



**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  
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www.tn.gov/humanservices

**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

December 1, 2017

Marvin Rogers, Owner  
Gabriel's Educational Center  
2019 North Parkway  
Jackson, Tennessee 38301-3746

Dear Mr. Rogers,

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 Gabriel's Educational Center, Application Agreement number 00-283, on October 17, 2017. We reviewed the Sponsor's records of reimbursement and expenditures for the period of March 2017. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code of Federal Regulations* (CFR) applicable parts, application agreement, and applicable Federal and State regulations.

**Background**

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, we observed a meal service during our on-site visit on March 31, 2017.

The Sponsor had three childcare centers in operation during the month of March 2017. Gabriel's Educational Center III was selected as the sample site. Applications were also viewed at Gabriel's Educational Center I and Gabriel's Educational Center II to meet the required valid statistical sample.

Our review of the Sponsor's records for March 2017 disclosed the following.

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

### Condition

Based on our review of available documents and information, we noted that the number of participants reported in the free, reduced-price and paid categories was incorrect.

The claim for reimbursement for March 2017 reported 250 participants in the free category, 11 participants in the reduced-price category and 62 participants in the paid category. However, based on our review of the Sponsor's records, we noted 247 participants in the free category, 11 participants in the reduced-price category and 65 participants in the paid category. The differences were based on the following:

#### Center I

- There was one participant reported in the free category whose application did not have a Families First assistance number or household income. This participant was reclassified as paid.
- There was one participant reported as free but according to the application on file the participant should have been reported as paid. This was a reporting error and the participant was reclassified as paid.

#### Center II

- There was one participant classified as paid on the application but according to the household income listed, the participant should have been classified as free. This participant was reclassified to free.
- There was one participant reported as free but did not have an application on file for the review month. This participant was reclassified as paid.
- There was one participant reported as free but the application on file did not have a signature of the determining official. This participant was reclassified as paid.

#### Center III

- There was one applicant reported as free but the application on file did not have a household income listed, Families First assistance number, a parent's signature, the last four digits of the parent's Social Security number, or the determining official's signature or date on the application. This participant was reclassified as paid.
- There was one applicant reported as paid but according to the application on file the participant should have been reported as free. This was a reporting error and the participant was reclassified to free.

## Criteria

*Title 7 of the Code of Federal Regulation, 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 each participant is classified and reported according to income eligibility applications for child care center participants, and that appropriate documentation is maintained on file.

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

#### Condition

The claim for reimbursement for March 2017 reported 3,855 breakfast meals, 4,743 lunch meals, 235 supper meals and 4,989 supplements served. However, based on our review of the Sponsor's records, we noted 3,899 breakfast meals, 4,473 lunch meals, 235 supper meals and 4,989 supplements served prior to any meal disallowances. The Sponsor under reported the breakfast meals by 44. The difference was based on the following:

#### Gabriel's Educational Center III

The Sponsor reported 344 breakfast meals, 506 lunch meals and 426 supplements served for Gabriel's Educational Center III. However, based on our review of the Sponsor's records, we noted 388 breakfast meals, 506 lunch meals and 426 supplements served prior to any meal disallowances.

## Criteria

*Title 7 of the Code of Federal Regulation, Section 226.10(c)* requires institutions to ensure that the number of meals submitted on the Claim for reimbursement is correct.

## Recommendation

The Sponsor should ensure the Claim for Reimbursement is completed based on proper supporting documentation and that the meal count agrees with the meal count documentation.

### **3. The number of attendance days reported was overreported**

#### Condition

The claim for reimbursement for March 2017 reported 5,320 attendance days. However, based on our review of the Sponsor's records, we noted 5,319 attendance days. The sponsor over reported the number of attendance days by one. The difference was based on the following:

### Gabriel's Educational Center III

The Sponsor reported 707 attendance days for Gabriel's Educational Center III. However, based on our review of the Sponsor's record, we noted 706 attendance days.

#### Criteria

*Title 7 of the Code of Federal Regulation, 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 the claim. ..."*

#### Recommendation

The sponsor should ensure attendance is counted and reported correctly.

### **4. The sponsor did not conduct monitoring as required for the sponsored centers**

#### Condition

The Sponsor provided us with documentation to support one monitoring visit at Gabriel's Educational Center I. However, documentation was not provided for the required monitoring activities for three sponsored sites.

#### Criteria

*Title 7 of the Code of Federal Regulation, Section 226.16 (d) (4)(i) (F) (iii) states, "Frequency and type of required facility reviews. Sponsoring organizations must review each facility three times each year, except as described in paragraph (d)(4)(iv) of this section. In addition:*

- (A) At least two of the three reviews must be unannounced;
- (B) At least one unannounced review must include observation of a meal service;
- (C) At least one review must be made during each new facility's first four weeks of Program operations; and
- (D) Not more than six months may elapse between reviews."

#### Recommendation

The Sponsor should ensure that each feeding site is monitored as required.

### **5. The Sponsor did not provide proof of adequate financial system**

#### Condition

The Sponsor did not provide a copy of the bank statement for the review month. The Sponsor did not keep a general ledger. We asked for a copy of the bank statement or a general ledger to compare receipts for the expenses charged to the program. The Sponsor did provide a copy of a portion of the bank statement which contained the cleared checks written to the vendor for the review month, however, the sponsor did not provide the full statement.

## Criteria

*Title 7 of the Code of Federal Regulation, Section 226.10 (d)* states, "... All accounts and records pertaining to the Program shall be made available, upon request, to representatives of the State Agency, of the Department, and of the US Government Accountability Office for audit or review, at a reasonable time and place."

## Recommendation

The Sponsor should provide the requested financial documents.

## **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 meals cost of \$232.09.

## **Corrective Action**

Gabriel's Educational Center 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 March 2017, which contains the verified claim data from the enclosed exhibit. A copy of the claim form is attached for your use;
- Remit a check payable to the **Tennessee Department of Human Resources** in the amount of \$232.09 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  
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)  
(615) 313--3769

Please note that the amount of disallowed cost is subject to an interest charge. The interest charge will be waived if your revised claim is completed within 30 days from the date of this report. If the revised claim is not completed by the 30-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

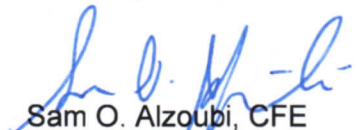
In accordance with the federal regulation found at *7 CFR Part 226.6 (k)*, your institution may appeal the overpayment identified by the monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human Resources  
Appeals and Hearings Division, Clerks Office  
P.O. Box 198996  
Nashville, Tennessee 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

Exhibits

cc: LaToya Rogers, Program Manager, Gabriel's Educational Center  
Allette Vayda, Director, Child and Adult Care Food Programs  
Debra Pasta, Program Manager, Child and Adult Care Food Programs  
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****Verification of CACFP Independent Center Claim****Name of Agency: Gabriel's Educational Center****Review Month/Year: March 2017****Total Meal Reimbursement Received: \$23,112.27**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	23	16
Total Attendance	5,320	5,319
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXX	80%
Number of Breakfasts Served	3,855	3,899
Number of Lunches Served	4,743	4,743
Number of Suppers Served	235	235
Number of Supplements Served	4,989	4,989
Number of Participants in Free Category	250	247
Number of Participants in Reduced-Price Category	11	11
Number of Participants in Paid Category	62	65
Total Number of Participants	323	323
Total Amount of Eligible Food Costs	XXXXXXXX	\$11,786.91
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$25,482.78

**EXHIBIT B****Name of Sponsor: Gabriel's Educational Center****Site Name: Gabriel's Educational Center III****Review Month/Year: March 2017****Total Meal Reimbursement Received: \$2,059.37**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	23	16
Total Attendance	707	706
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXX	75%
Number of Breakfasts Served	344	388
Number of Lunches Served	506	506
Number of Supplements Served	426	426
Number of Participants in Free Category	27	27
Number of Participants in Reduced-Price Category	3	3
Number of Participants in Paid Category	10	10
Total Number of Participants	40	40
Total Amount of Eligible Food Costs	XXXXXXXX	\$1,718.36
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$7,746.73



**EXHIBIT C****Name of Sponsor: Gabriel's Educational Center****Site Name: Gabriel's Educational Center I****Review Month/Year: March 2017****Total Meal Reimbursement Received: \$13,349.53**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	NA	NA
Total Attendance	NA	NA
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXX	78%
Number of Breakfasts Served	NA	NA
Number of Lunches Served	NA	NA
Number of Supplements Served	NA	NA
Number of Participants in Free Category	147	145
Number of Participants in Reduced-Price Category	5	5
Number of Participants in Paid Category	40	42
Total Number of Participants	192	192
Total Amount of Eligible Food Costs	XXXXXXXXX	NA
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXXX	NA

**EXHIBIT D**

**Name of Sponsor: Gabriel's Educational Center**

**Site Name: Gabriel's Educational Center II**

**Review Month/Year: March 2017**

**Total Meal Reimbursement Received: \$7,703.37**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	NA	NA
Total Attendance	NA	NA
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXX	86%
Number of Breakfasts Served	NA	NA
Number of Lunches Served	NA	NA
Number of Supplements Served	NA	NA
Number of Participants in Free Category	76	75
Number of Participants in Reduced-Price Category	3	3
Number of Participants in Paid Category	12	13
Total Number of Participants	91	91
Total Amount of Eligible Food Costs	XXXXXXXX	NA
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	NA



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COMMISSIONER

December 1, 2017

Marvin Rogers, Owner  
Gabriel's Educational Center  
2019 North Parkway  
Jackson, Tennessee 38301-3746

**Notice of payment due to findings disclosed in the monitoring report dated December 1, 2017, for Child and Adult Care Food Program (CACFP).**

Institution Name:	Gabriel's Educational Center
Institution Address:	2019 North Parkway Jackson, Tennessee 38301-3746
Agreement Numbers:	00-283
Amount Due:	\$232.09
Due Date:	January 2, 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 Gabriel's Educational Center to reimburse the Department of Human Services disallowed meals cost.

Please remit a check or money order payable to the *Tennessee Department of Human Services* in the amount of \$232.09 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 disallowed 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: Gabriel's Educational Center	Agreement No. 00-283	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
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Mailing Address: 2019 North Parkway Jackson, Tennessee 38301-3746

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

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

Monitoring Report: 12/1/2017	Corrective Action Plan: 12/1/2017
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## Section D. Findings

Findings:

1. The number of participants reported in the free, reduced-price, and paid categories was incorrect
2. The sponsor reported incorrect meal counts
3. The number of attendance days reported was over reported
4. The sponsor did not conduct monitoring as required for the sponsored centers
5. The Sponsor did not provide proof of adequate financial system

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, reduced-price, 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 number of attendance days reported was over reported**

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 conduct monitoring as required for the sponsored centers**

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 Sponsor did not provide proof of adequate financial system**

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)(iii)(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.