



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403
TELEPHONE: 615-313-4700 FAX: 615-741-4165
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www.tn.gov/humanservices

BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

December 8, 2017

Karen Dickens, Chairman of the Board
Gallatin Child Care Center
445 Hull Circle
Gallatin, Tennessee 37066-2367

Dear Ms. Dickens,

The Department of Human Services (DHS) - Audit Services Division staff conducted an unannounced on-site monitoring review of the Child and Adult Care Food Program (CACFP) at Gallatin Child Care Center (Sponsor), Application Agreement number 00-284, on October 23, 2017. The purpose of this review was to determine if the Sponsor complied with the *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, we observed a meal service during our unannounced site visit on October 23, 2017.

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

The Sponsor did not have a written procurement plan or a code of standards of conduct

Condition

The Sponsor did not have a procurement plan in writing regarding the purchase of equipment, supplies or other goods and services. In addition, there was no written code of standards of conduct.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.22 (a) “establishes standards and guidelines for the procurement of foods, supplies, equipment, and other goods and services. These standards are furnished to ensure that such materials and services are obtained efficiently and economically and in compliance with the provisions of applicable Federal law and Executive orders.”

Title 7 of the Code of Federal Regulations, Section 226.22(d) states, “Institutions shall maintain a written code of standards of conduct which shall govern the performance of their officers, employees or agents engaged in the award and administration of contracts supported by Program payments. ...”

Recommendation

Sponsor should create a written procurement plan and code of standards based on the sample USDA procurement plan.

Note: Our observation of the lunch meal service on October 23, 2017 resulted in no deficiencies.

Technical Assistance Provided

Technical assistance was provided during our monitoring visit on October 23, 2017. We discussed serving meals during the approved serving times in TIPS, the new meal patterns as of October 1, 2017, and how to select acceptable meal components.

Disallowed Meals Cost

The report does not have disallowed meals cost.

Corrective Action

Gallatin Child Care Center must complete the following actions within 30 days from the date of this report:

- 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
(615)313-3769

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

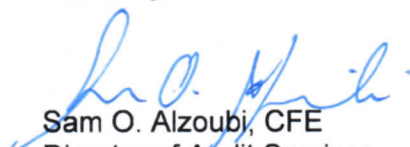
In accordance with the federal regulation found at *7 CFR Part 226.6 (k)*, your institution may appeal the amount of disallowed cost identified in this monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

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: Glenda Abel, Director, Gallatin Child Care Center
Allette Vayda, Director, Child and Adult Care Food Program
Debra Pasta, Program Manager, Child and Adult Care Food Program
Elke Moore, Administrative Services 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**

Center: Gallatin Child Care Center
Review Month/Year: September 2017
Total Reimbursement: \$4,012.03

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to Provided Documents
Number of Days that CACFP Food Service was operated	20	20
Total Attendance	876	876
Percentage of Participants in the Free or Reduced-price Category	XXXXXXXX	N/A
Number of Breakfasts Served	644	644
Number of Lunches Served	872	872
Number of Supplements Served	869	869
Number of Participants in Free Category	37	37
Number of Participants in Reduced-Price Category	6	6
Number of Participants in Paid Category	10	10
Total Number of Participants	53	53
Total Amount of Food Costs	XXXXXXXX	\$1,132.02
Total Amount of Eligible Food and Nonfood Costs	XXXXXXXX	\$5,185.46



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: Gallatin Child Care Center	Agreement No. 00-284	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
Mailing Address: 445 Hull Circle Gallatin, Tennessee 37066-2367		

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

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

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

Findings:

1. The Sponsor did not have a written procurement plan or a code of standards form on file

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

Measure No. 1: The Sponsor did not have a written procurement plan or a code of standards form on file

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: / /