

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	
A. GENERAL SITE INFORMATION	1. Site name and hours of operation:			#	#	#	#	#	
	2. Circle meal service type(s): Self-prep /catered (brought to site)/ 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 Home-delivered			#	#	#	#	#	
	7. Average daily meal site attendance (based on four prior weeks):			#	#	#	#	#	
	8. Today's attendance:			#	#	#	#	#	
	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.			#	#	#	#	#
2. If there is more than 30 minutes between delivery and serving, both the time and temperature are taken right before food service begins.			#	#	#	#	#		
3. Menu item/serving size/temperature			#	#	#	#	#		
MENU ITEM		SVG SIZE	TEMP(F)	#	#	#	#	#	
				#	#	#	#	#	
				#	#	#	#	#	
				#	#	#	#	#	
				#	#	#	#	#	
				#	#	#	#	#	
				#	#	#	#	#	
C. FACILITY	1. The nutrition site is handicapped accessible.			#	#	#	#	#	
	2. Tables and chairs are clean and in good repair.			#	#	#	#	#	
	3. Table settings are arranged, neat and attractive.			#	#	#	#	#	
	4. Bathrooms are clean, stocked, in good operation and handicapped accessible.			#	#	#	#	#	
	5. A hand-washing reminder is posted in bathrooms.			#	#	#	#	#	
	6. Soap and sanitary hand towels or air hand dryers are available in all bathrooms.			#	#	#	#	#	
	7. All work areas are kept clean.			#	#	#	#	#	
	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.			#	#	#	#	#	
	9. Fire extinguishers have a current inspection.			#	#	#	#	#	
	10. Chemicals and toxic items are clearly labeled and stored away from food and food-related supplies.			#	#	#	#	#	
	11. Material Safety Data Sheets (MSDS) are available for all chemicals used by the nutrition program.			#	#	#	#	#	

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D. SIGNAGE	1. The current menu is approved, posted and dated. 2. The approved menu is followed. 3. The total cost of the meal is displayed and plainly visible. 4. The contribution collection method avoids giving participants the impression that they must pay for their meal and ensures participant confidentiality. 5. Signage is posted informing participants that food removed from the meal site is at their own risk. 6. Neither staff nor participants smoke in the building during the meal site's hours.								
E. PERSONAL HYGIENE	1. Staff and volunteers wear clean outer clothing. 2. Effective hair restraints are properly worn if all menu items are not sealed when presented to participant. 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. 4. Gloves are worn as appropriate. 5. Disposable gloves are changed at any time hands would be washed. 6. Burns, wounds, sores, scabs or splints on hands are bandaged and completely covered with a food-service glove while handling food. 7. Eating, drinking, chewing gum, smoking or other tobacco use are allowed only in designated areas away from food preparation, service and storage.								
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. 2. Food transport equipment appears clean.								
G. TRASH	1. Trash receptacles are clean, with liners, and are covered when not in use. 2. Garbage cans are emptied as necessary. 3. Empty boxes and containers are removed from site. 4. Loading dock and area around dumpster are clean.								
H. PEST	1. Project is free from pests (including but not limited to vermin, flies, and roaches). 2. There is regularly scheduled pest control done by a licensed operator.								
I. HOT HOLDING	1. Hot holding units (i.e., cambros, electric hot holding units, ovens) are clean. 2. Food is adequately preheated before placing in hot holding. 3. Hot holding unit is pre-heated before hot food is placed in unit. 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). 5. Food is protected from contamination.								
J. REFRIGERATION	1. Nutrition project's refrigerators and freezers have internal thermometers. 2. Nutrition project's refrigerator temperatures are documented daily. 3. Nutrition project's refrigerators are maintained between 35° and 41° F. 4. Nutrition project's freezers are maintained between -10° and 30° F. 5. Nutrition project's refrigerators and freezers are clean and neat. 6. All refrigerated/frozen food is properly wrapped, labeled and dated. 7. The FIFO (First In, First Out) method of inventory management is used.								

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K. UTENSILS AND EQUIPMENT	<ol style="list-style-type: none"> 1. All small equipment and utensils, including cutting boards and knives, are cleaned and sanitized between uses. 2. Utensils and tableware are stored in drawers or with handles up, and are accessible by their handles, edges or bottoms. 3. Small equipment and utensils are washed, sanitized and air-dried. 4. Work surfaces and utensils are clean. 5. Work surfaces are cleaned and sanitized between uses. 6. Thermometers are available, cleaned and sanitized after each use. 7. Thermometers are calibrated weekly. 8. Can opener is clean. 9. Drawers and racks are clean. 						
L. SITE ADM: SERVICE	<ol style="list-style-type: none"> 1. Reservation systems ensure timely and accurate counts (evidenced by a small difference between the number of meals ordered and daily attendance). 2. Meal counts, attendance, temperature logs and other service information is maintained on a daily basis for reporting purposes. 3. Participant satisfaction surveys are conducted annually and are available. 4. All corrective actions that are implemented from the participant satisfaction survey recommendations are documented. 5. Documentation ensures there is no financial eligibility criteria required for individuals to receive nutrition services. 						
M. NUTRITION SERVICES	<ol style="list-style-type: none"> 1. Nutrition program has a nutrition education training plan. 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. 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. 4. Number of participants who received nutritional counseling during last full month: # 						
N. FOOD SERVICE	<ol style="list-style-type: none"> 1. Menu substitution policy is written and available for daily use. Policy is comprehensive enough to cover most situations. 2. Menu substitutions are minimal (generally fewer than five/month, except under extenuating circumstances) and are in accordance with written policy. 3. Special diets and other modifications offered are appropriate and approved by the nutrition program's licensed dietitian and/or licensed registered dietitian. 						
O. TRAINING	<ol style="list-style-type: none"> 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.) 2. Documentation reflects that staff and volunteers receive annual training on emergency procedures and the use of fire extinguishers. 						

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