



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

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BILL LEE
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

September 13, 2019

Jessie Worney, Board Chair
New Beginnings International Ministry
3670 Central Pike, Suite G
Hermitage, TN 37076-3417

Dear Mr. Worney,

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 New Beginnings International Ministry (Sponsor), Application Agreement 00-054, on July 23, 2019. Additional information was requested and provided on July 31, 2019. The purpose of this review was to determine if the Sponsor complied with the *Title 7 of the Code of Federal Regulations* (CFR) applicable parts, provider agreement, and applicable Federal and State regulations.

Based on our review of the Sponsor's records and information provided, the Sponsor had 56 feeding sites operating during the review period. The **Andrew Jackson Homes, Berkley Hill Apartments, Dominion House**, East Nashville Summer Sports Camp (**East Nashville**), **FTOH 4th Ave, Harvest Hands, James Cayce Homes, Love Works Inc, Smyrna High School, Swiss Ridge/Swiss View, Ultimate Family Academy**, United for our Youth Summer Enrichment (**United**), and **Willow Creek Apartments** feeding sites were selected as the sample. In addition, we reviewed all meal counts for all sites operating during the review period.

Background

SFSP Sponsors utilize meal count sheets to record the number of breakfast, lunch, supper, and supplement meals served. Meals served by participating Sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. The SFSP Sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) to for reimbursement.

We inspected meal counts sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights

requirements. In addition, we observed meal services at the sample feeding sites during our on-site visits throughout the review period.

Our review of the Sponsor's records for June 2019 disclosed the following:

1. The Sponsor reported the number of meals served incorrectly

Condition

During our monitoring visit on July 23, 2019, we requested meal count sheets to support the Claim for Reimbursement for feeding sites operating during the review period. Based on our review of the meal count sheets that the Sponsor provided, we noted the following deficiencies:

Brilliant Child Enrichment Center

The Claim for Reimbursement for **Brilliant Child Enrichment Center** for the test month reported 732 breakfast meals and 707 lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 722 breakfast meals and 717 lunch meals documented prior to any meal disallowances.

As a result, ten (10) breakfast meals were overreported and ten (10) lunch meals were underreported. (Exhibit O)

Harvest Hands – sample site

The Claim for Reimbursement for **Harvest Hands** for the test month reported 1,563 breakfast meals and 1,590 lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 1,562 breakfast meals and 1,590 lunch meals documented prior to any meal disallowances.

As a result, one (1) breakfast meals was overreported. (Exhibit G)

Love Works Inc – sample site

The Claim for Reimbursement for **Love Works Inc** for the test month reported 363 breakfast meals, 480 lunch meals, and 125 supplements served. However, based on our review of the Sponsor's records, we noted that there were 363 breakfast meals, 479 lunch meals, and 125 supplements documented prior to any meal disallowances.

As a result, one (1) lunch meal was overreported. (Exhibit I)

Oasis Center

The Claim for Reimbursement for **Oasis Center** for the test month reported 356 breakfast meals and 513 lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 332 breakfast meals and 533 lunch meals documented prior to any meal disallowances.

As a result, 24 breakfast meals were overreported and 20 lunch meals were underreported. (Exhibit P)

Rebuild to Fly

The Claim for Reimbursement for **Rebuild to Fly** for the test month reported 573 1st breakfast meals, 11 2nd breakfast meals, 575 1st lunch meals, and 11 2nd lunch meals served. However, based on our review of the Sponsor's records, we noted that there were 582 1st breakfast meals, eight (8) 2nd breakfast meals, 579 1st lunch meals, and 11 2nd lunch meals documented prior to any meal disallowances.

As a result, nine (9) 1st breakfast meals and four (4) 1st lunch meals were underreported, and three (3) 2nd breakfast meals were overreported. (Exhibit Q)

Stratford High School

The Claim for Reimbursement for **Stratford High School** for the test month reported 1,753 lunch meals and 302 supplements served. However, based on our review of the Sponsor's records, we noted that there were 1,767 breakfast meals and 302 supplements documented prior to any meal disallowances.

As a result, 14 lunch meals were underreported. (Exhibit R)

Universal Gymnastics

The Claim for Reimbursement for **Universal Gymnastics** for the test month reported 1270 1st Breakfast meals, 1175 1st supplements, and 10 2nd supplements served. However, based on our review of the Sponsor's record, we noted that there were 1270 1st Breakfast meals, 1175 1st supplements, and zero (0) 2nd supplements documented prior to any meal disallowances.

As a result, ten (10) 2nd supplements were overreported. (Exhibit T)

This is a repeat finding from a previous report dated October 10, 2017.

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..."

Recommendation

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

2. The Sponsor claimed for reimbursement more meals than we observed

Condition

During our on-site monitoring visit at **Harvest Hands** on June 18, 2019, we observed a lunch meal service. We observed 61 lunch meals served. The Sponsor reported 72 lunch meals served.

As a result, 11 lunch meal claimed for reimbursement were disallowed. (Exhibit G)

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..."

Recommendation

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

3. The Sponsor provided meal count forms with errors

Condition

The Daily Meal Count Form for the lunch meal service at **Stronger Than My Father** for June 25, 2019 did not include marks indicating a point-of-service meal count was taken.

As a result, 105 lunch meals were disallowed. (See Exhibit S)

Criteria

Title 7 of the Code of Federal Regulations, 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..."

The USDA SFSP Administration Guide, pages 112, states "It is critical that site personnel and monitors understand the importance of accurate point-of-service meal counts. 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. Counting meals at the point of service also allows site personnel to ensure that only complete meals are served."

Recommendation

The Sponsor should ensure that any site staff person who supervises meal service is trained in taking an accurate point-of-service meal count.

4. The Sponsor provided a meal that did not meet the USDA meal pattern requirements during an observed meal

Condition

Harvest Hands– *sample site*

During our monitoring visit at **Harvest Hands** on June 18, 2019, we observed a lunch meal service. During the meal service, we observed that seven (7) participants did not take all meal components.

As a result, seven (7) lunch meals were disallowed. (See Exhibit G)

James Cayce Homes – *sample site*

During our monitoring visit at **James Cayce Homes** on June 11, 2019, we observed a lunch meal service. The Sponsor served 15 lunch meals that contained cheeseburger on a bun, carrots, applesauce, and milk. The combination of 5.8 ounces of applesauce and 4.5 ounces of carrots did not meet the requirement of $\frac{3}{4}$ cup of fruit and/or vegetable component.

The Sponsor did not claim any meals for this meal service. As a result, no meals were disallowed.

Smyrna High School – *sample site*

During our monitoring visit at **Smyrna High School** on June 17, 2019, we observed a lunch meal service. The lunch meals served were not served as a complete unit. The meals were not served as a complete unit and participants were allowed to take the components they wanted. There were a number of participants that did not take the carrots that were located in a bag on the floor next to a cooler of milk.

The Sponsor did not claim any meals for this meal service. As a result, no meals were disallowed.

United – *sample site*

During our monitoring visit at **United** on June 27, 2019, we observed a lunch meal service. The meals served did not contain all required components. The Sponsor served 100 lunch meals that contained sesame chicken, broccoli, banana, and milk. There were 14 participants that did not take all the components offered and therefore did not receive a creditable meal. In addition, all 100 participants did not receive a sufficient amount of the meat or meat alternative component as the sunflower seeds on the menu were not served.

The Sponsor did not claim any meals for this meal service. As a result, no meals were disallowed.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.16 (d) states, “The meal requirements for the Program are designed to provide nutritious and well-balanced meals to each child. Sponsors shall ensure that meals served meet all of the requirements...”

The USDA SFSP Administration Guide, page 133, states “... reimbursement may not be claimed for meals not served as a complete unit...”

Recommendation

The Sponsor should ensure that all meals served meet the USDA meal pattern requirements.

5. The Sponsor allowed meals to be consumed off-site

Condition

Berkley Hills – sample site

During our monitoring visit at **Berkley Hills Apartments** on June 21, 2019, we observed a lunch meal service. During the meal service there were three (3) participants who requested second meals that were observed the participants taking the meals off-site.

The Sponsor did not claim any meals for this meal service. As a result, no meals were disallowed.

Smyrna High School – sample site

During our monitoring visit at **Smyrna High School** on June 17, 2019, we observed a lunch meal service. We observed 42 lunch meals served and most meals were then taken off-site.

The Sponsor did not claim any meals for this meal service. As a result, no meals were disallowed.

James Cayce Homes – sample site

During our monitoring visit at **James Cayce Homes** on June 11, 2019, to observe a lunch meal service. We observed 15 lunch meals served then taken off-site.

The Sponsor did not claim any meals for this meal service. As a result, no meals were disallowed.

Willow Creek Apartments – sample site

During our monitoring visit at **Willow Creek Apartments** on June 17, 2019, we observed a lunch meal service. There were ten (10) lunch meals served then taken off-site. Additionally, there were meals served to adult participants that were not recorded.

The Sponsor did not claim any meals for this meal service. As a result, no meals were disallowed.

Swiss Ridge/ Swiss View – sample site

During our monitoring visit at **Swiss Ridge/ Swiss View** on June 27, 2019, we observed a lunch meal service. There were 36 lunch meals served, but all participants took the meals off-site and no meals were observed to be consumed on-site.

The Sponsor did not claim any meals for this meal service. As a result, no meals were disallowed.

This is a repeat finding from a previous report dated October 10, 2017.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.6 (e) states, "A sponsor approved for participation in the Program must enter into a permanent written agreement with the State agency. All sponsors must agree in writing to: (15) maintain children on site while meals are consumed."

Recommendation

The Sponsor should ensure that each feeding site supervisor is aware of the requirement that all reimbursable meals to be consumed onsite, and that this requirement is implemented.

6. The Sponsor served meals outside the approved meal service time

Condition

Andrew Jackson Homes – sample site

During our monitoring visit at **Andrew Jackson Homes** site on June 13, 2019, we observed a supplement service. There were 16 supplements observed served outside of the approved meal service time. Supplements were served at 5:45 pm, but the approved meal service was from 6:00 to 6:15 pm.

The Sponsor did not claim any meals for this meal service. As a result, no meals were disallowed.

Harvest Hands – sample site

During our monitoring visit at **Harvest Hands** on June 18, 2019, we observed a lunch meal service. The lunch meals were served from 11:00 am to 12:15 pm, but the approved meal service was from 11:30 am to 1:00 pm. There were ten (10) meals served prior to our arrival that we observed the participants eating and the meals were creditable. In addition, the site supervisor stated that 20 other meals had been served prior to our arrival. These 20 meals were not claimed.

The Sponsor claimed only the number of meals we observed during our monitoring visit. As a result, no meals were disallowed.

Smyrna High School – sample site

During our monitoring visit at **Smyrna High School** on June 17, 2019, we observed lunch meal service. The lunch meals were served from 10:15 to 11:00 am, but the approved meal service time was from 10:00 to 10:30 am. The feeding site supervisor stated leftover meals were served throughout the day and those meals were included in the daily meal count.

The Sponsor did not claim any meals for this meal service. As a result, no meals were disallowed.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.16 (c) states, "(3) Meals served outside of the period of approved meal service shall not be eligible for Program payments.(4) Any permanent or planned changes in meal service periods must be approved by the State agency."

The USDA SFSP Administration Guide, page 60, states sponsors must "Serve meals during the meal service times submitted on the Site Information Sheet and approved by the State agency. The State agency must approve any changes in meal service times."

Recommendation

The Sponsor should ensure that meals are served during the approved meal service time.

7. The Sponsor provided Income Eligibility Forms for closed sites that were incomplete

Condition

During our monitoring visit on July 23, 2019, we requested Income Eligibility Forms (IEFs) for the **Willow Creek Apartments** sample site. This feeding site was a closed enrolled site and IEFs were required for participants in order to determine whether 50 percent or more of the participants were eligible for the free or reduced-price category. All forms provided by the Sponsor were missing the signature of a determining official.

The IEFs were signed by a parent or guardian and we were able to use these dates to determine that the applications were current. We determined the required 50 percent of participants were eligible for the free or reduced-price categories allowing all meals served at this site to be eligible for reimbursement.

As a result, no meals were disallowed.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.15 (f) states, "The application is used to determine the eligibility of children attending camps and the eligibility of sites that are not open sites as defined in paragraph (a) of the definition of "areas in which poor economic conditions exist", in §225.2. In these situations, parents or guardians of children enrolled in camps or these other sites must be given application forms to provide information described in paragraph (f)(2) or (f)(3) of this section, as applicable."

The USDA SFSP Administration Guide, page 13, states "... To establish eligibility based on the income of the individual children; sites must collect household applications. At least 50 percent of the enrolled children at the site must be eligible for free or reduced-price school meals."

The USDA SFSP Administration Guide, page 22, states "SFSP sponsors of closed enrolled and camp sites must collect and report to State agencies income eligibility information in order to determine the eligibility of individual participants for free meals under the SFSP. Such information must be updated annually and may not be more than 12 months old. Household applications should be considered current and valid until the last day of the month in which the form was dated one year earlier. The date to be used to make this determination is the date on which either the parent or guardian signs the form, or the sponsor official signs the application to certify eligibility of the participant..."

Recommendation

The Sponsor should review Income Eligibility Forms for accuracy and completeness.

8. The Sponsor did not prepare or order meals on the basis of participation

Condition

Andrew Jackson Homes – sample site

We observed 16 participants at Andrew Jackson Homes during our on-site visit on June 13, 2019. However, 40 snacks were delivered.

East Nashville– sample site

We observed 35 participants at the **East Nashville** during our on-site visit on June 13, 2019. However, 85 meals were delivered. Staff stated they always received the same number of meals each day.

James Cayce Homes – sample site

We observed 17 participants at the **James Cayce Homes** during our on-site visit on June 11, 2019. However, 50 lunch meals were delivered. Staff stated they always received the same number of meals each day.

Criteria

Title 7 of the Code of Federal Regulations, Section 225.15 (b)(3) states, "Sponsors shall adjust the number of meals ordered or prepared with the objective of providing only one meal per child whenever the number of children attending the site is below the approved level."

Title 7 of the Code of Federal Regulations, Section 225.15 (b)(4) states, "The State agency shall disallow all claims for second meals if it determines that the Sponsor failed to plan and prepare or order meals with the objective of providing only one meal per child at each meal services."

Recommendation

The Sponsor should ensure that meals delivered to each feeding site provide for one meal for each participant and should prepare and deliver meals based on the daily average participants to avoid wasting food and resources.

9. The Sponsor provided delivery tickets that were missing signatures

Condition

During our monitoring visit on July 23, 2019, we requested delivery tickets for meals delivered to the feeding sites. The Sponsor was unable to provide delivery tickets as follows:

- **Andrew Jackson Homes** – June 13, 2019
- **Dominion House** - June 13, 2019.
- **James Cayce Homes** – June 11, 2019.

The Sponsor did not claim meals at **Andrew Jackson Homes** and **James Cayce Homes** for these dates. The Sponsor did claim meals at **Dominion House**, but we observed that meals were delivered and served.

As a result, no meals were disallowed.

Criteria

The USDA SFSP Administration Guide, page 139, states "Any sponsor serving vended meals must be sure that the figure entered as the number of meals delivered on the site record is the same as that entered on the vendor's report. When they collect the site records, sponsors should check for the site supervisor's signature."

Recommendation

The Sponsor should ensure that site staff signs delivery tickets to verify that meals were received.

10. The Sponsor's feeding site supervisor did not ensure meals delivered matched the delivery ticket

Condition

During our monitoring visit at **James Cayce Homes** on June 11, 2019, we observed that the feeding site supervisor did not count the number of meals delivered to ensure the number of meals delivered matched the number listed on the delivery ticket.

Criteria

The USDA SFSP Administration Guide, page 139, states, "A designated member of the site staff must verify the adequacy and number of meals delivered by checking the meals when they are delivered to the site."

Recommendation

The Sponsor should ensure that the site supervisors count all meals delivered to sites to ensure an accurate number of meals is being delivered and available to be served.

Technical Assistance Provided

During our on-site visits to the feeding sites, we provided technical assistance to feeding site staff to address among others menu posting, adjusting meals delivered, the importance of serving meals within the approved meal service time, and consuming meals on-site.

During our monitoring visit to the Sponsor on July 23, 2019, technical assistance was neither requested nor provided.

Disallowed Meals Cost

Based on the review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the SFSP resulted in a total disallowed cost of \$377.69.

Corrective Action

The Sponsor must complete the following actions within 30 days from the date of this report:

- Log into the Tennessee Information Payment System (TIPS) and revise the claim submitted for June 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
Summer Food Service Program
James K. Polk Building 15th Floor
505 Deaderick Street
Nashville, Tennessee 37243
Allette.Vayda@tn.gov
(615) 313-3769

Please mail your check and the billing notice to:

Summer Food Service Program
Fiscal Services, 16th Floor
James K. Polk Building
505 Deaderick Street
Nashville, Tennessee 37243

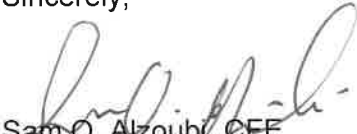
In accordance with the federal regulation found at *7 CFR Part 225.13*, your institution may appeal the amount of disallowed cost identified in this monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

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 cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

We appreciate the assistance provided during this review. If you have any questions regarding this report, please contact Sean Baker, Audit Director 2, at 615-313-4727 or Sean.Baker@tn.gov.

Sincerely,



Sam O. Alzoubi, CFE
Director of Audit Services

Exhibits

cc: Brandon Williams, Executive Director, New Beginnings International Ministry
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

SFSP Sponsor Program Data

Sponsor: New Beginnings International Ministry

Review Month/Year: June 2019

Claim Reimbursement Total: \$190,767.55

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Number of Participating Sites for Breakfast	16	16
Number of Participating Sites for AM Snacks	5	5
Number of Participating Sites for Lunch	47	47
Number of Participating Sites for PM Snacks	6	6
Number of Participating Sites for Supper	4	4
Number of 1 st Breakfasts Served	15,607	15,581
Number of 2 nd Breakfasts Served	159	156
Number of 1 st Lunches Served	35,396	35,320
Number of 2 nd Lunches Served	708	708
Number of 1 st Suppers Served	1,576	1,576
Number of 2 nd Suppers Served	0	0
Number of 1 st Snacks Served	5,274	5,274
Number of 2 nd Snacks Served	51	41

SFSP Sample Sites Data (Exhibits B – N)

Exhibit B

Site: Andrew Jackson Homes

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Suppers Served	776	776
Number of 1 st Snacks Served	551	551

Exhibit C

Site: Berkley Hill Apartments

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	13	14
Number of 1 st Lunches Served	293	293
Number of 2 nd Lunches Served	6	6

Exhibit D

Site: Dominion House

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	15	15
Number of 1 st Lunches Served	371	371
Number of 2 nd Lunches Served	7	7

Exhibit E**Site: East Nashville Summer Sports Camp**

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Breakfasts Served	1,547	1,547
Number of 2 nd Breakfasts Served	30	30
Number of 1 st Lunches Served	1,660	1,660
Number of 2 nd Lunches Served	25	25

Exhibit F**Site: FTOH 4th**

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	8	8
Number of 1 st Lunches Served	145	145
Number of 2 nd Lunches Served	3	3

Exhibit G**Site: Harvest Hands**

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	15	15
Number of 1 st Breakfasts Served	1,563	1,562
Number of 2 nd Breakfasts Served	31	31
Number of 1 st Lunches Served	1,590	1,572
Number of 2 nd Lunches Served	32	32

Exhibit H

Site: James Cayce Homes

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	19	20
Number of 1 st Lunches Served	839	839
Number of 2 nd Lunches Served	17	17

Exhibit I

Site: Love Works Inc.

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Breakfasts Served	363	363
Number of 2 nd Breakfasts Served	7	7
Number of 1 st Lunches Served	480	479
Number of 2 nd Lunches Served	10	10
Number of 1 st Snacks Served	125	125
Number of 2 nd Snacks Served	0	0

Exhibit J

Site: Smyrna High School

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	8	9
Number of 1 st Lunches Served	957	957
Number of 2 nd Lunches Served	19	19

Exhibit K

Site: Swiss Ridge/ Swiss View

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	19	20
Number of 1 st Lunches Served	1,051	1,051
Number of 2 nd Lunches Served	19	19

Exhibit L

Site: Ultimate Family Academy

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	10	10
Number of 1 st Lunches Served	686	686
Number of 1 st Snacks Served	650	650

Exhibit M

Site: United for Our Youth Summer Enrichment

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Breakfasts Served	4,480	4,480
Number of 1 st Lunches Served	3,870	3,870

Exhibit N

Site: Willow Creek Apartments

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Lunches Served	655	655
Number of 2 nd Lunches Served	13	13

SFSP Non-Sample Sites With Errors Data (*Exhibits O – S*)

Exhibit O

Site: Brilliant Child Enrichment Center

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Breakfasts Served	732	722
Number of 2 nd Breakfasts Served	9	9
Number of 1 st Lunches Served	707	717
Number of 2 nd Lunches Served	4	4

Exhibit P

Site: Oasis Center

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Breakfasts Served	356	332
Number of 2 nd Breakfasts Served	0	0
Number of 1 st Lunches Served	513	533
Number of 2 nd Lunches Served	2	2

Exhibit Q

Site: Rebuild to Fly

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Breakfasts Served	573	582
Number of 2 nd Breakfasts Served	11	8
Number of 1 st Lunches Served	575	579
Number of 2 nd Lunches Served	11	11

Exhibit R**Site: Stratford High School**

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	14	15
Number of 1 st Snack Served	302	302
Number of 2 nd Snacks Served	0	0
Number of 1 st Lunches Served	1,753	1,767
Number of 2 nd Lunches Served	29	29

Exhibit S**Site: Stronger Than My Father**

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Breakfasts Served	1,947	1,947
Number of 2 nd Breakfasts Served	3	3
Number of 1 st Lunches Served	1,936	1,831
Number of 2 nd Lunches Served	0	0

Exhibit T**Site: Universal Gymnastics**

Site Meal Service Reconciliation and Monitor Activity	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	20	20
Number of 1 st Breakfasts Served	1,270	1,270
Number of 2 nd Breakfasts Served	0	0
Number of 1 st Snacks Served	1,175	1,175
Number of 2 nd Snacks Served	10	0

Note: There were no reporting errors for the remaining non-samples sites noted. Therefore, there are no exhibits included for these sites.



**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
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BILL LEE
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

September 13, 2019

Brandon Williams, Sponsor
New Beginnings International Ministry
3670 Central Pike, Suite G
Hermitage, TN 37076-3417

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

Institution Name:	New Beginnings International Ministry
Institution Address:	3670 Central Pike, Suite G, Hermitage, TN 37076-3417
Agreement Numbers:	00-054
Amount Due:	\$377.69
Due Date:	October 14, 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: New Beginnings International Ministry	Agreement No. 054	xxxx <input type="checkbox"/> SFSP <input type="checkbox"/> CACFP
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Mailing Address: 3670 Central Pike, Suite G
Hermitage, TN 37076-3417

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

Name and Title: Brandon Williams, Executive Director,	Date of Birth: 02/20/1983
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Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 09/13/2019	Corrective Action Plan: 09/13/2019
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Section D. Findings

Findings:

1. The Sponsor reported the number of meals served incorrectly
2. The Sponsor claimed for reimbursement more meals than we observed
3. The Sponsor provided meal count forms with errors
4. The Sponsor provided a meal that did not meet the USDA meal pattern requirements during an observed meal
5. The Sponsor allowed meals to be consumed off-site
6. The Sponsor served meals outside the approved meal service time
7. The Sponsor provided Income Eligibility Forms for closed sites that were incomplete
8. The Sponsor did not prepare or order meals on the basis of participation
9. The Sponsor provided delivery tickets that were missing signatures
10. The Sponsor's feeding site supervisor did not ensure meals delivered matched the delivery ticket

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:

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

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—
—
—

Measure No.2: The Sponsor claimed for reimbursement more meals than we observed

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

Name: Position Title:

Name: Position Title:

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

—
—
—

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

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

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

Measure No. 3: The Sponsor provided meal count forms with errors

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 provided a meal that did not meet the USDA meal pattern requirements during an observed meal

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 allowed meals to be consumed off-site

The finding will be fully and permanently corrected.

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

Name: _____ Position Title: _____

Name: _____ Position Title: _____

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

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 served meals outside the approved meal service time

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 provided Income Eligibility Forms for closed sites that were incomplete

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 did not prepare or order meals on the basis of participation

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 provided delivery tickets that were missing signatures

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. 10: The Sponsor's feeding site supervisor did not ensure meals delivered matched the delivery ticket

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: / /