



Notice of Instruction

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Notice of Instruction Number: #021317 - 2016 Nutrition Program Compliance Review Update

TO: All PSA 6 Nutrition Providers

FROM: Martha Caron, Senior Contract Manager

DATE: February 13, 2017

SUBJECT: 2016 NPCR Tool Update

The purpose of this memorandum is to provide the updated Quarterly Nutrition Program Compliance Review Form (NPCR). The NPCR is to be used when conducting quarterly meal site reviews.

Please find attached the updated NPCR form. This form is a writeable version of the form originally issued by the Department of Elder Affairs in July 2016 with NOI #072716 2016 Nutrition Program Compliance Review Update. Additionally, more space has been provided under the "Notes/Comments" section on the last page. This is the most up to date form of the NPCR and replaces all other versions of the NPCR form.

As a reminder, meal site reviews must be conducted quarterly at each physical meal site location. The NPCR must be used for this purpose and reviews must be conducted as follows:

- Once per year by the nutrition consultant (licensed dietitian or licensed and registered dietitian),
- Once per year by the nutrition program service provider's administrative staff member, and
- Twice per year by the meal site manager or designee.

Thank you for your cooperation and assistance in implementing the updated NPCR Tool.

Please be sure to contact your Contract Manager with any questions.

Attachment: NPCR Tool

Nutrition Program Compliance Review Form (NPCR)

Complete this form quarterly at each meal site. It must be completed once per year by: 1) A nutrition consultant (licensed dietitian or licensed and registered dietitian) and 2) A nutrition program service provider's administrative staff member. Twice per year the form should be completed by the meal site manager or designee.

Compliance Criteria

Compliance

Not required to answer if reviewer's role is shaded

IN	OUT	NA	Site Mgr	LD/LDR	Proj. Adm
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A. GENERAL SITE INFORMATION	1. Site name and hours of operation:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Check meal service type(s): <input type="checkbox"/> Self-prep <input type="checkbox"/> catered (brought to site) <input type="checkbox"/> vended (kiosk)						
	3. Food protection or Serv Safe certified manager name:						
	Food protection or Serv Safe certified manager certification exp. date:						
	4. The nutrition site has all known required permits (building, occupancy, fire, food).						
	5. The site appears clean, with adequate lighting, cooling, heat and ventilation.						
	6. Number of meals prepared/or served on day of review:						
	Congregate	#					<input type="checkbox"/>
Home-delivered	#					<input type="checkbox"/>	
7. Average daily meal site attendance (based on four prior weeks):	#					<input type="checkbox"/>	
8. Today's attendance:	#				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. FOOD SERVICE TODAY	1. On day of review, both time and temperature of food delivered (from vendor/caterer) to meal site are documented and appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. If there is more than 30 minutes between delivery and serving, both the time and temperature are taken right before food service begins.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a.) Time of vendor delivery. _____ a.m./p.m.						
	b.) Time of meal service. _____ a.m./p.m.						
	3. Menu item/serving size/temperature						
	MENU ITEM	SVG SIZE	TEMP(F)				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. FACILITY	1. The nutrition site is handicapped accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	2. Tables and chairs are clean and in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Table settings are arranged, neat and attractive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Bathrooms are clean, stocked, in good operation and handicapped accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. A hand-washing reminder is posted in bathrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Soap and sanitary hand towels or air hand dryers are available in all bathrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. All work areas are kept clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Facility has the required number of exits (as determined by the local fire marshal), and all are clearly identified, well-lit and free from obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	9. Fire extinguishers have a current inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. Chemicals and toxic items are clearly labeled and stored away from food and food-related supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Material Safety Data Sheets (MSDS) are available for all chemicals used by the nutrition program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Criteria		Compliance			Not required to answer if reviewer's role is shaded		
		IN	OUT	NA	Site Mgr	LD/LDR	Proj. Adm
D. SIGNAGE	1. The current menu is approved, posted and dated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. The approved menu is followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. The total cost of the meal is displayed and plainly visible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. The contribution collection method avoids giving participants the impression that they must pay for their meal and ensures participant confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Signage is posted informing participants that food removed from the meal site is at their own risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Neither staff nor participants smoke in the building during the meal site's hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. PERSONAL HYGIENE	1. Staff and volunteers wear clean outer clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Effective hair restraints are properly worn if all menu items are not sealed when presented to participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. No volunteer or staff member with evidence of disease in a communicable form, or any sign of acute respiratory infection, is working in/around food preparation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Gloves are worn as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Disposable gloves are changed at any time hands would be washed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Burns, wounds, sores, scabs or splints on hands are bandaged and completely covered with a food-service glove while handling food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Eating, drinking, chewing gum, smoking or other tobacco use are allowed only in designated areas away from food preparation, service and storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. FD TNSPT	1. Food transport equipment is in good condition and appears 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Food transport equipment appears clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. TRASH	1. Trash receptacles are clean, with liners, and are covered when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Garbage cans are emptied as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Empty boxes and containers are removed from site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Loading dock and area around dumpster are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. PEST	1. Project is free from pests (including but not limited to vermin, flies, and roaches).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. There is regularly scheduled pest control done by a licensed operator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. HOT HOLDING	1. Hot holding units (i.e., cambros, electric hot holding units, ovens) are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Food is adequately preheated before placing in hot holding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Hot holding unit is pre-heated before hot food is placed in unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Temperature of hot food being held is at 140° F or above (between 140° and 165° F is preferred because higher temperatures degrade the quality of the food).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. REFRIGERATION	1. Nutrition project's refrigerators and freezers have internal thermometers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Nutrition project's refrigerator temperatures are documented daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Nutrition project's refrigerators are maintained between 35° and 41° F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Nutrition project's freezers are maintained between -10° and 30° F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Nutrition project's refrigerators and freezers are clean and neat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. All refrigerated/frozen food is properly wrapped, labeled and dated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. The FIFO (First In First Out) method of inventory management is used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Criteria		Compliance			Not required to answer if reviewer's role is shaded		
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K. UTENSILS AND EQUIPMENT	1. 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"/>		<input type="checkbox"/>	<input type="checkbox"/>
	2. Utensils and tableware are stored in drawers or with handles up, and are accessible by their handles, edges or bottoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	3. Small equipment and utensils are washed, sanitized and air-dried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	4. Work surfaces and utensils are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	5. Work surfaces are cleaned and sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	6. Thermometers are available, cleaned and sanitized after each use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	7. Thermometers are calibrated weekly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	8. Can opener is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	9. Drawers and racks are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
L. SITE ADM: SERVICE	1. Reservation systems ensure timely and accurate counts (evidenced by a small difference between the number of meals ordered and daily attendance).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	2. Meal counts, attendance, temperature logs and other service information is maintained on a daily basis for reporting purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	3. Participant satisfaction surveys are conducted annually and are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	4. All corrective actions that are implemented from the participant satisfaction survey recommendations are documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	5. Documentation ensures there is no financial eligibility criteria required for individuals to receive nutrition services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
M. NUTRITION SERVICES	1. Nutrition program has a nutrition education training plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Congregate (and home-delivered, if applicable) meal participants receive nutrition education at least monthly. Documentation includes at a minimum: Agenda, handouts and participant roster/list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	3. If nutrition project funded, participants assessed at high nutritional risk (i.e. ≥ 5.5) are offered nutrition counseling or other intervention to improve their nutritional risk score.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	4. Number of participants who received nutritional counseling during last full month:	#				<input type="checkbox"/>	<input type="checkbox"/>
N. FOOD SERVICE	1. Menu substitution policy is written and available for daily use. Policy is comprehensive enough to cover most situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	2. Menu substitutions are minimal (generally fewer than five/month, except under extenuating circumstances) and are in accordance with written policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	3. Special diets and other modifications offered are appropriate and approved by the nutrition program's licensed dietitian and/or licensed registered dietitian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
O. TRAINING	1. Documentation reflects that all food service staff and volunteers receive food safety training at least annually. (Records include date of training, name of trainer, lesson plan or curriculum, and names of participants.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	2. Documentation reflects that staff and volunteers receive annual training on emergency procedures and the use of fire extinguishers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Compliance Criteria		Compliance			Not required to answer if reviewer's role is shaded		
		IN	OUT	NA	Site Mgr	LD/LDR	Proj. Adm
P. NUTRITION PROGRAM ADMINISTRATION	1. Nutrition provider employs or contracts with a licensed dietitian and/or licensed registered dietitian for this site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	Name of dietitian:						<input type="checkbox"/>
	FL license is current and on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	Registration is current and on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	Number of hours per month:	#	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	2. Nutrition provider has documentation of nutrition services provided by a licensed dietitian and/or licensed registered dietitian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	3. Nutrition provider documentation ensures that Title III funds are not used to supplant funds from non-federal sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	4. Only Title III-C funded projects receive NSIP funding for eligible meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	5. NSIP funding is only used to purchase U.S. grown food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	6. Nutrition provider receives input from program participants through advisory or site-type councils at least twice per year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	7. Meal site outreach efforts are documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	8. Consumers are waiting for meal site meals.(CHECK) <input type="checkbox"/> YES <input type="checkbox"/> NO	#					<input type="checkbox"/>
	9. The nutrition program has a disaster policy and procedure for providing nutrition services during an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
10. Required participant information (701C) is kept on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
11. The previous four quarterly NPCR reports are on hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
12. All corrective actions from the last four quarterly NPCRs are in effect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
13. Emergency and/or shelf-stable meals are on hand or can be obtained within 24 hours (if funding is available).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Q. OTHER	1. Self-preparation kitchen: Attach the current health inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	2. Self-preparation kitchen: Corrective actions required by current health department inspection are completed and sustained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	3. Vendor kitchen inspection: Attach copies of local/state/federal inspections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
NOTES/COMMENTS	IDENTIFY COMMENTS OR REQUIRED CORRECTIVE ACTIONS BY LETTER AND NUMBER OF CRITERIA ITEM:						
SIGNATURE	Assessment conducted by:						
	Job title:						Date: