



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
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NASHVILLE, TENNESSEE 37243-1403

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BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

September 10, 2018

John Clark, Board Chair
Chattanooga Area Food Bank
2009 Curtain Pole Road
Chattanooga, Tennessee 37406-2306

Dear Mr. Clark,

The Department of Human Services (DHS) - Division of Audit Services staff conducted an unannounced on-site monitoring review of the Summer Food Services Program (SFSP) at Chattanooga Area Food Bank (Sponsor), Application Agreement number 00-662, on August 3, 2018. 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, provider agreement, and applicable Federal and State regulations.

Based on our review of the Sponsor's records and information provided, the Sponsor had thirteen feeding sites operating during the review period. **Spring City Care and Rehabilitation Center** and **Tennessee Valley Theatre** feeding sites were selected as the sample. In addition, we reviewed all meal counts for all sites operating during the review period.

Background

SFSP Sponsors utilize meal count sheets to record the number of breakfast, lunch, supper, and supplements 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 SFSP Sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal counts 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 meal services during our site visits throughout the review period.

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

1. The Sponsor reported the number of meals served incorrectly

Condition

Audrey Pack Memorial Library

The Claim for Reimbursement for **Audrey Pack Memorial Library** for the test month reported 136 lunch meals and 102 supplements as served. However, based on our review of the Sponsor's records, we found that there were 126 lunch meals and 122 supplements as served prior to any meal disallowances.

As a result, 10 lunch meals were overreported and 20 supplements were underreported. (See Exhibit B)

Bethel Baptist Church

The Claim for Reimbursement for **Bethel Baptist Church** for the test month reported 100 supper meals and 100 supplements as served. However, based on our review of the Sponsor's records, we found that there were 93 supper meals and 93 supplements as served prior to any meal disallowances.

As a result, seven supper meals and seven supplements were overreported. (See Exhibit C)

Central Baptist Church

The Claim for Reimbursement for **Central Baptist Church** for the test month reported 248 supper meals and 247 supplements as served. However, based on our review of the Sponsor's records, we found that there 247 supper meals served and 239 supplements as served prior to any meal disallowances.

As a result, one supper meal and eight supplements were overreported. (See Exhibit D)

First United Methodist Dayton 0004

The Claim for Reimbursement for **First United Methodist Dayton 004** for the test month reported 75 first lunch meals and two second lunch meals served, and 75 first supplements and two second supplements as served. However, based on our review of the Sponsor's records, we found that there were 32 first lunch meals and zero second lunch meals served, and 32 first supplements and zero second supplements as served prior to any meal disallowances.

As a result, 43 first lunch meals and two second lunch meals served, and 43 first supplements and two second supplements were overreported. (See Exhibit F)

Lakeside Baptist

The Claim for Reimbursement for **Lakeside Baptist** for the test month reported 129 lunch meals and 129 supplements as served. However, based on our review of the Sponsor's records, we found that there were 130 lunch meals and 130 supplements as served prior to any meal disallowances.

As a result, one lunch meal and one supplement were underreported. (See Exhibit F)

Spring City Care and Rehabilitation Center – sample site

The Claim for Reimbursement for **Spring City Care and Rehabilitation Center** for the test month reported 101 lunch meals and 101 supplements as served. However, based on our review of the Sponsor's records, we found that there were 119 lunch meals and 119 supplements as served prior to any meal disallowances.

As a result, 18 lunch meals and 18 supplements were underreported. (See Exhibit G)

Tennessee Valley Theatre – sample site

The Claim for Reimbursement for **Tennessee Valley Theater** for the test month reported 286 first lunch meals and six second lunch meals served, and 308 first supplements and six second supplements as served. However, based on our review of the Sponsor's records, we found that there were 283 first lunch meals and six second lunch meals as served, and 304 first supplements and six second supplements served prior to any meal disallowances.

As a result, three first lunch meals and four first supplements were overreported.
(See Exhibit H)

Criteria

Title 7 of the Code of Federal Regulations, Section 225.9 (d)(5) states, "... In submitting a claim for reimbursement, each sponsor shall certify that the claim is correct and that records are available to support this claim...."

Recommendation

The Sponsor should ensure that claims for reimbursement are completed correctly and based on accurate supporting documents.

2. The Sponsor's site supervisor did not take point of service meal counts

Condition

The meal count sheets provided by the Sponsor for **First United Methodist Dayton - 0004**, indicated that meal counts for one meal service were used for both the lunch meal and supplement services. The meal count sheets for lunch meals and supplements recorded for June 4, 2018 (15 lunches/supplements), June 7, 2018 (8 lunches/supplements), and June 11, 2018 (25 lunches/supplements) were not taken separately.

Criteria

The USDA SFSP Administration Guide, page 104, defines the site supervisor responsibilities and includes, "Take accurate meal counts at point of service..."

The USDA SFSP Site Supervisor Guide, page 6, states, "Count meals at the point of service. This helps to make sure that the meal counts are accurate. At the end of each meal, record on the daily report form provided by the sponsor the number of complete breakfasts, lunches, snacks, or suppers you served as first meals and as second meals."

Recommendation

The Sponsor should ensure that each meal is counted separately and at the point of service.

3. The Sponsor did not conduct monitoring reviews as required

Condition

The Sponsor provided documentation showing a pre-operation visit and first week monitoring visit were completed for **Spring City Care and Rehabilitation Center**, but did not provide documentation for a monitoring review during the first four weeks of operation as required.

Criteria

Title 7 of the Code of Federal Regulations, 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 ensure all monitoring is completed as required.

Technical Assistance Provided

During our monitoring visit on August 3, 2018, the Sponsor requested technical assistance regarding the minimum age for site supervisors. This request was forwarded on to a program specialist and a response was provided August 6, 2018.

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 \$203.69.

Corrective Action

The Sponsor 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 June 2018, which contains the verified claim data from the enclosed exhibits.
- Remit a check payable to the **Tennessee Department of Human Services** in the amount noted in the report 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

If you have questions relative to the corrective action plan please contact:

Allette Vayda, Director of Operations
Summer Food Service Program
8th Floor Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243
Allette.Vayda@tn.gov
(615) 313-3769

Please mail your check and the billing notice to:

Summer Food Service Program
Fiscal Services
11th Floor, Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243

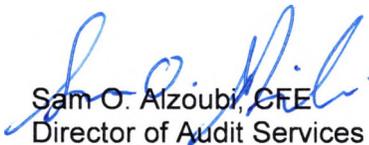
In accordance with the federal regulation found at *7 CFR Part 225.13*, your institution may appeal the amount of disallowed cost identified in this monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

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

Exhibits

cc: Gina Crumbliss, Chief Executive Officer, Chattanooga Area Food Bank
David McCorkle, Chief Financial Officer, Chattanooga Area Food Bank
Allette Vayda, Director of Operations, Summer Food Service Program
Debra Pasta, Program Manager, Summer Food Service Program
Elke Moore, Administrative Services Assistant 3, Summer Food Service Program
Marty Widner, Program Specialist, Summer Food Service Program
Comptroller of the Treasury, State of Tennessee

Exhibit A

Sponsor: Chattanooga Area Food Bank
Review Month/Year: June 2018
Claim Reimbursement Total: \$7,680.18

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Number of Participating Sites for AM Snacks	2	2
Number of Participating Sites for Lunch	10	10
Number of Participating Sites for PM Snacks	10	10
Number of Participating Sites for Supper	3	3
Total Amount of Food Costs	XXXXXXXX	\$7,394.75
Total Amount of Eligible Food and Nonfood Costs	XXXXXXXX	\$9,197.05

Exhibit B

Site: Audrey Pack Memorial Library
Review Month/Year: June 2018

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	9	8
Number of 1 st Lunches Served	136	126
Number of 1 st Snacks Served	102	122

Exhibit C

Site: Bethel Baptist Church
Review Month/Year: June 2018

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	5	5
Number of 1 st Suppers Served	100	93
Number of 1 st Snacks Served	100	93

Exhibit D

Site: Central Baptist Church

Review Month/Year: June 2018

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	8	8
Number of 1 st Suppers Served	248	247
Number of 1 st Snacks Served	247	239

Exhibit E

Site: First United Methodist Dayton - 0004

Review Month/Year: June

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	6	3
Number of 1 st Lunches Served	75	32
Number of 2 nd Lunches Served	2	0
Number of 1 st Snacks Served	75	32
Number of 2 nd Snacks Served	2	0

Exhibit F

Site: Lakeside Baptist

Review Month/Year: June 2018

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	6	6
Number of 1 st Lunches Served	129	130
Number of 1 st Snacks Served	129	130

Exhibit G

Sample Site: Spring City

Review Month/Year: June 2018

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Lunches Served	101	119
Number of 1 st Snacks Served	101	119

Exhibit H

Sample Site: Tennessee Valley Theatre

Review Month/Year: June 2018

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	6	6
Number of 1 st Lunches Served	286	283
Number of 2 nd Lunches Served	6	6
Number of 1 st Snacks Served	308	304
Number of 2 nd Snacks Served	6	6



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COMMISSIONER

September 10, 2018

John Clark, Chairman of the Board
Chattanooga Area Food Bank
2009 Curtain Pole Road
Chattanooga, Tennessee 37406-2306

Notice of payment due to findings disclosed in the monitoring report for Summer Food Service Program (SFSP)

Institution Name:	Chattanooga Area Food Bank
Institution Address:	2009 Curtain Pole Road; Chattanooga, Tennessee 37406-2306
Agreement Numbers:	00662
Amount Due:	\$203.69
Due Date:	October 10, 2018

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 cost noted in the report

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

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

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.

Thank you for your attention



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: Chattanooga Area Food Bank	Agreement No. 00662	<input checked="" type="checkbox"/> SFSP <input type="checkbox"/> CACFP
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Mailing Address: 2009 Curtain Pole Rd. Chattanooga, TN 37406-2306

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

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

Monitoring Report: 9/10/18	Corrective Action Plan: 9/10/18
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Section D. Findings

Findings:

1. The Sponsor reported the number of meals served incorrect
2. The Sponsor's site supervisor did not take point of service meal counts
3. The Sponsor did not conduct monitoring reviews as required

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 reported the number of meals served incorrectly

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 Sponsor’s site supervisor did not take point of service meal counts

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 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:

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: / /

SUMMER FOOD SERVICE PROGRAM SPONSOR APPEAL PROCEDURES

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 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 CFR § 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 a site; of a food service management company's registration, if applicable.
3. 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.
4. 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 number (6) below.
5. 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) 757-8209
Local (615) 744-3900
Fax. (866) 355-6136
AppealsClerksOffice.DHS@tn.gov**

6. 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.

7. 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.
8. 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. If the appellant institution or sponsoring agency is a corporation, partnership or other legally created entity, then the sponsoring institution or agency must be represented by an attorney. Otherwise, the individual representing the agency will have limited participation in the hearing. If the appellant institution or sponsoring agency is a natural person (not a corporation, partnership or other artificial entity), he/she may retain an attorney, represent themselves or 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.
9. 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.
10. 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.
11. 7 CFR. § 225.13(11) requires the Program's administrative action to remain in effect during the appeal process.
12. Participating sponsors and sites may continue to operate during an appeal of a termination.
13. 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.

14. 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.
15. The review official will make a determination based on information provided by the State agency and the appellant, and on Program regulations.
16. The determination made by the hearing official is the final administrative determination provided under 7 225.13(12), and will become the Final Order and set forth the time limits for seeking judicial review.