



**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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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

March 9, 2018

LaPetria Rhoe, Chairman of the Board  
Riverview Kansas-Myra Dreifus Day School  
1591 Pennsylvania Street  
Memphis, Tennessee 38109-1630

Dear Ms. Rhoe:

The Department of Human Services (DHS) – Division of Audit Services Division staff conducted an unannounced on site review of the Child and Adult Care Food Program (CACFP) at Riverview Kansas-Myra Dreifus Day School, Application Agreement 00-476 on February 09, 2018. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code 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. 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 on December 18, 2017.

Our review of the Sponsor's records for December 2018 disclosed the following:

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

**Condition**

The claim for reimbursement for the test month of December 2017 reported 62 participants in the free category, one participant in the reduced-price category, and two participants in the paid category. However, our review of the Sponsor's records verified there were 63

participants in the free category, one participant in the reduced-price category and two participants in the paid category. The difference was based on the following:

The free category was underreported by one.

#### Criteria

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

*Title 7 of the Code of Federal Regulations Section 226.17 (b)(8)* states, "Child care centers shall collect and maintain documentation of the enrollment of each child, including information used to determine eligibility for free and reduced price meals in accordance with §226.23(e)(1) ... Such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care."

#### Recommendation

The Sponsor should ensure each participant is classified and reported according to income eligibility applications for child care center participants.

This is a repeat finding from a report dated September 1, 2015.

### **2. The Sponsor reported an incorrect number of meals from an observed meal service**

#### Condition

On December 18, 2017, we conducted an unannounced on-site visit to observe a lunch meal service at Riverview Kansas-Myra Dreifus Day School (McCormick Surprise Day School). We observed 60 lunch meals served. However, the Sponsor reported 57 lunch meals as served. As a result, the cost reimbursement for three lunch meals was allowed.

#### Criteria

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

#### Recommendation

The Sponsor should ensure the number of meals claimed for reimbursement agrees with the actual meals served during the meal service time.

### **3. The observed supplement meal did not meet meal pattern requirements established by the USDA**

#### Condition

On December 18, 2017, we observed a supplement served which consisted of a pudding cup, water, and banana halves. The supplement observed was missing a second creditable

component. The pudding cup is not a creditable component nor is water. We observed 60 supplements and as a result, the cost reimbursement for those meals was disallowed.

Criteria

*Title 7 of the Code of Federal Regulations Section 226.17(b)(4) states. "Each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20 ..."*

Recommendation

The Sponsor should ensure meals served meet meal pattern requirements established by the USDA.

**4. The Sponsor provided menus that did not meet USDA requirements**

Condition

The menus for December 2017 had deficiencies and listed the following:

<b>Date</b>	<b>Missing Component</b>	<b>Disallowed Meals</b>
12/04/17	Missing component: Second creditable component Menu Listed: A pudding cup, banana halves, and water. Neither pudding nor water are creditable components.	53 supplement meals
12/12/17	Missing component: Second creditable component Menu Listed: A pudding cup, banana halves, and water. Neither pudding nor water are creditable components.	54 supplement meals
12/13/17	Missing component: Second creditable component Menu Listed: 100% apple juice and banana halves. Both components are considered fruit. Two separate components must be served for a supplement to be reimbursable.	58 supplement meals
12/18/17	Missing component: Second creditable component Menu Listed: A pudding cup, banana halves, and water. Neither pudding nor water are creditable components.	Meals disallowed in Finding 3
12/27/17	Missing component: Second creditable component Menu Listed: 100% apple juice and banana halves. Both components are considered fruit. Two separate components must be served for a supplement to be reimbursable.	57 supplement meals

As a result, the cost reimbursement of 222 supplement meals was disallowed.

Criteria

*Title 7 of the Code of Federal Regulations Section 226.17(b)(4) states “Each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20 ...”*

Recommendation

The Sponsor should ensure menus meet the meal patterns established by the USDA.

**5. Infant menus did not meet the meal pattern requirements established by the USDA**

Condition

The menus provided for infants had deficiencies and listed the following:

Infant: MB, 4 Months

<b>Dates</b>	<b>Missing Component</b>	<b>Disallowed Meals</b>
12/19/17	(IFIC) Infant Cereal, after it has been introduced	1 Lunch

Infant: JB, 10 Months

<b>Dates</b>	<b>Missing Component</b>	<b>Disallowed Meals</b>
12/19/17	(IFIF) Infant formula/Breast Milk	1 Breakfast

Infant: TB, 11 Months

<b>Dates</b>	<b>Missing Component</b>	<b>Disallowed Meals</b>
12/07/17	(IFIC) Infant Cereal	1 Lunch
12/11/17	No components listed	1 Breakfast
12/12/17	No components listed	1 Breakfast
12/13/17	No components listed	1 Breakfast
12/14/17	No components listed	1 Breakfast
12/14/17	(IFIC) Infant Cereal	1 Lunch
12/15/17	No components listed	1 Breakfast
12/15/17	(IFIC) Infant Cereal	1 Lunch
12/28/17	(IFIC) Infant Cereal	1 Breakfast

Infant: MC, 11 Months

<b>Dates</b>	<b>Missing Component</b>	<b>Disallowed Meals</b>
12/19/17	(IFIC) Infant Cereal	1 Lunch

As a result the cost reimbursement for seven breakfast meals and five lunch meals were disallowed.

Criteria

*Title 7 of the Code of Federal Regulations Section 226.17(b)(4) states “Each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in §226.20 ...”*

Recommendation

The Sponsor should ensure that menus meet the meal patterns established by the USDA.

**6. The Sponsor listed dessert based grain products on some supplement menus**

Condition

In accordance with the revised USDA meal pattern requirements effective October 2017, grain based desserts are no longer creditable toward the grain component. The following menus listed a grain based dessert as a component and were deficient:

<b>Date</b>	<b>Deficient component</b>
12/01/17	Granola bar served as one of the two supplement components
12/05/17	Multi-grain bar served as one of the two supplement components
12/06/17	Granola bar served as one of the two supplement components
12/08/17	Granola bar served as one of the two supplement components
12/11/17	Multi-grain bar served as one of the two supplement components
12/15/17	Granola bar served as one of the two supplement components
12/19/17	Multi-grain bar served as one of the two supplement components
12/20/17	Granola bar served as one of the two supplement components
12/22/17	Granola bar served as one of the two supplement components
12/29/17	Granola bar served as one of the two supplement components

There were no meals disallowed due to the one year grace period given to Sponsors to conform to the revised CACFP meal patterns.

Criteria

*Title 7 of the Code of Federal Regulations, Section 226.20 (a)(4)(iii) states, "Desserts. Grain-based desserts do not count towards meeting the grains requirement..."*

Recommendation

The Sponsor should ensure menus meet the meal patterns established by the USDA.

**Technical Assistance Provided**

The Sponsor was referred to Program Specialists for technical assistance concerning infant menu requirements.

**Disallowed Meals Cost**

Based on the review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$257.33.

**Corrective Action**

The Sponsor's management must complete the following actions within 30 days from the date of this report:

- Log into the Tennessee Information Payment System (TIPS) and revise the claim submitted for December 2017, which contains the verified claim data from the enclosed exhibit.
- Remit a check payable to the **Tennessee Department of Human Services** in the amount of \$257.33 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 of Operations  
 8th Floor Citizens Plaza Building  
 400 Deaderick Street  
 Nashville, Tennessee 37243  
[Allette.Vayda@tn.gov](mailto: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 is completed 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

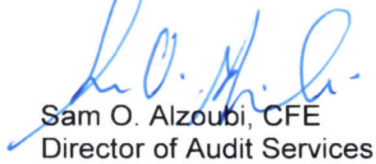
In accordance with the federal regulation found at *7 CFR Part 226.6 (k)*, your institution may appeal the overpayment identified by the monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human Services  
 Appeals and Hearings Division, Clerks Office  
 P.O. Box 198996  
 Nashville, Tennessee 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](mailto:sean.baker@tn.gov).

Sincerely,



Sam O. Alzoubi, CFE  
Director of Audit Services

Exhibits

Cc: Diane Manning, Director, Riverview Kansas-Myra Dreifus Day School  
Allette Vayda, Director of Operations  
Debra Pasta, Program Manager, Child and Adult Food Program  
Elke Moore, Administrative Assistant 3, Child and Adult Care Food Program  
Constance Moore, Program Specialist, Child and Adult Care Food Program  
Marty Widner, Program Specialist, Child and Adult Care Food Program  
Comptroller of the Treasury, State of Tennessee

**EXHIBIT**

**Verification of CACFP Independent Center Claim**

**Name of Agency: Riverview Kansas-Myra Dreifus Day School**

**Review Month/Year: December 2017**

**Total Meal Reimbursement Received: \$5,947.69**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Reconciled By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	19	19
Total Attendance	1,207	1,207
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXX	97%
Number of Breakfasts Served	1,141	1,134
Number of Lunches Served	894	889
Number of Supplements Served	1,182	903
Number of Participants in Free Category	62	63
Number of Participants in Reduced-Price Category	1	1
Number of Participants in Paid Category	2	2
Total Number of Participants	65	66
Total Amount of Eligible Food Costs	XXXXXXXX	\$2,352.90
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$4,006.58





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COMMISSIONER

March 9, 2018

LaPetria Rhoe, Chairman of the Board  
Riverview Kansas-Myra Dreifus Day School  
1591 Pennsylvania Street  
Memphis, Tennessee 38109-1630

**Notice of payment due to findings disclosed in the monitoring report dated March 9, 2018, for Child and Adult Care Food Program (CACFP).**

Institution Name:	Riverview Kansas-Myra Dreifus Day School
Institution Address:	1591 Pennsylvania Street Memphis, Tennessee 38109-1630
Agreement Numbers:	00476
Amount Due:	\$257.33
Due Date:	<b>April 9, 2018</b>

Based on the monitoring report issued 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 noted in the report.

Please remit a check or money order payable to the *Tennessee Department of Human Services* in the amount of \$257.33 by the due date to:

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

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 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 of Operations 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: Riverview Kansas-Myra Dreifus Day School	Agreement No. 00476	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
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Mailing Address: 1591 Pennsylvania Street Memphis, Tennessee 38109-1630

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

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

Monitoring Report: 3/9/2018	Corrective Action Plan: 3/9/2018
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**Section D. Findings**

Findings:

1. The number of participants reported in the free category was incorrect
2. The Sponsor reported an incorrect number of meals from an observed meal service
3. The observed supplement meal did not meet meal pattern requirements established by the USDA
4. The Sponsor provided menus that did not meet USDA requirements
5. Infant menus did not meet the meal pattern requirements established by the USDA
6. The Sponsor listed dessert based grain products on some supplement menus

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: The Sponsor reported an incorrect number of meals from an observed meal service**

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: The observed supplement meal did not meet meal pattern requirements established by the USDA**

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: The Sponsor provided menus that did not meet USDA 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. 5: Infant menus did not meet the meal pattern requirements established by the USDA**

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.6: The Sponsor listed dessert based grain products on some supplement menus**

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 Food Program-Institutions  
Revised March 2017

- (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

**Appeal Procedures for Child and Adult Care Food Program-Institutions**  
**Revised March 2017**

hearing, all written documents must be submitted to the TDHS Division of Appeals and Hearings not later than 30 days after receipt of the notice of adverse administrative action.

8. The action of the TDHS must remain in effect during the administrative review. The effect of this requirement on particular actions by TDHS is as follows:
  - (i) *Overpayment demand.* During the period of the administrative review, TDHS is prohibited from taking action to collect or offset the overpayment. However TDHS must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the TDHS's action.
  - (ii) *Recovery of advances.* During the administrative review, TDHS must continue its efforts to recover advances in excess of the claim for reimbursement for the applicable period. The recovery may be through a demand for full repayment or an adjustment of subsequent payments.
  - (iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.
9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.
10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.
11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.
12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.
13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.
14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.
15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

**Appeal Procedures for Child and Adult Care Food Program-Institutions**  
**Revised March 2017**

continuance shall not be for a period longer than ten (10) calendar days unless there are exceptional circumstances. Exceptional circumstances must be detailed in the order of continuance and the order must contain a date certain for the hearing, to be set as soon as possible. A report of pending CACFP desk review and fair hearing requests will be generated and reviewed daily by the Clerk's Office and the Legal Director for Appeals and Hearings who will monitor the dates for timeliness. In the event a decision has not been rendered within forty-five (45) calendar days of the date of receipt of the request for fair hearing or desk review, the Legal Director for Appeals and Hearings or their back-up shall notify the hearing official to take appropriate action.

16. All requests for a fair hearing or for a review of written information in lieu of a hearing must be submitted to:

**Tennessee Department of Human Services**  
**Division of Appeals and Hearings**  
**PO Box 198996, Clerk's Office**  
**Nashville, TN 37219-8996**  
**Fax: (615) 248-7013 or (866) 355-6136**  
**E-mail: [AppealsClerksOffice.DHS@tn.gov](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.