

Understanding CACFP Monitoring Requirements and the Five-Day Reconciliation

September 9, 2025



Health and Nutrition Services
Arizona Department of Education



Today's webinar will be facilitated by Ashley Kennedy. Ashley is a trainer, and Health and Nutrition Services (HNS) Specialist at the Arizona Department of Education (ADE). She joined HNS in March of 2022.

Currently, Ashley conducts webinars and in-person trainings for nutrition professionals operating Child Nutrition Programs. She also helps lead upLIFT, an ADE nutrition initiative that provides professional development for school nutrition professionals to enhance their desired menus and serve nutritious meals.

A portrait of Ashley Kennedy, a woman with long, dark, wavy hair, smiling. She is wearing a blue button-down shirt. The background is a textured blue. A dark blue semi-transparent banner is at the bottom of the image.

Speaker



Disclaimer

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS). The content in this training is intended for multi-site institutions operating the Child and Adult Care Food Program (CACFP) in Arizona under the direction of ADE. Attendees are encouraged to contact their assigned HNS specialist for ongoing support and assistance with regulatory questions.

Intended Audience

This training is intended for **multi-site** institutions operating the **Child and Adult Care Food Program (CACFP)**.



This training is required for all multi-site organizations renewing participation in the CACFP in Program Year 2026.

Objectives

At the end of this training, attendees should be able to:

- identify what qualifies as a multi-site institution and successfully comply with monitoring requirements;
- locate online resources to efficiently administer and operate the CACFP at multiple sites; and,
- understand and be able to properly conduct a 5-day reconciliation.

TRAINING HOURS

Information to include when documenting this training for Continuing Education and Training Credit:

Training Title: Understanding CACFP Monitoring Requirements and the Five-Day Reconciliation

Hours of Instruction: 1.0 Hour - Administration

This training counts toward Empower Program training requirements. It is listed on the Arizona Early Childhood Workforce Registry. If you want this training to appear on your Registry transcript, please provide your ID in the completion survey.

Questions

Questions can be asked in the Q&A at any time during the webinar.

Questions will not be answered live but will instead be addressed in a follow-up communication to ensure all operators have access to the responses.

The chat function has been disabled for this webinar. Please input questions in the Q&A.



Use the Q&A to
ask a question.

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Section 2: Multi-Site Monitoring Requirements

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Key Terms

5-Day Reconciliation

Five-day reconciliation is a simple way for monitors to look for consistency and determine that meal counts and claims are reasonable.

Point of Service (POS) Meal Counts

“Point of Service” means “during the meal service.” POS Meal Counts are the number of meals served during the POS.

Attendance Records

The sign-in and sign-out sheets a parent or guardian completes daily at drop-off and pick-up of children in care.

Enrollment Form (Blue Card)

The emergency information form dated within the last 12 months that is required for each child in care.

Section 1

Defining a Multi-Site Institution



Multi-Site Institution

REQUIREMENTS FOR MULTI-SITE INSTITUTIONS

Multi-site operations must uphold/maintain the following:

- ✓ Monitoring Schedule
- ✓ 5-Day Reconciliation Process
- ✓ Monitoring Policy
- ✓ Recordkeeping Policy *outlining the location(s) where records are stored for each site*



Section 2

Multi-Site Monitoring Requirements



Monitoring Requirements

MONITORING SCHEDULE

Things to consider when developing a monitoring schedule:

- ✔ Must complete **three monitoring visits** per program year (*October 1 - September 30*) at each site.
 - *If a site participates under both At-Risk and the Summer Food Service Program (SFSP), only three total visits are required (ex., two visits at the At-Risk site and one visit at the SFSP site).*
- ✔ Two of the three visits must be unannounced (at least one must include a meal observation; however, best practice is to review meal service at all visits).
 - *If a serious deficiency is identified, the next visit must be unannounced.*



Schedule of Proposed Monitoring Visits for Sponsoring Organizations Operating the Child & Adult Care Food Program at Multiple Sites

Sponsor Name:				
If you have multiple sites or more than one center owned by a common person, you'll need to monitor those sites even if they are under different agreements with ADE.				
When determining the timing of your visits, please keep in mind sponsors must ensure that the timing of unannounced reviews is varied in a way that would ensure they are unpredictable to the facility. Sponsors must review each facility <u>three times each year</u> and				
(A) At least two of the three reviews must be unannounced;				
(B) At least one unannounced review must include observation of a meal service;				
(C) At least one review must be made during each new facility's first four weeks of Program operations; and				
(D) Not more than six months may elapse between reviews.				
		Proposed Monitoring Dates (Month/Year)		
Site/Center Name	Site Address	Visit 1	Visit 2	Visit 3

Updated: August 2023

This institution is an equal opportunity provider.

Monitoring Visit Schedule Template

*Required upload for multi-site institutions
in the CNP Management Plan.*

Monitoring Requirements

ADDING A NEW SITE

When adding a new site, a pre-approval visit must be conducted to ensure the site can adequately operate CACFP.

- A 5-day reconciliation is not required at this visit.

New sites are required to conduct at least one site visit during the first four weeks of Program operations to correct any findings identified during the pre-approval.

- Must conduct a 5-day reconciliation.



Date of Visit:
Date of Previous Visit:

Monitoring Visit Form

Sponsoring Organization Name/Address:		Site Name/Address:		
CTD#:	Site Telephone #:			
Monitor Name:	Job Title:			
Person Interviewed at Site:	Job Title:			
Type of Monitoring Visit				
Multi-Site Sponsors are required to conduct at least three visits every year at each site, with no more than six months elapsing between monitoring visits. At least two of the three visits must be unannounced and one of the unannounced visits must include a meal observation.				
☐ Announced ☐ Unannounced ☐ Pre-approval/New Site ☐ First Week/28-day/Initial Review				
☐ First Visit ☐ Second Visit ☐ Third Visit ☐ Fourth Visit (if using averaging)				
Required Postings				
☐ Facility License Capacity: _____ Exp: _____	☐ Current WIC Information N/A for at-risk, emergency shelters & adult day centers	☐ Building for the Future with Current CACFP Official Contact Information	☐ And Justice for All Must be 11X17 Inches	
		☐ Menu Exp: _____ ☐ N/A	☐ Kitchen Permit	
Enrollment				
Emergency Shelters: Is a list of participants maintained and does it contain the name, date of birth, and dates of residency confirming free eligibility?		Yes	No	N/A
Head Starts: Is a list of participants maintained to confirm free eligibility, based on Head Start or Early Head Start qualifications and does it contain a Head Start official's signature?				
Centers: Based on 10% of enrolled participants, are income applications complete and current for participants claimed in the Free or Reduced-Price categories?				
Centers: Are participants without income eligibility forms or with incomplete income eligibility forms on the paid roster?				
Centers and Head Starts: Based on 10% of enrolled participants, are enrollment forms on file updated at least annually?				
Observed Meal Service				
Meal Observed: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack				
Meal Service Start Time: _____		End Time: _____		
Does the time of the meal or snack correspond with the approved mealtime listed on the CACFP Site Application? ☐ Yes ☐ No				
If observing lunch or supper, is the institution following at least one of the family style meal DHS requirements? ☐ Yes ☐ No ☐ N/A				
If yes, which one(s)? ☐ Food served from a serving container on table ☐ Children serve themselves or with help of a staff member				
☐ Children pass serving containers ☐ Staff member sits and eats lunch and/or dinner with the children				
Food Items Served to Participants				
	12-23 Months	24 Months and Up	Posted Menu	
Milk (Indicate Type)				
Meat/Meat Alternate				
Grain				
Vegetable				
Fruit/Vegetable				
Extras(s)				

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Monitoring Visit Form

Monitoring Requirements

TIMING OF MONITORING VISITS

When planning the schedule for the three monitoring visits throughout the program year, keep these two important points in mind:

- No more than six months should pass between visits.
- Visits need to be diverse and unexpected.



Quiz Time

A third and final monitoring visit for the previous Program Year took place in April. We are planning to conduct visits for the current Program Year in December, April, and July. Is this permissible?

A Yes

B No



Quiz Time

A third and final monitoring visit for the previous Program Year took place in April. We are planning to conduct visits for the current Program Year in December, April, and July. Is this permissible?

A Yes

B No

No, this would not be permissible. No more than six months should pass between visits. A total of eight months will have passed from April of last year to December of this year. To stay within six months of the April visit, an initial visit during this program year must take place in October.



Quiz Time

A final monitoring visit for the previous Program Year was conducted in August. We are scheduled to carry out visits for the current Program Year in October, January, and March. Is this allowed?

A Yes

B No



Quiz Time

A final monitoring visit for the previous Program Year was conducted in August. We are scheduled to carry out visits for the current Program Year in October, January, and March. Is this allowed?

A Yes

B No

No. Over six months will elapse between the last visit in March and the earliest possible visit in October of the following Program Year. Shifting the March visit to May will allow visits in both October and November and remain in compliance.



Quiz Time

I regularly carry out my monitoring visits every four months; does this keep me in compliance?

A Yes

B No



Quiz Time

I regularly carry out my monitoring visits every four months; does this keep me in compliance?

A Yes

B No

No. Visits need to be diverse and unexpected. The schedule lacks variety and is overly predictable.



Monitoring Policy

UNANNOUNCED REVIEW

Your unannounced review policy, which provides written notification to all your sites, informs site staff of the right for you, ADE, USDA, and other officials to conduct announced or unannounced reviews. It will also state that reviewers must show photo ID.

ADE has made this notification easy for you by providing a Sample Unannounced review policy for you to customize, but you may write your own as long as it contains the required language outlined in the template.



Unannounced Review Policy

Date

Sponsor Name
Address 1
Address 2
City, State, Zip Code

RE: CACFP Site Monitoring – Unannounced Reviews

Attention All Staff,

The sponsoring organization, the Arizona Department of Education (ADE), the United States Department of Agriculture (USDA), and other State and Federal officials have the right to make announced or unannounced reviews during normal business hours. Anyone making such reviews must show a photo ID that demonstrates that they are employees of one of these agencies.

ADE is required to conduct a percentage of unannounced reviews. Federal regulations do not require advance notification. The Sponsor, _____, is required to conduct at least three visits every year at each site, with not more than six months elapsing between monitoring visits. At least two of the three visits must be unannounced and one of the unannounced visits must include a meal observation. It is best practice to observe a meal during each review. CACFP's Monitor Evaluation Form must be used.

As a reminder, please retain the following additional items onsite in your CACFP files:

Current FY completed income affidavits	Production Worksheets
Attendance Records - Claiming Rosters & Sign In/Out Sheets	Detailed job descriptions for employees with CACFP duties
Title XX attendance/billing records	Policies for collection/maintenance of CACFP records
Food Service Cost Reports (starting with 1st claim month)	Annual Civil Rights Training Records
Monthly Expense Worksheet (starting with 1st claim month)	Procedures for Complaints of Discrimination
Time Distribution Reports	Administrative Review Procedures
Point of Service Meal Count Sheets	Computer Generated Meal Count Reports
Meal Count Summary Sheets	Monitoring Records, 5-day reconciliations
Daily Meal Production Record for Infants	Training Records for Annual CACFP Staff Training
Infant Feeding Preference Form	Policies on block claiming and household parental contacts
Menus - CN labels, product analysis, medical statements	Permanent Agreement signed by ADE

Thank you,
Name
Title
Phone
Email

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Monitoring Requirements

MONITOR: SITE RATIO

- ✓ At least one full-time equivalent position dedicated to monitoring for every 25-150 facilities.

MONITOR: EXPECTATIONS

- ✓ Examine files prior to visit to ensure corrective action has been effectively recorded.
- ✓ Conduct visit.
- ✓ Compile report.
- ✓ Offer technical assistance.
- ✓ Assess and follow-up on any assigned corrective action.



Monitoring Requirements

WHO SHOULD CONDUCT MONITORING VISITS?

- ✔ Someone not involved in the daily operations of the CACFP.
 - *If you manage only 2-3 sites, you may opt to conduct visits yourself.*
- ✔ Directors from each site perform visits at one of the other locations.
- ✔ Large organization: dedicate an individual to CACFP compliance, including monitoring.

Regardless of who conducts the monitoring, it's essential to identify a backup person who can step in to complete visits if the primary monitor is unable to do so as scheduled.



The 5-Day Reconciliation

SECTION 3



5-Day Reconciliation

WHY CONDUCT RECONCILIATION?

Reviews and monitoring visits must include a comparison of three critical elements – enrollment, attendance, and meal counts – for a five-day period.

- ✔ Simple way for monitors to look for consistency and determine that meal counts and claims are reasonable.
- ✔ Attendance → Edit Check for Meal Counts
Were the same (or more) participants served a meal signed in?
- ✔ Enrollment → Edit Check for Attendance
Were the same (or more) participants who were signed in enrolled at the center?



5-Day Reconciliation

MAKING THE COMPARISON

To provide basic assurance of the integrity of claims for reimbursement, sponsors have long been required to compare information contained on enrollment documents with data on attendance and meal counts:

- ✔ Are enrollment and attendance records current and accurate?
- ✔ Are meal counts consistent with attendance for all meals?
- ✔ Does attendance ever exceed enrollment?

Consistent Data:	Likely that the day care home or sponsored center is keeping accurate enrollment and attendance records and the number of meals served each day is correctly reported.
Inconsistent Data: <i>(data show unusual patterns or inconsistencies)</i>	The monitor must try to determine the reasons for the discrepancies and take additional steps to decide corrective action and whether any meals should be disallowed or an overclaim should be established.

5-Day Reconciliation

REVIEW STEPS

The monitor’s task is to determine whether the meal counts are consistent when compared to the attendance for all meal types for the selected five-day period.

For all reviews, monitors choose five consecutive operating days from the meal count record, usually from the current or previous month, or some combination of days from the current and previous months if the review is conducted early in a month.

In Arizona, for all site types except for at-risk programs, you may conduct a 10% sample of the total enrolled participants. It's essential to select participants from each room to ensure that all teachers accurately record meal counts only when participants are present.



Date of Visit: _____
Date of Previous Visit: _____

Monitoring Visit Form

Sponsoring Organization Name/Address:		Site Name/Address:									
CTD#:		Site Telephone #:									
Monitor Name:		Job Title:									
Person Interviewed at Site:		Job Title:									
Type of Monitoring Visit											
Multi-Site Sponsors are required to conduct at least three visits every year at each site, with no more than six months elapsing between monitoring visits. At least two of the three visits must be unannounced and one of the unannounced visits must include a meal observation.											
☐ Announced ☐ Unannounced ☐ Pre-approval/New Site ☐ First Week/28-day/Initial Review											
☐ First Visit ☐ Second Visit ☐ Third Visit ☐ Fourth Visit (if using averaging)											
Required Postings											
☐ Facility License Capacity: _____ Exp: _____	☐ Current WIC Information N/A for at-risk, emergency shelters & adult day centers	☐ Building for the Future with Current CACFP Official Contact Information	☐ And Justice for All Must be 11X17 inches ☐ Menu ☐ Kitchen Permit Exp: _____ ☐ N/A								
Enrollment											
Emergency Shelters: Is a list of participants maintained and does it contain the name, date of birth, and dates of residency confirming free eligibility?											
Head Starts: Is a list of participants maintained to confirm free eligibility, based on Head Start or Early Head Start qualifications and does it contain a Head Start official's signature?											
Centers: Based on 10% of enrolled participants, are income applications complete and current for participants claimed in the Free or Reduced-Price categories?											
Centers: Are participants without income eligibility forms or with incomplete income eligibility forms on the paid roster?											
Centers and Head Starts: Based on 10% of enrolled participants, are enrollment forms on file updated at least annually?											
Observed Meal Service											
5-Day Reconciliation											
Instructions: To conduct a 5-day reconciliation, you will compare meal counts to attendance to verify are meals are only being claimed for based on 10% of total enrolled participants.											
1. Collect Point of Service Meal Count Sheets for five consecutive operating days during the current month.											
2. Select 10% of total enrolled participants from varying classrooms (i.e. 100 total enrolled, 10% of 100 is 10, select 10 participants).											
3. Collect sign-in and out sheets for the selected participants.											
4. Input the dates being evaluated and approved meal service times in the chart below.											
5. Then, based on participants selected, complete the chart by inputting the total number of participants claimed, or marked on the POS meal count sheet, and the total number of participants signed-in during the approved meal service times each day.											
Meals should only be claimed for participants that were present during the approved meal time. Meals should not be claimed if the participant was not signed in during or was signed out less than 10 minutes after the approved meal service start time.											
Total Enrolled (based on most recent site claim):		10% of Total Enrolled:									
Approved Meal Service Time	Meal	1 Day Before		2 Days Before		3 Days Before		4 Days Before		5 Days Before	
		Date:	Date:	Date:	Date:	Date:	Date:				
		Claimed	Signed-In	Claimed	Signed-In	Claimed	Signed-In	Claimed	Signed-In	Claimed	Signed-In
October 2023	Breakfast										
	AM Snack										
	Lunch										
	PM Snack										
	Dinner										
	Eve Snack										
Are there any discrepancies between the numbers claimed and the numbers in attendance? ☐ Yes ☐ No											
If yes, assess sign-in/out and point of service meal count processes. Assign corrective action to resolve the issue.											

Monitoring Visit Form

At-Risk Monitoring Form

5-Day Reconciliation

QUICK NOTE ABOUT AT-RISK SITES

At-risk afterschool meals are typically tracked using a daily meal count sheet whenever a participant takes a reimbursable meal. However, since these counts are not always recorded by individual participants, it becomes challenging to correlate specific counts with participant attendance.

In this scenario, examining just 10% of the data would not provide sufficient insight to identify any issues.

5-Day Reconciliation

GETTING STARTED

- 1

Choose five consecutive days prior to the day of review from the meal count record, including week-ends and holidays, when the facility was open and serving meals.
- 2

Gather records of:

 - Meal counts for this period,
 - Current enrollment forms, and
 - Number of children or adult participants in attendance during this period.
- 3

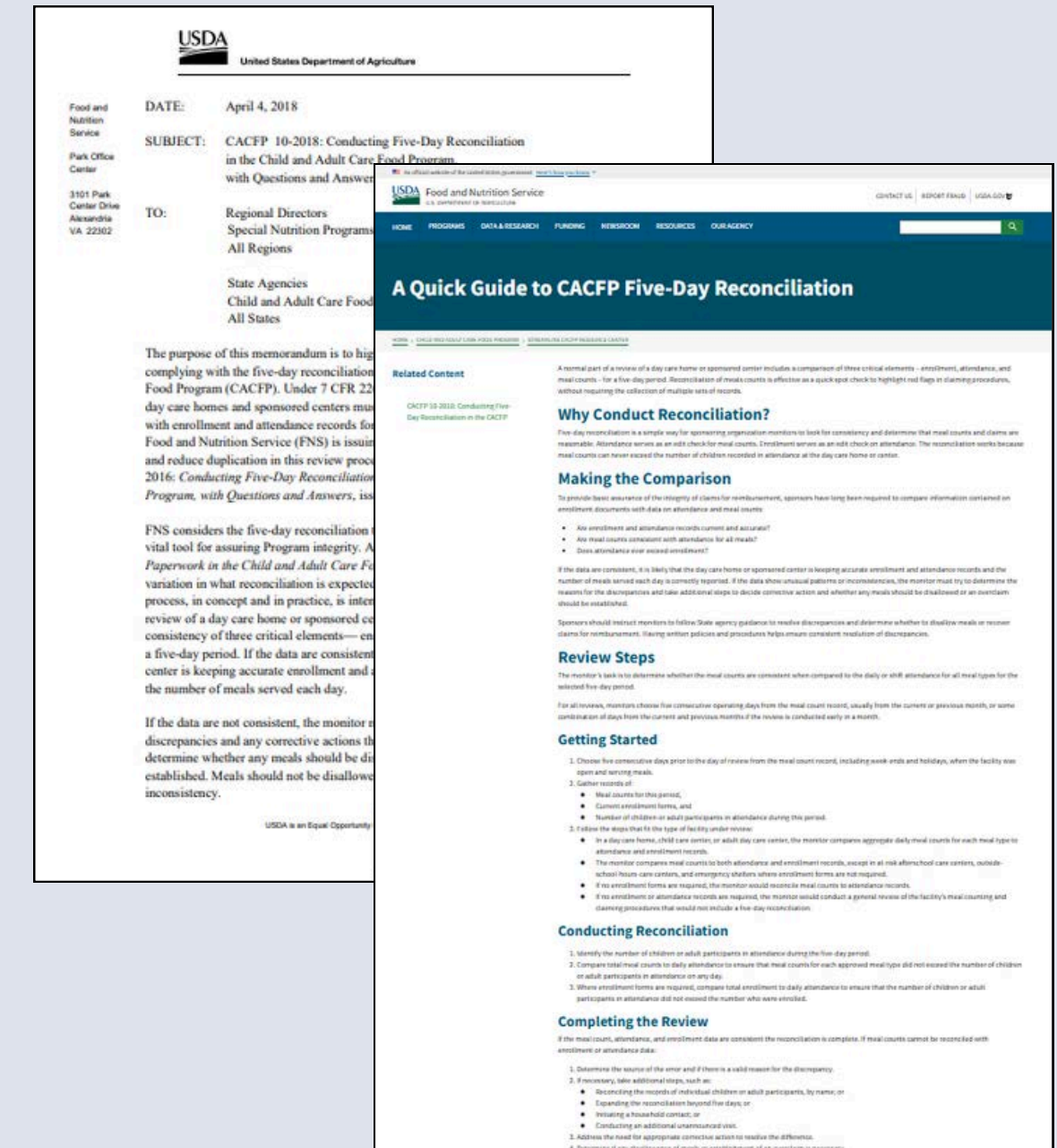
Conduct reconciliation based on the facility being reviewed.

Traditional Setting Day Care Home, Child Care Center, or Adult Day Care Center	The monitor may compare... • aggregate daily meal counts for each meal type to attendance and enrollment records; or, • a 10% selection of participants from varying classrooms based on total enrollment, rounding up when necessary (e.g., 113 total enrolled = 11.3, select 12 participants).
Settings that do not collect Enrollment and/or Attendance Records At-Risk, Emergency Shelters, Outside-School-Hours-Care Centers	If no enrollment forms are required, the monitor would reconcile meal counts to attendance records. If no enrollment or attendance records are required, the monitor would conduct a general review of the facility's meal counting and claiming procedures that would not include a five-day reconciliation.

5-Day Reconciliation

CONDUCTING RECONCILIATION

- 1 Identify the number of children or adult participants in attendance during the five-day period.
- 2 Compare total meal counts to daily attendance to ensure that meal counts for each approved meal type did not exceed the number of children or adult participants in attendance on any day.
- 3 Compare total enrollment to daily attendance, at sites where enrollment forms are required, to ensure that the number of children or adult participants in attendance did not exceed the number who were enrolled.



USDA Resources:

CACFP 10-2018: Conducting Five-Day Reconciliation in the Child and Adult Care Food Program, with Questions and Answers

A Quick Guide to CACFP Five-Day Reconciliation

5-Day Reconciliation

COMPLETING THE RECONCILIATION

- 1

Determine the source of the error and if there is a valid reason for the discrepancy.
- 2

If necessary, take additional steps, such as:
 - Reconciling the records of individual children or adult participants, by name; or
 - Expanding the reconciliation beyond five days; or
 - Initiating a household contact; or
 - Conducting an additional unannounced visit.
- 3

Address the need for appropriate corrective action to resolve the difference.
- 4

Determine if any disallowance of meals or establishment of an overclaim is necessary.

(4)

(i) *Review elements.* Reviews that assess whether the facility has corrected problems noted on the previous review(s), a reconciliation of the facility's meal counts with enrollment and attendance records for a five-day period, as specified in paragraph (d)(4)(ii) of this section, and an assessment of the facility's compliance with the Program requirements pertaining to:

- (A) The meal pattern;
- (B) Licensing or approval;
- (C) Attendance at training;
- (D) Meal counts;
- (E) Menu and meal records; and
- (F) The annual updating and content of enrollment forms (if the facility is required to have enrollment forms on file, as specified in §§ 226.15(e)(2) and 226.15(e)(3)).

(ii) *Reconciliation of meal counts.* Reviews must examine the meal counts recorded by the facility for five consecutive days during the current and/or prior claiming period. For each day examined, reviewers must use enrollment and attendance records (except in those outside-school-hours care centers, at-risk afterschool care centers, and emergency shelters where enrollment records are not required) to determine the number of participants in care during each meal service and attempt to reconcile those numbers to the numbers of breakfasts, lunches, suppers, and/or snacks recorded in the facility's meal count for that day. Based on that comparison, reviewers must determine whether the meal counts were accurate. If there is a discrepancy between the number of participants enrolled or in attendance on the day of review and prior meal counting patterns, the reviewer must attempt to reconcile the difference and determine whether the establishment of an overclaim is necessary.

(iii) *Frequency and type of required facility reviews.* Sponsoring organizations must review each facility three times each year, except as described in paragraph (d)(4)(iv) of this section. In addition:

- (A) At least two of the three reviews must be unannounced;
- (B) At least one unannounced review must include observation of a meal service;
- (C) At least one review must be made during each new facility's first four weeks of Program operations; and
- (D) Not more than six months may elapse between reviews.
- (E) The timing of unannounced reviews must be varied so that they are unpredictable to the facility; and
- (F) All types of meal service must be subject to review and sponsoring organizations must vary the timing of reviews.

(iv) *Averaging of review of a facility.* If a facility is reviewed under paragraph (d)(4)(iii) of this section and chooses not to have an unannounced review, the sponsoring organization's review results for that facility to meal counts submitted by those facilities for five days.

(v) *Follow-up reviews.* If, in conducting a facility review, a sponsoring organization detects one or more serious deficiency, the next review of that facility must be unannounced.

(4)

Review of sponsored facilities. As part of each required review of a sponsoring organization, the State agency must select a sample of facilities, in accordance with paragraph (m)(6) of this section. As part of such reviews, the State agency must conduct verification of Program applications in accordance with § 226.23(h) and must compare enrollment and attendance records (except in those outside-school-hours care centers, at-risk afterschool care centers, and emergency shelters where enrollment records are not required and the sponsoring organization's review results for that facility to meal counts submitted by those facilities for five days.

7 CFR 226.16(d)(4)

7 CFR 226.6(m)(4)

Let's Practice!

Scenario: Monitoring Visit at A+ Preschool

Center Specifics:

- 17 Enrolled Participants
- Open Monday-Friday
- 3 Classrooms
- Meals Served & Approved Meal Times:
 - Breakfast: 7-7:30 AM
 - Lunch: 11 AM-12 PM
 - PM Snack: 3-4 PM

GETTING STARTED



Choose five consecutive days: Monday - Friday, June 1-5
The monitor visits the center on Monday, June 8 and decides to conduct a 5-day reconciliation of Monday-Friday, June 1-5, the previous week of operation.

The image shows five identical 'Point of Service Meal Count Sheet' forms arranged in a collage. Each form is designed for a specific day of the week: Monday, Tuesday, Wednesday, Thursday, and Friday. The forms include a header with the Arizona Department of Education logo and the title 'Point of Service Meal Count Sheet'. Below the header, there is a section for 'Classroom' and 'Week Of'. The main body of the form consists of a table with columns for 'Names of Participants', 'Breakfast', 'Lunch', and 'Snack'. Each column has a grid of boxes for recording meal counts. At the bottom of each form, there is a 'Totals' section and a 'STAFF MEALS (Must be tracked, DO NOT CLAIM)' section. The forms also include detailed instructions on how to use the sheets, such as 'Using a checkmark ✓, check off meals served to a participant at the actual time of service or, for family-style meal service, while participants are actually eating. A participant can only be claimed for a maximum of two meals and one snack, two snacks and one meal, or three snacks per day. For participants that consumed more meals/snacks than can be claimed, clearly indicate which meals/snacks will be claimed for reimbursement. Consider using color or slash marks ✓'.

Scenario: Monitoring Visit at A+ Preschool

- ## Center Specifics:

- # GETTING STARTED



Gather records of:

- [illegible]

1 - Point of Service Meal Counts

A		A		A		A		ADHS ADDITION		CHS100001 or nurse Arizona Department of Health Services Bureau of Child Care Licensing Emergency, Information and Immunization Record Card	
Child's Name	Home Address	Child's Name	Home Address	Child's Name	Home Address	Child's Name	Home Address	Child's Name	Home Address	Date Enrolled:	Updated:
Home Phone:		Home Phone:		Home Phone:		Home Phone:		Home Phone:		Date Disenrolled:	
										Sex: ☐ male ☐ female	
Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Home Address (5, Street, City, State, Zip Code)	
Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Current Telephone Number:	
Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Parent or Guardian	Home Address (5, Street, City, State, Zip Code)	
Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Cell Home (optional)	Current Telephone Number:	
I authorize the following individual(s) to collect my child from the facility in case of emergency or if I cannot be contacted: (Please print the Name, S, M, L, and listed two contact persons are required)										Contact Telephone Number: _____	
I authorize the following individual(s) to collect my child from the facility in case of emergency or if I cannot be contacted: (Please print the Name, S, M, L, and listed two contact persons are required)										Contact Telephone Number: _____	

2 - Current Enrollment Forms

3 - # Participants in Attendance

Based on Sign-In & Out Sheets

3 - # Participants in Attendance

Based on Sign-In & Out Sheets

Let's Practice!

Scenario: Monitoring Visit at A+ Preschool

- 5-Day Reconciliation: June 1-5
- Reconciliation based on 10% of enrolled participants. 17 enrolled participants → 1.7, rounds up to 2.

Center Specifics:

- 17 Enrolled Participants
- Open Monday-Friday
- 3 Classrooms
- Meals Served & Approved Meal Times:
 - Breakfast: 7-7:30 AM
 - Lunch: 11 AM-12 PM
 - PM Snack: 3-4 PM

GETTING STARTED



Conduct reconciliation based on the facility being reviewed.

Traditional Setting

*Day Care Home,
Child Care Center, or
Adult Day Care
Center*

The monitor may compare...

- aggregate daily meal counts for each meal type to attendance and enrollment records; or,
- a 10% selection of participants from varying classrooms based on total enrollment, rounding up when necessary (e.g., 113 total enrolled = 11.3, select 12 participants).

Center: Conduct reconciliation based on 10% of total enrolled participants.

- 17 enrolled participants → 1.7, rounds up to 2.

Let's Practice!

Scenario: Monitoring Visit at A+ Preschool

- 5-Day Reconciliation: June 1-5
- Reconciliation based on 10% of enrolled participants. 17 enrolled participants → 1.7, rounds up to 2.

Center Specifics:

- 17 Enrolled Participants
- Open Monday-Friday
- 3 Classrooms
- Meals Served & Approved Meal Times:
 - Breakfast: 7-7:30 AM
 - Lunch: 11 AM-12 PM
 - PM Snack: 3-4 PM

CONDUCTING THE REVIEW

based on 10% of enrolled participants

- 1 Identify the number of children or adult participants in attendance during the five-day period.
- 2 Compare total meal counts to daily attendance to ensure that meal counts for each approved meal type did not exceed the number of children or adult participants in attendance on any day.
- 3 Compare total enrollment to daily attendance, at sites where enrollment forms are required, to ensure that the number of children or adult participants in attendance did not exceed the number who were enrolled.

Let's Practice!

Scenario: Monitoring Visit at A+ Preschool

- 5-Day Reconciliation: June 1-5
- Reconciliation based on 10% of enrolled participants. 17 enrolled participants → 1.7, rounds up to 2.

Center Specifics:

- 17 Enrolled Participants
- Open Monday-Friday
- 3 Classrooms
- Meals Served & Approved Meal Times:
 - Breakfast: 7-7:30 AM
 - Lunch: 11 AM-12 PM
 - PM Snack: 3-4 PM

CONDUCTING THE REVIEW

based on 10% of enrolled participants

- 1 Identify the number of children or adult participants in attendance during the five-day period.

Documentation needed:

- Sign in and out sheets for selected participants.

Participants in Attendance

Based on Sign-In & Out Sheets

Let's Practice!

Scenario: Monitoring Visit at A+ Preschool

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- Meals Served & Approved Meal Times:
 - Breakfast: 7-7:30 AM
 - Lunch: 11 AM-12 PM
 - PM Snack: 3-4 PM

CONDUCTING THE REVIEW

based on 10% of enrolled participants

- 2 Compare total meal counts to daily attendance to ensure that meal counts for each approved meal type did not exceed the number of children or adult participants in attendance on any day.

Documentation needed:

- Sign in and out sheets for selected participants.
- Meal counts for selected participants.
- Approved meal service times.

Let's Practice!

CONDUCTING THE REVIEW: PARTICIPANT 1

First up, let's see what meals they were in attendance for by comparing the approved meal service times to when they were signed in and out for care.

Meals Served & Approved Meal Times:
Breakfast: 7-7:30 AM; Lunch: 11 AM-12 PM; PM Snack: 3-4 PM

Child Care Provider's Name				Child's Name Participant #1			Parent/Guardian's Name				Month and Year June 2026		
Date	Time In AM	Signature	Time Out AM	Signature	Time In AM/PM	Signature	Time Out AM/PM	Signature	Time In PM	Signature	Time Out PM	Final Signature of the Day	Unit of Care
1	7:07	Parent Signature									3:47	Parent Signature	
2	7:00	Parent Signature									3:45	Parent Signature	
3	6:58	Parent Signature									3:45	Parent Signature	
4	7:04	Parent Signature									3:32	Parent Signature	
5	7:00	Parent Signature									3:38	Parent Signature	

Let's Practice!

CONDUCTING THE REVIEW: PARTICIPANT 1

First up, let's see what meals they were in attendance for by comparing the approved meal service times to when they were signed in and out for care.

Child Care Provider's Name				Child's Name Participant #1			Parent/Guardian's Name			Month and Year June 2026			
Date	Time In AM	Signature	Time Out AM	Signature	Time In AM/PM	Signature	Time Out AM/PM	Signature	Time In PM	Signature	Time Out PM	Final Signature of the Day	Unit of Care
1	7:07	Parent Signature									3:47	Parent Signature	
2	7:00	Parent Signature									3:45	Parent Signature	
3	6:58	Parent Signature									3:45	Parent Signature	
4	7:04	Parent Signature									3:32	Parent Signature	
5	7:00	Parent Signature									3:38	Parent Signature	

Approved Meal Service Time	Participant Signed In?				
	Day 1 (6/1)	Day 2 (6/2)	Day 3 (6/3)	Day 4 (6/4)	Day 5 (6/5)
Breakfast: 7 - 7:30 AM	I	I	I	I	I
Lunch: 11 AM - 12 PM	I	I	I	I	I
PM Snack: 3 - 4 PM	I	I	I	I	I

Let's Practice!

CONDUCTING THE REVIEW: PARTICIPANT 1

Next, let's assess what meals Participant 1 was served (*also referred to as claimed*) by looking at the POS meal count sheet.



Point of Service Meal Count Sheet

Classroom: Sample

Week Of: June 1 - 5, 2026

Instructions: Using a checkmark ✓, check off meals served to a participant at the actual time of service or, for family-style meal service, while participants are actually eating. A participant can only be claimed for a maximum of two meals and one snack, two snacks and one meal, or three snacks per day. For participants that consumed more meals/snacks than can be claimed, clearly indicate which meals/snacks will be claimed for reimbursement. Consider using color X or slash marks ✓.

	Monday			Tuesday			Wednesday			Thursday			Friday		
	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK
Names of Participants															
Participant 1	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Totals															

STAFF MEALS (Must be tracked. DO NOT CLAIM)

Totals															

November 2024 | Health and Nutrition Services | Arizona Department of Education | This institution is an equal opportunity provider.

Let's Practice!

CONDUCTING THE REVIEW: PARTICIPANT 1

Next, let's assess what meals Participant 1 was served (*also referred to as claimed*) by looking at the POS meal count sheet.

Names of Participants	Monday			Tuesday			Wednesday			Thursday			Friday		
	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK
Participant 1	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Approved Meal Service Time	Participant Claimed?				
	Day 1 (6/1)	Day 2 (6/2)	Day 3 (6/3)	Day 4 (6/4)	Day 5 (6/5)
Breakfast: 7 - 7:30 AM	I	I	I	I	I
Lunch: 11 AM - 12 PM	I	I	I	I	I
PM Snack: 3 - 4 PM	I	I	I	I	I

Let's Practice!

CONDUCTING THE REVIEW: PARTICIPANT 1

Lastly, let's compare!

Compare total meal counts to daily attendance to ensure that meal counts for each approved meal type did not exceed the number of children or adult participants in attendance on any day.

Approved Meal Service Time	Day 1 (6/1)		Day 2 (6/2)		Day 3 (6/3)		Day 4 (6/4)		Day 5 (6/5)	
	Claimed	Signed In	Claimed	Signed In	Claimed	Signed In	Claimed	Signed In	Claimed	Signed In
Breakfast: 7 - 7:30 AM	I	I	I	I	I	I	I	I	I	I
Lunch: 11 AM - 12 PM	I	I	I	I	I	I	I	I	I	I
PM Snack: 3 - 4 PM	I	I	I	I	I	I	I	I	I	I



Participant 1 was in attendance for all meals they were claimed.

Your Turn!

Based on the approved meal times and sign in and out sheet, what meals/snacks was **Participant 2** in attendance for?

- A Breakfast, Lunch, and PM Snack, Monday - Friday.
- B Lunch and PM Snack, Monday - Friday.

Child Care Provider's Name				Child's Name Participant #2			Parent/Guardian's Name				Month and Year June 2026		
Date	Time In AM	Signature	Time Out AM	Signature	Time In AM/PM	Signature	Time Out AM/PM	Signature	Time In PM	Signature	Time Out PM	Final Signature of the Day	Unit of Care
1	9:07	Parent Signature									5:09	Parent Signature	
2	8:53	Parent Signature									5:06	Parent Signature	
3	8:50	Parent Signature									5:05	Parent Signature	
4	8:47	Parent Signature									4:58	Parent Signature	
5	9:00	Parent Signature									4:12	Parent Signature	

Meals Served & Approved Meal Times:
Breakfast: 7-7:30 AM; Lunch: 11 AM-12 PM; PM Snack: 3-4 PM



Your Turn!

Based on the approved meal times and sign in and out sheet, what meals/snacks was **Participant 2** in attendance for?

A Breakfast, Lunch, and PM Snack, Monday - Friday.

B Lunch and PM Snack, Monday - Friday.

Child Care Provider's Name				Child's Name Participant #2			Parent/Guardian's Name				Month and Year June 2026		
Date	Time In AM	Signature	Time Out AM	Signature	Time In AM/PM	Signature	Time Out AM/PM	Signature	Time In PM	Signature	Time Out PM	Final Signature of the Day	Unit of Care
1	9:07	Parent Signature									5:09	Parent Signature	
2	8:53	Parent Signature									5:06	Parent Signature	
3	8:50	Parent Signature									5:05	Parent Signature	
4	8:47	Parent Signature									4:58	Parent Signature	
5	9:00	Parent Signature									4:12	Parent Signature	

Participant 2 is signed in after breakfast but before lunch and is signed out after PM Snack each day.



Your Turn!

Based on the point of service meal count sheet, what meals/snacks was **Participant 2** served/claimed?

Names of Participants	Monday			Tuesday			Wednesday			Thursday			Friday		
	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK
		/	/		/	/		/	/		/	/		/	/

True or False. Participant 2 was served Lunch and PM Snack, Monday - Friday.

A True.

B False.



Your Turn!

Based on the point of service meal count sheet, what meals/snacks was **Participant 2** served/claimed?

Names of Participants	Monday			Tuesday			Wednesday			Thursday			Friday		
	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK	BREAKFAST	LUNCH	SNACK
Participant 2		/	/		/	/		/	/		/	/		/	/

True or False. Participant 2 was served Lunch and PM Snack, Monday - Friday.

A True.

B False.

Based on the point of service meal count sheet, Participant 2 was served Lunch and PM Snack each day.



Your Turn!

Compare total meal counts to daily attendance. Was **Participant 2** in attendance for all meals they were claimed?

A Yes.

B No.

Approved Meal Service Time	Day 1 (6/1)		Day 2 (6/2)		Day 3 (6/3)		Day 4 (6/4)		Day 5 (6/5)	
	Claimed	Signed In	Claimed	Signed In	Claimed	Signed In	Claimed	Signed In	Claimed	Signed In
Breakfast: 7 - 7:30 AM										
Lunch: 11 AM - 12 PM	I	I	I	I	I	I	I	I	I	I
PM Snack: 3 - 4 PM	I	I	I	I	I	I	I	I	I	I



Your Turn!

Compare total meal counts to daily attendance. Was **Participant 2** in attendance for all meals they were claimed?

A Yes.

B No.

Approved Meal Service Time	Day 1 (6/1)		Day 2 (6/2)		Day 3 (6/3)		Day 4 (6/4)		Day 5 (6/5)	
	Claimed	Signed In	Claimed	Signed In	Claimed	Signed In	Claimed	Signed In	Claimed	Signed In
Breakfast: 7 - 7:30 AM										
Lunch: 11 AM - 12 PM	I	I	I	I	I	I	I	I	I	I
PM Snack: 3 - 4 PM	I	I	I	I	I	I	I	I	I	I



Let's Practice!

Scenario: Monitoring Visit at A+ Preschool

- 5-Day Reconciliation: June 1-5
- Reconciliation based on 10% of enrolled participants. 17 enrolled participants → 1.7, rounds up to 2.

Center Specifics:

- 17 Enrolled Participants
- Open Monday-Friday
- 3 Classrooms
- Meals Served & Approved Meal Times:
 - Breakfast: 7-7:30 AM
 - Lunch: 11 AM-12 PM
 - PM Snack: 3-4 PM

CONDUCTING THE REVIEW

based on 10% of enrolled participants

3

Compare total enrollment to daily attendance, at sites here enrollment forms are required, to ensure that the number of children or adult participants in attendance did not exceed the number who were enrolled.

Documentation needed:

- Sign in and out sheets for selected participants.
- Enrollment forms for selected participants.

Let's Practice!

CONDUCTING THE REVIEW

Participant 1 and 2 have current Enrollment Forms on file.

- Signed and dated by a legal parent or guardian.
- Dated within the last 12 calendar months.

ADHS

LICENSING

Arizona Department of Health Services

Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

CDOSGB# or name: _____

Child's Name:	Date Enrolled:	Updated:
Home Address (®, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: ☐ male ☐ female

Parent or Guardian Name	Home Address (®, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name	Home Address (®, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	
Name:	
Name:	
Name:	

If Medical care is necessary, call:

Health Care Provider*	Name:
-----------------------	-------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

ADHS

LICENSING

Arizona Department of Health Services

Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

CDOSGB# or name: _____

Child's Name:	Date Enrolled:	Updated:
Home Address (®, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: ☐ male ☐ female

Parent or Guardian Name	Home Address (®, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name	Home Address (®, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
-----------------------	-------	---------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

Scenario:**Monitoring Visit at A+ Preschool**

In our current scenario, we did not find any discrepancies.

The meal counts and attendance for Participant 1 and 2 were consistent.

Additionally, each participant had current enrollment forms on file.

But what if that wasn't the case?

Let's Practice!

COMPLETING THE RECONCILIATION

- 1 Determine the source of the error and if there is a valid reason for the discrepancy.
- 2 If necessary, take additional steps, such as:
 - Reconciling the records of individual children or adult participants, by name; or
 - Expanding the reconciliation beyond five days; or
 - Initiating a household contact; or
 - Conducting an additional unannounced visit.
- 3 Address the need for appropriate corrective action to resolve the difference.
- 4 Determine if any disallowance of meals or establishment of an overclaim is necessary.

Consider this...

The monitor is completing the reconciliation. They found that a participant was not signed in during the approved meal time for lunch but was claimed (or marked on the POS meal count as having been served lunch).

What action(s) should the monitor take?

- A** No action is necessary. It was a negligible mistake.
- B** Disallow the lunch.
- C** Disallow all meals served to that participant.



Consider this...

The monitor is completing the reconciliation. They found that a participant was not signed in during the approved meal time for lunch but was claimed (or marked on the POS meal count as having been served lunch).

What action(s) should the monitor take?

A No action is necessary. It was a negligible mistake.

B Disallow the lunch.

C Disallow all meals served to that participant.

The monitor must disallow the lunch. They should also use their discretion to determine if this is a one-time human error or if there seems to be a bigger issue. If the latter, the monitor should assess corrective action and expand the reconciliation beyond five days.



5-Day Reconciliation

DOCUMENTING THE RECONCILIATION | HNS' MONITORING FORM

Monitors must document the process and completion of the 5-day reconciliation on the monitoring visit form.

- Operators are encouraged to utilize ADE HNS' Monitoring Visit Forms, as the questions satisfy all monitoring visit requirements, including the 5-day reconciliation.



To assist monitors, ADE HNS' monitoring visit form has simplified 5-day reconciliation instructions embedded on the form.



Date of Visit: _____
Date of Previous Visit: _____

Monitoring Visit Form

Sponsoring Organization Name/Address:		Site Name/Address:									
CTD#:		Site Telephone #:									
Monitor Name:		Job Title:									
Person Interviewed at Site:		Job Title:									
Type of Monitoring Visit											
Multi-Site Sponsors are required to conduct at least three visits every year at each site, with no more than six months elapsing between monitoring visits. At least two of the three visits must be unannounced and one of the unannounced visits must include a meal observation.											
☐ Announced ☐ Unannounced ☐ Pre-approval/New Site ☐ First Week/28-day/Initial Review											
☐ First Visit ☐ Second Visit ☐ Third Visit ☐ Fourth Visit (if using averaging)											
Required Postings											
☐ Facility License Capacity: _____ Exp: _____	☐ Current WIC Information N/A for at-risk, emergency shelters & adult day centers	☐ Building for the Future with Current CACFP Official Contact Information	☐ And Justice for All Must be 11X17 inches Exp: _____ ☐ N/A								
Enrollment											
Emergency Shelters: Is a list of participants maintained and does it contain the name, date of birth, and dates of residency confirming free eligibility?											
Head Starts: Is a list of participants maintained to confirm free eligibility, based on Head Start or Early Head Start qualifications and does it contain a Head Start official's signature?											
Centers: Based on 10% of enrolled participants, are income applications complete and current for participants claimed in the Free or Reduced-Price categories?											
Centers: Are participants without income eligibility forms or with incomplete income eligibility forms on the paid roster?											
Centers and Head Starts: Based on 10% of enrolled participants, are enrollment forms on file updated at least annually?											
Observed Meal Service											
5-Day Reconciliation											
Instructions: To conduct a 5-day reconciliation, you will compare meal counts to attendance to verify are meals are only being claimed for based on 10% of total enrolled participants.											
1. Collect Point of Service Meal Count Sheets for five consecutive operating days during the current month.											
2. Select 10% of total enrolled participants from varying classrooms (i.e. 100 total enrolled, 10% of 100 is 10, select 10 participants).											
3. Collect sign-in and out sheets for the selected participants.											
4. Input the dates being evaluated and approved meal service times in the chart below.											
5. Then, based on participants selected, complete the chart by inputting the total number of participants claimed, or marked on the POS meal count sheet, and the total number of participants signed-in during the approved meal service times each day.											
Meals should only be claimed for participants that were present during the approved meal time. Meals should not be claimed if the participant was not signed in during or was signed out less than 10 minutes after the approved meal service start time.											
Total Enrolled (based on most recent site claim):		10% of Total Enrolled:									
Approved Meal Service Time	Meal	1 Day Before		2 Days Before		3 Days Before		4 Days Before		5 Days Before	
		Date:	Date:	Date:	Date:	Date:	Date:				
		Claimed	Signed-In	Claimed	Signed-In	Claimed	Signed-In	Claimed	Signed-In	Claimed	Signed-In
October 2023	Breakfast										
	AM Snack										
	Lunch										
	PM Snack										
	Dinner										
	Eve Snack										
Are there any discrepancies between the numbers claimed and the numbers in attendance? ☐ Yes ☐ No											
If yes, assess sign-in/out and point of service meal count processes. Assign corrective action to resolve the issue.											

Monitoring Visit Form

At-Risk Monitoring Form

Thank you!

PLEASE PUT QUESTIONS IN THE Q&A

If you are attending the **live webinar**, you will receive an email once attendance has been completed. Once you have received this email, your training certificate will be available in APLD.

If you are watching the **recorded webinar**, you can access the survey link and certificate of completion at the end of the webinar slides.





Congratulations

You have completed the training: Understanding CACFP Monitoring Requirements and the Five-Day Reconciliation

ADHS Empower Program

This training counts toward Empower Program training requirements.

Arizona Early Childhood Workforce Registry

This training is listed on the Arizona Early Childhood Workforce Registry. If you want this training to appear on your registry transcript, please provide your Workforce Registry ID when completing the survey.

Certificate

Requesting a training certificate

Please click the button to complete a brief survey about this online training. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey.



Training Title: Understanding CACFP Monitoring Requirements and the Five-Day Reconciliation

Length: 1.0 Hour

Please note, attendees must document the amount of training hours indicated on the training despite the amount of time it takes to complete it.





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1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

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