Area Agency on Aging District 7, Inc. MEAL SERVICE PROGRAMS Policy and Procedures

Policy Name: Internal Quality Control

Created: 2/12/2015

Policy #: MSP-002

Revised: 3/20/2015

Reference: Rule 173-4-04 (11)(a)

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Policy: On a quarterly basis, all nutrition providers will complete the Internal Quality Control report and submit it to the AAA7 Registered Dietitian.

Procedures:

- 1) All nutrition providers will complete the Internal Quality Control Report consisting of the following:
 - a) Sanitation and Safety Inspection (3 pages)
 - b) Internal Quality Control Audit Form (2 pages)
 - c) Internal Quality Control Audit Test Tray (1 page)
 - d) In-Service Records
- 2) The Internal Quality Control Report documents will be submitted to AAA7 on March 31, June 30, September 20 and December 31.
- 3) Submissions will be reviewed by the AAA7 Registered Dietitian and contact made with the provider if further information is needed.
- 4) Provider will maintain copies of each submission to be included as part of the Continuous Improvement Plan submission on March 30 of each year.

Internal Quality Control Audit

Procedure: To be performed by management on a quarterly basis with the intent to reveal and resolve areas of concern in the meal service to consumers. Audit tools include: sanitation and safety inspection form, test meal form, and internal quality control form.

Purpose: To assess the following:

- 1. Kitchen sanitation
- 2. Food storage methods
- 3. Food handling techniques
- 4. Appearance of meals
- 5. Nutritional value of meals (menu, cooking times, leftover usage, portion control)
- 6. Food temperatures
- 7. Ingredient files
- 8. Staff in-servicing

Sanitation & Safety Inspection by		ion	Date
Initial Review	YES	NO	NOTES
Hand washing procedures posted by hand washing sink			
2. Step can present at hand washing sink			
3. Hands washed when entering kitchen and before beginning			
any food preparation			
4. Gloves worn per policy	1000		
5. Employees have clean hands and no nail polish or artificial			
nails			
6. No open wounds or ill employees			
7. Hair properly restrained			
8. Clothing/aprons are clean and appropriate	0.80	100	
9. No smoking, eating, drinking in food prep area			
Storerooms			
1. All items covered, labeled and dated			
2. All items are stored 6" from floor and 18" from ceiling			
3. Food items rotated: first in, first out			
4. Cleaning supplies stored separately from food products	BANK.	Als	
5. Dented cans placed in designated area for return to vendor			
6. Shelves/Racks are clean, free of dust			A BANK SAN DER ALTE DER KANADANIA
7. Walls, floors, ceilings, vents and doors are clean			
8. No insects, rodents present			
Refrigerators			
1. All food covered, labeled and dated			
2. All expired items (greater than 7 days) are discarded	n at a		
3. Interior refrigerator fans clean & free of dust		0 0000	1 GT 1-12 12/45 12 13 18 10 17 18 18 19
4. Thermometer visible & temperature 34 to 38° F			
Temperature taken and recorded daily	100	4 125	
6. Raw food items stored below cooked food items			
7. Foods are cooled from 135° F to 70° F within 2 hours, and to			
41° F within 4 hrs. (total time 6 hrs.)		d Line	
8. Food is rotated			200
9. All items are stored off the floor	的表面的		
10. Gaskets are clean & in good repair	20.700		
Freezers		dell's	
1. All food is covered, labeled & dated		-	
2. All items stored on racks, allow for air circulation		BITTE	
3. Shelves, racks, walls, floors, ceiling & door is clean and free			
of ice buildup			
	TED	8411132	
4. Thermometer visible & temperature -10 to 0 ⁰ F	E PARENT	2 155mm	
5. Temperature taken and recorded daily		- Y X	
6. Food items are rotated			<u> </u>
7. Gaskets are clean & in good repair			

Pot and Pan Area	S Acc		
1. Pot and pan procedure is posted and followed			
2. Sanitizing solution test kit available and staff knowledgeable			
in its use			
3. All items are clean and without grease	-	Managas	
4. All items are air-dried			
needed.	-	Color Col	
6. Racks, walls, floors clean	100	NE S	
Dishwashing Area			
1. Dishwater temperatures reach temperature listed on machine. Manufacturer's recommendation.			
2. Temperatures monitored and recorded daily			
3. Adequate supply of chemicals available and in use		Day:	
4. Items are clean			
5. Items are air dried	dix.	7,520	
6. No cross contamination between clean and dirty dishes			
7. Racks, walls, floors clean			
General Sanitation			
All equipment clean and sanitized	RUP (A)		
2. Mixer bowls and slicers are kept covered between uses			
3. All floors, walls, ceiling and work areas clean	lo to f	Salvi	
4. All work tables and drawers clean and well organized			
5. Can opener clean and free of metal shavings		PAUS.	
6. Food and ice scoops are clean and dry			
7. All carts and racks clean and in good repair	E Car	KEN.	
8. Hood range filters clean and regularly scheduled to be cleaned			
9. All pots, pans, utensils and equipment clean and not rusted	West.	Let an	
10. Cleaning cloths stored in sanitizing solution			
11. Cutting boards have smooth surfaces		884	
12. Plastic, china or glassware- chipped, cracked or has lost its			
glaze is discarded	(SECTION)	SUI!	
13. Single service items are discarded after one use			CONTRACTOR OF THE PROPERTY OF
14. Garbage cans are leak-proof, non-absorbent & have close fitting lids			
15. Garbage is held, transferred & disposed properly to prevent insects/rodents			
16. Pest control is effective			The second secon
17. Mop room, brooms, mops and mop buckets are clean	50.00	10:13	
18. Chemicals stored in a secure area, separate from food.			
Maintenance	ESTATE OF THE PARTY OF THE PART		
1. All equipment in good repair and routinely checked			
2. No cracks, holes or loose molding			MARKET CAR CAR CAR
3. Proper ventilation- fans working			
4. All floors, wall & ceiling tiles are in place & not broken	abin S		
5. Safety covers on light fixtures			
6. No leaks observed in pipes, faucets or hoses			
7. All painted surfaces clean & not chipped			
8. Electrical cord & connections are in good repair			
9. Adequate lighting, ventilation, temperature			

Disaster Preparedness			88.475 A.	
1. Fire extinguishers are checked per policy				
2. Dietary staff aware of procedure for fire under hood	38,49			
3. Dietary staff aware of location of alarm boxes & fire				
extinguishers				
Emergency stock of supplies, food & water available per facility policy				
lacinty policy		1,		
Additional Comments		\$ 10 VE		
	105-			
				
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Internal Quality Control Audit

Site:
Date:
Completed by:
Please " ν " statements that are correct and complete. For statements that are not correct or completed, note problem and plan of correction.
All refrigerators and freezers have internal thermometers and temperatures are logged daily.
Dish machine temperatures are monitored for wash and rinse cycles and logged daily.
Temperature log is obtained on foods at time of delivery.
An ingredient file is complete with all ingredients listed for the menu cycle.
Congregate sites: Dining area is neat, organized and clean. Area is well lit and spacious.
Current Health Department Inspection is posted.
HDMs (Home Delivered Meals): There is a test meal sent on routes weekly with each driver Temperatures are recorded for hot and cold (milk, canned fruit) foods and given to manager. These are documented and corrections are made to problem areas.
A quarterly test meal was completed by management. (See test tray form).

Internal Quality Control Audit

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Menu was followed as written and recipes were used from <u>Food for Fifty</u> .
Each meal contained 3 ounces of meat, 2 bread (starches), 1 ½ cups vegetables/fruit, condiments as needed, 8 ounces milk.
Daily food temperatures are recorded by cook.
A survey of consumers is completed quarterly including likes and dislikes of foods. (See measurvey form). Dietitian is notified of results.

Internal Quality Control Audit <u>Test Tray</u>

List the name and amount of each food served.

Food Item	Temperature	Appearance/Texture	<u>Flavor</u>
Meat:			
Vegetable:			
Veg. /Fruit:			
Fruit/Dessert:			
Bread/Starch:			
Milk:			
Expiration dat	te of milk:		
Appearance of	of tray:		
Suggestions for	or Improvemer	nt:	

MEAL SERVICE PROVIDERS IN-SERVICE MEETINGS/TRAININGS

(Copies of all materials used must be included with this report form)

Provider:			
Date:	Presenter:	<u></u>	
Attendees:			