


**HOWARD COUNTY DEPARTMENT OF CORRECTIONS
POLICY & PROCEDURE**

	SUBJECT:	Food Services
	P & P #:	G-602
	TITLE:	Food Safety and Sanitation
	EFFECTIVE DATE:	April 20, 2020
	REVIEWED BY:	<i>Kim Drennon</i> Kim Drennon, Dietary Contract Monitor
	REVIEWED BY:	<i>Andrea King-Wessels</i> Andrea King-Wessels, Deputy Director
	AUTHORITY:	<i>Jack Kavanagh</i> Jack Kavanagh, Director

POLICY: The Howard County Department of Corrections shall operate a food service program with the highest possible level of safety and sanitary practices. Health Department regulations and Correctional Standards shall serve as standard minimum requirements for all food service programs.

REFERENCES: Hazard Analysis Critical Control Point (HACCP) Regulations Maryland COMAR Title 10 Department of Health and Mental Hygiene Subtitle 15 Food; Maryland Commission on Correctional Standards (MCCS), Adult Detention Center Standards .04 C, D, E, I and HCDC Policy G-604 Inmates Assigned to the Kitchen.

DEFINITIONS:

Hazard Analysis Critical Control Point (HACCP) –: A method of controlling the safe storage handling and serving of food, mandated by COMAR.

PROCEDURES:

I. Physical Examination

- A. **The Dietary Contract Monitor, Correctional Dietary Staff and contractor staff** shall receive a physical examination to ensure that the employees, inmates or other persons working in the food service area are free from transmissible disease. This examination shall be completed prior to job on duty and at least annually thereafter.
- B. Each inmate assigned to the kitchen shall be cleared by the Medical Section in accordance with HCDC Policy G-604 Inmates assigned to the Kitchen.

II. Personal Hygiene

- A. All staff and inmates required to handle, prepare and/or serve food shall be provided and shall wear clean uniforms, hats and/or hair nets, beard nets, and plastic gloves.

1. Upon arrival to the kitchen, all staff and/or inmates shall wash their hands in accordance to hand washing instructions, posted above each hand washing sink and prior to assigned duties.
2. A hat or hair net and beard net MUST be worn by all staff and/or inmates that enter the kitchen area and while handling, preparing or serving food to others.
3. Plastic gloves MUST be worn by all staff and/or inmates while handling, preparing or serving for others.
4. The **contractor staff** shall inspect all inmate workers to ensure they comply with health and safety standards.
5. Inmate workers will be provided with a list of tasks to complete each day. Sanitation and safety requirements will be reviewed with the inmates and they will sign an agreement.
6. All inmate workers must have documentation that they were trained in kitchen safety and kitchen job duties.

III. Temperature Controls and Food Safety

Food Service Contractor staff assigned **with monitoring by the Dietary Contract Monitor** shall ensure that the hot food temperatures shall be maintained at 140° degrees or above. The cold foods temperatures shall be maintained at 41° degrees or lower. These temperatures must be logged by staff in log. The Deputy Director shall review and sign log book weekly to ensure compliance.

- A. **Food Service Contractor staff** assigned shall ensure that the temperature of the refrigerator and freezer must be checked for temperatures in the AM when early shift arrives and on the PM shift. The temperatures shall be checked and recorded twice a day. Refrigeration equipment shall be designed and operated to maintain a temperature of 41° degrees.
- B. Foods prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna, must be cooled to 41° F degrees within two hours of cooking/preparation.
- C. Potentially hazardous foods that have been cooked and then refrigerated shall be quickly and thoroughly reheated at a minimum of 165° degrees before being served. Steam tables, warmers and similar hot food holding equipment are prohibited for the rapid reheating of these foods. After being reheated at 165° degrees, the food may be maintained at 140° degrees on a heated steam line or equivalent warming equipment.
- D. If menu substitutions are made the item must be **recorded by the Food Service Contract staff** and reason why. Then, notify the Dietary Contract Monitor by email on the day of the menu change (no exceptions). **The menu substitutions shall be documented by the Dietary Contract Monitor on the Monthly Dietary Report HCDC Form 27a.**

- E. If the refrigerator is not at the required temperature, the Administrative Captain and Dietary Contract Monitor shall be notified to request immediate repair from facilities. All foods should be moved to a functioning refrigerator.

IV. Inspections

- A. Each day, the dietary staff shall inspect the kitchen area and complete the Kitchen Checklist, HCDC Form G-602a, attached as Appendix 1.
- B. Once per day, dietary staff or designee shall inspect all kitchen equipment and complete the Dietary Equipment Inspection, HCDC G-602b, attached as Appendix 2.
- C. Dietary Contract Monitor or designated staff shall conduct weekly inspections and document on the Weekly Kitchen Sanitation Inspection, HCDC Form G-602c, attached as Appendix 3.
- D. The Health Department inspects the Detention Center food service areas approximately every four (4) months. Once the inspection report has been completed by the Health Department, the yellow copy shall be maintained in the Compliance Office, the pink copy maintained in the Dietary Contract Monitor's office and a copy provided to the Food Service Contractor. Any corrections required by the health department shall be made immediately, unless requiring bureau of Facilities assistance in which they will be made as soon as possible.

V. Officers Dining Room (ODR)

- A. Every two (2) hours of ODR operation contractor/dietary staff or designee shall check temperatures and record on the ODR Food Temperatures HCDC Form G-602d, attached as Appendix 4. Any discrepancies shall be immediately corrected.
- B. On each Dietary Shift, contractor/dietary staff shall inspect the Officers Dining Room (ODR) and complete the Officer's Dining Room Supplies and Equipment Inspection Form G-602e attached as Appendix 5 to ensure proper supplies and equipment are available to staff.

VI. Directors Prerogative

The Director has the authority to revise/change a policy or post order as needed to meet the operational demands of the Department. As the changes are initiated, they may be communicated by an email, memoranda or in rare circumstances verbal due to unforeseen situations.

ATTACHMENTS: Appendix 1, Kitchen Checklist, HCDC Form G-602a.
Appendix 2, Dietary Equipment Inspection, HCDC Form G-602b.
Appendix 3, Weekly Kitchen Sanitation Inspection, HCDC Form G-602c.
Appendix 4, Food Temperatures for Officer's Dining Room
Appendix 5, Supplies and Equipment Inspection, Form G-602e.

RESCISSIONS: HCDC Policy G-602 Safety/Sanitation for Food Services effective August 28, 2019, January 3, 2018, January 4, 2017, January 19, 2016.

**Howard County Department of Corrections
Sanitation Kitchen Check List**

Date: _____

Item	A.M. Check/Comments	Initials	P.M. Check/Comments	Initials
Count all Locked Items				
Check Refrigerator/Freezer Temps				
Food Warmers				
Storage Areas (nothing on floor)				
Dishwasher Temperature				
Equipment Clean				
Inmate Bathroom (clean/re-supply)				
Sanitation Room (buckets empty/mops hang/room locked)				
Electrical Room Cleaned/Mopped				
Trash Removed (placed between doors 102 and 103)				
Inmate Eating Area Clean				
Prepare PM Snacks/Bagged Meals				
12 to 8 Shift Meal Available (PM only)				
Complete form G-606b (Daily Kitchen Utensil Log per shift)				
Walk Through of Kitchen				
Beverage Container/Cups				
Hand Soap/Paper Towels				
Sink Cleaned				
Salad Bar (food/condiments/utensils)				
Steam Table (food/utensils/temperature)				
Refrigerators (cleaned on Wednesday PM only)				
Staff Trays/Utensils Clean				
Staff Tables and Chairs Set-up				
Trash Container Emptied and Cleaned				
Sanitation (walls/floors/tabletops/all equipment)				
12 x 8 Shift meal prepared/placed in refrigerator & refrigerator locked				

Daily Dietary Equipment Inspection				
Inspected by: _____		Date: _____		
Kitchen Equipment	Condition		Comment	W/R #
	S	U		
Food Warmer				
Microwave				
Hand Sink				
Paper Towel Dispenser				
Garbage Disposal (by dishwasher)				
Dishwasher Soap Dispenser				
Dishwasher Rinse Dispenser				
Dishwasher				
Floor Drain (under dishwasher)				
Booster Heater				
Sanitizer Sink				
Rinse Sink				
Wash Sink				
Pan Soap Dispenser				
Garbage Disposal				
Floor Drain				
Hand Sinks (alongside large floor drain)				
Paper Towel Dispenser				
Hand Soap Dispenser				
Large Floor Drain				
Wall (alongside large floor drain)				
Water Hose				
Reach-In Freezer #2				
Prep Table and Storage above/below				
Prep Sinks (alongside slicer)				
Slicer				
Large Mixer				
Wall Fan (above slicer)				
Prep Table and Storage above/below				
Prep Sinks (against the wall near large mixer)				
Floor Drain (near large mixer)				
Prep Sinks (against wall)				
Floor Drain (against wall)				
Reach-In Freezer #1 (alongside office)				
Hand Sinks (by office)				

Dietary Equipment Inspection				
Kitchen Equipment	Condition		Comments	W/R #
	S	U		
Paper Towel Dispenser (alongside office)				
Ice Machine				
Floor Drain (in front of freezer)				
Floor Drain (in front of ice machine)				
Back Freezer				
Front Freezer				
Walk-In refrigerator				
Sanitation Room				
Bathroom Toilet				
Bathroom Hand Sink				
Bathroom Light				
Bathroom Hand Soap				
Bathroom Hand Dryer				
Hood (over top of steamers)				
Large Kettles (2)				
Long Floor Drain (in front of kettle)				
Deck Steamer (alongside kettle)				
Hood (over top of grill)				
Oven #1				
Fryer				
Prep Table and Storage above/below				
Prep Sinks (in front of steamer)				
Floor Drain (in front of steamer)				
Oven #2				
Tilting Pans 2				
Prep Table and Storage above/below				
Prep Sinks (in front of tilt pan)				
Grill				
Electric Room and Door				
Floor Drain				
Utility Carts				
Food Serving Cart				
Pipes behind oven				
Dry goods storage area				

Howard County Department of Corrections

Dietary Contract Manager - Weekly Kitchen Sanitation Inspection

Date: _____

Inspection Performed by: _____

General Kitchen Areas		Yes	No	Correction	Completed
1.	Are staff members wearing hat / hair nets, beard nets, and clean dress?				
2.	Are inmates wearing hair nets/caps, beard net and clean dress?				
3.	Are the hot foods served at 135 degrees or above?				
4.	Are the cold foods served at 41 degrees or below?				
5.	Is the restroom clean?				
6.	Is the restroom supplied with toilet paper and hand dryer?				
7.	Are hands washed and good hygiene practices observed?				
8.	Is equipment used in the production area properly cleaned: Steam kettle, ovens, grills, can opener, deep fat fryers, mixers, slicing machine?				
9.	Are the rolling carts and hot food carts clean?				
10.	Are all utensils and equipment in good repair; that is, free of breaks, open seams, cracks, and chips?				
11.	Are food contact surfaces of equipment clean to sight and touch?				
12.	Are wiping cloths properly stored?				
13.	Are wiping cloths available and clean?				
14.	Is the importance of frequent hand washing stressed?				
15.	Are the ice and ice handling utensils properly stored?				
16.	Is the supply of hot water and cold adequate?				
17.	Are the containers of food stored off of the floor and on a clean surface?				
18.	Is all perishable food kept at proper temperature?				
19.	Are the potentially hazardous foods stored at 41 degrees or below (for cold food) or 135 degrees or above (for hot food) as required?				
20.	Are the frozen foods kept at 0degrees to 20 degrees?				
21.	Are the potentially hazardous frozen foods thawed at refrigerated temperature of 41 degrees or below?				
22.	Are cereals, sugar, and so forth kept in tightly covered and labeled containers?				
23.	Are the refrigerators equipped with thermometers?				

General Kitchen Areas		Yes	No	Correction	Completed
24.	Are all dishes properly scraped and, if necessary, soaked before washing?				
25.	Are adequate and suitable detergents used?				
26.	If the dishes are machine washed: a. Are they washed at 150 degrees or higher for 20 seconds? b. Are they rinsed at 180 degrees or higher for 10 seconds?				
27.	If the chemical sanitizer is used for final rinse, was it properly dispensed and approved?				
28.	If dishes are washed manually, are they washed in water at 110 degrees or higher? a. Water maintained at 170 degrees for 30 seconds; or b. Chlorine rinse at temperature of not less than 75 degrees.				
29.	Is garbage removed in a timely manner?				
30.	Are the receptacles washed and emptied daily?				
31.	Are all foods labeled, truthful and dated?				
32.	Is the current license posted?				
Kitchen Production Areas		Yes	No	Correction	Completed
1.	Does the general appearance of the kitchen area indicate frequent cleaning?				
2.	Are the floors clean and repaired?				
3.	Are the walls and ceiling clean and repaired?				
4.	Are potentially hazardous foods meeting temperature requirements during storage, preparation, display, service, and transportation?				
5.	Are there adequate facilities for maintaining the food at hot or cold temperatures?				
Staff Dining Room		Yes	No	Correction	Completed
Are the floors clean and repaired?					
Are the tables clean?					
Are the seats clean?					
Are the walls clean?					
Is the hand sink clean?					
Are hand soap and paper towels available?					
Weekly Shake Down of Kitchen		Yes	No	Correction	Completed



**Trinity Services Group, Inc.
Temperature Log**

Location: _____ Month: _____
 Special Note: DRY STORAGE – 45 TO 80 DEGREES FAHRENHEIT
 COOLER -35 TO 40 DEGREES FAHRENHEIT FREEZER – 0DEGREES FAHRENHEIT OR BELOW

Date	AM – Shift			PM – Shift			Comments
	Initials	Time	Temp	Initials	Time	Temp	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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Manager Signature: _____

Howard County Department of Corrections

**Officer's Dining Room (ODR)
Supplies and Equipment Inspection**

Date: _____

Section I				
Supplies and Equipment	Officer's Name	Satisfactory	Unsatisfactory	Comment/Correction
Soap		<input type="checkbox"/>	<input type="checkbox"/>	
Sink		<input type="checkbox"/>	<input type="checkbox"/>	
Papertowels		<input type="checkbox"/>	<input type="checkbox"/>	
Trash Can		<input type="checkbox"/>	<input type="checkbox"/>	
Tray Deposit		<input type="checkbox"/>	<input type="checkbox"/>	
Ice Machine-Outside		<input type="checkbox"/>	<input type="checkbox"/>	
Ice Machine-Inside		<input type="checkbox"/>	<input type="checkbox"/>	
Section II				
Salad Bar	Officer's Name	Satisfactory	Unsatisfactory	Comment/Correction
Cleanliness		<input type="checkbox"/>	<input type="checkbox"/>	
Ice Supply		<input type="checkbox"/>	<input type="checkbox"/>	
Utensils Appropriate		<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate Items		<input type="checkbox"/>	<input type="checkbox"/>	
Salad Dressing		<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate Supply		<input type="checkbox"/>	<input type="checkbox"/>	
Temperatures		<input type="checkbox"/>	<input type="checkbox"/>	
Section III				
Hot Cart	Officer's Name	Satisfactory	Unsatisfactory	Comment/Correction
Cleanliness		<input type="checkbox"/>	<input type="checkbox"/>	
Food Supply		<input type="checkbox"/>	<input type="checkbox"/>	
Food Presentation		<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature		<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments: _____

