



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

August 14, 2018

Linda Gilbert, Director of Schools  
Murfreesboro City Schools  
2552 South Church Street  
Murfreesboro, Tennessee 37127-7135

Dear Dr. Gilbert,

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 Murfreesboro City Schools (Sponsor), Application Agreement 00-053, on July 16, 2018. Additional information was requested and provided on July 18, 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 26 feeding sites operating during the review period. **Altitude Apartments, Discovery Center, Knights Inn, McFadden Center, Reeves Rogers Elementary, and Select Inn Motel** feeding sites were selected as the sample.

Background

SFSP Sponsors utilize meal count sheets to record the number of 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 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 on-site visits throughout the review period.

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

- 1. The Sponsor incorrectly reported the number of meals served**

## Condition

### **Altitude Apartments** – *sample site*

The Claim for Reimbursement for **Altitude Apartments** for the review period reported 55 breakfast meals and 84 lunch meals served. However, based on our review of the Sponsor's records, we found that there were 55 breakfast meals and 85 lunch meals served prior to any meal disallowances.

As a result, one lunch was underreported. (See Exhibit C)

### **America's Best Value Inn**

The Claim for Reimbursement for **America's Best Value Inn** for the review period reported 161 breakfast meals and 194 lunch meals served. However, based on our review of the Sponsor's records, we found that there were 162 breakfast meals and 194 lunch meals served prior to any meal disallowances.

As a result, one breakfast meal was underreported. (See Exhibit D)

### **Knights Inn** – *sample site*

The Claim for Reimbursement for **Knights Inn** for the review period reported 62 breakfast meals and 60 lunch meals served. However, based on our review of the Sponsor's records, we found that there were 60 breakfast meals and 67 lunch meals served prior to any meal disallowances.

As a result, two breakfast meals were overreported and seven lunch meals were underreported. (See Exhibit N)

### **Select Inn Motel** – *sample site*

The Claim for Reimbursement for **Select Inn Motel** for the review period reported 11 breakfast meals and 42 lunch meals served. However, based on our review of the Sponsor's records, we found that there were nine breakfast meals and 42 lunch meals served prior to any meal disallowances.

As a result, two breakfast meals were overreported. (See Exhibit W)

This is a repeat finding from a previous report dated September 27, 2016.

## 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 allowed meals to be consumed off-site**

### Condition

During our monitoring visit to **Altitude Apartments** on June 11, 2018, we observed a breakfast meal. Two participants served meals did not consume the meals at the site.

As a result, two breakfast meals were disallowed. (See Exhibit C)

### Criteria

*Title 7 of the Code of Federal Regulations, Section 225.6(e)* states "... All sponsors must agree in writing to: (15) Maintain children on site while meals are consumed..."

### Recommendation

The Sponsor should ensure that all meals are consumed onsite, unless meal service is outdoors and the weather conditions are not appropriate for children to remain onsite to eat.

**Note:** Our observations of the meal services at **Discovery Center, Knights Inn, McFadden Center, Reeves Rogers Elementary, and Select Inn Motel** revealed no deficiencies.

### **Technical Assistance Provided**

Technical assistance was provided to the Sponsor regarding serving and consuming meals on site.

### **Disallowed meals Cost**

The disallowed meals cost is below DHS threshold for recoupment.

### **Corrective Action**

The Sponsor 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:

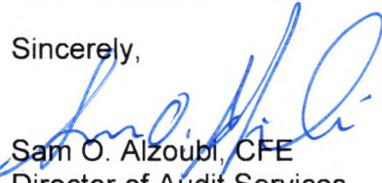
[AuditServices.CAPS.DHS@tn.gov](mailto:AuditServices.CAPS.DHS@tn.gov)

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

Allette Vayda, Director of Operations  
Child and Adult Care Food Program  
8th Floor Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243  
[Allette.Vayda@tn.gov](mailto:Allette.Vayda@tn.gov)  
(615) 313-3769

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: Sandy Scheele, Supervisor of Nutrition, Murfreesboro City Schools  
Allette Vayda, Director of Operations, Child and Adult Care Food Programs  
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 A**

**Sponsor: Murfreesboro City Schools**  
**Review Month/Year: May/June 2018**  
**Claim Reimbursement Total: \$109,004.60**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Number of Participating Sites for Breakfast	26	26
Number of Participating Sites for Lunch	26	26
Number of Breakfasts Served	14,686	14,681
Number of Lunches Served	19,431	19,439

**Exhibit B**

**Site: Abbington Apartments**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	787	787
Number of 1 <sup>st</sup> Lunches Served	1,565	1,565

**Exhibit C**

**Site: Altitude Apartments**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	55	53
Number of 1 <sup>st</sup> Lunches Served	84	85

**Exhibit D****Site: Americas Best Value Inn**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	20
Number of 1 <sup>st</sup> Breakfasts Served	161	162
Number of 1 <sup>st</sup> Lunches Served	194	194

**Exhibit E****Site: Black Fox Elementary**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	1,193	1,193
Number of 1 <sup>st</sup> Lunches Served	1,383	1,383

**Exhibit F****Site: Campus Villa Apartments**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	133	133
Number of 1 <sup>st</sup> Lunches Served	461	461

**Exhibit G****Site: Chariot Pointe Apartments**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	310	310
Number of 1 <sup>st</sup> Lunches Served	631	631

## Exhibit H

### Site: Cross Court Apartments

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	249	249
Number of 1 <sup>st</sup> Lunches Served	345	345

## Exhibit I

### Site: Discovery Center

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	874	874
Number of 1 <sup>st</sup> Lunches Served	950	950

## Exhibit J

### Site: Hobgood Elementary

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	1,609	1,609
Number of 1 <sup>st</sup> Lunches Served	1,948	1,948

## Exhibit K

### Site: Hope Center

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	151	151
Number of 1 <sup>st</sup> Lunches Served	283	283

**Exhibit L****Site: John Pittard Elementary**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	910	910
Number of 1 <sup>st</sup> Lunches Served	1,031	1031

**Exhibit M****Site: Kingwood Apartments**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	44	44
Number of 1 <sup>st</sup> Lunches Served	44	44

**Exhibit N****Site: Knights Inn**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	62	60
Number of 1 <sup>st</sup> Lunches Served	60	67

**Exhibit O****Site: McFadden Center**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	660	660
Number of 1 <sup>st</sup> Lunches Served	155	155

## Exhibit P

### Site: Mitchell Neilson Schools

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	1,229	1,229
Number of 1 <sup>st</sup> Lunches Served	1,726	1,726

## Exhibit Q

### Site: Northfield Elementary

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	1,127	1,127
Number of 1 <sup>st</sup> Lunches Served	1,288	1,288

## Exhibit R

### Site: Oakland Court Housing

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	158	158
Number of 1 <sup>st</sup> Lunches Served	230	230

## Exhibit S

### Site: Olive Branch Church

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	20	19
Number of 1 <sup>st</sup> Breakfasts Served	1,740	1,740
Number of 1 <sup>st</sup> Lunches Served	1,843	1,843

**Exhibit T****Site: Patterson Park Center**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	1,735	1,735
Number of 1 <sup>st</sup> Lunches Served	2,705	2,705

**Exhibit U****Site: Reeves Rogers Elementary**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	752	752
Number of 1 <sup>st</sup> Lunches Served	1,101	1,101

**Exhibit V****Site: Rolling Acres**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	207	207
Number of 1 <sup>st</sup> Lunches Served	464	464

**Exhibit W****Site: Select Inn Motel**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	16	18
Number of 1 <sup>st</sup> Breakfasts Served	11	9
Number of 1 <sup>st</sup> Lunches Served	42	42

**Exhibit X**

**Site: Spring Valley Apartments**

<b>Site Meal Service Reconciliation and Monitor Activity</b>	<b>Reported on Claim</b>	<b>Reconciled to Documentation</b>
Total Number of Days Food Served	24	24
Number of 1 <sup>st</sup> Breakfasts Served	529	529
Number of 1 <sup>st</sup> Lunches Served	898	898



# 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: Murfreesboro City Schools	Agreement No. 00053	<input checked="" type="checkbox"/> SFSP <input type="checkbox"/> CACFP
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Mailing Address: 2552 South Church Street Murfreesboro, TN 37127

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

Name and Title: Linda Gilbert, Director of Schools	Date of Birth: / /
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## Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 8/14/18	Corrective Action Plan: 8/14/18
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## Section D. Findings

Findings:

1. The Sponsor incorrectly reported the number of meals served
2. The Sponsor allowed meals to be consumed off-site

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 incorrectly reported the number of meals served

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 allowed meals to be consumed off-site**

The finding will be fully and permanently corrected.

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

Name:

Position Title:

Name:

Position Title:

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

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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: / /

## **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.