



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

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Certified Mail - Return Receipt # 70163010000073326470

September 25, 2018

Dorothy Morgan, Director
Community Outreach Mentoring Services
6025 Stage Suite 42227
Bartlett, Tennessee 38134-6620

RE: Notice of Serious Deficiency for Summer Food Services Program (SFSP) Agreement Number 00-688 and Demand for Overpayment

Dear Ms. Morgan:

The Department of Human Services (DHS) - Division of Audit Services staff conducted an unannounced on-site monitoring review of the Summer Food Service Program (SFSP) at Community Outreach Mentoring Services, (Sponsor), Application Agreement number 00688, on August 1, 2018. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code of Federal Regulations (CFR)* applicable parts, agreement terms and conditions, and applicable Federal and State regulations.

Based on our review of the Sponsor's records and information provided, the Sponsor had the following feeding sites operating during the review period: Angel House, Holy Vision Temple, Precious Bundles, Avery Park, Highland Chateau, Jennifer Meadows, Winbranch Complex feeding sites were selected as the samples. In addition, we reviewed all meal counts for all sites operating during the period.

Background

SFSP Sponsors utilize meal count sheets to record the number of breakfast, lunch, supper, and supplement meals served. Meals served by participating Sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. The SFSP Sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal counts sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights requirements. In addition, we observed or attempted to observe meal services at Angel House, Holy Vision Temple, Precious Bundles, and Winbranch Complex during June

2018. We also observed or attempted to observe meal services at Avery Park, Highland Chateau, Jennifer Meadows, and Winbranch Complex during July 2018.

SERIOUS DEFICIENCY DETERMINATION

Based on the monitoring review, the Department has determined that Community Outreach Mentoring Services is seriously deficient in its operation of the SFSP. In addition, the Department has identified Dorothy Morgan, Director as responsible for the serious deficiencies in light of their responsibility for the overall management of Community Outreach Mentoring Services' SFSP.

If Community Outreach Mentoring Services 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 Community Outreach Mentoring Services', agreement to participate in the SFSP.

The authorization for this action is found in Paragraph 2.m. of your 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 and the corrective action required.

Our review of the Sponsor's records and our observation of meals service for June and July 2018 disclosed the following:

1. The Sponsor reported the number of meals served incorrectly

This is a Serious Deficiency

Condition

Lunch meals claimed June 2018:

The claim for reimbursement summary for June 2018 reported 504 first lunch meals as served and 10 second lunch meals as served for a total of 514 lunch meals. However, our review of the available records reconciled 299 first lunch meals as served and 10 second meals as served. The total number of second meals claimed as served may not exceed 2% of the total first meals claimed as served to be allowed for reimbursement. Therefore, the Sponsor can only be reimbursed for six second lunch meals. This resulted in a total of 305 lunch meals as served, prior to any other disallowances. The number of first lunch meals was over reported by 205 and the number of second lunch meals was over reported by four. (See Exhibit A)

Supplement meals claimed June 2018:

The claim for reimbursement summary for June 2018 reported 505 first supplements as served and 10 second supplements as served for a total of 515 supplements. However, our review of the available records reconciled 304 first supplements as served and one second supplement as served. The one (1) second supplement fell below the 2% requirement. This resulted in a disallowance of 305 supplements, prior to any other disallowances. The number of first supplements was over reported by 201 and the number of second supplements was over reported by nine (9). (See Exhibit A)

Lunch meals claimed July 2018:

The claim for reimbursement summary for July 2018 reported 2,558 first lunch meals as served and 51 second lunch meals as served for a total of 2,609 lunch meals. However, our review of the available records reconciled 2,570 first lunch meals as served and 100 second lunch meals as served. The total number of second meals claimed as served may not exceed 2% of the total first meals claimed as served to be allowed for reimbursement. Therefore, the Sponsor can only be reimbursed for 51 second meals. This resulted in a total of 2,621 lunch meals as served, prior to any disallowances. The number of first lunch meals was under reported by 12. (See Exhibit B)

Supplement meals claimed July 2018:

The claim for reimbursement summary for July 2018 reported 2,352 first supplements as served and 47 second supplements as served for a total of 2,399 supplement s. However, our review of the available records reconciled 2,290 first supplements as served and 75 second supplements as served. The total number of second meals claimed as served may not exceed 2% of the total first meals claimed as served to be allowed for reimbursement. Therefore, the Sponsor can only be reimbursed for 46 second meals. This resulted in a total of 2,336 supplements, prior to any disallowances. The number of first supplements was over reported by 62 and the number of second supplements was over reported by one (1). (See Exhibit B)

Criteria

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

Recommendation

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

2. The Sponsor did not ensure point of service meal counts were taken and reported correctly

Condition

The Sponsor did not correctly complete the daily point of service meal count sheets. Some of the numbers reported did not match what was marked at the actual point of service. Meals were also disallowed if the point of service meal count sheet was not signed. Our review of the Sponsor's records revealed the following:

Site Name	Meals disallowed	Date of meal disallowance/ allowance	Exhibit
June			
Winbranch Complex	17 Lunch meals	6/27/18, 6/28/18	F
Winbranch Complex	15 Supplement meals	6/27/18, 6/28/18	F
July			
Avery Park	8 Lunch meals	7/25/18	G
Avery Park	13 Supplement meals	7/24/18, 7/26/18	G
Highland Chateau	11 Lunch meals	7/11/18, 7/12/18	I

Jennifer Meadows	12 Lunch meals	7/12/18, 7/13/18,7/17/18, 7/20/18, 7/23/18, 7/24/18,	J
Jennifer Meadows	8 Supplement meals	7/23/18	I
Winbranch Complex	85 Lunch meals	7/6/18, 7/13/18, 7/17/18, 7/18/18, 7/19/18, 7/20/18, 7/23/18, 7/26/18, 7/27/18	J
Winbranch Complex	60 Supplement meals*	7/2/18, 7/10/18, 7/16/18, 7/17/18, 7/18/18, 7/19/18, 7/20/18, 7/24/18, 7/26/18, 7/27/18	J

*Meal count sheet was not signed on 07/02/18 for Supplement service

All remaining disallowed meals numbers reported did not match what was marked at the actual point of service

As a result, for June 2018, 17 lunch meals and 15 supplements were disallowed, and for July 2018, 116 lunch meals and 81 supplements were disallowed.

Criteria

According to the Administration Guide Summer Food Service Program 2016 edition, 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 Administration Guide Summer Food Service Program 2016 edition, 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

The Sponsor should ensure site personnel completes and submits accurate meal count records which support the claim for reimbursement and sign before submission.

3. The Sponsor did not provide meal count records for all feeding sites

This is a Serious Deficiency

Condition

During our review, we requested meal count records for all sites in operation during June and July 2018. For June 2018, there were four sites in operation. However, the Sponsor only provided meal counts for one site, Winbranch Complex. Meal counts were not provided for the following feeding

site: Angel House, Holy Vision Temple and Precious Bundles. Therefore reimbursement for meals claimed for these sites were disallowed for June 2018 (The disallowed meals have were addressed in Finding 1).

Criteria

Title 7 of the 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....”

Title 7 of the 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....”

Recommendation

The Sponsor should maintain proper, accurate, and reliable meals count sheets to support the claims for reimbursement.

4. The Sponsor provided one supplemental menu which did not meet the USDA meal pattern requirements

Condition

A supplement consists of at least two different components of the following five components: milk, protein, grain, fruit, and vegetable. The menu provided for June 2018 recorded two fruit components being served on June 20, 2018, for the supplement. The menu listed banana and apple juice. As a result, 35 supplement meals were disallowed.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.16 (d) states, “The meal requirements for the Program are designed to provide nutritious and well-balanced meals to each child. Sponsors shall ensure that meals served meet all of the requirements....”

Recommendation

The Sponsor should ensure that all meals served meet the meal pattern requirements established USDA.

5. The Sponsor did not provide a menu for July 2018

This is a Serious Deficiency

Condition

During our review, we requested menus for June and July 2018 to determine if the meals served met the USDA meal pattern guidelines. The Sponsor did not provide a menu for July 2018. As a result, all

lunch meals and supplements claimed for reimbursement for July 2018 were disallowed, except for the meals served that were observed by the monitors during the on-site visit. As a result, 2,461 lunch meals and 2,218 supplements were disallowed (Some of these meals were previously disallowed in Finding 2).

Criteria

Title 7 of the Code of Federal Regulations, *Section 225.15 (c)* states, “Sponsors shall maintain accurate records justifying all meals claimed and documenting that all Program funds were spent only on allowable Child Nutrition Program Costs. 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, Comptroller General of the United States and the State Agency for a period of three years following the date of submission for the final claim for reimbursement for the fiscal year.”

Recommendation

The Sponsor should ensure menus are maintained for the required time frame and are available for review upon request.

6. The meals observed during an on-site visits were not reimbursable meals

Condition

Site visits were conducted on June 19, 2018, at **Holy Vision Temple and Precious Bundles**. The lunch meal consisted of whole milk, a turkey and cheese or ham and cheese sandwich, carrots and celery. The carrots and celery were not enough to meet the requirement of the two components combining to equal $\frac{3}{4}$ of a cup. In addition, the sandwiches and vegetables at the **Holy Vision Temple** site were frozen and were unable to be consumed. The Sponsor was informed these meals would not be allowed. The Sponsor did not provide meal counts for these sites. However, all of the meals for these two sites were addressed in Finding 1.

A site visit was conducted on July 19, 2018, at **Highland Chateau**. The supplement consisted of graham crackers and cheese crackers. We informed the site supervisor that the meal was not reimbursable for having two grain components. The site supervisor then asked if she could serve leftover lunch meals instead. We informed the site supervisor the lunch meals were not safe to eat because they had been sitting in the direct sunlight for more than one hour without proper holding facilities. The site supervisor still chose to give the lunch meals. As a result, eight supplements were disallowed.

A site visit was conducted on July 25, 2018, at **Winbranch Complex**. The lunch meal consisted of a ham and cheese sandwich, milk, three cucumber slices, and five or six grapes. The quantity of cucumbers and grapes combined do not equal the required $\frac{3}{4}$ of a cup. Additionally, seven lunch meals were served without milk. As a result, 25 lunch meals are disallowed.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.16 (d) states, “The meal requirements for the Program are designed to provide nutritious and well-balanced meals to each child. Sponsors shall ensure that meals served meet all of the requirements....”

Recommendation

The Sponsor should ensure that all meals served meet the meal pattern requirements established USDA.

7. The Sponsor provided a questionable meal count sheet

Condition

The meal count sheet provided by the Sponsor for **Winbranch Complex** dated June 25, 2018 was marked lunch and supplement. An additional meal count sheet was provided for the supplement meal. As a result, 65 lunch meals were disallowed.

Criteria

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Code of Federal Regulations 7 CFR Section 225.9 (d)(5) states in part, "... 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 all meal count sheets are completed properly and reviewed for accuracy.

8. The Sponsor provided meal count sheets without dates

Condition

The meal count sheets provided by the Sponsor were missing service dates on several sheets. Each meal count sheet should have the delivery date or service date completed to clearly show which day the meal service occurred. Most of the meal count sheets were dated with the site supervisor's signature. However, the date with the signature indicates the date the site supervisor reviewed and signed the meal count sheet and does not indicate the date of the meal service.

Site Name	Meal Service	Date of Supervisor's Signature
Avery Park	Lunch	7/19/18, 7/24/18, 7/25/18, 7/26/18, 7/27/18
Avery Park	Supplement	7/19/18, 7/20/18, 7/23/18, 7/24/18, 7/25/18, 7/26/18, 7/27/18
Highland Chateau	Lunch	7/5/18, 7/6/18, 7/9/18, 7/10/18, 7/11/18, 7/12/18, 7/13/18, 7/16/18, 7/17/18, 7/18/18, 7/19/18, 7/20/18, 7/23/18, 7/24/18, 7/25/18, 7/26/18, 7/27/18
Highland Chateau	Supplement	7/5/18, 7/6/18, 7/9/18, 7/10/18, 7/11/18, 7/12/18, 7/17/18, 7/19/18, 7/23/18,

		7/24/18, 7/25/18, 7/26/18, 7/27/18
Jennifer Meadows	Lunch	7/5/18, 7/6/18, 7/9/18, 7/10/18, 7/11/18, 7/12/18, 7/13/18, 7/16/18, 7/17/18, 7/18/18, 7/19/18, 7/20/18, 7/25/18, 7/26/18, 7/27/18
Jennifer Meadows	Supplement	7/5/18, 7/6/18, 7/9/18, 7/10/18, 7/11/18, 7/12/18, 7/13/18, 7/16/18, 7/17/18, 7/18/18, 7/20/18, 7/24/18, 7/25/18, 7/26/18, 7/27/18

All of the meals were previously disallowed in Findings 2, 4, 5 and 6.

Criteria

The USDA SFSP Administration Guide, pages 66 and 184, states “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...”.

The USDA SFSP Administration Guide, page 139, states, “Sponsors must keep full and accurate records so they can substantiate the number of Program meals that they have submitted on each claim for reimbursement and that SFSP funds are used only for allowable SFSP costs. Records must also be kept to confirm the sponsor is in good standing with all Program requirements. 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. The site personnel must complete the records based on actual counts taken at each site for each meal service on each day of operation. Site personnel must be sure that they record all required counts....”

Recommendation

The Sponsor should ensure that meal count sheets are properly completed, reviewed, and approved by the site supervisor.

9. The number of meals reported for the dates of meal observations was incorrect

Condition

The Sponsor did not correctly claim the meals observed by the Audit Services Division staff during site visits as follows:

During the meal observation at **Winbranch Complex** on June 29, 2018, the monitor observed 20 first meals served. Our review of the Sponsor’s records revealed the Sponsor claimed 20 first meals and 10 second meals. The claimed and reconciled meal count differences are reflected in Finding 1 as a meal count error.

During the meal observation at **Highland Chateau** on July 19, 2018, the monitors observed zero lunch meals and eight supplements served. Our review of the Sponsor’s records revealed the Sponsor claimed six (6) lunch meals and 22 supplements. The claimed and reconciled meal count differences are reflected in Finding 1 as a meal count error.

During the meal observation at **Jennifer Meadows** on July 19, 2018, the monitors observed zero supplements. Our review of the Sponsor’s records revealed the Sponsor claimed 10 supplements. The claimed and reconciled meal count differences are reflected in Finding 1 as a meal count error.

During the meal observation at **Winbranch Complex** on July 25, 2018, the monitor observed 23 first supplements and zero second supplements. Our review of the Sponsor’s records revealed the Sponsor claimed 23 first supplements and six (6) second supplements. The claimed and reconciled meal count differences are reflected in Finding 1 as a meal count error.

Criteria

Title 7 of the 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...”

Recommendation

The Sponsor should ensure that the number of meals reported is based on the actual number of meals

10. The number of meals reported exceeded the site’s approved level of meal service

Condition

Our review of the Sponsor’s records showed the approved level of meal service was exceeded at two sites, **Highland Chateau, and Jennifer Meadows**.

Site Name	Meal Service	Date
Highland Chateau Maximum: 40	Lunch	7/5/18, 7/6/18, 7/9/18, 7/10/18, 7/11/18, 7/12/18, 7/13/18, 7/16/18, 7/17/18, 7/18/18, 7/20/18, 7/23/18, 7/24/18, 7/25/18, 7/26/18, 7/27/18
Highland Chateau Maximum: 40	Supplement	7/5/18, 7/6/18, 7/10/18, 7/12/18, 7/13/18, 7/16/18, 7/17/18, 7/18/18, 7/23/18, 7/24/18, 7/25/18, 7/26/18, 7/27/18
Jennifer Meadows Maximum: 60	Lunch	7/10/18

The meals associated with this finding were previously disallowed in Finding 5.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.6 (d)(2) states, “the State agency shall establish for each meal service an approved level for the maximum number of children’s meals which may be served under the Program.”

The USDA SFSP 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 the number of meals claimed each day does not exceed the site’s approved level of meal service.

11. The number of days of operation was reported incorrectly

Condition

The number of days of operation was reported incorrectly for several sites.

For June 2018, the Sponsor reported nine days of operation at the **Winbranch Complex** feeding site. Our review of the Sponsor’s records showed that the feeding site operated for eight days.

For July 2018, the Sponsor reported nine days of operation at the **Avery Park feeding** site. Our review of the Sponsor’s records showed that the feeding site operated for seven days.

For July 2018, the Sponsor reported 19 days of operation at the **Highland Chateau** feeding site. Our review of the Sponsor’s records showed that the feeding site operated for 17 days.

For July 2018, the Sponsor reported 19 days of operation at the **Jennifer Meadows** feeding site. Our review of the Sponsor’s records showed that the feeding site operated for 17 days.

For July 2018, the Sponsor reported 17 days of operation at the **Winbranch Complex** feeding site. Our review of the Sponsor’s records showed that the site operated for 19 days.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.9 (d)(5) states, “... 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 operating days are correct when submitting the claim for reimbursement.

12. The Sponsor provided multiple meal count sheets for the same meal service

Condition

The Sponsor provided two sets of meal counts for the lunch meal service at **Winbranch Complex** on July 12, 2018. The two sets of meal counts had conflicting numbers. Additionally, the Sponsor provided two sets of conflicting meal count numbers for the supplement service at **Winbranch Complex** on July 9, 2018. These meals have been previously disallowed in Finding 5.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.9 (d)(5) states, "... 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 meal counts are taken at the point of service. Additionally, the Sponsor should ensure the meal counts are complete and accurate.

13. The dates on a meal count sheets were inconsistent

Condition

The meal count sheet dated July 24, 2018, for **Winbranch Complex** has a delivery date of July 25, 2018. The meals cannot be delivered after the meal service for which they will be used for. These meals were previously disallowed in Finding 5.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.9 (d)(5) states, "... 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 review each meal count sheet to ensure accuracy.

14. The Sponsor allowed meals to be taken off site during meal observations

Condition

During our on-site visits on June 19, 2018 to observe meals service at **Holy Vision Temple and Precious Bundles** we observed several participants took the meals off site. The site staff was informed that the meals would not be reimbursable. The Sponsor did not provide meal counts for either site as addressed in Findings 1 and 3.

During our on-site visits on July 19, 2018 to observe a meal service at **Jennifer Meadows**, we observed two participants took the lunch meals off site. The site staff was informed the meals would not be reimbursable. The staff did not claim the meals.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.6 (e)(15) states, "The Sponsor shall maintain children on site while meals are consumed."

Recommendation

The Sponsor should ensure participants consume meals on site, except when permissible during the heat advisory.

15. The Sponsor provided mathematically inaccurate meal count sheets

Condition

We reviewed the available daily meal count records for June and July 2018. Based on our review, we noted that there were questionable records provided. Below is a summary of the forms:

Feeding Site	Date and Meal	Questionable Issue
Winbranch Complex	6/27/18 Lunch	The total number of meals received is 40. The total number of first meals is recorded as 40, second meals 6, program adult meals 4. The total number of meals served is marked 40.
Winbranch Complex	6/28/18 Lunch	The number of meals received is 35. The total number of first meals is recorded as 35. The total number of second meals is recorded as 5. The total is recorded as 35.
Winbranch Complex	6/29/18 Lunch	The number of meals received is 40. The total number of first meals is recorded as 20, second meals 10, program adult meals 5, nonprogram adult meals 5. The total number of meals served is recorded as 20.
Winbranch Complex	6/27/18 Supplement	The number of meals received is 40. The total number of first meals is recorded as 40, second meals 5, program adult meals 5. The total number of meals served is recorded as 40.
Winbranch Complex	6/28/18 Supplement	The number of meals received appears to have "30" made into "35." The total number of first meals is recorded as 35, second meals appear to have "0" made into "5." The total number of meals served appears to have "30" made into "35."
Winbranch Complex	6/29/18 Supplement	The number of meals received is 40. The total

		number of first meals is recorded as 21, second meals 10, program adult meals 4, nonprogram adult meals 5. Total number of meals served is recorded as 20.
Highland Chateau	7/18/18 Lunch	The number of meals received is 55. The total number of first meals is recorded as 55, second meals 1. Total number of meals served is recorded as 55.
Jennifer Meadows	7/13/18 Lunch	The number of meals received is 55. The total number of first meals is recorded as 55, second meals 2. Total number of meals served is recorded as 55.
Jennifer Meadows	7/17/18 Lunch	The number of meals received is 55. The total number of first meals is recorded as 55, second meals 3. Total number of meals served is recorded as 55.
Jennifer Meadows	7/24/18 Lunch	The number of meals received is 50. The point of service is marked 49, second meals are handwritten in as 1. The total number of meals served is recorded as 40.
Jennifer Meadows	7/12/18 Supplement	The number of meals received is 55. The point of service is marked 44, second meals are handwritten in as 10, nonprogram adults is handwritten in as 15, an additional line has been written in that states "total-adult 5" The total meals served is recorded as 44, it appears to be written over another number that is not legible. The number of leftover meals appears to have "20" made into "0."
Jennifer Meadows	7/16/18 Supplement	Total meals received is recorded as 55. The point of service is marked 53. The second meals are handwritten in as 5, nonprogram adults are handwritten in as 3. The total meals served is recorded

		as 52 and the leftover meals appears to have "3" made into "0."
Winbranch Complex	7/6/18 Lunch	Total meals received is 40. First meals served is recorded as 40, second meals 10. The total meals served is recorded as 40.
Winbranch Complex	7/9/18 Lunch	Total meals received is 30. First meals served is recorded as 30, second meals 10. The total meals served is recorded as 30.
Winbranch Complex	7/19/18 Lunch	Total meals received is 40. Point of service is marked 28, second meals is handwritten in as 10. Total meals served is recorded as 30. The number of left over meals is recorded as 0.
Winbranch Complex	7/5/18 Supplement	The number of meals received is 30. Total first meals is recorded as 15, seconds 0, program adults 0, nonprogram adults 0. Total number of meals served is recorded as 30.
Winbranch Complex	7/6/18 Supplement	Total meals received is 40. First meals served is recorded as 40, second meals 10. The total meals served is recorded as 40.

All of the meals addressed in this finding have been previously disallowed in Findings 1, 2, 5 and 6.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.9 (d)(5) states, "... 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 the numbers reported on the daily meal count sheets are correct and reflect the actual number of meals served at each feeding site.

16. The Sponsor did not appear to adjust meal counts according to participation

Condition

During June 2018, the Sponsor requested reimbursement for 504 first lunch meals, 324 second lunch meals, 505 first supplements and 43 second supplements, according to the claim for reimbursement summary. Sponsors may only seek reimbursement for second meals up to 2% of the first meals served. As a result, TIPS automatically reduced the number of second meals to 2% of the reported first meals.

During July 2018, the Sponsor requested reimbursement for 2,558 first lunch meals, 84 second lunch meals, 2,352 first supplements and 131 second supplements. The second meals reported exceeded 2% of the first meals reported. As a result, TIPS automatically reduced the number of second meals to 2% of the reported first meals.

Criteria

Title 7 of the 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 review daily meal counts and adjust the number of meals prepared according to participation in order to reduce the number of second meals served.

17. The Sponsor did not provide monitoring documentation for all feeding sites

This is a Serious Deficiency

Condition

We requested all monitoring documentation for the seven sites operated by the Sponsor in June and July 2018. The Sponsor was unable to provide documentation for monitoring activities at **Highland Chateau, Winbranch Complex, Holy Vision Temple, Precious Bundles, and Angel House.**

Criteria

Title 7 of the Code of Federal Regulations, Section 225.15 (d)(2) states, “Sponsors shall review food service operations at each site at least once during the first four weeks of Program operations, and thereafter shall maintain a reasonable level of site monitoring, Sponsors shall complete a monitoring form developed by the State agency during the conduct of these reviews.”

The USDA SFSP Monitor's Guide, page 5 lists monitor responsibilities that include:

- Conducting pre-operational visits for new and problem sites.
- Visiting all assigned sites within the first week of operation to ensure that the food service is operating smoothly and that any needed adjustments are made or problems resolved.
- Reviewing food service operations of all assigned sites within the first 4 weeks of operation to thoroughly examine the meal service from start to finish, correcting problems and providing additional training where necessary.

Recommendation

The Sponsor should ensure that all monitoring is completed, as required.

18. The Sponsor did not provide documentation of the collection of racial and ethnic data

Condition

The Sponsor provided a racial and ethnic data collection form for **Jennifer Meadows**. We requested the forms for all seven feeding sites in operation during June and July 2018. The Sponsor provided information about an additional feeding site, however, there was no address or feeding site name listed. We were unable to determine which feeding site the form is for. The Sponsor did not provide any other racial and ethnic data collection forms.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.7 (g)(1) states, "Each State agency shall comply with all requirements of title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Department's regulations concerning nondiscrimination (7 CFR parts 15, 15a and 15b), including requirements for racial and ethnic participation data collection, public notification of the nondiscrimination policy, and reviews to assure compliance with such policy, to the end that no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, the Program."

Recommendation

The Sponsor should ensure that racial and ethnic data is collected at least once at each site and documentation is maintained.

19. The Sponsor did not provide documentation of SFSP training for staff

Condition

We requested documentation of all training provided to the feeding site personnel. The Sponsor provided documentation of Civil Rights training, however no documentation of SFSP training was provided.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.15 (d) states, "...Training of site personnel shall, at a minimum, include: the purpose of the Program; site eligibility; recordkeeping; site operations; meal pattern requirements; and the duties of a monitor. Each sponsor shall ensure that its administrative personnel attend State agency training provided to sponsors, and sponsors shall provide training throughout the summer to ensure that administrative personnel are thoroughly knowledgeable in all required areas of Program administration and operation and are provided with sufficient information to enable them to carry out their Program responsibilities. Each site shall have present at each meal service at least one person who has received this training."

Recommendation

The Sponsor should ensure all staff members are properly trained in accordance with Program requirements and documentation of the training is maintained.

20. The Sponsor failed to provide June 2018 bank statement

This is a Serious Deficiency

Condition

During our review, we requested the June 2018 bank statement to compare against the June expenses. The Sponsor did not provide the bank statement.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.15 (c) (1) states, "Sponsors shall maintain accurate records justifying all meals claimed and documenting that all Program funds were spent only on allowable Child Nutrition Program costs. 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."

Recommendation

The Sponsor should ensure all documentation to support the financial transactions conducted for the Program are maintained and available upon request.

21. The Sponsor had questionable receipts

This is a Serious Deficiency

Condition

During our review, we requested all receipts for June and July 2018 that support SFSP food purchases and other transactions. Based on our review of the receipts provided, we noted that the Sponsor provided us with two receipts to support SFSP purchases. The two receipts were: one from Walmart dated June 2, 2018 and one from Dollar General dated July 27, 2018. Both of these receipts showed the purchase was made with an Electronic Benefit Transfer (EBT) card in which food benefits are distributed through the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program. The Sponsor stated the items had been donated to the program and those were the receipts provided by the person donating. However, based on further review, it appears that at least one receipt was for EBT belongs to the Sponsor's family member.

Criteria

The Food and Nutrition Act of 2008 (the Act) defines eligible food as any food or food product for home consumption and also includes seeds and plants which produce food for consumption by SNAP households.

Recommendation

The Sponsor should review all receipts for donated items and should not accept anything purchased with EBT funds.

Technical Assistance

We provided technical assistance to the Sponsor during our review on the following topics; daily meal count sheets, recordkeeping requirements, receipts, and monitoring requirements.

OVERPAYMENT - RIGHT TO APPEAL

Disallowed Meal Costs

Based on our review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the SFSP resulted in a total disallowed meal cost of \$1,406.79 for June 2018, and \$12,363.37 for July 2018. The combined disallowed meal cost is \$13,770.16.

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 Community Outreach Mentoring Services is seriously deficient in its operation of the SFSP and that Dorothy Morgan, Director is responsible for the serious deficiencies.

You may not appeal the serious deficiency determination itself. If the Department proposes to terminate Community Outreach Mentoring Services' 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 2018 which contains the verified claim data from the enclosed exhibits.
2. Remit a check payable to the *Tennessee Department of Human Services* in the amount noted in the report for recovery of the amounts disallowed in this report. ***Please return the attached billing notice with your check;*** and
3. Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

AuditServices.CAPS.DHS@tn.gov

or

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 regarding this report, please contact Sean Baker, Audit Director 2, at 615-313-4727 or Sean.Baker@tn.gov.

Sincerely,

Allette Vayda

A handwritten signature in black ink, appearing to read 'AV', followed by a horizontal line extending to the right.

Director of Operations- Food Programs

Exhibits

Cc: Debra Pasta, Program Manager, Summer Food Service Program
Elke Moore, Administrative Assistant 3, Summer Food Service Program
Constance Moore, Program Specialist, Summer Food Service Program
Marty Widner, Program Specialist, Summer Food Service Program
Comptroller of the Treasury, State of Tennessee

Exhibit A
Summary of Total of Claimed and Reconciled Meals
Sponsor: Community Outreach Mentoring Services
Review Month/Year: June 2018
Claim Reimbursement Total: \$2,495.12

Meal Type Service	Reported on Claim	Reconciled Meals to Meal Counts Sheets¹ & Allowable 2nds to 2%
Number of Participating Sites for Lunch	4	4
Number of Participating Sites for PM Supplement	4	4
Number of 1 st Lunch meals served	504	217 ¹
Number of 2 nd Lunch meals served	10	0 ¹
Number of 1st PM Supplements served	505	255 ¹
Number of 2 nd PM Supplements served	10	0 ¹

¹Total allowable meals after any disallowance of meals as noted in all findings.

Exhibit B
Summary of Total of Claimed and Reconciled Meals
Sponsor: Community Outreach Mentoring Services
Review Month/Year: July 2018
Claim Reimbursement Total: \$12,464.87

Meal Type Service	Reported on Claim	Reconciled Meals to Meal Counts Sheets¹ & Allowable 2nds to 2%
Number of Participating Sites for Lunch	4	4
Number of Participating Sites for PM Supplement	4	4
Number of 1 st Lunch meals served	2,558	19 ¹
Number of 2 nd Lunch meals served	51	0 ¹
Number of 1st PM Supplements served	2,352	29 ¹
Number of 2 nd PM Supplements served	47	0 ¹

¹Total allowable meals after any disallowance of meals as noted in all findings.

Exhibit C:

Sponsor: Community Outreach Mentoring Services

Site: Angel House (Sample)

Review Month/Year: June 2018

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	5	0
Number of 1 st Lunch meals served	85	0
Number of 1 st PM Supplements served	85	0

Exhibit D:

Sponsor: Community Outreach Mentoring Services

Site: Holy Vision Temple (Sample)

Review Month/Year: June 2018

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	2	0
Number of 1 st Lunch meals served	40	0
Number of 1 st PM Supplements served	40	0

Exhibit E:

Sponsor: Community Outreach Mentoring Services
Site: Precious Bundles (Sample)
Review Month/Year: June 2018

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	4	0
Number of 1 st Lunch meals served	60	0
Number of 2 nd Lunch meals served	1	0
Number of 1 st PM Supplements served	60	0
Number of 2 nd PM Supplements served	1	0

Exhibit F:

Sponsor: Community Outreach Mentoring Services
Site: Winbranch Complex (Sample)
Review Month/Year: June 2018

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	9	8
Number of 1 st Lunch meals served	319	217
Number of 2 nd Lunch meals served	6	0
Number of 1 st PM Supplements served	320	255
Number of 2 nd PM Supplements served	6	0

Exhibit G:

Sponsor: Community Outreach Mentoring Services

Site: Avery Park (Sample)

Review Month/Year: July 2018

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	9	7
Number of 1 st Lunch meals served	439	15
Number of 1 st PM Supplements served	401	6

Exhibit H:

Sponsor: Community Outreach Mentoring Services

Site: Highland Chateau (Sample)

Review Month/Year: July 2018

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	19	17
Number of 1 st Lunch meals served	760	0
Number of 2 nd Lunch meals served	15	0
Number of 1 st PM Supplements served	760	0
Number of 2 nd PM Supplements served	15	0

Exhibit I:

Sponsor: Community Outreach Mentoring Services

Site: Jennifer Meadows (Sample)

Review Month/Year: July 2018

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	19	17
Number of 1 st Lunch meals served	929	4
Number of 2 nd Lunch meals served	19	0
Number of 1 st PM Supplements served	749	0
Number of 2 nd PM Supplements served	15	0

Exhibit J:

Sponsor: Community Outreach Mentoring Services

Site: Winbranch Complex (Sample)

Review Month/Year: July 2018

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	17	19
Number of 1 st Lunch meals served	430	0
Number of 2 nd Lunch meals served	9	0
Number of 1 st PM Supplements served	442	23
Number of 2 nd PM Supplements served	9	0



**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

September 25, 2018

Dorothy Morgan, Director
Community Outreach Mentoring Services
6025 Stage Suite 42227
Bartlett, Tennessee 38134-6620

Notice of payment due to findings disclosed in the monitoring report for Summer Food Service Program (SFSP)

Institution Name:	Community Outreach Mentoring Services
Institution Address:	2291 Hubbard Avenue, Memphis, Tennessee 38108
Agreement Numbers:	00688
Amount Due:	\$13,770.16
Due Date:	October 25, 2018

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

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

**Fiscal Services 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 of Operations 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 Community Outreach Mentoring Services	SFSP Agreement No. 00-688
Mailing Address: 6025 Stage suite 42227 Bartlett, Tennessee 38134	
Section B. Responsible Principal(s) and/or Individual(s)	
Name and Title: Dorothy Morgan, Director	Date of Birth (s):
Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan	
SD Report: September 25, 2018	Corrective Action Plan: September 25, 2018
Section D. Findings	
Findings:	
<ol style="list-style-type: none"> 1. The Sponsor reported the number of meals served incorrectly 2. The Sponsor did not ensure point of service meal counts were taken and reported correctly 3. The Sponsor did not provide meal count records for all feeding sites 4. The Sponsor provided one supplemental menu which did not meet the USDA meal pattern requirements 5. The Sponsor did not provide a menu for July 2018 6. The meals observed during an on-site visits were not reimbursable meals 7. The Sponsor provided a questionable meal count sheet 8. The Sponsor provided meal count sheets without dates 9. The number of meals reported for the dates of meal observations was incorrect 10. The number of meals reported exceeded the site's approved level of meal service 11. The number of days of operation was reported incorrectly 12. The Sponsor provided multiple meal count sheets for the same meal service 	

13. The dates on a meal count sheets were inconsistent
14. The Sponsor allowed meals to be taken off site during meal observations
15. The Sponsor provided mathematically inaccurate meal count sheets
16. The Sponsor did not appear to adjust meal counts according to participation
17. The Sponsor did not provide monitoring documentation for all feeding sites
18. The Sponsor did not provide documentation of the collection of racial and ethnic data
19. The Sponsor did not provide documentation of SFSP training for staff
20. The Sponsor failed to provide June 2018 bank statement
21. The Sponsor had questionable receipts

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

Measure No. 1: The Sponsor reported the number of meals as served incorrectly

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 2: The Sponsor did not ensure point of service meal counts were taken and reported 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. 3: The Sponsor did not provide meal count records for all 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. 4: The Sponsor provided one supplemental menu which did not meet the USDA meal pattern requirements

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 5: The Sponsor did not provide a menu for July 2018

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: The meals observed during an on-site visits were not reimbursable 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. 7: The Sponsor provided a questionable meal count sheet

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: The Sponsor provided meal count sheets without 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. 9: The number of meals reported for the dates of meal observations 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. 10: The number of meals reported exceeded the 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: The number of days of operation was reported incorrectly

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 12: The Sponsor provided multiple meal count sheets for the same 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. 13: The dates on a meal count sheets were inconsistent

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 Sponsor allowed meals to be taken off site during meal observations

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: The Sponsor provided mathematically inaccurate meal count sheets

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 Sponsor did not appear to adjust meal counts according to 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. 17: The Sponsor did not provide monitoring documentation for all 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. 18: The Sponsor did not provide documentation of the collection of racial and ethnic data

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 provide documentation of SFSP training for staff

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 failed to provide June 2018 bank statement

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 had questionable receipts

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

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 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 CFR § 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 a site; of a food service management company's registration, if applicable.
3. 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.
4. 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 number (6) below.
5. 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) 757-8209
Local (615) 744-3900
Fax. (866) 355-6136
AppealsClerksOffice.DHS@tn.gov**

6. 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.

7. 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.
8. 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. If the appellant institution or sponsoring agency is a corporation, partnership or other legally created entity, then the sponsoring institution or agency must be represented by an attorney. Otherwise, the individual representing the agency will have limited participation in the hearing. If the appellant institution or sponsoring agency is a natural person (not a corporation, partnership or other artificial entity), he/she may retain an attorney, represent themselves or 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.
9. 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.
10. 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.
11. 7 CFR. § 225.13(11) requires the Program's administrative action to remain in effect during the appeal process.
12. Participating sponsors and sites may continue to operate during an appeal of a termination.
13. 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.

14. 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.
15. The review official will make a determination based on information provided by the State agency and the appellant, and on Program regulations.
16. The determination made by the hearing official is the final administrative determination provided under 7 225.13(12), and will become the Final Order and set forth the time limits for seeking judicial review.

