



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

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BILL LEE
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

October 10, 2019

LaVoneia Steele, Board Chairperson
Metropolitan Action Commission
Post Office Box 196300
Nashville, Tennessee 37219-6300

Dear Dr. Steele,

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 Metropolitan Action Commission (Sponsor), Application Agreement 00-049, on September 3, 2019. Additional information was requested and provided on September 27, 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 76 feeding sites operating during the review period. The **Antioch Community Center**, Antioch United Methodist Church Project Transformation (**Antioch Project Transformation**), **Bethlehem Centers**, East Nashville Hope Exchange @ St. Ann's (**Hope Exchange**), **Fourteenth Avenue**, Hamilton United Methodist Church - Project Transformation (**Hamilton Project Transformation**), **Hermitage Community Center**, **Old Hickory Community Center**, **Pre-College Science**, **Smith Springs Road**, South Inglewood Community Center (**South Inglewood**), Southeast Regional Community Center (**Southeast**), **Moves & Grooves Inc.**, **Village Learning Center**, and **Watkins Park** 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) to seek reimbursement.

We inspected meal counts sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights requirements. In addition, we observed meal services during our site visits throughout the review period.

The Sponsor combined meals served in August 2019 with the Claim for Reimbursement for the review period; therefore, the review was expanded to include these meals. Our review of the Sponsor's records for July & August 2019 disclosed the following:

1. The Sponsor's site supervisor did not take point-of-service meal counts

Condition

During our monitoring visit at the **Antioch Community Center** on July 18, 2019, we observed a breakfast meal service. During the meal service we observed that site personnel did not take point-of-service meal counts and did not use the meal tracker software available. Instead, site personnel deducted the leftover meals from the amount that was delivered.

Criteria

The USDA SFSP Administration Guide, page 139, states, "It is critical that site personnel and monitors understand the importance of accurate point-of service meal counts. Only complete meals served to eligible children can be claimed for reimbursement. Therefore, meals must be counted at the actual point of service..."

Recommendation

The Sponsor should ensure that site supervisors perform point-of-service meal counts during meal service.

2. The Sponsor served meals outside the approved meal service time

Fourteenth Avenue - sample site

During our monitoring visit at **Fourteenth Avenue** on July 11, 2019, we observed meals served outside of the approved meal service time. The approved meal service in TIPS for lunch was 12:45 PM to 1:45 PM. We arrived at 12:15 PM and observed 15 children had been served before 12:45 PM.

The meals observed met the meal pattern requirements; therefore, no meals were disallowed.

Moves & Grooves, Inc. - sample site

During our monitoring visit at **Moves & Grooves, Inc.** on July 9, 2019, we observed meals served outside of the approved meal service time. The approved meal service in TIPS for lunch was 12:00 PM to 1:00 PM. We arrived at 11:50 AM and observed 35 lunches had been served before 12:00 PM.

The meals observed met the meal pattern requirements; therefore, no meals were disallowed.

Pre-College Science - sample site

During our monitoring visit at **Pre-College Science** on July 11, 2019, we observed meals served outside of the approved meal service time. The approved meal service in TIPS for lunch was 11:30 AM to 12:30 PM. We arrived at 11:15 AM and observed 30 lunches had been served before 11:30 AM. Five participants were served within the approved meal service times.

The meal observed met the meal pattern requirements; therefore, no meals were disallowed.

Southeast - sample site

During our monitoring visit at **Southeast** on July 22, 2019, we observed meals served outside of the approved meal service time. The approved meal service in TIPS for breakfast was 8:30 AM to 9:30 AM. We arrived at 8:15 AM and observed one (1) breakfast had been served before 8:30 AM, and one (1) participant was served breakfast after 9:30 AM.

The meals observed met the meal pattern requirements; therefore, no meals were disallowed.

Criteria

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

The USDA SFSP Administration Guide, page 60, states, “In addition to serving meals that meet meal pattern requirements, sponsors must comply with the following rules when serving meals at each of their sites: Serve meals during the meal service times submitted on the Site Information Sheet and approved by the State agency. The State agency must approve any changes in meal service times.”

Recommendation

The Sponsor should ensure that site staff serves meals during the approved serving times.

3. The Sponsor did not provide documentation to support a pre-operational site visit had been completed for a new site

Condition

During our monitoring visit on September 3, 2019, we requested documentation supporting monitoring was completed as required for the sample sites. The **South Inglewood** site was reported in TIPS as not operating last year with a pre-operational site visit conducted May 31, 2019. The Sponsor did not provide documentation for this pre-operational visit.

Criteria

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

The USDA SFSP Administration Guide, page 118, states, “Prior to submitting a request for approval to the State agency, sponsors must certify that all required sites (such as new sites and sites with previous serious deficiencies) have been visited and have the capability and the

facilities to provide the meal service planned for the number of children anticipated to be served.”

Recommendation

The Sponsor should ensure that all feeding sites are monitored as required and that supporting documentation is completed and kept on file.

Note: Our observations of the meal services at **Antioch Project Transformation, Bethlehem Centers, Hope Exchange, Hamilton Project Transformation, Hermitage Community Center, Old Hickory Community Center, Smith Springs Road, South Inglewood, Village Learning Center, and Watkins Park** during the review period revealed no significant deficiencies.

Technical Assistance Provided

During our monitoring visits we provided technical assistance regarding point-of-service meals counts, maintaining current menus, serving meals during approved meal service times, and recordkeeping requirements.

Corrective Action

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

- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

AuditServices.CAPS.DHS@tn.gov

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

Allette Vayda, Director of Operations
Summer Food Service Program
James K. Polk Building 15th Floor
505 Deaderick Street
Nashville, Tennessee 37243
Allette.Vayda@tn.gov
(615) 313-3769

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

Sincerely,



Sam O. Alzoubi, CFE
Director of Audit Services

Exhibits

cc: Cynthia Croom, Executive Director, Metropolitan Action Commission
Marvin Cox, Programs Director, Metropolitan Action Commission
Linda Buchanan, Program Assistant, Metropolitan Action Commission
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

Sponsor: Metropolitan Action Commission
Review Month/Year: July and August 2019
Claim Reimbursement Total: \$259,580.61

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Number of Participating Sites for Breakfast | 51 | 51 |
| Number of Participating Sites for Lunch | 76 | 76 |
| Number of Breakfasts Served | 26,737 | 26,737 |
| Number of Lunches Served | 50,990 | 50,990 |
| Total Amount of Food Costs | XXXXXXXX | \$202,351.59 |
| Total Amount of Eligible Food and Nonfood Costs | XXXXXXXX | \$220,246.68 |

SFSP Sample Sites Data – (Exhibits B-O)

Exhibit B

Site: Antioch Community Center

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 15 | 15 |
| Number of Breakfasts Served | 720 | 720 |
| Number of Lunches Served | 910 | 910 |

Exhibit C

Site: Bethlehem Centers

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 17 | 17 |
| Number of Lunches Served | 1,450 | 1,450 |

Exhibit D**Site: East Nashville Hope Exchange at St. Ann's**

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 8 | 8 |
| Number of Breakfasts Served | 274 | 274 |
| Number of Lunches Served | 320 | 320 |

Exhibit E**Site: Fourteenth Avenue**

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 16 | 16 |
| Number of Breakfasts Served | 1,039 | 1,039 |
| Number of Lunches Served | 1,060 | 1,060 |

Exhibit F**Site: Hamilton United Methodist Church-Project Transformation**

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 15 | 15 |
| Number of Breakfasts Served | 576 | 576 |
| Number of Lunches Served | 712 | 712 |

Exhibit G**Site: Hermitage Community Center**

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 21 | 21 |
| Number of Breakfasts Served | 816 | 816 |
| Number of Lunches Served | 812 | 812 |

Exhibit H**Site: Moves & Grooves, Inc.**

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 11 | 11 |
| Number of Breakfasts Served | 181 | 181 |
| Number of Lunches Served | 267 | 267 |

Exhibit I**Site: Old Hickory Community Center**

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 24 | 24 |
| Number of Breakfasts Served | 1,486 | 1,486 |
| Number of Lunches Served | 1,625 | 1,625 |

Exhibit J**Site: Pre-College Science**

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 13 | 13 |
| Number of Breakfasts Served | 455 | 455 |
| Number of Lunches Served | 385 | 385 |

Exhibit K**Site: Project Transformation**

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 16 | 16 |
| Number of Breakfasts Served | 1,114 | 1,114 |
| Number of Lunches Served | 969 | 969 |

Exhibit L

Site: Smith Springs Road

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 15 | 15 |
| Number of Lunches Served | 731 | 731 |

Exhibit M

Site: Southeast Regional Community Center

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 14 | 14 |
| Number of Breakfasts Served | 660 | 660 |
| Number of Lunches Served | 930 | 930 |

Exhibit N

Site: South Inglewood Community Center

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 7 | 7 |
| Number of Breakfasts Served | 179 | 179 |
| Number of Lunches Served | 260 | 260 |

Exhibit O

Site: Village Learning Center

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 21 | 21 |
| Number of Breakfasts Served | 881 | 881 |
| Number of Lunches Served | 1,090 | 1,090 |

Exhibit P

Site: Watkins Park Community Center

| Site Meal Service Reconciliation and Monitor Activity | Reported on Claim | Reconciled to Documentation |
|--|--------------------------|------------------------------------|
| Total Number of Days Food Served | 17 | 17 |
| Number of Breakfasts Served | 560 | 560 |
| Number of Lunches Served | 925 | 925 |

Note: There were no reporting errors for the non-samples sites noted. Therefore, there are no exhibits included for these sites.



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: Metropolitan Action Commission | Agreement No. 00049 | <input checked="" type="checkbox"/> SFSP <input type="checkbox"/> CACFP |
|---|---------------------|--|

Mailing Address: Post Office Box 196300 Nashville, Tennessee 37219-6300

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

| | |
|--|--------------------|
| Name and Title: LaVoneia Steele, Board Chairperson | Date of Birth: / / |
|--|--------------------|

Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

| | |
|-------------------------------|------------------------------------|
| Monitoring Report: 10/10/2019 | Corrective Action Plan: 10/10/2019 |
|-------------------------------|------------------------------------|

Section D. Findings

Findings:

1. The Sponsor's site supervisor did not take point-of-service meal counts
2. The Sponsor served meals outside the approved meal service time
3. The Sponsor did not provide documentation to support a pre-operational site visit had been completed for a new site

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's site supervisor did not take point-of-service meal counts

The finding will be fully and permanently corrected.

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

Name:

Position Title:

Name:

Position Title:

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

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 served meals outside the approved meal service time

The finding will be fully and permanently corrected.

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

Name:

Position Title:

Name:

Position Title:

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

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

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

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

Measure No. 3: The Sponsor did not provide documentation to support a pre-operational site visit had been completed for a new site

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

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: / /

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.