



Section II: Food Service

MPR I Plan Review

Materials necessary for auditing the MPR

- Plan review logbook or tracking system
- Facility files selected for the review
- Department’s program policy manual

Sample Selection:

- Use Annex 5 - Office Sample Size Chart and Annex 4 - Approved Random Sampling Methods to determine the number of records for review. For Annex 5 – Office Sample Size Chart, the population size used to determine sample size should encompass full plan reviews that were completed in their entirety.
- Using the logbook, randomly select the records for review for establishments that have been constructed, altered, converted, or remodeled since the last review cycle. The samples selected should encompass full plan reviews that were completed in their entirety. If applicable, at least one Transitory Food Unit (TFU) and/or mobile plan review should be part of the sample. More than one TFU and/or mobile plan review may be part of the sample selection to meet needed sample size.

Program Indicators:

- Plan review file contains the following items:
 - a. Application form/transmittal letter summarizing scope* of plans or project (FL 6105)
 - b. Completed worksheet
 - c. Menu
 - d. Standard Operating Procedures (SOP)**
 - e. Layout (plans), including scaled drawings***
 - f. Documented assessment and approval (e.g. marking as “satisfactory” on plan reviewer’s checklist) of proposed equipment.
 - g. A copy of the pre-opening evaluation report is in the file.
 - h. The evaluation report has a notation to indicate the establishment is approved to operate.
 - i. The evaluation report verifies that there were no Priority or no more than two Priority foundation violations present prior to opening.
 - j. Use of plan reviewer’s checklist; if applicable****
 - k. Documented assessment and approval (e.g. marking as “satisfactory” on plan reviewer’s checklist) of hot water, dry storage, and refrigerated storage.
 - l. Applicant is informed in writing of any deficiencies. All identified deficiencies are addressed in writing, email or a documented phone call or on revised plans.
 - m. Plan approval letter is in the file that includes reference to a unique identifier (e.g.: date, location address, specified code number) marked on the approved plans and specifications.
 - n. The pre-opening evaluation report is dated either before or on the same day the license is signed.
- An individual plan review file will be considered to meet MPR I when $\geq 80\%$ of the required indicators have been met.

*Note: Scope of project should be on the application/transmittal letter but may be found elsewhere in the plan review paperwork.)

For technical assistance, please contact Shane Green 517-930-6737, greens2@michigan.gov



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**Acceptable SOP Documentation:

1. A notation on the plan review checklist to indicate either:
 - a. SOPs have been submitted in compliance with the requirements of the Food Code; or
 - b. SOPs are not required (construction does not affect operation – e.g. new walk-in cooler).

OR
2. When SOPs are reviewed just prior to opening, notations on the pre-opening EVALUATION report to indicate that SOPs have been submitted in compliance with the requirements of the Food Code have been established.

OR
3. Use of the "SOP Cover Sheet" which was designed to document SOP review.
4. Actual SOP documents do not have to be maintained in the plan review file, since they may consist of CDs, videos, etc., or an office may maintain a copy of a chain's SOPs in a central file.

***Scaled drawings means:

1. Drawings that are proportional between two sets of dimensions (e.g. ¼ inch of the drawing = 1 foot of the actual object); OR
2. All objects on the drawing are proportional in size to each other. Dimensions are included.

****Use of Plan Reviewer's checklist:

1. For fixed food establishments, the Michigan Department of Agriculture and Rural Development (MDARD) "Fixed Food Establishment Plan Reviewer's Checklist" or any LHD in house created checklist would be acceptable for meeting this indicator.
2. For TFUs and mobiles, the MDARD "Transitory Food Unit (TFU)/Mobile Food Establishment Plan Reviewer's Checklist", MDARD "TFU-Mobile Worksheets and SOP" document, or any LHD in house developed checklist may be utilized to meet this indicator.

How to judge compliance with MPR I

- **Met** – ≥ 80% of the establishment files evaluated indicate that the department reviews complete sets of plans and properly documents the plan review process.
- **Met with Conditions** – Between ≤ 79% and ≥ 70% of the establishment files evaluated indicate that the department reviews complete sets of plans and properly documents the plan review process. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a "Not Met."
- **Not Met** – Less than 70% of the evaluated plan review files meet the indicators.

Tips for passing MPR I

- If plan review training is necessary, contact your MDARD Local Health Services Plan Review Specialist.
- Use MDARD's plan review manual, checklists, and other resource materials at: [MDARD - Plan Review](#)
- Organize the records to be audited. Arrange the files in chronological order. Discard materials that were either not required to be submitted or used during the review.
- Conduct quality assurance evaluations of selected completed plan reviews.



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MPR 2 Evaluation Frequency

Materials necessary for auditing the MPR

- MDARD print-out of licensed establishments
- Local health department files
- Local health department database (optional)

Sample Selection

- This sample of food service establishments is used to evaluate MPRs 2, 4, 6, and 7.
- Use Annex 5 - Office Sample Size Chart and Annex 4 - Approved Random Sampling Methods to determine the number of establishments for review.
- Where there are multiple offices, a proportional sample should be selected to reflect the percentage of establishments regulated by each individual office (i.e. 35% of the establishments are located in County A and 65% are in County B).
- The total sample size should not include more than one mobile food service establishment, and one TFU file for entire LHD jurisdiction.
- Obtain the file for each of the establishments in the sample.

Program Indicators

- Food service establishment has received the required number of evaluations at the proper intervals based upon the frequency for that establishment.
 - a. Evaluation frequency is based upon Food Law Act 92 of 2000, Section 3123. However, not all the establishments in the sample require the same number of evaluations. Variations may be due to:
 - a. Establishments may have either opened or closed during the three-year review period.
 - b. Establishments may be seasonal operations.
 - c. Establishments may have been evaluated shortly before the review period thus pushing the first evaluation 6 months back into the review period.
 - d. Establishments may be on a risk based evaluation schedule.
 - e. The review of evaluation frequency must take these factors into consideration.
 - b. A seasonal establishment needs to have one evaluation anytime within each seasonal operational period.
 - c. For TFU files, two operational evaluation reports must be present for each licensing year or documentation of why less than two operational evaluations were conducted for a licensing year.
- Evaluation Method:
 - a. Determine the number of evaluations that were required and actually conducted on time during the three-year review period. Start with the first evaluation in the review period. To determine if the first evaluation in the review period was conducted on time, it will be necessary to go back to the date of the previous evaluation that occurred just before the first evaluation in the review period. Utilizing the date of the previous evaluation it can then be determined if the first evaluation within the review period was conducted on time.
 - b. An LHD may utilize an optional MDARD risk Based evaluation schedule. For those LHDs, evaluation frequencies will be audited utilizing that schedule. See MDARD memo, “Risk Based Evaluation Schedule” dated November 13, 2008.



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- c. The time between needed evaluations is going to be dependent upon the frequency schedule set for an establishment or if the establishment is a seasonal operation or a TFU.
 - d. A pre-opening evaluation that is marked “Approved to Open” is considered a routine evaluation.
 - e. An individual establishment file will be considered to meet MPR 2 when $\geq 80\%$ of the required routine evaluations have been completed at proper frequency.
- Examples I:
 - a. Fixed year-round operating establishment using a six-month evaluation schedule. Identify the first evaluation in the review period. Review the date of the previous evaluation to this first evaluation to decide if this first evaluation was conducted on time. Then from the first evaluation, count forward in the review period in six-month intervals. At each interval, determine if an evaluation was done. Allow one extra month grace period (i.e. 7 months) between evaluations. For the time period under review, determine the percentage of evaluations that were made at the required intervals for the establishment.

Accreditation period: February 10, 2023 – February 10, 2026

Previous Evaluation: October 17, 2022*

*This date is prior to the current review period but is needed to determine if the first evaluation in the current review period is done on time.

First Routine Evaluation: April 20, 2023

- MPR is met; within 7 months from previous evaluation.

Next Routine Evaluation: November 30, 2023

- MPR not met; greater than 7 months from previous evaluation.

Next Routine Evaluation: May 10, 2024

- MPR is met; within 7 months from previous evaluation.

Next Routine Evaluation: Missed – no evaluation done

- MPR not met; an evaluation should have been done within 7 months from previous evaluation; but no evaluation took place.

Next Routine Evaluation: April 30, 2025

- MPR is met; since the previous evaluation was completely missed, restart the frequency.

Next Routine Evaluation: October 12, 2025

- MPR is met; within 7 months from previous evaluation

Would stop the review at this evaluation, since the next upcoming evaluation would roughly occur in March of 2026 which would be outside of the Accreditation time period under view.

Number of required evaluations: 6

Number of evaluations completed: 5

Number of evaluations that were late: 1

Formula:

Subtract the number of routine evaluations completed by the number routine evaluations that were late. Then divide this number by the number of routine evaluations that are required to be done for the time period under review:

$5 \text{ routines done} - 1 \text{ routine late} = 4 \text{ routines}$

$4 \text{ routines} \div 6 \text{ routines required to be completed} = .67$

Frequency percentage rating for this establishment is 67%.

For this individual establishment, MPR 2 would not be met since it is below 80%.



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- Example 2:
 - a. Fixed year-round operating establishment using a twelve-month risk-based evaluation schedule. Identify the first evaluation in the review period. Review the date of the previous evaluation to this first evaluation to decide if this first evaluation was conducted on time. Then from the first evaluation, count forward in the review period in twelve-month intervals. At each interval, determine if an evaluation was done. Allow one extra month grace period (i.e. 13 months) between evaluations. For the time period under review, determine the percentage of evaluations that were made at the required intervals for the establishment.

Accreditation period: February 10, 2023 – February 10, 2026

Previous Evaluation: July 17, 2022*

*This date is prior to the current review period but is needed to determine if the first evaluation in the current review period is done on time.

First Routine Evaluation: June 30, 2023

- MPR is met; within 13 months from previous evaluation.

Next Routine Evaluation: July 22, 2024

- MPR is met; within 13 months from previous evaluation.

Next Routine Evaluation: July 01, 2025

- MPR is met; within 13 months from previous evaluation.

Would stop the review at this evaluation, since the next upcoming evaluation would roughly occur in July of 2026 which would be outside of the Accreditation time period under view.

Number of required evaluations: 3

Number of evaluations completed: 3

Number of evaluations that were late: 0

Formula:

Subtract the number of routine evaluations completed by the number routine evaluations that were late. Then divide this number by the number of routine evaluations that are required to be done for the time period under review:

$3 \text{ routines done} - 0 \text{ routine late} = 3 \text{ routines}$

$3 \text{ routines} \div 3 \text{ routines required to be completed} = 1$

Frequency percentage rating for this establishment is 100%.

For this individual establishment, MPR 2 would be met since it is above 80%

- Example 3:
 - a. Seasonal establishment which operates for 9 or fewer months each year. Determine if one evaluation was completed during each operating season in the review period. Seasonal establishment evaluations can be done any time throughout the operating season and are not required to be within a certain frequency from the previous evaluation. Determine the percentage of evaluations that were made at the required intervals for the establishment.

Accreditation Period: February 10, 2023 – February 10, 2026

Establishment operating period: May – October

First Routine Evaluation: May 20, 2023

- MPR is met; evaluation occurred within operational period.



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Next routine: September 15, 2024

- MPR is met; evaluation occurred within operational period.

Next routine: June 01, 2025

- MPR is met; evaluation occurred within operational period.

Would stop the review at this evaluation, since the next upcoming evaluation would occur sometime in May to October of 2026 which would be outside of the Accreditation time period under view.

Number of required evaluations: 3

Number of evaluations completed: 3

Number of evaluations that were late: 0

Formula:

Subtract the number of routine evaluations completed by the number routine evaluations that were late. Then divide this number by the number of routine evaluations that are required to be done for the time period under review:

$3 \text{ routines done} - 0 \text{ routine late} = 3 \text{ routines}$

$3 \text{ routines} \div 3 \text{ routines required to be completed} = 1$

Frequency percentage rating for this establishment is 100%.

For this seasonal establishment, MPR 2 would be met since it is above 80%

How to judge compliance with MPR 2

- **Met** – $\geq 80\%$ of the establishment files in the sample meet the evaluation frequency.
- **Met with Conditions** – Between $\leq 79\%$ and $\geq 70\%$ of the establishments in the sample meet evaluation frequency. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.”
- **Not Met** – Less than 70% of the establishments in the sample meet evaluation frequency.

Tips for Passing MPR 2

- Arrange files in chronological order.
- Plan ahead. Each LHD has the option of using a risk-based evaluation schedule to manage their program more effectively. If a facility is on a reduced evaluation schedule, have the new schedule clearly designated so the reviewer can determine frequency compliance. (e.g., marked in the file or in a database, etc.)



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I. How to judge compliance with MPR 2

- Evaluation frequency based upon Food Law, Section 3123.
- An individual establishment will be considered to meet evaluation frequency when 80% of the required routine evaluations have been made (i.e. six evaluations required; five evaluations conducted).
- **Met** – 80% of the establishments in the sample meet evaluation frequency (i.e. if there are 22 establishments in a sample, 18 establishments are required to meet evaluation frequency).
- **Met with Conditions** – Less than 80% of the establishments in the sample meet evaluation frequency; however, at least 80% of the total number of evaluations required for all of the establishments in the sample have been conducted. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator at the next evaluation will result in a “Not Met.”
- **Not Met** – Less than 80% of the establishments meet evaluation frequency requirements. Less than 80% of the total number of evaluations required for all of the establishments in the sample have been conducted.



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MPR 3

Temporary Food Service Establishment Evaluations

Materials necessary for auditing the MPR

- Local health department temporary food service establishment files (licenses and evaluations) for the three-year review time period.

Sample Selection

- Use the Annex 5 – Office Sample Size Chart and Annex 4 – Approved Random Sampling Methods to determine the number of records for review.
- Use the total number of TFE licenses issued over the past three years as the basis for determining sample size.
- Where there are multiple offices, a proportional sample should be selected to reflect the percentage of establishments regulated by each individual office (i.e. 35% of the establishments are located in County A and 65% are in County B).
- Select a proportional amount for each year reviewed.

Program Indicators

- Temporary food service establishment file contains the following items:
 - a. Determine if the local health department has conducted an operational evaluation OR office consultation*, for low risk establishments only, of each temporary food service establishment prior to licensure.
 - b. Determine if the temporary food establishment application sections of page one: Applicant/Business Contact Information, Public Event Information, and the Food column of the table on page two are completed and a copy of Appendix A is attached when needed.
 - c. Temporary food establishment license was issued with no unresolved Priority or no more than 2 unresolved Priority foundation violations, deemed by the Director, to not be a risk to food safety.
 - d. A violation of Priority or Priority foundation, if any, is designated on the license/evaluation form.
 - e. Description of observed violation(s), if any, of Food Law or Michigan Modified Food Code on the license/evaluation form and noted if corrected.
 - f. Date of license approval and signature of sanitarian are present on the license/evaluation form.
- An individual TFE file will be considered to meet MPR 3 when $\geq 80\%$ of the required indicators have been met.

*Note: As stated in FL section 3115(3): “If a temporary food establishment (TFE) will serve only low-risk food, instead of conduction of an inspection under subsection (2), a LHD, based on a public health risk assessment, may conduct an in-office consultation, including food safety education, and operational review of the proposed temporary food establishment with the license applicant. The person in charge of the TFE must be present during the in-office consultation.” A notation on the Temporary Food License that an office consultation was conducted or other similar documentation will meet this indicator.

An in-office consultation with the person in charge can be an in-person meeting, phone call, video call, or other means of communication where the LHD conducted an operational review of the low-risk TFE with the person in charge.



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How to judge compliance with MPR 3

- **Met** – $\geq 80\%$ of the licensing records in the sample meet the standards.
- **Met with Conditions** – Between $\leq 79\%$ and $\geq 70\%$ of the licensing records in the sample meet the standard. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.”
- **Not Met** – Less than 70% of the licensing records in the sample meet the standards.

Tips for passing MPR 3

- Conduct an operational evaluation OR office consultation visit of all temporary food service establishments prior to licensure.
- Use the “Michigan Temporary Food Service Establishment License” form (FI-229).
- Review the application and license/evaluation forms to make certain they are complete and accurate.
- All Priority or more than two Priority Foundation violations must be corrected before issuing a Temporary Food Establishment License.
- Conduct quality assurance reviews of the completed licenses and evaluation forms.



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MPR 4

Evaluation Procedures

Materials necessary for auditing the MPR

- The materials and samples used to evaluate MPR 2 are used to evaluate MPR 4.

Program Indicators

- An evaluation report contains the following items:
- Determine if the local health department uses an evaluation report form approved by MDARD.
- Administrative information about the establishment's legal identity, address, and other information is entered on the evaluation report form.
- The report findings properly document and identify Priority, Priority Foundation, and Core violations.
- A summary of what is required by law or code is provided for each violation cited.
- The report is legible.
- The narrative clearly states the violations observed and necessary corrections.
- Timeframes for correcting Priority, Priority Foundation, and Core violations are specified.
- The evaluation report is signed and dated by the sanitarian.
- Verification that copy of evaluation report was given to establishment representative. Examples of verification include, but not limited to, signature of person in charge on report*, documentation that report was e-mailed to establishment, or documentation that report was mailed to facility.
- A pre-opening evaluation that is marked "Approved to Open" is considered a routine evaluation.
- An individual establishment file will be considered to meet MPR 4 when $\geq 80\%$ of the evaluations in that file meet all the indicators.

*Note: If an LHD wants to pursue not having "signature of person in charge on report" as means for verification that copy of evaluation report was given to establishment, the LHD may want to obtain legal review by LHD legal counsel prior to implementing such a policy. Any such review does not need to be available for the Accreditation site visit.

How to judge compliance with MPR 4

- **Met** – $\geq 80\%$ of the establishments in the sample meet the standard.
- **Met with Conditions** – Between $\leq 79\%$ and $\geq 70\%$ of the establishments in the sample meet the standard. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a "Not Met."
- **Not Met** – Less than 70% of the establishments in the sample meet the standard.

Tips for passing MPR 4

- Use an approved computer generated evaluation report writing system.
- Use the MDARD evaluation report form (FI-14).
- Develop an in-house quality assurance system whereby a supervisor or trainer reviews reports periodically.



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MPR 5

Demonstration of Staff Field Review

Materials necessary for auditing the MPR

Sample Selection:

- All staff who conduct routine (operational) inspections, regardless of the risk type of the facility they inspect, are to be included in the “# Inspectors per agency” in the below charts.
- If a LHD has delegated food establishment regulation to another agency (e.g. University) then the staff of this agency are to be included in the “# Inspectors per agency” in the below charts. These individuals would be included in the pool of potential candidates in assessing MPR 5
- Option 1

# inspectors per agency	Establishments visited per agency
1-3	2 Inspections
4-6	4 inspections
7+	75% of inspectors, max of 12 inspections

- Option 2

# Inspectors per agency	Establishments visited per agency
1-4	2 Inspections
5-10	4 Inspections
11+	6 Inspections

Program Indicators:

- Show demonstration of risk-based evaluations by a variety of program staff; when possible, each establishment visit must be with a different inspector. Typically, a maximum of one Standardized Trainer who is currently conducting routine inspections may be used. However additional Standardized Trainers may be utilized under certain circumstances such as the prevention of a staff person from having to go out twice for risk-based evaluations in order to meet sample size.
- For Option 1 Accreditation, a list of all staff doing routine inspections, no matter the risk type, shall be provided to MDARD reviewers prior to the audit. The list of inspectors selected to go out with MDARD reviewers will be provided to the LHD no later than the Friday prior to the week of the Accreditation site visit. MDARD will use a random number generator to choose the inspectors being evaluated. MDARD will also chose the establishments for the field review by random numbers. Only high-risk facilities (e.g. Z category) will be chosen for this review.
- For Option 2 Accreditation, the LHD chooses the establishments and staff MDARD reviewers will accompany for demonstration of risk-based evaluations. The establishments chosen shall consist of varying risk levels, providing 50% of the establishments visited are at the highest risk level (e.g., Z category).
- Demonstrate that Risk Factors and Good Retail Practices in the establishments are correctly identified and resolved. MDARD reviewers will use the Accreditation MPR 5 Field Evaluation Worksheet (FEW) for scoring the inspections.



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How to judge compliance with MPR 5

- **Met** – $\geq 80\%$ department compliance with risk-based evaluation methodology during field demonstration.
- **Met with Conditions** – Between $\leq 79\%$ and $\geq 70\%$ department compliance with risk-based evaluation methodology during field demonstration. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.”
- **Not Met** – Less than 70% department compliance with risk-based evaluation methodology during field demonstration.

Tips for passing MPR 5

- Make certain staff is appropriately trained to conduct risk-based evaluations.
- Have inspectors document observed violations, whether corrected at time of evaluation or not.
- Conduct internal quality assurance audits to make certain that staff is properly identifying intervention and risk factor violations and good retail practice violations.
- Utilize the Accreditation MPR 5 Field Worksheet or similar document when training and/or evaluating food service inspection staff.



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MPR 6 Enforcement

Materials necessary for auditing the MPR

- Copy of the local health department’s enforcement policy.
- The records and sample used to evaluate MPR 2 and 4 are used to evaluate MPR 6.

Program Indicators

- Determine if the enforcement policy affords notice and opportunity for a hearing equivalent to the Administrative Procedures Act, Act 306 P.A.1969.
- The policy is compatible with Chapter 8 of the 2009 Food Code, and the Michigan Food Law.
- Determine if the LHD’s policy has enforcement procedures for addressing unauthorized construction; operating without a license; imminent health hazards; and continuous and recurring violations.
- Verify if the policy has been adopted and signed by the health officer or designee.
- For the time period under review, assess the evaluation reports from the sample of establishments used for MPR 4 to determine if the LHD’s enforcement policy is being followed. An individual establishment folder will be considered to be in compliance when the appropriate action specified in the enforcement policy is taken to eliminate:
 - Operation without a license
 - Imminent health hazards*
 - Continuous Priority and Priority foundation*.
 - Recurring Priority, Priority foundation, and Core*.

*See [Food Service Program Model Enforcement Guide for Local Health Departments](#) for definitions

How to judge compliance with MPR 6

- **Met** – $\geq 80\%$ of the establishment folders reviewed indicate the enforcement policy is being followed. An enforcement policy that meets the evaluation criteria has been adopted.
- **Met with Conditions** – An enforcement policy that meets the evaluation criteria has been adopted. Between $\leq 79\%$ and $\geq 70\%$ of the establishment folders indicate the enforcement policy is being followed; however, there is at least one example of a significant lack of enforcement action that could have public health consequences. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.”
- **Not Met** – Less than 70% of the establishment folders indicate the enforcement policy is being followed. An enforcement policy that meets the evaluation criteria has not been adopted.

Tips for passing MPR 6

- Use MDARD’s “Model Enforcement Guidance.”
- Ensure the LHD’s enforcement policy has been adopted by the health officer or designee. The mere presence of a draft policy in a folder is not sufficient.
- Conduct routine quality assurance reviews to make certain staff are following the enforcement policy.



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MPR 7

Follow-up Evaluation

Materials necessary for auditing the MPR/ sample selection

- The materials and samples used to evaluate MPR 2, 4, and 6 are used to evaluate MPR 7.

Program Indicator

- A follow-up evaluation shall be conducted by an LHD, preferably within 10 calendar days, but no later than 30 calendar days, to confirm correction of all previously identified Priority and Priority foundation violations.
- Information about the corrective action is described on the evaluation report and the corrective action appropriately addresses the violation cited. This includes violations that are corrected at the time of evaluation. For evaluations that do not require an onsite follow-up review see the MDARD memo dated 2-17-2015 titled “Guidance for Citation of Violations, Verification of Violation Correction (Follow-ups), Guidance for Confirmation of Correction of Priority foundation Violation Changes Cited in the 2012 Food Law, Evaluation Report Writing, and Issuance of License”.
- An approved report form is used to document the results of the follow-up action.
- An individual establishment will be considered to meet the standard when 80% of the follow-up evaluations are conducted within 30 calendar days.
- If not more than two Priority foundation item violations are noted and the director determines that the violations are not a risk to food safety, the director may confirm correction of the Priority foundation item violations at the next routine evaluation.

How to judge compliance with MPR 7

- **Met** - $\geq 80\%$ of the establishments in the sample meet the standard.
- **Met with Conditions** - Between $\leq 79\%$ and $\geq 70\%$ of the establishments meet the standard. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.”
- **Not met** - Less than 70% of the establishments in the sample meet the standard.

Tips for passing MPR 7

- Create a tracking system to assure that follow-up evaluations are conducted.
- Do not write phrases on the report such as “OK” and “Corrected” at time of evaluation for Priority and Priority foundation violations. Document the specific action that has been taken to correct the Priority or Priority foundation violations.



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MPR 8 Variances

Materials necessary for auditing the MPR

- Local health department policy manual
- Local health department list of variances evaluated during the Accreditation Review period

Sample Selection

- Ask the local health department for a list of establishments having been issued a variance during the review period.

Program Indicators

- Determine if variances are required and whether a HACCP Plan was submitted and approved for specialized processing methods, as required by Section 3-502.11 of the Food Code.
- Determine if the applicant's variance request is maintained in the file.
- Determine if the applicant has provided a statement of the proposed variance of the Food Code citing relevant code section numbers, an analysis of the rationale for how the public health hazards addressed by relevant code sections will be alternately addressed by the proposal, and a HACCP plan if required (FC sections 8-103.11).
- Determine if staff is following the department's procedures.

How to judge compliance with MPR 8

Note: It is unlikely that many variances will have been issued over the three-year review cycle; therefore, a percentage allowance is not feasible.

- **Met** – The department issues variances in accordance with the Food Code.
- **Met with Conditions**– Overall the department issues variances in accordance with the Food Code but there are some minor deviations that need attention. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.”
- **Not Met** – The department does not issue variances in accordance with the Food Code.

Tips for passing MPR 8

- Develop in-house procedures for issuing variances.
- Create an internal review procedure that promotes uniformity.



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MPR 9

Consumer Complaint Investigation (Non-foodborne Illness)

Materials necessary for auditing the MPR

- Local health department complaint tracking system
- Selected complaint files
- Local health department policy manual

Sample Selection

- Use Annex 5 - Office Sample Size Chart and Annex 4 - Approved Random Sampling Methods to determine the number of records for review.
- Use the total number of complaints received over the past three years as the basis for determining sample size.

Program Indicators

- Determine if a consumer complaint tracking system has been created.
- Determine if consumer complaint investigations are initiated within 5 working days.
- Determine if the findings (a brief notation that explains the results and conclusions of the investigation) are noted either in the logbook or stored with the filed complaint record.

How to Judge Compliance with MPR 9

- **Met** – The local health department maintains a consumer complaint tracking system. At least $\geq 80\%$ of the records reviewed indicate the local health department initiates complaint investigations within five working days and documents the findings.
- **Met with Conditions** – The local health department maintains a consumer complaint tracking system. Between $\leq 79\%$ and $\geq 70\%$ of the records reviewed indicate the local health department initiates investigations within five working days and documents the findings. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.”
- **Not Met** – The local health department does not maintain a complaint logbook and/or less than 70% of the records reviewed indicate the LHD initiates complaint investigations within five working days, and/or the LHD does not document the findings.



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MPR 10

Technical Training of Staff

Materials Necessary for Auditing the MPR

- Training files for every new employee hired or assigned to the food service program during the last Accreditation Review period

Sample Selection

- The training record for each employee is reviewed.

Program Indicator

- Determine if the training record indicates each individual has completed training in the eight designated skill areas:
 - a. Public health principles
 - b. Communication skills
 - c. Microbiology
 - d. Epidemiology
 - e. Food Law, Food Code, related policies
 - f. HACCP
 - g. Allergen management
 - h. Emergency management
- Employees assigned full time to a food program complete training in these skill areas within 12 months of being assigned to the program. Employees not fully assigned to the food program or part-time employees have 24 months to complete training.
- The local health department's judgment as to the completeness and complexity of the training for each skill area must be documented by verifiable logs, certificates or equivalent.
- Employees that are only involved in the evaluation of specialty food service establishments, MPR 12, are exempt from this training requirement.
- Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

Note: Employees only involved in the evaluation of specialty food service establishments are not included in the evaluation for MPR 10.



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How to Judge Compliance with MPR 10

- **Met** – The training record for each employee indicates that training has been completed in the eight designated skill areas within 12 months from the date of being assigned to the program. Employees who are not fully assigned to the food program or part-time employees have completed training in 24 months.
- **Met with Conditions** - The training record for each employee indicates that training has been completed in the eight designated skill areas, but the training period exceeded 12 months for full time employees or 24 months for the employees who are not fully assigned to the food program. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.”
- **Not Met** – Either training records are not maintained or the records indicate that training has not been completed in the six designated skill areas.

Tips for Passing MPR 10

- Utilize the MDARD [Food Service Program Training Guidance](#)



Section II: Food Service

MPR 11

Fixed Food Service Evaluation Skills

Materials Necessary for Auditing the MPR

- Training files for every new employee hired or assigned to the food service program during the last Accreditation Review period.

Sample Selection

- The training record for each employee is reviewed.

Program Indicator

- Determine if the training record indicates that each individual has completed:
 - a. 25 joint field evaluations with any other food service program employee who has already completed training under MPR 10 and 11,
 - b. 25 independent evaluations under the review (either field or paperwork review) of any other food service program employee who has already completed training under MPR 10 and 11, and
 - c. Final five field evaluations with a Standardized Field Trainer.
- Employees assigned full time to a food program complete fixed food service evaluation skills training within 12 months of being assigned to the program. Employees not fully assigned to the food program or part-time employees have 24 months to complete training.
- Logs or equivalent documents are present showing completion of training.
- Employees who are only involved in the evaluation of specialty food service establishments, MPR 12, are exempt from this training requirement.
- Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

How to Judge Compliance with MPR 11

- **Met** - The training record for each employee, with no previous applicable experience, indicates 25 joint field evaluations and 25 independent evaluations under review have been completed with a food service program employee who has already completed training under MPR 10 and 11; and a final five field evaluations with a Standardized Field Trainer have been completed within 12 months of assignment to the food program. Employees not fully assigned to the food program have completed the training in 24 months.
- **Met with Conditions** – From assignment to the food program, training was completed for the 25 joint field evaluations, 25 independent evaluations under review; and the final five field evaluations with a Standardized Field Trainer, but the training period exceeded 12 months for full-time employees or 24 months for the employees that are not fully assigned to the food program. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met”.
- **Not Met** – Either training records are not maintained, or the records indicate the 25 joint field evaluations, 25 independent evaluations under review; or the final five field evaluations with a Standardized Field Trainer have not been completed.



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Tips for Meeting MPR II

- Utilize the MDARD [Food Service Program Training Guidance](#)



Section II: Food Service

MPR 12

Specialty Food Service Evaluation Skills

Materials Necessary for Auditing the MPR

- Supervisor endorsement for every newly assigned employee to the specialty food service program. Employees include those who may be occasionally asked to evaluate specialty food service establishments. Specialty food service establishments encompass temporary food service establishments (TFEs), transitory food units (TFU), and mobile food establishments.

Sample Selection

- Supervisor endorsement for each employee is reviewed.

Program Indicators

- Determine if the supervisor has endorsed all employees who evaluate specialty food service establishments as having knowledge of the Food Law, Food Code, public health principles, and communication skills. Each employee must be endorsed for each type (TFE, TFU, or mobile) of specialty food service facility they evaluate. Automatic endorsement is received when an employee has met the requirements of MPR 10 and 11.

How to Judge Compliance with MPR 12

- **Met** – Supervisor endorsement for each newly assigned employee involved in the evaluation of specialty food service establishments is completed before conducting independent evaluations or the employee has met the requirements of MPR 10 and 11.
- **Met with Conditions** - The supervisor endorsement for each newly assigned employee involved in the evaluation of specialty food service establishments is completed, but a newly assigned employee conducted independent evaluations prior to supervisor endorsement. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.”
- **Not Met** – Supervisor did not evaluate and endorse a newly assigned inspector before conducting independent evaluations for each type of assigned establishment.

Tips for meeting MPR 12

- Develop a formal written training plan for employees occasionally assigned to various aspects of the program.
- Maintain a training folder for each employee.



Section II: Food Service

MPR 13

Foodborne Illness Investigations- Timely Response

Materials Necessary for Auditing the MPR

- Local health department foodborne illness investigation policy manual
- Foodborne illness complaint log or tracking system
- MDARD list of local health department foodborne illness investigation reports
- Foodborne illness investigation records generated since the last Accreditation Review

Sample

- Use the Annex 5 – Office Sample Size Chart and Annex 4 – Approved Random Sampling Methods to determine the number of records for review.

Program Indicators

- Determine if FBI complaint investigations are initiated by the end of the next business day by the person responsible for conducting the investigation . “Initiated” includes the initial contact, phone calls, file reviews, or determination that the complaint is an outbreak*, etc.
- Determine if local health department has promptly reported potential foodborne illness outbreaks to MDARD by forwarding information required on the Form ‘A’ intake (Pursuant to the Michigan Food Law section 3129 (1)).
- Determine if local health department immediately notified MDARD when their investigation indicated that a source of a foodborne disease or poisoning was from an MDARD licensed food establishment by sending an FI-238 (Pursuant to the Michigan Food Law section 3129(2)).
- Determine if the local health department has submitted a copy of the final written report for foodborne illness outbreaks to the MDARD within 90 days after the investigation has been completed.

*Note: According to MDHHS MPRs under Section III: General CD Control; MDHHS shall be notified within 24 hours of when LHD suspects a communicable disease (CD) outbreak.

How to Evaluate Compliance with MPR 13

- **Met** – $\geq 80\%$ of the foodborne illness investigations records reviewed contain all of the following elements: a) all foodborne illness complaint investigations are initiated by the end of the next business day, b) if applicable, all final written reports are submitted to MDARD within 90 days of investigation completion, and c) if applicable, MDARD notified via FI-238 when source of foodborne disease/poisoning is from MDARD licensed food establishment.
- **Met with Conditions** – Between $\leq 79\%$ and $\geq 70\%$ of the foodborne illness investigations records in the sample meet the standards. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.”
- **Not Met** – Less than 70% of foodborne illness investigation records in the sample meet the standards.



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MPR 14

Foodborne Illness Investigation Procedures

Materials Necessary for Auditing the MPR

- Local health department foodborne illness investigation policy manual
- Complaint log or tracking system
- Documentation of complaint log/tracking system reviews
- MDARD list of local health department foodborne illness investigation reports
- Foodborne illness investigation records generated since the last Accreditation Review

Sample

- The records used to evaluate MPR 13 will be used to evaluate MPR 14.

Program Indicators

- Determine if the complaint log or tracking system is systematically reviewed each time a foodborne illness complaint is received to determine if isolated complaints may indicate the occurrence of a foodborne illness outbreak.
- Documentation of the date of the log review and who conducted the review is present. This documentation can occur on, but is not limited to, the complaint intake form A or complaint database.
- Determine if the department has and follows standard operating procedures for foodborne disease surveillance and investigating foodborne illness outbreaks that include:
 - a. A description of the foodborne illness investigation team and the duties of each member.
 - b. Identify who will review log or tracking system for trends and how the reviews will be documented.
 - c. Outline the methods used to communicate foodborne illness as stated in the Food Law 3131.(1) “A local health department shall develop and implement a communications system with other applicable governmental agencies, individuals, and organizations including, but not limited to, hospital emergency rooms and state and local police. The communications system shall provide the means to contact specific local health department employees and basic information necessary to initiate a foodborne illness outbreak investigation. The information provided in the communications system shall be updated annually.”
 - d. Procedures consistent with those described in the International Association for Food Protection publication “Procedures to Investigate a Foodborne Illness, 5th edition or newer, or equivalent procedures (e.g. Council to Improve Foodborne Outbreak Response (CIFOR)).
- Determine if department uses the proper forms for investigating foodborne illness complaints.
 - a. For all alleged foodborne illness complaints a Form A or equivalent, and
 - b. any of the following documents:
 - (1) LHD Electronic database form
 - (2) IAFP form C1/C2 OR equivalent
 - (3) The Michigan Gastrointestinal Illness Complaint Interview Form
 - (4) MDSS interview form or;
 - (5) An outbreak-specific questionnaire (if one is used)



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- Determine that copies of completed forms are available for review during the audit, may be electronic.
- An individual foodborne illness complaint will be considered to meet the standard when $\geq 80\%$ of the required indicators have been met (e.g., four out of five listed indicators are met) for that complaint.

How to Evaluate Compliance with MPR 14

- **Met** – Written foodborne illness standard operating procedures contain at least three of the four required elements AND $\geq 80\%$ of the foodborne illness investigations records in the sample meet the standards.
- **Met with Conditions** – Written foodborne illness standard operating procedures only contains two of the four required elements OR between $\leq 79\%$ and $\geq 70\%$ of the foodborne illness investigation records in the sample meet the standards. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a “Not Met.
- **Not Met** – Written foodborne illness standard operating procedures contain one of the four required elements OR less than 70% of the foodborne illness investigation records in the sample meet the standards.

Tips for Passing MPR 13 and 14

- Staff conducting foodborne illness investigations should periodically review the International Association for Food Protection publication “Procedures to Investigate a Foodborne Illness, 5th edition or newer, or equivalent procedures (e.g. Council to Improve Foodborne Outbreak Response (CIFOR).
- Assemble the foodborne illness investigation team at least once annually to review procedures.
- Contact local governmental agencies and organizations at least annually to review foodborne illness reporting and investigation responsibilities. Be certain to include local hospitals and the medical community in the policy.
- Review MDARD’s FBI memo [Foodborne Illness Reporting and Documentation for Minimum Program Requirement \(MPR\) Compliance](#)



Section II: Food Service

Important Factor I Industry and Community Relations

Important Factor Ia - Industry Education Outreach

Materials Necessary for Auditing Important Factor Ia

- Evidence of educational outreach to industry and community groups
- Completion of the attached forms is recommended
- Educational Outreach
 - a. Outreach encompasses industry and consumer groups as well as media and elected officials.
 - b. Outreach efforts may include industry recognition programs, websites, newsletters, *Fight BAC!*[™] campaigns, food safety month activities, food worker training, school-based activities, customer surveys, or other activities that increase awareness of the risk factors, and control methods to prevent foodborne illness.
 - c. Outreach activities may also include posting inspection information on a website or in the press.

How to Evaluate Compliance with Important Factor Ia

Met –Agency participation in at least one activity listed under the program indicator (educational outreach) annually is sufficient to meet this standard.

Tips for meeting important factor Ia

- Place food safety information on the department’s website.
- Food safety training provided to the industry

OR

Important Factor Ib - Community Relations

Materials Necessary for Auditing Important Factor Ib

- Documentation to provide evidence of annual surveys or meetings held with industry and community for the purpose of soliciting food service program related recommendations and feedback

Program Indicators

- Community and Consumer Interaction
 - a. The jurisdiction sponsors or actively participates in meetings such as food safety task forces, advisory boards, or advisory committees.
 - b. These forums shall present information on food safety, food safety strategies, and interventions to control risk factors.
 - c. Offers of participation must be extended to industry and consumer representatives.



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- Outcome
 - a. The desired outcome of this standard is enhanced communication with industry and consumers through forums designed to solicit input to improve the food safety program.
 - b. A further outcome is the reduction of risk factors through educational outreach and cooperative efforts with stakeholders.
- Documentation
 - a. Quality records needed for this standard reflect activities over the most recent three-year period and include:
 1. Minutes, agendas, or other records that forums were conducted.
 2. For formal, recurring meetings, such documents as bylaws, charters, membership criteria and lists, frequency of meetings, roles, etc.
 3. Documentation of performed actions or activities designed with input from industry and consumers to improve the control of risk factors.
 4. Documentation of food safety educational efforts. Statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome (i.e. recognition provided to establishments with exemplary records or an on-going website).

How to Evaluate Compliance with Important Factor Ib

- **Met** –Agency participation in at least one activity listed under the program indicator section for Important Factor Ib (industry and community relations) annually is sufficient to meet this standard.

Tips for meeting Important Factor Ib

- Example: Hold an annual meeting with a school or school district in your jurisdiction (industry involvement); invite the parent / teacher organization (community involvement); and discuss food safety and interventions to control risk factors.
- Place food safety information on the department’s website.

Note: Special comments will be added if a LHD meets both Important Factor Ia and Ib.



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Important Factor II Continuing Education and Training

Materials Necessary for Auditing Important Factor II

- Certificates earned from the successful completion of course elements of the uniform curriculum
- Contact hour certificates for continuing education
- Other employee training records

Program Indicators

- Each current employee conducting inspections accumulates 20 contact hours of continuing education for the Accreditation time period under review. The candidate qualifies for one contact hour for each hour's participation in any of the following activities:
 - a. Attendance at regional seminars / technical conferences
 - b. Professional symposiums / college courses
 - c. Workshops
 - d. Food-related training provided by government agencies
- The number of contact hours of training can be pro-rated for employees who have been on the job less than the 36-month Review period. Employees who have limited food service responsibilities (i.e. inspect only temporary food service, or seasonal food service) are not obligated to meet Important Factor II requirements.

How to Determine Compliance with Important Factor II

- **Met** – Every current employee assigned to the food service program has accumulated 20 contact hours of continuing education for the Accreditation time period under review.



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Important Factor III Program Support

Materials Necessary for Auditing Important Factor III

- The total number of full time employees (FTE) assigned to the food service program
- The total number of licensed food service establishments

Comment

- Important Factor III is derived from the U.S. Food and Drug Administration “National Recommended Retail Food Regulatory Program Standards; Standard 8 – Program Support and Resources.” The FDA Standard 8 requires a staffing level of one FTE devoted to the food program for every 280 to 320 evaluations performed. Evaluations for the purpose of this calculation include routine evaluations, re-evaluations, complaint investigations, outbreak investigations, follow-up evaluations, risk assessment reviews, process reviews, variance process reviews, and other direct establishment contact time such as on-site training.
- An average workload figure of 150 establishments per FTE, with two evaluations per year, was originally recommended in the “1976 Food Service Sanitation Manual.” Annex 4 of the Food Code since 1993, has included a recommendation that 8 to 10 hours be allocated for each establishment per year to include all of the activities reflected here in the definition of an evaluation. The range of 280 to 320 broadly defined evaluations per FTE is consistent with the previous recommendations.
- The 2003 Accreditation Tool standard indicated a staffing level of 125 to 225 establishments per FTE met the “Important Factor V – Program Support and Resources” standard.

Program Indicators

- Determine the actual number of FTEs assigned to the food service program.
- Determine the number of FTEs needed to evaluate all annually licensed food service establishments (except temporary food service establishments).
 - a. Recommended number of FTEs: Divide the total number of licensed establishments by 150.
 - b. Minimum number of FTEs: Divide the total number of licensed establishments by 225.
- Determine the average number of FTEs required to evaluate temporary food service establishments.
 - a. Divide the total number of temporary food service licenses issued per year by 300.
- Determine if the department is on a risk based inspection schedule.

How to Determine Compliance with Important Factor III

- **Met** – The actual number of FTEs assigned to the food service program meets or exceeds the calculated minimum number of FTEs required. (Minimum number FTEs for annually licensed establishments plus average number for temporary food service establishments.)



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Important Factor IV Quality Assurance Program

Materials Necessary for Auditing Important Factor IV

- Local health department quality assurance written procedures
- Employee training and quality control records

Program Indicators

- Option 1 Accreditation:
 - a. LHD has a written quality assurance procedure that addresses doing quality assurance for plan review, TFEs, FBIs, routine evaluations, follow up evaluations, and non-foodborne complaints; and each staff person assigned to the food program has completed three field quality assurance reviews with a Standardized Trainer in the Accreditation time period under review. A LHD that has delegated authority of regulation of food establishments to another agency (e.g., university) would need to include these establishments and staff in the quality assurance review.
 - b. The written quality assurance procedure outlines corrective measures that will be taken if deficiencies are found in any of the listed areas or field review.
 - c. LHD staff who are only trained in specialty food service operations (MPR 12) are exempt from field quality assurance reviews.
 - d. A Standardized Trainer who is currently in good standing automatically meets the field quality assurance review requirements of this Important Factor under Option 1 Accreditation.
- Option 2 Accreditation
- LHD has completed a full self-assessment against the MPRs at least six months before a scheduled site visit; and each staff person assigned to the food program has completed three field quality assurance reviews with a Standardized Trainer in the Accreditation time period under review. An LHD that has delegated authority of regulation of food establishments to another agency (e.g., university) would need to include these delegated establishments in their population size and random sampling for the self-assessment and conduct field quality assurance reviews of the delegated staff.
- LHD staff who are only trained in specialty food service operations (MPR 12) are exempt from field quality assurance reviews.
- A Standardized Trainer who is currently under good standing automatically meets the quality assurance requirements for field of this Important Factor under Option 2 Accreditation.

How to determine compliance with Important Factor IV

- **Met for Option 1** – A written quality assurance program has been developed and contains elements as listed above under Program Indicators Option 1 Accreditation and documentation is present of the three field quality assurance reviews with a Standardized Trainer for the time period under review.
- **Met for Option 2** – The LHD has completed a full self-assessment against the MPRs at least six months before scheduled site visit and documentation is presented of the three field quality assurance reviews with a Standardized Trainer for the time period under review.



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Important Factor V

20.88 Agreement and National Environmental Assessment Reporting System

Materials Necessary for Auditing Important Factor V

- Documentation of a 20.88 Agreement or enrollment in National Environment Assessment Reporting System (NEARS).

Program Indicators

- The jurisdiction has either a 20.88 Single-Signature Long-Term Food Information Sharing Agreement or is enrolled in NEARS.

How to determine compliance with Important Factor V

- **MET** – Documentation is present showing jurisdiction has a 20.88 Single-Signature Long-Term Food Information Sharing Agreement or is enrolled in NEARS.



Section II: Food Service

Annex I - Corrective Plan of Action

The Michigan Local Public Health Accreditation Program (MLPHAP) requires a formal corrective plan of action (CPA) from a local health department for each MPR indicator that has been found “Not Met” during the on-site review. MLPHAP procedure requires the original CPA to be submitted to the accreditation administrative staff via the Accreditation Web Module.

To expedite review and acceptance by MDARD, via the Accreditation Web Module, LHDs are strongly encouraged to send a copy directly to the MDARD Reviewers (recommend 14 days before due) once the CPA is completed and before submitting to the Accreditation Web Module. The MDARD Reviewers can then provide input on the CPA to ensure it contains all proper elements before the LHD submits and publishes the CPA to the Accreditation Web Module.

Deadline for Submission

The MLPHAP Local Health Departments – Users’ Guide states “The timeline for CPA implementation begins at the conclusion of the On-Site Review. CPAs must be entered into the Accreditation Web Module within 60 days of the end of the on-site review. Due to this 60-day deadline, the LHD should send a copy of the CPA to the MDARD Reviewers, recommended 14 days before being due, for input before the end of the 60 days. For more information on the MLPHAP protocols and policies, see <https://accreditation.localhealth.net/>.

I. Content

- For each “Not Met” MPR, the written corrective plan of action must include:
 - a. A statement summarizing the problem (e.g., less than 70% of the food service establishments are presently being evaluated at the required frequency).
 - b. A statement summarizing the standard (e.g., all food service establishments are required to be evaluated once every six months).
 - c. A detailed plan for correcting the problem, including the names of the individuals responsible for each task, training needs, timelines, etc.
 - d. A procedure for monitoring the plan to make certain the plan is being carried out as intended.
 - e. A description of the corrective action that will be taken if the plan is not followed.
 - f. A method for evaluating results and for basis for MDARD to conduct an on-site follow-up to verify that the plan has worked.

2. Follow-up Review

- At least 90 days after a CPA is approved and no longer than one year of the accreditation review; the LHD must submit a written request for the MDARD Reviewers to conduct a follow-up review to demonstrate compliance with the “Not Met” indicators. A minimum of 90 days showing continuous compliance is required for the indicator to be found “Met.”



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Copy of Form Found On the MPH Accreditation Site for Completion of CPA

Instructions and Guidance:

- Please send any additional materials to accompany this Corrective Plan of Action directly to the reviewer(s) whom performed the applicable section review.
- If local health department staff need assistance in developing Corrective Plan(s) of Action please contact the applicable section reviewer(s).
- The Corrective Plan(s) of Action must be submitted by the local health department within 60 days of the last day of the On-site Review.
- Follow-up action on the Corrective Plan(s) of Action must take place within 365 days of the last day of the On-site Review.
- In order to complete the Corrective Plan of Action submission process, the health officer must login to the Web Reporting Module using their health officer account. Once logged in, the health officer may make any final edits necessary to the form and then publish the form by checking the 'Publish' box and clicking the 'Save' button.

Date:

Local Health Dept Name:

Your Name: *

Title: *

Local Health Department Staff Responsible for Implementing Corrective Plan of Action

Name: *

Title: *

Phone: * *

Fax: * *

Indicator Not Met

Indicator Description:

Corrective Plan of Action (be specific and include details)

Describe Corrective Plan of Action: * *

Projected Completion Date:

Please explain how the Corrective Plan of Action will correct the deficiency: * *



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Are there additional materials accompanying this CPA:

Yes No

Additional Material:

Reviewer:

Date Sent:

Electronic Signature:*

NOTICE: By placing your name in this box, you agree that this plan has been reviewed and approved by appropriate administrative staff, including your Health Officer.

Publish

Save

[Return to CPA Page](#)



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Annex 2 – Corrective Measures (Formerly known as Moot Point)

Corrective Measures

Corrective measures are remedial measures a local health department takes when they detect an MPR deficiency during a review cycle through their normal quality assurance process. The LHD has taken documented action to correct the deficiency and then re-assess to verify the deficiency has been corrected and there is no likelihood that the deficiency will recur.

Option 1 Accreditation and Corrective Measures

For Option 1 Accreditation, corrective measures taken showing the deficiency has been corrected would need to be in place for at least six months prior to the MDARD on-site visit. During the on-site visit, the MDARD would only pull samples for the noted deficient MPR(s) from the time period after implementation of the corrective measures taken by the LHD. The MDARD may request evidence of any corrective measures taken by the LHD.

Option 2 Accreditation and Corrective Measures

- Corrective measures taken **before** the full Option 2 self-assessment of program by local health department.
 - For the full self-assessment, samples of files for an MPR(s) in which corrective measures were taken should be from a time period after implementation of the corrective measures.
 - MDARD may request evidence of any corrective measures taken before the full self-assessment was conducted.
- Corrective measures taken **after** the full Option 2 self-assessment of a program by the LHD.
 - If, during the full self-assessment, the LHD rates themselves as a “Not Met” or “Met with Conditions” for an MPR(s), they may put corrective measures in place and then re-assess to obtain a better rating for the identified MPR(s).
 - This re-assessment, along with the original self-assessment, for the identified MPR(s) would need to be documented and shown to the MDARD during the on-site visit.
 - The corrective measures would need to be in place a minimum of 2 months before re-assessment of the MPR(s). The re-self-assessment would need to be completed before MDARD on-site visit. More than one corrective measure plan can be done for same MPR if time allows and if the first plan implemented does not correct the issue.
 - The MDARD may request evidence of any corrective measures taken.



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Annex 3 - Procedure for Conducting Accreditation Re-evaluations of Local Health Departments

Purpose

To determine if a local health department has met the minimum program requirements (MPRs) that were found to be “Not Met” during the initial Accreditation Review.

Background

The Michigan Local Public Health Accreditation Program requires a local health department to request a re-evaluation for all MPRs that were found to be “Not Met” between 90 days and one year of the Accreditation Review. Failure to request a re-evaluation within one year will result in “Not Accredited” status.

Re-evaluation to Determine Compliance Using Option 1 or 2

Option 1 **Office:** MDARD will follow the Policy/Procedure and Evaluation described below to evaluate the MRP as “Met” / “Not Met” / “Met with Conditions”.

Field: If MPR 5 receives a Not Met, a CPA and revisit are required. This would entail the MDARD reviewer to accompany and re-evaluate all staff who participated in the Option 1 field review.

Option 2 **Office:** With the use of Option 2, the only time MDARD would do an Accreditation revisit would be if the CPA put in place and evaluated after at least 90 days by the local health department was not effective.

Field: Since a self-assessment is not done by the local health department for Option 2 (QA should show field compliance) the local health department staff is evaluated during the Accreditation visit. If MPR 5 receives a Not Met, a CPA and revisit are required. This would entail the MDARD reviewer to accompany and re-evaluate all staff who participated in the Option 2 field review.

Policy/Procedure

- The re-evaluation will assess only those MPRs found to be “Not Met” during the initial evaluation.
- The re-evaluation will encompass the time period beginning with the implementation of the CPA.
- For review of office MPRs: Annex 5 - Office Sample Size Chart and Annex 4 - Approved Random Sampling Methods guide will be used. Files selected for review will be limited to those reflecting work performed under the CPA. The re-evaluation may intentionally include previously reviewed records and establishments to assess progress.
- For review of Field MPRs: MDARD would randomly choose facilities to assign all the staff who participated in initial on-site review.



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Evaluation

MDARD will review the following:

- The deficiencies found in the original evaluation
- The CPA
- The action taken to resolve the deficiencies
- Results of the action

How to Judge Compliance

- **Met** - The program indicator meets the definition of “Met” in the MPR Indicator Guide used during the original evaluation.
- **Met with Conditions** - Substantial progress has been made. Continued implementation of the CPA will reasonably result in compliance.
- **Not Met** - Not in compliance without a reasonable expectation of being in compliance in the near future.

Exit Interview

An Exit Conference will be conducted with the appropriate management staff.

Notification

MDARD will enter the results of the re-evaluation into the Michigan Local Public Health Accreditation Program website.

Waiver of On-Site Review

The MDARD may waive the On-Site Review if it is possible to determine compliance from documentation submitted to MDARD.



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Annex 4 - Approved Random Sampling Methods

Random number sampling introduces less bias than any other sampling method available. The objective is that every item on the list being used has an equal chance of being selected. For Accreditation, the MDARD uses a simple random sampling method to draw all samples. The MDARD may place criteria on certain samples, thereby rejecting the selected document or file as not meeting predefined criteria, and then randomly selecting another, until one is drawn that meets the criteria.

See the Self-Assessment Guidance Document for examples.

To use a random selection method, it is necessary to have a list (complete population) of the items to be selected (e.g., licensed establishment list, plan review log, complaint log, etc.). If an LHD has delegated authority of regulation of food establishments to another agency (e.g. University) then the food establishment operations that were delegated would need to count toward the overall population size. These delegated establishments would be included in the pool of potential files for assessing MPRs and a proportional sample will be drawn for random selection.

Method #1: Random number generating calculator, computer software, or hard copy random number table.

Select random numbers between the minimum and maximum number from the list being used. For example, you have a list of 175 fixed food service establishments, and you want to select five establishments from the list.

Use the calculator, software, or random number table to select five random numbers from 1 to 175. Should the same number be generated twice, reject the duplicate and select another random number. For example, let's say the numbers selected are: 32, 86, 12, 143, and 106. You would then count from the beginning of the establishment list and choose the 12th, 32nd, 86th, 106th, and 143rd establishments.

Method #2: Select every Kth facility

Select random numbers between the minimum and maximum number from the list being used. For example, you have a list of 175 fixed food service establishments, and you want to select five establishments from the list.

1. Number the list, starting with 1.
2. Have another individual select a number from 1-175 (the selected number may include 1 and 175). Let's say 40 is selected. Use the selected number 40 as the starting point.
3. Divide the total number of establishments 175 by the sample size 5. [$175/5 = 35$.] This means that every 35th establishment file will be selected for review.
4. Now find the 40th establishment from the beginning of the list. This is the first file that will be reviewed. Next count forward 35 establishments to find the second file to be reviewed. Continue until five establishment files have been selected. When you reach the end of the list, continue counting from the beginning. You should have selected the following establishments: 40, 75, 110, 145, and 5. Should you need to select more than five, start over with #2 above to avoid selecting items previously selected.



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Annex 5 – Office Sample Size Chart

Determine the number of food establishments licensed, full plan reviews conducted, temporary licenses issued, complaints investigated, etc., that a sample is to be drawn from. Find that number under population size, and then find the number of files to be reviewed under sample size. If a an LHD has delegated authority of regulation of food establishments to another agency (e.g., university) then the food establishment operations that were delegated would need to count towards the overall population size and a proportional sample will be pulled from these delegated establishments.

Population Size	Sample Size (n)*
4	3
5	4
6-7	5
8-9	6
10-13	7
14-16	9
17-19	10
20-23	11
24-27	12
28-32	13
33-39	14
40-47	15
48-58	16
59-73	17
74-94	18
95-129	19
130-192	20
193-340	21
341-1154	22
1155 +	23



Section II: Food Service

Annex 6 - Accreditation Review Document Summary

The following are the typical documents needed by food service program reviewers that must be available during a review.

MDARD Provided Documents

- Licensed facility list to draw samples from and lists of files randomly selected for review.
- Log of foodborne illness reports submitted to MDARD.
- Field and office review worksheets.

Local Health Department Provided Documents

- For Evaluation of Minimum Program Requirements (MPRs)
- Documentation relating to corrective measures. See MPR Indicator Guide, Cycle 9, Annex 2.
- Plan Review Log.
- Plans review files selected for review (all documents and plans relating to review). List of specific files selected will be provided during review.
- Establishment file for plans selected (pre-opening evaluation and license are needed).
- Establishment files selected for review (complete and current file, may include, fixed, mobile, TFU, etc.). List of specific files selected will be provided during review.
- Temporary licenses and evaluations for review period.
- List of variances evaluated during review period. Enough information should be on this list to allow these files to be retrieved and reviewed, if requested.
- Consumer food complaint log and selected complaint files.
- Foodborne illness complaint log and selected complaint and outbreak investigation files.
- Training files for every new employee hired or assigned to the food program since the last accreditation visit. Employees include those who may be occasionally asked to evaluate specialty food service establishments (temporary, TFU, mobile).
- Policy and procedure documents relating to:
 - enforcement, including documentation of policy adoption (by whom and date adopted)
 - variances
 - foodborne illness complaint and outbreak investigation

For Evaluation of Important Factors

- I - Documentation - quality records needed for this standard reflect activities over the most recent three-year period and include:
 - Minutes, agendas, or other records that forums were conducted,
 - For formal, recurring meetings, such documents as by-laws, charters, membership criteria, and lists, frequency of meetings, roles, etc.,
 - Documentation of performed actions or activities designed with input from industry and consumers to improve the control of risk factors, or
 - Documentation of food safety educational efforts. Statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome i.e., recognition provided to establishments with exemplary records or an on-going website.
- II - Employee training records.
- III - Documentation of the total number of FTE's assigned to the food service program.
- IV - Food service program's quality assurance written procedures.
- V - Documentation of 20.88 Agreement or enrollment in NEARS



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Annex 7 – Approximate Review Timeline

On-site visits by MDARD Reviewers may take two to five days to complete based on various circumstances such as Accreditation option utilized, travel time, multi-district offices, and number of field visits that need to be conducted. To ensure resources are available during the on-site visit, the LHD should reserve up to five days for the review even though this entire time may not be utilized. Approximately, one month prior to an LHD site visit, the MDARD reviewers shall contact the LHD to discuss an estimated number of days it will take to conduct the review.

NOTES: Multiple offices- When an agency has food program files in multiple offices including sub-contracted offices (e.g., university), all the various records that each office maintains need to be made available during the visit. For example, during a partial day visit to an office in a district the following types of files are normally reviewed: plans, establishment files, complaint and foodborne illness files, temporary food service licenses, and employee training records.

*For a more complete description of documents needed, see, MPR Guidance Document, Annex 8 - Accreditation Review Document Summary.



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ANNEX 8 Adjustment of MPR Review Period

MDARD's intent is to not review the same timeframe twice during different review cycles. Therefore, the Accreditation Review period for specific MPRs will be shortened if:

- That MPR had a follow-up during the previous cycle.
- That follow-up's Review time frame overlapped into the next cycle's normal Review period.

For example, if the follow-up Review for MPR 4 was completed 10 months into the next Review period, the On-Site initial Review will be reduced by 10 months for that specific MPR.



Section II: Food Service

Annex 9- Cycle 9 Food Program Review Options

Review Options

Compliance with program standards can be demonstrated in one of two ways.

Option 1 - MDARD conducts the office and field Review to determine compliance with the MPRs.

Option 2 - The local health department demonstrates how the agency is in compliance to the MDARD reviewer.

Option 2 Review Elements

The Review shall consist of the following elements:

- Oral presentation / discussion outlining the food safety program's ongoing.
 - quality assurance activities
 - self-assessment against established MPRs
- Self-assessment document review presented to the MDARD reviewer by the local health department to verify that the self-assessment was completed accurately and properly.
 - The local health department will receive the rating it gave itself on any MPRs, providing the audit verifies the rating as correct.
 - If during the self-assessment, the local health department rates themselves as a "Not Met" or "Met with Conditions" for an MPR(s), they may put corrective measures in place and then re-assess to obtain a better rating for the identified MPR(s).
 - This re-assessment, along with the original self-assessment, for the identified MPR(s) needs to be documented and shown to the MDARD reviewer during the on-site visit.
 - The corrective measures need to be in place a minimum of two months before re-assessment of the MPR(s). The re-assessment would need to be completed before the MDARD on-site visit. More than one corrective measure plan can be done for same MPR(s) if time allows and if the first plan implemented does not correct the issue.
 - MDARD may request evidence of any corrective measures taken.
- Should the self-assessment show an incorrect rating or a program element that was not properly or completely reviewed, that element shall be jointly reviewed with the MDARD reviewer and local health department staff to determine the correct rating.
- The MDARD reviewer may review a significant statistical number based on Annex 5 of the original documents assessed by the LHD to determine if the self-assessment is correct and accurate.
- The self-assessment shall be completed using the [MDARD Self-Assessment Guide](#) (MPR 5 does not need to be reviewed).
- MPR 5 Field Review Demonstrations is demonstrated by MDARD reviewer.
- The local health department's quality assurance program will be reviewed by the MDARD reviewer.

Criteria to Qualify for Option 2

All local health departments are encouraged to utilize Option 2. However, a local health department is best prepared to use this option has adequate program resources and is conducting thorough quality assurance program reviews. To qualify for Option 2, the local health department must complete the following:

- Completed a full self-assessment against the MPRs at least six months before scheduled Accreditation site visit; and
- Have a written quality assurance procedure that contains a field review component.



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Time Period Under Review for Option 2*

- For LHDs that did not use Option 2 during their previous Accreditation review:
 - Complete the self-assessment covering the first two years of the current review period (two-year total).
 - Example: On-site review is scheduled for March 2027. The normal review period is March 2024 - March 2027. The LHD can start their self-assessment for the MPRs in March of 2026 but must have this self-assessment completed by September of 2026 (six months before schedule site visit) and the self-assessment would cover the time period of March 2024 to March 2026.
- For LHDs that used Option 2 during their previous Accreditation review:
 - Complete the self-assessment covering the last year of the previous review period and the first two years of the current review period (three-year total).
 - Example: On-site review is scheduled for March 2028. The normal review period is March 2025 - March 2028. The LHD can start their self-assessment for the MPRs in March 2027 but must have this self-assessment completed by September of 2027 (six months before schedule site visit) and the self-assessment would cover the time period of March 2024 to March 2027.

*Note: Since Cycle 8 Accreditation was a technical assistance review and Option 2 was not utilized in this cycle; all local health departments who pursue Option 2 for Cycle 9 will only have a two-year total for self-assessment. A local health department would not have a three-year period for self-assessment until Cycle 10.

- Self-assessments must be completed no less than six months before the scheduled on-site review date. Completion of a self-assessment less than six months from the scheduled review date will result in the local health department reverting back to Option 1 Accreditation.



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Annex 10 - Cycle 9 Accreditation Review Option 2 Application

When you have completed your self-assessment process, e-mail completed application to greens2@michigan.gov. The self-assessment should be completed **one year, but no less than six months**, before the MDARD on-site scheduled accreditation visit. A standalone copy of application can be found at [MDARD - Accreditation](#)

Agency Name:

Application completed by (name and title):

Phone:

E-Mail:

Application Date:

Criteria to Qualify for Option 2:

To qualify for Option 2, the local health department must complete the following:

- Completed a full self-assessment against the MPRs at least six months before schedule Accreditation sit visit; and
- Have a written quality assurance procedure that contains a field review component.

Completion Date of Self-Assessment:

If applicable, list any MPR(s) which are initially self-assessed as “Not Met” and the intended date for re-assessment for these MPR(s) after implementation of corrective measures.

<u>MPR#</u>	<u>Re-assessment Date</u>
➤	
➤	
➤	
➤	
➤	
➤	

I verify our Food Program has a written quality assurance procedure and that procedure contains a field review component.

Agency Comments (Additional brief documents may be attached, if desired):