



DEPARTMENT OF HUMAN SERVICES

Division of Long Term Services & Supports
Hillsview Plaza, 3800 East Highway 34
C/o 500 East Capitol Avenue
Pierre, SD 57501

PHONE: 605-773-3656 or
1-866-854-5465

FAX: 605-773-4085

WEB: dhs.sd.gov

March 9, 2022

City of Mitchell
Attn: Jessica Pickett
300 1st Avenue
Mitchell, SD 57301

Dear Jessica,

A nutrition program site assessment was performed at the James Valley Community Center on February 17, 2022. The site did very well, and the staff was very helpful with all questions asked throughout the review. Please see enclosed Acknowledgment of Nutrition Site Assessment form and Corrective action plan for items that need to be addressed at the site.

All of the staff there were friendly and accommodating to help ensure the atmosphere was inviting for all nutrition participants. Keep up the great work, if you have any questions or concerns, please do not hesitate to ask. Thank you for providing meals to those in greatest social and economic need in the Mitchell and surrounding areas.

Please email the completed Acknowledgment of Nutrition Site Assessment and Corrective Action Plan forms back to me by the indicated date.

Sincerely,

A handwritten signature in teal ink that reads "Samantha Dewell". The signature is fluid and cursive.

Samantha Dewell
Older Americans Act Program Specialist
Enclosure



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Nutrition Site Assessment Form

Grantee:	City of Mitchell
Site:	James Valley Community Center
Address:	300 1 st Avenue
Address:	Mitchell, SD 57301
Date:	February 17, 2022
Assessor:	Sara Berreth, MS, RDN, LN
Staff Present:	Todd Dikoff (chef) Kay Christianson (employee) James (site coordinator)

1. Safety and Sanitary Requirements

Personnel			YES	NO
1*	Person in charge	Available, knowledgeable, certified manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Certificate expiration date?	2/4/26	
2*	Employee Health	Healthy, restriction and exclusions followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3*	Employee Hygiene	Handwashing, good hygienic practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Employee practices	Clean clothes, hair restraints, fingernail maintained, jewelry, eating/drinking	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food			YES	NO
5*	Food Source	Approved, safe, unadulterated, approved additives, proper receiving temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Name of food vendor?	Farner-Bocken, Reinhart		
Food Protection			YES	NO
6*	Contamination by Employees	Bare hand contact avoided, single use gloves and utensils used	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Contamination during storage	Clean/dry location, protected, covered, original containers, labeled, 6 inches from ground & ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8*	Cross contamination	Prevented, separated, segregated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	In-use utensils	Storage, properly handled	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Contamination from wiping clothes	Clean, proper use, storage, sanitizing solution	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Protection			YES	NO
11	Contamination by Consumers	Food display protection, condiment protection, clean tableware usage, sign posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12*	Cold and hot storage equipment	Available, adequate capacity, able to maintain proper temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Food Protection (Continued)			YES	NO
13	Thawing potentially hazardous food	Appropriate procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14*	Cooking potentially hazardous food	Cooking and reheating to the proper time and temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15*	Food display, service, and transport	Hot holding and cold holding temperatures maintained; unwrapped food not reserved	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16*	Cooling of potentially hazardous food	Method, temperature, and time	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Food prep	Fruits, and vegetables washed, handling, sink provided, correct cutting board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Milk products and nondairy products	Proper dispensing methods	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Ready to eat potentially hazardous food	Date marking accomplished, discarded	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Name/location of refrigerator/ freezer		TEMP	
#1	2 Door Fridge		35 F	
#2	Stand Freezer		14 F	
#3	3 Door Freezer		14 F	
#4	2 Door Fridge		36 F	
#5	2 Door Fridge in kitchen		33 F	
#6				
#7				
#8				
Comments:				
FOOD EQUIPMENT AND UTENSILS			YES	NO
21	Food-contact surfaces	Designed, constructed, installed, and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Non-contact surfaces	Designed, constructed, installed, and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	Food-contact surfaces	Cleaning frequency, maintained clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	Non-contact surfaces	Cleaning frequency, maintained clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	Ventilation hood system	Provided as required, designed, constructed, installed, maintained, and cleaned	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26	Dispensing equipment	Design, installation, clean and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27	Temperature Measuring Devices	Thermometers provided, used, clean, and accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	Dishwashing facilities	Properly designed, located, constructed, operated, maintained, clean and chemical test kit provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29	Wash pretreatment	utensils scraped, pre-flushed, soaked	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30	Wash and rinse water	Clean, proper temperature, cleaning agent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31*	Sanitization	Method, clean, temp, concentration, exposure time, equipment/utensils sanitized, chemical test kit provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32	Storage/handling clean equipment/utensils	clean dry location, protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33	Single-use/single-service articles	proper storage, no-reuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	Linens	Laundered, proper handling, and storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35*	Water supply	safe, adequate, tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FOOD EQUIPMENT AND UTENSILS (CONTINUED)			YES	NO
36	Handwashing Lavatories and supplies	Number, location, accessibility, soap, and paper towels provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37	Toilet Facilities	Clean, maintained, tissue, vented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38	Refuse Storage	Receptacles, covers/lids, adequate number, clean, insect/rodent proof, storage, and frequency, maintained.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39	Floors, walls, ceilings	Design, construction, clean, maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40	Lighting	Adequate, shielded, maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41	Premises: Inside and outside	Clean, employee dressing area, cleaning equipment storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42*	Poisons/toxic materials and medicine	proper storage, away from food, labeling, use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43*	Insect, Rodent, Animal Control	provided maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General comments:				

**Critical Items require immediate action*

2. Menu of the Day:

1.	ITEM	PORTION	TEMP	COMMENTS	
Entrée	Tator Tot Casserole	1 c	170 F		
Vegetable	California Blend	½ c	160 F		
Fruit	Peaches	½ c	N/A	Out of fridge	
Potato/starch					
Bread	White	1 pc	N/A		
Milk	2%	8 oz	N/A	Out of fridge	
Dessert					
Butter/margarine					
Other beverage					
Other foods					
General comments:					
				YES	NO
Menu reflects My Plate guidelines?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Menu has variety in color, flavor, texture, shape, size, temperature, and appeal?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Can meet diverse meal requirements upon request?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Can provide specialized utensils and dishware upon request?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provide meals for weather-related emergencies?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submit menus to state at least 3 weeks prior to serving for review?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.Average for the current week: Dates: 2/14/22-2/18/22					
Time Meal is Served	Congregate:	11 AM	Home-Delivered:	N/A	
Explain the reservation system used:		Call daily			
3. Eligible Meals:		Averages	Days of Operation		
Congregate meals		75-80	M-F		
Home delivered meals		N/A	N/A		
Under 60 meals		1	M-F		
Total meals		75-80	M-F		

3. Provider Contract Requirements

1.National Aging Program Information System (NAPIS):		YES	NO
Are assessments (NAPIS) completed on all qualifying nutrition participants?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do assessments on each home-delivered participant show home-bound qualifications?		N/A	
Are reassessments on home-bound participants completed every 6 months?		N/A	
Who completes assessments?	Amy Hurt		
2.Donations		YES	NO
Full cost of meal posted with suggested donation?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are participants able to use SNAP benefits as a donation towards their meal?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are participants provided the opportunity to make a confidential donation?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Donations are obtained in what manner? Please explain:	Cash, check, SNAP, credit card, punch cards		
Is there documentation of each day's donations?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there two people who count the cash onsite? (Count and sign cash slip)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are cash donations deposited daily?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If donations are not deposited daily, are they kept in a locked location?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Amount received for the month?	~\$8,000/month		
Who counts the donations?	Amy, James, Jessica, volunteer		
3.Temperature Log		YES	NO
Maintain a temperature log for congregate meals daily		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maintain a temperature log for home-delivered meals bi-monthly		N/A	
4.Nutrition Education			
Explain the process in which nutrition education is presented to participants on a monthly basis: Monthly tips, quarterly educations, Wednesday Wellness Day monthly			
5.Outreach			
List the methods of outreach used to encourage community members to attend the nutrition site: Word of mouth, newspaper, radio, hospital referrals			
Who conducts outreach? Employees			
6.Emergency Planning		YES	NO
Is emergency plan for meal site current?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are emergency phone numbers listed and in a conspicuous place?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is a first-aid kit provided and well supplied?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is this site handicap accessible?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are fire extinguishers present at site?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Last inspection date?		11/2021	
General comments: (list all comments or concerns below)			
<ul style="list-style-type: none"> • Handwashing not completed between glove changes/after on phone during downtime – James • Hair restraints & beard guards not used by any employees • Chef with shorts below butt & needing to pull up frequently – did not wash hands after • Reusable containers without labels & dates • Red garbage can in kitchen without lid • Ceiling fan above prep area needs cleaning 			



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ACKNOWLEDGMENT OF NUTRITION SITE ASSESSMENT FORM

Grantee:	City of Mitchell
Site:	James Valley Community Center
Date:	February 17, 2022
Due Date:	April 9, 2022
Assessor:	Sara Berreth, MS, RDN, LN

I have read and understand this assessment, and I agree with the findings:

Yes

No

I do not agree for the following reasons:

Food server wears a face mask that covers his beard at all times. If the server was not

 wearing a face mask then a beard guard would be worn.

Jessica Pickett

4/7/22

Project Director Signature

Date



Corrective Action Plan

Grantee:	City of Mitchell	
Site:	James Valley Community Center	
Date:	February 17, 2022	
Due Date:	April 8, 2022	
Assessor:	Sara Berreth, MS, RDN, LN	
Food Service Codes set by Department of Health Administrative Rules of South Dakota ARSD https://sdlegislature.gov/Rules/Administrative/17361		
Reference Number	Comment and Recommendations	Plan of Correction Date of Completion
<u>44:02:07:13.</u> <u>General employee cleanliness</u>	Observed site coordinator not washing hands between glove changes/after on phone during downtime prior to returning to serving food. Chef with shorts & underwear below butt/pulling up frequently – no handwashing accomplished after pulling up shorts. Employees must vigorously wash their hands and the exposed portions of their arms with soap and arm water for at least 20 seconds at the following times: Please review the Administrative Rules 1- 10 which can be found here: https://sdlegislature.gov/Rules/Administrative/17374	Addressed with the kitchen staff and site coordinator. 4/4/22
<u>44:02:07:14.6</u> <u>General employee practices</u>	Hair restraints & beard guards not used by any employees. Food employees must wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair. The hair restraints must be designed and worn to effectively keep hair from contacting exposed food; clean equipment, utensils, and linens; and	Addressed with staff. Hair restraints and beard guards have been purchased. Server wears a face mask and cap while handling meals and supplies. 4/4/22

Adult Nutrition Program CAP-002

	unwrapped single-service and single-use articles.	
<u>44:02:07:37.</u> Ready-to-eat food.	Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours in a food establishment must be marked with the date of preparation and must be discarded if not consumed within 10 calendar days from the date of preparation.	Addressed with chef. All items are marked and dated. 4/4/22
<u>44:02:07:73</u> Receptacles for refuse, recyclables, and returnable	Red garbage can without lid available. Garbage cans need to be cleaned and covered when not in continuous use and after they are filled: no cover was observed to be available. Purchase tight-fitting cover for garbage receptacles.	Lid has been purchased. 4/4/22
<u>44:02:07:77.</u> Cleaning and maintenance of floors, walls, and ceilings	Ceiling fan above prep area needs cleaning. The physical facilities must be cleaned as often as necessary to keep them clean. Cleaning must be done during periods when the least amount of food is exposed such as after closing	Ceiling fan has been cleaned and put on a cleaning schedule. Kitchen is cleaned every day after meals are being served. 4/4/22

- Please indicate in Plan of Correction how recommendation will be implemented.

Jessica Pickett

4/7/22

Project Director Signature

Date