



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING  
400 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-1403

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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

December 8, 2017

Rubin Campbell Sr., Owner  
Campbell's Learning Academy  
4933 Fairley Road  
Memphis, Tennessee 38109

Dear Mr. Campbell,

The Department of Human Services (DHS) - Audit Services Division staff conducted an unannounced on-site review of the Child and Adult Care Food Program (CACFP) at Campbell's Learning Academy (Sponsor), Application Agreement 00-193, on October 19, 2017. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code Regulations* (CFR) applicable parts, application agreement, and applicable Federal and State regulations.

**Background**

CACFP Sponsors utilize meal count sheets to record the number of meals served for breakfast, lunch, supper and supplement meals served. Meals served by participating sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. The CACFP sponsor reports the number of meals served through DHS to be eligible for reimbursement. The CACFP sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) system to seek reimbursement. We inspected meal count sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service.

We also assessed compliance with civil rights requirements. In addition, during our site visit on September 25, 2017 we observed a meal service.

Our review of the Sponsor's records for the test month of September 2017 disclosed the following:

## **1. The number of participants reported in the free and paid categories was incorrect**

### Condition

The Claim for Reimbursement for September 2017, reported 34 participants in the free category and five participants in the paid category. However, based on our review of the Sponsor's records, we noted there were 31 participants in the free category and four participants in the paid category. The difference was based on the following:

The free category was over reported by three and the paid category was over reported by one.

There were 39 participants reported in the program and 35 participants were verified.

This is a repeat finding from a previous report dated May 10, 2016.

### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.10 (c) states " ...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ..."*

### Recommendation

The Sponsor should ensure each participant is classified and reported according to the applications income eligibility.

## **2. The Sponsor reported incorrect meal counts**

### Condition

The claim for reimbursement for the test month reported 512 breakfast meals, 342 lunch meals and 574 supplements served. However, our review of the Sponsor's records verified 512 breakfast meals, 342 lunch meals and 576 supplements prior to any meal disallowances. The Sponsor under reported the number of supplements by two.

This is a repeat finding from a previous report dated May 10, 2016.

### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.10 (c) states " ...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ..."*

### Recommendation

The Sponsor should ensure the meals claimed for reimbursement agree with the actual meal count documentation.

### 3. The Sponsor menus did not meet the USDA meal pattern requirements

#### Condition

Our review of the Sponsor's menus for revealed the following deficiencies:

Date	Deficient or Missing Component	Disallowed Meals
09/11/17	Deficient component: 2 <sup>nd</sup> creditable component Menu listed: apple slices and Chex Mix Snack mix cannot be credited unless the creditable ingredients are listed on the menu. The menu did not list the ingredients of the Chex Mix.	23 supplements
09/12/17	Deficient component: meat/meat alternative Menu listed: 5 fish sticks, sweet peas, corn whole kernel, rolls, and milk The CN label provided for the fish sticks stated that three fried breaded minced fish sticks provides 0.50 ounces of equivalent meat. Five fish sticks served do not provide the minimum meat/meat alternative quantity required to be reimbursable. In addition, the menu did not indicate that additional meat/meat alternative was added.	16 lunch meals
09/21/17	Deficient component: meat/meat alternative Menu listed: 5 fish sticks, sweet peas, corn whole kernel, rolls, and milk The CN label provided for the fish sticks stated that three fried breaded minced fish sticks provides 0.50 ounces of equivalent meat. Five fish sticks served do not provide the minimum meat/meat alternative quantity required to be reimbursable. In addition, the menu did not indicate that additional meat/meat alternative was added.	19 lunch meals
09/26/17	Deficient component: meat/meat alternative Menu listed: 5 fish sticks, corn whole kernel, green beans cut, brown bread, and milk The CN label provided for the fish sticks stated that three fried breaded minced fish sticks provides 0.50 ounces of equivalent meat. Five fish sticks served do not provide the minimum meat/meat alternative quantity required to be reimbursable. In addition, the menu did not indicate that additional meat/meat alternative was added.	18 lunch meals

As a result, the cost reimbursed for 53 lunch meals and 23 supplements were disallowed.

This is a repeat finding from a previous report dated May 10, 2016.

## Criteria

*Title 7 of the Code of Federal Regulations* Section 226.17(b)(4) states. "Each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20. ..."

The USDA Crediting Foods in the Child and Adult Care Food Program, page 62, states, "When crediting such products as chili-macs, pizzas, pot pies, sloppy Joes, and raviolis toward the meat/meat alternate component, the amount of meat/meat alternate per serving (not the total portion size) is the determining factor for crediting purposes. Because of the uncertainty of the actual amount of meat/meat alternate contained in these products, they should not be used unless (1) they are CN-labeled; or (2) you obtain a Product Formulation Statement signed by an official of the manufacturer (not a sales person) that shows how the crediting has been determined. Remember that only a CN-labeled product carries a warranty that protects against financial audit claims. See the sample formulation statement on page 73 with required information and documentation."

The USDA Crediting Foods in the Child and Adult Care Food Program, page 63, states, "Snack/Party Mixes, Trail Mixes (sometimes also called "bird seed") These are snack food mixtures with a variety of items including nuts, cereals, seeds, dried fruits, etc. These items cannot be credited unless there is an explanation of the creditable ingredients included in the mix on the menu."

## Recommendation

The Sponsor should implement the following:

- The Sponsor should keep copies of commercially prepared food CN labels or Product Formulation Statements on file and follow the recommended serving sizes/equivalents listed on the label.
- The Sponsor should ensure all meals prepared meet the meal patterns established by the USDA, and menus should be reviewed to ensure they contain all required meal components to be eligible as reimbursable.

### **4. The Sponsor did not provide supporting documentation to show that sufficient quantities of milk were purchased for the number of meals served**

#### Condition

Based on the number of meals served with milk as a required component, a total of 4,792 ounces were needed. However, the sponsor could only document the purchase of 4,736 ounces of milk, which resulted in a shortage of 56 ounces. Therefore, the cost reimbursement for seven breakfasts was disallowed.

This is a repeat finding from a previous report dated May 10, 2016.

## Criteria

*Title 7 of the Code of Federal Regulations, Section 226.10 (c) states “ ...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ...”*

*Title 7 of the Code of Federal Regulations Section 226.20 (c)(2) states, “Fluid milk, meat and meat alternatives, vegetable, fruits, and grains are required components in the lunch and supper meals. ....”*

## Recommendation

- The Sponsor should purchase enough milk to provide all participants with the required ounces of milk for meals that are claimed for reimbursement.
- The Sponsor should maintain receipts to verify the purchase of the food items identified on the menus.
- The Sponsor should complete a monthly milk inventory which is completed on the last day of operation for each month. The inventory should list the amount of milk purchased and not used during the month and is available at the close of business on the last day of operation of that month.

## **5. The number of attendance days reported by the Sponsor was incorrect**

### Condition

The claim for reimbursement for the test month of September 2017 reported 574 participant days. However, our review verified 573 participant days.

This is a repeat finding from a previous report dated May 10, 2016.

### Criteria

*Title 7 of the Code of Federal Regulations, Section 226.10 (c) states, in part, “ ...In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ...”*

### Recommendation

The Sponsor should ensure that the attendance is counted and reported correctly.

**Note:** Our observation of the lunch meal service on September 25, 2017 resulted in no deficiencies.

### **Disallowed Costs**

Based on our review, we determined that the Sponsor’s noncompliance with the applicable Federal and State regulations that govern CACFP resulted in a total disallowed cost of \$161.56.

## **Corrective Action**

Campbell's Learning Academy must complete the following actions within 30 days from the date of this report:

- Login to the Tennessee Information Payment System (TIPS) and revise the claim submitted for September 2017, which contains the verified claim data from the enclosed exhibit. A copy of the claim form is attached for your use;
- 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  
Child and Adult Care Food Program  
8th Floor Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243  
[Allette.Vayda@tn.gov](mailto:Allette.Vayda@tn.gov)

Please note that the overpayment is subject to an interest charge. The interest charge will be waived if your revised claim is received by our office within 30 business days from the date of this report. If the revised claim is not received by the 30 business-day deadline, an interest charge may be billed to your institution. Please mail your check and the billing notice to:

Child and Adult Care Food Program  
Fiscal Services  
11th Floor, Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243


In accordance with the federal regulation found at *7 CFR Part 226.6 (k)*, your institution may appeal the overpayment identified by the 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 administrative and meals 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  
Exhibit

Cc: Barbara Mackey, Director, Campbell's Learning Academy  
Allette Vayda, Director, Child and Adult Care Food Program  
Debra Pasta, Program Manager, Child and Adult Care Food Program  
Elke Moore, Administrative 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****Verification of CACFP Independent Center Claim****Name of Agency: Campbell's Learning Academy****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$2,301.92**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	20	20
Total Attendance	574	573
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	87.18%	89%
Number of Breakfasts Served	512	505
Number of Lunches Served	342	289
Number of Supplements Served	574	553
Number of Participants in Free Category	34	31
Number of Participants in Reduced-Price Category	0	0
Number of Participants in Paid Category	5	4
Total Number of Participants	39	35
Total Amount of Eligible Food Costs	XXXXXXXX	\$1,005.58
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1,134.56





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COMMISSIONER

December 8, 2017

Rubin Campbell, Sr., Owner  
Campbell's Learning Academy  
4933 Fairley Road  
Memphis, Tennessee 38109-6713

**Notice of payment due to findings disclosed in the monitoring report dated December 8, 2017, for  
Child and Adult Care Food Program (CACFP)**

Institution Name:	Campbell's Learning Academy
Institution Address:	4933 Fairley Road Memphis, Tennessee 38109-6713
Agreement Numbers:	00193
Amount Due:	\$161.56
Due Date:	January 9, 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 requires Campbell's Learning Academy to reimburse the Department of Human Services disallowed noted in the report.

Please remit a check or money order payable to the **Tennessee Department of Human Services** in the amount of \$161.56 by the due date to:

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

Please note that the unallowed cost / overpayment of the CACFP is subject to an interest charge. The interest charge will be waived if the payment is received by the due date. If payment is not received by the end of 5th day of the due date, an interest charge may be added to the original amount due and will be billed to your entity.

If you have any questions regarding this notice, please feel free to contact Allette Vayda, Director, Community and Social Services - Food Programs- CACFP & SFSP at (615) 313-3769 or [Allette.Vayda@tn.gov](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: Campbell's Learning Academy	Agreement No. 00-193	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
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Mailing Address: 4933 Fairley Road Memphis, Tennessee 38109

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

Name and Title: Rubin Campbell Sr., Owner	Date of Birth: / /
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## Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 12/8/2017	Corrective Action Plan: 12/8/2017
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## Section D. Findings

Findings:

1. The number of participants reported in the free and paid categories was incorrect
2. The Sponsor reported incorrect meal counts
3. The Sponsor menus did not meet the USDA meal pattern requirements
4. The Sponsor did not provide supporting documentation to show that sufficient quantities of milk were purchased for the number of meals served
5. The number of attendance days reported by the Sponsor was incorrect

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

**Measure No. 1: The number of participants reported in the free and paid categories 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:

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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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**Measure No.2: The Sponsor reported incorrect 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:

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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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**Measure No. 3: The Sponsor menus 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:

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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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**Measure No. 4: The Sponsor did not provide supporting documentation to show that sufficient quantities of milk were purchased for the number of meals served**

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

Name: Position Title:

Name: Position Title:

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

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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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**Measure No. 5: The number of attendance days reported by the Sponsor 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:

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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: / /

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

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

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

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

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

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

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

**Appeal Procedures for Child and Adult Care Food Program-Institutions**  
**Revised March 2017**

hearing, all written documents must be submitted to the TDHS Division of Appeals and Hearings not later than 30 days after receipt of the notice of adverse administrative action.

8. The action of the TDHS must remain in effect during the administrative review. The effect of this requirement on particular actions by TDHS is as follows:

(i) *Overpayment demand.* During the period of the administrative review, TDHS is prohibited from taking action to collect or offset the overpayment. However TDHS must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the TDHS's action.

(ii) *Recovery of advances.* During the administrative review, TDHS must continue its efforts to recover advances in excess of the claim for reimbursement for the applicable period. The recovery may be through a demand for full repayment or an adjustment of subsequent payments.

(iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(ii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.

9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.

10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.

11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.

12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.

13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.

14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.

15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

**Appeal Procedures for Child and Adult Care Food Program-Institutions**  
Revised March 2017

continuance shall not be for a period longer than ten (10) calendar days unless there are exceptional circumstances. Exceptional circumstances must be detailed in the order of continuance and the order must contain a date certain for the hearing, to be set as soon as possible. A report of pending CACFP desk review and fair hearing requests will be generated and reviewed daily by the Clerk's Office and the Legal Director for Appeals and Hearings who will monitor the dates for timeliness. In the event a decision has not been rendered within forty-five (45) calendar days of the date of receipt of the request for fair hearing or desk review, the Legal Director for Appeals and Hearings or their back-up shall notify the hearing official to take appropriate action.

16. All requests for a fair hearing or for a review of written information in lieu of a hearing must be submitted to:

**Tennessee Department of Human Services**  
**Division of Appeals and Hearings**  
PO Box 198996, Clerk's Office  
Nashville, TN 37219-8996  
Fax: (615) 248-7013 or (866) 355-6136  
E-mail: [AppealsClerksOffice.DHS@tn.gov](mailto:AppealsClerksOffice.DHS@tn.gov)

17. If a termination action is upheld by the hearing officer, the TDHS will issue a letter to the institution or sponsoring agency and its responsible principals and individuals advising that the termination and disqualification are effective on the date of the ruling issued by the hearing officer. The agency maintains searchable records of all administrative reviews and their dispositions for a period of five (5) years.

18. As required by 7 CFR Part 226.6 (c)(7), each disqualified institution, sponsoring agency, principal and individual will be placed on the National Disqualified List maintained by the U.S. Department of Agriculture (USDA). Once included on the National Disqualified List, an institution, sponsoring agency, principal and individual shall remain on the list until such time as the USDA, in consultation with the TDHS, determines that the serious deficiencies that led to their placement on the list have been corrected, or until seven years have elapsed since they were disqualified from participation. However, if the institution, sponsoring agency, principal or individual has failed to repay debts owed under the program, they will remain on the list until the debt has been paid.