

# Food, Pools and Lodging Program Evaluation Workgroup Meeting Notes

Wednesday, September 7 9:00-3:30, Jidana Room

City of Minnetonka, 14600 Minnetonka Boulevard, Minnetonka MN 55345 [MAP](#)

## Meeting Objectives: Standard 2

1. Review existing MDH, MDA and FDA evaluation / assessment materials for Standard 2
2. Determine which items will be incorporated into the new process as “mandatory” and “gold standard”
3. Develop metrics and measuring tools for each item
4. Develop a scoring system for the standard
5. Develop a draft evaluation document for Standard 2

## Welcome & introductions

Present: Mike Melius, Mageen Caines, Jason Newby, Lisa Gyswyt, Jeff Luedeman, Jason Kloss, Kim Carlton, Caleb Johnson, Michelle Messer, Angie Cyr, Denise Schumacher, Kris Keller, Kirsten Knopff

## Review existing materials – Identify valuable items for Standard 2

### MN Statutes 145A.07 (MDH)

Subd. 3:

c) The agreement may specify minimum staff requirements and qualifications, procedures for the assessment of costs, and provide termination procedures if the delegating authority finds that the designated agent fails to comply with the agreement.

d) A designated agent must not perform licensing, inspection, or enforcement under the agreement in territory outside its jurisdiction unless approved by the governing body for that territory through a separate agreement.

### MN Statute 28A.075 (MDA)

Subd 3:

(c) The agreement may specify minimum staff requirements and qualifications, set procedures for the assessment of costs, and provide for termination procedures if the delegating authority determines that the designated agent has failed to comply with the agreement

e) A designated agent must not perform licensing, inspection, or enforcement duties under the agreement in territory outside its jurisdiction unless approved by the Commissioner and governing body for that territory through a separate agreement.

## MDH delegation agreement

### B. Trained Regulatory Staff

(1) The Board will maintain qualified inspection personnel, as defined in this section, to enforce the statutes, rules, and local ordinances encompassed in this Agreement.

(2) Inspections required in Minnesota Statutes, Chapter 157 and Minnesota Rules, parts 4630.2210 and 4630.1900 must be performed by Environmental Health Specialist/Sanitarians who possess the qualifications stated in Minnesota Rules, parts 4695.2500 to 4695.2800. These qualifications include:

(a) Current registration with the State as Environmental Health Specialist/Sanitarian; or

(b) Possession of a baccalaureate or post baccalaureate degree in environmental health, sanitary science, sanitary engineering, or other related environmental health field that includes at least 30 semester or 45 quarter

hour credits in the physical or biological sciences; and registration as an Environmental Health Specialist/Sanitarian within 2 years from the date of appointment.

(3) Inspections in excess of those required in Minnesota Statutes, Chapter 157 and Minnesota Rules, parts 4630.2210 and 4630.1900 may be performed by less qualified staff who must:

(a) Be enrolled in a baccalaureate or post baccalaureate degree program in environmental health, sanitary science, sanitary engineering, or other related environmental field; and

(b) Be supervised by a registered Environmental Health Specialist/Sanitarian.

(4) If the Board's inspection staff consists of a single person, that person must be a fully qualified Registered Environmental Health Specialist/Sanitarian.

(5) The Board will prepare and submit to MDH on an annual basis, a staffing plan to assure adequate program coverage. The staffing plan may include mutual aid agreements, cooperative agreements, or other tools to address staffing shortages, or the need for additional staff during emergencies or special circumstances.

(6) The Board will notify MDH in the event of unexpected staff changes leading to inadequate or unqualified staffing. MDH may perform a program evaluation under the following circumstances.

(a) If the Board has inadequate or unqualified staffing, the Board remains responsible for providing both routine and emergency services covered by this Agreement.

(b) If the Board has inadequate or unqualified staffing:

(i) Within 10 business days of the staff's departure, the Board must submit a written plan for providing routine and emergency services until qualified staff are hired. This plan must include the name, credentials and contact information for staff performing delegated duties. MDH will provide written approval or rejection of the plan within 10 business days of receipt.

(ii) While the Board has inadequate or unqualified staffing, the Board must submit to MDH on a monthly basis, inspection reports for all inspections conducted during the previous 30 days.

(iii) The Board will have 180 days from the time of the staff's departure to hire qualified staff. If qualified staff cannot be hired within 180 days, MDH will terminate the Agreement and immediately begin providing routine and emergency services in the Board's jurisdiction.

(7) If the Board is a Community Health Board, the Board may enter into agreements with other qualified persons to carry out its delegated duties, as stated in Minnesota Statutes, Section 145A.04 subd. 5 and Minnesota Statutes 145A.07 subd. 3(d). Before the parties enter into such an agreement, the Board must obtain MDH's written approval.

#### MDA delegation agreement

- MDA is in the process of revising their delegation agreement, so this was not included in the review.

#### MDH existing Standard 2 assessment tool

- Discussion of existing MDH tool was that the existing orange & yellow items were valuable. White items could be tied into the FDA standards.
- Need to be explicit about expectations for how to meet these items. Materials required to be submitted, etc.

#### MDA existing Standard 2 evaluation tool

- MDA is in the process of revising their agreement, and subsequently their assessment tools.
- Intent is to move towards the FDA standards
- Minimal discussion

- Dual-delegated agencies have a strong interest in alignment between state agency evaluations. Excited for FDA Retail Program Standards to be the driver for continuous improvement or “gold standard”. It can be difficult having to meet and prepare for two different assessment tools.

### FDA Standard 2 and worksheets

- Having a training plan is described in step 2, but not in the assessment worksheets
- Discussion of the benefits of going through the ORAU classes, even if an individual is highly educated
- The ORAU courses are free, and they’re good time-fillers in early employment
- Waiver for experienced employees?
- RS requirement for renewal CEUs vs. FDA requirement for 20 food-specific CEUs each 36 months
- What to do for other program areas in terms of # of inspections (joint/independent)?
- What about for small agencies; is 25 each joint/independent feasible?

## Determine mandatory and gold standard items

### Minimum standards

- Existing orange & yellow items from existing MDH evaluation tool

### Gold standard / Value-added items

- FDA standards – as written

## Metrics and tools

### Minimum standards

- For standard 2, these will be individually designated as meets/doesn’t meet or yes/no
- Supporting materials, how to meet these items are described/prescribed
- See assessment tool

### Gold Standard / Value-added

- FDA program standards will be attached to this as “value added” or a gold standard to aspire to
  - As written
- Add a requirement for a training plan (for new staff?) and following it

## Scoring system

### “How do I meet this standard?”

- Is there a way to not actually “meet” all of the required pieces but still get a perfect score?
- Report % of FDA standards met (using FDA spreadsheet for calculations)
  - This verification by MDH (&MDA) would be seen as valuable by delegated agencies to meet the verification audit (“at no charge”) step of the FDA Food Program Standards
- More discussion needed as we develop the additional standards

## Evaluation document

- Echo/mirror the FDA worksheets.
- Columns for description of item being assessed, delegation agreement/statute reference, jurisdiction’s yes/no assessment, jurisdiction’s comments, auditor’s yes/no assessment, and auditor’s comments.

## Parking lot (EHCB, state agency management)

- What is the mechanism for improving if not all required items are met?
- What does the overall picture of how this will be rolled out look like?
- What will the reassessment tool like?

- Can there be a “pending” status with a window of time for correction (prior to the final evaluation report)?
- Are we bound to existing terminology?
  - Delegation agreement
  - Evaluation tool
  - Is a final evaluation rating necessary or even valuable? Or, could the final evaluation report summarize the Program’s status of the elements that “meet”, and elements that “Do not meet, improvement plan to be developed” (we briefly discussed this at the end of the meeting, but I think it is worth considering – MM)
- Need to make sure that terminology and performance measures are consistent with statewide performance measures initiative.
- Can the evaluation for various program areas be consolidated into one assessment document (vs. one for each program area – lots of overlap)

## Assignments

- Kim & Jason K will summarize meeting notes and sketch a draft outline of an assessment tool. Will send out for review ASAP; comments requested by Tuesday 9/13/16
- A doodle poll for upcoming meeting dates will be sent