



**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 7, 2017

James Cowans, Chairman of the Board
St. Luke Day Care Center Missionary Baptist
1641 Keating Street
Memphis, Tennessee 38114-4232

Dear Mr. Cowans,

The Department of Human Services (DHS) - Audit Services staff conducted an unannounced on-site review of the Child and Adult Care Food Program (CACFP) at St. Luke Day Care Center Missionary Baptist (Sponsor), Application Agreement 00510, on October 20, 2017. We reviewed the sponsor's records of reimbursements and expenditures for September 2017. The purpose of this review was to determine if the sponsoring organization 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 the DHS Tennessee Information Payment System (TIPS) 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 26, 2017, we observed a meal service.

Our review of the Sponsor's records for 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 the test month reported 59 participants in the free category, three participants in the reduced-price category, and zero participants in the paid category. However, based on our review of the sponsor's records, we noted there were 58 participants in the free category, three participants in the reduced-price category, and one participant in the paid category. The difference was based on the following:

There was one participant reported in the free category that did not have an application on file for the review month. This participant was reclassified as paid.

There were 62 participants reported in the program and 62 participants were verified.

This is a repeat finding from a previous report dated May 14, 2014.

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 that each participant is classified and reported according to the current income eligibility application for child care center participants.

2. The sponsor reported incorrect meal counts

Condition

The Claim for Reimbursement for September 2017 reported 471 breakfast meals, 545 lunch meals and 1,005 supplements served. However, based on our review of the Sponsor's records, we noted 473 breakfast meals, 544 lunch meals and 1,003 supplements were served prior to any meal disallowances.

The Sponsor under reported the number of breakfast meals by two and over reported the number of lunch meals by one and the supplements by two.

This is a repeat finding from the report dated May 14, 2014.

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 claim for reimbursement is completed based on proper supporting documentation and the meal count claimed agrees with the actual meal count documentation.

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

Condition

Our review of the Sponsor's menus revealed that the Sponsor used commercially processed fish sticks. The Sponsor provided a nutrition label for the fish sticks on October 21, 2017 but it did not verify the amount of meat/meat alternative per serving. The label is not a Child Nutrition label and does not detail the amount of protein in ounces per serving. A product formulation statement was not provided by the Sponsor. In addition, the menu did not indicate that additional meat/meat alternative was added.

The following menus did not contain the required components:

Date	Deficient or Missing Component	Disallowed Meals
09/01/17	Deficient component: meat/meat alternative Menu listed: fish sticks, wheat bread, whole kernel corn, pineapple tidbits, and milk The label provided for the fish sticks was not a CN label or product formulation statement and therefore the amount of protein could not be determined.	22 lunch meals
09/14/17	Deficient component: meat/meat alternative Menu listed: fish sticks, wheat bread, whole kernel corn, peaches, and milk The label provided for the fish sticks was not a CN label or product formulation statement and therefore the amount of protein could not be determined	22 lunch meals
09/25/17	Deficient component: meat/meat alternative Menu listed: fish sticks, wheat bread, French fries, diced peaches, and milk The label provided for the fish sticks was not a CN label or product formulation statement and therefore the amount of protein could not be determined	24 lunch meals

As a result, the cost reimbursed for 68 lunch meals were disallowed.

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."

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. Infant menus did not meet USDA meal pattern requirements

Condition

Our review of the infant menus revealed the following:

Infant: JE (4 months)

Date	Missing Component	Disallowed Meals (# and type)
09/06/17 & 09/07/17	Cereal The cereal has been introduced to the infant's diet, therefore it is a requirement. In addition, menu was slashed out, but the meal was counted in the meal count.	2 Breakfast

Infant: DT (8 months)

Date	Missing Component	Disallowed Meals (# and type)
09/15/17	Infant formula/Breast Milk	1 Breakfast
09/21/17	Infant formula/Breast Milk	1 Supplement

Infant: VT (8 months)

Date	Missing Component	Disallowed Meals (# and type)
09/20/17	Infant formula/Breast Milk	1 Lunch
09/21/17	Infant formula/Breast Milk	1 Supplement
09/22/17	Infant formula/Breast Milk	1 Lunch

As a result, three breakfasts, two lunches and two supplements were disallowed.

This is a repeat finding from a previous report dated May 14, 2014.

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 ..."

Title 7 of the Code of Federal Regulations, Section 226.20 (b) (Infant meals— (1) Feeding infants. Foods in reimbursable meals served to infants ages birth through 11 months must be of a texture and a consistency that are appropriate for the age and development of the infant being fed. Foods must also be served during a span of time consistent with the infant's eating habits. ... (3) Solid foods. The gradual introduction of solid foods may begin at six months of age, or before or after six months of age if it is developmentally appropriate for the infant and in accordance with FNS guidance."

Recommendation

The Sponsor should ensure all meals prepared meet the meal patterns established by the USDA, and menus should include all required meal components to be eligible as reimbursable.

5. There was one participant that did not have a current or valid CACFP enrollment addendum form

Condition

There was one participant that did not have a current CACFP enrollment addendum form on file.

This is a repeat finding from a previous report dated May 14, 2014.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.15 (e)(2) states "Documentation of the enrollment of each participant at centers (except for outside-school-hours care centers, emergency shelters, and at-risk afterschool care centers). All types of centers, except for emergency shelters and at-risk afterschool care centers, must maintain information used to determine eligibility for free or reduced-price meals in accordance with §226.23(e)(1). For child care centers, such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care."

Recommendation

The Sponsor should ensure that all participants have a current and correctly completed CACFP enrollment addendum form on file. This should be completed during the enrollment process.

Disallowed Costs

Based on our review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$295.79.

Corrective Action

St. Luke Day Care Center Missionary Baptist 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;
- Remit a check payable to the ***Tennessee Department of Human Services*** in the amount of \$295.79 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

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

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 days from the date of this report. If the revised claim is not received 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 disallowed costs 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.

Sincerely,



Sam O. Alzoubi, CFE
Director of Audit Services

Exhibit

- cc: Sandra White, Director, St. Luke Day Care Center
- Allette Vayda, Director, Child and Adult Care Food Programs
- 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: St. Luke Day Care Center Missionary Baptist****Review Month/Year: September 2017****Total Meal Reimbursement Received: \$3,556.85**

Program Area	Reported on Claim	Verified By Monitoring Review
Number of Days that CACFP Food Service was operated	20	20
Total Attendance	1,026	1,026
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXX	NA
Number of Breakfasts Served	471	470
Number of Lunches Served	545	474
Number of Supplements Served	1,005	1,001
Number of Participants in Free Category	59	58
Number of Participants in Reduced-Price Category	3	3
Number of Participants in Paid Category	0	1
Total Number of Participants	62	62
Total Amount of Eligible Food Costs	XXXXXXXX	\$1,457.97
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$1,820.68



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December 7, 2017

James Cowans, Chairman of the Board
St. Luke Day Care Center Missionary Baptist
1641 Keating Street
Memphis, Tennessee 38114-4232

Notice of payment due to findings disclosed in the monitoring report dated December 7, 2017, for Child and Adult Care Food Program (CACFP).

Institution Name:	St. Luke Day Care Center Missionary Baptist
Institution Address:	1641 Keating Street Memphis, TN 38114-4232
Agreement Numbers:	00510
Amount Due:	\$295.79
Due Date:	January 8, 2018

Based on the monitoring report issued on Month Day, 2017, 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 St. Luke Day Care Center Missionary Baptist to reimburse the Department of Human Services the disallowed cost noted in the report.

Please remit a check or money order payable to the *Tennessee Department of Human Services* in the amount of \$295.79 by the due date to:

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

Please note 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

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: St. Luke's Day Care Center Missionary Baptist	Agreement No. 00510	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
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Mailing Address: 1641 Keating Street Memphis, Tennessee 38114-4232

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

Name and Title: James Cowans, Chairman of the Board	Date of Birth: / /
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Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 12/7/2017	Corrective Action Plan: 12/7/2017
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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's menus did not meet the USDA meal pattern requirements
4. Infant menus did not meet USDA meal pattern requirements
5. There was one participant that did not have a current or valid CACFP enrollment addendum form

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:

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 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:

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's 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:

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

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

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

Measure No. 4: Infant menus did not meet USDA meal pattern requirements

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 5: There was one participant that did not have a current or valid CACFP enrollment addendum form

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: / /

- (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 16th 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

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.