



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
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BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

December 18, 2017

John Gentry, Board Chair
Southeast Tennessee Human Resource Agency
312 Resource Road
Dunlap, Tennessee 37327

Dear Mr. Gentry:

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 Southeast Tennessee Human Resource Agency (Sponsor), Application Agreement number 00-503, on October 26, 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.

Based on our review of the Sponsor's records and information provided, the Sponsor had 201 Daycare Homes operating during the test month of August 2017. We selected the homes of Sharon Conner, Shawnda Ramsey, Amber Brown, Rebecca Peardon, Jaquetta Goodwin, Shanita Swaby, Tammy Ferguson, Melinda Jackson, Antoinette Rasberry, Audrey Kile and Jacqueline Heathington as the sample homes for the review month.

Background

The CACFP is a federally funded program that provides payments for eligible meals served to participants who meet age and income requirements. A family day care home (FDCH) is an organized nonresidential child care program for children, operated in a private home, and licensed or approved to provide care. In order to participate in CACFP, FDCHs must enter into an agreement with a sponsor.

CACFP sponsors utilize meal count sheets to record the number of meals served for breakfast, lunch, supplement and supper meals served. Meals served by participating Sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and TDHS to be eligible for reimbursement. The CACFP Sponsor reports the number of meals served through the TDHS 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 at each of the FDHCs selected in our sample during the review month.

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

1. Meal Counts and Attendance records were not current and completed as required

Condition

The FDCHs attendance and meal count records were not current as of the site monitoring visit for the homes listed below. However, the attendance and meal counts were provided either electronically or on paper during the Sponsor visit.

Provider Name	Date of records not completed	Date of site visit
Shawnda Ramsey	July 22, 2017-August 8, 2017	August 8, 2017
Amber Brown	August 1, 2017-August 9, 2017	August 9, 2017
Jacqueline Heathington	August 1, 2017-August 9, 2017	August 9, 2017
Antoinette Rasberry	August 1, 2017-August 9, 2017	August 9, 2017

Criteria

Title 7 of the Code of Federal Regulations, Section 226.18(e) states, "Each day care home must maintain on file documentation of each child's enrollment and must maintain daily records of the number of children in attendance and the number of meals, by type, served to enrolled children. ...".

The USDA *Family Day Care Homes Monitor Handbook*, February 2012, page 10, states, in part, "For all reviews, providers are expected to have their CACFP paperwork up to date and readily. ...".

Recommendation

The Sponsor should ensure that all attendance and meal count records are current and available upon request.

2. Meals were served outside of the approved serving time

Condition

Meals were served outside the approved serving time; however, there were no meals disallowed as the meals observed met the required USDA components.

Meals were served outside of approved times as follows:

Provider Name	Time meal approved in TIPS	Time meal served
Shawnda Ramsey	12-1 pm	11:40-12:05 pm
Amber Brown	12-1 pm	11:40 am
Jacquetta Goodwin	11:30-12:30 pm	11-11:15 am
Antionette Rasberry	3:30-4 pm	3:10 pm

The participants at the home of Amber Brown brought their lunch from home. No meals were claimed for this date, except for meals for one infant.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.18(d) states, in part, "Each day care home participating in the program shall serve the meal types specified in its approved application. ...".

Recommendation

The Sponsor should ensure that all meals are served within the approved serving time.

3. The Sponsor did not have a menu posted for the meal observed at the feeding sites visited

Condition

Based on our on-site visits, we noted that a current menu was not posted at the homes of Amber Brown, Shanita Swaby, Jacquetta Goodwin, and Antoinette Rasberry.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.18(d) states, in part, "Each day care home participating in the program shall serve the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20. Menu records shall be maintained to document compliance with these requirements. ...".

Recommendation

The Sponsor should ensure that each home has a current menu prominently displayed.

4. The Building for the Future posters were not posted at all sites

Condition

The Building for the Future flyer was not posted at the homes of Sharon Conner, Amber Brown, Jacquetta Goodwin, Antoinette Rasberry, and Shanita Swaby.

Criteria

The USDA *Monitoring Handbook for State Agencies*, Revised May 2014, page 42, states, "Verification that the Building for the Future Notice is posted in DCHs or distributed to parents [FNS-317]."

The USDA *Family Day Care Homes Monitor Handbook*, February 2012, page 10, states the "Building for the Future" notice and the Spanish version are required notices for day care homes."

Recommendation

The Sponsor should ensure that the Building for the Future flyer is prominently displayed at all sites.

Technical Assistance Provided

There was no technical assistance requested at the time of the Sponsor review.

Corrective Action

Southeast Tennessee Human Resource Agency 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:

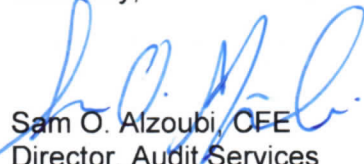
AuditServices.CAPS.DHS@tn.gov

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

We appreciate the assistance provided during this review. If you have any questions, please contact Sean Baker, Audit Director 2, at 615-313-4727 or Sean.Baker@tn.gov.

Sincerely,



Sam O. Alzoubi, CFE
Director, Audit Services

Exhibits

cc: Nancy Sutherland, SETHRA, Executive Director
Karen Green, SETHRA, CACFP Manager
Karen Davis, SETHRA, Director of Community Services
Allette Vayda, Director, Child and Adult Care Food Program
Debra Pasta, Program Manager, 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
Elke Moore, Administrative Services Assistant 3, Child and Adult Care Food Program
Comptroller of the Treasury, State of Tennessee

EXHIBIT A

Verification of CACFP Claim for Home Sponsor

Sponsor: Southeast Tennessee Human Resource Agency

Review Month/Year: August 2017

Total Amount Paid to Sponsor for Reported Meals: \$152,132.87

Total Amount Paid by Sponsor to Homes for Meals: \$152,648.08

Total Sponsor Admin Paid: \$18,818.00

Total Sponsor Admin Due Based on Number of Homes: \$18,818.00

Total Admin Expenses verified for the Review Month: \$15,721.06

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Tier 1 Breakfasts Served	32,356	32,356
Number of Tier 2 Breakfasts Served	215	215
Number of Tier 1 AM Supplements	288	288
Number of Tier 1 Lunches Served	28,255	28,255
Number of Tier 2 Lunches	352	352
Number of Tier 1 PM Supplements	35,987	35,987
Number of Tier 2 PM Supplements	352	352
Number of Tier 1 Suppers Served	4,994	4,994
Number of Tier 2 Suppers Served	137	137
Number of Tier 1 Evening Supplements Served	890	890
Total Number of Tier 1 Homes	198	198
Total Number of Tier 2 Homes	3	3
Total Number of Homes	201	201

EXHIBIT B**Individual Home Review Data****Name of Home/Tier Type: Sharon Conner-Tier 1****Sponsor Reimbursement Paid to the Home: \$409.04****Reimbursement due based on Reported Information: \$409.04****Reimbursement due based on Verified Information: \$409.04**

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	22	22
Total Tier 1 Attendance	109	109
Number of Tier 1 Breakfasts Served	93	93
Number of Tier 1 Lunches Served	85	85
Number of Tier 1 PM Supplements Served	107	107

EXHIBIT C**Individual Home Review Data****Name of Home/Tier Type: Shawnda Ramsey-Tier 1****Sponsor Reimbursement Paid to the Home: \$1,087.84****Reimbursement due based on Reported Information: \$1,087.84****Reimbursement due based on Verified Information: \$1,087.84**

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	23	23
Total Tier 1 Attendance	244	244
Number of Tier 1 Breakfasts Served	240	240
Number of Tier 1 Lunches Served	242	242
Number of Tier 1 PM Supplements Served	244	244

EXHIBIT D**Individual Home Review Data**

Name of Home/Tier Type: Amber Brown-Tier 1
Sponsor Reimbursement Paid to the Home: \$337.59
Reimbursement due based on Reported Information: \$337.59
Reimbursement due based on Verified Information: \$337.59

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	19	19
Total Tier 1 Attendance	144	144
Number of Tier 1 Breakfasts Served	97	97
Number of Tier 1 Lunches Served	47	47
Number of Tier 1 PM Supplements Served	130	130

EXHIBIT E**Individual Home Review Data**

Name of Home/Tier Type: Rebecca Peardon-Tier 1
Sponsor Reimbursement Paid to the Home: \$1,084.61
Reimbursement due based on Reported Information: \$1,084.61
Reimbursement due based on Verified Information: \$1,084.61

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	23	23
Total Tier 1 Attendance	248	248
Number of Tier 1 Breakfasts Served	248	248
Number of Tier 1 Lunches Served	248	248
Number of Tier 1 PM Supplements Served	205	205

EXHIBIT F**Individual Home Review Data****Name of Home/Tier Type: Jacquetta Goodwin-Tier 1****Sponsor Reimbursement Paid to the Home: \$306.00****Reimbursement due based on Reported Information: \$306.00****Reimbursement due based on Verified Information: \$306.00**

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	23	23
Total Tier 1 Attendance	68	68
Number of Tier 1 Breakfasts Served	68	68
Number of Tier 1 Lunches Served	68	68
Number of Tier 1 PM Supplements Served	68	68

EXHIBIT G**Individual Home Review Data****Name of Home/Tier Type: Shanita Swaby-Tier 1****Sponsor Reimbursement Paid to the Home: \$778.08****Reimbursement due based on Reported Information: \$778.08****Reimbursement due based on Verified Information: \$778.08**

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	20	20
Total Tier 1 Attendance	174	174
Number of Tier 1 Breakfasts Served	174	174
Number of Tier 1 Lunches Served	172	172
Number of Tier 1 PM Supplements Served	174	174

EXHIBIT H**Individual Home Review Data**

Name of Home/Tier Type: Tammy Ferguson-Tier 1
Sponsor Reimbursement Paid to the Home: \$1,634.10
Reimbursement due based on Reported Information: \$1,634.10
Reimbursement due based on Verified Information: \$1,634.10

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	26	26
Total Tier 1 Attendance	359	359
Number of Tier 1 Breakfasts Served	296	296
Number of Tier 1 Lunches Served	299	299
Number of Tier 1 PM Supplements Served	356	356
Number of Tier 1 Suppers Served	102	102

EXHIBIT I**Individual Home Review Data**

Name of Home/Tier Type: Melinda Jackson-Tier 1
Sponsor Reimbursement Paid to the Home: \$1,390.14
Reimbursement due based on Reported Information: \$1,390.14
Reimbursement due based on Verified Information: \$1,390.14

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	23	23
Total Tier 1 Attendance	345	345
Number of Tier 1 Breakfasts Served	345	345
Number of Tier 1 Lunches Served	279	279
Number of Tier 1 PM Supplements Served	345	345

EXHIBIT J**Individual Home Review Data**

Name of Home/Tier Type: Antoinette Rasberry-Tier 1
Sponsor Reimbursement Paid to the Home: \$1,514.61
Reimbursement due based on Reported Information: \$1,514.61
Reimbursement due based on Verified Information: \$1,514.61

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	27	27
Total Tier 1 Attendance	316	316
Number of Tier 1 Lunches Served	208	208
Number of Tier 1 PM Supplements Served	309	309
Number of Tier 1 Suppers Served	316	316

EXHIBIT K**Individual Home Review Data**

Name of Home/Tier Type: Jacqueline McKenzie Heathington-Tier 1
Sponsor Reimbursement Paid to the Home: \$866.21
Reimbursement due based on Reported Information: \$866.21
Reimbursement due based on Verified Information: \$866.21

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	22	22
Total Tier 1 Attendance	198	198
Number of Tier 1 Breakfasts Served	198	198
Number of Tier 1 Lunches Served	190	190
Number of Tier 1 PM Supplements Served	191	191

EXHIBIT L

Individual Home Review Data

Name of Home/Tier Type: Audrey Kile-Tier 1

Sponsor Reimbursement Paid to the Home: \$399.07

Reimbursement due based on Reported Information: \$399.07

Reimbursement due based on Verified Information: \$399.07

Program Area	Reported on Claim	Reconciled to meal count sheets
Number of Days that CACFP Food Service was operated	22	22
Total Tier 1 Attendance	101	101
Number of Tier 1 Breakfasts Served	100	100
Number of Tier 1 Lunches Served	79	79
Number of Tier 1 PM Supplements Served	101	101



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: Southeast Tennessee Human resource Agency	Agreement No. 00503	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
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Mailing Address: 312 Resource Road Dunlap, Tennessee 37327

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

Name and Title: John Gentry, Board Chair	Date of Birth: / /
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Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 12/18/2017	Corrective Action Plan: 12/18/2017
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Section D. Findings

Findings:

1. Meal Counts and Attendance records were not current and completed as required
2. Meals were served outside of the approved serving time
3. The Sponsor did not have a menu posted for the meal observed at the feeding sites visited
4. The Sponsor did not have a menu posted for the meal observed at the feeding sites visited

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

Measure No. 1: Meal Counts and Attendance records were not current and completed 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.2: Meals were served outside of the approved serving 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. 3: The Sponsor did not have a menu posted for the meal observed at the feeding sites visited

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: The Sponsor did not have a menu posted for the meal observed at the feeding sites visited

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

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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

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.