

**Minneapolis Health Department
Food, Lodging and Pools
Program Self-Assessment**

July 2014

STANDARD 1: Regulatory Foundations							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
	Food Program						
Ordinances	a. The Board has passed ordinances referring to: (1) statutes and rules, as listed in the SCOPE of the Delegation Agreement, (2) the Minnesota Food Code, and (3) Food Manager Certification requirements.	Ordinances are currently being revised, but signed copies have not been submitted to MDH. Note: Food manager certification (FMC) requirements reference the 1976 food code; however, FMC was not in the 1976 code.S	0 2	Ordinance revisions were completed and submitted to MDH in 2011. Revisions: <ul style="list-style-type: none"> • 186.50 – Definitions • 188.550 –Food Manager Certification • 188.560 – Food Manager Certification • 188.80 – Inspection of Premises • 188.90 – Inspection Outside of City of Minneapolis • 188.100 – Selling and Sorting Food on the Street • 244.1020 – Adopts MN Rule 4625 • 244.1025– Adopts MN Rule 4625 • 244.1030 – Adopts MN Rule 4625 	Ordinance revisions are needed: <ul style="list-style-type: none"> • 186.50 – Definitions states that food establishments include 4626.0200 subp35c. 4626.0200 subp35c states what does not include a food establishment. • 186.50 – Definition for “imminent” is not defined the same as imminent health hazard in 4626.0020. • 186.50 – Definition for risk does not reference MS 157.20. Risk exemptions and school inspection frequency is therefore not incorporated. • 231.30 – Many of the rules adopted have been repealed. 	0 2	Ordinances to be revised: <ul style="list-style-type: none"> • Remove 186.50 reference to 4626.0200 subp35c. • Remove 186.50 definition of “imminent.” • Add entire section of MS 157.20 to risk definition of 186.50. • Clearly link definition of seasonal short-term food establishment in 186.50 with seasonal temporary food stand in MS 157.15 Subd. 13 and short-term food establishment in 186.50 with special event food stand in MS 157.15 Subd. 14. • Revise 231.30 to read as the Delegation Agreement does. <p>Prior to revision, ordinances to be submitted to MDH.</p>
	b. Ordinances have been revised as needed to be consistent with current statutes and rules.	Ordinance revisions are currently being discussed with the City Attorney. It is anticipated that the ordinance revisions will be adopted by December, 2011. All ordinances pertaining to delegated program areas should be consistent with state statute and/or rule. Please see the current copy of the delegation agreement for specific statutes and rules that have been delegated to the Board. See below for several examples (these may not be inclusive): <ul style="list-style-type: none"> • M.R. 4626.2015 is not delegated (this refers to the issuance of the Food Manager Certificates). It appears that 188.550. Minneapolis food manager 	Y 0	Ordinances were revised in 2011.	Current statutes and rules have not changed since last program evaluation.	Y Null	No action needed.

ORANGE: Essential Program Elements - defined in statute and/or rule and in the Delegation Agreement
YELLOW: Required Program Elements – required by the Delegation Agreement
WHITE: Value-Added Program Elements – not required by law or the Delegation Agreement, but can help support core functions

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STANDARD 1: Regulatory Foundations

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	<p>certification program and 188.560. Minneapolis food manager certification requirements are duplication of MDH's authority to issue CFM certificates. These ordinances should be repealed.</p> <ul style="list-style-type: none"> • 188.80. 188.80. Inspection of premises – Language in this section is inconsistent with policy documents provided by the Board regarding the timely correction of violations. Language in this section states: In case the inspector shall find any such place or vehicle to be in an unclean or unwholesome condition, the inspector shall notify the person in charge thereof to put it in a clean, wholesome and sanitary condition within ten (10) hours from the time of such notice. • 188.90. Inspection outside city – the delegation agreement does not authorize the city to conduct inspection activities in other jurisdictions. • 188.100 states “shall visit at frequent intervals”. The word “frequent” needs to be defined for the ordinance and should include the inspection frequency described in M.S. 157.20. Establishments are categorized as risk 1, 2 and 3 rather than High, Medium and Low as stated in Statute. <p>This was also cited in the 2004 Program Evaluation.</p>					
c. If applicable ordinances were changed since the previous program evaluation, they were sent to MDH for review prior to their passage.	The food ordinances have not been changed since the last program evaluation in December 2004.	Y Null	Ordinances were revised in 2011 and submitted to MDH.	Ordinance were revised in 2011 and submitted to MDH.	Y 2	Procedure for ordinance change submittal to MDH and documentation of their response to be developed and implemented.
d. Ordinances describe enforcement tools and procedures, and grant authority for enforcement.	Enforcement is addressed in 204.40 in the food ordinance.	Y 2	No action needed.	Enforcement is addressed in 204.40.	Y 2	No action needed.
e. Ordinances reference plan	Ordinances reference Statute 157.	Y	No action needed.	Ordinances reference	Y	No action needed.

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STANDARD 1: Regulatory Foundations							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
	review requirements.		2		Minnesota Statute 157	2	
Lodging Program							
Ordinances	a. The Board has passed ordinances referring to: (1) statutes and rules, as listed in the SCOPE of the Delegation Agreement, (2) the Minnesota Food Code, and (3) Food Manager Certification requirements.	The Rooming Houses and Lodging Establishments Ordinances were adopted June 30, 2006 and reference MS 157 and MR 4625. The ordinance must be consistent with state statute and/or rule.	0 2	Ordinance revisions were completed and submitted to MDH in 2011 to adopt MS 157 and MR 4625 by reference.	See 244.1020.	0 2	No action needed.
	b. Ordinances have been revised as needed to be consistent with current statutes and rules.	Lodging ordinances must adopt applicable sections of M.R. 4625. Ordinance revisions are currently being discussed with the City Attorney. It is anticipated that the ordinance revisions will be adopted by December, 2011. An opinion was received from the Minneapolis City Attorney's Office on October 29, 2010 which indicated that the city has the authority to enforce the subparts of M.R. 4625. MDH still requires M.R. 4625 to be adopted in the ordinance.	Y 2	Ordinance revisions were completed and submitted to MDH in 2011 to adopt MS 157 and MR 4625 by reference.	244.1020 was revised to be consistent.	Y Null	No action needed.
	c. If applicable ordinances were changed since the previous program evaluation, they were sent to MDH for review prior to their passage.	There have been no ordinance changes since the last program evaluation.	Y Null	Ordinances were revised in 2011 and submitted to MDH.	Ordinance were revised in 2011 and submitted to MDH.	Y 2	The board to document and implement procedure for revising ordinances, submitting to MDH and documenting their response.
	d. Ordinances describe enforcement tools and procedures, and grant authority for enforcement.	Enforcement authority or procedures are not described in the "Rooming Houses and Lodging Establishments" ordinance.	Y 0	Ordinances have yet to be addressed.	Enforcement authority or procedures are not described in the "Rooming Houses and Lodging Establishments" ordinance.	Y 0	The Board to revise ordinances to include enforcement authority and procedures in the "Rooming Houses and Lodging Establishments" ordinance.

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	e. Ordinances reference plan review requirements.	The "Rooming Houses and Lodging Establishments" ordinance does not contain any information regarding plan review.	Y 0	Ordinance revisions were completed and submitted to MDH in 2011 to adopt MS 157 and MR 4625 by reference.	Ordinances reference Minnesota Statute 157.	Y 2	No action needed.
Pool Program							
Ordinances	a. The Board has passed ordinances referring to: (1) statutes and rules, as listed in the SCOPE of the Delegation Agreement, (2) the Minnesota Food Code, and (3) Food Manager Certification requirements	The Abigail Taylor Pool Safety Act (MS 144.1222) was passed in 2008 and this language must now be included in public pool ordinances. This legislation requires licensure and inspection for all public pools. Essentially, this means that unless a pool is "private" it is considered a public pool and must be licensed.	O 1	Ordinance revisions were completed and submitted to MDH in 2011 to adopt the Abigail Taylor Pool Safety Act (MS 144.1222).	Ordinances need revision: <ul style="list-style-type: none"> • 231.30 adopts rules and statues that have been repealed. • 4717.0310 is adopted but it is not delegated. • 4717.0450 (plan rev), 4717.1750 (water condition), and 4717.3650 (toilets, lavatories...) are not adopted. • City ordinance for pool closure does not give authority to close pools for pool water condition other than the minimum per City ordinance in wading pools and spas. City ordinance adopts 4717.3970 POOL CLOSURE but does not adopt 4717.1750 subpart 7 and 3 which are referenced to in 4717.3970B and 4717.3970C, respectively. 	O 1	The Board to revise ordinances.
	b. Ordinances have been revised as needed to be consistent with current statutes and rules.	The Abigail Taylor Pool Safety Act (MS 144.1222) was passed in 2008 and this language must now be included in public pool ordinances. Also of note, the Board's ordinances allow the chlorine and bromine disinfection levels to be higher (10 ppm and 15 ppm, respectively) than what is required in the Minnesota Pool Code, MR	Y 1	Ordinances were revised in 2010 to include MS 144.1222.	Ordinances were revised in 2011 to include MS 144.1222. The Board's ordinances allow the chlorine and bromine disinfection levels to be higher (10 ppm and 15 ppm, respectively) than what is required in the Minnesota Pool	Y Null	No action needed.

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		4717(5ppm and 10ppm, respectively).			Code, MR 4717(5ppm and 10ppm, respectively).		
	c. If applicable ordinances were changed since the previous program evaluation, they were sent to MDH for review prior to their passage.	No ordinance changes have been made since the previous evaluation.	Y Null	Ordinances were revised in 2010 and submitted to MDH.	Ordinance were revised in 2011 and submitted to MDH.	Y 2	The Board to document and implement procedure for revising ordinances, submitting to MDH and documenting their response.
	d. Ordinances describe enforcement tools and procedures, and grant authority for enforcement.	Section 231.40 of the pool ordinance sets rules for revocation, suspension and nonrenewal of license. Section 231.60 references enforcement action.	Y 2	No action needed.	Section 231.140 of the pool ordinance sets rules for revocation, suspension and nonrenewal of license. Section 231.60 references enforcement action.	Y 2	No action needed.
	e. Ordinances reference plan review requirements.	Plan review requirements are located in MR 4717.0450. Public pool plan reviews are required to be conducted by MDH. The ordinance does not currently reference this requirement.	Y 0	No action taken. Ordinance to be revised.	Plan review requirements are located in MR 4717.0450. Public pool plan reviews are required to be conducted by MDH. The ordinance does not currently reference this requirement.	Y 0	The Board to revise ordinances.

STANDARD 2: Training Regulatory Staff							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
Food Program							
1. Inspection Staff	a. The Board employs qualified inspection staff as defined in the Delegation Agreement.	There are 10 sanitarians on staff for the Environmental Health & Food Safety program responsible for inspecting food service establishments. There is an additional RS in the Housing Inspection Services who inspects the Board and Lodging facilities that have food service. All but one staff person is a Registered Sanitarian. The staff member who is not registered is qualified to take the exam in October 2010.	0 2	The staff member who was not registered took exam and passed in October 2010.	See Position Description - Health Inspector I and Position Description - Health Inspector II .	0 2	No action needed.

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	b. Any less qualified staff (as described in the Delegation Agreement) are limited to performing inspections that are not mandated by the Delegation Agreement.	The Board does not hire any less qualified staff to conduct food inspections.	Y 2	No action needed.	Inspectors of Risk 1, 2 and 3 establishments are limited to those with qualified per MDH Delegation Agreement. One exception existed when an inspector employed longer than 2 years, but not yet an RS, completed a limited number of inspections. The inspector was not eligible to take the RS exam while the Environmental Health Specialist/Sanitarian Advisory Council debated her qualifications. Her qualifications have been deemed to meet the requirements and she is not registered to take the exam.	Y 2	No action needed.
2. Agreement with Other Qualified Parties	If the Board has entered into agreements with other qualified persons to carry out its regular, delegated duties, the Board did obtain MDH's written approval before entering into this agreement.	During the Republican National Convention in September 2008, registered sanitarians from MDH and the Minnesota Department of Agriculture aided the City of Minneapolis with their delegated duties.	Y 2	No action needed. The Board has not needed aid for its regular, delegated duties since prior to last evaluation.	N/A. The Board has not needed aid for its regular, delegated duties since prior to last evaluation. The Board worked with other agencies during the MLB All-Star game. MDH was notified and involved in planning.	Y Null	No action needed.
3. Additional Training	a. Describe the percentage of the Board's staff that have been standardized.	Tim Jenkins's standardization expired November 2006. MDH recommends that a member of the field staff be standardized.	W 0	The Board has had one person standardized by MDH and on person standardized by MDA.	One standard is no longer with the Board. 1/16 inspectors are current on standardization. A second inspector has started standardization. The Board has requested MDH to standardize another inspector.	W 1	The Board to promote 2 inspectors to Lead Inspectors, have them standardized and complete standardization for staff including renewals on an ongoing basis.
	b. The Board has enrolled in FDA Program Standards.	The Board is not enrolled in the FDA Program Standards. MDH encourages all delegated programs to enroll in the FDA Voluntary National Retail Food Program Standards.	W 0	No action taken.	The Board is not enrolled in FDA Program Standards.	W 0	The Board to consider enrollment in the FDA Program Standards.
	c. Describe the percentage of staff that have taken ICS classes (minimum of ICS 100 & 200).	Most staff have taken ICS 100, 200 and 700. MDH recommends that all staff complete ICS 100, 200 and 700, at a minimum.	W 2	The Board has continued to require ICS 100, 200 and 300.	100% of the Board's permanent staff has completed ICS 100 and 200 and NIMS 700. 11/20 have completed ICS 300 and	W 2	No action needed.

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					7/11 have completed ICS 400. Various other emergency preparedness related trainings have been attended as.		
	d. Describe other training that staff have received such as MNTrac courses completed.	Many staff have taken the ServSafe certified food manager course and have taken classes such as Seafood HACCP and Plan Review when they have been offered by FDA and/or MDH.	W 2	The Board has continued to take various training courses.	Staff have taken numerous amounts of other training including food manager course, various HACCP courses, pest control training and new inspector training. See also New Employee Training Schedule Template .	W 2	The Board to review the FDA program standards, to formalize new inspector training and revise New Employee Training Schedule Template . The Board to continue to have staff complete various trainings.
4. Staffing Plan	a. The Board has a written plan that is submitted annually to MDH, to address staffing transition in the event of unexpected staffing changes to assure adequate program coverage.	A staffing transition plan was not in use prior to the file review portion of the evaluation. The Board was using their Mutual Aid agreement as the staffing plan. An acceptable staffing plan was developed during the evaluation. Continue to use and update the staffing transition plan as necessary.	Y 2	City of Minneapolis Staffing Transition Plan was developed during 2010 Program Evaluation.	See City of Minneapolis Food, Lodging, and Pools Staffing Transition Plan . Plan submitted to MDH.	Y 2	No action needed.
	b. That written plan has worked effectively during staffing transitions within the evaluation period.	The new plan has not yet been implemented.	W Null	No action needed. City of Minneapolis Food, Lodging, and Pools Staffing Transition Plan use was not needed.	N/A. City of Minneapolis Food, Lodging, and Pools Staffing Transition Plan use was not needed.	W Null	No action needed.
	c. Board has notified MDH within 10 business days of staff's departure, if staffing is insufficient to perform the obligations of the Delegation Agreement.	At the time of the last evaluation, and when the previous delegation agreement was signed, this 10 day notification was not required. Notification is required under the new delegation agreement.	Y Null	No action needed.	N/A. Staffing has been sufficient to perform the obligations of the Delegation Agreement.	W Null	No action needed.
Lodging Program							
1. Inspection Staff	a. The Board employs qualified inspection staff as defined in the Delegation Agreement.	There are 10 sanitarians on staff for the Environmental Health & Food Safety program responsible for inspecting hotels. There is an additional Registered Sanitarian (RS) in the Housing Inspection Services who inspects the Board and Lodging facilities.	O 2	The staff member who was not registered took RS exam and passed in October 2010.	See Position Description – Health Inspector I and Position Description Health Inspector II.	O 2	No action needed.
	b. Any less qualified staff (as described in the Delegation Agreement) are limited to	The Board does not hire any less qualified staff. If the inspector responsible for the Board and Lodging facilities is absent for	Y 2	No action needed. The Board has continued to limit inspections as required.	Inspectors of Risk 1, 2 and 3 establishments have been limited to those with an	Y 2	No action needed.

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	performing inspections that are not mandated by the Delegation Agreement	an extended period of time, the Board and Lodging inspections are conducted by Environmental Health & Safety staff.			applicable degree and current RS or RS w/in 2 years of hire.		
2. Agreement with Other Qualified Parties	If the Board has entered into agreements with other qualified persons to carry out its regular, delegated duties, the Board did obtain MDH's written approval before entering into this agreement.	During the Republican National Convention in September 2008, Registered Sanitarians from MDH and MDA aided the City of Minneapolis with their delegated duties.	Y 2	No action needed. The Board has not needed aid for its regular, delegated duties since prior to last evaluation.	N/A. The Board has not needed aid for its regular, delegated duties since prior to last evaluation.	Y Null	No action needed.
3. Additional Training	Describe the percentage of staff that have taken ICS classes (minimum of ICS 100 & 200.)	Most staff have taken ICS 100, 200 and 700. MDH recommends that all staff complete ICS 100, 200 and 700, at a minimum.	W 2	No action needed.	100% of the Board's permanent staff has completed ICS 100 and 200 and NIMS 700. 11/20 have completed ICS 300 and 7/11 have completed ICS 400. Various other emergency preparedness related trainings have been attended as well.	W 2	No action needed.
	Describe other training that staff have received such as MNTrac courses completed.	The inspector responsible for Board and Lodging facilities has taken many classes for building officials such as mold identification, cleaning up problem properties, lead safety for remodeling and repair, has attended a code enforcement conference and attends MEHA training.	W 2	No action needed.	Staff have taken other training including pest control training. See also New Employee Training Schedule Template.	W 2	No action needed.
4. Staffing Transition Plan	a. The Board has a written plan that is submitted annually to MDH, to address staffing transition in the event of unexpected staffing changes to assure adequate program coverage.	A staffing transition plan was not in use prior to the file review portion of the evaluation. The Board was using their Mutual Aid agreement as the staffing plan. An acceptable staffing plan was developed during the evaluation. Continue to use and update the staffing transition plan as necessary.	Y 2	City of Minneapolis Staffing Transition Plan was developed during 2010 Program Evaluation.	See City of Minneapolis Food, Lodging, and Pools Staffing Transition Plan. Plan submitted to MDH.	Y 2	No action needed.
	b. That written plan has worked effectively during staffing transitions within the evaluation period.	The new plan has not yet been implemented.	W Null	No action needed. City of Minneapolis Food, Lodging, and Pools Staffing Transition Plan use was not needed.	N/A. City of Minneapolis Food, Lodging, and Pools Staffing Transition Plan use was not needed.	W Null	No action needed.
	c. Board has notified MDH within 10 business days of staff's departure, if staffing is	At the time of the last evaluation and delegation agreement this 10 day notification was not required. Notification	Y Null	No action needed.	N/A. City of Minneapolis Food, Lodging, and Pools Staffing Transition Plan use was not	Y Null	No action needed.

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	insufficient to perform the obligations of the Delegation Agreement.	is required under the new delegation agreement.			needed.		
Pool Program							
1. Inspection Staff	a. The Board employs qualified inspection staff as defined in the Delegation Agreement.	There are 10 sanitarians on staff for the Environmental Health & Food Safety program responsible for inspecting pools. All but one staff person is a Registered Sanitarian. The staff member who is not Registered is qualified to take the exam in October 2010.	O 2	The staff member who was not registered took exam and passed in October 2010.	See Position Description - Health Inspector I and Position Description Health - Inspector II .	O 2	No action needed.
	b. Any less qualified staff (as described in the Delegation Agreement) are limited to performing inspections that are not mandated by the Delegation Agreement.	The Board allows student interns to do routine inspections of pools. The new delegation agreement states that inspections in excess of those required in MS 157 (frequency) may be performed by less qualified staff. The most recent interns reportedly have met the educational criteria required for registered sanitarians. At least one inspection per year must be performed by qualified staff.	Y 2	No action needed.	Pool inspections have been limited to those with an applicable degree and current RS or RS w/in 2 years of hire with the exception of those over the frequency requirement.	Y 2	No action needed.
2. Agreement with Other Qualified Parties	If the Board has entered into agreements with other qualified persons to carry out its regular, delegated duties, the Board did obtain MDH's written approval before entering into this agreement.	The Board has not entered in any agreements.	Y Null	No action needed.	N/A. The Board has not needed aid for its regular, delegated duties since prior to last evaluation.	Y Null	No action needed.
3. Additional Training	c. Describe the percentage of staff that have taken ICS classes (minimum of ICS 100 & 200.)	Most staff have taken ICS 100,200 and 700. MDH recommends that all staff complete ICS 100, 200 and 700, at a minimum.	W 2	No action needed.	100% of the Board's permanent staff has completed ICS 100 and 200 and NIMS 700. 11/20 have completed ICS 300 and 7/11 have completed ICS 400. Various other emergency preparedness related trainings have been attended as well.	W 2	No action needed.
	d. Describe other training that staff have received such as MNTrac courses completed.	Ten staff are Certified Pool Operators (CPO). The current student intern, Andre Reed is also a CPO.	W 2	No action needed.	Staff have taken numerous amounts of other training including CPO training. New Employee Training Schedule	W 2	No action needed.

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					Template.		
4. Staffing Transition Plan	a. The Board has a written plan that is submitted annually to MDH, to address staffing transition in the event of unexpected staffing changes to assure adequate program coverage.	A staffing transition plan was not in use prior to the file review portion of the evaluation. The Board was using their Mutual Aid agreement as the staffing plan. An acceptable staffing plan was developed during the evaluation. Continue to use and update the staffing transition plan as necessary.	Y 2	City of Minneapolis Staffing Transition Plan was developed during 2010 Program Evaluation.	See City of Minneapolis Food, Lodging, and Pools Staffing Transition Plan . Plan submitted to MDH.	Y 2	No action needed.
	b. That written plan has worked effectively during staffing transitions within the evaluation period.	The new plan has not yet been implemented.	W Null	No action needed. City of Minneapolis Food, Lodging, and Pools Staffing Transition Plan use was not needed.	N/A. City of Minneapolis Food, Lodging, and Pools Staffing Transition Plan use was not needed.	W Null	No action needed.
	c. Board has notified MDH within 10 business days of staff's departure, if staffing is insufficient to perform the obligations of the Delegation Agreement.	At the time of the last evaluation, and when the previous delegation agreement was signed, this 10 day notification was not required. Notification is required under the new delegation agreement.	Y Null	No action needed. Staffing has not been insufficient to perform the obligations of the Delegation Agreement.	N/A. Staffing has not been insufficient to perform the obligations of the Delegation Agreement.	Y Null	No action needed.

STANDARD 3: Risk-Based Inspection Program							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
Food Program							
1. Inspection Form	a. The Board's inspection documents identify risk factors, health and safety hazards, and interventions.	<p>The board is in a transition period. The Environmental Health and Food Safety program is currently using Electronic Government by Garrison (Digital Health) for all inspections. They are switching from KIVA which is the licensing database and is the system used for plan review.</p> <p>Currently there are still some issues with the transition such as assigning proper risk categories. Paper forms are still used when there is no web access in the field. Hotel and B & B inspections use the Digital Health program for lodging inspection reports. The Board and Lodging program does not use Digital Health for lodging inspection reports. The inspection form used for the Board and Lodging program is a fire, building and zoning checklist. Unlike the EHFS inspection reports which are created using Digital Health, the Board and Lodging inspection reports are in a business letter format.</p>	Y 2	Reports for all inspections are now entered into Digital Health including Board and Lodging reports.	Inspection reports are entered into Digital Health using an inspection form based on the CFP Form and MN Marking Instructions. The Board has 2 Bed and Breakfasts. Report entry for those facilities has been inconsistent in using the CFP Form and/or the Hotel/Motel form used for all lodging establishments.	Y 2	The Board to document, train, and ensure use of CFP Form and Hotel/Motel form in Bed and Breakfast establishments.
	b. The Board's inspection form describes In/Out/NO/NA status for all risk factors, health and safety hazards, and interventions.	<p>The Conference for Food Protection (CFP) form is used for food establishment inspections. However, this form is not consistently filled out properly. Evaluation staff noted instances where every item on the form was marked as <i>not observed</i> or <i>not applicable</i>.</p> <p>The Board and Lodging program does not use the CFP form in the food inspection reports and therefore does not describe In/Out/NO/NA status for all risk factors, health and safety hazards, and interventions.</p> <p>For example:</p> <ul style="list-style-type: none"> • Bridgeman's Embers American inspection of 9/3/09 had several items incorrectly marked N/A such as, but not 	W 1	The Board retrained staff on properly calling In/Out/NO/NA. MDH staff reviewed inspector reports in 2011 and the Board met with MDH to discuss the report review findings. In 2011 two inspectors reviewed randomly pulled reports each month and provided feedback. Peer review and peer inspection has continued to be used.	The CFP form is used for food establishment inspections. A randomly selected file review indicated inspectors are not consistently calling In/Out/NO/NA.	W 1	The Board to retrain staff on proper In/Out/NO/NA observations. The Board to reinforce training with peer inspections, standardization and report review by Lead Inspectors.

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STANDARD 3: Risk-Based Inspection Program							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
		<p>limited to “Certified food manager, duties” and “Proper cold holding.”</p> <ul style="list-style-type: none"> • Lake Harriett Pizza inspection of 3/18/10, 12/29/09 and 11/19/09 had the majority of items marked N/O. • McDonald’s inspection of 6/22/09 had several items incorrectly marked N/A such as, but not limited to “certified food manager, duties”, “Proper cooking time” and hot and cold holding temperatures. • Minnehaha Café inspection of 7/6/10 and 5/19/09 had several items marked incorrectly as N/A such as, but not limited to, “Proper cooking time & temperatures” and “Proper date marking and disposition.” • Sunrise Inn inspection of 6/2/10 had several items marked incorrectly as N/A such as, but not limited to, “Certified food manager, duties” and “Proper cooking temperatures”. The inspection of 4/26/10 had several items marked N/O such as, but not limited to, “Hands clean and properly washed” and “Hand contact with RTE foods restricted.” • Uruba Restaurant inspection of 4/19/10 had several items marked incorrectly as N/A such as, but not limited to, “Proper cooking time & temperatures”, “Bare hand contact with RTE foods restricted” and “Proper date marking and disposition.” • Signature Café and Catering inspection of 2/18/10 had several items marked incorrectly as N/A such as, but not limited to, “Proper cooling times and temperatures” and “Food separated/protected from cross contamination”. The inspection of 2/10/09 had several items marked incorrectly as N/A such as, but not 					

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STANDARD 3: Risk-Based Inspection Program							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
		<p>limited to, "Certified food manager, duties."</p> <ul style="list-style-type: none"> • Noodles & Company inspection of 7/7/08 had several items marked incorrectly as N/A such as, but not limited to, "Certified food manager, duties" and cold holding temperatures. • Gorditas El Gordo inspection of 8/12/08 had several items marked incorrectly as N/A such as, but not limited to, "Proper cooking time & temperatures", "Bare hand contact with RTE foods restricted" and "Proper date marking and disposition." • Corner Coffee inspection of 8/11/09 had several items marked incorrectly as N/A such as, but not limited to, "Certified food manager, duties" and "Food separated/protected from cross contamination." • Marriott City Center inspection of 8/31/09 and 6/30/08 had several items marked incorrectly as N/A such as, but not limited to, "Certified food manager, duties", "Proper cooking time & temperatures" and "Food separated/protected from cross contamination." • Cajun Bayou inspection of 5/11/10 had several items marked incorrectly as N/A such as, but not limited to, "Food-contact surfaces; cleaned & sanitized", "Proper cooking time & temperatures" and "Food separated/protected from cross contamination." • Cajun Bayou inspection of 6/3/08 had every item marked as N/O. There was a statement in the report that there were not "...any food safety violations at time of my investigation..." which is a conflict with the items on the form being marked as N/O. 					

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		<ul style="list-style-type: none"> • Mapps Coffee and Tea inspection of 5/3/10 has “Proper cold holding temperature” marked as IN but a temperature of yogurt was measured at 44°F which makes this item OUT. Inspection of 4/30/08 has several items incorrectly marked as N/A such as, but not limited to, “Food- contact surfaces; cleaned & sanitized” and “Proper cold holding temperature.” • Subway inspection of 7/16/08 had several items incorrectly marked as N/A such as, but not limited to, “Hand contact with RTE foods restricted” and “Certified food manager, duties.” • Cedar Inn inspection of 11/14/09 had all of the items marked as NO. This inspection was due to a power outage and food items were ordered to be discarded. “Proper cold holding temperature” should not have been marked as NO. 					
2. Risk Assessment	Establishments are categorized as high, medium or low risk in accordance with MN statutes.	<p>Review of licensing materials, as well as the randomly selected establishments, showed that a significant number of establishments are being assigned inconsistent risk categories. For example:</p> <ul style="list-style-type: none"> • All 18 Dunn Brother’s Coffees are listed as risk 1, which is the highest risk. It is unclear what makes these facilities a high risk. • Papa Murphy’s Pizza, which does no baking or cooking, is a risk 1 (highest risk) while Papa John’s and Domino’s Pizza which bake pizzas are a risk 2 (medium risk). • Ben and Jerry’s Ice Cream is a risk 1 (highest risk) while ABC Ice Cream, G’s Ice Cream, Ice Cream Man, etc, are risk 2 (medium risk). 	Y 1	Risk assignments for all facilities were reviewed and changed accordingly. RISK CATEGORIES was added to Field Guide and risk assessment has been discussed on an ongoing basis.	See RISK CATEGORIES in Field Guide . File review of 23 randomly selected establishments indicated only 7/140 reports reviewed may have wrong risk on report based on report information. Risk categorizations are regularly assessed as part of routine inspections.	Y 2	No action needed.

STANDARD 3: Risk-Based Inspection Program							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
3. Inspection Frequency	The inspection frequency based on MN Statutes 157.20 is being met.	For the twenty food establishments randomly selected for field evaluation, 18 out of 45 inspections were overdue (40%) with a median of 143 days past due. Using the frequency matrix found on page 25 of the Protocol, this places the Board in the "Not Acceptable" range. The 2005 version of MS157 requires high risk establishments to be inspected once every 12 months (365 days), medium risk establishments once every 18 months (547 days) and low risk establishments once every 24 months (730 days). Overdue frequencies are calculated using the median number of days a routine inspection is past due. Note: Some inspections appear to be counted as routine inspections, although they do not appear to be "routine." For example, Noodles (inspected on 10/17/2007) was counted as a routine inspection but the inspection report form was blank and the inspection was performed one day after a foodborne illness investigation. The inspection should be marked as a "compliant inspection" rather than a "routine inspection."	0 0	Assignment Manager system was implemented in Digital Health including Board and Lodging program food establishments. Frequency was made a priority by relaying this message to inspectors and regularly reviewing due dates and inspections in Digital Health. Inspection types were defined in Field Guide under DIGITAL HEALTH INSPECTION DOCUMENTATION . Direction has been given to inspect establishments during operation.	12% of food inspections were overdue; the median time overdue was 21 days.	0 2	No action needed.
	a. The Board has developed a documented procedure to address corrective action.	The board has an administrative enforcement overview document for "administrative adjudication." This document is fairly vague and simply states that any non-compliance with city ordinances may result in further legal action. In some cases, staff follow-up via an on-site inspection; in other cases faxes are accepted from establishments. The policy states that any repeat violation found with in a 24 month period will receive a double fine.	Y 2	No action needed.	See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide .	Y 2	No action needed.

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	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
4. Written & Implemented Policies	b. The Board has developed a documented procedure that requires discussion of options for long-term control of risk factors, and health and safety hazards.	A clear procedure for obtaining long term control of risk factors has not been developed. Educational materials such as employee illness logs are distributed during inspections. The Board has also developed a self-audit program which 123 establishments are enrolled in. They also offer free training classes. The self-audit program and training classes are voluntary and not attended by the majority of operators. The self audit program appears to be a good solution to controlling long-term risk factors. MDH encourages expansion of this program.	W 1	Criteria for reinspections, citations, compliance meetings and actions have been revised and streamlined to better address and obtain long term control of risk factors. Self-inspections, a piece of the self audit program, and temperature logs have been translated into different languages to help achieve long-term control of risk factors, and health and safety hazards.	See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide .	W 2	No action needed.
	c. The Board has developed a documented procedure that requires follow-up activities on risk factor, and health and safety violations.	The Board has an "EHFS Administrative Enforcement Process Flow" document which requires reinspection; however, the procedure does not outline the circumstances under which on-site follow-up inspections should be conducted. The Board states "reinspection occur until all violations are abated." For the randomly selected food establishments, 12 out of 20 facilities (60%) received a reinspection for violations noted during the routine inspection. For the four Board and Lodging food establishments randomly selected, none received a reinspection. The current policy requiring reinspection until all violations are abated may be an unrealistic goal as there are 1513 food establishments in the city. A written procedure to better define action limits and criteria should be developed.	Y 1	The Board revised criteria for reinspections, citations, compliance meetings and enforcement actions have been revised to focus on violations and establishments with the most significant public health risk.	See REINSPECTION PROCESS in Field Guide . Reinspection can also occur more frequently as needed.	Y 2	The Board to add to REINSPECTION PROCESS in Field Guide to indicate that reinspections can occur more frequently.
	d. The Board has a documented, implemented procedure on variance requests related to risk factors, health and safety hazards, and interventions.	The Board does not have a documented procedure for issuing variances. No variances have been given. Note: During the evaluation, MDH noted several situations that seemed to require variances for operating outside code requirements. See the activities outlined in standard 4-1A.	Y 0	Procedures for granting variances have been developed, documented and implemented.	See VARIANCES in Field Guide . Request forms include requirements per MN Rule 4626.1690. City of Minneapolis Attorney believes "Upon approval this variance will be granted until there is a change of license, owner, or operating conditions" meets 4626.1690	Y 2	No action needed.

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STANDARD 3: Risk-Based Inspection Program							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
					part 4.		
	e. The Board has submitted to MDH any copies of variances granted, within 30 days of issuance.	The previous Delegation Agreement did not require variance submission to MDH. The Board will submit all future variances to MDH.	Y Null	Procedures for granting variances have been developed, documented and implemented which include procedures to submit variances to MDH within 30 days of granting.	See VARIANCES in Field Guide and see Approved Variance List .	Y 2	No action needed.
	f. The Board has a documented procedure for verification and validation of HACCP plans.	<p>The Board has a procedure but it is not being implemented properly. For example: The menus at Wakame Sushi & Asian Bistro includes sushi rice which requires an approved HACCP plan or document for Time as a Public Health Control. Once this was brought to the attention of staff, the required documentation for time as a public health control was completed for the establishment and provided to the evaluation team.</p> <p>As a follow-up to the evaluation, City of Minneapolis staff conducted inspections at establishments that serve sushi to ensure that the proper procedures and documentation was being followed.</p> <p>In your letter dated December 23, 2010, you asked the following question "If an establishment advises customers about raw animal products being served, do they still need a variance based on HACCP?" The provisions in the joint MDA/MDH memo that was provided to you by Colleen Paulus, states that as long as the customer is fully informed that the food is served undercooked or raw, a variance and HACCP plan are not required.</p>	W 1	<p>Since the 2010 Program Evaluation the Board has put several resources towards this standard due to the number of food establishments conducting or desire to conduct specialized processes requiring HACCP plans. A documented procedure for verification and validation was written and phases have been implemented.</p> <p>Procedures for serving raw or undercooked foods, as detailed in the MDA/MDH joint memo were followed until MDH notified the Board that the memos were rescinded. The Board has proceeded by granting variances for raw/undercooked foods in order to allow establishments use of the 2013 FDA Food Code.</p>	See HACCP PLANS in Field Guide and HACCP SOP .	W 2	The Board to continue to train and implement validation process.

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	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
Lodging Program							
1. Inspection Forms	a. The Board's inspection documents identify health and safety hazards and interventions	The board is in a transition period. The Environmental Health and Food Safety program is currently using Electronic Government by Garrison (Digital Health) for all inspections; including hotel and B & B inspections. They are switching from Kiva which is the licensing data base and the system being used for plan review. Currently there are still some issues with the transition such as assigning proper risk categories. Paper forms are still used when there is no web access in the field. The Board and Lodging program does not use Digital Health for lodging inspection reports. The inspection form used for the Board and Lodging program is a fire, building and zoning checklist. Unlike the EHFS inspection reports which are created using Digital Health, the Board and Lodging inspection reports are in a business letter format. Because the B&L program does not inspect to the standards in M.R. 4625, nor are violations cited from M.R. 4625, this section is non-compliant.	Y 1	Reports for all inspections are now entered into Digital Health including Board and Lodging reports.	Inspection reports are entered into Digital Health using an inspection form based on the CFP Form and MN Marking Instructions. The Board has 2 Bed and Breakfast facilities. Report entry has been inconsistent in using the CFP Form and/or the Hotel/Motel form used for all lodging establishments.	Y 2	The Board to document, train, and ensure use of CFP Form and Hotel/Motel form in Bed and Breakfast establishments.
2. Risk Assessment	Establishments are categorized as high, medium or low risk in accordance with MN statutes	MDH received separate lists for establishments inspected by the EHFS program and the B&L program. The lists appear to categorize establishments as either high or low risk. However, MDH found no documentation defining these risk categories for lodging establishments and cannot determine if they are properly categorized according to statute.	Y 1	Risk assignments for all facilities were reviewed and changed. RISK CATEGORIES was added to Field Guide and risk assessment has been discussed on an ongoing basis.	See RISK CATEGORIES in Field Guide . Review of Board and Lodging licenses indicated those facilities serving food have been designated as risk 1 and those without food have been designated as a risk 3. Other lodging facilities appear to be designated with the correct risk.	Y 1	The Board to review Board and Lodging facility risks and reassign according to RISK CATEGORIES in Field Guide .

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	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
3. Inspection Frequency	The inspection frequency based on MN Statutes 157.20 is being met.	The 2005 version of MS157 requires high risk establishments to be inspected once every 12 months (365 days), medium risk establishments once every 18 months (547 days) and low risk establishments once every 24 months (730 days). Overdue frequencies are calculated using the median number of days a routine inspection is past due. For the five establishments randomly selected for field evaluation, 8 out of 11 inspections were overdue (73%) with a median of 326 days past due. Using the frequency matrix found on page 25 of the Protocol, this places the Board in the "Not Acceptable" range.	O 0	Assignment Manager system was implemented in Digital Health including Board and Lodging program food establishments. Frequency was made a priority by relaying this message to inspectors and regularly reviewing due dates and inspections in Digital Health. Inspection types were defined in Field Guide under DIGITAL HEALTH INSPECTION DOCUMENTATION. Direction has been given to inspect establishments during operation.	21% of lodging inspections were overdue; median time overdue was 11 days.	O 2	No action needed.
	4. Written & Implemented Policies	a. The Board has developed a documented procedure to address corrective action.	The board has a "Housing Inspections Administrative Enforcement Process Flow" document. This document states that any unabated violations will receive a re-inspection; have a warning letter and enforcement flyer issued; and, citations issued for continued, repeat or unabated violations from past inspections. File review showed that the follow-up and enforcement activities are not carried out consistently according to this document. Inspection staff needs to consistently follow the enforcement policy. The policy may need to be revised to better reflect staff activity.	Y 1	Criteria for reinspections, citations, compliance meetings and enforcement actions have been revised to focus on establishments with the most public health risk.	See REINSPECTION PROCESS in Field Guide . Reinspections can also occur more frequently as needed.	Y 2
b. The Board has developed a documented procedure that requires discussion of options for long-term control of health and safety hazards.		There is not a clear procedure for obtaining long term control of health and safety hazards.	W 0	Criteria for reinspections, citations, compliance meetings and enforcement actions have been revised and streamlined to better address and obtain long term control of risk factors.	See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide .	W 2	No action needed.

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	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
	c. The Board has developed a documented procedure that requires follow-up activities on health and safety hazard violations	<p>The Board has a written procedure for enforcement. The procedure is outlined in the Administrative Enforcement process flow chart.</p> <ol style="list-style-type: none"> 1) Routine inspection- If there is any violation left unabated on site a re-inspection is scheduled. 2) First re-inspection is conducted two weeks after the routine inspection. If any critical and/or non critical violations remain, an Administrative citation is issued, a second re-inspection is scheduled and a re-inspections fee is issued. 3) Second re-inspection: if compliance is not achieved, further enforcement action and double Administrative fines for repeat or continuing violations occurring within 24 months. A third re-inspection is scheduled and the licensee is invited to a compliance meeting to discuss corrective actions. 4) Compliance meeting: the licensee is required to attend to discuss a plan of action to correct outstanding issues. If compliance is not received after all of the above, the license may be revoked. <p>Consider revising the written procedure to better define action limits and reinspection criteria.</p> <p>The following lodging establishments with outstanding violations did not receive a re-inspection as is required above.</p> <ul style="list-style-type: none"> • Marriott City Center (6/30/08): one violation was noted, however, MDH found no documentation that a re-inspection was conducted. • Tubman Family Alliance (10/9/09): a “warning” letter was issued for not 	Y 2	Criteria for reinspections, citations, compliance meetings and enforcement actions have been revised to focus on establishments with the most public health risk.	See REINSPECTION PROCESS in Field Guide . Reinspections can also occur more frequently as needed.	Y 2	The Board to add to REINSPECTION PROCESS in Field Guide to indicate that reinspections can occur more frequently.

STANDARD 3: Risk-Based Inspection Program							
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		maintaining the fire alarm, but MDH found no documentation that a re-inspection was conducted. <ul style="list-style-type: none"> RS Eden (1/27/09): multiple violations were noted, however, MDH found no documentation that a re-inspection was conducted. 					
	d. The Board has a documented, implemented procedure on variance requests related to health and safety hazards and interventions.	The Board does not have a written procedure for variance requests. No variances have been given.	Y 0	Procedures for granting variances have been developed and documented.	See VARIANCES in Field Guide .	Y 2	The Board to add details specific to lodging variances to Field Guide .
	e. The Board has submitted any copies of variances granted to MDH within 30 days of issuance.	The previous Delegation Agreement did not require variance submission to MDH. The Board will submit all future variances to MDH.	Y Null	No action needed.	N/A. No lodging variance requests.	Y Null	No action needed.
Pool Program							
1. Inspection Forms	a. The Board's inspection documents identify risk factors, health and safety hazards, and interventions.	The Board is in a transition period for their electronic inspection system. They are switching from Kiva which is the licensing data base and the system used for plan review to Electronic Government by Garrison (Digital Health). Paper forms are still used when there is no web access in the field. The Board uses a risk factors and public health interventions inspection form for swimming pools which is similar to the food inspection form.	Y 2	No action needed.	The Board uses a risk factors and public health interventions inspection form for swimming pools which is similar to the food inspection form. File review of 5 pools indicated that risk factors, health and safety hazards, and interventions are documented. A site visit to the pools was not completed to confirm these findings.	Y 2	No action needed.
	b. The Board's inspection form documents significant Pool Code violations and corrective actions.	Handwritten pool inspection reports are given to the pool operator at the time of inspection. Inspectors transfer the handwritten reports to Digital Health when they return to the office. It was not clear to MDH whether there is a policy to verify that handwritten inspection reports match the data entered in to Digital Health.	W 2	No action needed.	A randomly selected file review indicated inspectors are not consistently calling In/Out/NO/NA appropriately.	W 1	The Board to refresh staff on proper In/Out/NO/NA observations. The Board to reinforce refresher with peer inspections, standardization and report review by Lead Inspectors.

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2. Inspection Frequency	The inspection frequency based on MN Statutes 157.20 is being met	<p>An additional inspection report for the whirlpool at ISB Interests was provided to MDH on 11/11/10 which was after the draft report was issued. The addition of this report significantly improved the inspection frequency, however; we did not receive an inspection report for the swimming pool so the frequency may, in fact, be unacceptable.</p> <p>For the five establishments randomly selected for field evaluation, 7 out of 13 inspections were overdue (54%) with a median of 28 days past due. Using the frequency matrix, found on page 25 of the Evaluation Protocol, this places the Board in the "Acceptable" range.</p> <p>Public pools are considered to be high risk establishments. MS157 requires high risk establishments to be inspected once every 12 months (365 days). Overdue frequencies are calculated using the median number of days a routine inspection is past due.</p>	0 2	No action needed.	29% of pool inspections were overdue; the median time overdue was 35 days. Minneapolis Park Board seasonal pools are inspected twice per season exceeding frequency requirements. Because one of these two inspections was performed by a summer intern not meeting the minimum requirements to be considered qualified staff per MDH Delegation Agreement, the Board's score was impacted negatively. In 2014 the Board began ensuring that the frequency date is met with an inspection completed by qualified staff while the second inspection is completed by an intern who does not need to meet the qualifications.	0 0	The Board to monitor pool frequency and ensure frequency is not determined using inspections by unqualified inspectors.
	a. The Board has developed a documented procedure to address corrective action.	<p>The Board has an administrative enforcement overview document for "administrative adjudication." This document is fairly vague and simply states that any non-compliance with city ordinances may result in further legal action.</p> <p>In some cases, staff follow-up via an on-site inspection and in other cases, faxes are accepted from establishments. The policy states that any repeat violation found within a 24-month period will receive a double fine.</p>	Y 2	Criteria for reinspections, citations, compliance meetings and actions have been revised and streamlined to better address and obtain long term control of risk factors.	See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide .	Y 2	No action needed.
3. Written & Implemented Policies	b. The Board has developed a documented procedure that requires discussion of options for long-term control of health and safety hazards.	There is not a clear procedure for obtaining long term control of health and safety hazards.	W 0	Criteria for reinspections, citations, compliance meetings and actions have been revised to focus on most deserving establishments and violations.	See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide .	W 2	No action needed.

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STANDARD 3: Risk-Based Inspection Program							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
	c. The Board has developed a documented procedure that requires follow-up activities on health and safety hazard violations.	<p>The board does not have a documented procedure outlining the circumstances under which on-site follow-up inspections should be conducted. The Board states “re-inspections occur until all violations are abated.” For the randomly selected pool establishments, only 1 of 5 establishments (20%) received a re-inspection for violations noted on the routine inspection.</p> <p>There are inconsistent follow-up inspections for pools that were closed during a routine inspection. Pools that have been ordered to close must have a follow up inspection to reopen the pool.</p> <ul style="list-style-type: none"> Summit Homes pool was closed due to an elevated chlorine level of 23 ppm on 7-21-08. The pool did not receive another inspection until 9-10-09. The 9-10-09 inspection was recorded as a routine inspection and pool chemistries were not obtained during the inspection. Crossing Condo Association 8/31/09 was recorded as a re-inspection, but no chemistries were done. <p>This deficiency was also noted in the 2004 Program Evaluation.</p>	Y 2	No action needed.	See REINSPECTION PROCESS in Field Guide . Reinspections can also occur more frequently as needed.	Y 2	The Board to add to REINSPECTION PROCESS in Field Guide to indicate that reinspections can occur more frequently.

STANDARD 4: Uniform Inspection Program							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
Food Program							
1. Plan Review	a. The Board conducts and adequately documents plan review for each new construction, renovation, or conversion of licensed establishments, as required in the Food Code .	<p>Regulatory Services staff conduct the plan review for Board and Lodging and Regulatory Services establishments. Complete plans, license fee, and specification sheets are required to be submitted and approved prior to beginning construction. The Board uses the IARC construction guide and consults with MDH plan review staff when necessary. Construction and pre-opening inspections are performed prior to issuing a license.</p> <p>During the field evaluation, MDH noted establishments that have been approved to operate with open air dining or cooking areas. MR 4626.1395 requires windows or doors that are kept open for ventilation or other purposes, to be protected against entry of insects and rodents by screens, air curtains, or other approved methods. The open air dining/cooking areas are in violation of the food code. The City may grant a variance to this section of the code, but must follow its established variance procedures; however, first a variance procedure must be developed. This list does not include all of the establishments with open air dining: Broder's Pasta Bar, Tryg's, Loring Pasta Bar, Il Gato, Brasa, Punch Neapolitan Pizza and Joe's Garage.</p> <p>Note: MDH staff has noted several situations that seemed to require variances for operating outside code requirements. MDH staff live and eat within the city and have noticed these situations while dining out. Additionally, MDH staff has received complaints from staff at Hennepin County and the City of Bloomington regarding establishments within the City of Minneapolis not meeting code requirements.</p>	Y 1	A variance procedure was developed and implemented. A list of known open air/dining establishments was compiled and those establishments were brought into compliance through discontinuation of the area or granting of an Open Air Variance.	Complete plans, license fee, and specification sheets are required to be submitted and approved prior to beginning construction. The Board uses the IARC construction guide and consults with MDH plan review staff when necessary. Construction and pre-opening inspections are performed prior to issuing a license. A plan review letter and application are attached in Digital Health and tied to a facility that is associated with the license once it is open. Plan review inspections are documented in Digital Health as well.	Y 2	No action needed.

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STANDARD 4: Uniform Inspection Program							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
	b. The Board licenses only those food establishments for which plan review is complete and approved.	The Board issues a license to operate after a complete set of plans has been received, construction is complete, all licensing fees are paid and the Sanitarian who has reviewed the plan completes a pre-opening inspection. Continue to issue licenses after the plan review process is complete and approved.	Y 2	No action needed.	The Board issues a license to operate after a complete set of plans has been received, construction is complete, all licensing fees are paid and the Sanitarian who has reviewed the plan completes a pre-opening inspection. Some institutional food licenses were issued prior to an approved plan because establishments were already in existence. This was a unique and rare situation.	Y 2	No action needed.
	c. The Board maintains adequate documentation throughout the plan review process.	The Board's plan review documentation is very detailed and well organized. Plan review letters clearly outline deficiencies and corrective actions required. Plan review documentation is kept with the establishment file and is maintained for three years.	W 2	No action needed.	Plan review letters clearly outline deficiencies and corrective actions required. Plan review documentation is saved in Digital Health.	W 2	The Board to document procedures for plan review documentation.
	d. Documentation is maintained for water and sewer system approval as reviewed by the appropriate authority.	N/A - City sewer and water are supplied for all licensed establishments. City of Minneapolis Public Works handles all sewer and water matters.	W Null	No action needed.	N/A. City sewer and water are supplied for all licensed establishments. City of Minneapolis Public Works handles all sewer and water matters.	W Null	No action needed
2. Licensing & Data Management	a. The Board must license establishments on an annual basis.	The Board is not licensing child day care facilities that provide food. We were informed during the evaluation that some private schools have also gone unlicensed. These establishments are required to be licensed on an annual basis.	Y 0	The Board passed an ordinance to annually license institutional/congregate food service. Day care facilities and schools that provide food are licensed on an annual basis.	Licenses are issued on an annual basis. The Board is no licensing school concession stands independently of the school's license.	Y 2	The Board to address unlicensed school concession stands.
	b. The Board maintains a current list of establishments (including establishment name, address and risk category).	The Board maintains a list of licensed food establishments that includes all necessary information. A complete list was submitted to MDH upon request. Continue to maintain a list of all food establishments.	Y 2	No action needed.	The Board maintains a list of licensed food establishments with all necessary information in Digital Health.	Y 2	No action needed.
	c. The Board provides Statewide Hospitality Fee data on all licensed establishments to MDH by the annual deadline.	MDH staff confirmed that the Board submits this data on an annual basis. Continue to submit data on an annual basis.	Y 2	No action needed.	The Board submits this data on an annual basis.	Y 2	No action needed.

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	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
3. Inspections & Written Reports	a. Inspections are conducted by qualified inspection staff, as described in the Delegation Agreement.	One sanitarian is not Registered, but is qualified to take the exam in October, 2010.	O 2	The staff member who was not registered took exam and passed in October 2010.	Inspections are conducted by qualified inspections staff as described in the MDH Delegation Agreement.	O 2	No action needed.
	b. The Board encourages active managerial control concepts in all food establishments.	The board encourages establishments to attend Food Protection Training and Community Engagement sessions. These sessions are conducted in partnership with the University of Minnesota Extension Services. The Board has also developed a self audit program with the Advanced Practices Center (APC) and promotes its use.	Y 2	No action needed.	Active managerial control is discussed during the inspection process. Educational materials such as a self-inspection are also available to promote this.	Y 2	No action needed.
	c. The Board does incorporate education into the inspection process.	Inspection staff provides illness logs, temperature logs, and educational materials to establishments during routine inspections. MDH received positive feedback during the field review that validates staff's efforts to educate operators on corrective actions and reasons for code requirements. Continue to provide illness logs, temperature logs, and educational materials to establishments during routine inspections.	Y 2	No action needed.	Education is incorporated in the inspection and educational materials are also available to provide operators.	Y 2	No action needed.
	d. Written reports are complete, accurate and describe compliance activities.	Staff need to improve report writing skills. When writing a violation, the inspector should make detailed comments regarding the violation being observed (i.e., who, what, why, when, where). The examples provided here reflect trends and are not limited to these instances or staff. For example. <ul style="list-style-type: none"> Wakame Sushi (7/16/09 inspection): many violations were cited with the standard orders only and do not contain any comments. One such order was cited as 4-601.11A "equipment shall be clean to sight and touch" with no mention of what pieces of equipment were soiled or where they were located. Subway (6/25/08 inspection): 6-301.11B was cited with no comments. 3-501.16 	Y 1	The Board refreshed inspectors on report writing. MDH staff reviewed inspector reports in 2011 and the Board met with MDH to discuss the report review findings. In 2011 two inspectors reviewed randomly pulled reports each month and provided feedback. Peer review and peer inspection has continued to be used.	File review of a random sample of establishments indicate that inspections forms identify risk factors, health and safety hazards, and interventions. Violations were clearly stated in most cases. The intervention taken for items that can and should be addressed immediately was not consistently clear. In some situations the violation is marked corrected onsite, some a statement of what happened with the food is made and with others, only the violation is listed.	Y 1	The Board to provide clarification for inspectors on documenting interventions and marking corrected onsite on inspection reports. The Board to monitor and reinforce direction provided with peer inspections, standardization and report review by Lead Inspectors.

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STANDARD 4: Uniform Inspection Program

	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
		<p>“walk in cooler is at 45 degrees F” however, there was no indication of the potentially hazardous foods that were out of temperature.</p> <ul style="list-style-type: none"> • Bridgeman’s Embers America (2/21/08 inspection): 6-501.12A was cited to clean the floor in the storage area, and mouse droppings observed; however, no citation was issued regarding the abatement of mice. • McDonalds (6/7/08 inspection) 4-501.114C2 was cited for no quaternary ammonia sanitizing solution in the wiping cloth bucket. This citation is incorrect (it is for the proper concentration of iodine sanitizing solution, not quaternary ammonia). <p>MDH noted that many of the inspection reports do not have an operator signature or state that the signature is on file. While signatures are not required, they are considered a “best practice.”</p>					
	<p>e. Statutes, rules and ordinances are interpreted accurately and consistently.</p>	<p>Violations are often written using the incorrect code citation. This was also noted in the 2004 Program Evaluation. Of particular note, MDH found many instances where non-critical violations were incorrectly identified as critical violations. The examples provided here reflect trends and are not limited to these instances or staff.</p> <ul style="list-style-type: none"> • Subway (10/28/09 inspection): employee personal items were being stored in non-designated areas. This was cited as a critical violation under 7.301.11A. However, the proper citation is a non-critical violation and should be cited under 6-305.11. • Noodles (5/15/09 inspection) and Signature Café (12/30/08 inspection): Citation 3-304.12 (“scoops with handles 	<p align="center">Y 1</p>	<p>The Board retrained inspectors on report writing. MDH staff reviewed inspector reports in 2011 and the Board met with MDH to discuss the report review findings. In 2011, two inspectors reviewed randomly pulled reports each month and provided feedback. Peer review and peer inspection has continued to be used. The Board has developed a resource - MN_Marking_Instructions 10 1 12 - MPLS Example - to document common violations that could be easily cited under the wrong code citation.</p>	<p>File review of 23 randomly selected establishments indicated that several violations have been written using the incorrect code citation. Because the most recent version of the document was used to review files some code may have been marked wrong but the direction hadn’t been given at that time.</p>	<p align="center">Y 1</p>	<p>The Board to formalize peer inspection process so outcomes from peer discussion are tied to MN_Marking_Instructions 10 1 12 - MPLS Examples. The Board to monitor and reinforce direction provided with peer inspections, standardization and report review by Lead Inspectors.</p>

STANDARD 4: Uniform Inspection Program

	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
		<p>required”) was written as a critical violation. This violation is not a critical violation and lacks the detail required to know if it is even marked accurately (e.g. notations should be made regarding which products the scoops were stored in).</p> <ul style="list-style-type: none"> • Angry Catfish Bicycle (3/3/10 inspection): 4-501.114 C3 (“no sanitizer”) was written as a non-critical violation, but is a critical violation. • Corner Coffee (7/21/09 inspection) 2-201.11A and 2-201.15B were cited as critical violations for not having an employee illness log. The log is not a requirement in the current food code and therefore, the establishment was not required to provide one. Additionally, citing two violations for the same issue is an inaccurate interpretation of the food code. • Subway (3/12/07 inspection) and Mapps Coffee and Tea (10/12/07 inspection): 5-205.11A was written as a critical violation for access to handsink. This is a non-critical violation and should be cited as such. • Cedar Inn (1/25/10 inspection): 3-305.12 was cited as a critical violation for storing beverages under a sewer line. This is a non-critical violation and should be cited as such. 					
	<p>f. The Board has submitted a proposal of alternative inspection methods and practices for use in the jurisdiction as required by statute.</p>	<p>N/A. The Board does not use alternative inspection methods.</p>	<p>Y Null</p>	<p>No action needed.</p>	<p>N/A. The Board does not use alternative inspection methods.</p>	<p>Y Null</p>	<p>No action needed.</p>

STANDARD 4: Uniform Inspection Program							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
Lodging Program							
1. Plan Review	a. The Board conducts and adequately documents plan review for each new construction, renovation, or conversion of licensed establishments, as required in Chapter 4625.	EHFS staff conducts the plan review for Board and Lodging and EHFS establishments. Complete plans, license fee, and specification sheets are required to be submitted and approved prior to beginning construction. The Board uses the IARC construction guide and consults with MDH plan review staff when necessary. Construction and pre-opening inspections are performed prior to issuing a license. Continue conducting and documenting plan review for each new construction, renovation, or conversion of licensed establishments, as required in Chapter 4625.	Y 2	No action needed.	See Plan Review Checklist - Board Lodging New Apps 2014. The City of Minneapolis conducts plan review for all lodging facilities. Board and Lodging facilities receive a health plan review. Other lodging facilities do not receive a plan review for health code specifically.	Y 1	The Board to develop and implement process for lodging facility plan review not already in process. The Board to document plan review process and ensure proper documentation for current lodging facility plan review process.
	b. The Board licenses only those food establishments for which plan review is complete and approved.	The Board issues a license to operate after a complete set of plans has been received, construction is complete, all licensing fees are paid and the Sanitarian who has reviewed the plan completes a pre-opening inspection. Continue to issue licenses after the plan review process is complete and approved.	Y 2	No action needed.	The City of Minneapolis conducts plan review for all lodging facilities. Board and Lodging facilities receive a health plan review. Other lodging facilities do not receive a plan review for health code specifically.	Y 2	The Board to develop and implement process for lodging facility plan review not already in process. The Board to document plan review process for current lodging facility plan review process.
	c. The Board maintains adequate documentation throughout the plan review process.	The Board's plan review documentation is very detailed and well organized. Plan review letters clearly outline deficiencies and corrective actions required. Plan review documentation is kept with the establishment's file. Continue plan review documentation and file retention.	W 2	No action needed.	Documentation for current plan review process is kept. Clear procedures are not written.	W 1	The Board to develop and implement process for lodging facility plan review not already in process. The Board to document plan review process and ensure proper documentation for current lodging facility plan review process.
	d. Documentation is maintained for water and sewer system approval as reviewed by the appropriate authority.	N/A - City sewer and water are supplied for all licensed establishments. City of Minneapolis Public Works handles all sewer and water matters.	W Null	No action needed.	N/A - City sewer and water are supplied for all licensed establishments. City of Minneapolis Public Works handles all sewer and water matters.	W Null	No action needed.

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	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
2. Licensing & Data Management	a. The Board must license establishments on an annual basis.	Establishments are licensed on an annual basis. The licenses are from January 1st to December 31st.	Y 2	No action needed.	Establishments are licensed on an annual basis. The licenses are from January 1st to December 31st.	Y 2	No action needed.
	b. The Board maintains a current list of establishments (including establishment name, address and risk category).	The Board maintains a list of licensed lodging establishments that includes all necessary information, including risk category. A complete list was submitted to MDH upon request.	Y 2	No action needed.	The Board maintains a list of licensed food establishments with all necessary information in Digital Health.	Y 2	No action needed.
	c. The Board provides Statewide Hospitality Fee data on all licensed establishments to MDH by the annual deadline.	MDH staff confirmed that the Board submits this data on an annual basis.	Y 2	No action needed.	The Board provides Statewide Hospitality Fee data on all licensed establishments to MDH by the annual deadline.	Y 2	No action needed.
3. Inspections & Written Reports	a. Inspections are conducted by qualified inspection staff, as described in the Delegation Agreement	Prior to 2007, the Board and Lodging program inspections were conducted by non-registered staff. Inspections are now being conducted by a Registered Sanitarian as required in the delegation agreement.	O 2	No action needed.	Inspections are conducted by qualified staff.	O 2	No action needed.
	b. The Board does incorporate education into the inspection process.	No information was given to MDH regarding educational materials given out for lodging establishments or trainings provided for operators of these establishments.	Y 0	The Board has incorporated education into the inspection process. Educational materials have been developed regarding bed bugs and inspection criteria. The RS conducting Board and Lodging facility inspections has been transferred to the Environmental Health Division which helps foster an inspection process that includes education.	The Board incorporates education into the inspection process through education materials and conversation.	Y 2	No action needed.
	c. Written reports are complete, accurate, and describe compliance activities.	The Board and Lodging program does not use a lodging inspection form when conducting inspections. The form that is used is titled "Inspection Scoresheet" and appears to be a housing maintenance form describing building code violations. The form does not indicate violations to M.R. 4625; therefore, reports are not complete and accurate. NOTE: EHFS uses inspections forms that reference requirements in M.R. 4625. MDH received two inspection reports from the Board and Lodging Program, and finds them very confusing. Inspection reports for both EHFS and B&L should contain more detail in the narrative for the violations. Example: Marriott City Center	Y 1	The RS conducting Board and Lodging facility inspections has been transferred to the Environmental Health Division and began using Digital Health to enter reports in the Hotel/Motel form including violations of M.R. 4625. The Board reviewed City Ordinances and M.R. 4625 to revise report and ensure all ordinances and regulations are inspected as required.	File review of 4 board and lodge facilities and 1 hotel indicated that clear direction is needed regarding complete and accurate report writing. The Board has begun report marking instructions to help address this area.	Y 1	The Board to create marking instructions for the Hotel/Motel form used for all lodging reports, train inspectors and implement peer inspection process and Lead inspector report review.

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		(8/30/08 inspection) was cited for inadequate bed spacing, but did not state in which room(s) this was observed.					
	d. Statutes, rules and ordinances are interpreted accurately and consistently.	The B&L establishments are not inspected to the standards in M.R. 4625, nor are violations cited from M.R. 4625.	Y 0	The RS conducting Board and Lodging facility inspections has been transferred to the Environmental Health Division and began using Digital Health to enter reports in the Hotel/Motel form including violations of M.R. 4625. The Board reviewed City Ordinances and M.R. 4625 to revise report and ensure all ordinances and regulations are inspected as required.	File review of 4 board and lodge facilities and 1 hotel indicated there is room for improvement in accurately and consistently interpreting statutes, rules, and ordinances. Review of the Hotel/Motel form against statutes, rules and ordinances found discrepancies between violations in form and statutes, rules and ordinances. Revisions are near completion. Hotel and motel inspections were not being inspected 4625.2000 because of an understanding that pursuant to Minnesota Statutes, Section 299F.011 and 7511.0090 Rules and Standards the State Fire Marshal's Office (SFMO) is the enforcement Authority Having Jurisdiction (AHJ) for Hotels and Motels. Form is being revised and inspectors trained to inspect for compliance with 4625.2000.	Y 1	The Board to complete marking instructions for the Hotel/Motel form used for all lodging reports, train inspectors and implement peer inspection process and Lead inspector report review.
Pool Program							
1. Plan Review	a. Plans are submitted to MDH for construction of new pools or when pools are modified, as required in the Pool Code.	Plans are submitted to MDH for review and approval when new pools are constructed or when existing pools are modified.	Y 2	No action needed.	Plans are submitted to MDH for review and approval when new pools are constructed or when existing pools are modified.	Y 2	No action needed.
	c. Board licenses only those pools for which plan review is complete and approved by MDH	The Board ensures that only those pools for which a plan review is completed and approved by MDH are issued a license to operate.	Y 2	No action needed.	The Board ensures that only those pools for which a plan review is completed and approved by MDH are issued a license to operate.	Y 2	No action needed.
	d. Adequate documentation is maintained throughout the plan review process	All communication with MDH and pre-opening inspection reports are maintained in the establishment file.	W 2	No action needed.	After receiving information regarding plan review for pools from MDH applicable information is added to Digital	W 2	The Board to document procedures for plan review documentation.

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					Health.		
	d. Documentation is maintained for water and sewer system approval as reviewed by the appropriate authority	Adequate documentation is maintained for water and sewer systems via the MDH plan review process or through compliance with City of Minneapolis Public Works.	W 2	No action needed.	N/A - City sewer and water are supplied for all licensed establishments. City of Minneapolis Public Works handles all sewer and water matters.	W Null	No action needed.
2. Licensing & Data Management	a. The Board must license establishments on an annual basis.	Public pools are licensed on an annual basis. However, since MS 144.1222 was changed in 2008 to require that ALL public pools be licensed, the Board has not modified its licensing structure and some public pools remain unlicensed. Examples include, but are not limited to pools at Target Center and Target Field. In previous conversations with the Board, MDH was assured that these public pools would be licensed and inspected as required in statute.	Y 2	The Board followed up with Target Field and Target Center regarding their pools. Target Field's pools are now licensed and Target Center is using dump and fill tanks.	Licenses are issued on an annual basis.	Y 2	No action needed.
	b. The Board maintains a current list of establishments (including establishment name, address and risk category).	The Board maintains a list of licensed pool establishments that includes all necessary information, including risk category. A complete list was submitted to MDH upon request.	Y 2	No action needed.	The Board maintains a list of licensed pools with all necessary information in Digital Health.	Y 2	No action needed.
3. Inspections & Written Reports	a. Inspections are conducted by qualified inspection staff, as described in the Delegation Agreement.	There are 10 sanitarians on staff for the Environmental Health & Food Safety program responsible for inspecting pools. All but one staff person is a Registered Sanitarian. The staff member who is not Registered is qualified to take the exam in October 2010. The Board has also used student interns to conduct some inspections of the pools. Reportedly these interns meet the minimum degree requirements for the registered sanitarian exam. All public pools must be inspected at least once every 12 months (365 days) by a qualified individual.	O 2	The staff member who was not registered took exam and passed in October 2010.	Pool inspections to meet frequency requirements are limited to those qualified as described in the delegation agreement.	O 2	No action needed.
	b. The Board does incorporate education into the inspection process.	Feedback obtained from pool operators during the field evaluation showed that staff does a good job of explaining corrective orders and expectations for daily operation such as chemical testing, main drain security check, and maintaining	Y 2	No action needed.	The Board provides education in the inspection process. The Board has a listserv to update pool licensees and operators with applicable information.	Y 2	No action needed.

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		appropriate log books.					
	c. Written reports are complete, accurate, and describe compliance activities.	<p>Staff need to improve report writing skills. Of the five pools randomly selected, two routine inspections were conducted where no pool chemistries were documented on the report. The examples provided here reflect trends and are not limited to these instances or staff.</p> <ul style="list-style-type: none"> • ISB Interests was inspected on July 29, 2009 (counted as a routine inspection). On file review, no chemical levels were documented and the inspection form had “Not Observed” marked next to every inspection item. • Summit House (9/10/09 inspection): no pool chemistries were recorded on the inspection report. • Grant Park Association (7/14/08): the combined chlorine was 1.0 ppm, but no orders were written for closure and super chlorination of the pool. • Crossing Condo Association (8/31/09) was recorded as a re-inspection due to previous closure of the pool for chlorine of 22 ppm. During the re-inspection, pool chemistries were not recorded, but the report notes that all violations have been abated and the form was marked “Not Applicable” throughout. • Common to all reports: Alkalinity is not being measured and recorded, and pools are not closed consistently or ordered to superchlorinate when there is a combined chlorine level over 1.0 ppm, as required by code. <p>Many of the reports that were reviewed have no operator signature, or state that the signature is on file. While signatures are not required, it is considered a “best practice.”</p>	Y 1	The Board retrained inspectors on report writing, revised the pool inspection form, limited areas were NO/NA could be called and wrote marking instructions for the pool form.	A file review of five randomly chosen establishments covering 6 bodies of water indicated water chemistry is logged and violations are called with few errors. Pool Marking Instructions Draft is a document inspectors use to help with code citations. IN/OUT/NO/NA observations are not consistently called.	Y 2	The Board to retrain staff on In/Out/NO/NA observations. The Board to reinforce training with peer inspections, standardization and report review by Lead Inspectors.

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STANDARD 4: Uniform Inspection Program							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
	d. Statutes, rules and ordinances are interpreted accurately and consistently.	The reports for the randomly selected public pools demonstrate knowledge and correct interpretation of statutes and rules. Note: Minneapolis ordinance allows pools to operate with a total chlorine/bromine level that is higher than allowed per the Minnesota Pool Code.	Y 2	No action needed.	See Pool Marking Instructions Draft . File review of random sample of establishments indicated there are few issues with inconsistencies.	Y 2	The Board to complete Pool Marking Instructions Draft .

STANDARD 5: Illness & Injury Investigation & Response							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
Food Program							
1. Protocol for Investigating Complaints	The Board utilizes the <i>Foodborne Outbreak Protocol</i> developed by MDH or another similar, written protocol, approved by MDH (e.g., IAFPs "Procedures to Investigate Foodborne Illness").	The Board is using the MDH Foodborne Outbreak Protocol. When a complaint is received, the Board documents the complainant's name and contact information along with a brief summary of the complaint and enters it in to their electronic complaint database. When illness complaints are received by 311 Operators, callers are referred directly to the MDH Foodborne Illness Hotline. If an on-site investigation is required, a complaint-based inspection report is completed and kept with the establishment's electronic file. On occasion, the Board has begun the environmental portion of an illness investigation prior to consultation with MDH/Hennepin County Epidemiology and/or MDH Environmental Health. This has led to multiple trips to the affected establishment to interview employees using the proper interview forms, or collect additional data requested by the Epidemiologists. This appears to be an inefficient use of resources and may cause considerable distress to the affected establishment. In addition, it may also slow the investigation process due to an	Y 1	The Board retrained on foodborne illness investigation. In 2011, MDH and Hennepin County staff provided training on foodborne illness investigation.	See FOOD & WATERBORNE ILLNESS in Field Guide . The <i>Foodborne Outbreak Protocol</i> developed by MDH is utilized.	Y 2	No action needed.

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STANDARD 5: Illness & Injury Investigation & Response

	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
		uncoordinated effort in collecting data. As stated in the Foodborne Outbreak Protocol, an initial conference call should be scheduled among all parties (i.e., Hennepin County Epi, MDH Epi, MDH EH, and Minneapolis EH) before the field investigation has begun. This method has proven itself to be an efficient means of ensuring that all parties are operating with the same basic information and expectations. It may also eliminate the need for the Board to make multiple trips to the establishment. In past investigations, there has been an issue with an apparent lack of understanding regarding the suspected agent and the types of information that should be collected during the environmental portion of the investigation.					
2. Complaints	a. The Board maintains a log or database for all complaints alleging injury, health and safety hazards, or foodborne or waterborne illness.	The City has developed a 311 phone system that handles all complaints. All calls coming into the city are routed through a central operator who logs the complaint and assigns it to the appropriate department. Detailed notes on complaint investigations are tracked electronically and linked to the establishment file. When illness complaints are received by 311 Operators, they are referred directly to the MDH hotline. Continue to maintain the database for complaints.	W 2	No action needed.	The City has developed a 311 phone system that handles all complaints. All calls coming into the city are routed through a central operator who logs the complaint and assigns it to the appropriate department. Detailed notes on complaint investigations are tracked electronically and linked to the establishment file.	W 2	No action needed.
	b. The Board does follow-up on all injury, health and safety hazard, foodborne/waterborne illness complaints within one business day.	City policy requires an initial response to all complaints be initiated within 24 hours. File review of the randomly selected establishments, as well as review of the complaint database, showed that complaints are being responded to in a timely manner.	W 2	No action needed.	See COMPLAINTS and FOOD & WATERBORNE ILLNESS in Field Guide Inspectors are required to review complaint and determine what steps are required. Currently there is no time requirement.	W 1	The Board to add time requirement to COMPLAINTS in Field Guide .
	c. Investigation reports are filed or linked to the records of the establishment.	Complaint investigations are logged using the Digital Government inspection program and are kept with the establishment's electronic file.	W 2	No action needed.	Complaint investigations are logged using the Digital Health inspection program and are kept with the establishment's electronic file.	W 2	No action needed.
	d. The Board transmits all	MDH requests that when referring callers	Y	No action needed.	See 311 Script . The City of	Y	The Board to add

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STANDARD 5: Illness & Injury Investigation & Response							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
	foodborne or waterborne illness complaints to MDH within one business day.	to the Foodborne Outbreak Hotline, the Board also follow up with a call or email to MDH to ensure that the complaint has been adequately reported to MDH. MDH requests that all illness complaints obtained by the Board be forward to MDH within 24 hours of receipt. Contact MDH by phone or email with the complainants name and phone number when a possible foodborne illness complaint is received by 311 Operators to ensure that the complaint has been adequately reported to MDH. This assures that the complaint does get reported to MDH and does not rely solely on the complainant to contact MDH.	2		Minneapolis help line, 311, refers all complainants to MDH.	2	"waterborne" to 311 script.

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STANDARD 5: Illness & Injury Investigation & Response

	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
3. Program Coverage	The Board has qualified staff available for emergency coverage on a 24-hour a day basis and has provided an after-hours contact number to MDH.	<p>The Board's staff has a unique work schedule that allows for program coverage seven days a week. Some staff may work Monday through Friday while others work Tuesday through Saturday, or Sunday through Thursday to provide coverage for special events and festivals. There is also a policy to provide after-hours coverage. A call list was provided for after hours emergency response. The written after-hours emergency response policy is at the departmental level under the emergency preparedness plan.</p> <p>Management has access to staff private numbers and can reach them for emergencies. MDH has been informed that when city staff are needed for an urgent or emergency situation, we should attempt to contact Curt Fernandez by office and cell phone. If Curt is unavailable, we are to contact Tim Jenkins by office and cell phone. If he is unavailable, we should contact 311. On several occasions, MDH attempted to contact city staff regarding important or emergency situations and was not able to reach anyone per the protocol given to MDH.</p>	Y 2	No action needed.	See example Health On Call-Second Quarter 2014 . The Minneapolis Health Department provides a quarterly on-call calendar to Minneapolis Fire Bulletin Board and 9-1-1 so all City operations have access to staff during emergencies.	Y 2	No action needed.
Lodging Program							
1. Protocol for Investigating Complaints	The Board utilizes a procedure to investigate, respond to, and document Lodging complaints or injury.	The City has developed a 311 phone system that handles all complaints. All calls coming into the city are routed through a central operator who logs the complaint and assigns it to the appropriate department. Detailed notes on complaint investigations are tracked electronically and linked to the establishment file.	Y 2	No action needed.	See COMPLAINTS in Field Guide .	Y 2	No action needed.

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STANDARD 5: Illness & Injury Investigation & Response

	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
2. Complaints	a. The Board maintains a log or database for all complaints alleging injury, or health and safety hazards.	Complaints are maintained in the 311 phone system and in the Digital Health inspection program.	W 2	No action needed.	The City has developed a 311 phone system that handles all complaints. All calls coming into the city are routed through a central operator who logs the complaint and assigns it to the appropriate department. Detailed notes on complaint investigations are tracked electronically and linked to the establishment file.	W 2	No action needed.
	b. The Board does follow-up on all injury, or health and safety hazard complaints within one business day.	City policy requires an initial response to all complaints within 24 hours. File review of the randomly selected establishments, as well as review of the complaint database, showed that complaints are being responded to in a timely manner.	W 2	No action needed.	City policy requires complaints be closed within five business days. Complaints are often closed out sooner. City complaint tracking system notifies Supervisors if this is not complete.	W 1	The Board to review policy and determine if follow-up on all injury, or health and safety hazard complaints within one business day is feasible.
	c. Investigation reports are filed or linked to the records of the establishment.	Complaint investigations are logged using the Digital Health inspection program and are kept with the establishment's electronic file.	W 2	No action needed.	Complaint investigations are logged using the Digital Health inspection program and are kept with the establishment's electronic file.	W 2	No action needed.

STANDARD 5: Illness & Injury Investigation & Response

	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
3. Program Coverage	The Board has qualified staff available for emergency coverage on a 24-hour a day basis and has provided an after-hours contact number to MDH.	The Board’s staff has a unique work schedule that allows for program coverage seven days a week. Some staff may work Monday through Friday while others work Tuesday through Saturday, or Sunday through Thursday to provide coverage for special events and festivals. There is also a policy to provide after-hours coverage. A call list was provided for after hours emergency response. The written after-hours emergency response policy is at the departmental level under the emergency preparedness plan. Management has access to staff private numbers and can reach them for emergencies. MDH has been informed that when city staff are needed for an urgent or emergency situation, we should attempt to contact Curt Fernandez by office and cell phone. If Curt is unavailable, we are to contact Tim Jenkins by office and cell phone. If he is unavailable, we should contact 311. On several occasions, MDH attempted to contact city staff regarding important or emergency situations and was not able to reach anyone per the protocol given to MDH. If the city has a different method of reaching staff, MDH requests that the new protocol be submitted immediately.	Y 2	No action needed.	The Minneapolis Health Department has a quarterly on calendar provided to Minneapolis Fire Bulletin Board and 9-1-1 so all City operations have access for emergencies. See example Health On Call-Second Quarter 2014.	Y 2	No action needed.
Pool Program							
1. Protocol for Investigating Complaints	The Board utilizes a procedure to investigate, respond to, and document Pool complaints or injury.	City policy requires an initial response to all complaints be initiated within 24 hours. File review of the randomly selected establishments as well as review of the complaint database showed that complaints are being responded to in a timely manner.	Y 2	No action needed.	City policy requires complaints be closed within five business days. City complaint tracking system notifies Supervisors if this is not complete.	Y 2	No action needed.

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STANDARD 5: Illness & Injury Investigation & Response							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
2. Complaints	a. The Board maintains a log or database for all complaints alleging injury, health and safety hazards, or foodborne or waterborne illness.	The City has developed a 311 phone system that handles all complaints. All calls coming into the city are routed through a central operator who logs the complaint and assigns it to the appropriate department. Detailed notes on complaint investigations are tracked electronically and linked to the establishment file. When illness complaints are received by 311 Operators, they are referred directly to the MDH hotline. Continue to maintain the database for complaints.	W 2	No action needed.	The City has developed a 311 phone system that handles all complaints. All calls coming into the city are routed through a central operator who logs the complaint and assigns it to the appropriate department. Detailed notes on complaint investigations are tracked electronically and linked to the establishment file.	W 2	No action needed.
	b. The Board does follow-up on all injury, waterborne illness, or health and safety hazard complaints within one business day.	City policy requires an initial response to all complaints be initiated within 24 hours. File review of the randomly selected establishments, as well as review of the complaint database, showed that complaints are being responded to in a timely manner.	W 2	No action needed.	See COMPLAINTS and FOOD & WATERBORNE ILLNESS in Field Guide Inspectors are required to review complaint and determine what steps are required. Currently there is no time requirement.	W 1	The Board to add time requirement to COMPLAINTS in Field Guide .
	c. Investigation reports are filed or linked to the records of the establishment.	Complaint investigations are logged using the Digital Government inspection program and are kept with the establishment's electronic file.	W2	No action needed.	Complaint investigations are logged using the Digital Health inspection program and are kept with the establishment's electronic file.	W 2	No action needed.
	d. The Board transmits all waterborne illness complaints to MDH within one business day.	MDH has not received any waterborne illness complaints regarding pools in Minneapolis during this evaluation period.	Y Null	No action needed.	See 311 Script . The City of Minneapolis help line, 311, refers all complainants to MDH.	Y 2	The Board to add "waterborne" to 311 Script .
3. Program Coverage	The Board has qualified staff available for emergency coverage on a 24-hour a day basis and has provided an after-hours contact number to MDH.	MDH has not received any waterborne illness complaints regarding pools in Minneapolis during this evaluation period. The Board's staff have a unique work schedule that allows for program coverage seven days a week. Some staff may work Monday through Friday while others Tuesday through Saturday or Sunday through Thursday. A call list was provided for after hours emergency response. The written after-hours emergency response policy is at the departmental level under the emergency preparedness plan.	Y 2	No action needed.	The Minneapolis Health Department has a quarterly on calendar provided to Minneapolis Fire Bulletin Board and 9-1-1 so all City operations have access for emergencies. See example Health On Call-Second Quarter 2014 .	Y 2	No action needed.

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STANDARD 6: Compliance & Enforcement							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
	Food Program						
Compliance & Enforcement	a. The Board identifies and documents violations according to statute, rule and ordinance.	<p>It is evident from the file and field reviews that most violations are being identified during inspections, and that licensed establishments are required to comply with State statutes and rules. MDH noted several trends that require additional focus and attention:</p> <ul style="list-style-type: none"> Employee Illness: During the field inspection portion of the evaluation, 11 out of 20 (55%) establishment operators were not aware of exclusion, restriction, and reporting requirements. We know that many factors such as employee turn over and language barriers make this a challenge. We encourage you to continue training operators on employee illness requirements on each inspection. <p>Note: This issue is not just a City of Minneapolis issue. We are seeing this statewide.</p> <ul style="list-style-type: none"> Time as a public health control: Acidified rice has been allowed with no approved plan. When time as a public health control is allowed, a plan must be approved and kept on site. The inspector must verify the plan, and the documentation showing that the plan is being implemented. Bridgeman's Embers American was placing potentially hazardous food items on ice in the kitchen without mechanical refrigeration. This practice was not noted on the inspection reports. They should be required to follow the time as a public health control provisions in the Food Code. Good retail practices: During the field inspection portion of the evaluation, wood cabinetry was observed at the Sunrise Inn. An unapproved concrete 	0 1	The Board refocused energy on discussing employee illness during inspections and providing employee illness guidelines and logs. The Board refreshed on documenting time as a public health control in establishments. The Board set expectations for staff to documented good retail practice violations. The MN_Marking_Instructions 10 1 12 - MPLS Example used to document common violations has been used to reinforce this.	See MN_Marking_Instructions 10 1 12 - MPLS Example . File review of randomly selected establishments indicated these trends are acknowledged and the Boards continually works to address them.	0 2	No action needed.

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STANDARD 6: Compliance & Enforcement							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
		floor was observed at Bridgeman's Embers American. Signature Café & Catering was utilizing the 3-compartment sink for food preparation because they do not have a food prep sink. These items were not documented on the inspection reports.					
	b. The Board addresses the identified risk factors and health and safety hazards by: (1) following up or using appropriate enforcement tools, including revocation or suspension, and (2) by maintaining adequate documentation throughout the enforcement process.	<p>The Board has a written procedure for enforcement. The procedure is outlined in the Administrative Enforcement process flow chart.</p> <ol style="list-style-type: none"> 1) Routine inspection- If there is any violation left unabated on site a reinspection is scheduled. 2) First reinspection is conducted two weeks after the routine inspection. If any critical and/or non critical violations remain, an Administrative citation is issued, a second reinspection is scheduled and a reinspection fee is issued. 3) Second reinspection: if compliance is not achieved, further enforcement action and double Administrative fines for repeat or continuing violations occurring within 24 months. A third reinspection is scheduled and the licensee is invited to a compliance meeting to discuss corrective actions. 4) Compliance meeting: the licensee is required to attend to discuss a plan of action to correct outstanding issues. If compliance is not received after all of the above, the license may be revoked. <p>Many food establishments with outstanding violations did not receive a reinspection following a routine inspection as is stated in the policy.</p> <ul style="list-style-type: none"> • Lake Harriet Pizza (3/18/10): per the comment section of the report, a reinspection was to be done 4/12/10. 	0 1	The Board revised criteria for reinspections, citations, compliance meetings and enforcement actions have been revised to focus on violations and establishments with the most significant public health risk and provide obtainable goal for follow follow up.	See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide . Review of data indicated 17% of food establishment reinspections are completed past the Board's 60 day reinspection policy. Until 2014, focus has mainly been on routine frequency. The Board is working to address reasonable reinspection dates.	0 2	The Board to reassess 60 day policy and put in place system to ensure policy is followed.

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	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
		<p>MDH found no documentation that a reinspection was completed.</p> <ul style="list-style-type: none"> • Noodles and Company (5/14/09): three violations were noted, however, MDH found no documentation that a reinspection was conducted. • Jimmy Johns (1/4/10): three violations were noted, however, MDH found no documentation that a reinspection was conducted. • Caribou Coffee (5/23/09): one violation was noted, however, MDH found no documentation that a reinspection was conducted. 					
	c. The Board resolves identified violations within a reasonable time.	Violations are given reasonable comply-by dates however; outstanding violations are usually followed up on at the next inspection rather than using the Administrative Enforcement process flow chart reinspection schedule. Follow the Administrative Enforcement process flow chart to resolve violations within a reasonable time.	Y 1	The Board revised criteria for reinspections, citations, compliance meetings and enforcement actions have been revised to focus on violations and establishments with the most significant public health risk. The Board reviewed "correct by" dates in Digital Health. Short timeframes are assigned to violations that need immediate attention, while violations that are not an immediate concern can have extended correct by dates. Reinspection criteria uses these dates as a factor for reinspection. A policy was put in place to complete reinspections.	See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide . Review of data indicated 17% of food establishment reinspections are completed past the Board's 60 day reinspection policy. Until 2014, focus has mainly been on routine frequency. The Board is working to address reasonable reinspection dates.	Y 2	The Board to reassess 60 day policy and put in place system to ensure policy is followed.
	d. The Board maintains records according to its records retention policy.	Most records are kept in the establishment's electronic file. Some inspections are performed using the older system of carbon copy paper forms. These forms are kept in the inspectors personal files and are not linked to the electronic file. Paper records were not provided for review at the time of this evaluation. Paper forms should be kept in a central location so all staff have access to them. Keep paper inspection reports in a central location so establishment information can be accessed in a timely manner.	Y 2	No action needed.	See Environmental Retention Schedule . All inspections are currently entered into Digital Health.	Y 2	No action needed.

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	Lodging Program						
Compliance & Enforcement	a. The Board identifies and documents violations according to statute, rule and ordinance.	The B&L establishments are not inspected to the standards in M.R. 4625, nor are violations cited from M.R. 4625.	0 0	The RS conducting Board and Lodging facility inspections has been transferred to the Environmental Health Division and began using Digital Health to enter reports in the Hotel/Motel form including violations of M.R. 4625. The Board reviewed City Ordinances and M.R. 4625 to revise report and ensure all ordinances and regulations are inspected as required.	File review of 4 board and lodge facilities and 1 hotel indicated there is room for improvement in accurately and consistently interpreting statutes, rules, and ordinances. Documentation of some violations were marked in the comment section instead of being cited as a violation. Review of the Hotel/Motel form against statutes, rules and ordinances found discrepancies between violations in form and statutes, rules and ordinances. Revisions are near completion. Hotel and motel inspections were not being inspected 4625.2000 because of an understanding that pursuant to Minnesota Statutes, Section 299F.011 and 7511.0090 Rules and Standards the State Fire Marshal's Office (SFMO) is the enforcement Authority Having Jurisdiction (AHJ) for Hotels and Motels. Form is being revised and inspectors trained to inspect for compliance with 4625.2000.	0 1	The Board to review violation points, correct by dates and reinspection criteria, create marking instructions for the Hotel/Motel form used for all lodging reports, train inspectors and implement peer inspection process and Lead inspector report review.
	b. The Board addresses the identified hazards by: (1) following up or using appropriate enforcement tools, including revocation or suspension, and (2) by maintaining adequate documentation throughout the enforcement process.	The Board has a written procedure for enforcement. The procedure is outlined in the Administrative Enforcement process flow chart. 1) Routine inspection- If there is any violation left unabated on site a re-inspection is scheduled. 2) First re-inspection is conducted two weeks after the routine inspection. If any critical and/or non critical violations remain, an Administrative citation is issued, a second re-	0 1	The Board revised criteria for reinspections, citations, compliance meetings and enforcement actions to focus on establishments with the most public health risk and provide an obtainable goal for follow up.	See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide . The lodging reinspection policy is based on an inspection score of 11 points and violation correct by dates. Violations have not been reviewed to reassess point system or compliance dates. There is a bug in Digital Health so it is not accurately prompting reinspections based on points.	0 1	The Board to review violation points, correct by dates and reinspection criteria, create marking instructions for the Hotel/Motel form used for all lodging reports, train inspectors and implement peer inspection process and Lead inspector report review.

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STANDARD 6: Compliance & Enforcement

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		<p>inspection is scheduled and a re-inspections fee is issued.</p> <p>3) Second re-inspection: if compliance is not achieved, further enforcement action and double Administrative fines for repeat or continuing violations occurring within 24 months. A third re-inspection is scheduled and the licensee is invited to a compliance meeting to discuss corrective actions.</p> <p>4) Compliance meeting: the licensee is required to attend to discuss a plan of action to correct outstanding issues. If compliance is not received after all of the above, the license may be revoked.</p> <p>The following lodging establishments with outstanding violations did not receive a re-inspection as required by the process flow chart:</p> <ul style="list-style-type: none"> • Marriott City Center (8/30/08): one violation was noted; however, MDH found no documentation that a re-inspection was conducted. • Tubman Family Alliance (10/9/09): a "warning" letter was issued for not maintaining the fire alarm, but MDH found no documentation that a re-inspection was conducted. • RS Eden (1/27/09): multiple violations were noted; however, MDH found no documentation that a re-inspection was conducted. 			<p>The Board conducted a file review of 4 board and lodge facilities and 1 hotel. Of the files, one establishment was found needing a reinspection that was not conducted. The Board has made routine frequency a priority and started monitoring completed reinspections in 2014.</p>		
	<p>c. The Board resolves identified violations within a reasonable time.</p>	<p>All cited violations had accompanying compliance dates; however, re-inspections to verify compliance are not being conducted according to the Board's written procedures. Outstanding violations are usually followed up on at the next inspection rather than using the Administrative Enforcement process flow</p>	<p>Y 2</p>	<p>The Board revised criteria for reinspections, citations, compliance meetings and enforcement actions to focus on establishments with the most public health risk and provide an obtainable goal for follow up. A policy was put in place to complete reinspections.</p>	<p>See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide. The lodging reinspection policy is based on an inspection score of 11 points and violation correct by dates. Violations have not been reviewed to</p>	<p>Y 1</p>	<p>The Board to review violation points, correct by dates and reinspection criteria, complete marking instructions for the Hotel/Motel form used for all lodging reports, train inspectors and implement</p>

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	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
		chart re-inspection schedule.			reassess point system or compliance dates. There is a bug in Digital Health so it is not accurately prompting reinspections based on points. The Board conducted a file review of 4 board and lodge facilities and 1 hotel. Of the files, one establishment was found needing a reinspection that was not conducted. The Board has made routine frequency a priority and started monitoring completed reinspections in 2014.		peer inspection process and Lead inspector report review.
	d. The Board maintains records according to its records retention policy.	The Board maintains records for 7 years.	Y 2	No action needed.	See Environmental Retention Schedule . All inspections are currently entered into Digital Health.	Y 2	No action needed.
Pool Program							
Compliance & Enforcement	a. The Board identifies and documents violations according to statute, rule and ordinance.	<p>Pools are not consistently issued closure orders when combined chlorine levels exceed 0.5 ppm. MR 4717.3970 (c) states that pools must be closed when the disinfection residual in MR 4747.1750 subpart 3 is not met. MR 4717.1750 subpart 3 (f) states that pools must be superchlorinated when the combined chlorine exceeds 0.5 ppm. This violation is not consistently written on inspection reports.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Crossing Condo Association inspection date of 8/28/09 indicated a combined chlorine level of 1.0 ppm. Orders were not written for this violation. • Grant Park Association whirlpool inspection date of 2/4/09 and the swimming pool inspection date of 7/14/08 indicated a combined chlorine level of 1.0 ppm. Orders were not 	O 2	The Board revised inspection form, developed pool marking instructions and retrained on requirements for closing.	See Pool Marking Instructions Draft . File review of random sample of establishments indicated there are few issues with inconsistencies.	O 2	The Board to complete Pool Marking Instructions Draft .

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STANDARD 6: Compliance & Enforcement							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
		written for this violation. <ul style="list-style-type: none"> ISB Interest whirlpool inspection date of 7/13/07 indicated a combined chlorine level of 1.0 ppm. Orders were not written for this violation. 					
	b. Does the Board address the identified health and safety hazards by: (1) following up or using appropriate enforcement tools, including revocation or suspension, and (2) by maintaining adequate documentation throughout the enforcement process?	<p>The Board has a written procedure for enforcement. The procedure is outlined in the Administrative Enforcement process flow chart.</p> <ol style="list-style-type: none"> 1) Routine inspection- If there is any violation left unabated on site a re-inspection is scheduled. 2) First re-inspection is conducted two weeks after the routine inspection. If any critical and/or non critical violations remain, an Administrative citation is issued, a second re-inspection is scheduled and a re-inspections fee is issued. 3) Second re-inspection: if compliance is not achieved, further enforcement action and double Administrative fines for repeat or continuing violations occurring within 24 months. A third re-inspection is scheduled and the licensee is invited to a compliance meeting to discuss corrective actions. 4) Compliance meeting: the licensee is required to attend to discuss a plan of action to correct outstanding issues. If compliance is not received after all of the above, the license may be revoked. <p>Most pool establishments with outstanding violations did not receive a re-inspection following a routine inspection as is specified above.</p> <ul style="list-style-type: none"> La Rive Condo (routine inspection on 2/26/10): One violation was noted, however, MDH found no documentation that a re-inspection 	0 1	The Board revised criteria for reinspections, citations, compliance meetings and enforcement actions to focus on violations and establishments with the greatest public health risk and provide an obtainable goal for up.	See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide. File review of 36 reports indicated that 1 inspection wasn't completed in compliance with the Board's 60 day reinspection policy.	0 2	No action needed.

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STANDARD 6: Compliance & Enforcement							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
		<p>was conducted.</p> <ul style="list-style-type: none"> • ISB Interests (routine inspection on 7/9/08): Two violations were noted, however, MDH found no documentation that a re-inspection was conducted. The next inspection was conducted on 7/29/09 and it was marked as a routine inspection. • Summit Homes Association pool was closed for 23 ppm of free chlorine on 7/21/08. It was not re-inspected, but opened the same day when a phone call from the pool operator stated the free chlorine level was between 9-10ppm. The next inspection of this pool was on 9/10/09 and was marked as a routine inspection. 					
	c. The Board resolves identified violations within a reasonable time.	Violations noted in inspection reports had completion dates and corrective actions documented.	Y 2	No action needed.	See REINSPECTION PROCESS and ADMINISTRATIVE ENFORCEMENT in Field Guide .	Y 2	No action needed.
	d. The Board maintains records according to its records retention policy.	Most inspections are done using paper inspection forms and are entered into the electronic inspection system at a later time. The actual copies of the on-site inspections were not included in the files supplied for evaluation.	Y 2	No action needed.	See example Health On Call-Second Quarter 2014 . The Minneapolis Health Department provides a quarterly on-call calendar to Minneapolis Fire Bulletin Board and 9-1-1 so all City operations have access to staff during emergencies.	Y 2	No action needed.

STANDARD 7: Industry & Community							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
Food Program							
1. Work Groups	The Board participates in workgroups, advisory boards, task forces or committees that work to identify, correct, and prevent risk factors and health and safety hazards in licensed establishments.	The Board's staff are major contributors to workgroups and advisory boards. Minneapolis staff contributed to multi-agency initiatives, projects, workgroups and advisory boards such as the Delegation Agreement Advisory Council, Evaluation Workgroup, Risk Category Definition Workgroup, Food Code Advisory Committee, Minnesota Food Safety Partnership, APC AFBI Protocol Table-Tops, Governor's Food Safety Task Force, Germ City booth at the MN State Fair, CDC Environmental Public Health Leadership Institute, MEHA, NEHA, NACCHO Food Safety Demonstration Project, Twin City Metro Advance Practice Center and Monthly Food Protection Training Sessions. Continue partnerships and collaborations with multi-agency initiatives, projects, workgroups and advisory boards.	Y 2	No action needed.	The Board is or has been involved with workgroups, advisory boards, task forces and committees including the Wild Mushroom Advisory Workgroup, Specialized Processes Workgroups, Food Protection Manager Certification Committee, Standard Orders Committee, Food Code Advisory Committee.	Y 2	No action needed.

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STANDARD 7: Industry & Community							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
2. Educational Outreach	a. The Board participates in or leads activities that increase awareness of risk factors, health and safety hazards, and control methods to prevent illness or injury.	The Board partners with the University of Minnesota Extension in providing training for food service establishments in topics such as emergency preparedness, risk communication; many food safety items plan review etc. The sessions are called Food Protection Training and Community Engagement. They are offered two days a month. Staff also volunteered to work the Germ City booth at the 2009 and 2010 Minnesota State Fair. Staff members also participate in the Food Code Advisory Committee.	W 2	No action needed.	The Board produced food safety videos that are provided on the City's website along with self-inspection forms and temperature logs in several languages. The Board has formed a HACCP team that regularly engages with others to understand and explain HACCP related risks and provides HACCP plan resources.	W 2	No action needed.
Lodging Program							
1. Work Groups	The Board participates in workgroups, advisory boards, task forces or committees that work to identify, correct, and prevent risk factors and health and safety hazards in licensed establishments.	The Board's staff are major contributors to workgroups and advisory boards. Minneapolis staff contributed to the Delegation Agreement Advisory Council, Evaluation Workgroup, Risk Category Definition workgroup and a Community Engagement Group.	Y 2	No action needed.	The Board is or has been involved with workgroups, advisory boards, task forces and committees including the Construction Plan Review group.	Y 2	No action needed.
2. Educational Outreach	a. The Board participates in or leads activities that increase awareness of health and safety hazards and control methods to prevent illness or injury.	The Housing Deputy Director leads a group called the Community Engagement Group.	W 2	No action needed.	The Board participates in Regulators Breakfasts and other workgroups as they are formed. The Board provides education during the inspection process and provides educational materials.	W 2	No action needed.

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STANDARD 7: Industry & Community							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
Pool Program							
1. Work Groups	The Board participates in workgroups, advisory boards, task forces or committees that work to identify, correct, and prevent risk factors and health and safety hazards in licensed establishments	The Board's staff are major contributors to workgroups and advisory boards. Minneapolis staff contributed to the Delegation Agreement Advisory Council, Evaluation Workgroup, and the Risk Category Definition workgroup. Staff participates in the Recreational Water Advisory Committee.	Y 2	No action needed.	The Board is or has been involved with workgroups, advisory boards, task forces and committees including the Minnesota Recreational Water Advisory Committee.	Y 2	No action needed.
2. Educational Outreach	a. The Board participates in or leads activities that increase awareness of health and safety hazards and control methods to prevent illness or injury.	The Board participates in the Minnesota Recreational Water Advisory Committee.	W 2	No action needed.	The Board is or has been involved with workgroups, advisory boards, task forces and committees including the Minnesota Recreational Water Advisory Committee.	W 2	No action needed.

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STANDARD 8: Program Resources							
	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
Food Program							
1. Inspection Ratio (Sufficient Staffing)	a. Describe the current ratio of qualified inspection staff to the number of licensed establishments.	<p>There are 1717 licensed establishments under Regulatory Services; 1513 of which are licensed food establishments. These inspections are conducted by staff with other inspection responsibilities. As noted in Standard 3 above, inspection frequency is "Not Acceptable." There are 190 licensed establishments in the Board and Lodging program which are inspected by Joshua Rudlong. MDH recommends that a regular assessment of his workload be conducted to ensure that this ratio remains viable. According to a staff meeting agenda that was provided with the evaluation materials, inspectors are expected to conduct 50 routine inspections a month. (See the attached copy of the meeting agenda). As the frequency of inspections was determined to be "Not Acceptable" (40% of food inspections are past due – See Standard 3.3 above), MDH has questions about this policy. When all licensed establishments are divided amongst the nine inspectors, there are 188 establishments per inspector. If 50 routine inspections per inspector were completed each month, it would take roughly four months to complete ALL routine inspections for the year.</p> <p>MDH requests clarification of this policy and information regarding how frequency of inspections is being monitored and by whom. Monitor staffing responsibilities to ensure that there is adequate staffing to meet the inspection frequency requirements.</p> <p>Note: Establishment numbers were obtained by counting the licensed establishment lists that were provided with the initial materials. See the establishment list copies that have been numbered by MDH.</p>	W 2	Additional staffing added to help meet frequency.	The ratio is about 1/310 including all establishments under City Ordinance and delegated by MDH or MDA. FDA has recommended levels of 180-225 establishments per inspector.	W 1	The Board to review staffing model.

STANDARD 8: Program Resources

	Evaluation Criteria	MDH 2010 Comments	MDH 2010 Rating (0-2)	Minneapolis Action	Minneapolis 2014 Self-Assessment	2014 Rating (0-2)	Minneapolis 2014 Self-Assessment Recommendations
2. Inspection Equipment	The Board provides the appropriate inspection equipment to its qualified inspection staff.	Staff are provided with appropriate equipment.	W 2	No action needed.	Equipment needs are assessed on an ongoing basis.	W 2	No action needed.
3. Funding	Describe the source(s) of funding for this program. (Fees, General Fund, etc.)	The primary source of funding for this program is through general funds.	Note: This item is not scored.	No action needed.	The primary source of funding for this program is through general funds.	This item is not scored	No action needed.
4. Data Sharing	The Board maintains all licensing and inspection information in an electronic format and makes it available to MDH upon request.	The board uses an electronic licensing database and made all licensing and inspection information available to MDH during this evaluation.	Y 2	No action needed.	All inspections are in Digital Health and available upon request.	Y 2	No action needed.
5. Professional Development	Funding is provided for staff training, conference attendance, and other professional development activities.	Staff attends FDA and MDH training when offered, as well as MEHA training opportunities.	W 2	No action needed.	Staff receives funding each year for these purposes.	W 2	No action needed.
6. Staff Safety	Board provides staff with appropriate safety training and equipment.	Continue providing staff with the appropriate safety training and equipment.	W 2	No action needed.	The Board provides safety training and equipment.	W 2	No action needed.

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STANDARD 8: Program Resources							
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Lodging Program							
1. Inspection Ratio (Sufficient Staffing)	a. Describe the current ratio of qualified inspection staff to the number of licensed establishments.	<p>There are 41 licensed establishments under EHFS. These inspections are conducted by staff with many other inspection responsibilities. As noted in Standard 3 above, inspection frequency is "Not Acceptable."</p> <p>There are 190 licensed establishments in the Board and Lodging program. Inspections are conducted by Joshua Rudlong. This is within the recommended workload for a sanitarian provided that other assigned duties are not interfering with his ability to complete these inspections. NOTE: inspection frequency for this program area is "Not Acceptable." Note: Establishment numbers were obtained by counting the licensed establishment lists that were provided with the initial materials.</p>	W 2	Additional staffing added to help meet frequency.	The ratio is about 1/310 including all establishments under City Ordinance and delegated by MDH or MDA. FDA has recommended levels of 180-225 establishments per inspector.	W 1	The Board to review staffing model.
2. Inspection Equipment	The Board provides the appropriate inspection equipment to its qualified inspection staff.	Staff are provided with appropriate equipment.	W 2	No action needed.	Equipment needs are assessed on an ongoing basis.	W 2	No action needed.
3. Funding	Describe the source(s) of funding for this program. (Fees, General Fund, etc.)	The primary source of funding for this program is through general funds.	Note: This item is not scored.	No action needed.	The primary source of funding for this program is through general funds.	This item is not scored	No action needed.
4. Data Sharing	The Board maintains all licensing and inspection information in an electronic format and makes it available to MDH upon request.	The board uses an electronic licensing database and made all licensing and inspection information available during this review.	Y 2	No action needed.	All inspections are in Digital Health and available upon request.	Y 2	No action needed.

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5. Professional Development	Funding is provided for staff training, conference attendance, and other professional development activities.	Staff attends MDH training when offered, as well as MEHA.	W 2	No action needed.	Staff receives funding each year for these purposes.	W 2	No action needed.
6. Staff Safety	Board provides staff with appropriate safety training and equipment.	The Board provides safety training and equipment.	W 2	No action needed.	The Board provides safety training and equipment.	W 2	No action needed.
Pool Program							
1. Inspection Ratio (Sufficient Staffing)	a. Describe the current ratio of qualified inspection staff to the number of licensed establishments.	Staff is provided with chemical test kits.	W 2	Additional staffing added to help meet frequency.	The ratio is about 1/310 including all establishments under City Ordinance and delegated by MDH or MDA. FDA has recommended levels of 180-225.	W 2	The Board to review staffing model.
2. Inspection Equipment	The Board provides the appropriate inspection equipment to its qualified inspection staff.	Staff is provided with chemical test kits.	W 2	No action needed.	Equipment needs are assessed on an ongoing basis.	W 2	No action needed.
3. Funding	Describe the source(s) of funding for this program. (Fees, General Fund, etc.)	The primary source of funding for this program is through general funds.	Note: This item is not scored.	No action needed.	The primary source of funding for this program is through general funds.	This item is not scored.	No action needed.
4. Data Sharing	The Board maintains all licensing and inspection information in an electronic format and makes it available to MDH upon request.	The board uses an electronic licensing database and made all licensing and inspection information available during this evaluation.	Y 2	No action needed.	All inspections are in Digital Health and available upon request.	Y 2	No action needed.

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5. Professional Development	Funding is provided for staff training, conference attendance, and other professional development activities.	Staff attends MDH training when offered, and attends MEHA conferences.	W 2	No action needed.	Staff receives funding each year for these purposes.	W 2	No action needed.
6. Staff Safety	Board provides staff with appropriate safety training and equipment.	The Board provides safety training and equipment.	W 2	No action needed.	The Board provides safety training and equipment.	W 2	No action needed.

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