



**STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES**

DEPARTMENT OF PROGRAM INTEGRITY  
AUDIT SERVICES  
CITIZENS PLAZA BUILDING  
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**BILL HASLAM**

GOVERNOR

**Danielle W. Barnes**

COMMISSIONER

May 3, 2017

Shellia Jackson, Owner  
TLC Learning Academy  
4364 Millbranch Road  
Memphis, Tennessee 38116

Dear Ms. Jackson:

The Department of Human Services Audit Services staff conducted an on-site unannounced review of the Child and Adult Care Food Program (CACFP) at TLC Learning Academy (Sponsor), Application Agreement 00-604, on March 2, 2017. Additional documentation was requested and received March 21, 2017. We reviewed the Sponsor records of reimbursements and expenditures for January 2017. 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, application agreement, and applicable Federal and State regulations.

Background

Meals served by participating institutions and facilities must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and the Tennessee Department of Human Services to be eligible for reimbursement. The CACFP Sponsors report the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected CACFP documentation such as income eligibility forms, enrollment addendum forms, master enrollment lists, attendance records, meal count records, menus and food service cost records. We also assessed compliance with civil rights requirements, training and observed a meal service.

Our review of the Sponsor's records for the test month of January 2017 disclosed the following:

**1. The sponsor provided questionable or not legitimate documents**

Condition

The Sponsor provided us with reprinted receipts from Kroger for purchases that did not appear legitimate to support CACFP transactions. The Sponsor did not have the actual receipts from

Kroger and we were unable to reconcile the recipients to the transactions on the bank statement provided by the Sponsor. Based on further review of these receipts, the transactions were completed by the same employee, on the same day with different credit cards numbers and different Kroger Plus customer reward numbers. In addition, some of the items listed on those receipts were not allowable food items for CACFP. Consequently, we determined that the receipts were not legitimate supporting documentation for the food costs. Therefore, the administrative costs associated with the receipts totaling \$1,038.66 will be disallowed.

### Criteria

*Title 7 of the Code of Federal Regulations Section 226.6 (b) (1) (xviii) (C) Performance Standard 3—Program accountability states, "The new institution must have internal controls and other management systems in effect to ensure fiscal accountability and to ensure that the Program will operate in accordance with the requirements ..."*

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p.24) states that "each institution must maintain food and non-food related invoices, receipts, or other records required by TDHS to document administrative costs, operating cost and income to the CACFP".

Sponsors who provide monitors with questionable documentation indicates a lack of business integrity or business honesty that seriously and directly affects the sponsor's responsibility to meet general criteria for the allowability of costs as cited in *Title 2 of the Code of Federal Regulations Section 200.403* that costs be "necessary and reasonable for the performance of the Federal award.

### Recommendation

The Sponsor's management should ensure that only legitimate receipts and invoices are used to support CACFP transactions.

## **2. According to CACFP applications on file, participants were categorized in the incorrect eligibility category**

### Condition

The review of the applications on file disclosed the following:

- There were three participants reported in the free category, but based on the household income, these three participants should have been reported as paid. These three participants were reclassified as paid.
- There were two participants that did not have an application on file for the test month and were reported in the free category. These two participants were reclassified as paid.

(See Exhibit A)

### Criteria

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

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p. 18) states "To operate the CACFP and receive reimbursement, all independent child care centers and sponsoring organizations must keep accurate records on the eligibility of enrolled participants for free and reduced-price meals."

### Recommendation

The Sponsor should ensure all applications are completed correctly to show the participants are classified in the correct eligibility category.

### **3. The number of participants reported in the free, reduced- price and paid categories was incorrect**

#### Condition

Based on our review of available documents and information, we noted that the number of participants reported in the free, reduced-price, and paid categories was incorrect.

The Claim for Reimbursement for the test month reported 58 participants in the free category, nine participants in the reduced-price category, and seven participants in the paid category. However, our review of the Sponsor's records, we noted that there were 57 participants in the free category, six participants in the reduced-price category, and nine participants in the paid category. The differences were based on the following:

- Adjustments made due to the application errors in Finding 1.
- The number of participants reported in the free category was under reported by four, the reduced-price category was over reported by three and the paid category was over reported by three.

There were 74 participants reported in the program and 72 participants were verified. (See Exhibit A)

#### Criteria

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

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p. 18) states "To operate the CACFP and receive reimbursement, all independent child care centers and sponsoring organizations must keep accurate records on the eligibility of enrolled participants for free and reduced-price meals."

*Title 7 of the Code of Federal Regulations Section 226.17 (8)* "Child care centers shall collect and maintain documentation of the enrollment of each child, including information used to determine eligibility for free and reduced price meals in accordance with §226.23(e)(1). In addition, Head Start participants need only have a Head Start statement of income eligibility, or a statement of Head Start enrollment from an authorized Head Start representative, to be eligible for free meal benefits under the CACFP. Such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care."

Recommendation

The Sponsor should ensure that each participant is reported according to the income eligibility application for child care center participants.

**4. The Sponsor reported incorrect meal counts**

Condition

The Claim for Reimbursement for the test month had 1,078 breakfasts, 1,079 lunches, 65 suppers and 1,142 supplements served. However, our review of Sponsor records verified 1,060 breakfasts, 1,061 lunches 65 suppers and 1,125 supplements prior to any meal disallowances.

As a result of the review, we noted that the Sponsor over reported 18 breakfasts, 18 lunches, and 17 supplements.

Criteria

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

In addition, the Tennessee Child and Adult Care Food Program Policies and Procedures Manual states that child care centers "must submit to the TDHS accurate monthly reports on the number of meals served."

Recommendation

The Sponsor should ensure that the meal count claimed is based on the actual meal count.

**5. Infant menus did not contain all required components**

Condition

The infant menus provided for TLC Learning Academy had menu deficiencies and listed the following:

Infant: BB (10 months)

<b>Date</b>	<b>Missing Component</b>	<b>Disallowed Meals (# and type)</b>
01/03/17	Missing: (IFIF) Formula/breast milk(BM) or juice Menu listed: Yogurt and graham crackers	1 Supplement
01/19/17	Missing: (IFIF) Formula/breast milk(BM) or juice Menu listed: Yogurt and raisin bread	1 Supplement
01/23/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breastmilk and IFIF single grain cereal	1 Breakfast
01/24/17	Missing: Fruit or Vegetable	1 Lunch

	Menu listed: (IFIF) Formula/breastmilk and IFIF mix grain cereal and pizza bites	
01/27/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breastmilk and IFIF rice	1 Breakfast

Infant: CF (8 months)

Date	Missing Component	Disallowed Meals (# and type)
01/03/17	Missing: (IFIF) Formula/breast milk(BM) or juice Menu listed: Yogurt and graham crackers	1 Supplement
01/19/17	Missing: (IFIF) Formula/breast milk(BM) or juice Menu listed: Yogurt and raisin bread	1 Supplement

Infant: DD (2 months)

Date	Missing Component	Disallowed Meals (# and type)
01/09/17	Missing: (IFIF) Formula/breast milk(BM) or juice Menu listed: No menu listed	1 Breakfast

Infant: KL (11 months)

Date	Missing Component	Disallowed Meals (# and type)
01/03/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF rice	1 Breakfast
01/04/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF harvest melody cereal	1 Breakfast
01/05/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF wheat cereal	1 Breakfast
01/10/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF barley cereal	1 Breakfast
01/11/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF rice	1 Breakfast
01/12/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF harvest melody cereal	1 Breakfast
01/13/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF	1 Breakfast

	multigrain cereal	
01/17/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF rice	1 Breakfast
01/17/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF rice	1 Lunch
01/18/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF oatmeal	1 Breakfast
01/18/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF oatmeal	1 Lunch
01/20/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF harvest melody	1 Breakfast
01/23/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF single grain cereal	1 Breakfast
01/24/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF mix grain cereal	1 Breakfast
01/25/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF oatmeal	1 Breakfast
01/26/14	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF rice	1 Breakfast
01/27/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF barley cereal	1 Breakfast
01/30/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF mix grain cereal	1 Breakfast

Infant: KS (11 months)

<b>Date</b>	<b>Missing Component</b>	<b>Disallowed Meals (# and type)</b>
01/03/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF rice	1 Breakfast
01/03/17	Missing: (IFIF) Formula/breast milk Menu listed: no menu	1 Supplement
01/04/17	Missing: Fruit or Vegetable Menu listed: (IFIF)	1 Breakfast

	Formula/breast milk and IFIF harvest melody cereal	
01/05/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF wheat cereal	1 Breakfast
01/09/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF oatmeal	1 Breakfast
01/10/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF barley cereal	1 Breakfast
01/11/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF rice	1 Breakfast
01/12/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF harvest melody cereal	1 Breakfast
01/13/17	Missing: Fruit or Vegetable Menu listed: (IFIF) Formula/breast milk and IFIF multigrain cereal	1 Breakfast

Infant: MF (7 months)

Date	Missing Component	Disallowed Meals (# and type)
01/09/17	Missing: (IFIF) Formula/breast milk Menu listed: IFIF oatmeal	1 Breakfast

Infant: NS (5 months)

Date	Missing Component	Disallowed Meals (# and type)
01/10/17	Missing: (IFIF) Formula/breast milk Menu listed: no menu	1 Supplement

As a result of the review, we determined that 28 breakfasts, three lunches, and six supplements are disallowed for reimbursement.

Criteria

*Title 7 of the Code of Federal Regulations Section 226.20 states, "... each meal served must contain all required components..."*

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p. 26) states, "All meals must meet the meal patterns established by the USDA to be eligible for CACFP reimbursement." The USDA meal pattern requirements are on pages 27-32.

Recommendation

The Sponsor should ensure that menus contain all required meal components for meals served to be eligible as a reimbursable meal.

**6. Menus did not meet USDA meal pattern requirements**

The menus provided had menu deficiencies, see deficiencies noted below:

Condition

Date	Deficient Component	Disallowed Meals (# and type)
01/03/17	Deficient component: Meat/meat alternate Menu listed: Milk, fish sticks, French fries, green beans and a roll. The label provided for the fish sticks is not a CN label and states that the nutritional values indicated may not be complete based on limited information from the product manufacturer. The amount of protein could not be determined.	49 Lunches, 4 Suppers
01/12/17	Deficient component: A second credible component. Menu listed: Trail mix and Pineapple juice. Trail mixes are not creditable if the ingredients included in the mix are not listed on the menu.	52 Supplements
01/19/17	Deficient component: Meat/meat alternate. Menu listed: Milk, fish sticks, French fries, diced pears and a roll. The label provided for the fish sticks is not a CN label and states that the nutritional values indicated may not be complete based on limited information from the product manufacturer. The amount of protein could not be determined.	48 Lunches, 3 Suppers

As a result of the review, we determined that 97 lunches, seven suppers, and 52 supplements were disallowed for reimbursement.

Criteria

*Title 7 of the Code of Federal Regulations Section 226.20 states "... each meal served must contain all required components..."*

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual states, "all meals must meet the meal patterns established by the USDA to be eligible for CACFP reimbursement."

The fish sticks did not have a CN label or Product Formulation Statement and the menus did not list any additional protein added to the meal.

The USDA Crediting Foods in the Child and Adult Care Food Program, Revised 2011, states when crediting commercial or frozen products "toward the meat/meat alternate component, the

amount of meat/meat alternate per serving (not the total portion size) is the determining factor for crediting purposes. Because of the uncertainty of the actual amount of meat/meat alternate contained in these products, they should not be used unless (1) they are CN-labeled; or (2) you obtain a Product Formulation Statement signed by an official of the manufacturer (not a sales person) that shows how the crediting has been determined.”

The USDA Crediting Handbook for the Child and Adult Care Food Program, Revised 2011, (page 63) concerning snack/party mixes, trail mixes states, “These are snack food mixtures with a variety of items including nuts, cereals, seeds, dried fruits, etc. These items cannot be credited unless there is an explanation of the creditable ingredients included in the mix on the menu.”

### Recommendation

The Sponsor should implement the following:

- The Sponsor should keep copies of commercially prepared food CN labels or Product Formulation Statements on file and follow the recommended serving sizes/equivalents listed on the label.
- Additional protein might be required to meet the CACFP requirements. Document on the menu the type of meat/meat alternative added to commercially prepared products.

## **7. Insufficient quantities of milk were purchased**

### Condition

Based on the number of meals served with milk as a required component, a total of 9,512 ounces were needed. However, the Sponsor could only document the purchase of 4,672 ounces of milk available for January 2017, which resulted in a shortage of 4,840 ounces.

As a result of the review, we determined that 927 breakfasts and 8 suppers are disallowed for reimbursement.

### Criteria

*Title 7 of the Code of Federal Regulations Section 226.20 (a)* states "... each meal claimed for reimbursement must meet minimum meal pattern requirements..."

In addition, the Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p. 23) states, “all meals must meet the meal patterns established by the USDA to be eligible for CACFP reimbursement and all food items that are identified on the menus are supported by purchase receipts.”

### Recommendation

- The Sponsor should purchase enough milk available to provide all participants with the required ounces of milk for meals that are claimed for reimbursement.
- The Sponsor should complete a monthly milk inventory which is completed on the last day of operation for each month and list the amount of milk purchased and not used during the month and is available at the close of business on the last day of operation of that month.

## **8. The Sponsor's reported attendance claim did not agree with the verified attendance**

### Condition

The Claim for Reimbursement for the test month reported 1,406 participant days. However, based on our review, we noted 1,144 participant days.

### Criteria

*Title 7 of the Code of Federal Regulations Section 226.10 (c)* states "... institutions shall certify that the claim submitted for reimbursement is correct..."

The Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p.23) states that "each institution must maintain documentation of individual children's attendance on a daily basis."

### Recommendation

The Sponsor should ensure that the attendance reported agree with the actual attendance.

## **9. There were participants that did not have a CACFP enrollment addendum form**

### Condition

There were three participants that did not have a current CACFP enrollment addendum form on file.

### Criteria

*Title 7 of the Code of Federal Regulations Section 226.15 (e)(2)* states, "Documentation of the enrollment of each participant at centers (except for outside-school-hours care centers, emergency shelters, and at-risk afterschool care centers). All types of centers, except for emergency shelters and at-risk afterschool care centers, must maintain information used to determine eligibility for free or reduced-price meals in accordance with §226.23(e)(1). For child care centers, such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care."

In addition, the Tennessee Child and Adult Care Food Program Policies and Procedures Manual state that "Each institution must meet the enrollment requirements mandated by child care licensing regulations. In addition, each institution must have an enrollment form for each CACFP participant. The enrollment form must meet the following requirements:

1. Be updated annually and signed by a parent or guardian of the participant;
2. Identify the "normal" days and hours in care for each enrolled participant; and
3. Identify the meals to be received by each enrolled participant."

### Recommendation

The Sponsor should ensure that all participants have a current CACFP enrollment form on file.

## **10. The Sponsor did not provide documentation for the required annual CACFP training**

### Condition

The Sponsor stated that CACFP training was completed when the Civil Rights training was completed for the staff on 08/30/16. However, the Sponsor did not provide documentation of the annual CACFP training for staff. This training is required and must emphasize food service procedures and record keeping requirements.

#### Criteria

According to Title 7 of the Code of Federal Regulations Section 226.15 (e) and the Tennessee Child and Adult Care Food Program Policies and Procedures Manual (p. 16)

Each institution must annually train staff on all program duties and responsibilities before beginning operation of the CACFP. This training must emphasize food service procedures and record keeping requirements. Institutions must keep a written record to document the location and date of each training session, the names of the staff present and the topics covered. The workshops provided by the TDHS do not meet this requirement.

#### Recommendation

The Sponsor should provide and document CACFP training annually for all staff with CACFP responsibilities.

#### **Disallowed Meals Cost**

Based on our review, we determined that the sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed cost of \$997.62.

#### **Disallowed Administrative Cost**

Based on our review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total disallowed administrative cost of 1,038.66. The Sponsor should refund the disallowed administrative cost to the CACFP fund account using non-federal or state funds, and provide the DHS food program management with proof that the funds have been refunded to the CACFP account.

#### **Corrective Action**

TLC Learning Academy must complete the following actions within 30 business days from the date of this report:

- Login to the Tennessee Information Payment System (TIPS) and revise the claim submitted for each site for January 2017, which contains the verified claim data from the enclosed exhibit. A copy of the claim form is attached for your use;
- Remit a check payable to the ***Tennessee Department of Human Services*** in the amount of **\$997.62** for recovery of the amounts disallowed in this report. **Please return the attached billing notice with your check;**
- Refund the disallowed administrative cost amount of \$1,038.66 to the CACFP fund account using non-federal or state funds, and provide the DHS food program management with proof that the funds have been refunded to the CACFP account, and

- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

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

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

Allette Vayda, Director  
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)

Please note that the overpayment is subject to an interest charge. The interest charge will be waived if your revised claim is received by our office within 30 business days from the date of this report. If the revised claim is not received by the 30 business-day deadline, an interest charge may be billed to your institution.

Once the revised claim is submitted, the overpayment will be deducted from the next claim that is filed. If you wish to pay by check please contact:

Child and Adult Care Food Program  
Fiscal Services  
11th Floor, Citizens Plaza Building  
400 Deaderick Street  
Nashville, Tennessee 37243

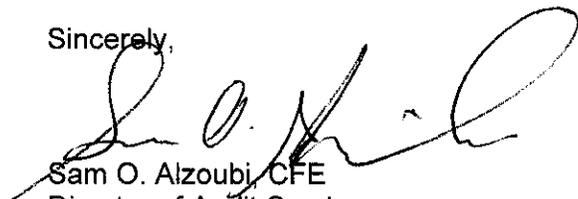
In accordance with the federal regulation found at *7 CFR Part 226.6 (k)*, your institution may appeal the overpayment identified by the monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human Services  
Appeals and Hearings Division, Clerk's Office  
P.O. Box 198996  
Nashville, TN 37219

If your Institution decides to appeal the amount of disallowed administrative and meals cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

We appreciate the assistance provided during this review. If you have any questions, please contact Jackie Yokley, Audit Director 2, at 615-837-5035 or [Jackie.D.Yokley@tn.gov](mailto:Jackie.D.Yokley@tn.gov).

Sincerely,



Sam O. Alzoubi, CFE  
Director of Audit Services

Exhibit

Cc: Allette Vayda, Director, Child and Adult Care Food Programs  
Brian Anthis, Program Coordinator, Child and Adult Care Food Program  
Sean Baker, Director of Quality Assurance  
Comptroller of the Treasury, State of Tennessee

**EXHIBIT A**

**Verification of CACFP Independent Center Claim (Claiming Percentages)**

**Name of Agency: TLC Learning Academy**

**Review Month/Year: January 2017**

**Total Meal Reimbursement Received: \$5,999.99**

<b>Program Area</b>	<b>Reported on Claim</b>	<b>Verified By Monitoring Review</b>
Number of Days that CACFP Food Service was operated	19	19
Total Attendance	1,406	1,144 <sup>1</sup>
Percentage of Participants in the Free or Reduced-price Category (For Proprietary Center Only)	XXXXXX	88%
Number of Breakfasts Served	1,078	105 <sup>2</sup>
Number of Lunches Served	1,079	961 <sup>3</sup>
Number of Suppers Served	65	50 <sup>4</sup>
Number of Supplements Served	1,142	1,067 <sup>3</sup>
Number of Participants in Free Category	58	57 <sup>5</sup>
Number of Participants in Reduced-Price Category	9	6 <sup>5</sup>
Number of Participants in Paid Category	7	9 <sup>5</sup>
Total Number of Participants	74	72 <sup>5</sup>
Total Amount of Eligible Food Costs	XXXXXXXX	\$2,222.65
Total Amount of Eligible Food and Non-Food Costs	XXXXXXXX	\$3,474.60

<sup>1</sup>The difference is due to a reporting error. (Finding 8)

<sup>2</sup>The difference is due to over reported meals, menu deficiencies and a milk shortage. (Findings 4, 5, 6, 7)

<sup>3</sup>The difference is due to over reported meals and menu deficiencies. (Findings 4, 5, and 6)

<sup>4</sup>The difference is due to menu deficiencies and a milk shortage. (Findings 5, 6, and 7)

<sup>5</sup>The difference is due to application and reporting errors. (Findings 2 and 3)



**STATE OF TENNESSEE  
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**BILL HASLAM**  
GOVERNOR

**DANIELLE W. BARNES**  
COMMISSIONER

May 3, 2017

Shelia Jackson, Owner  
TLC Learning Academy  
4364 Millbranch Rd  
Memphis, Tennessee 38116

**Notice of payment due to findings disclosed in the monitoring report dated May 3, 2017, for Child and Adult Care Food Program (CACFP).**

Institution Name:	TLC Learning Academy
Institution Address:	4364 Millbranch Rd. Memphis, TN 38116
Agreement Numbers:	00604
Amount Due:	\$997.62
Due Date:	June 5, 2017

Based on the monitoring report issued on May 3, 2017, by the Audit Services Division within the Tennessee Department of Human Services, the Community and Social Services- Food Programs- CACFP & SFSP management has agreed with the findings which requires TLC Learning Academy to reimburse the Department of Human Services unallowed cost in the amount of \$997.62

Please remit a check or money order payable to the **Tennessee Department of Human Services** in the amount of \$997.62 by the due date to:

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

Please note that the disallowed meals cost / overpayment of the CACFP is subject to an interest charge. The interest charge will be waived if the payment is received by the

due date. If payment is not received by the end of 5th day of the due date, an interest charge may be added to the original amount due and will be billed to your entity.

If you have any questions regarding this notice, please feel free to contact Allette Vayda, Director, Community and Social Services- Food Programs- CACFP & SFSP at (615) 313-3769 or [Allette.Vayda@tn.gov](mailto: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: TLC Learning Academy	Agreement No. 00-604	<input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP
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Mailing Address: 4364 Millbranch Road Memphis, Tennessee 38116

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

Name and Title: Shellia Jackson, Owner	Date of Birth: / /
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## Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 05/03/2017	Corrective Action Plan: 05/03/2017
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## Section D. Findings

Findings:

1. The sponsor provided questionable or not legitimate documents.
2. According to CACFP applications on file, participants were categorized in the incorrect eligibility category.
3. The number of participants reported in the free, reduced-price and paid categories was incorrect.
4. The Sponsor reported incorrect meal counts.
5. Infant menus did not contain all required components.
6. Menus did not meet USDA meal pattern requirements.
7. Insufficient quantities of milk were purchased.
8. The Sponsor's reported attendance claim did not agree with the verified attendance.
9. There were participants that did not have CACFP enrollment addendum form.
10. The Sponsor did not provide documentation for the required annual CACFP training.

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 provided questionable or not legitimate documents.**

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: According to CACFP applications on file, participants were categorized in the incorrect eligibility category.**

The finding will be fully and permanently corrected.

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

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

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

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

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

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

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**Measure No. 3: The number of participants reported in the free, reduced-price and paid categories 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. 4: The Sponsor reported incorrect meal counts.**

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

Name: Position Title:

Name: Position Title:

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

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

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

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

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**Measure No. 5: Infant menus did not contain all required components.**

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:

**Measure No.6: Menus did not meet USDA meal pattern requirements.**

The finding will be fully and permanently corrected.

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

Name:

Position Title:

Name:

Position Title:

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

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

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

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

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**Measure No. 7: Insufficient quantities of milk were purchased.**

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. 8: The Sponsor’s reported attendance claim did not agree with the verified attendance.**

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. 9: There were participants that did not have a CACFP enrollment addendum form.**

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. 10: The Sponsor did not provide documentation for the required annual CACFP training.**

The finding will be fully and permanently corrected.

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

Name:

Position Title:

Name:

Position Title:

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

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

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

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

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I certify by my signature below that I am authorized by the institution to sign this document. As an authorized representative of the institution, I fully understand the corrective measures identified above and agree to fully implement these measures within the required time frame. I also understand that failure to fully and permanently correct the findings in my institution's CACFP or SFSP will result in its termination from the program, and the placement of the institution and its responsible principals on the National Disqualified List maintained by the U.S. Department of Agriculture.

Printed Name of Authorized Institution Official:

Position:

Signature of Authorized Institution Official: \_\_\_\_\_

Date: / /

Signature of Authorized TDHS Official: \_\_\_\_\_

Date: / /

## **APPEAL PROCEDURES FOR CHILD AND ADULT CARE INSTITUTIONS AND SPONSORING AGENCIES**

### **Appeal Procedures**

1. Pursuant to 7 CFR §226.6(k)(4), the TN Department of Human Services (TDHS) must provide administrative review procedures to institutions and responsible principals and responsible individuals as follows:

- (a) Annually to all institutions;
- (b) To an institution and to each responsible principal and responsible individual when the State agency takes any action subject to an administrative review as described in 7 CFR §226.6(k)(2); and
- (c) Any other time upon request.

2. Pursuant to 7 CFR 226.6(k)(3) and (k)(9), some administrative actions are not subject to administrative review. Those actions are listed in paragraph 2.(a). Other administrative actions may be administratively appealed. Those actions are listed in paragraph 2.(b) and (c). All institutions and sponsoring agencies may appeal any adverse administrative action listed in paragraph 2.(b) which are taken by the TDHS by requesting a fair hearing to appear in person to refute the action, or by requesting a review of written information in lieu of a fair hearing.

(a) Pursuant to 7 CFR Part 226.6 (k)(3) TDHS is prohibited from offering administrative reviews of the following actions:

- (i) FNS decisions on claim deadline exceptions and requests for upward adjustments to a claim.
- (ii) Determination of serious deficiency.
- (iii) State agency determination that corrective action is inadequate.
- (iv) Disqualification and placement on State agency list and National disqualified list.
- (v) Termination.
- (vi) State agency or FNS decision regarding removal from the National disqualified list.
- (vii) State agency's refusal to consider an application submitted by an institution or facility on the National disqualified list.

(b) Pursuant to 7 CFR Part 226.6(k)(9), an abbreviated appeal process is available for the following actions. TDHS must limit the administrative review to a review of written submissions by the TDHS and institutions or sponsoring agencies concerning the accuracy of the State agency's determination if the application was denied, or the State agency proposes to terminate the institution's agreement because:

- (viii) The information submitted on the application was false;
- (ix) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities is on the national disqualified list;
- (x) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities is ineligible to participate in any other publicly funded program by reason of violation of the requirements of the program;

- (xi) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities has been convicted for any activity that indicates a lack of business integrity;

(c) Administrative review is also available if the State agency notifies the institution and responsible principal or responsible individual of the following actions: proposed disqualification of a responsible principal or responsible individual, denial of a budget, denial of a line item within a budget, downward adjustment of the amount approved in a budget, suspension of an institution's participation, denial of start-up or expansion funds, denial of a request for advanced payment, recovery of an advance in excess of a claim, denial of a claim for reimbursement (except for late submission), decision not to forward an exception request for payment of a late claim, overpayment demand, denial of a new or renewing institution's application for participation, denial of sponsored facility application, notice of proposed termination, claim denial, claim deadline exceptions and requests for upward adjustments to a claim, or any other action affecting an institutions participation or claim for payment.

3. All appeal requests must be presented in writing to the TDHS Division of Appeals and Hearings not later than 15 calendar days after the date the institution or sponsoring agency receives the notice of adverse administrative action.

4. The date of an institution's or sponsoring agency's receipt of a notice of suspension and/or proposed termination and disqualification will be governed by the federal regulation at 7 CFR Part 226.2. The notice must specify the action being proposed or taken and the basis for the action, and is considered to be received by the institution or day care home when it is delivered, sent by facsimile, or sent by email. If the notice is undeliverable, it is considered to be received by the institution, responsible principal or responsible individual, or day care home five days after being sent to the addressee's last known mailing address, facsimile number, or email address.

5. The TDHS Division of Appeals and Hearings will acknowledge the receipt of the appeal request within 10 calendar days of the receipt of the institution's or sponsoring agency's request for review. The written request for review should state if a fair hearing is requested or if a review of written information in lieu of a fair hearing is requested. If the appeal request from the institution or sponsoring agency does not specifically request a hearing, a review of written information in lieu of a hearing will occur. If a fair hearing is requested and the institution or sponsoring agency's representative fails to appear, the right to a personal appearance is waived.

6. If an institution or sponsoring agency does not request a fair hearing or a review of written information in lieu of the hearing within 15 calendar days from the date the institution or sponsoring agency receives a Notice of Proposed Termination, the TDHS will issue a letter advising the institution or sponsoring agency that it is terminated from the CACFP effective on the 16<sup>th</sup> calendar day following the institution's or sponsoring agency's receipt of the notice, and that the responsible principals and individuals of the institution or sponsoring agency are disqualified from participation.

7. To be considered for a fair hearing or for a review of written information in lieu of a fair

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

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

8. The action of the TDHS must remain in effect during the administrative review. The effect of this requirement on particular actions by TDHS is as follows:

(i) *Overpayment demand.* During the period of the administrative review, TDHS is prohibited from taking action to collect or offset the overpayment. However TDHS must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the TDHS's action.

(ii) *Recovery of advances.* During the administrative review, TDHS must continue its efforts to recover advances in excess of the claim for reimbursement for the applicable period. The recovery may be through a demand for full repayment or an adjustment of subsequent payments.

(iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.

9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.

10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.

11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.

12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.

13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.

14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.

15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

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

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

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

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

17. If a termination action is upheld by the hearing officer, the TDHS will issue a letter to the institution or sponsoring agency and its responsible principals and individuals advising that the termination and disqualification are effective on the date of the ruling issued by the hearing officer. The agency maintains searchable records of all administrative reviews and their dispositions for a period of five (5) years.

18. As required by 7 CFR Part 226.6 (c)(7), each disqualified institution, sponsoring agency, principal and individual will be placed on the National Disqualified List maintained by the U.S. Department of Agriculture (USDA). Once included on the National Disqualified List, an institution, sponsoring agency, principal and individual shall remain on the list until such time as the USDA, in consultation with the TDHS, determines that the serious deficiencies that led to their placement on the list have been corrected, or until seven years have elapsed since they were disqualified from participation. However, if the institution, sponsoring agency, principal or individual has failed to repay debts owed under the program, they will remain on the list until the debt has been paid.



TENNESSEE DEPARTMENT OF HUMAN SERVICES  
**CLAIM FOR REIMBURSEMENT**  
 CHILD AND ADULT CARE FOOD PROGRAM

Read INSTRUCTIONS carefully before completing claim.

1. Check Appropriate Claim Type

- Original Claim  
 Revised Claim

2. AGREEMENT NUMBER

\_\_\_\_\_

3. NAME AND ADDRESS OF INSTITUTION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. MONTH AND YEAR CLAIMED

MONTH                      YEAR  
 [ ][ ]                      [ ][ ][ ][ ]

5. TOTAL NUMBER OF DAYS FOOD SERVICE WAS PROVIDED FOR PERIOD CLAIMED

[ ][ ]

6. TOTAL ATTENDANCE FOR CLAIM PERIOD

A. CHILD OR ADULT CARE CENTERS

B. OUTSIDE SCHOOL HOUR

C. ELIGIBLE PROPRIETARY TITLE XX/  
TITLE XIX CENTERS

[ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ][ ][ ]

7. TOTAL NUMBER OF ELIGIBLE PROPRIETARY TITLE XX CENTERS (CHILD) OR TITLE XIX CENTERS (ADULT)

[ ][ ][ ]

MEALS SERVED TO PARTICIPANTS IN CHILD/ADULT CARE CENTERS

	A. BREAKFAST	B. LUNCHES	C. SUPPERS	D. SUPPLEMENTS
8. FREE	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]
9. REDUCED	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]
10. PAID	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]

(REQUIRED FOR ALL CENTER CLAIMS)

11. TOTAL

[ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ]

12. TOTAL NUMBER OF PARTICIPANTS ENROLLED IN CENTERS FOR THIS CLAIM PERIOD BY INCOME GROUP

FREE

REDUCED

PAID

[ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ]

[ ][ ][ ][ ][ ][ ]

13. REMARKS

\_\_\_\_\_  
 \_\_\_\_\_

I CERTIFY that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I further certify that claims submitted for meals served in proprietary centers meet the requirements for reimbursement as established by the Federal Regulations as 7CFR Part 226. I further certify that all claims for reimbursement shall be submitted to the State Office no later than 30 days after end of the claim month. I understand that failure to submit claims within the 30 day deadline may result in such claims not being paid.

14. SIGNATURE OF AUTHORIZED REPRESENTATIVE

14. TITLE

15. PREPARATION DATE

\_\_\_\_\_

\_\_\_\_\_

MO                      DAY                      YEAR  
 [ ][ ]                      [ ][ ]                      [ ][ ][ ]

All receipts, invoice and other evidence of purchase must be retained and available for future audit for a period of 3 years after the end of the fiscal year to which they pertain.

No further reimbursement shall be paid under the CACFP for the period covered by this claim unless this is completed and filed as required by the Tennessee Department of Human Services and the Federal Regulations at 7 CFR Part 226