



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

JAMES K. POLK BUILDING  
505 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165  
TTY: 1-800-270-1349  
www.tn.gov/humanservices

BILL LEE  
GOVERNOR

DANIELLE W. BARNES  
COMMISSIONER

September 16, 2019

Anthony Crocket, Board Chairman  
Greater Faith Temple Church of God in Christ  
618 9<sup>th</sup> Street  
Clarksville, Tennessee 37040-3022

Dear Mr. Crockett,

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 Greater Faith Temple Church of God in Christ (Sponsor), Application Agreement 00-673, on July 29, 2019. Additional information was requested and provided on August 5, 2019. The purpose of this review was to determine if the Sponsor complied with the *Title 7 of the Code of Federal Regulations* (CFR) applicable parts, provider agreement, and applicable Federal and State regulations.

Based on our review of the Sponsor's records and information provided, the Sponsor had eight (8) feeding sites operating during the review period. The **Green Homes** and **Concord Garden Apartments** feeding sites were selected as the sample. In addition, we reviewed all meal counts for all sites operating during the review 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) for 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 a breakfast meal service at **Green Homes** on June 11, 2019, and lunch meal service at **Concord Garden Apartments** on June 13, 2019.

Our review of the Sponsor's records for June 2019 disclosed the following:

## 1. The Sponsor reported the number of meals served incorrectly

### Condition

#### ***Chapel Street***

The Claim for Reimbursement for the test month for **Chapel Street** reported 481 breakfast meals and 830 lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 476 breakfast meals and 830 lunch meals served prior to any meal disallowances.

As a result, five (5) breakfast meals claimed for reimbursement were disallowed. (See Exhibit D)

#### ***Concord Garden Apartments – sample site***

The Claim for Reimbursement for the test month for **Concord Garden Apartments** reported 274 lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 271 lunch meals served prior to any meal disallowances.

As a result, three (3) lunch meals claimed for reimbursement were disallowed. (See Exhibit B)

#### ***Crossland Place***

The Claim for Reimbursement for the test month for **Crossland Place** reported 450 lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 462 lunch meals served prior to any meal disallowances.

As a result, 12 lunch meals were underreported. (See Exhibit E)

#### ***Crossland Place II***

The Claim for Reimbursement for the test month for **Crossland Place II** reported 588 lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 586 lunch meals served prior to any meal disallowances.

As a result, two (2) lunch meals claimed for reimbursement were disallowed. (See Exhibit F)

#### ***Dixon Park***

The Claim for Reimbursement for the test month for **Dixon Park** reported 610 lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 619 lunch meals served prior to any meal disallowances.

As a result, nine (9) lunch meals were underreported. (See Exhibit G)

#### ***Greenwood Homes – sample site***

The Claim for Reimbursement for the test month for **Greenwood Homes** reported 693 breakfast meals and 709 lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 688 breakfast meals and 708 lunch meals served prior to any meal disallowances.

As a result, five (5) breakfast meals and one (1) lunch meal claimed for reimbursement were disallowed. (See Exhibit C)

***The Greater Faith Temple***

The Claim for Reimbursement for the test month for **The Greater Faith Temple** reported 439 breakfast meals and 728 lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 437 breakfast meals and 702 lunch meals served prior to any meal disallowances.

As a result, two (2) breakfast meals and 26 lunch meals claimed for reimbursement were disallowed. (See Exhibit H)

*This is a repeat finding from a previous report dated September 10, 2018.*

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...."*

*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..."*

Recommendation

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

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

Condition

During our monitoring visit on July 29, 2019, we requested menus supporting meals claimed for reimbursement for the review period. The Sponsor provided a breakfast menu for June 14, 2019 that listed bagels, cream cheese, and milk as served. The menu did not contain a fruit or vegetable component as required.

The number of breakfast meals reported with deficiencies:

<b>Feeding Site</b>	<b>Reported Meals</b>	<b>Exhibit</b>
Chapel Street	20	D
Greenwood Homes	26	C
The Greater Faith Temple	21	H

As a result, 67 breakfast meals claimed for reimbursement were disallowed. (See Exhibits)

*This is a repeat finding from a previous report dated September 10, 2018.*

## Criteria

*Title 7 of the 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."*

## Recommendation

The Sponsor should ensure the menu for each meal service meets the USDA meal pattern requirements.

## **Technical Assistance Provided**

During our monitoring visit on June 13, 2019 at the **Concord Garden Apartments** feeding site, the feeding site supervisor requested and was provided technical assistance regarding consuming food on-site and the allowed components that may be taken and consumed off-site. We contacted a program specialist to provide additional assistance.

During our monitoring visit to the Sponsor, the Sponsor requested and was provided technical assistance regarding the claiming of second meals.

## **Disallowed Meals Cost**

Based on the review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$225.87.

## **Corrective Action**

The Sponsor must complete the following actions within 30 days from the date of this report:

- Log into the Tennessee Information Payment System (TIPS) and revise the claim submitted for June 2019, which contains the verified claim data from the enclosed exhibits.
- 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
- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

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

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

Allette Vayda, Director of Operations  
Summer Food Service Program  
James K. Polk Building 15<sup>th</sup> Floor  
505 Deaderick Street

Nashville, Tennessee 37243  
[Allette.Vayda@tn.gov](mailto:Allette.Vayda@tn.gov)  
(615) 313-3769

Please mail your check and the billing notice to:

Summer Food Service Program  
Fiscal Services 16<sup>th</sup> Floor  
James K. Polk Building  
505 Deaderick Street  
Nashville, Tennessee 37243

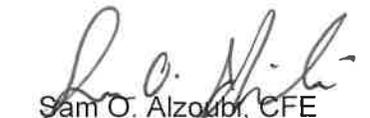
In accordance with the federal regulation found at *7 CFR Part 225.13*, your institution may appeal the amount of disallowed cost identified in this monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

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 disallowed cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

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

Sincerely,

  
Sam O. Alzoubi, CFE  
Director of Audit Services

Exhibits

cc: Aleisha Johnson, Executive Director/CEO, Greater Faith Temple COGIC  
Allette Vayda, Director of Operations, Child and Adult Care Food Programs  
Debra Pasta, Program Manager, Child and Adult Care Food Program  
Elke Moore, Administrative Services Assistant 3, Child and Adult Care Food Program  
Constance Moore, Program Specialist, Child and Adult Care Food Program  
Marty Widner, Program Specialist, Child and Adult Care Food Program  
Comptroller of the Treasury, State of Tennessee

**Exhibit A**

**SFSP Sponsor Program Data**

**Sponsor: Greater Faith Temple Church of God in Christ**

**Review Month/Year: June 2019**

**Claim Reimbursement Total: \$21,037.56**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Number of Participating Sites for Breakfast	3	3
Number of Participating Sites for Lunch	8	8
Number of Breakfasts	1,613	1,534
Number of Lunches	4,298	4,287

**SFSP Sample Sites Data – (Exhibits B & C)**

**Exhibit B**

**Sample Site: Concord Garden**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	15	15
Number of Lunches	274	271

**Exhibit C**

**Sample Site: Greenwood Homes**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Number of Breakfasts	693	662
Number of Lunches	709	708

**SFSP Non-Sample Sites With Errors Data – (Exhibits D – H)**

**Exhibit D**

**Site: Chapel Street**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Number of Breakfasts	481	456
Number of Lunches	830	830

**Exhibit E**

**Site: Crossland Place**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	19	19
Number of Lunches	450	462

**Exhibit F**

**Site: Crossland Place II**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Number of Lunches	588	586

**Exhibit G**

**Site: Dixon**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	15	15
Number of Lunches	610	619

**Exhibit H**

**Site: The Greater Faith Temple**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	25	25
Number of Breakfasts	439	416
Number of Lunches	728	702

**Note:** There were no reporting errors for the **Eagle Crest** site noted. Therefore, there is no exhibit included.



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618 9<sup>th</sup> Street  
Clarksville, Tennessee 37040-3022

**Notice of payment resulted from findings disclosed in the monitoring report for Summer Food Service Program (SFSP)**

Institution Name:	Greater Faith Temple Church of God in Christ
Institution Address:	618 9 <sup>th</sup> Street, Clarksville, Tennessee 37040-3022
Agreement Numbers:	00-673
Amount Due:	\$225.87
Due Date:	October 19, 2019

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  
James K. Polk Building, 16<sup>th</sup> Floor  
505 Deaderick Street  
Nashville, Tennessee 37243  
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](mailto:Allette.Vayda@tn.gov).

Thank you for your attention



# Corrective Action Plan for Monitoring Findings

**Instructions:** Please print in ink or type the information to complete this document. Enter the date of birth for each Responsible Principal and/or Individual in Section B. Attach the additional documentation requested. Enter your name, title and date of signature on the last page. Please sign your name in ink. **Please return ALL pages of the completed Corrective Action Plan form.**

## Section A. Institution Information

Name of Sponsor/Agency/Site: <b>Greater Faith Temple Church of God in Christ</b>	Agreement No. <b>673</b>	xxxxx SFSP <input type="checkbox"/> CACFP
Mailing Address: <b>618 9th Street Clarksville, Tennessee 37040-3022</b>		
<b>Section B. Responsible Principal(s) and/or Individual(s)</b>		
Name and Title: Anthony Crocket, Board Chairman		Date of Birth: 01/23/1978
<b>Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan</b>		
Monitoring Report: 09/16/2019	Corrective Action Plan: 09/16/2019	

## Section D. Findings

- The Sponsor reported the number of meals served incorrectly**
- The Sponsor provided menus that did not meet the USDA meal pattern requirement**

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

**Measure No. 1: The Sponsor reported the number of meals 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:

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

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

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

**Measure No.2: The Sponsor provided menus that did not meet the USDA meal pattern requirement**

The finding will be fully and permanently corrected.

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

Name:

Position Title:

Name:

Position Title:

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

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

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

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

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

Printed Name of Authorized Institution Official:

Position:

Signature of Authorized Institution Official:

Date: / /

\_\_\_\_\_

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

Date: / /