

# Notice of Instruction

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West Central Florida  
Area Agency on Aging, Inc.



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Notice of Instruction Number: #032607-Nutrition-KP

**TO:** All Nutrition Providers/PSA 6

**FROM:** Katie Parkinson, Senior Program Manager (Extension 225)

**DATE:** March 26, 2007

**SUBJECT:** Policy Clarification regarding use of Nutrition Program Compliance Review Tool and Menu Substitution Checklist

**cc:** Program Managers

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This Notice of Instruction is to provide your agency with the revised Facility Nutrition Program Compliance Review (NPCR) Tool and the newly developed Menu Substitution Checklist.

The Facility NPCR is a comprehensive tool that replaces the facility sanitation checklist and the meal site checklist. The intent is to have one comprehensive standard monitoring tool that could be used at your site when quarterly reviews are conducted. Starting immediately, WCFAAA expects to receive a completed Facility NPCR tool for each site, by the 15<sup>th</sup> following the end of each quarter.

Ideally, there should be no menu substitutions. However, because of seasonal food availability, unexpected product loss, or circumstances beyond your control, there will be an occasional menu substitution. Therefore, minimal menu substitutions are allowed under the following conditions:

1. Menu substitutions must be from the same food group and provide equivalent nutritional value. For example: a fruit high in vitamin C must be replaced with another fruit high in vitamin C.
2. Menu substitutions and menu substitution lists must be approved by the nutrition program's Licensed Dietitian and/or Licensed Registered Dietitian prior to use.
3. Documentation of all menu substitutions must be available and include the date of the substitution, the substitution made, justification for the substitution and the signature of the employee authorizing the substitution.
4. WCFAAA must receive the Menu Substitution Checklist completed by the Nutrition Sites Licensed/Registered Dietician within 10 days of the menu change to ensure the substitution remains in compliance with contractual obligations.

Thank you for your continued commitment to Florida's elders. Should you require additional information, please contact your program manager.

## Attachments

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# **Quarterly Facility Nutrition Program Compliance Review**

Date: \_\_\_\_\_ Name of Provider \_\_\_\_\_

Site name and location: \_\_\_\_\_

Site hours of operation: \_\_\_\_\_

Type of meal service: Self Prep \_\_\_\_\_ Catered \_\_\_\_\_ Vendor \_\_\_\_\_

Food Protection Manager \_\_\_\_\_ Certification Exp. Date \_\_\_\_\_

Food Protection Manager on duty (Self prep only) Yes \_\_\_\_\_ No \_\_\_\_\_

A Hazard Analysis Critical Control Point Plan or comparable formal sanitation program is available and followed. (Self prep only) Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Food Service</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Required Action</b>
The menu is posted and dated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
The approved menu is followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Documentation of menus served is available for one federal fiscal year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutrient analysis documentation and the nutrition provider or AAA's Licensed Dietitian and/or Licensed Registered Dietitian verify that each meal meets or exceeds all target nutrient requirements and the Dietary Guidelines for Americans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Documentation, with an appropriate justification, is available indicating all menu substitutions have prior approval by the nutrition program's Licensed Dietitian and/or Licensed Registered Dietitian. (Vendor's Dietitian may not approve menu substitutions.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Menu substitutions are minimal. Number of menu substitutions/month _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Menu substitutions are replaced with food from the same food group and are of equivalent nutritional value.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Special diets and other modifications offered are appropriate and approved by the nutrition program Licensed Dietitian and/or Licensed Registered Dietitian.

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### Today's Meal

### Portion size

### Temperature

### Required Action

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Time food preparation completed: Self Prep \_\_\_\_\_ Catered \_\_\_\_\_

Time food delivered to meal site \_\_\_\_\_ (if applicable)

Time food service began \_\_\_\_\_

### Personal Hygiene

Yes

No

N/A

### Required Action

Employees and volunteers wear clean clothing and closed toe shoes.

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Effective hair restraints are properly worn.

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Fingernails are short, unpolished and clean (no artificial nails). Employees or volunteers with artificial nails must wear disposable gloves.

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Staff are free of jewelry such as rings and bracelets.

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Hands are washed properly, frequently and at appropriate times.

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Disposable gloves are changed at any time hands would be washed.

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Burns, wounds, sores, scabs or splints on hands are bandaged and completely covered with a foodservice glove while handling food.

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Eating, drinking, chewing gum, smoking or using tobacco are allowed in designated areas away

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from the food preparation, service and storage areas.

Employees and volunteers appear in good health.

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### **Food Preparation**

**Yes No N/A Required Action**

All food stored or prepared in facility is from approved sources.

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Standardized recipes are available and followed for all menu items.

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Food equipment utensils and food contact surfaces are properly washed, rinsed and sanitized before every use.

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Frozen food is thawed under refrigeration, cooked to proper temperature from frozen state or thawed in cold running water.

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Thawed food is utilized, not refrozen.

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Preparation is planned so ingredients are kept out of the temperature danger zone to the extent possible.

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Food is tasted using the proper procedure.

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Procedures are in place to prevent cross-contamination.

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Food is handled with suitable utensils, such as single-use gloves or tongs.

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Clean reusable towels are used only for sanitizing equipment and surfaces and not for drying hands, utensils or floor.

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Food is cooked to the required safe internal temperature for the appropriate time. The temperature is tested with a calibrated food thermometer.

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### **Hot Holding**

**Yes No N/A Required Action**

Hot holding unit is clean.

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Food is heated to the required safe internal temperature

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before placing in hot holding. Hot holding units are not used to reheat potentially hazardous foods.

Hot holding unit is pre-heated before hot food is placed in unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Temperature of hot food being held is at 140° F or above. (140 - 165° F is recommended to retain food quality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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### Refrigerators and Freezers

Thermometers are available and accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Refrigerator temperatures are documented and are maintained at 36 – 41° F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Freezer temperatures are documented and are maintained at 0 ° F or below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Refrigerator and freezer units are clean and neat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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All food is properly wrapped, labeled and dated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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The FIFO (First In, First Out) method of inventory management is used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<b>Food Storage and Dry Storage</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Required Action</b>
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Temperatures of the dry storage area is between 50 and 70° F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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All food and paper supplies are stored six to eight inches off the floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Open bags of food are stored in containers with tight fitting lids and labeled with common name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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The FIFO (First in, First Out) method of inventory management is used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Canned goods are free from bulging, leaks or dents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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All food surface areas are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemicals are clearly labeled and stored away from food and food related supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Material Safety Data Sheets (MSDS) are available for all chemicals used by the nutrition program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
There is a regular cleaning schedule for all food surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is stored in original container or a food grade container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### **Cleaning and Sanitizing**

**Yes      No      N/A      Required Action**

Three-compartment sink is properly set up for ware washing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dish machine is working properly (ex. gauges and chemicals are at recommended levels).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water temperatures are correct for wash and rinse. Wash temperature – 150 - 160° F Final rinse temperature – 165° F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If heat sanitizing, the utensils are allowed to remain immersed in 171° F water for 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If using a chemical sanitizer, it is mixed correctly and a sanitizer strip is used to test chemical concentration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small ware and utensils are allowed to air dry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wiping cloths are stored in sanitizing solution while in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### **Utensils and Equipment**

**Yes      No      N/A      Required Action**

All small equipment and utensils, including cutting boards and knives, are cleaned and sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils and tableware are stored handles up and held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

by the handles, edges or bottom.

Small equipment and utensils are washed, sanitized and air dried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Work surfaces and utensils are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Work surfaces are cleaned and sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Thermometers are cleaned and sanitized after each use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Thermometers are calibrated on a routine basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Can opener is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Drawers and racks are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<b>Large Equipment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Required Action</b>
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Food slicer is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Food slicer is broken down, cleaned and sanitized before and after every use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Exhaust hood and filters are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<b>Food Transport Equipment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Required Action</b>
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Food transport equipment is in good condition and capable of maintaining hot food temperatures at 140° F or higher, cold food temperatures at 41° F or lower and frozen food at 0° F or lower.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Food transport equipment is clean and sanitized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<b>Garbage Storage and Disposal</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Required Action</b>
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Kitchen garbage cans are clean and kept covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Garbage cans are emptied as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Boxes and containers are removed from site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Loading dock and area around dumpster are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<b>Pest Control</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Required Action</b>
Outside doors have screens, are well sealed and are equipped with a self-closing device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Project is free of pests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
There is a regular schedule of pest control by a licensed pest control operator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

\_\_\_\_\_  
Facility Site Manager





## Menu Substitution Checklist

Agency: \_\_\_\_\_

Nutrition Site: \_\_\_\_\_

Date of Substitution: \_\_\_\_\_

Original Menu Item: \_\_\_\_\_

Substitution made: \_\_\_\_\_

Reason for Substitution: \_\_\_\_\_

	Yes	*No
Is the substitution from same food group?		
Does substitution provide equivalent nutritional value? (If no, <b>Nutrition Analysis to ensure meal is in compliance must be attached</b> )		
Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans?		
Approved by licensed dietitian and/or licensed registered dietician prior to use?		
How many times has this substitution been made during the last quarter?		

\*Any no answer above requires further explanation. Please provide steps agency/nutrition site are taking to be compliant with requirement(s) in the future:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of approved licensed (registered) dietitian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by WCFAAA Program Manager

\_\_\_\_\_  
Date