



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

AUDIT SERVICES  
CITIZENS PLAZA BUILDING  
400 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-1403  
TELEPHONE: 615-532-4268 FAX: 615-313-3196  
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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

April 17, 2017

Beryl Brown, Director/Owner  
The Children's Cottage  
3381 Barron Avenue  
Memphis, TN 38111-3935

Dear Ms. Brown:

The Department of Human Services Audit Services staff conducted an on-site unannounced monitoring review of the Child and Adult Care Food Program (CACFP) at The Children's Cottage (Sponsor), Application Agreement 00-526, on February 17, 2017. Additional information was received on March 10, 2017 to complete the review. We reviewed the sponsor records of reimbursements and expenditures for December 2016. 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.

Our review of the sponsor's records for December 2016 disclosed the following:

Background

CACFP sponsors utilize meal count sheets to record the number of meals served for breakfast, lunch, supper and supplements 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) system to seek reimbursement. We inspected CACFP documentation such as income eligibility forms, enrollment addendum forms, master enrollment lists, attendance records, meal count records, menus and food service cost records. We also assessed compliance with civil rights requirements and observed a meal service.

**1. The number of participants reported in the free category was incorrect**

Condition

Based on our review of available documents and information, we noted that the number of participants reported in the free category was incorrect.

The Claim for Reimbursement for the test month reported 96 participants in the free category, zero participants in the reduced-price category, and 11 participants in the paid category. However, our review of the sponsor's records verified there were 97 participants in the free category, zero participants in the reduced-price category, and 11 participants in the paid category. The differences were based on the following:

#### Criteria

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

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p. 18) states "To operate the CACFP and receive reimbursement, all independent child care centers and sponsoring organizations must keep accurate records on the eligibility of enrolled participants for free and reduced-price meals."

#### Recommendation

The Sponsor should ensure that each participant in the CACFP is classified based on the eligibility category and the records are accurate.

This is a repeat finding from the report dated October 17, 2014.

## **2. There were menus that did not meet USDA meal pattern requirements**

#### Condition

A lunch meal consists of one serving of meat or meat alternate, two servings of fruit and/or vegetables, one serving of bread/grains, and one serving of fluid milk. The menus provided for The Children's Cottage had menu deficiencies and listed the following:

- On December 14, 2016, the lunch menu listed beef ravioli with extra meat, chilled pineapples, cheese toasted on wheat bread and milk. The menu did not include a second fruit or vegetable component. 58 lunches were documented as served.
- On December 22, 2016 the supplement menu listed baked chips and sliced apples. The baked chips are not credible. The menu did not include a credible second component. 81 supplements were documented as served.

As a result, the cost reimbursed for 58 lunches and 81 supplements will be disallowed.

#### Criteria

*Title 7 of the Code of Federal Regulations Section 226.20(a)* states, "Except as otherwise provided in this section, each meal served in the Program must contain, at a minimum, the indicated food components: each meal served must contain all required components. ..."

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p. 26) states, "All meals must meet the meal patterns established by the USDA to be eligible for CACFP reimbursement." The USDA meal pattern requirements are on pages 27-32.

The USDA Crediting Foods in the Child and Adult Care Food Program, Revised 2011, (page 38) states "Potato chips are a snack food and are not credible."

### Recommendation

The Sponsor should ensure that 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 for reimbursement.

This is a repeat finding from the report dated October 17, 2014.

### **3. Infant menus did not have the required components**

#### Condition

A breakfast for a 9 month old infant consists of 6-8 oz. of infant formula or breast milk, 2-4 tablespoons of infant cereal and 1-4 tablespoons of a fruit or vegetable. The menus provided for the listed infant had menu deficiencies and listed the following:

Infant: AH (9 months)

<b>Date</b>	<b>Missing Component</b>	<b>Disallowed Meals (# and type)</b>
December 28, 2016	Missing: 1-4 Tbsp. Fruit or Vegetable Menu listed: 6 oz. IFIF and 3tsp Cereal	1 Breakfast
December 29, 2016	Missing: 1-4 Tbsp. Fruit or Vegetable Menu listed: 6 oz IFIF and 3tsp Cereal	1 Breakfast
December 30, 2016	Missing: 1-4 Tbsp. Fruit or Vegetable Menu listed: 6 oz. IFIF and 3tsp Cereal	1 Breakfast

#### Criteria

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (page 26) states, "All meals must meet the meal patterns established by the USDA to be eligible for CACFP reimbursement." The USDA meal pattern requirements are on pages 27-32.

As a result, the cost reimbursed for three breakfasts will be disallowed. (See Exhibit)

#### Recommendation

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 a reimbursable meal.

#### **4. There were menus that did not have the specific names of components**

##### Condition

The infant menus did not have the type of fruit or vegetable listed for any menu for December 2016. The receipts did show the specific names of the fruit and vegetables that were purchased.

##### Criteria

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p. 24) states, "It is recommended that the specific names of all breads or bread alternates, meats or meat alternates, vegetables, fruits and juices be identified on the menus supporting all meal services."

##### Recommendation

The Sponsor should ensure specific names of menu items are listed on the menus or document the specific type of fruit and vegetable that is served on the menus.

#### **5. The Sponsor's reported attendance claimed did not agree with the attendance documentation**

##### Condition

The Claim for Reimbursement for December 2016 reported 1,769 participant days. However, based on our review, we noted 1,768 participant days.

##### Criteria

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

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p.23) states that "each institution must maintain documentation of individual children's attendance on a daily basis."

##### Recommendation

The Sponsor should ensure that the attendance claimed agrees with the actual attendance records.

#### **Disallowed Meals Cost**

The adjustments to the number of participants in the free category and meals disallowed for menu deficiencies resulted in total disallowed meals cost of \$237.82.

#### **Corrective Action**

The Children's Cottage 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 December 2016, 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 \$237.82 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)

Please note that the amount of disallowed cost is subject to an interest charge. The interest charge will be waived if your revised claim 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

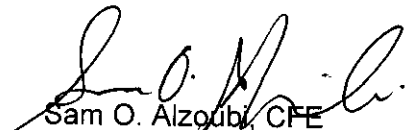
In accordance with the federal regulation found at *7 CFR Part 226.6 (k)*, your institution may appeal the overpayment identified by the monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human 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/or 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, please contact Jackie Yokley, Audit Director 2, at 615-837-5035 or [Jackie.D.Yokley@tn.gov](mailto:Jackie.D.Yokley@tn.gov).

Sincerely,



Sam O. Alzoubi, CFE  
Director of Audit Services

Exhibit

Cc: Alette Vayda, Director, Child and Adult Care Food Programs  
Sean Baker, Director of Quality Assurance  
Brian Anthis, Program Coordinator, Child and Adult Care Food Program  
Comptroller of the Treasury, State of Tennessee

**EXHIBIT**

**Verification of CACFP Independent Center Claim (Claiming Percentages)**

**Center: The Children's Cottage**  
**Review Month/Year: December 2016**  
**Total Reimbursement: \$ 8,140.50**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled Meals to Meal Counts Sheets</b>
Number of Days that CACFP Food Service was operated	22	20 <sup>1</sup>
Total Attendance	1,769	1,768 <sup>1</sup>
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXXXX	90%
Number of Breakfasts Served	1,352	1,349 <sup>2</sup>
Number of Lunches Served	1,511	1,453 <sup>2</sup>
Number of Suppers Served	NA	NA
Number of Supplements Served	1,734	1,653 <sup>2</sup>
Number of Participants in Free Category	96	97 <sup>1</sup>
Number of Participants in Reduced-Price Category	0	0
Number of Participants in Paid Category	11	11
Total Number of Participants	107	108 <sup>1</sup>
Total Amount of Food Costs	XXXXXXXX	\$4,396.99
Total Amount of Eligible Food and Nonfood Costs	XXXXXXXX	\$11,628.77

<sup>1</sup>The difference is due to reporting errors.

<sup>2</sup>The difference is due to menu deficiencies.



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BILL HASLAM  
GOVERNOR

DANIELLE W. BARNES  
COMMISSIONER

April 17, 2017

Beryl Brown, Director/Owner  
The Children's Cottage  
3381 Barron Avenue  
Memphis, TN 38111-3935

**Notice of payment due to findings disclosed in the monitoring report dated April 17, 2017, for Child and Adult Care Food Program (CACFP).**

Institution Name:	The Children's Cottage
Institution Address:	3381 Barron Avenue Memphis, TN 38111-3935
Agreement Number:	00-526
Amount Due:	\$237.82
Due Date:	May 18, 2017

Based on the monitoring report issued on April 17, 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 your institution to reimburse the Department of Human Services the disallowed meals cost.

Please remit a check or money order payable to the **Tennessee Department of Human Services** in the amount of \$237.82 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 meals 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



Tennessee Department of Human Services  
**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: The Children's Cottage	Agreement No. 00-526	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
Mailing Address: 3381 Barron Avenue Memphis, Tennessee 38111-3935		

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

Name and Title: Beryl Brown, Director/Owner	Date of Birth: / /
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**Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan**

Monitoring Report: 04/17/2017	Corrective Action Plan: 04/17/2017
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**Section D. Findings**

Findings:

1. The number of participants reported in the free category was incorrect.
2. There were menus that did not meet USDA meal pattern requirements.
3. Infant menus did not have the required components.
4. There were menus that did not have the specific names of components.
5. The Sponsor's reported attendance claimed did not agree with the attendance documentation.

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 category 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: There were menus that 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:

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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: Infant menus did not have the required components.**

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: There were menus that did not have the specific names of components.**

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's reported attendance claimed did not agree with the attendance documentation.**

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: / /

## APPEAL PROCEDURES FOR CHILD AND ADULT CARE INSTITUTIONS AND SPONSORING AGENCIES

### Appeal Procedures

1. Pursuant to 7 CFR §226.6(k)(4), the TN Department of Human Services (TDHS) must provide administrative review procedures to institutions and responsible principals and responsible individuals as follows:

- (a) Annually to all institutions;
- (b) To an institution and to each responsible principal and responsible individual when the State agency takes any action subject to an administrative review as described in 7 CFR §226.6(k)(2); and
- (c) Any other time upon request.

2. Pursuant to 7 CFR 226.6(k)(3) and (k)(9), some administrative actions are not subject to administrative review. Those actions are listed in paragraph 2.(a). Other administrative actions may be administratively appealed. Those actions are listed in paragraph 2.(b) and (c). All institutions and sponsoring agencies may appeal any adverse administrative action listed in paragraph 2.(b) which are taken by the TDHS by requesting a fair hearing to appear in person to refute the action, or by requesting a review of written information in lieu of a fair hearing.

(a) Pursuant to 7 CFR Part 226.6 (k)(3) TDHS is prohibited from offering administrative reviews of the following actions:

- (i) FNS decisions on claim deadline exceptions and requests for upward adjustments to a claim.
- (ii) Determination of serious deficiency.
- (iii) State agency determination that corrective action is inadequate.
- (iv) Disqualification and placement on State agency list and National disqualified list.
- (v) Termination.
- (vi) State agency or FNS decision regarding removal from the National disqualified list.
- (vii) State agency's refusal to consider an application submitted by an institution or facility on the National disqualified list.

(b) Pursuant to 7 CFR Part 226.6(k)(9), an abbreviated appeal process is available for the following actions. TDHS must limit the administrative review to a review of written submissions by the TDHS and institutions or sponsoring agencies concerning the accuracy of the State agency's determination if the application was denied, or the State agency proposes to terminate the institution's agreement because:

- (viii) The information submitted on the application was false;
- (ix) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities is on the national disqualified list;
- (x) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities is ineligible to participate in any other publicly funded program by reason of violation of the requirements of the program;

Appeal Procedures for Child and Adult Care Food Program-Institutions  
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- (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

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  
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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.



TENNESSEE DEPARTMENT OF HUMAN SERVICES  
**CLAIM FOR REIMBURSEMENT**  
 CHILD AND ADULT CARE FOOD PROGRAM

Read INSTRUCTIONS carefully before completing claim.

1. Check Appropriate Claim Type

- Original Claim  
 Revised Claim

2. AGREEMENT NUMBER

3. NAME AND ADDRESS OF INSTITUTION

4. MONTH AND YEAR CLAIMED

MONTH: [ ][ ] YEAR: [ ][ ][ ][ ]

5. TOTAL NUMBER OF DAYS FOOD SERVICE WAS PROVIDED FOR PERIOD CLAIMED

[ ][ ]

6. TOTAL ATTENDANCE FOR CLAIM PERIOD

A. CHILD OR ADULT CARE CENTERS

B. OUTSIDE SCHOOL HOUR

C. ELIGIBLE PROPRIETARY TITLE XX/  
TITLE XIX CENTERS

A: [ ][ ][ ][ ][ ][ ][ ][ ] B: [ ][ ][ ][ ][ ][ ][ ][ ] C: [ ][ ][ ][ ][ ][ ][ ][ ]

7. TOTAL NUMBER OF ELIGIBLE PROPRIETARY TITLE XX CENTERS (CHILD) OR TITLE XIX CENTERS (ADULT)

[ ][ ][ ]

MEALS SERVED TO PARTICIPANTS IN CHILD/ADULT CARE CENTERS

	A. BREAKFAST	B. LUNCHES	C. SUPPERS	D. SUPPLEMENTS
8. FREE	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]
9. REDUCED	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]
10. PAID	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]

(REQUIRED FOR ALL CENTER CLAIMS)

11. TOTAL

[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]
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12. TOTAL NUMBER OF PARTICIPANTS ENROLLED IN CENTERS FOR THIS CLAIM PERIOD BY INCOME GROUP

FREE	REDUCED	PAID
[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]

13. REMARKS

[ ]

I CERTIFY that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I further certify that claims submitted for meals served in proprietary centers meet the requirements for reimbursement as established by the Federal Regulations as 7CFR Part 226. I further certify that all claims for reimbursement shall be submitted to the State Office no later than 30 days after end of the claim month. I understand that failure to submit claims within the 30 day deadline may result in such claims not being paid.

14. SIGNATURE OF AUTHORIZED REPRESENTATIVE	14. TITLE	15. PREPARATION DATE
_____	_____	MO: [ ][ ] DAY: [ ][ ] YEAR: [ ][ ][ ]

All receipts, invoice and other evidence of purchase must be retained and available for future audit for a period of 3 years after the end of the fiscal year to which they pertain.

No further reimbursement shall be paid under the CACFP for the period covered by this claim unless this is completed and filed as required by the Tennessee Department of Human Services and the Federal Regulations at 7 CFR Part 226