



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

JAMES K. POLK BUILDING
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165
TTY: 1-800-270-1349
www.tn.gov/humanservices

BILL LEE
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

September 3, 2019

Robert Johnson, Board Chairman
Pilgrim Rest Missionary Baptist Church
P.O. Box 751
Union City, Tennessee 38261-6019

Dear Mr. Johnson,

The Department of Human Services (DHS) - Division of Audit Services staff conducted an unannounced on-site monitoring review of the Summer Food Service Program (SFSP) at **Pilgrim Rest Missionary Baptist Church** (Sponsor), Application Agreement number 00061, on July 23, 2019. 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 36 feeding sites operating during the review period. The **0129 Addie, 0002 Boys and Girls Club, 0120 Brook Chapel Kingdom Harvest, 0104 Camp Rock, 0059 Homestead, 0019 Kiwanis Park, 0062 Ridgemont Elementary School, 0043 Taylor, 0080 Trudy Kids Café, 0038 Union City Housing-Lynn Street and 0131 Ury** sites were selected as sample sites. In addition, we reviewed meal counts, training, monitoring and racial and ethnic data for all sites operating during the review period.

Background

SFSP Sponsors utilize meal count sheets to record the number of breakfast, lunch, supper, and supplement (snack) 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) for 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 meal services during our site visits at sampled sites throughout the review period.

Our review of the Sponsor's records for the May and June 2019 combined claims disclosed the following:

1. The Sponsor reported the number of meals served incorrectly

Condition

The claim for reimbursement summary for May and June 2019 reported 3,927 breakfast meals, 7,963 lunch meals, and 6,726 supper meals. However, our review of the available records reconciled 4,463 breakfast meals, 8,140 lunch meals, and 6,488 supper meals prior to any meal disallowances. The differences were based on the following.

Breakfast Meals

| Site | Reported | Reconciled | Difference |
|---|------------------|------------------|-----------------|
| 0120 Brook Chapel Kingdom Harvest | 1,059 Breakfasts | 1,627 Breakfasts | +568 Breakfasts |
| 0104 Camp Rock | 1,223 Breakfasts | 1,224 Breakfasts | +1 Breakfast |
| 0061 South Fulton Elementary School | 238 Breakfasts | 251 Breakfasts | +13 Breakfasts |
| 0121 South Fulton Middle/High School | 46 Breakfasts | 0 Breakfasts* | -46 Breakfasts |

*The Sponsor did not provide meal count sheets for the site.

As a result, 536 breakfast meals were under reported.

Lunch Meals

| Site | Reported | Reconciled | Difference |
|---|---------------|---------------|--------------|
| 0120 Brook Chapel Kingdom Harvest | 1,586 Lunches | 1,812 Lunches | +226 Lunches |
| 0062 Ridgemont Elementary | 247 Lunches | 250 Lunches | +3 Lunches |
| 0121 South Fulton Middle/High School | 52 Lunches | 0 Lunches* | -52 Lunches |

*The Sponsor did not provide meal count sheets for the site.

As a result, 177 lunch meals were under reported.

Supper Meals

| Site | Reported | Reconciled | Difference |
|---------------------------------|---------------|---------------|-------------|
| 0002 Boys and Girls Club | 1,536 Suppers | 1,566 Suppers | +30 Suppers |
| 0008 East Gate Village | 590 Suppers | 495 Suppers | -95 Suppers |
| 0074 First Street | 51 Suppers | 0 Suppers* | -51 Suppers |
| 0019 Kiwanis Park | 1,046 | 1,045 Suppers | -1 Supper |

| | | | |
|----------------------------|-------------|-------------|--------------|
| | Suppers | | |
| 0028 Parkview Manor | 438 Suppers | 317 Suppers | -121 Suppers |

*The Sponsor did not provide meal count sheets for the site.

As a result, 238 supper meals were over reported.

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..."

Title 7 of the Code of Federal Regulations, Section 225.15(c)(1) states, "Sponsors shall maintain accurate records justifying all meals claimed and documenting that all Program funds were spent only on allowable Child Nutrition Program costs. Failure to maintain such records may be grounds for denial of reimbursement for meals served and/or administrative costs claimed during the period covered by the records in question. The sponsor's records shall be available at all times for inspection and audit by representatives of the Secretary, the Comptroller General of the United States, and the State agency for a period of three years following the date of submission of the final claim for reimbursement for the fiscal year."

Recommendation

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

This is a repeat finding from the monitoring report dated February 27, 2017.

2. The Sponsor overstated the number of meals eligible for reimbursement

Condition

The Sponsor claimed meals as served for which the meal count sheets indicated that more or fewer meals were served. For example, On June 25, 2019, the meal count sheet for the Boys and Girls Club showed that 61 supper meals were marked at the point of service, however, the Sponsor claimed 85 meals as served, resulting in 24 meals disallowed. Meals must be marked at the actual point of service. Below is a summary of the overstated or understated meals:

| Name of Site | Number of first meals allowed/disallowed | Dates meals were allowed/disallowed |
|--|---|--|
| 0002 Boys and Girls Club | +4 Breakfast meals | 06/24/19 |
| | +2 Supper meals | 06/03/19 |
| | -24 Supper meals | 06/25/19 |
| 0120 Brook Chapel Kingdom Harvest | -9 Breakfast meals | 06/12/19 |
| | -2 Breakfast meals | 06/24/19 |
| | -2 Lunch meals | 06/03/19 |
| | -1 Lunch meal | 06/13/19 |
| | -4 Lunch meals | 06/14/19 |
| | -2 Lunch meals | 06/19/19 |

| | | |
|---|-------------------|----------|
| | -1 Lunch meal | 06/24/19 |
| 0104 Camp Rock | -1 Breakfast meal | 06/20/19 |
| 0011 Graham Park Baseball | -1 Lunch meal | 06/12/19 |
| 0019 Kiwanis Park | -10 Suppers | 06/17/19 |
| 0027 Obion County Library | -1 Lunch meal | 06/05/19 |
| | -1 Lunch meal | 06/12/19 |
| | -1 Lunch meal | 06/17/19 |
| 0110 Obion River District Church | -2 Supper meals | 06/03/19 |
| | -1 Supper meals | 06/04/19 |
| 0032 Southside Manor | -7 Suppers | 06/14/19 |
| 0080 Trudy Kids Cafe | +1 Lunch | 06/25/19 |

As a result of the review, we noted that 8 breakfast meals, 13 lunch meals, and 42 supper meals were disallowed.

Criteria

The USDA Administration Guide Summer Food Service Program, page 112 states, “Only complete meals served to eligible children can be claimed for reimbursement. Therefore, 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...”

Recommendation

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

This is a repeat finding from the monitoring report dated February 27, 2017.

3. The number of meals reported exceeded the approved level of meal service for one feeding site

Condition

Based on our review of the meal count sheet for May 31, 2019, we noted that the Sponsor reported 500 supper meals for reimbursement; however, based on the approved application for the feeding site **0019 Kiwanis Park**, the maximum approved number of participants was 165 participants. The Sponsor over claimed and was reimbursed 335 supper meals improperly. It should be noted that May 31, 2109 was the only day that the Sponsor operating in May 2019.

As a result, 335 supper meals were disallowed.

Criteria

The USDA Administration Guide Summer Food Service Program, page 133, states reimbursement may not be claimed for meals in excess of the site’s approved level of meal service.

Recommendation

The Sponsor should ensure meals are not claimed above the maximum approved level of meal service prior to the submission of the claim reimbursement.

4. The Sponsor claimed meals outside of the approved operational dates

Condition

The Sponsor claimed meals that they were not approved to serve at **0109 Softball Field**. The site was approved to serve a lunch meal from June 3, 2019, through June 14, 2019, according to the application revised on June 17, 2019. However, the meal count documentation shows the Sponsor claimed meals for June 17 through June 21, 2019.

As a result, 131 lunch meals were disallowed.

Criteria

The *United States Department of Agriculture Food and Nutrition Service Code of Federal Regulations, 7 CFR Section 225.16 (c) (3) and (4)* states, "Meals served outside of the period of approved meal service shall not be eligible for Program payments. Any permanent or planned changes in meal service periods must be approved by the State agency.

Recommendation

The Sponsor should claim for reimbursement only meals approved by the State agency.

5. The Sponsor did not comply with monitoring requirements

Condition

Our review of the Sponsor's first week and first four week monitoring documentation revealed that the sponsor did not comply with monitoring requirements as follows:

First week monitoring deficiencies

- The Sponsor did not provide 1st week monitoring documentation for **0121 South Fulton Middle/High School**.
- The first week monitoring was not completed during the first week of operation for **0062 Ridgemont Elementary School**. According to the meal count documentation, operation began on June 3, 2019 and the first week monitoring was completed on June 11, 2019.
- The first week monitoring was not completed during the first week of operation for **0080 Trudy Kids Café**. According to the meal count documentation, operation began on June 3, 2019 and the first week monitoring was completed on June 11, 2019.

First four week monitoring deficiencies

The Sponsor did not provide 1st four week monitoring documentation for **0121 South Fulton Middle/High School**.

Criteria

The *United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) Code of Federal Regulations 7 CFR 225.15 (d) (2)* states, "Sponsors shall visit each of their sites at least once during the first week of operation under the Program and shall promptly take such actions as are necessary to correct any deficiencies."

The *United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) Code of Federal Regulations 7 CFR 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 monitoring requirements are met and documentation is maintained on file.

6. The Sponsor did not comply with the required collection of Racial and Ethnic Data information

Condition

Our review of the Sponsor's Racial and Ethnic Data revealed that the Sponsor did not comply with the requirements as follows:

The Sponsor did not provide documentation of the collection of Racial and Ethnic Data information for **0121 South Fulton Middle/High School**.

Observation: The Racial and Ethnic Data information forms for **0002 Boys and Girls Club, 0104 Camp Rock, 0122 Division, 0127 Dobbins, 0059 Homestead, 0017 Immaculate Conception, 0019 Kiwanis Park, 0027 Obion County Library, 0062 Ridgemont Elementary School, 0109 Softball Field, 0032 Southside Manor, 0112 Sunswept Church, 0043 Taylor, 0114 Teen Camp, 0080 Trudy Kids Café, 0038 Union City Housing- Lynn Street and 0131 Ury** were completed incorrectly and technical assistance was provided to the Sponsor about the completion of the forms.

Criteria

The *United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Code of Federal Regulations 7 CFR Section 225.7 (g)(1)* states, "Each State agency shall comply with all requirements of title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Department's regulations concerning nondiscrimination (7 CFR parts 15, 15a and 15b), including requirements for racial and ethnic participation data collection, public notification of the nondiscrimination policy, and reviews to assure compliance with such policy, to the end that no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, the Program."

According to the USDA FNS Summer Food Service Program 2016 Administrative Guide, page 122, states, in part, "The sponsors must collect ethnic/racial category data each year by ethnic/racial category for each site under the sponsor's jurisdiction..."

Recommendation

The Sponsor must comply with racial and ethnic data collection required by the USDA.

7. The Sponsor did not comply with the training requirements

Condition

Our review of the Sponsor’s training documentation revealed the following deficiencies:

- Site supervisors listed in site applications were not listed on the training roster for **0019 Kiwanis Park, 0011 Graham Baseball, 0027 Obion County Library, 0061 South Fulton Elementary, 0109 Softball Field, 0121 South Fulton Middle/High School, 0112 Sunswept Church, and 0114 Teen Camp.**
- The Sponsor did not cover all the required training topics in the training sessions. According to the topics listed on the documentation, the Sponsor did not cover the purpose of the Program and duties of a monitor during training sessions. Additionally, all staff members did not receive training on site eligibility.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.15 (d)(1) states, “Each sponsor shall hold Program training sessions for its administrative and site personnel and shall allow no site to operate until personnel have attended at least one of these training sessions... Training of site personnel shall, at a minimum, include: the purpose of the Program; site eligibility; recordkeeping; site operations; meal pattern requirements; and the duties of a monitor... Each site shall have present at each meal service at least one person who has received this training.”

Recommendation

The Sponsor should comply with training requirements and ensure site personnel has attended training sessions while maintaining the appropriate documentation.

8. The Sponsor reported the number of operation days incorrectly for some sites

Condition

The days of operation for multiple sites were incorrect. Our review of the records indicates the following:

| Site Name | Operating Days reported in TIPS | Verified Days of Operation per Meal Count Sheets |
|---|------------------------------------|--|
| 0120 Brooks Chapel Kingdom Harvest | Breakfast-13 days Lunch-17 days | Breakfast-19 days Lunch-19 days |
| 0019 Kiwanis Park | Supper- 20 days | Supper-21 days |
| 0074 First Street | Supper-10 days | Supper-0 days* |
| 0028 Parkview Manor | Supper 19-days | Supper- 22 days |

| | | |
|---|------------------------------------|-------------------------------------|
| 0061 South Fulton Elementary School | Breakfast-14 days Lunch-14 days | Breakfast-15 days Lunch- 15 days |
| 0121 South Fulton Middle/High School | Breakfast- 3 days Lunch- 4 days | Breakfast- 0 days* Lunch-0 days* |

*The Sponsor did not provide meal count sheets for the site.

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 review meal count sheets to ensure that operating days are correct when submitting a claim for reimbursement.

This is a repeat finding from the monitoring report dated February 27, 2017.

9. The Sponsor did not provide an ending inventory of food and supplies

Condition

The Sponsor did not provide an ending inventory of food and supplies for the month of June 2019.

Criteria

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Summer Food Service Program 2016 *Administration Guide* for Sponsors p. 181 states, "A complete physical inventory of all purchased foods, commodities and supplies on hand must be taken at the end of the reporting period."

Recommendation

The Sponsor should keep an ending inventory of all purchased foods, commodities and supplies on hand.

Technical Assistance

Technical assistance was provided during the Sponsor review regarding the completion of point of service meal count sheets and racial ethnic data information forms, reviewing meal count sheets for accuracy, the requirements for training and monitoring.

Disallowed Meal 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 \$1,133.84.

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 May/June 2019, 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
Child and Adult Care Food Program
James K. Polk Building, 15th Floor
505 Deaderick Street
Nashville, Tennessee 37243
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:

Summer Food Service Program
Fiscal Services
James K. Polk Building, 16th Floor
505 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 meal 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

Exhibit

cc: Valeria Hyde, Director, Pilgrim Rest Missionary Baptist Church
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: Pilgrim Rest Missionary Baptist Church
Review Month/Year: May/June 2019
Claim Reimbursement Total: \$68,255.68

| Site Meal Service Activity | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|---|--------------------------|---|
| Total Number of Days Food Served | 23 | 23 |
| Number of Participating Sites for Breakfast Meals | 7 | 6 |
| Number of Participating Sites for Lunch Meals | 14 | 13 |
| Number of Participating Sites for Supper Meals | 20 | 19 |
| Number of Breakfasts Meals Served | 3,927 | 4,455 |
| Number of Lunches Meals Served | 7,963 | 7,996 |
| Number of Suppers Meals Served | 6,726 | 6,111 |

Exhibit B

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: Site 0129 Addie (Sample)
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 20 | 20 |
| Number of Supper Meals Served | 312 | 312 |

Exhibit C

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: Site 0002 Boys and Girls Club (Sample)
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|----------------------------|---|
| Total Number of Days Food Served | 20- Breakfast 20-Supper | 20-Breakfast 20-Supper |
| Number of Breakfast Meals Served | 877 | 881 |
| Number of Supper Meals Served | 1,536 | 1,544 |

Exhibit D

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: Site 0120 Brook Chapel Kingdom Harvest (Sample)
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | Breakfast-13 Lunch-17 | Breakfast-19 Lunch-19 |
| Number of Breakfast Meals Served | 1,059 | 1,616 |
| Number of Lunch Meals Served | 1,586 | 1,802 |

Exhibit E

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: Site 0104 Camp Rock (Sample)
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 16-Breakfast 16-Lunch | 16-Breakfast 16-Lunch |
| Number of Breakfast Meals Served | 1,223 | 1,223 |
| Number of Lunch Meals Served | 1,322 | 1,322 |

Exhibit F

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: Site 0059 Homestead (Sample)

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 20 | 20 |
| Number of Supper Meals Served | 364 | 364 |

Exhibit G

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: Site 0019 Kiwanis Park (Sample)

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals Observed |
|--|--------------------------|----------------------------------|
| Total Number of Days Food Served | 20 | 21 |
| Number of Supper Meals Served | 1,046 | 700 |

Exhibit H

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: Site 0062 Ridgemont Elementary School (Sample)

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | Breakfast 16 Lunch 15 | Breakfast 16 Lunch 15 |
| Number of Breakfast Meals Served | 270 | 270 |
| Number of Lunch Meals Served | 247 | 250 |

Exhibit I

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0043 Taylor (Sample)

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 20 | 20 |
| Number of Lunch Meals Served | 304 | 304 |

Exhibit J

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0080 Trudy Kids Café (Sample)

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 20-Breakfast 20-Lunch | 20-Breakfast 20-Lunch |
| Number of Breakfast Meals Served | 214 | 214 |
| Number of Lunch Meals Served | 2,561 | 2,562 |

Exhibit K

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0038 Union City Housing - Lynn Street (Sample)

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 10 | 10 |
| Number of Supper Meals Served | 32 | 32 |

Exhibit L

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0131 Ury (Sample)

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 20 | 20 |
| Number of Lunch Meals Served | 207 | 207 |

Exhibit M

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0126 Charles Adam Park

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 19 | 19 |
| Number of Supper Meals Served | 163 | 163 |

Exhibit N

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0122 Division

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 20 | 20 |
| Number of Supper Meals Served | 231 | 231 |

Exhibit O

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0127 Dobbins

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 19 | 19 |
| Number of Supper Meals Served | 212 | 212 |

Exhibit P

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0008 East Gate Village

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 23 | 23 |
| Number of Supper Meals Served | 590 | 495 |

Exhibit Q

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0074 First Street

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals Observed |
|--|--------------------------|----------------------------------|
| Total Number of Days Food Served | 10 | 0 |
| Number of Supper Meals Served | 51 | 0 |

Exhibit R

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0011 Graham Park – Baseball
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 5 | 5 |
| Number of Lunch Meals Served | 72 | 71 |

Exhibit S

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0017 Immaculate Conception Catholic Church
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 4 | 4 |
| Number of Supper Meals Served | 248 | 248 |

Exhibit T

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0096 Jr Ranger
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 3 | 3 |
| Number of Lunch Meals Served | 100 | 100 |

Exhibit U

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0128 Main

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 19 | 19 |
| Number of Supper Meals Served | 224 | 224 |

Exhibit V

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0117 New Hope Freewill Baptist Church

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 2 | 2 |
| Number of Supper Meals Served | 85 | 85 |

Exhibit W

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0026 Oak Grove Church

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 3 | 3 |
| Number of Supper Meals Served | 182 | 182 |

Exhibit X

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0027 Obion County Library
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 8 | 8 |
| Number of Lunch Meals Served | 569 | 566 |

Exhibit Y

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0110 Obion River District Church
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 4 | 4 |
| Number of Supper Meals Served | 239 | 236 |

Exhibit Z

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0028 Parkview Manor
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 19 | 22 |
| Number of Supper Meals Served | 438 | 317 |

Exhibit AA

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0049 Roberson
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served` | 20 | 20 |
| Number of Supper Meals Served | 198 | 198 |

Exhibit BB

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0109 Softball Field
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 5 | 5 |
| Number of Lunch Meals Served | 131 | 0 |

Exhibit CC

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0061 South Fulton Elementary School
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 14-Breakfast 14-Lunch | 15-Breakfast 15- Lunch |
| Number of Breakfast Meals Served | 238 | 251 |
| Number of Lunch Meals Served | 250 | 250 |

Exhibit DD

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0121 South Fulton Middle/High School
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | Breakfast 3 Lunch 4 | Breakfast 0 Lunch 0 |
| Number of Breakfast Meals Served | 46 | 0 |
| Number of Lunch Meals Served | 52 | 0 |

Exhibit EE

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0032 Southside Manor
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 20 | 20 |
| Number of Supper Meals Served | 390 | 383 |

Exhibit FF

Sponsor: Pilgrim Rest Missionary Baptist Church
Site: 0112 Sunswept Church
Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 2 | 2 |
| Number of Supper Meals Served | 100 | 100 |

Exhibit GG

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0114 Teen Camp

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 1 | 1 |
| Number of Lunch Meals Served | 500 | 500 |

Exhibit HH

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0036 UCHS - Basketball

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 5 | 5 |
| Number of Lunch Meals Served | 62 | 62 |

Exhibit II

Sponsor: Pilgrim Rest Missionary Baptist Church

Site: 0037 UCHS - Football

Review Month/Year: May/June 2019

| Site Meal Service Activity and Monitor Reconciliation | Reported on Claim | Reconciled Meals to Meal Counts Sheets |
|--|--------------------------|---|
| Total Number of Days Food Served | 4 | 4 |
| Number of Supper Meals Served | 85 | 85 |

Exhibit JJ

Overpayment Summary

| May/June Allowed or Disallowed Meals | X Meal Rate | Total Allowed/Disallowed |
|---|--------------------|---------------------------------|
| +528 Breakfasts | \$2.2975 | (\$1,213.08) |
| +33 Lunches | \$4.0325 | (\$133.07) |
| -615 Suppers | \$4.0325 | \$2,479.99 |
| Total Overpayment | | \$1,133.84 |



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

JAMES K. POLK BUILDING
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165
TTY: 1-800-270-1349
www.tn.gov/humanservices

BILL LEE
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

September 3, 2019

Mr. Robert Johnson, Board Chairman
Pilgrim Rest Missionary Baptist Church
P.O. Box 751
Union City, Tennessee 38261-6019

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

| | |
|----------------------|--|
| Institution Name: | Pilgrim Rest Missionary Baptist Church |
| Institution Address: | P.O. Box 751, Union City, Tennessee 38261-6019 |
| Agreement Numbers: | 0061 |
| Amount Due: | \$1,133.84 |
| Due Date: | October 4, 2019 |

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
James K. Polk Building, 16th Floor
505 Deaderick Street
Nashville, Tennessee 37243
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: Pilgrim Rest Missionary Baptist Church | Agreement No. 00061 | <input checked="" type="checkbox"/> SFSP <input type="checkbox"/> CACFP |
|---|---------------------|--|

Mailing Address: P.O. Box 751 Union City, Tennessee 38261-6019

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

| | |
|--|--------------------|
| Name and Title: Robert Johnson, Board Chairman | Date of Birth: / / |
|--|--------------------|

Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

| | |
|-----------------------------|----------------------------------|
| Monitoring Report: 9/3/2019 | Corrective Action Plan: 9/3/2019 |
|-----------------------------|----------------------------------|

Section D. Findings

Findings:

1. The Sponsor reported the number of meals served
2. The Sponsor overstated the number of meals eligible for reimbursement
3. The number of meals reported exceeded the approved level of meal service for one feeding site
4. The Sponsor claimed meals outside of the approved operational dates
5. The Sponsor did not comply with monitoring requirements
6. The Sponsor did not comply with the required collection of Racial and Ethnic Data information
7. The Sponsor did not comply with the training requirements
8. The Sponsor reported the number of operation days incorrectly for some sites
9. The Sponsor did not provide an ending inventory of food and supplies

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 overstated the number of meals eligible for reimbursement

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 number of meals reported exceeded the approved level of meal service for one feeding 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:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 4: The Sponsor claimed meals outside of the approved operational dates

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. 5: The Sponsor did not comply with monitoring 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:

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. 6: The Sponsor did not comply with the required collection of Racial and Ethnic Data information

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. 7: The Sponsor did not comply with the training 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:

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. 8: The Sponsor reported the number of operation days incorrectly for some sites

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. 9: The Sponsor did not provide an ending inventory of food and supplies

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.