

NC Quality Assurance for Food Protection Programs

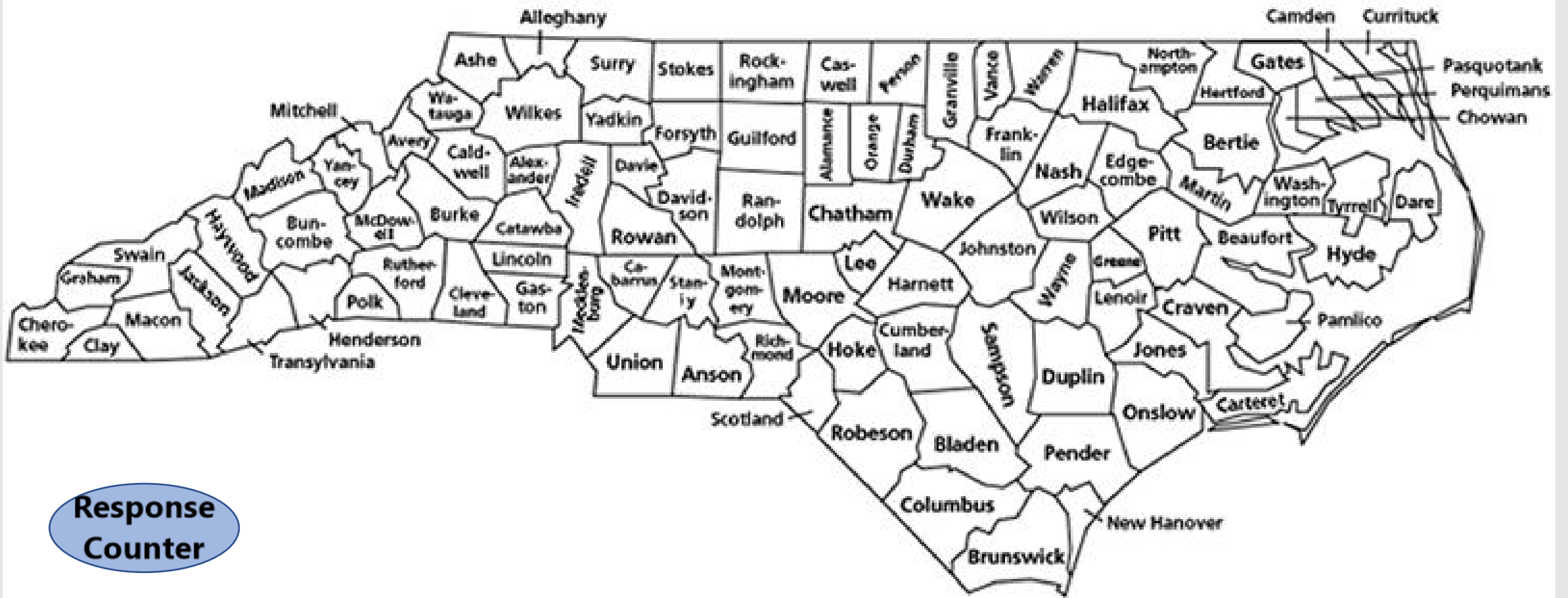
Welcome!



Before We Get Started

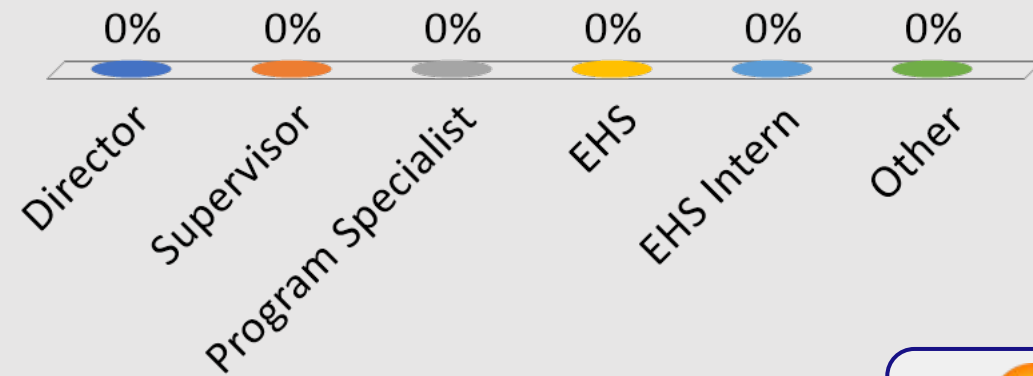
- Please keep your microphone muted during the presentation unless you are called upon by the instructor or have a question.
- Please use the chat box on the right-side of your screen if you have questions during the course.
- A chat monitor will write down the questions and make sure they get answered.
- We will be using Turning Point for this presentation, so please have your device ready.

Click on the county where you work.



What is your current job title?

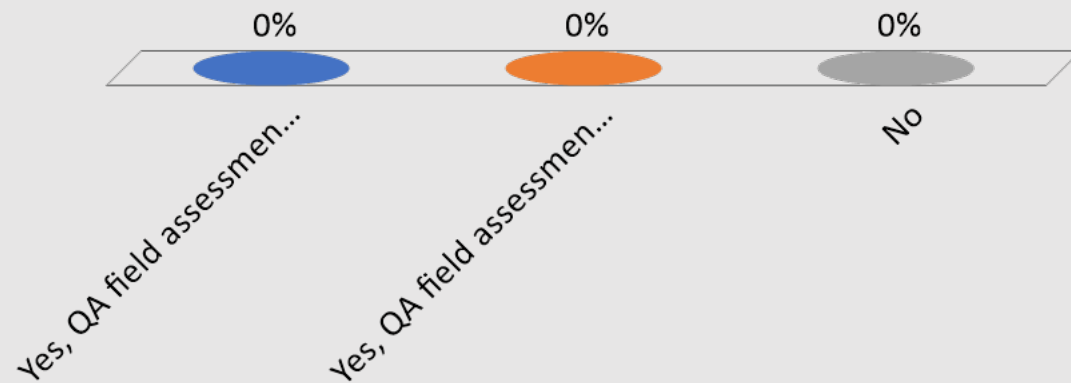
- A. Director
- B. Supervisor
- C. Program Specialist
- D. EHS
- E. EHS Intern
- F. Other



Responses
by County

Are you responsible for QA in your county or district?

- A. Yes, QA field assessments & file review
- B. Yes, QA field assessments only
- C. No



respons
a Count

Overview

- **Introduction**
- **QA & Prioritization Policies**
- **QA Field Assessments**
- **QA File Review**
- **Staffing Level Assessment Tool (SLAT)**
- **Accreditation**
- **Summary**

What is the NC Quality Assurance Program?

- DHHS implemented a Quality Assurance (QA) program in July 2019
- Provides a tool for use by counties and districts to promote quality work among FLI staff through:
 - Field Assessments
 - File Review
 - Training
 - Assessing staff levels
- Goal is to obtain consistency across the State
- Ensure rules and regulations are properly enforced and documented



Where Are We Now?

- Some counties have adopted the new QA policy & Prioritization policy templates provided by DHHS
- Some counties are continuing to use their own individual policies (with the addition of the new Prioritization policy)
- Some counties are still using QA policies that do not meet the new State recommendations
- COVID-19 has presented challenges for counties and the State to complete QA activities

What's Next?

- QA program rollout has been extended for another year
- QA evaluation period is now **May 1-April 30**
- Counties need to work on adopting QA & Prioritization policies
- Leaders need to plan ahead for QA procedures in their programs:
 - Who will conduct QA field assessments & file reviews?
 - What type of review will be used (leader, peer, regional)?
 - How many staff members need to be assessed?
 - How many staff members need to be standardized?
 - Timeline for field and file assessments.

QA Policy Components

- The QA policy should consist of:
 - Purpose & statement of policy
 - Prioritization Policy
 - QA field assessment requirements
 - QA file review requirements
 - Training & remediation (when needed)
 - Staffing Level Assessment Tool (SLAT)
 - Grievance policy

Any County Health Department

| | |
|--|---|
| Title: NC Quality Assurance Policy | Policy Number: 001-032-01 |
| Approved by: <i>Dr. Bea Healthy</i> Health Director <i>Ima Supervisor</i> Environmental Health Director/Supervisor/Designee | Program Area(s): Environmental Health Food, Lodging & Institutions Program |
| Effective Date: 7/1/2020 | Revised Date: 5/20/2020 |

- I. **Purpose:**
The purpose of this policy is to provide a quality assurance protocol that is administered to ensure uniform assessment and evaluation of the level of compliance of local Food, Lodging, and Institutions (FLI) programs with state laws and rules. This includes procedures for prioritizing workload, maintaining a staffing level assessment, and implementing a quality assurance plan.
- II. **Policy:**
To account for consistency and quality within the local health department's FLI program, and as part of the Agreement Addendum, the local health department shall maintain an internal quality assurance plan.

Prioritization Policy

- Prioritizes workload when there are insufficient resources to complete all mandated inspections per 15A NCAC .0213
- HSP's and facilities with specialized food processes inspected at 100%
- All other establishments miss no more than one grading period per fiscal year
- Category IV takes priority
- Other factors can be considered

Any County Health Department

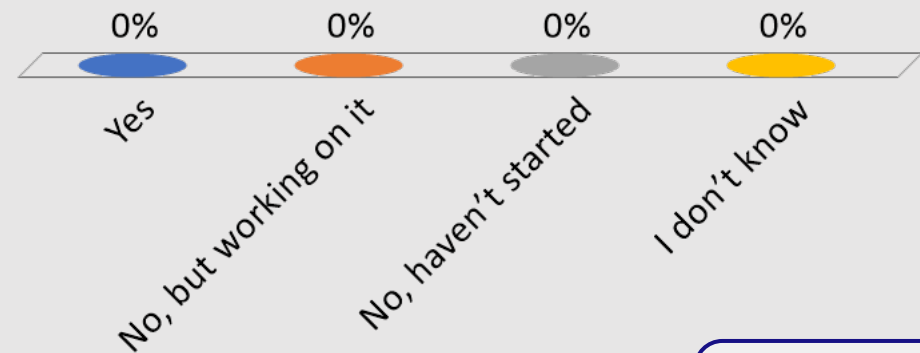
Purpose: The purpose of this policy is to provide instruction on how to prioritize the frequency of Food and Lodging inspections in the event of a staffing shortage. The Any County Environmental Health program will utilize this policy to maintain the statewide inspection prioritization standard.

Policy:

- I. **Definitions:**
 - A. *Risk Frequency* means the minimum number of inspections to be performed in the required time allotment of a fiscal year. Risk Frequency takes into consideration population served, specialized food processes, handling of raw foods, and any multi-step/stage cooking and cooling methods.
 - B. *Highly Susceptible Population (HSP)* means persons who are more likely than other people in the general population to experience foodborne disease because they are: (1) immunocompromised; preschool age children, or older adults; and (2) obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional/socialization services such as a senior center.
- II. **Responsibilities:**
 - A. The Environmental Health Supervisor, or their designee, will be responsible for assigning work priorities to assure inspections are made using the procedures/criteria set forth in this policy.
- III. **Procedures:**
 - A. The following procedures shall be used in assigning a risk frequency of inspection to a facility:
 1. The Registered Environmental Health Specialist (REHS) shall perform a menu review/review of food handling procedures during a routine sanitation inspection.

Has your county or district adopted a QA policy with the components we just discussed?

- A. Yes
- B. No, but working on it
- C. No, haven't started
- D. I don't know



**Response
Counter**

Tools for QA Programs

- *NC Quality Assurance & File Review Workbook (Excel)*
- Individual Field Assessment & File Review Forms (Excel or PDF)
- SLAT forms for county data (Excel)

The screenshot shows an Excel spreadsheet with the following structure:

| Field Evaluation Checklist Data Table | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----|-----|----|----|-----|----|----|-----|----|----|-----|----|----|-----|----|----|-----|----|----|-----|----|----|-----|----|----|-----|----|
| Total Number of Evaluations: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EHS #: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | | | | | | | | | | | |
| Establishment: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Items Evaluated | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IN | OUT | NA | IN | OUT | NA | IN | OUT | NA | IN | OUT | NA | IN | OUT | NA | IN | OUT | NA | IN | OUT | NA | IN | OUT | NA | IN | OUT | NA |
| Prior to Inspection | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Reviews (1-3) previous inspections | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Awareness of permit conditions and supporting documents | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. REHS properly equipped | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment/Supplies | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Properly identifies themselves | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Menu review | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Asks PIC to accompany during inspection | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Verifies ownership, demographics | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Surveys facility, prioritizing risk factors | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. Appropriate attire/Complies with facilities policies | | | | | | | | | | | | | | | | | | | | | | | | | | | |

QA Field Assessments

- At least 2 QA field assessments conducted per QA evaluation period for each REHS conducting routine inspections in the FLI program
- Standardization fieldwork can be used in lieu of QA Field Assessments
- Assessment is based on the QA Marking Instructions
- Findings are documented in the *NC Quality Assurance & File Review Workbook*
- Assessments can be leader review, peer review, or regional review depending on the staff in the county or district

Types of QA Field Assessments

- **Regional Review**: If the county/district has 2 or less REHS, the Regional Specialist may complete the QA Field Assessments.
 - If one REHS is a supervisor, Leader Review could be used.
- If the county/district has 3 or more REHS, the county/district has the option to either have **Leader Review** or **Peer Review**.



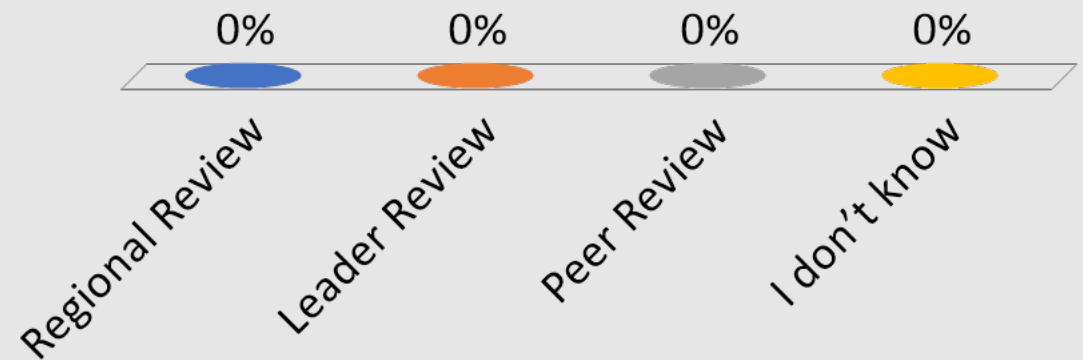
Leader Review vs. Peer Review

- **Leader Review**: The county/district has at least 1 designated leader (supervisor or designee). The leader(s) will complete QA Field Assessments for each REHS in the FLI program. The Regional Specialist will complete QA Field Assessments for each leader.
- **Peer Review**: The county/district may choose to allow 1 of the 2 required QA Field Assessments to be completed among peers within a program. The second QA Field Assessment must be completed by a designated QA leader.

What type of QA Field Assessment does your county or district use?

- A. Regional Review
- B. Leader Review
- C. Peer Review
- D. I don't know

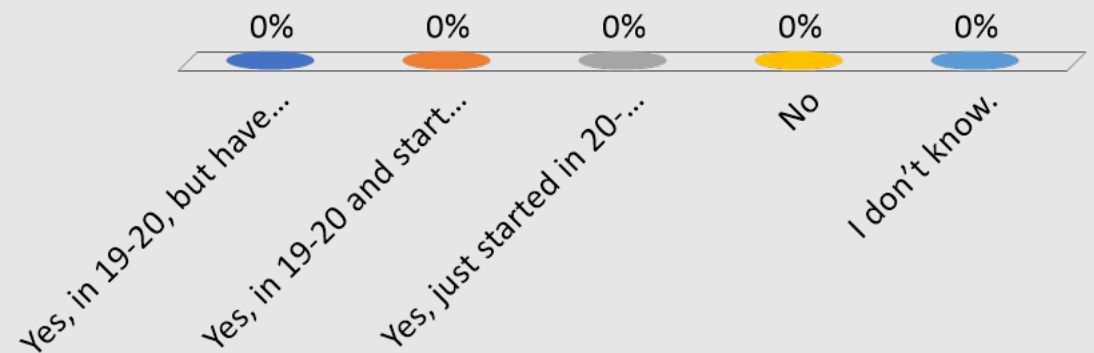
****Choose all that apply.**



Response
Counter

Has your county or district conducted QA Field Assessments?

- A. Yes, in 19-20, but haven't started in 20-21.
- B. Yes, in 19-20 and started in 20-21.
- C. Yes, just started in 20-21 (none in 19-20).
- D. No
- E. I don't know.



Response Counter

Before you begin...

- Know how to conduct a risk-based inspection.
- Read Annex 5 of the FDA Food Code: *Conducting Risk-Based Inspections* (p. 589)
- Read and understand the *NC Quality Assurance Field Assessment Marking Instructions*
- Ask questions

Annex

5

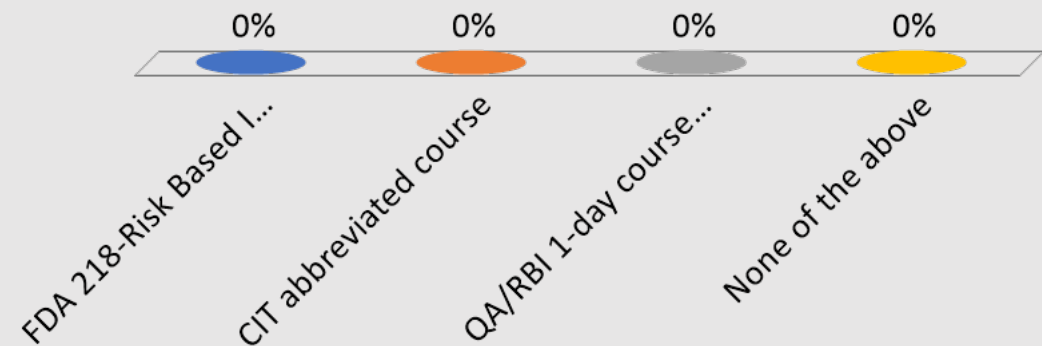
Conducting Risk-Based Inspections

1. PURPOSE AND SCOPE
2. RISK-BASED ROUTINE INSPECTIONS
3. WHAT IS NEEDED TO PROPERLY CONDUCT A RISK-BASED INSPECTION?
4. RISK-BASED INSPECTION METHODOLOGY
5. ACHIEVING ON-SITE AND LONG-TERM COMPLIANCE
6. INSPECTION FORM AND SCORING
7. CLOSING CONFERENCE
8. SUMMARY

Which of the courses below have you taken?

- A. FDA 218-Risk Based Inspections
- B. CIT abbreviated course
- C. QA/RBI 1-day course (virtual or in-person)
- D. None of the above

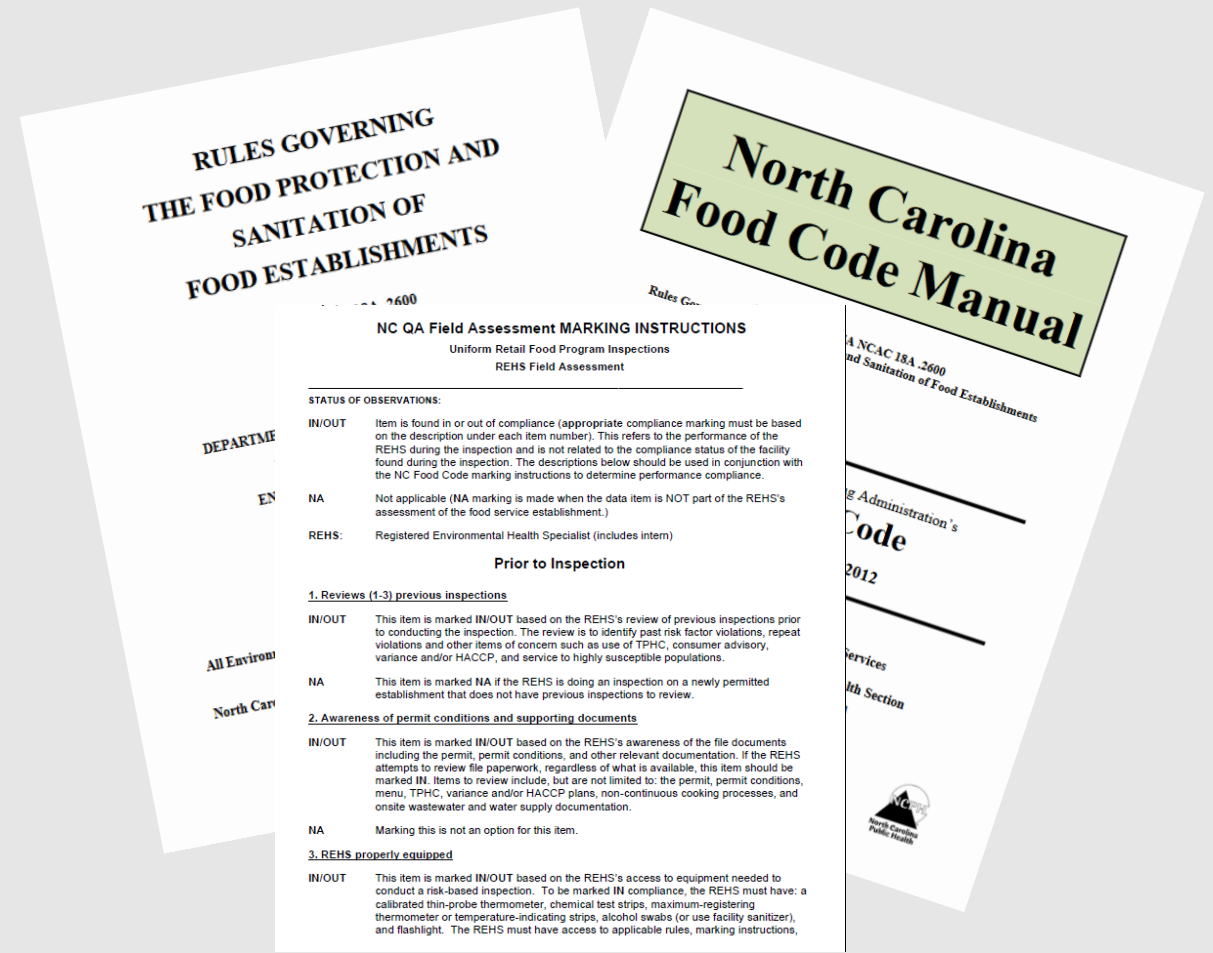
****Choose all courses you have taken.**



Response Count

Forms You'll Need

- *NC QA Field Assessment Marking Instructions*
- *NC Quality Assurance & File Review Workbook*
- *2009 NC Food Code*
- *.2600 Rules*



STATUS OF OBSERVATIONS:

IN/OUT

Item is found in or out of compliance (**appropriate** compliance marking must be based on the description under each item number). This refers to the performance of the REHS during the inspection and is not related to the compliance status of the facility found during the inspection. The descriptions below should be used in conjunction with the NC Food Code marking instructions to determine performance compliance.

NA

Not applicable (**NA** marking is made when the data item is NOT part of the REHS's assessment of the food service establishment.)

REHS:

Registered Environmental Health Specialist (includes intern)

1. Reviews (1-3) previous inspections

IN/OUT

This item is marked **IN/OUT** based on the REHS's review of previous inspections prior to conducting the inspection. The review is to identify past risk factor violations, repeat violations and other items of concern.

NA

This item is marked **NA** if the REHS is doing an inspection on a newly permitted establishment that does not have previous inspections to review.

F11 X ✓ fx

A B C D E F G H

| Fieldwork Evaluation Checklist | | | | | |
|--|----|------------------|----|----------|--|
| Establishment Name: | | County/District: | | | |
| Establishment ID#: | | EHS Name: | | | |
| | | REHS#: | | | |
| | | Date: | | | |
| | | Evaluator: | | | |
| Items Evaluated | IN | OUT | NA | Comments | |
| Prior to Inspection | | | | | |
| 1. Reviews (1-3) previous inspections | | | | | |
| 2. Awareness of permit conditions and supporting documents | | | | | |
| 3. REHS properly equipped | | | | | |
| Conducting the Inspection | | | | | |
| 4. Properly identifies themselves | | | | | |
| 5. Menu review | | | | | |
| 6. Asks PIC to accompany during inspection | | | | | |
| 7. Verifies ownership, demographics | | | | | |
| 8. Surveys facility; Prioritizing risk factors | | | | | |
| 9. Appropriate attire/Complies with facilities policies | | | | | |
| 10. Professional Rapport | | | | | |
| Risk Factors/Processes | | | | | |
| 11. Verifies Certified Food Manager; PIC duties 1 | | | | | |
| 12. Employee health 2,3 | | | | | |
| 13. Good Hygienic Practices 4,5 | | | | | |
| 14. Handwashing 6,8 | | | | | |
| 15. No bare hand contact 7 | | | | | |
| 16. Approved Sources 9,10,11,12,15 | | | | | |

Fieldwork Evaluation Checklist

| | | | | | |
|--|--|-------------------------|------------|-----------|-----------------|
| Establishment Name: | | County/District: | | | |
| Establishment ID#: | | EHS Name: | | | |
| | | REHS#: | | | |
| | | Date: | | | |
| | | Evaluator: | | | |
| Items Evaluated | | IN | OUT | NA | Comments |
| Prior to Inspection | | | | | |
| 1. Reviews (1-3) previous inspections | | | | | |
| 2. Awareness of permit conditions and supporting documents | | | | | |
| 3. REHS properly equipped | | | | | |
| Conducting the Inspection | | | | | |
| 4. Properly identifies themselves | | | | | |
| 5. Menu review | | | | | |
| 6. Asks PIC to accompany during inspection | | | | | |
| 7. Verifies ownership, demographics | | | | | |
| 8. Surveys facility; Prioritizing risk factors | | | | | |
| 9. Appropriate attire/Complies with facilities policies | | | | | |
| 10. Professional Rapport | | | | | |
| Risk Factors/Processes | | | | | |
| 11. Verifies Certified Food Manager; PIC duties 1 | | | | | |
| 12. Employee health 2,3 | | | | | |
| 13. Good Hygienic Practices 4,5 | | | | | |
| 14. Handwashing 6,8 | | | | | |
| 15. No bare hand contact 7 | | | | | |

Joe Inspector-Bojangle's Joe Inspector-Food Lion Deli

File Home Insert Page Layout Formulas Data Review View Help Acrobat Search

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Number: General, Currency, Percentage, Decimals

Styles: Normal 2, Normal 2 2, Normal, Bad

Cells: Insert, Delete, Format

Editing: AutoSum, Fill, Clear, Sort & Find & Filter, Select

| Establishment ID#: | | EHS Name: | | | | |
|--|--|------------|-----|----|----------|--|
| | | REHS#: | | | | |
| | | Date: | | | | |
| | | Evaluator: | | | | |
| Items Evaluated | | IN | OUT | NA | Comments | |
| Prior to Inspection | | | | | | |
| 1. Reviews (1-3) previous inspections | | | | | | |
| 2. Awareness of permit conditions and supporting documents | | | | | | |
| 3. REHS properly equipped | | | | | | |
| Conducting the Inspection | | | | | | |
| 4. Properly identifies themselves | | | | | | |
| 5. Menu review | | | | | | |
| 6. Asks PIC | | | | | | |
| 7. Verifies | | | | | | |
| 8. Surveys | | | | | | |
| 9. Appropriate | | | | | | |
| 10. Professional | | | | | | |
| 11. Verifies | | | | | | |
| 12. Employee | | | | | | |
| 13. Good Hygiene | | | | | | |
| 14. Handwashing | | | | | | |

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Individual Field Assessment

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Number: \$, %, .00, .00

Styles: Normal 2, Normal 2 2, Normal, Bad

Cells: Insert, Delete, Format

Editing: AutoSum, Fill, Clear, Sort & Filter, Find & Select

| Establishment ID#: | | EHS Name: | | | | |
|--|--|------------|-----|----|----------|--|
| | | REHS#: | | | | |
| | | Date: | | | | |
| | | Evaluator: | | | | |
| Items Evaluated | | IN | OUT | NA | Comments | |
| Prior to Inspection | | | | | | |
| 1. Reviews (1-3) previous inspections | | | | | | |
| 2. Awareness of permit conditions and supporting documents | | | | | | |
| 3. REHS properly equipped | | | | | | |
| 14. Handwashing 6.8 | | | | | | |

Move or Copy

Move selected sheets

To book: (NEW) NC Quality Assurance and File Review Workbook Version 1.3 7-1-20.xlsx

Before sheet:

- Individual Field Assessment
- Totals From Field Assessment
- Compliance Totals
- Individual File Review Form
- File Review Data Tables
- File Review Summary (move to end)

Create a copy

OK Cancel

File Home Insert Page Layout Formulas Data Review View Help Acrobat Search

Clipboard: Paste, Cut, Copy, Format Painter

Font: Arial, 11, Bold, Italic, Underline, Text Color, Background Color, Wrap Text, Merge & Center

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Styles: Normal 2, Normal 2 2, Normal, Bad

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Editing: AutoSum, Fill, Clear, Sort & Filter, Find & Select

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| | A | B | C | D | E | F | G | H |
|--|---|---|---|---|---|---|---|---|
|--|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|----|--|--|--|-------------------|------------|-----------|-----------------|--|--|
| 4 | Establishment ID#: | | | EHS Name: | | | | | |
| 5 | | | | REHS#: | | | | | |
| 6 | | | | Date: | | | | | |
| 7 | | | | Evaluator: | | | | | |
| 8 | Items Evaluated | | | IN | OUT | NA | Comments | | |
| 9 | Prior to Inspection | | | | | | | | |
| 10 | 1. Reviews (1-3) previous inspections | | | | | | | | |
| 11 | 2. Awareness of permit conditions and supporting documents | | | | | | | | |
| 12 | 3. REHS properly equipped | | | | | | | | |
| 13 | Conducting the Inspection | | | | | | | | |
| 14 | 4. Properly identifies themselves | | | | | | | | |
| 15 | 5. Menu review | | | | | | | | |
| 16 | to accompany during inspection | | | | | | | | |
| 17 | ownership, demographics | | | | | | | | |
| 18 | facility; Prioritizing risk factors | | | | | | | | |
| 19 | te attire/Complies with facilities policies | | | | | | | | |
| 20 | onal Rapport | | | | | | | | |
| 21 | Risk Factors/Processes | | | | | | | | |
| 22 | Certified Food Manager; PIC duties 1 | | | | | | | | |
| 23 | e health 2,3 | | | | | | | | |
| 24 | ygienic Practices 4,5 | | | | | | | | |
| 25 | shing 6,8 | | | | | | | | |

- Insert...
- Delete
- Rename**
- Move or Copy...
- View Code
- Protect Sheet...
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- Hide
- Unhide...
- Select All Sheets

Individual Field Assessment (2)

F11

A B C D E F G H

Fieldwork Evaluation Checklist

| | | | |
|----------------------------|--|-------------------------|--|
| Establishment Name: | | County/District: | |
| Establishment ID#: | | EHS Name: | |
| | | REHS#: | |
| | | Date: | |
| | | Evaluator: | |

| Items Evaluated | IN | OUT | NA | Comments |
|-----------------|----|-----|----|----------|
|-----------------|----|-----|----|----------|

| | | | | |
|--|--|--|--|--|
| Prior to Inspection | | | | |
| 1. Reviews (1-3) previous inspections | | | | |
| 2. Awareness of permit conditions and supporting documents | | | | |
| 3. REHS properly equipped | | | | |
| Conducting the Inspection | | | | |
| 4. Properly identifies themselves | | | | |
| 5. Menu review | | | | |
| 6. Asks PIC to accompany during inspection | | | | |
| 7. Verifies ownership, demographics | | | | |
| 8. Surveys facility; Prioritizing risk factors | | | | |
| 9. Appropriate attire/Complies with facilities policies | | | | |
| 10. Professional Rapport | | | | |
| Risk Factors/Processes | | | | |
| 11. Verifies Certified Food Manager; PIC duties 1 | | | | |
| 12. Employee health 2,3 | | | | |
| 13. Good Hygienic Practices 4,5 | | | | |
| 14. Handwashing 6,8 | | | | |
| 15. No bare hand contact 7 | | | | |
| 16. Approved surfaces 9,10,11,12,13,14,15 | | | | |

Jane Inspector-McDonald's Jane Inspector-Hardee's Joe Inspector-Bojangle's Joe Inspector-Food Lion Deli

Totals From Field Assessment | Compliance Totals ...

Conducting the Field Assessment

- Evaluate the REHS on all items 1-53 on the field assessment form.
- You can use the *Fieldwork Evaluation Checklist* for taking notes.
- Focus on the REHS during the assessment, not the facility.



Fieldwork Evaluation Checklist

Establishment Name: _____ County/District: _____ QA Score: 100

Food Temperature Control

- 31. *Cooling Methods 31*
- 32. *Recognizes plant food cooking 32*
- 33. *Thawing Methods 33*
- 34. *Thermometers available and accurate 34*

Good Retail Practices

- 35. *Water and Ice From Approved Sources 29*
- 36. *Food Identification 35*
- 37. *Prevention of Contamination 36, 38, 39, 40*
- 38. *Proper Use of Utensils 41, 42, 43, 44*
- 39. *Utensils and Equipment 45, 46, 47*
- 40. *Physical Facilities 48, 49, 50, 51, 52, 53, 54*

Setting example

- 41. *EHS washes hands as needed*
- 42. *Properly uses equipment*

Paperwork and File Review

- 43. *Proper code citation and Item number marked*
- 44. *Item properly marked as a repeat violation*
- 45. *Corrective Action Achieved, CDI noted*
- 46. *Verification Required properly documented*
- 47. *Enforcement Action properly taken*
- 48. *Options for long-term control of risk factors explored*
- 49. *Risk category and risk frequency verified*
- 50. *Correction of previous risk factor violations achieved*
- 51. *Exit interview conducted and paperwork provided*
- 52. *Inspection documentation clear and complete*
- 53. *Paperwork filed properly and in timely manner*

0 0 0

Additional Comments

Overall Rating of EHS

100

Unacceptable <70%

Needs improvement 70-84%

Acceptable ≥85%

29. *Recognizes Variance/HACCP 30*

30. *Verifies HACCP plan 27*

Fieldwork Evaluation Checklist

| | | | | | |
|---------------------|---------------|------------------|----------------|-----------|----|
| Establishment Name: | Sunny's Grill | County/District: | Any County | QA Score: | 98 |
| Establishment ID#: | 06003010510 | EHS Name: | Joe Smith | | |
| | | REHS#: | 5125 | | |
| | | Date: | 06/25/20 | | |
| | | Evaluator: | Ima Supervisor | | |

| Items Evaluated | IN | OUT | NA | Comments | |
|--|----|-----|----|---|--|
| Prior to Inspection | | | | | |
| 1. Reviews (1-3) previous inspections | 1 | | | <div style="border: 2px solid red; padding: 5px; display: inline-block;"> 16- Need to verify the sources of food used by the facility. </div> | |
| 2. Awareness of permit conditions and supporting documents | 1 | | | | |
| 3. REHS properly equipped | 1 | | | | |
| Conducting the Inspection | | | | | |
| 4. Properly identifies themselves | 1 | | | | |
| 5. Menu review | 1 | | | | |
| 6. Asks PIC to accompany during inspection | 1 | | | | |
| 7. Verifies ownership, demographics | 1 | | | | |
| 8. Surveys facility; Prioritizing risk factors | 1 | | | | |
| 9. Appropriate attire/Complies with facilities policies | 1 | | | | |
| 10. Professional Rapport | 1 | | | | |
| Risk Factors/Processes | | | | | |
| 11. Verifies Certified Food Manager; PIC duties 1 | 1 | | | | |
| 12. Employee health 2,3 | 1 | | | | |
| 13. Good Hygienic Practices 4,5 | 1 | | | | |
| 14. Handwashing 6,8 | 1 | | | | |
| 15. No bare hand contact 7 | 1 | | | | |
| 16. Approved Sources 9,10,11,12,15 | | 1 | | | |
| 17. Food storage and protection 13,37 | 1 | | | | |
| 18. Cleaning & sanitizing food contact surfaces 14 | 1 | | | | |

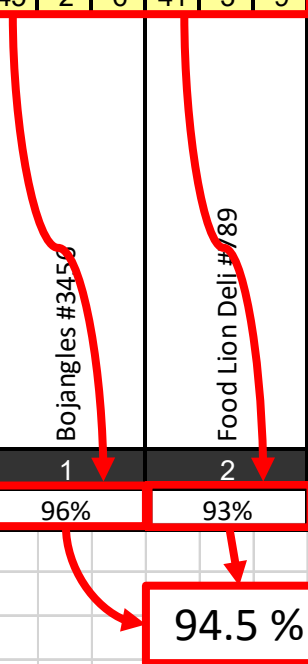
| Risk Factors/Processes | | | |
|--|---|--|--|
| 11. Verifies Certified Food Manager; PIC duties 1 | 1 | | |
| 12. Employee health 2,3 | 1 | | |
| 13. Good Hygienic Practices 4,5 | 1 | | |
| 14. Handwashing 6,8 | 1 | | |
| 15. No bare hand contact 7 | 1 | | |
| 16. Approved Sources 9,10,11,12,15 | 1 | | |
| 17. Food storage and protection 13,37 | 1 | | |
| 18. Cleaning & sanitizing food contact surfaces 14 | 1 | | |
| 19. Cooking 16 | 1 | | |
| 20. Reheating 17 | | | 1 No reheating of TCS food was noted during the inspection |
| 21. Cooling Parameters 18 | 1 | | |
| 22. Hot Holding 19 | 1 | | |
| 23. Cold Holding 20 | 1 | | |
| 24. Date marking 21 | 1 | | |
| 25. TPHC 22 | | | 1 Facility does not use TPHC |
| 26. Consumer advisory/Pasteurized foods 23, 28 | 1 | | |
| 27. Additives/Chemicals 25, 26 | 1 | | |
| 28. Recognizes HSP requirements 24 | | | 1 Facility does not serve an HSP |
| 29. Recognizes Variance/HACCP 30 | 1 | | |
| 30. Verifies HACCP plan 27 | | | 1 Facility does not have a HACCP plan |



| Setting example | | | |
|--|-------------------------------------|---|----|
| 41. EHS washes hands as needed | 1 | | |
| 42. Properly uses equipment | 1 | | |
| Paperwork and File Review | | | |
| 43. Proper code citation and Item number marked | 1 | | |
| 44. Item properly marked as a repeat violation | | | 1 |
| 45. Corrective Action Achieved, CDI noted | 1 | | |
| 46. Verification Required properly documented | | | 1 |
| 47. Enforcement Action properly taken | | | 1 |
| 48. Options for long-term control of risk factors explored | | | 1 |
| 49. Risk category and risk frequency verified | 1 | | |
| 50. Correction of previous risk factor violations achieved | 1 | | |
| 51. Exit interview conducted and paperwork provided | 1 | | |
| 52. Inspection documentation clear and complete | 1 | | |
| 53. Paperwork filed properly and in timely manner | 1 | | |
| | 42 | 3 | 7 |
| Overall Rating of EHS | | | |
| | | | 93 |
| Unacceptable <70% | <input type="checkbox"/> | | |
| Needs improvement 70-84% | <input type="checkbox"/> | | |
| Acceptable ≥85% | <input checked="" type="checkbox"/> | | |



| Setting example | | | | | | | | | | | | |
|--|-----------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 41. EHS washes hands as needed | 1 | | | 1 | | | | | | | | |
| 42. Properly uses equipment | 1 | | | 1 | | | | | | | | |
| Paperwork and File Review | | | | | | | | | | | | |
| 43. Proper code citation and Item number marked | 1 | | | 1 | | | | | | | | |
| 44. Item properly marked as a repeat violation | | | 1 | | | 1 | | | | | | |
| 45. Corrective Action Achieved, CDI noted | 1 | | | 1 | | | | | | | | |
| 46. Verification Required properly documented | | | 1 | | | 1 | | | | | | |
| 47. Enforcement Action properly taken | | | 1 | | | 1 | | | | | | |
| 48. Options for long-term control of risk factors explored | | | 1 | | | 1 | | | | | | |
| 49. Risk category and risk frequency verified | 1 | | | 1 | | | | | | | | |
| 50. Correction of previous risk factor violations achieved | 1 | | | | | 1 | | | | | | |
| 51. Exit interview conducted and paperwork provided | 1 | | | 1 | | | | | | | | |
| 52. Inspection documentation clear and complete | 1 | | | 1 | | | | | | | | |
| 53. Paperwork filed properly and in timely manner | 1 | | | 1 | | | | | | | | |
| Totals: | 45 | 2 | 6 | 41 | 3 | 9 | 0 | 0 | 0 | 0 | 0 | 0 |
| Establishment: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Evaluation Number: | 1 | | | | 2 | | | | 3 | | | 4 |
| EHS Rating: | 96% | | | | 93% | | | | 100% | | | 100% |
| Unacceptable <70% | | | | | | | | | | | | |
| Needs improvement 70-84% | | | | | | | | | | | | |
| Acceptable ≥85% | | | | | | | | | | | | |



File Home Insert Page Layout Formulas Data Review View Help Acrobat Search

Clipboard: Paste, Cut, Copy, Format Painter

Font: Calibri, 12, Bold, Italic, Underline, Color, Background Color

Alignment: Center, Merge & Center

Number: General, Currency, Percentage, Decimals

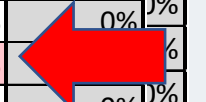
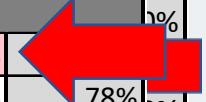
Styles: Normal 2, Normal 2 2, Normal, Bad

Cells: Insert, Delete, Format

Editing: AutoSum, Fill, Clear, Sort & Find & Filter, Select

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | AA | AB | AC | AD | AE | AF | AG | AH | AI | AJ | AK | AL | AM | AN | AO | AP | AQ | | | | | |
|----|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------|------|------|------|------|---|----|---|----|----|---|---|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|---|--|--|
| 62 | 45. Corrective Action Achieved, CDI noted | 1 | | | 1 | | | | 1 | | 1 | | | 1 | | 1 | 1 | | | | 1 | 1 | | | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | |
| 63 | 46. Verification Required properly documented | | | 1 | 1 | | | 1 | | | | | 1 | | | 1 | 1 | | | 1 | | 1 | | | | | 1 | | | | | | | | | | | | | | | | | | | | | |
| 64 | 47. Enforcement Action properly taken | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | 1 | 1 | | | | | 1 | | | | | | | | | | | | | | | | | | | | | |
| 65 | 48. Options for long-term control of risk factors explored | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | 1 | 1 | | | | | 1 | | | | | | | | | | | | | | | | | | | | | |
| 66 | 49. Risk category and risk frequency verified | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | 1 | | | | | 1 | | | | | | | | | | | | | | | | | | | | | |
| 67 | 50. Correction of previous risk factor violations achieved | 1 | | | 1 | | | 1 | | | 1 | | | | | 1 | 1 | | | | 1 | 1 | | | | | 1 | | | | | | | | | | | | | | | | | | | | | |
| 68 | 51. Exit interview conducted and paperwork provided | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | 1 | | | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| 69 | 52. Inspection documentation clear and complete | | 1 | | 1 | | | | 1 | | | 1 | | 1 | | | 1 | | | 1 | | | | 1 | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| 70 | 53. Paperwork filed properly and in timely manner | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | | 1 | | 1 | | | 1 | | 1 | | | | | | | | | | | | | | | | | | | | | |
| 71 | Totals: | 43 | 3 | 7 | 41 | 6 | 7 | 42 | 6 | 5 | 40 | 5 | 8 | 39 | 5 | 9 | 41 | 2 | 10 | 42 | 2 | 9 | 41 | 5 | 7 | 38 | 7 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 72 | Establishment: | Restaurant A | Restaurant B | Restaurant C | Restaurant D | Restaurant E | Restaurant F | Restaurant G | Restaurant H | Restaurant I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73 | Evaluation Number: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 | EHS Rating: | 93% | 87% | 88% | 89% | 89% | 95% | 95% | 89% | 84% | 100% | 100% | 100% | 100% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 76 | Unacceptable <70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77 | Needs improvement 70-84% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78 | Acceptable ≥85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | Item Evaluated | Items Evaluated | | | % In Compliance | | |
|----|--|-----------------|-----|----|-----------------|-----|-----|
| | | IN | OUT | NA | IN | OUT | NA |
| | 26. Consumer advisory/Pasteurized foods | 6 | 3 | 0 | 67% | 33% | 0% |
| | 27. Additives/Chemicals 25, 26 | 4 | 5 | 0 | 44% | 56% | 0% |
| | 28. Recognizes HSP requirements 24 | 2 | 0 | 7 | 100% | 0% | 78% |
| 1. | 29. Recognizes Variance/HACCP 30 | 9 | 0 | 0 | 100% | 0% | 0% |
| 2. | 30. Verifies HACCP plan 27 | 1 | 0 | 8 | 100% | 0% | 89% |
| 3. | Food Temperature Control | | | | | | |
| | 31. Cooling Methods 31 | 9 | 0 | 0 | 100% | 0% | 0% |
| | 32. Recognizes plant food cooking 32 | 5 | 1 | 3 | 83% | 17% | 33% |
| 4. | 33. Thawing Methods 33 | 5 | 0 | 5 | 125% | 0% | 56% |
| 5. | 34. Thermometers available and accurate 34 | 9 | 0 | 0 | 100% | 0% | 0% |
| 6. | Good Retail Practices | | | | | | |
| 7. | 35. Water and Ice From Approved Sources 29 | 6 | 3 | 0 | 67% | 33% | 0% |
| 8. | 36. Food Identification 35 | 9 | 0 | 0 | 100% | 0% | 0% |
| 9. | 37. Prevention of Contamination 36, 38, 39, 40 | 9 | 0 | 0 | 100% | 0% | 0% |
| 10 | 38. Proper Use of Utensils 41, 42, 43, 44 | 9 | 0 | 0 | 100% | 0% | 0% |
| | 39. Utensils and Equipment 45, 46, 47 | 9 | 0 | 0 | 100% | 0% | 0% |
| 11 | 40. Physical Facilities 48, 49, 50, 51, 52, 53, 54 | 9 | 0 | 0 | 100% | 0% | 0% |
| 12 | Setting example | | | | | | |
| 13 | 41. EHS washes hands as needed | 9 | 0 | 0 | 100% | 0% | 0% |
| 14 | 42. Properly uses equipment | 9 | 0 | 0 | 100% | 0% | 0% |
| 15 | Paperwork and File Review | | | | | | |
| 16 | 43. Proper code citation and Item number marked | 5 | 4 | 0 | 56% | 44% | 0% |
| 17 | 44. Item properly marked as a repeat violation | 2 | 0 | 7 | 100% | 0% | 78% |
| 18 | 45. Corrective Action Achieved, CDI noted | 6 | 1 | 2 | 86% | 14% | 22% |
| 19 | 46. Verification Required properly documented | 5 | 0 | 4 | 100% | 0% | 44% |
| 20 | 47. Enforcement Action properly taken | 1 | 0 | 8 | 100% | 0% | 89% |
| 21 | 48. Options for long-term control of risk factors explored | 1 | 0 | 8 | 100% | 0% | 89% |
| 22 | 49. Risk category and risk frequency verified | 9 | 0 | 0 | 100% | 0% | 0% |
| 23 | 50. Correction of previous risk factor violations achieved | 6 | 0 | 3 | 100% | 0% | 33% |
| 24 | 51. Exit interview conducted and paperwork provided | 9 | 0 | 0 | 100% | 0% | 0% |
| 25 | 52. Inspection documentation clear and complete | 5 | 4 | 0 | 56% | 44% | 0% |
| | 53. Paperwork filed properly and in timely manner | 9 | 0 | 0 | 100% | 0% | 0% |



| | | | | | | |
|---|---|---|---|------|-----|----|
| 52. Inspection documentation clear and complete | 5 | 4 | 0 | 56% | 44% | 0% |
| 53. Paperwork filed properly and in timely manner | 9 | 0 | 0 | 100% | 0% | 0% |

Overall Rating of REHS or Program

- **Acceptable (85% or above)**
- **Needs Improvement (70%-84%)**
 - Remediation may be required to improve weaknesses
 - Additional assessments may be performed if deemed necessary by the designated QA leader or Regional Specialist
- **Unacceptable (Less than 70%)**
 - Immediate remediation is required
 - Additional assessments shall be completed to verify improvement
 - Documentation of the remediation plan and results shall be provided to the Regional Specialist

Remediation-Field Assessments

- The QA leader or Regional Specialist may use the remediation options below when needed:
 - Fieldwork with QA leader or training designee
 - Food Code Refresher/RBI Course
 - ORAU/IAFP listed courses
 - Online courses
 - Centralized Intern Training
 - Neighboring county fieldwork

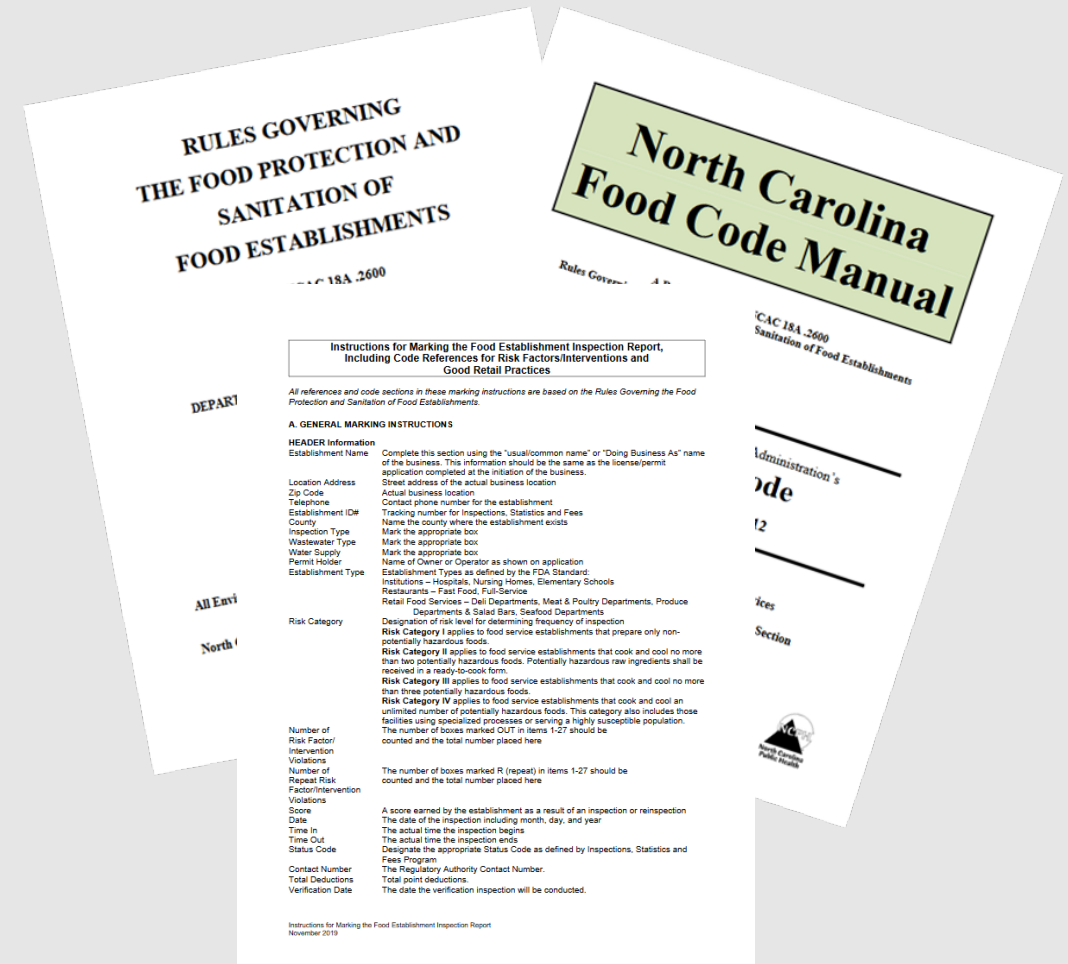


QA File Review

- At least 3 files reviewed per QA evaluation period for each REHS conducting routine inspections in the FLI program
- Review is based on the *QA File Review Instructions*
- Findings are documented in the *QA File Review Workbook*
- File reviews can be conducted by QA leader(s) or Regional Specialist depending on the staff in the county or district
 - Regional Specialist will review files when regional review option is used by the county or district
 - Regional Specialist will review files for QA leader(s)

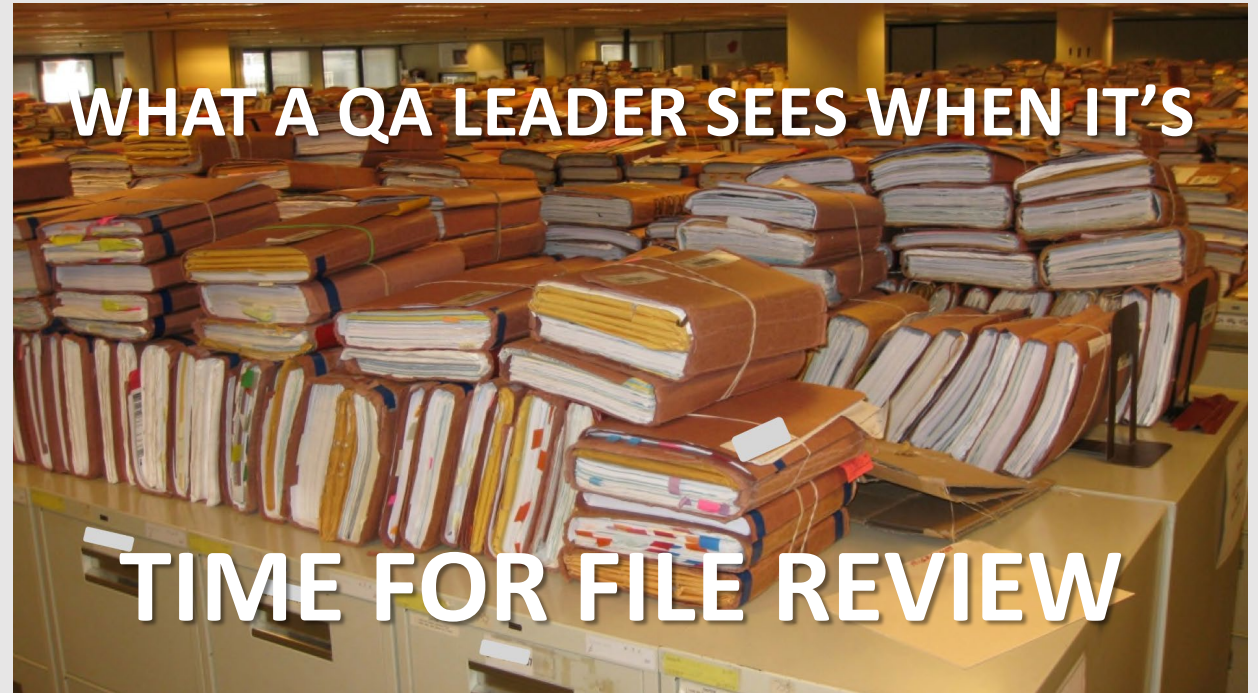
Forms You'll Need

- *QA File Review Instructions*
- *NC Quality Assurance & File Review Workbook*
- *2009 NC Food Code*
- *.2600 Rules*
- *Marking Instructions for Food Service Establishments*
- *List of facilities to be included in the file review*



Conducting the QA File Review

- Evaluate the file on all items 1-28 on the file review form.
- You can use the *Individual File Review Form* for taking notes.
- Document “Yes” or “No” depending on what is noted in the file.
- No scoring system for file review.



| Individual File Review Form | | | |
|-----------------------------|--|-------------------------|--|
| Establishment Name: | | County/District: | |
| Establishment ID#: | | EHS Name: | |
| | | REHS#: | |
| | | Review Date: | |
| | | Evaluator: | |

| File Contents | | | | Instructions: If in compliance enter a number 1 under the "Yes" column; if out of compliance, enter a number 1 | | | |
|--------------------------------------|--|-----|----|--|--|--|--|
| Items Evaluated | | Yes | No | Comments | | | |
| 1. Permit | | | | | | | |
| 2. Plan Review | | | | | | | |
| 3. Water and Wastewater | | | | | | | |
| 4. Inspection and Reinspection Forms | | | | | | | |
| 5. Verification Visit Documented | | | | | | | |
| 6. Enforcement Action: Susp./Rev/ | | | | | | | |
| 7. Complaint Log | | | | | | | |
| 8. Variance Approval Documentation | | | | | | | |
| | | | | | | | |
| Totals: | | 0 | 0 | | | | |

| Inspection Form Documentation | | | | | | | |
|-------------------------------------|--|-----|----|----------|--|--|--|
| Demographics | | Yes | No | Comments | | | |
| 9. Establishment Name | | | | | | | |
| 10. Establishment ID Number | | | | | | | |
| 11. Inspection Date and Time | | | | | | | |
| 12. Permittee | | | | | | | |
| 13. Phone #/Address/Mailing Address | | | | | | | |
| 14. Status Code | | | | | | | |

| A | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|
|---|---|---|---|---|---|---|---|

Individual File Review Form

| | | | |
|----------------------------|--|-------------------------|--|
| Establishment Name: | | County/District: | |
| Establishment ID#: | | EHS Name: | |
| | | REHS#: | |
| | | Review Date: | |
| | | Evaluator: | |

File Contents Instructions: If in compliance enter a number 1 under the "Yes" column; if out of compliance, enter a number 1

| Items Evaluated | Yes | No | Comments |
|--------------------------------------|-----|----|----------|
| 1. Permit | | | |
| 2. Plan Review | | | |
| 3. Water and Wastewater | | | |
| 4. Inspection and Reinspection Forms | | | |
| 5. Verification Visit Documented | | | |
| 6. Enforcement Action: Susp./Rev/ | | | |
| 7. Complaint Log | | | |
| 8. Variance Approval Documentation | | | |
| | | | |
| | | | |
| | | | |
| Totals: | 0 | 0 | |

Inspection Form Documentation

| Demographics | Yes | No | Comments |
|-------------------------------------|-----|----|----------|
| 9. Establishment Name | | | |
| 10. Establishment ID Number | | | |
| 11. Inspection Date and Time | | | |
| 12. Permittee | | | |
| 13. Phone #/Address/Mailing Address | | | |
| 14. Status Code | | | |

E43

| | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| | A | B | C | D | E | F | G | H |
|--|---|---|---|---|---|---|---|---|

Individual File Review Form

| | | | |
|----------------------------|--|-------------------------|--|
| Establishment Name: | | County/District: | |
| Establishment ID#: | | EHS Name: | |
| | | REHS#: | |
| | | Review Date: | |
| | | Evaluator: | |

File Contents Instructions: If in compliance enter a number 1 under the "Yes" column; if out of compliance, enter a number 1

| Items Evaluated | Yes | No | Comments |
|--------------------------------------|-----|----|----------|
| 1. Permit | | | |
| 2. Plan Review | | | |
| 3. Water and Wastewater | | | |
| 4. Inspection and Reinspection Forms | | | |
| 5. Verification Visit Documented | | | |
| 6. Enforcement Action: Susp./Rev/ | | | |
| 7. Complaint Log | | | |
| 8. Variance Approval Documentation | | | |
| Totals: | 0 | 0 | |

Inspection Form Documentation

| Demographics | Yes | No | Comments |
|-------------------------------------|-----|----|----------|
| 9. Establishment Name | | | |
| 10. Establishment ID Number | | | |
| 11. Inspection Date and Time | | | |
| 12. Permittee | | | |
| 13. Phone #/Address/Mailing Address | | | |
| 14. Station | | | |



Individual File Review Form

| | | | |
|---------------------|-------------|------------------|----------------|
| Establishment Name: | Ace's Grill | County/District: | Any County |
| Establishment ID#: | 5063010256 | EHS Name: | Joe Inspector |
| | | REHS#: | 5125 |
| | | Review Date: | 10/1/2020 |
| | | Evaluator: | Ima Supervisor |

File Contents Instructions: If in compliance enter a number 1 under the "Yes" column; if out of compliance, enter a number 1 under the "No" column

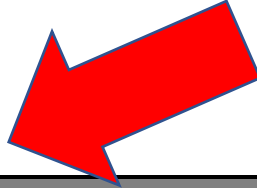
| Items Evaluated | Yes | No | Comments |
|--------------------------------------|-----|----|-----------------------------------|
| 1. Permit | | 1 | 1) File did not include a permit. |
| 2. Plan Review | 1 | | |
| 3. Water and Wastewater | 1 | | |
| 4. Inspection and Reinspection Forms | 1 | | |
| 5. Verification Visit Documented | 1 | | |
| 6. Enforcement Action: Susp./Rev/ | 1 | | |
| 7. Complaint Log | 1 | | |
| 8. Variance Approval Documentation | 1 | | |
| | | | |
| | | | |
| Totals: | 7 | 1 | |



| Inspection Form Documentation | | | |
|---|-----|----|---|
| Demographics | Yes | No | Comments |
| 9. Establishment Name | 1 | | |
| 10. Establishment ID Number | 1 | | |
| 11. Inspection Date and Time | 1 | | |
| 12. Permittee | 1 | | |
| 13. Phone #/Address/Mailing Address | 1 | | |
| 14. Status Code | 1 | | |
| 15. Risk Category/FDA Establishment Type | 1 | | |
| 16. Purpose of Visit | 1 | | |
| 17. Water and Wastewater | 1 | | |
| 18. PIC Signature | 1 | | |
| 19. REHS Signature/REHS Contact # | 1 | | |
| | | | |
| Totals: | 11 | 0 | |
| Violations & Supporting Info | Yes | No | Comments |
| 20. Violations documented accurately | | 1 | 20) On inspection report dated 6/20/20, improper usage of single-use gloves was marked under #44. Need to mark under #13 and cite 3-304.15 (A). |
| 21. Half, full, & zero deductions appropriate | 1 | | |
| 22. Repeat violations | 1 | | |
| 23. Corrected During Inspection | 1 | | 26) On inspection report dated 3/17/20, #24 was marked "IN". This should be marked "NA" since this facility does not serve an HSP. |
| 24. VR Documented | 1 | | |
| 25. Enforcement: Suspensions, Revocation | 1 | | |
| 26. IN, OUT, NA, NO | | 1 | |
| 27. Comments Clear and Adequate | 1 | | |
| 28. Total deductions accurate | 1 | | |
| | | | |
| Totals: | 7 | 2 | |
| Additional Comments | | | |
| | | | |
| | | | |
| | | | |
| | | | |



| Violations & Supporting Info | Y | N | % IN | Comments |
|---|----|----|------|----------|
| 20. Violations documented accurately | 1 | 7 | 11% | |
| 21. Half, full, & zero deductions appropriate | 8 | 1 | 89% | |
| 22. Repeat Violations | 8 | 1 | 89% | |
| 23. Corrected During Inspection | 5 | 4 | 56% | |
| 24. VR Documented | 7 | 2 | 78% | |
| 25. Enforcement: Suspension, Revocation | 9 | 0 | 100% | |
| 26. IN, OUT, NA, NO | 5 | 4 | 56% | |
| 27. Comments Clear and Adequate | 3 | 6 | 33% | |
| 28. Total deductions accurate | 9 | 0 | 100% | |
| | | | | |
| sub | 55 | 25 | 68% | |



Additional Comments and Observations

| | | | |
|-----|----|---|-----|
| sub | 52 | 1 | 95% |
|-----|----|---|-----|



Remediation-File Review

- When any overall item in a program's file review compliance total is **< 70%**:
 - Training is required
 - Documentation of the training plan and results provided to the Regional Specialist
- Training may be through in-office meetings and/or coursework which includes:
 - Review of departmental policies
 - Review of .2600 rules
 - Review of *NC Food Establishment Inspection Report Marking Instructions*
 - Review of the *NC File Review Instructions*

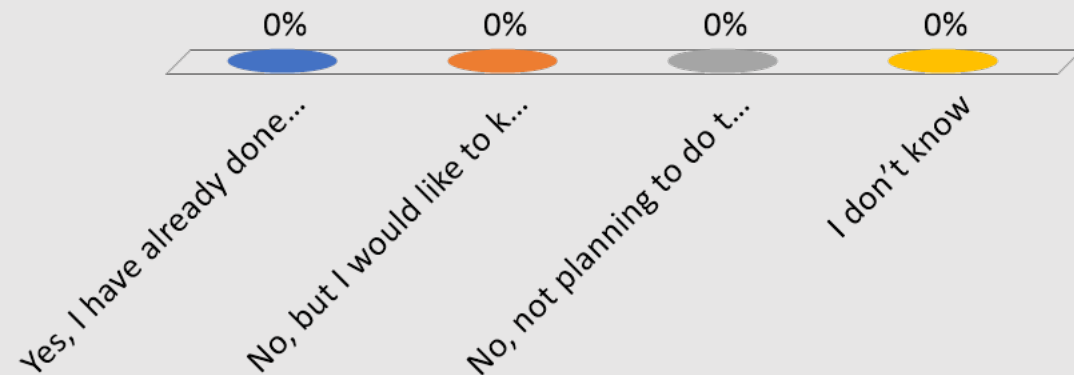
Standardization

- Activities in the QA program can be used towards meeting Standard 4 and Standard 6.
- Spreadsheets are available in the QA Excel Workbooks for capturing data for meeting the Standards
- Fieldwork for Standardization can also be used towards the fieldwork requirement for QA.
- Contact your Regional Specialist if you are interested in using Standardization activities towards QA requirements.



Would you like to use Standardization activities for QA?

- A. Yes, I have already done this.
- B. No, but I would like to know how.
- C. No, not planning to do this.
- D. I don't know



Responses
Count

Staffing Level Assessment

- Previously known as a Manpower study
- Purpose is to identify adequate staffing levels for FLI programs
- Focuses on quality inspections vs. inspection compliance rates
 - Some counties are achieving 100% inspection compliance and are not performing at a high level of quality
 - Some counties are not achieving 100% compliance and are not short-staffed
- Required once per accreditation cycle beginning the Spring of 2021
 - Need to start collecting activity data now
 - Collecting accurate data will make using SLAT forms easier

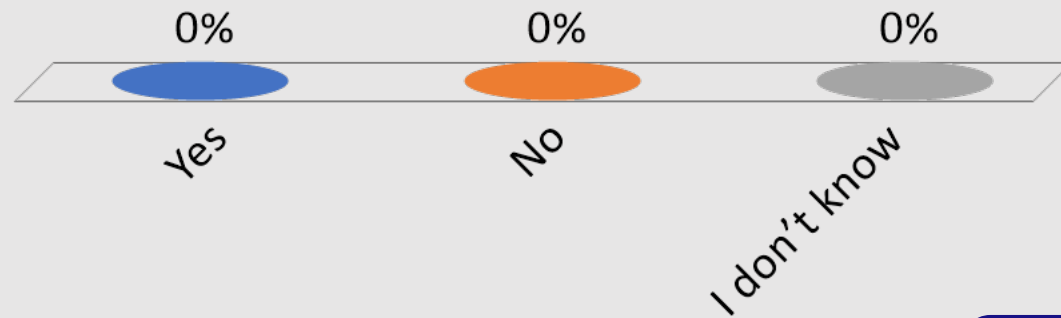
Staffing Level Assessment Tool (SLAT)

- The new tool will require:
 - Accurate job descriptions
 - Details of time worked by staff
 - Maintaining activity information for staff
 - Updating activity information as needed
- How are we assisting the process?
 - Created new activity codes to work with digital systems
 - Created Excel workbook to assist with maintaining activity information
 - Created several workbooks and instruction guides



Have you started collecting data for SLAT?

- A. Yes
- B. No
- C. I don't know



Responses
Count

What is Needed for SLAT?

Routine Activities

- Number of facilities in the county or district (Type 01-48)
 - Restaurants, food stands, mobile food units, meat markets, resident camps, residential cares, etc.
- Inspection and travel time for each type of inspection is automatically calculated.



Routine Activities

| Type of Establishment | Type | Number of Inspections Required | # in County | Total # Inspection in Year | Hours Per Inspection | Drive Time | Total Hours Per Year |
|-----------------------|------|--------------------------------|-------------|----------------------------|----------------------|------------|----------------------|
| Restaurants | | | | | | | |
| Category I | 01 | 1 | * | = | 0 | * | 1.40 + 0.50 = 0.00 |
| Category II | | 2 | * | = | 0 | * | 1.72 + 0.50 = 0.00 |
| Category III | | 3 | * | = | 0 | * | 2.33 + 0.50 = 0.00 |
| Category IV | | 4 | * | = | 0 | * | 2.88 + 0.50 = 0.00 |



What is Needed for SLAT?

Routine Activities

- Consultative/verification visits, plan review, QA, staff meetings, transitional permits, water samples, TFEs.
- Time spent on some activities are automatically calculated.
- For other activities, time and travel must be entered by the county/district.

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A1 Routine Activities

| Routine Activities | | |
|--|-------------------------|----------------------------------|
| Activity Type | # Activities this Month | Time Spent on Activities (Hours) |
| Consultative Visits | | |
| Complaint Visits | | |
| Verifications Visits | | |
| Temporary Food Establishments (TFEs) | | |
| Pre-Opening and/or Construction Visits | | |
| Permits Issued | | |
| Re-inspections | | |
| Plans Reviewed | | |
| Visit - Non-Permitted Establishment | | |
| Transitionals (Change of Ownership) | | |
| Water Samples | | |
| Local FLI Ordinances | | |
| On-Call Activities | | |
| Training (in-house) | | |
| Staff Meetings | | |
| Local HACCP Approvals | | |
| Quality Assurance | | |
| Preparedness and Response | | |
| Comm. Disease Investigations | | |
| Value-added Programs Activities | | |
| Education | | |
| Activity Type | # Activities this Month | Time Spent on Activities (Hours) |
| Establishment In-services | | |

May June July August September October November December January February March April ..



Routine Activities

| Activity Type | # Activities this Month | Time Spent on Activities (Hours) |
|--|-------------------------|----------------------------------|
| Consultative Visits | | |
| Complaint Visits | | |
| Verifications Visits | | |
| Temporary Food Establishments (TFEs) | | |
| Pre-Opening and/or Construction Visits | | |
| Permits Issued | | |
| Re-inspections | | |
| Plans Reviewed | | |
| Visit - Non-Permitted Establishment | | |
| Transitionals (Change of Ownership) | | |
| Water Samples | | |
| Local FLI Ordinances | | |
| On-Call Activities | | |
| Training (in-house) | | |
| Staff Meetings | | |
| Local HACCP Approvals | | |
| Quality Assurance | | |
| Preparedness and Response | | |
| Comm. Disease Investigations | | |

What is Needed for SLAT?

Value-added Programs Activities

• Education

- Establishment in-services, public education, food safety courses & proctoring
- Number of activities and time spent on these activities needed

• Voluntary Retail Program Standards

- Standardizations, meetings, trainings, work towards meeting a Standard
- Number of activities and time spent on these activities needed
- Drive time is calculated automatically only for Standardizations

Value-added Programs Activities

Education

| Activity Type | # Activities this Month | Time Spent on Activities (Hours) |
|---------------------------|-------------------------|----------------------------------|
| Establishment In-services | | |
| Public Education | | |
| Courses and Proctoring | | |

Voluntary Retail Program Standards

| Activity Type | # Activities this Month | Time Spent on Activities (Hours) |
|------------------|-------------------------|----------------------------------|
| Standardizations | | |
| Meetings | | |
| Reporting Time | | |
| Online Courses | | |
| Standard 1 | | |
| Standard 2 | | |
| Standard 3 | | |
| Standard 4 | | |
| Standard 5 | | |
| Standard 6 | | |
| Standard 7 | | |
| Standard 8 | | |
| Standard 9 | | |

Value-added Programs Activities

| Education | | |
|------------------------------------|------------------------|----------------------------------|
| Activity Type | # Activities this Year | Time Spent on Activities (Hours) |
| Establishment In-services | 2 | 6 |
| Public Education | 3 | 8 |
| Courses and Proctoring | 2 | 32 |
| Voluntary Retail Program Standards | | |
| Activity Type | # Activities this Year | Time Spent on Activities (Hours) |
| Standardizations | 0 | 0 |
| Meetings | 0 | 0 |
| Reporting Time | 0 | 0 |
| Online Courses | 0 | 0 |
| Standard 1 | 0 | 0 |
| Standard 2 | 0 | 0 |
| Standard 3 | 0 | 0 |
| Standard 4 | 0 | 0 |
| Standard 5 | 0 | 0 |
| Standard 6 | 0 | 0 |
| Standard 7 | 0 | 0 |
| Standard 8 | 0 | 0 |
| Standard 9 | 0 | 0 |

What is Needed for SLAT?

Job Duties & Descriptions

• Job Duties

- How many hours are staff available for EH duties?
 - 2080 hours is used as the base number for calculations
- Need to know the following for each staff member:
 - Work hours per day
 - Workdays per week
 - Projected vacation, sick, and holiday leave used per year
 - Other types of leave

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A1: N.C. Department of Health and Human Services
 Division of Environmental Health
 Food, Lodging and Institutions Section

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| N.C. Department of Health and Human Services Division of Environmental Health Food, Lodging and Institutions Section Staffing Level Assessment Tool | | | | | | | | | | | | | | | |
| Number of Employees | | | | | | | | | | | | | | | |
| Time (Per Year) | | | | | | | | | | | | | | | |
| Work hours | | | | | | | | | | | | | | | |
| Work days | | | | | | | | | | | | | | | |
| Projected Sick Leave | | | | | | | | | | | | | | | |
| Projected Vacation Hrs | | | | | | | | | | | | | | | |
| Paid Holiday | | | | | | | | | | | | | | | |
| Education Travel | | | | | | | | | | | | | | | |
| Incidentals (weather) | | | | | | | | | | | | | | | |
| Personal Time Off (PTO) | | | | | | | | | | | | | | | |
| Available Field Hours/ Yr | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hours/Yr Dedicated to FLI | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Available Field Hours/Yr | | 0.00 | | | | | | | | | | | | | |
| Total Hours/Yr Dedicated to FLI | | 0.00 | | | | | | | | | | | | | |
| Percentages (Hr/wk) | | | | | | | | | | | | | | | |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FLI Routine Activities | | | | | | | | | | | | | | | |



| Percentages (Hr/wk) | 1 | 2 |
|---------------------------------------|---------------|----------------|
| | Joe Inspector | Jane Inspector |
| FLI Routine Activities | 25.00% | 75.00% |
| FLI Value Added Program Activities | | 5.00% |
| Supervisory Activities | 30.00% | |
| Children's Environmental Health | | 10.00% |
| On-site and Water Protection | 20.00% | |
| Well Program | 20.00% | |
| Pools and Tattoos | | 5.00% |
| Methamphetamine Lab Program | 5.00% | |
| Other | | 5.00% |
| % Total | 100.0% | 100.0% |
| % Time Dedicated to <i>FLI</i> | 25.0% | 80.0% |

| | |
|--|-------------|
| Total Staff Number Dedicated to FLI | 1.05 |
|--|-------------|

What is Needed for SLAT?

Job Duties & Descriptions

• Job Descriptions

- Many programs across the State have staff with responsibilities in multiple EH programs
- Duties in these other programs can take away from duties in the FLI program
- Job descriptions should be reviewed and updated to include:
 - Percentage of time staff member spends doing FLI routine activities, value-added program activities, supervisory activities, children's EH activities, OSWP/well activities, pools and tattoo activities, meth lab activities, etc.
 - Percentages should add up to 100%

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C8 This represents the amount of time a member of management spends conducting supervisory QA with staff, reviewing paperwork, maintaining program records, completing performance reviews/evaluations, coaching employees, providing technical assistance/interpretation guidance to staff, planning staff meetings, resolving inspector complaints with the public, dealing with diplomatic issues, interviewing potential new employees, writing departmental policies, voluntary program standards activities (if completed by a supervisor), and any other duties that only supervisors complete that are directly tied into the FLI program.

| County | Employee Name | Employee Title | Employee |
|---------------------------------------|--|----------------|------------|
| Select | | Select | |
| Job Description Category | Description | | Percentage |
| FLI Routine Regulatory | <p>This represents the amount of time an employee spends completing regular inspections at restaurants, food stands, mobile food units, pushcarts, educational food services, elderly nutrition sites, public/private school lunchrooms, limited food services, commissaries, institutional food services, lodging establishments, bed & breakfast homes/inns, summer/primitive/resident camps, meat markets, nursing homes, hospitals, residential care facilities, local confinements, and adult day cares.</p> <p>This also represents the amount of time an employee spends issuing TFE permits, critical item visits (verification visits, intents to suspend, immediate suspensions), investigating complaints on establishments (including illegal vendor investigations), investigating potential foodborne illness outbreaks, maintaining inspection records, taking water samples for FLI establishments ONLY, reviewing plans/issuing permits, issuing transitional permits, peer-to-peer QA review, HACCP plan review/approval/validation/verification, reinspections of establishments, emergency preparedness and response, enforcing local ordinances, time spent on-call, time spent training new staff, time spent at staff meetings, and administrative work (ex. taking phone calls from the public).</p> | | |
| Value-Added Program Activities | This represents the amount of time an employee spends training (ex. Servsafe), public education (outreach events), in-service visits to restaurants, courses and exam proctoring (ex. CFPM Certification), and voluntary program standards activities completed by non-supervisory staff (standardization, grant writing, planning, recordkeeping). | | |

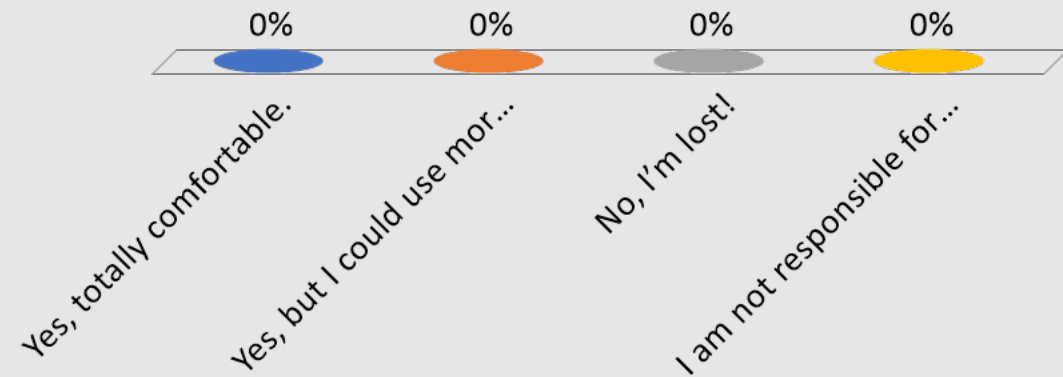


And Finally.....

- Once the data has been provided to the Regional Specialist:
 - The required data will be entered into the spreadsheets.
 - The results of the SLAT will be reviewed by the Regional Specialist and a letter of the findings will be provided to the EH Director or Supervisor.
 - The results will indicate either that the program is “Fully Staffed” or that “Additional Positions Needed to Fully Staff FLI Program”. The number of additional positions needed will be provided as well.
 - When reviewing these results, keep in mind that this number indicates Full-Time Employees (FTE) that dedicate **100% of their time** to *Food, Lodging, and Institutions* activities.
- This information can be provided to county/district leadership when budgetary decisions are being made.

Do you feel comfortable with SLAT after this presentation?

- A. Yes, totally comfortable.
- B. Yes, but I could use more training on the spreadsheets.
- C. No, I'm lost!
- D. I am not responsible for SLAT.



respons
a Count

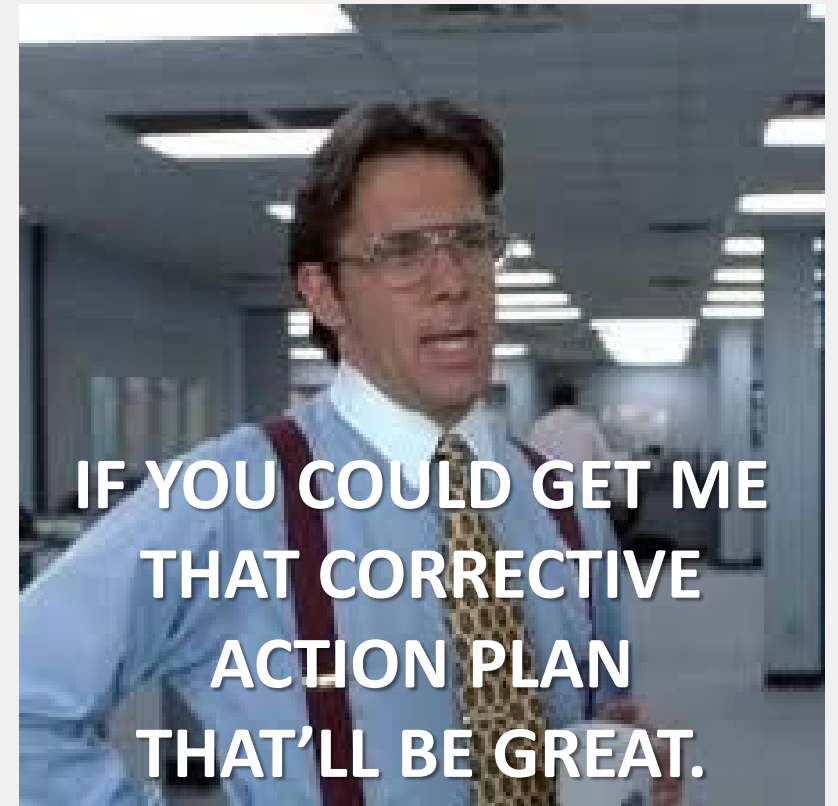
Accreditation

- QA programs can help with Accreditation by:
 - Developing a well trained and knowledgeable staff
 - Verifying files contain required documentation
 - Verifying inspection reports are properly completed
- SLAT can help with Accreditation by:
 - Providing data necessary to determine adequate staffing levels
 - Providing leadership with an assessment of FLI activities
 - Determining staffing needs within EH programs



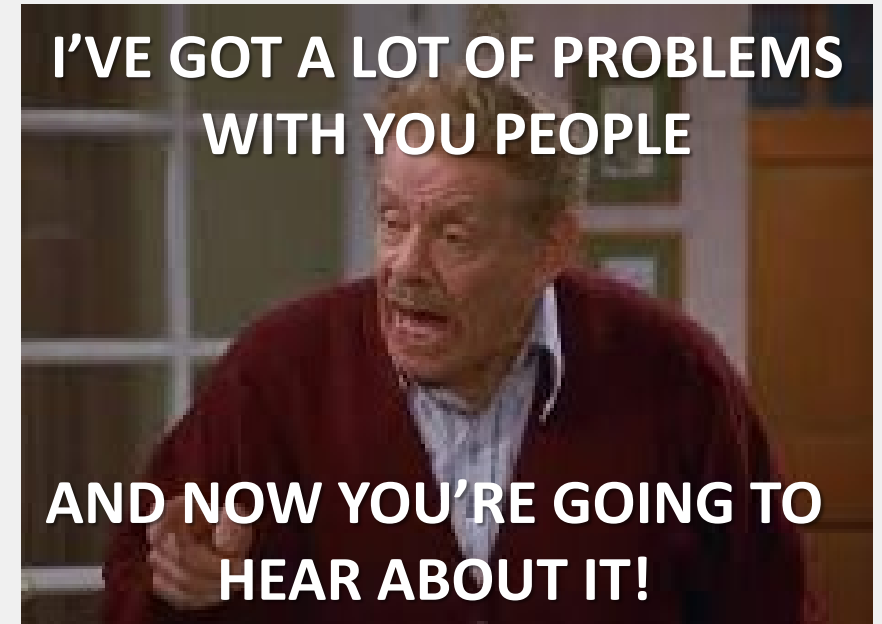
Corrective Action Plans

- The Regional Specialist will request and review the QA documentation as described in the QA policy
- A Corrective Action Plan (CAP) may be required from the Regional Specialist for any deficiencies noted in this policy.



Grievances

- An REHS may request a meeting to review any portion of the QA assessment.
- This review should be done with the supervisor or Director of the program and may include the Regional Specialist.
- A grievance may be requested for any area of disagreement related to the assessment.



Summary

- Implementation of a QA policy & prioritization policy
- QA evaluation period began on May 1, 2020 and will continue until April 30, 2021
- 2 QA Field Assessments per REHS per QA evaluation period
- 3 File Reviews per REHS per QA evaluation period
- Staffing Levels will be assessed every accreditation cycle beginning Spring 2021
 - Activities must be tracked beginning this FY to prepare
 - Form templates are available to assist with capturing activities
- QA activities will be reported to the Regional Specialist on the new QA Summary Checklist by May 1, 2021

QA SUMMARY CHECKLIST

| | |
|--|---------|
| Agency Name: | County: |
| Name of Person Responsible for QA: | |
| QA Evaluation Period Covered by this Summary: May 1 st , Choose - April 30 th , Choose | |

1. A copy of the current QA policy for the Food Protection Program.
2. A summary on letterhead of what QA activities have been accomplished during the QA evaluation period. This summary should include the following:
 - a. Number of field assessments for leaders and field staff
 - b. Number of file reviews for leaders and field staff
 - c. Number of staff that perform routine inspections
 - d. Number of staff that **DO NOT** perform routine inspections, but **ARE** involved in QA
 - e. Number of staff that substituted standardization activities for QA field assessments
 - f. Documentation of how prioritization policy was utilized, if necessary
3. A copy of the Excel Workbook provided by the Food Protection and Facilities Branch that includes the following:
 - a. Results describing field assessments-completed according to QA marking instructions, including clear and concise comments.
 - b. Results from file reviews-completed according to File Review Instructions, including clear and concise comments.
4. As required in the QA policy, remediation activities for leaders or staff, based on results of previous field assessments and files reviewed.
5. If operating under a Branch-directed CAP (corrective action plan), explain the work completed to achieve compliance with that plan.
6. Supporting documentation showing how the Department has achieved compliance with the QA policy.

Questions?

