



**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

Certified Mail - Return Receipt # 70163010000073891763

November 1, 2017

Keith Pitts, Chairman
Phi Beta Sigma Fraternity, Incorporated/Eta Beta Sigma
DBA: Nashville Crescent Center
2578 Cedar Springs Drive
Nashville, Tennessee 37217

**RE: Notice of Serious Deficiency for Summer Food Services Program (SFSP) Agreement
Number 00-642 and Demand for Overpayment**

Dear Mr. Pitts:

The Department of Human Services (DHS) Audit Services staff conducted an on-site unannounced review of the Summer Food Services Program (SFSP) at Phi Beta Sigma Fraternity, Inc. (Sponsor), Application Agreement number 00-642, on August 17, 2017. We reviewed the Sponsor's records of reimbursements and expenditures for June 2017 and July 2017 as these two months were combined on the July 2017 Claim for Reimbursement.

The Sponsor was approved for 26 feeding sites, of which 14 were operating during our unannounced visits in June 2017. The Bellewood Park and Masonic Temple Association sites were chosen as our sample sites.

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

SFSP sponsors utilize meal count sheets to record the number of meals served at feeding sites for breakfast, lunch, supper, and supplements (snacks). Second meals are offered once all eligible children have been served first meals. The SFSP sponsor will report the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal count sheets for each site for our test period and reconciled the meals claimed to the meals reported as served for each meal service. In addition, we also observed meal services during our site visits on June 29, 2017, and June 30, 2017.

SERIOUS DEFICIENCY DETERMINATION

Based on the monitoring review, the Department has determined that Phi Beta Sigma Fraternity, Inc. is seriously deficient in its operation of the SFSP. In addition, the Department has identified Keith Pitts, Chairman as responsible for the serious deficiencies in light of their responsibility for the overall management of Phi Beta Sigma Fraternity, Inc.'s SFSP.

If Phi Beta Sigma Fraternity, Inc. does not fully and permanently correct all of the serious deficiencies and submit documentation of the corrective action by the due date, the Department will:

- Propose to terminate Phi Beta Sigma Fraternity, Inc.'s, agreement to participate in the SFSP.

The authorization for this action is found in Paragraph 2.m. of your FY 2016 SFSP Provider Agreement and in the SFSP regulations at 7 C.F.R. § 225.11(c). You may not appeal a finding of serious deficiency.

SERIOUS DEFICIENCIES AND REQUIRED CORRECTIVE ACTION

The following paragraphs detail each serious deficiency and the corrective action required.

Our review of the Sponsor's records for the test months of June and July 2017 revealed the following:

1. The Sponsor did not maintain records of expenditures

This is a Serious Deficiency

Condition

The Sponsor did not maintain separate accounting records to record its SFSP revenue and expenditures. The purpose of maintaining a sound financial management system is to allow external parties to conclude that all costs claimed in the program are necessary and reasonable and that program funds were expended efficiently, economically and in accordance with applicable laws and regulations.

The Sponsor failed to provide DHS personnel with invoices from the Food Service Management Company, bank statement, canceled checks, other expenses, etc.

As a result, the entire Claim for Reimbursement was disallowed in the amount of \$13,598.39.

Criteria

FNS Instruction 796-4, Rev. 4, Section VIII Financial Management Standards states that at a minimum, SA and sponsor financial management systems shall provide:

1. Accounting records which are supported by source documents.
2. Records which show the source and application of funds and contain information pertaining to reimbursement funds (e.g., authorization, obligations, unobligated balances, assets, liabilities, and outlays) and income.
3. Accurate, current, and complete disclosure of the financial transactions of the program.
4. Effective control over, and accountability for, all funds, property, and other program assets to assure that they are safeguarded and used solely for authorized purposes.
5. Comparison of actual outlays against budgeted amounts.

6. Organization-wide audits to determine, at a minimum, the fiscal integrity of financial transactions and reports, and compliance with laws, regulations, and administrative requirements.
7. A systematic method to assure timely and appropriate resolution of all audit findings and recommendations (including organization-wide).

Recommendation

Sponsor will ensure that all records are available upon request for purposes of supporting the Claim for Reimbursement.

2. The number of meals reported was incorrect

This is a Serious Deficiency

Condition

The Claim for Reimbursement for the test month had 3,607 lunches served. However, our review of the Sponsor's records reported 2,288 lunches served prior to any disallowances.

As a result, the Sponsor over reported 1,319 lunch meals served. (See Exhibit A)

Criteria

Code of Federal Regulations, Title 7, Section 225.9 (d)(5) states in part, "...In submitting a claim for reimbursement, each sponsor shall certify that the claim is correct..."

Recommendation

The Sponsor should review all meal count records and ensure the correct number of meals is reported correctly.

3. Meals were consumed off-site

Condition

We observed meals taken off-site at Bellewood Park Apartments during our site visit on June 29, 2017. As a result, two lunches were disallowed.

Criteria

Code of Federal Regulations, Title 7, Section 225.6 (e)(15) states the sponsor must, "Maintain children on site while meals are consumed."

Recommendation

Sponsor should ensure that site supervisors are properly trained to operate an SFSP feeding site and that participants eat the provided meal on site.

4. Meals were served outside the Sponsor's approved meal service time

Condition

We observed lunches served outside of the approved meal service time at Masonic Temple Association. Lunch was served from 11:30 am -12:30 pm, but the approved meal service time was from 11:00 am -12:00 pm. No meals were disallowed.

Criteria

Code of Federal Regulations, Title 7, Section 225.16 (c)(3) states,“ Meals served outside of the period of approved meal service shall not be eligible for Program payments.”

Recommendation

Sponsor should ensure that meals are served according to the times approved and reported in TIPS.

5. The Sponsor did not conduct the pre-operational site visit(s)

Condition

The Sponsor did not conduct the pre-operational visits at the following sites: Skyline Villas at Parkwood, Skyview Apartments, and Andrew Jackson Courts.

Criteria

Code of Federal Regulations, Title 7, Section 225.14 (c)(6) states, in part, “...Sponsors must certify all sites have been visited and have the capability and the facilities to provide the meal service planned for the number of children anticipated to be served” before they begin operations.

Recommendation

The Sponsor should implement the following internal controls for each feeding site:

- Communicate to all Sponsor monitoring staff that pre-operational visits must be documented;
- Maintain pre-operational support documentation for each of the feeding sites;
- Allow site directors to request additional monitoring to confirm compliance.

6. The Sponsor did not conduct monitoring reviews as required

Condition

The Sponsor did not conduct the monitoring reviews during the first week and/or first four weeks of operation at the Skyline Villas at Parkwood, Villas at Metro Center and Andrew Jackson Courts feeding sites.

Criteria

Code of Federal Regulations, Title 7, Section 225.15 (d)(2) states, in part, “...Sponsors shall visit each of their sites at least once during the first week of operation under the Program and shall promptly take such actions as are necessary to correct any deficiencies.”

Code of Federal Regulations, Title 7, Section 225.15 (d)(3) states, “Sponsors shall review food service operations at each site at least once during the first four weeks of Program operations, and

thereafter shall maintain a reasonable level of site monitoring, Sponsors shall complete a monitoring form developed by the State agency during the conduct of these reviews.”

Recommendation

The Sponsor should implement the following internal controls for each feeding site:

- Communicate to all feeding sites monitoring is required to be documented;
- Maintain monitoring support documentation for each of the feeding sites;
- Additionally, allow site directors to request additional monitoring for compliance.

7. The Sponsor did not complete the racial/ethnic data form

Condition

The Sponsor did not complete the racial/ethnic data form for the feeding sites at Skyline Apartments at Parkwood, Villas at Metro Center and Andrew Jackson Courts. The Sponsor had a racial/ethnic data form for these three sites, but the forms were not completed.

Criteria

Code of Federal Regulations, Title 7, Section 225.7 (g)(1) states:

Each State agency shall comply with all requirements of title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Department's regulations concerning nondiscrimination (7 CFR parts 15, 15a and 15b), including requirements for racial and ethnic participation data collection, public notification of the nondiscrimination policy, and reviews to assure compliance with such policy, to the end that no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, the Program.

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Summer Food Service Program 2016 Administration Guide, page 122, states, in part, “The sponsor must collect ethnic/racial category data each year by ethnic/racial category for each site under the sponsor’s jurisdiction. ...”

Recommendation

The Sponsor should ensure that all approved feeding sites have the necessary forms before they begin operating.

8. The food service management company did not maintain records that the Sponsor needs to meet program responsibilities

Condition

The Food Service Management Company did not maintain records supported by invoices, receipts, or other evidence that the Sponsor needs to meet program responsibilities.

Criteria

Code of Federal Regulations, Title 7, Section 225.6 (h)(2)(iv) states, “The food service management company shall maintain such records (supported by invoices, receipts, or other evidence) as the sponsor will need to meet its responsibilities under this part, and shall submit all required reports to the sponsor promptly at the end of each month, unless more frequent reports are required by the sponsor.”

Recommendation

The Sponsor should work with Food Service Management Company to ensure they are aware of the required documentation that is needed to perform their review

OVERPAYMENT - RIGHT TO APPEAL

Disallowed Meals Cost

Based on the review, we determined that the sponsor’s noncompliance with the applicable Federal and State regulations that govern the SFSP resulted in a total disallowed cost of \$13,598.39.

The procedures for submitting an appeal regarding the amount of overpayment are enclosed. Please note that the appeal must be in writing and must be received by our Department no later than ten (10) calendar days from your receipt of this letter. 7 C.F.R. § 225.13(a). 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 overpayment, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

SUMMARY

The Department has determined that Phi Beta Sigma Fraternity, Inc. is seriously deficient in its operation of the SFSP and that Keith Pitts, Chairman is responsible for the serious deficiencies.

You may not appeal the serious deficiency determination itself. If the Department proposes to terminate Phi Beta Sigma Fraternity, Inc.’s SFSP agreement, you will be able to appeal those actions and you will be advised of your appeal rights and the appeal procedures at that time.

To provide for the full and permanent correction of the serious deficiencies and findings, please complete the following actions within thirty (30) days of your receipt of this notice:

1. Login to (TIPS) the Tennessee Information Payment System and submit a revised claim for June and July 2016.
2. Remit a check payable to the Department in the amount of **\$13,598.39** for recovery of the overpayment; and
3. Complete and return the enclosed corrective action plan to address the findings of the monitoring review to:

Tennessee Department of Human Services

Allette Vayda - SFSP/SFSP Unit
Citizens Plaza - 8th Floor
400 Deaderick Street
Nashville, Tennessee 37243-1403.

If the Department does not receive the corrective action plan by the deadline date, or the Department determines that the corrective action plan does not provide for the full and permanent correction of the serious deficiencies and findings, the Department will propose to terminate the Sponsor's SFSP Provider Agreement and to disqualify you and the Sponsor from future SFSP participation by issuing a Notice of Proposed Termination.

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.

Sincerely,



Allette Vayda
Program Director
CACFP & SFSP

AV/ba

Enclosures

Exhibit A

Sponsor: Phi Beta Sigma Fraternity, Inc.
Review Month/Year: June/July 2017
Claim Reimbursement Total: \$13,598.39

Meal Type Service	Reported on Claim	Reconciled Meals to Meal Count Sheets
Number of Participating Sites for Lunch	18	14
Number of Lunches Served	3,607	0

Exhibit B

Masonic Temple Association

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	5	5
Number of Lunches Served	143	106

Exhibit C

Bellewood Park

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	6	6
Number of Lunches Served	271	159

Exhibit D

Andrew Jackson Courts

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	9	9
Number of Lunches Served	102	8

Exhibit E

Bethlehem Primitive Baptist Church

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	18
Number of Lunches Served	268	177

Exhibit F

C.E. McGruder Family Resource Center

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	9	9
Number of Lunches Served	180	170

Exhibit G

Family Affair Ministries, Inc.

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	0
Number of Lunches Served	310	0

Exhibit H

Granstaff Apartments

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	18
Number of Lunches Served	120	65

Exhibit I**Hamilton Creek Apartments**

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	18
Number of Lunches Served	269	267

Exhibit J**Knollcrest**

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	18
Number of Lunches Served	258	172

Exhibit K: Levy Place

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	18
Number of Lunches Served	229	139

Exhibit L**Parkway Terrace**

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	18
Number of Lunches Served	376	247

Exhibit M**Preserve @ Metro Center**

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	18
Number of 1st Lunches Served	145	77

Exhibit N

Skyline Apartments @ Parkwood

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	9	9
Number of Lunches Served	132	140

Exhibit O

Skyview Apartments

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	18
Number of Lunches Served	215	122

Exhibit P

Summerwind Apartments

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	9	9
Number of Lunches Served	87	41

Exhibit Q

Townhomes of Nashboro Village

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	18
Number of 1st Lunches Served	130	25

Exhibit R

Trinity Hills Village

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	18	18
Number of Lunches Served	336	334

Exhibit S**Villas @ Metro Center**

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled Meals to Meal Count Sheets
Total Number of Days Food Served	9	9
Number of Lunches Served	36	39



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BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

November 1, 2017

Keith Pitts, Chairman
Phi Beta Sigma Fraternity, Incorporated/Eta Beta Sigma
DBA: Nashville Crescent Center
2578 Cedar Springs Drive
Nashville, Tennessee 37217

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

Institution Name:	Phi Beta Sigma Fraternity, Inc./Eta Beta Sigma
Institution Address:	2578 Cedar Springs Drive Nashville, Tennessee 37217
Agreement Number:	00-642
Amount Due:	\$13,598.39
Due Date:	November 13, 2017

Based on the monitoring report issued on November 1, 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 requires your institution to reimburse the Department of Human Services for disallowed meals cost.

Please remit a check or money order payable to the *Tennessee Department of Human Services* in the amount of \$13,598.39 by the due date to:

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

Please note that the unallowed cost/overpayment of the CACFP is subject to an interest charge. The interest charge will be waived if the payment is received by the due date. If payment is not received by the end of the 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
SUMMER FOOD SERVICE PROGRAM (SFSP)
TENNESSEE DEPARTMENT OF HUMAN SERVICES (TDHS)**

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 Date of Birth on the first page; enter your name, title and date of signature on the last page. Sign your name in ink. **Please return ALL pages of the completed Corrective Action Plan form.**

Section A. Sponsor Information	
Name of Institution Phi Beta Sigma Fraternity, Inc.	SFSP Agreement No. 00-642
Mailing Address: 2578 Cedar Springs Drive Nashville, Tennessee 37217	
Section B. Responsible Principal(s) and/or Individual(s)	
Name and Title: Keith Pitts, Chairman	Date of Birth (s):
Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan	
SD Report: November 1, 2017	Corrective Action Plan: November 1, 2017
Section D. Findings	
Findings:	
<ol style="list-style-type: none"> 1. The Sponsor did not maintain records of expenditures 2. The number of meals reported was incorrect 3. Meals were consumed off-site 4. Meals were served outside the Sponsor's approved meal service time 5. The Sponsor did not conduct the pre-operational site visit(s) 6. The Sponsor did not conduct monitoring reviews as required 7. The Sponsor did not complete the racial/ethnic data form 8. The food service management company did not maintain records that the Sponsor needs to meet program responsibilities 	

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

Measure No. 1: The Sponsor did not maintain records of expenditures

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 number of meals reported 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. 3: Meals were consumed off-site

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 4: Meals were served outside the Sponsor's approved meal service time

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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

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

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

Measure No. 5: The Sponsor did not conduct the pre-operational site visit(s)

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. 6: The Sponsor did not conduct monitoring reviews as required

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. 7: The Sponsor did not complete the racial/ethnic data 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:

Measure No. 8: The food service management company did not maintain records that the Sponsor needs to meet program responsibilities

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.

Printed Name of Authorized Sponsor Official

Position

Signature of Authorized Sponsor Official

Date

Signature of Authorized TDHS Official

Date

**SUMMER FOOD SERVICE PROGRAM
SPONSOR APPEAL PROCEDURES
REVISED FEBRUARY 21, 2014**

7 C.F.R. § 225.13 governs appeals in the Summer Food Service Program and the maximum time limit for processing appeals is nineteen (19) calendar days for the Summer Food Service Program as follows:

1. The Department shall notify the appellant (Sponsor) in writing of the grounds upon which the Department has based the action. The Department's notice of action shall be sent by certified mail, return receipt requested, and shall also state whether that the sponsor or food service management company has the right to appeal the Department's action.
2. Appealable actions are outlined in 7 C.F.R. § 225.13(a) and are: A denial of an application for participation; a denial of a sponsor's request for an advance payment; a denial of a sponsor's claim for reimbursement (except for late submission under 7 C.F.R. § 225.9(d)(6)); the Department's refusal to forward to FNS an exception request by the sponsor for payment of a late claim or a request for an upward adjustment to a claim; a claim against a sponsor for remittance of a payment; the termination of the sponsor or a site; a denial of a sponsor's application for a site; a denial of a food service management company's application for registration, if applicable; or the revocation of a food service management company's registration, if applicable.
2. The time period allowed for filing the appeal, where actions are appealable as specified in 7 C.F.R. § 225.13(a), is **ten (10) calendar days** from the date on which the notice of action sent by certified mail return receipt requested, is received.
3. The appeal must be in writing and must conform to the requirements outlined in 7 C.F.R. § 225.13(b)(4), which are set forth in paragraph (5) below.
4. The address to file an appeal is as follows:

Tennessee Department of Human Services
Appeals and Hearings Division, Clerk's Office
P.O. Box 198996
Nashville, TN 37219-8996
Toll Free: (866) 787-8209
Local: (615) 744-3900
Fax: (866) 355-6136
AppealsClerksOffice.DHS@tn.gov

5. The appellant is allowed to refute the charges in the notice of action in person, or by filing written documentation with the review official. If the appeal letter does not specifically request a hearing, a review of written documentation in lieu of a hearing will occur. To be considered, written documentation must be submitted by the appellant within seven (7) calendar days of submitting the appeal. An appellant is allowed the opportunity to review information upon which the action described in the notice of action was based.
6. If the appellant requested a hearing in the appeal letter, the appellant shall be given at least five (5) calendar days advance written notice by certified mail, return receipt requested, of the date, time, and place of hearing.
7. If the appellant requested a hearing in the appeal letter, the hearing will be conducted within fourteen (14) calendar days of the receipt of the appeal. However, the hearing will not be held before the appellant's written documentation is received where the appellant has requested to submit the written documentation. The appellant may retain legal counsel or may be represented by another person. Failure of the appellant's representative to appear at a scheduled hearing shall constitute the appellant's waiver of the right to a personal appearance before the review official, unless the review official agrees to reschedule the hearing. A representative of the State agency shall be allowed to attend the hearing to respond to the appellant's testimony and written information and to answer questions from the review official. The review officer shall be independent of the original decision-making process.
8. Within five (5) working days after receiving the written documentation, and where a hearing was not requested in the appeal letter, the administrative review official, based on a full review of the administrative record, will inform the appellant, by certified mail, return receipt requested, of the official's determination.
9. Within five (5) working days after the hearing has been held, when a hearing was requested in the appeal letter, the hearing official, based on a full review of the administrative record, will inform the appellant, by certified mail, return receipt requested, of the official's determination.
10. 7 C.F.R. § 225.13(11) requires the Program's administrative action to remain in effect during the appeal process.
11. Participating sponsors and sites may continue to operate during an appeal of a termination.

12. Reimbursement shall be paid for meals served during the appeal process if the administrative review determination overturns the Program's administrative action that was appealed.
13. If the sponsor or site has been terminated for the reason of imminent dangers to the health or welfare of children, the operation shall not be allowed to continue during the appeal process and this reason shall be specified in the notice of action.
14. The review official will make a determination based on information provided by the State agency and the appellant, and on Program regulations.
15. The determination made by the hearing official is the final administrative determination provided under 7 C.F.R. § 225.13(12), and will become the Final Order and set forth the time limits for seeking judicial review.

