



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING  
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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

August 28, 2018

Dr. Marcia Smith, Chair of Board of Directors & Board Liaison  
Perry County Youth Centers  
P.O. Box 305  
Lobelville, Tennessee 37097-3239

Dear Dr. Smith,

The Department of Human Services (DHS) - Division of Audit Services staff conducted an unannounced on-site review of the Summer Food Services Program (SFSP) at Perry County Youth Centers (Sponsor), Application Agreement number 00681, on July 19, 2018. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code of Federal Regulations (CFR)* applicable parts, applicable agreement, and applicable Federal and State regulations.

Based on our review of the Sponsor's records and information provided, the Sponsor had 3 feeding sites, operating during the review period. **Lobelville Library** was selected as the sample site.

Background

Meals served by participating sponsoring organizations must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. SFSP sponsors utilize meal count sheets to record the number of breakfast, lunch, supper, and supplements (snacks). Seconds meals are offered once all eligible children have been served first meals. The SFSP sponsor will report the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal count sheets for each site for our test period and reconciled the meals claimed to the meals reported as served for each meal service. In addition, a breakfast meal service was observed at Lobelville Library on June 14, 2018.

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

- 1. The number of meals reported by the Sponsor for reimbursement was incorrect**

### Condition

The claim for reimbursement summary for June 2018 reported 717 first breakfast meals and 801 first lunch meals. However, based on our review of the Sponsor's records, we reconciled 795 first breakfast meals and 894 first lunch meals prior to any meal disallowances. The sponsor under reported the total number of breakfast meals with 78 and lunch meals by 93.

### Criteria

*Title 7 of the Code of Federal Regulations, Section 225.9 (d) (5)* states, "Claims for reimbursement shall report information in accordance with the financial management system established by the State agency, and in sufficient detail to justify the reimbursement claimed and to enable the State agency to provide the Reports of Summer Food Service Program Operations required under §225.8(b). 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 the meals claimed for reimbursement are based on proper supporting documentation, such as meal count sheets.

## **2. The Sponsor failed to take Point of Service meal counts correctly**

### Condition

The Sponsor did not correctly complete the daily point of service meal count sheet on June 11, 2018, at Linden Elementary School. One of the numbers reported did not match what was noted on the form. A first meal that was not marked at the actual point of service was disallowed.

### Criteria

According to the *Administration Guide Summer Food Service Program 2016 edition*, pages 112 and 184, meals must be counted at the actual point of service, i.e., meals are counted as they are served, to ensure that an accurate count of meals served is obtained and reported.

As a result of the review, we noted that 1 lunch meal was disallowed.

### Recommendation

The Sponsor should ensure feeding site personnel are accurately completing daily meal count sheets to support the claim for reimbursement prior to submission.

## **Technical Assistance**

During the sponsor visit, technical assistance was offered. The sponsor states no assistance needed at the time.

### **Note:**

Our observation of the breakfast meal service on June 14, 2018, revealed no deficiencies.

## 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:

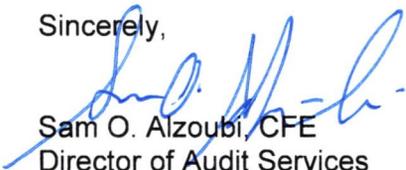
[AuditServices.CAPS.DHS@tn.gov](mailto:AuditServices.CAPS.DHS@tn.gov)

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

Allette Vayda, Director of Operations  
Summer Food Service 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: Erin McNulty, SFSP Project Manager, Perry County Youth Centers  
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  
Constance Moore, Program Specialist, Summer Food Service Program  
Marty Widner, Program Specialist, Summer Food Service Program  
Comptroller of the Treasury, State of Tennessee

**Exhibit A**

**Summary of Total of Claimed and Reconciled Meals**

**Sponsor: Perry County Youth Centers**

**Review Month/Year: June/2018**

**Claim Reimbursement Total: \$ 4,742.62**

<b>Meal Type Service</b>	<b>Reported on Claim</b>	<b>Reconciled Meals to Meal Counts Sheets<sup>1</sup></b>
Number of Participating Sites for Breakfast	3	3
Number of Participating Sites for Lunch	3	3
Number of Breakfasts Served	717	795 <sup>1</sup>
Number of Lunches Served	801	893 <sup>1</sup>

<sup>1</sup>Total allowable meals after any disallowance of meals as noted in all findings.

Site Monitored: Lobelville Library

**Exhibit B:**

**Sponsor: Perry County Youth Centers**

**Site: Lobelville Library (Sample)**

**Review Month/Year: June 2018**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled Meals to Meal Counts Sheets</b>
Total Number of Days Food Served	21	21
Number of 1st Breakfasts Served	43	47
Number of 1st Lunches Served	135	145

**Exhibit C:**

**Sponsor: Perry County Youth Centers**

**Site: Linden Elementary School**

**Review Month/Year: June 2018**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled Meals to Meal Counts Sheets</b>
Total Number of Days Food Served	19	19
Number of 1st Breakfasts Served	458	532
Number of 1st Lunches Served	456	538

**Exhibit D:**

**Sponsor: Perry County Youth Center  
Site: Lobelville Elementary School  
Review Month/Year: June 2018**

<b>Site Meal Service Activity and Monitor Reconciliation</b>	<b>Reported on Claim</b>	<b>Reconciled Meals to Meal Counts Sheets</b>
Total Number of Days Food Served	20	20
Number of 1st Breakfasts Served	216	216
Number of 1st Lunches Served	210	210



# 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: Perry County Youth Centers	Agreement No. 00681	<input checked="" type="checkbox"/> SFSP <input type="checkbox"/> CACFP
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Mailing Address: P.O. Box 305 Lobelville, Tennessee 37097-3239

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

Name and Title: Dr. Marcia Smith, Chair of Board of Directors & Board Liaison	Date of Birth: / /
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## Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 8/28/18	Corrective Action Plan: 8/28/18
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## Section D. Findings

Findings:

1. The number of meals reported by the Sponsor for reimbursement was incorrect
2. The Sponsor failed to take Point of Service meal counts correctly

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 meals reported by the Sponsor for reimbursement 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 failed to take Point of Service meal counts correctly**

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.