department shall notify the appellant (Sponsor) in writing of the grounds upon which the Department has based the action. The Department's notice of action shall be sent by certified mail, return receipt requested, and shall also state whether that the sponsor or food service management company has the right to appeal the Department's action.
2. Appealable actions are outlined in 7 C.F.R. § 225.13(a) and are: A denial of an application for participation; a denial of a sponsor's request for an advance payment; a denial of a sponsor's claim for reimbursement (except for late submission under 7 C.F.R. § 225.9(d)(6)); the Department's refusal to forward to FNS an exception request by the sponsor for payment of a late claim or a request for an upward adjustment to a claim; a claim against a sponsor for remittance of a payment; the termination of the sponsor or a site; a denial of a sponsor's application for a site; a denial of a food service management company's application for registration, if applicable; or the revocation of a food service management company's registration, if applicable.
2. The time period allowed for filing the appeal, where actions are appealable as specified in 7 C.F.R. § 225.13(a), is **ten (10) calendar days** from the date on which the notice of action sent by certified mail return receipt requested, is received.
3. The appeal must be in writing and must conform to the requirements outlined in 7 C.F.R. § 225.13(b)(4), which are set forth in paragraph (5) below.
4. The address to file an appeal is as follows:

Tennessee Department of Human Services
Appeals and Hearings Division, Clerk's Office
P.O. Box 198996
Nashville, TN 37219-8996
Toll Free: (866) 787-8209
Local: (615) 744-3900
Fax: (866) 355-6136
AppealsClerksOffice.DHS@tn.gov

5. The appellant is allowed to refute the charges in the notice of action in person, or by filing written documentation with the review official. If the appeal letter does not specifically request a hearing, a review of written documentation in lieu of a hearing will occur. To be considered, written documentation must be submitted by the appellant within seven (7) calendar days of submitting the appeal. An appellant is allowed the opportunity to review information upon which the action described in the notice of action was based.
6. If the appellant requested a hearing in the appeal letter, the appellant shall be given at least five (5) calendar days advance written notice by certified mail, return receipt requested, of the date, time, and place of hearing.
7. If the appellant requested a hearing in the appeal letter, the hearing will be conducted within fourteen (14) calendar days of the receipt of the appeal. However, the hearing will not be held before the appellant's written documentation is received where the appellant has requested to submit the written documentation. The appellant may retain legal counsel or may be represented by another person. Failure of the appellant's representative to appear at a scheduled hearing shall constitute the appellant's waiver of the right to a personal appearance before the review official, unless the review official agrees to reschedule the hearing. A representative of the State agency shall be allowed to attend the hearing to respond to the appellant's testimony and written information and to answer questions from the review official. The review officer shall be independent of the original decision-making process.
8. Within five (5) working days after receiving the written documentation, and where a hearing was not requested in the appeal letter, the administrative review official, based on a full review of the administrative record, will inform the appellant, by certified mail, return receipt requested, of the official's determination.
9. Within five (5) working days after the hearing has been held, when a hearing was requested in the appeal letter, the hearing official, based on a full review of the administrative record, will inform the appellant, by certified mail, return receipt requested, of the official's determination.
10. 7 C.F.R. § 225.13(11) requires the Program's administrative action to remain in effect during the appeal process.
11. Participating sponsors and sites may continue to operate during an appeal of a termination.

12. Reimbursement shall be paid for meals served during the appeal process if the administrative review determination overturns the Program's administrative action that was appealed.
13. If the sponsor or site has been terminated for the reason of imminent dangers to the health or welfare of children, the operation shall not be allowed to continue during the appeal process and this reason shall be specified in the notice of action.
14. The review official will make a determination based on information provided by the State agency and the appellant, and on Program regulations.
15. The determination made by the hearing official is the final administrative determination provided under 7 C.F.R. § 225.13(12), and will become the Final Order and set forth the time limits for seeking judicial review.

