

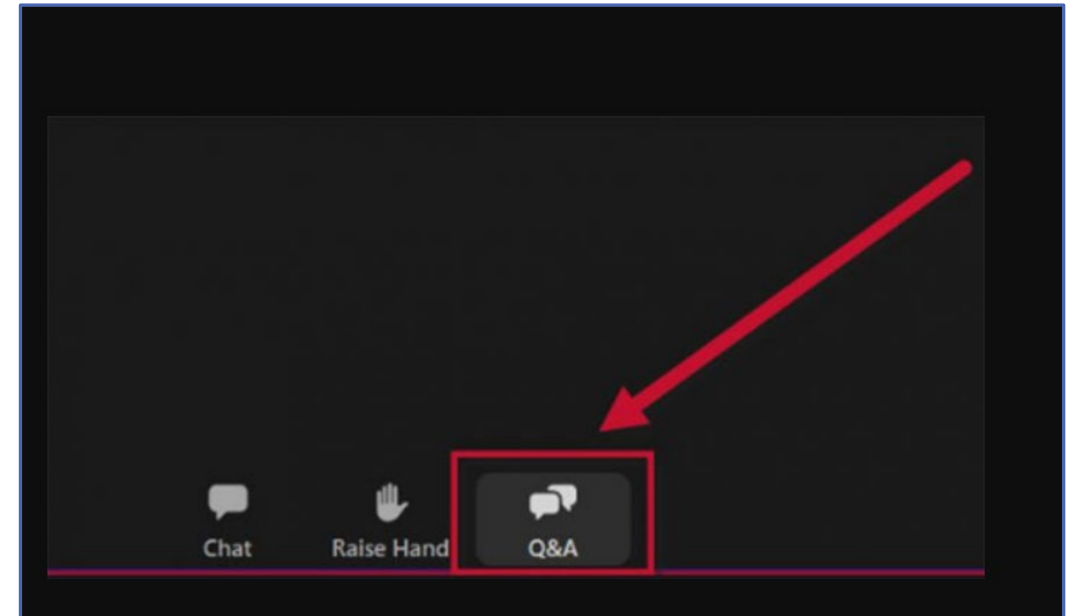
MICHIGAN DEPARTMENT  
OF EDUCATION  
CHILD AND ADULT CARE  
FOOD PROGRAM

MELISSA LONSBERRY, MS RDN  
AND CACFP STAFF

# SPONSORING ORGANIZATION: SITE MONITORING RESPONSIBILITIES

# WELCOME TO THINKING THURSDAYS!

- Participants are muted
- Enter your questions into the Q&A, not the Chat
- CACFP staff will answer questions in the Q&A
- Certificate will be emailed if you attend the entire webinar
- Thank you for your attendance!





## WHO IS HERE TODAY?

- Sponsor of At-risk afterschool programs
- Sponsor of childcare centers
- Sponsor of family childcare homes
- Sponsor of family childcare homes and childcare centers
- Sponsor of adult care programs
- Sponsor of childcare and adult care programs
- School food authority

## Define

- What a Sponsoring Organization (SO) is

## Understand

- Monitoring requirements for Sponsoring Organizations

## Increase

- Knowledge of the 5 Day Reconciliation process

# OUR OBJECTIVES

# TEST YOUR KNOWLEDGE!

**Why is site monitoring important?**

- A. Ensures program guidelines are being followed**
- B. Ensures participants are receiving nutritious meals**
- C. Provides Sponsor opportunity to provide training/technical assistance**
- D. Allows site to develop a corrective action plan to correct any findings**
- E. All of the above**

# SPONSORING ORGANIZATION (SO) DEFINED

**A SO is an agency with full administrative responsibility for two or more centers/homes.**

**There are two types of sponsored sites/facilities:**

- **Affiliated:** site(s) is/are the same legal entity as SO
- **Unaffiliated:** is/are not the same legal entity of the SO and are legally distinct from the SO

# SO SITE MONITORING REQUIREMENTS

- **Site reviews must be conducted at all sponsored facilities**
- **Monitoring staff should not work at the site(s) they monitor**
- **SO must inform sites of the right of SO, MDE, USDA or other State or Federal offices to make unannounced/announced review visits during regular hours of operation**
- **MDE or USDA staff must show photo ID to come into a site facility**

# SO MONITOR: RESPONSIBILITIES

## Monitoring-Related Activities

- Planning and scheduling
- Travel to/from
- Supervisory oversight
- Writing review report
- Conduct follow-up reviews
- Parental contacts
- Conduct training
- Provide Technical Assistance (TA)
- Serious Deficiency process, as applicable

## Non-Monitoring Related Activities

- Determine/verify facility eligibility
- Program outreach, recruitment, and retention
- Initial and annual training
- Phone technical assistance
- Claims processing/claim reimbursements
- Enrollment paperwork



# MONITORING STAFFING STANDARDS

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## **Sponsors of Centers:**

**One full-time equivalent (FTE) for 25 - 150 centers**

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## **Sponsor of Family Childcare Homes:**

**One FTE for every 50-150 homes**

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**Monitors may perform both monitoring and non-monitoring duties**

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## PRE-OPERATIONAL SITE VISITS

**Monitoring staff must complete a pre-operational visit at the following sites:**

- **Sites that are new to the CACFP sponsorship**
- **Sites that move to new locations**



## **SITE REVIEW CRITERIA & FREQUENCY**

**A minimum of 3 site reviews per site per fiscal year**

**2 of 3 reviews are to be unannounced**

**At least one of the two unannounced visits must include a meal or snack observation**

**New facility site visit: Initial site visit must occur within new site's first four weeks of CACFP operation**

**No more than 6 operational months may elapse between monitor review visits**

**Note: If a site does not operate year-round, reviews can be prorated**

# SITE MONITORING PRORATION TABLE

Site Operational Months	Number of Reviews	Number of Unannounced	Number of Meal Observations
1 - 3	1	1	1
4 - 9	2	1	1
10 - 12	3	2	2

## REVIEW AVERAGING OPTION EXPLAINED

- **Can average facility monitoring reviews**
- **Enables SO to monitor sites that need more assistance more often by visiting sites in good standing one less time**
- **Why use this option? Newer facilities or those with a history of operational problems can receive more support and oversight**
- **Must notify MDE you will use review averaging and how implemented**
- **Must conduct same total number of reviews a year**
- **Note: Each facility must still receive two unannounced reviews per year**

# SITE REVIEWS: MEAL OBSERVATIONS



- **Indicate meal observed**
- **Was meal served at specified mealtime?**
- **Record specific foods served, including milk variety served**
- **Were portions adequate?**
- **Did meal served match posted menu? Any substitutions noted?**
- **Record number of participants served in each class/room and program adults assisting/eating with participants**
- **Was POS meal attendance taken correctly?**
- **Include infant meal service, as applicable**

## VARIED TIMING OF UNANNOUNCED REVIEWS

- **Timing of reviews must be unpredictable to sponsored facilities**
- **Vary month, week, day, time of day meal observed**
- **Variance enables the sponsor to see how the facility operates daily, provide technical assistance, and initiate immediate corrective action**

# MDE SITE MONITORING TRACKING TOOL

AVAILABLE UPON REQUEST FROM YOUR ANALYST OR MAIN OFFICE

CAN USE YOUR OWN METHOD

Name - Permanent Agreement #																	
Child and Adult Care Food Program																	
Monitor Tracking Form for Sponsored Facilities Fiscal Year: 20xx																	
Center/Site Name	Last Monitoring Date from prior School Year/Fiscal Year OR if NEW and date added to CACFP*	Were there findings from previous review that require follow-up?	Is this a new site from previous year that requires a review in the first 4 weeks of operations?	Operating months of 4 months or less					Operating months between 5 to 9 months					Operating months of 10 to 12 months			
				1st Review Date (new site requires 1st month review)	Announced or Unannounced?	Meal/Snack to be Observed	Number of Months since the prior monitoring	Were there findings from this review that require follow-up?	2nd Review Date	Announced or Unannounced?	Meal/Snack to be Observed	Number of Months since the prior monitoring	Were there findings from this review that require follow-up?	3rd Review Date	Announced or Unannounced?	Meal/Snack to be Observed	Number of Months since the prior monitoring
Name of site and license # as listed in CACFP application		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		
Name of site and license #		Yes No	Yes No		AN UN			Yes No		AN UN			Yes No		AN UN		





### CACFP Monitoring Tracking Form

*This form is optional. Other tracking methods may be used if they clearly show all reviews are completed as required.*

**Pre-operational Visit:** New sites, sites in new locations, and sites that close for more than one month must receive a pre-op visit prior to program operation.

**Reviews:** Each site must receive a review at least 3 times per federal fiscal year.

- At least 2 reviews must be unannounced (no prior notification).
- At least 1 of the unannounced reviews must include a meal observation.
- No more than 6 months may elapse between reviews.
- The timing of reviews must vary so they are unpredictable to the sites (i.e., do not conduct reviews at different sites on the same day. Do not conduct reviews in the same months each year).

**New sites and sites in new locations must be reviewed within the first four weeks of program operation.** If serious deficiencies are identified, the next review of that site must be unannounced.

October 1, \_\_\_\_\_ – September 30, \_\_\_\_\_  
Year Year

Complete the table below for each site.

Site Number: \_\_\_\_\_ Site Name: \_\_\_\_\_

Pre-operational visit date (if applicable): \_\_\_\_\_

	Date Completed	Announced/ Unannounced (circle one)	Meal Observed (circle one)	Follow-up Needed (circle one)
Review 1		Announced / Unannounced	Brk AM Lunch PM Din Eve None	Yes No
Review 2		Announced / Unannounced	Brk AM Lunch PM Din Eve None	Yes No
Review 3		Announced / Unannounced	Brk AM Lunch PM Din Eve None	Yes No
Follow-up review		Announced / Unannounced	Brk AM Lunch PM Din Eve None	Yes No

# SECOND EXAMPLE MONITORING TRACKING FORM

# MDE SITE MONITORING FORM

- Contains the required review elements
- Be thorough
- Be concise
- Would someone be able to understand what occurred during the site visit by reading the form?
- Who is responsible for monitoring?
- Who is responsible for monitors?

Child and Adult Care Food Program Monitoring Review for Sponsored Facilities		MICHIGAN Department of Education			
<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced		Meal Observed:			
Approved Meal Service Times from NexSys Application:					
Breakfast		AM Snack	Lunch		
PM Snack		Supper	Evening Snack		
Sponsor Name and Agreement #:		Date:	Arrival Time:		
Facility Name and Address:		License or NexSys Site #:			
REVIEW AREAS					
Section 100. General Information		Yes	No	N/A	Comments
Licensing					
101	The facility's license is current.				License expiration date: _____
102	The facility is within its licensed capacity.				License capacity: _____
Program					
103	The facility offers drinking water to participants throughout the day.				
Section 200. Training		YES	NO	N/A	Comments
201	NEW FACILITIES/NEW STAFF: Staff have received training from the sponsor prior to CACFP operations/responsibilities.				
202	The facility conducted annual CACFP training for all key staff.				
203	Sponsor training documentation includes: <input type="checkbox"/> date(s) <input type="checkbox"/> location(s) <input type="checkbox"/> topics <input type="checkbox"/> names and/or signatures of participants				
Section 300. Civil Rights		YES	NO	N/A	Comments
301	The sponsor has ensured there is no separation by race, color, sex, age, disability or national origin in the classroom, eating areas, seating arrangements, program administration, or instructional records.				
302	Potentially eligible persons and households have an equal opportunity to participate in CACFP.				
303	The current USDA "And Justice for All" poster is displayed in a conspicuous location.				
304	The current USDA nondiscrimination statement is on all materials such as applications, pamphlets, forms or other program materials distributed to the public and on websites.				
305	Front-line facility staff have been trained on civil rights requirements and can verbalize action to take if a parent/guardian/participant desires to file a complaint against the food program.				

# DIFFERENT CACFP PROGRAM? DIFFERENT MONITORING FORM!

**For questions regarding the following forms, please contact your Program Analyst:**

- [Monitoring Form for Sponsors of Centers](#)

(Use this for the following program or when you have combination programming: Child Care - including GSRP and Head Start, Emergency Shelter, At-Risk Afterschool)

- [Monitoring Form for Sponsors of Centers with Adult Day Services](#)

(Use this form for the following program or when you have combination programming: Child Care - including GSRP and Head Start, Emergency Shelter, At-Risk Afterschool, Adult Day Services)

- [Monitoring Form for Sponsors of At-Risk Afterschool Programs \*\*ONLY\*\*](#)

(If you have a facility that operates both a childcare program and at-risk program at the same facility then you should **NOT** use this form)

- [Additional Room Worksheet for Meal Observation](#)

(Use this form if the site you are reviewing has additional rooms that need to be reviewed as part of your monitoring review)

- Monitoring Tracking Tool is available upon request. Contact: [MDE-CACFP@michigan.gov](mailto:MDE-CACFP@michigan.gov)

# SITE MONITORING CONTENT REQUIREMENTS

- **Licensing Information, if applicable**
- **Civil Rights requirements and staff training**
- **CACFP Training of staff and monitors**
- **Meal counts**
- **Daily attendance**
- **Menus**
- **Meal observation**
- **Enrollment forms and household income eligibility statements (as applicable to site/program)**
- **Correction of past findings, if applicable**
- **Complete the Five-day meal count reconciliation**

# EXAMPLE OF A SITE MONITORING FORM

Child and Adult Care Food Program Monitoring Review for Sponsored Facilities		MICHIGAN Department of Education			
<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced		Meal Observed: <u>Supper</u>			
Approved Meal Service Times from NexSys Application:					
Breakfast <u>8-8:30</u> AM Snack <u>10-10:30</u> Lunch <u>12-1:00</u> PM Snack <u>2-4:00</u> Supper <u>5-6:00</u> Evening Snack <u>N/A</u>					
Sponsor Name and Agreement #: <u>Sunshine Daycare LLC</u>		Date: <u>2/15/2024</u>	Arrival Time: <u>4:45 p.m.</u>		
Facility Name and Address: <u>ABC Childcare Centre 206 W. Allegan St. Lansing, MI 48809</u>		License or NexSys Site #: <u>#390106764</u>			
REVIEW AREAS					
Section 100. General Information		Yes	No	N/A	Comments
Licensing					
101	The facility's license is current.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	License expiration date: <u>2/28/25</u>
102	The facility is within its licensed capacity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	License capacity: <u>64</u>
Program					
103	The facility offers drinking water to participants throughout the day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>drinking fountains</u>
Section 200. Training		YES	NO	N/A	Comments
201	NEW FACILITIES/NEW STAFF: Staff have received training from the sponsor prior to CACFP operations/responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>-this is not a new site, a new site staff since last visit</u>
202	The facility conducted annual CACFP training for all key staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
203	Sponsor training documentation includes:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>-verified that every staff member has received training</u>
<input checked="" type="checkbox"/> date(s) <input checked="" type="checkbox"/> location(s) <input checked="" type="checkbox"/> topics <input checked="" type="checkbox"/> names and/or signatures of participants					
Section 300. Civil Rights		YES	NO	N/A	Comments
301	The sponsor has ensured there is no separation by race, color, sex, age, disability or national origin in the classroom, eating areas, seating arrangements, program administration, or instructional records.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
302	Potentially eligible persons and households have an equal opportunity to participate in CACFP.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303	The current USDA "And Justice for All" poster is displayed in a conspicuous location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>-posted in each classroom</u>
304	The current USDA nondiscrimination statement is on all materials such as applications, pamphlets, forms or other program materials distributed to the public and on websites.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
305	Front-line facility staff have been trained on civil rights requirements and can verbalize action to take if a parent/guardian/participant desires to file a complaint against the food program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>-verified, listed on CACFP training vlist</u>

- Fill out type of review
- Type of Meal Observed
- Fill out basic information including date and arrival time
- Section 100: General Information
- Section 200: Training
- Section 300: Civil Rights

# MONITORING FORM: SECTIONS 400 AND 500

Section 400. Records and Recordkeeping				YES	NO	N/A	Comments
401	A daily count is maintained for all meals served to adults who work in the program.				X		- adults are eating
402	The facility claims no more than 2 meals/1 snack or 1 meal/2 snacks per participant per day. (Does not apply to emergency shelters or at-risk programs)	X					
403	Emergency Shelters only: The shelter claims no more than 3 meals (breakfast, lunch, supper) or 2 meals/1 snack per participant per day.				X		
404	At-Risk Programs: The program claims no more than one snack and one meal per participant per day.				X		
405	Meals are only claimed for a participant within the CACFP age requirements: <input type="checkbox"/> 12 years old or younger in licensed childcare facilities <input type="checkbox"/> 15 years old or younger if the children are migrant <input type="checkbox"/> 18 years old or younger for At-Risk programs <input type="checkbox"/> No age restrictions for persons with mental or physical handicaps enrolled in a facility serving a majority of 18 years of age or younger.	X					
406	Facility daily attendance records are maintained.	X					- using Procare
407	Meal attendance is taken at the point of service.	X					
408	Meal attendance records are available and up to date.	X					
Section 500. Menus				Yes	No	N/A	Comments
Review the current menu and answer the following questions:							
501	Menu(s) meet program requirements and include: month, date and specific components.	X					
502	Menu(s) are available for meals claimed.						
502a	• Infants (0-5 months, 6-11 months)	X					
502b	• Children 1 year of age or older	X					
503	Nutritional labels and/or product formulation statements have been verified to support meal pattern requirements.	X					
504	There is a procedure in place for site staff to record menu substitutions. Provide simple explanation of procedure in the comments.	X					- documenting subs. on menu.
505	100% juice is limited to one meal/snack service per day, even when serving different participants.	X					
506	At least one serving of grains per day is whole grain or whole grain-rich.	X					
507	Grain based desserts are not served as creditable components at meals/snacks.			X			- we chocolate muffin served w/ pm snack today + last Tues. 3/2
508	A meat/meat alternate was not served more than 3x weekly to replace the entire grain component at breakfast.	X					
509	Yogurt contains no more than 23 grams of sugar per 6 ounces.				X		- yogurt is not served
510	Breakfast cereals contain no more than 6 grams of sugar per dry ounce.	X					
511	At lunch and supper at least 1 vegetable and 1 fruit or 2 vegetables are served.	X					
512	Unflavored whole milk is served to children ages 1-2 years old.	X					
513	Unflavored low-fat milk is served to children ages 2-5 years old.	X					
514	CACFP Request for Special Dietary Needs Accommodations forms are available to participants with medical or other special dietary needs.	X					- verified 2 participants
515	CACFP Request for Special Dietary Needs Accommodations forms are available to participants receiving nutritionally equivalent milk substitutions.				X		
516	The facility offers formula and developmentally appropriate foods to infants.	X					
517	An Infant Formula/Food Sign-off form is on file for each child when the parent provides formula, breast milk or infant foods.	X					- All 8 infants have forms on file

- 400: Records and Recordkeeping
- 500: Menus
- Comments should provide further information to supplement Y, N or N/A answer



# SITE MONITORING: SECTION 600

- Section 600: Meal Observation
  - Be specific – list exactly what was served
  - Comments should explain answers further than Yes, No or Not Applicable (N/A)
  - Ensure that all fields are answered

Section 600. Meal Observation					
Check meal observed:		<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input checked="" type="checkbox"/> Supper	<input type="checkbox"/> Snack _____ (specify)
<b>601</b> 1 to 18 Year Olds		<b>602</b> Infants			
Required Components	Specific Food Items	Required Components	0-5 months specific food items	6-11 months specific food items	
Milk (specify: Milk % and flavor)	1% white	Iron-fortified formula/Breast Milk	X	X	
Meat/Meat Alternate	hamburger patty	*Iron-fortified Infant Cereal or Meat/Meat Alternate		IF formula + ground hamburger X OR beans X apple sauce X	
Vegetable	green beans	*Vegetable/Fruit		Iron Fortified Cereal X	
Fruit or 2 <sup>nd</sup> Vegetable (lunch and supper only)	apple slices	*Grain		N/A	
Grain	WG hamburger bun	Other			
Other	ketchup, mustard	*Items required as developmentally appropriate			

Record the number of participants observed at meal service:					Comments
Room	1	2	3		
Participants	8	4	6		
Program Adults	2	1	1		
Point of Service	X	X	X		
Milk Variety-%	O.K.	O.K.	O.K.		

\*If there are more than 8 classrooms complete the Additional Classroom Worksheet

Section 600. Meal Observation (continued)				Comments
	YES	NO	N/A	
Based on the meal(s)/snack(s) observed:				
603	Minimum portion served met meal/snack requirements for age groups. If no, the meal/snack cannot be claimed.	X		
604	Procedures are in place to ensure minimum portions are served. Please explain in comments. Ex. measuring cups, single serve portions, production records, etc.	X		List procedure(s) used at site to ensure minimum portions are served: using measuring cups + spoons
605	Meal/snack served met the appropriate meal pattern for food components and for age served. If no, the meal cannot be claimed.	X		
606	Meal/snack served was the same as indicated on posted menu for the day.		X	
606b	If no, the change was documented.	X		→ substituted (chicken patty) documented on menu.
607	The meal/snack served is within the approved meal service times approved in the NexSys application.	X		
608	Meal attendance was taken at the point of service during meal observed. If no, the meal cannot be claimed.	X		
609	Was the appropriate variety of milk served to each age group?			
	• Birth to age 1: formula or breast milk	X		
	• Children age 1-2: Unflavored whole milk	X		
	• Children 2-5: Unflavored 1%, ½%, or fat free (skim)	X		
	• Children 6 and older: Unflavored or flavored 1%, ½% or fat free (skim)	X		
610	At-Risk After School programs: Offer vs. serve option used correctly. (At-Risk and Adult Day Service Programs Only)			X

### Additional Room Worksheet for Meal Observation

\*Use this form if the meal you are observing has additional classrooms receiving meal service

Sponsoring Organization Name:						Agreement #:		
Facility Name:						License #:		
Record the number of participants observed during the meal service:								
Room								Comments
Participants								
Program Adults								
Point of Service								
Milk Variety Served								

Record the number of participants observed during the meal service:								
Room								Comments
Participants								
Program Adults								
Point of Service								
Milk Variety Served								

Summary:

# MEAL OBSERVATION WORKSHEET FORM



# SITE MONITORING: SECTIONS 700-900

- Section 700: Health and Safety
  - Note any imminent threats
  - If yes, provide input on steps taken to address!
  - Best practice: know who and when to call!
- Section 800: Enrollment
- Section 900: Meal Count Reconciliation
  - Complete this section after the appropriate 5-day Reconciliation Form
  - Discuss any discrepancies
  - More in later slide

Section 700. Health and Safety		YES	NO	N/A	Comments
701	Were imminent threats to the health and safety of participants observed? If a threat was observed, describe in comments. Immediately notify the appropriate state or local licensing and health authorities and take action that is consistent with the recommendations and requirements of those authorities. Attach documentation of the agency contacted and the date of contact.		X		
Section 800. Enrollment (Not applicable for At-Risk programs and emergency shelters)		YES	NO	N/A	Comments
<b>If not applicable, check N/A and skip this section</b>					
801	Current enrollment documentation is on file for each participant.		X		—missing enrollment forms for 2 participants: Billy Smith + Mary Hill
802	Enrollment forms are updated annually.	X			
803	Enrollment forms contain: <ul style="list-style-type: none"> <li>• Participant Name</li> <li>• Dated participant, parent, or legal guardian's signature</li> <li>• Normal days and hours in care</li> <li>• Meals normally received while in care</li> </ul> Explain in comments if a form requirement is missing.	X			X poster pamphlet letter other:
804	Are enrolled participants informed of WIC benefits? If yes, provide how they are informed in the comments section.	X			
805	The Parent Information Sheet is distributed to enrolled participants.	X			on parent board
Section 900. Meal Count Reconciliation		YES	NO	N/A	Comments
Select which Five-Day was completed for this monitoring review: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete the <b>Five-Day Aggregate Reconciliation</b> form to determine whether the reported meal counts are consistent with daily attendance and enrollment for all meal types for the selected five-day operating period. <b>**Pick either the 5 previous days of consecutive food service from the monitoring review or 5 consecutive days from the previous month**</b></li> <li><input checked="" type="checkbox"/> Complete the <b>Five-Day Meal Count Reconciliation-Attachment A</b> form if meal counts cannot be reconciled with enrollment or attendance data easily (too many classrooms at the facility) OR there are unexplained discrepancies. Select a random sample of at least 10% of the total enrollment, with a minimum of five participants to reconcile. This alternate reconciliation can only be done if there are enrollment documents and the meal attendance is taken by participant name. <b>**Pick either the 5 previous days of consecutive food service from the monitoring review or 5 consecutive days from the previous month**</b></li> </ul>					
Total enrollment: <u>45</u> 10% or 5, whichever is greater: <u>4.5 (5)</u>					
If enrollment is higher than 70 participants, the Five-Day Meal Count Reconciliation-Attachment A, found on the CACFP website must be used, instead of the Attachment A below. This has additional participant name fields that would be required to be completed.					
901	Do enrollment, daily center attendance, and meal attendance reconcile? If there are discrepancies between the number of participants present and the number of participants claimed, explain.		X		—missing 2 enrollment forms
902	Compare the number of participants present during the meal observation to the number of meals claimed during the five days in the reconciliation. Do the numbers compare? If not, is there a reasonable explanation?	X			—used the 5-Day Aggregate Recon.
<b>**A completed 5-Day Meal Count Reconciliation (Aggregate and/or Attachment A) is required at each site monitoring review**</b>					

THREE CRITICAL  
ELEMENTS:  
ATTENDANCE,  
ENROLLMENT, AND  
MEAL COUNTS

# 5-DAY RECONCILIATION PROCESS

## 5 DAY RECONCILIATION: TWO OPTIONS AVAILABLE

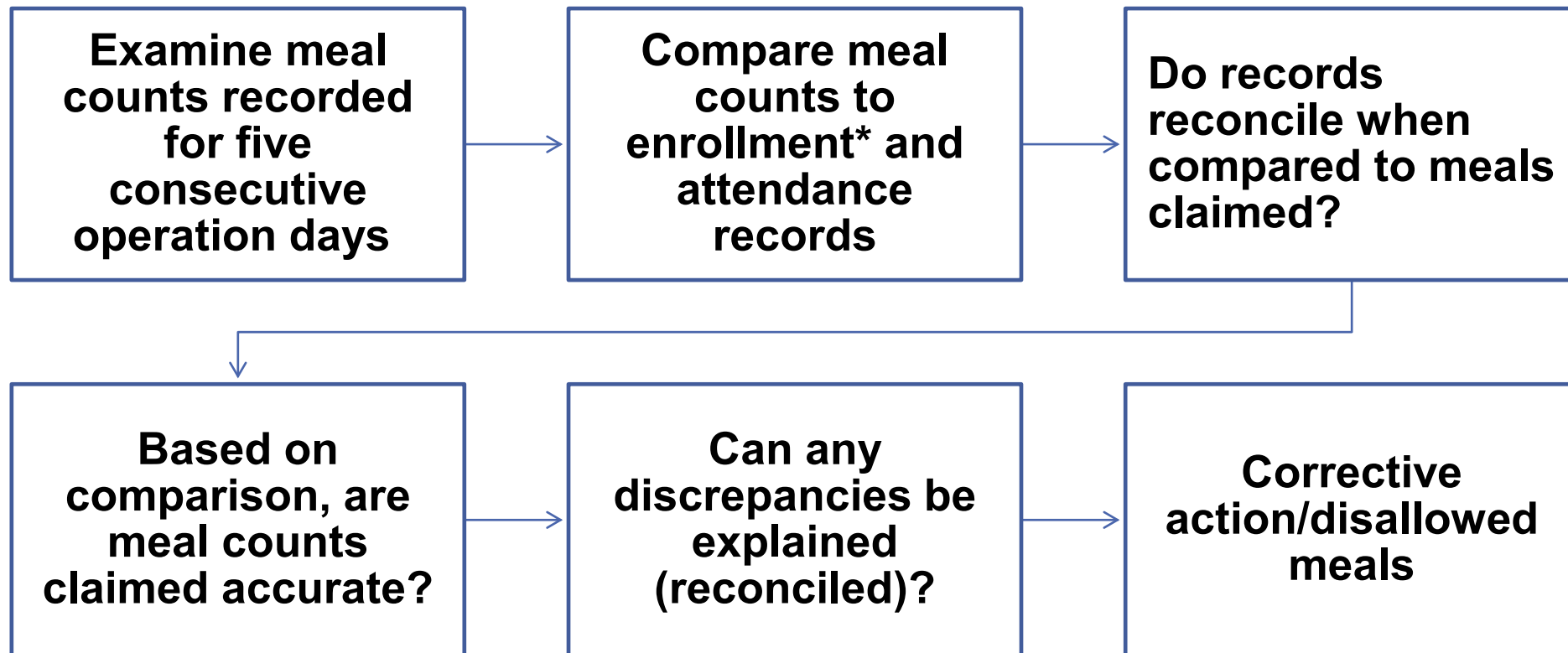
### **Participant Name (Attachment A)**

- **Meal counts, enrollment records and program attendance reconciled**
- **Completed by participant full name**
- **Random sample of at least 10% of facility's enrollment or minimum of 5 participants**
- **Best option for multiple classrooms at one site**

### **By Aggregate Count**

- **Meal counts reconciled to program attendance records**
- **Used for At-risk Afterschool programs and Emergency Shelters**
- **Can be used for centers (at discretion of monitor if in good standing previously)**
- **Participant names not required**
- **If discrepancies are noted between attendance, and meals, complete Attachment A (only for enrolled programs)**

# WHAT IS THE 5-DAY RECONCILIATION PROCESS?



# FIVE CONSECUTIVE OPERATING DAYS

**How are the five consecutive days determined?**

- **Select 5 consecutive operating days**
- **Include weekends and holidays if site open**
- **May have to go back to previous weeks to obtain 5 days of food service operation**

# OPTION ONE: 5 DAY AGGREGATE FORM

- Use: non-enrolled and enrolled programs
- Enter in information for current day
- Compare meal counts (MC) for current day
- Review the 5 previous consecutive days that food was served
- Do not include the day of the current site visit in the reconciliation
- List total number of children in attendance
- List meal attendance for meal type
- Note any discrepancies noted between today and prior days
- Complete attachment A if any unreconciled discrepancies

**Five-Day Aggregate Meal Count Reconciliation**

**Instructions:**  
Complete each field in chart below. The site's total enrollment includes all participants who have documentation of enrollment at the site and have attended at least once during the current month.

The monitor will complete the fields for the meal viewed on the day of the monitoring review. If no meal is observed during the monitoring review, complete the fields with the meal served closest to the time of review. To complete the five-day reconciliation chart, review the previous 5 consecutive days of programming where food service was provided (DO NOT include the day of the monitoring review). List the total number of children in attendance (daily/program) under # of participants in attendance, and the total number of children marked for a specific meal under each meal count (MC).

Note whether there are discrepancies and provide detail in Section 900 of the review form. If discrepancies are identified and there are not verifiable explanations, a Five-Day Reconciliation (Attachment A) MUST be completed.

Sponsor Name: Sunshine Daycare LLC Agreement #: 990000123  
 Provider Name: ABC Childcare Center License #: DC123456789 License Capacity: 64

Site's Total Enrollment: 45 Observed Meal Date: 2/15/24 Observed Meal Type: Supper Attendance: 18 Monitor MC: 18 Site MC: 18

Date	# of participants in attendance	Breakfast MC	A.M. Snack MC	Lunch MC	P.M. Snack MC	Supper MC	Evening Snack MC	Discrepancies
2/14/24	16					16		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2/13/24	12					12		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2/12/24	13					13		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2/11/24	16					16		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2/8/24	15					15		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Discrepancies/Disallowances:  
∅ —

Check the box if a five-day meal count reconciliation (Attachment A), by participant name, was completed as a result of discrepancies found by the aggregate reconciliation.

Rev. 3/2023

Current Day

Prior

Discuss

**Five-Day Meal Count Reconciliation-Attachment A**

Page 1 of 1

Today's Date: 2/15/24      Date: 2/14/24      Day of Week: Thurs.  
 Sponsor: Sunshine D.C. LLC  
 Provider's Name: ABC childcare  
 License #: DC123456789

Complete Page Number.  
 Complete today's date, sponsor name, provider name and license number.  
 Insert the days of the week and corresponding dates chosen for the five-day reconciliation (day of monitoring review cannot be included).  
 Insert each participant's name from the meal attendance.  
 Mark the meal types recorded for each participant from the meal attendance records for the five-day reconciliation period.  
 Check if participant was in attendance for those five days. List from daily attendance records the participant's time in and time out. This would include if the participant left and came back (ex. school, doctor appt.).  
 Using each participant's enrollment form, compare the days, the meals, and the times the parent/guardian indicated the participant would participate with their meal attendance records to see if they match for the five-day reconciliation.

Participant Name	Day	Meal Attendance					Daily Attendance				Enrollment Form			
		Breakfast	All Snacks	Lunch	PM Snack	Supper	In attendance?	Time in and out		Does form match attendance?				
						Yes	No	In	Out	In	Out	Day	Meal	Time
Billy Smith	Day 1	X	X	X	X	X		8:05			4:15			
	Day 2	X	X	X	X	X	X	8:03			4:18			
	Day 3	X	X	X	X	X	X	8:02			1:57			
	Day 4						X							
	Day 5	X	X	X	X	X	X	8:00			4:25			
James Fox	Day 1	X	X	X	X	X	X	8:05			5:30	X	X	X
	Day 2	X	X	X	X	X	X	8:02			5:40	X	X	X
	Day 3	X	X	X	X	X	X	8:02			5:25	X	X	X
	Day 4	X	X	X	X	X	X	8:10			5:32	X	X	X
	Day 5	X	X	X	X	X	X	8:09			5:46	X	X	X
Doug Curtis	Day 1	X	X	X	X	X	X	8:00			1:45	X	X	X
	Day 2	X	X	X	X	X	X	8:02			1:40	X	X	X
	Day 3	X	X	X	X	X	X	8:00			1:42	X	X	X
	Day 4	X	X	X	X	X	X	7:55			1:45	X	X	X
	Day 5	X	X	X	X	X	X	8:01			1:46	X	X	X
Julie Miller	Day 1	X	X	X	X	X	X	7:25			1:40	X	X	X
	Day 2	X	X	X	X	X	X	7:20			1:35	X	X	X
	Day 3	X	X	X	X	X	X					X	X	X
	Day 4	X	X	X	X	X	X					X	X	X
	Day 5	X	X	X	X	X	X					X	X	X
Mary Hill	Day 1						X							
	Day 2						X							
	Day 3	X	X	X	X	X	X	7:05			2:00			
	Day 4	X	X	X	X	X	X							
	Day 5	X	X	X	X	X	X	7:25			3:30			

(Rev. 3/2023)

## OPTION 2: ATTACHMENT A FORM

- Used for enrolled programs and when discrepancies found on aggregate form
- Provides more detail for discrepancies
- Previous 5 days with food service
- By participant:
  - Meal attendance
  - Daily attendance
  - Enrollment Form
- How do prior days compare to today's center and meal attendance numbers?



# SECTION 1000: PREVIOUS REVIEWS FINDING AND SUMMARY OF FINDINGS PAGE

Section 1000. Previous Reviews and Findings		YES	NO	N/A
1001	There were findings from previous review. If yes, list:		<input checked="" type="checkbox"/>	
Previous findings: <i>0 previous findings</i>				
1002	Finding from previous review were corrected.		<input checked="" type="checkbox"/>	
1003	Has there been a change to the facility's administrative staff?	<input checked="" type="checkbox"/>		
Summarize all findings and recommendations for corrective action: <i>501 - Grain based desserts are being served - pm snack 2/12/24 + 2/15/24. These snacks are not eligible for reimbursement. These days were crossed off the PDS meal attendance list + also on the menu. Technical assistance was provided regarding grain based desserts.</i> <i>801 - Missing 2 participant enrollment forms, (Billy Smith + Mary Hill). Corrective Action Required: obtain enrollment forms + send copies to the main office. Recommend having a policy in place for newly enrolled participants, all paperwork must be in place prior to the child starting.</i>				
*Attach any documentation/procedures put in place to correct findings.				
<input type="checkbox"/> No Finding(s) <input checked="" type="checkbox"/> Technical Assistance provided to staff <input checked="" type="checkbox"/> Corrective action by site is required				
Monitor Signature: <i>[Signature]</i>		Date: <i>2/15/24</i>		
Site Representative Signature: <i>[Signature]</i>		Departure Time: <i>5:45 pm</i>		
Monitoring Review form has been checked for completeness by: <i>Suzie Spelman</i>		Date: <i>2-26-24</i>		

- Note previous findings from prior review
- Were prior findings corrected?
- Has there been a change to administrative staff?
- Summary of Findings and Recommendations for Corrective Action:
  - Reference form question that finding pertains to
  - Write suggested corrective action for each finding under that finding
- Note any technical assistance provided
- Note due date of corrective action
- Obtain signatures, date, time completed



## SITE NON-COMPLIANCE: FOLLOW-UP METHODS

**When non-compliance is noted during a site review or a site's claim raises concern about non-compliance, the SO must conduct a follow-up visit to investigate and resolve the issue.**

**Follow up methods may include the following:**

- **Conducting an unannounced follow up review to that site**
- **In-depth review of claim data for prior months**
- **Conduct household contacts\* to verify participant attendance**

# SITE MONITORING: BEST PRACTICES

- ✓ **Maintain the Sponsor Site Monitoring Tracking Tool throughout the year**
- ✓ **Complete ALL reviews UNANNOUNCED**
- ✓ **Complete a meal observation at EVERY monitoring review**
- ✓ **Review the previous monitoring review prior to your next site review**
- ✓ **Put notes in the comments sections of the review form or mark n/a.**
- ✓ **Be thorough!**
- ✓ **Have a second person check site reviews for completeness**

## Child and Adult Care Food Program (CACFP)

[CACFP: An Introduction to Procurement](#)

[CACFP: Creditable Menus](#)

[CACFP: Feeding Infants](#)

[CACFP: Recordkeeping for Sponsoring Organizations](#)

[CACFP: Recordkeeping for Sponsoring Organizations \(REFERENCE ONLY\)](#)

[CACFP: Recordkeeping for Independent Centers](#)

[CACFP: Recordkeeping for Independent Centers \(REFERENCE ONLY\)](#)

[CACFP: Sponsoring Organizations Oversight and Site Monitoring Responsibilities](#)

More CACFP Trainings: [CACFP Trainings](#)

[CNP: CNP Count Mobile Application](#)

[CNP: 10 Cents a Meal for Michigan's Kids & Farms](#)

[CNP: Preschool Meal Pattern](#)

[CNP: Product Labels](#)

[CNP: Special Dietary Needs - Part 1 of 2](#)

[CNP: Special Dietary Needs - Part 2 of 2](#)

[CNP: Standardized Recipes](#)

## CACFP ONLINE TRAINING MODULES: SPONSORING ORGANIZATIONS

[www.Michigan.gov/cacfp](http://www.Michigan.gov/cacfp)  
Training Button

- No code required!
- Certificate provided!

# USDA CORE TRAINING

- USDA developed specifically for SO and State Agencies
- Free to register!
- Online on your own time
- Modules include:
  - Monitoring and oversight,
  - Budget
  - Financial viability
  - Internal controls
  - Serious Deficiency
  - Corrective action
  - And more!



This module will review the CACFP monitoring requirements and oversight activities for sponsoring organizations. Participants will learn about the required CACFP monitoring review elements, various review instruments and discuss best practices for completing a comprehensive compliance review.

<https://www.core-cacfp.com>

## SITE MONITORING SUMMARY

- **Required to train monitors annually on monitoring requirements and the CACFP**
- **Track monitoring schedule for all sponsored sites**
- **Have a second set of eyes to ensure site review forms are complete**
- **Ensure that prior findings are fully and permanently corrected**
- **Keep site monitoring records with CACFP annual training documentation**





## WHY MONITOR YOUR OWN SITES? PROTECT YOUR REIMBURSEMENT!

- **Compliance to program standards**
- **Quality control**
- **Correct areas of noncompliance before MDE/USDA requires you to**
- **Keep your reimbursement**
- **IT'S REQUIRED!**



# TEST YOUR KNOWLEDGE - AGAIN!

## **Sponsoring Organizations must:**

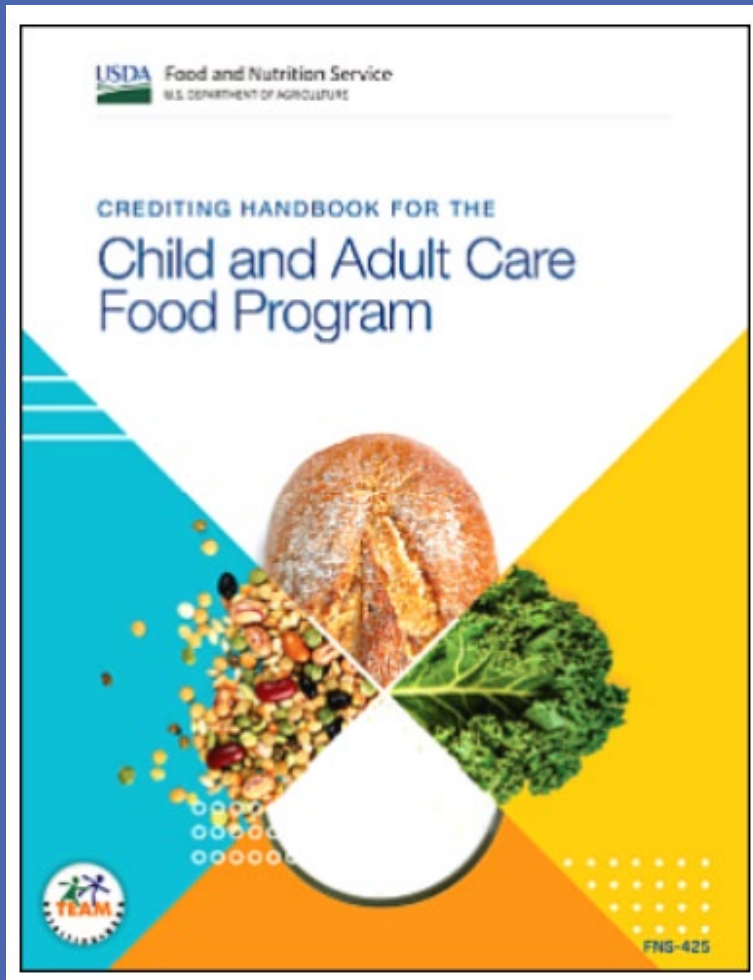
- A. Train monitors upon hire and annually thereafter**
- B. Ensure sponsored sites are following program regulations**
- C. Ensure sites are monitored the correct number of times per months of operation**
- D. Complete the 5-Day reconciliation as part of their monitoring visit**
- E. All of the above**



# GUIDANCE AND RESOURCES

- **Monitoring Requirements Memo -Reissued (michigan.gov)**
- **CACFP 10-2018: Conducting Five-Day Reconciliation in the Child and Adult Care Food Program, with Questions and Answers (michigan.gov)**
- **Memos for Independent Centers and Sponsor of Centers (michigan.gov)**
- **Family Day Care Home Sponsor Memos (michigan.gov)**
- **FDCH Sponsor Monitoring Handbook**
- **Serious Deficiency Suspension and Appeals Handbook (azureedge.us)**
- **Online Training – Core CACFP for Sponsoring Organizations**





# NOVEMBER THINKING THURSDAYS

- **November 21, 2024**
- **2 pm**
- **Topic: Meal Pattern Basics**
- **Registration Link:**  
[https://us06web.zoom.us/webinar/register/WN\\_u\\_G8gpFMSGWi\\_gLG1o7qnw](https://us06web.zoom.us/webinar/register/WN_u_G8gpFMSGWi_gLG1o7qnw)



**THANK YOU!**

**Any questions? Contact us!**

**Michigan Department of Education  
Child and Adult Care Food Program Staff  
P.O. Box 30008,  
Lansing, MI 48909  
Phone: 517-241-5353 Fax: 517-241-5376  
Email: [MDE-CACFP@michigan.gov](mailto:MDE-CACFP@michigan.gov)  
Child and Adult Care Food Program Website:  
[www.michigan.gov/cacfp](http://www.michigan.gov/cacfp)**

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- To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:
  1. **mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
  2. **fax:** (833) 256-1665 or (202) 690-7442; or
  3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)
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<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

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