

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

=====

Meeting Date:	January 10, 2017	<input checked="" type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
		<input type="checkbox"/>	Ordinance	<input type="checkbox"/>	Public Hearing

Department  
Submitted By: Community Services  
Submitted For: Division of Senior Services

=====

I. EXECUTIVE BRIEF



**Motion and Title:** Staff recommends motion to approve:

- A) Renewal Agreement No. IU016-9500 to Standard Agreement No. IU016-9500 (R2015-1608) for Nutrition Services Incentive Program (NSIP) with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA), for the period October 1, 2015 through December 31, 2016, to revise and replace portions of the standard agreement, amend the FY 2015-2016 funding period to December 31, 2016 and decrease the total funding amount by \$31,252.73, and to outline the FY 2017 allocation amount of \$285,274 for the period of January 1, 2017 through December 31, 2017, to provide effective delivery of nutritious meals to older individuals;
- B) Memorandum of Agreement to Furnish Food Service (MOA) with the Florida Department of Elder Affairs (DoEA)/Adult Care Food Program (ACFP), for the period October 1, 2016, through September 30, 2017, in an amount of \$6,000, to support the provision of nutritious snacks to community-based adults attending adult day care centers; and
- C) Downward Budget Amendment of \$13,526 in the FY2017 DOSS Administration Fund to align the budget to the actual grant awards.

**Summary:** NSIP grant adjustments are made during the contract year to align services with need. This amendment is necessary to incorporate changes made to the standard agreement. The Division of Senior Services (DOSS) has an ACFP Vendor Contract (R2015-1607) with the DoEA. This MOA, for \$6,000, will allow DOSS to be reimbursed for snacks served to eligible adult daycare clients. A different funding source is being used to provide breakfast and lunch to adult daycare clients. This modification does not impact services to the clients. ACFP supports the provision of nutritious meals served to community-based seniors attending adult day care centers. Palm Beach County's two (2) adult day care centers participate in the ACFP. DoEA determines Center's eligibility for ACFP participation. ACFP reimbursement is based on the number of enrolled participants who qualify for free or reduced-priced snacks according to USDA income eligibility. Sufficient funding is included in the current budget to meet County obligations. **No additional County funds are required.** (Division of Senior Services) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Rd (HH).

**Background and Justification:** (Continued on page 3)

- Attachments:**
- 1) Renewal Agreement IU016-9500
  - 2) Memorandum of Agreement to Furnish Food Service
  - 3) Budget Amendment
- =====

Recommended By:		12/22/16
	Department Director	Date
Approved By:		1/5/17
	Assistant County Administrator	Date

## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs	318,988				
External Revenue	(291,274)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	27,714				

# ADDITIONAL FTE POSITIONS (Cumulative)					
---	--	--	--	--	--

Is Item Included in Current Budget?

Yes X No   

Budget Account No.:

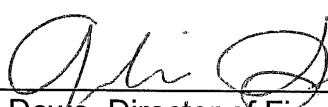
Fund 1006 Dept 144 Unit Var. Object Var. Program Code Var. Program Period Var.

### B. Recommended Sources of Funds/Summary of Fiscal Impact:

Funding sources are Federal and Palm Beach County.

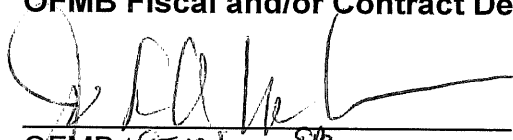
16-17	16-17	16-17	Total
Funds	NSIP	ACFP	Funds
	<u>C1 &amp; C2</u>		
Federal	0	6,000	6,000
Match (10%)	0	0	0
NSIP	285,274	0	285,274
Program Income	0	0	0
Addnl. County Funds	0	27,714	27,714
Total	285,274	33,714	318,988

### C. Departmental Fiscal Review:

  
Julie Dowe, Director of Finance & Support Services

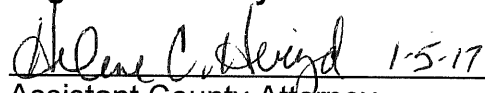
## III. REVIEW COMMENTS

### A. OFMB Fiscal and/or Contract Development and Control Comments:

  
OFMB ET 12/22 ED  
12/21

  
Contract Development and Control 44117

### B. Legal Sufficiency:

  
Assistant County Attorney 1-5-17

### C. Other Department Review:

\_\_\_\_\_  
Department Director

This summary is not to be used as a basis for payment.

(Continued from page 1)

**Background and Justification:** NSIP Funds are used to provide various in-home and community based services to seniors in Palm Beach County, which preserves their independence and defers the need for more costly institution care. ACFP is a component of the federally funded Child and Adult Care Food Program, operated nationally by the United States Department of Agriculture and administered at the state level by DoEA. The program targets low-income seniors receiving Medicaid, Food Stamps and/or Supplemental Security Income.

This RENEWAL is entered into by the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. hereinafter referred to as the “Agency” and Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as “Provider” and renews Agreement IU016-9500.

As stated on Page 2, Section 5 of Agreement IU016-9500, by mutual Agreement of the Parties, in accordance with s. 287.058(1) (g), F.S., the Agency may renew the Agreement for a period not to exceed three years, or the term of the original Agreement, whichever is longer. The renewal price, or method for determining a renewal price, is set forth in the bid, proposal, or reply. No other costs for the renewal may be charged. Any renewal is subject to the same terms and conditions as the original Agreement and contingent upon satisfactory performance evaluations by the Agency and the availability of funds

The purpose of this Renewal is to amend the 2015-2016 funding period to December 31, 2016 and to decrease the total amount of the funding allocation by \$31,252.73. This renewal outlines the funding allocation for 2017, effective January 1, 2017 to December 31, 2017. Additionally, this renewal (1) amends paragraph 3 of the Standard Agreement; (2) amends paragraph 4 of the Standard Agreement; (3) revises and replaces Attachment II of the Standard Agreement; and (4) revises and replaces Attachment IV of the Standard Agreement.

**STANDARD AGREEMENT:**

(1) Paragraph 3 of the Standard Agreement is hereby amended to read:

**3. Term of Agreement**

This Agreement shall begin at twelve (12:00) A.M., Eastern Standard Time October 1, 2015 or on the date the contract has been signed by the last party required to sign it, whichever is later. It shall end at eleven fifty-nine (11:59) P.M., Eastern Standard Time December 31, 2018.

(2) Paragraph 4 of the Standard Agreement is hereby amended to read:

**4. Agreement Amount**

The Agency agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed the Total Agreement Amount per funding year outlined below or the rate schedule, with expenditures to be based upon an approved annual budget, subject to adjustment in accordance with Attachment II and subject to the availability of funds. Any costs or services paid for under any other contract or agreement or from any other source are not eligible for payment under this agreement.

These funds are allocated for the period October 1, 2015 – December 31, 2016.

Funding Allocation					
Program Title			Year	Funding Sources	CSFA      Amount
Nutrition Services Incentive Program			2015-2016	Older Americans Act	93.053      \$251,931.27
TOTAL AGREEMENT AMOUNT:					\$251,931.27

These funds are allocated for the period January 1, 2017 through December 31, 2017.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Nutrition Services Incentive Program	2017	Older Americans Act	93.053	\$285,274.00
TOTAL AGREEMENT AMOUNT:				\$285,274.00
TOTAL AGREEMENT AMOUNT FOR FUNDING YEARS 2015-2016 AND 2017:				\$537,205.27

<u>Service to be Provided Eligible</u>	<u>Units of Services</u>	<u>Unit Rate</u>	<u>Maximum Units</u>	<u>Maximum Reimbursement</u>
Congregate And Home Delivered Meals (10/1/15 - 12/31/16)	1 unit = 1 meal	0.72	349,901	\$251,931.37

<u>Service to be Provided Eligible</u>	<u>Units of Services</u>	<u>Unit Rate</u>	<u>Maximum Units</u>	<u>Maximum Reimbursement</u>
Congregate And Home Delivered Meals (1/1/17 - 12/31/17)	1 unit = 1 meal	0.72	396,214	* \$285,274.00

\*The .xx maximum reimbursement is the difference between the two rates using 12/31/16 YTD meals.

This Renewal shall be effective on the last date that the Renewal has been signed by both Parties.

All provisions in the Agreement and any attachments thereto in conflict with this Renewal shall be and are hereby changed to conform with this Renewal.

IN WITNESS WHEREOF, the Parties hereto have caused this 5 page Renewal to be executed by their officials there unto duly authorized.

**PALM BEACH COUNTY, FLORIDA,**  
**Provider: a political subdivision of the State of**  
**Florida, by and through its Board of**  
**County Commissioners**

**AREA AGENCY ON AGING OF PALM**  
**BEACH /TREASURE COAST, INC.**

SIGNED BY: \_\_\_\_\_  
Paulette Burdick, Mayor

SIGNED BY: \_\_\_\_\_

SHARON R. BOCK, Clerk and Comptroller

NAME: \_\_\_\_\_

BY: \_\_\_\_\_  
Deputy Clerk

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

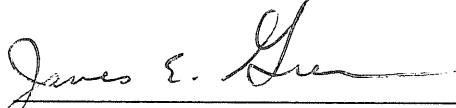
DATE: \_\_\_\_\_

Federal Tax ID: 59-6000785  
Fiscal Year Ending Date: \_\_\_\_\_

Approved as to form and legal sufficiency

\_\_\_\_\_  
Assistant County Attorney

Approved as to terms and conditions

  
\_\_\_\_\_  
Department Director

Attestation Statement

Agreement Number IU016-9500

Renewal Number 001

I, Paulette Burdick, Mayor, attest that no changes or revisions have been made to the  
*(Provider Representative)*  
content of the above referenced agreement/contract or amendment between the Area Agency on Aging of  
Palm Beach/Treasure Coast, Inc. and Palm Beach County, a political subdivision of the State of Florida, by  
and through its Board of County Commissioners. The only exception to this statement would be for changes  
in page formatting, due to the differences in electronic data processing media, which has no affect on the  
agreement/contract content.

_____ Signature of Provider Representative	_____ Date
Paulette Burdick, Mayor	

Approved As To Form  
And Legal Sufficiency

Attest: Sharon R. Bock  
Clerk and Comptroller

By: \_\_\_\_\_  
Assistant County Attorney

By: \_\_\_\_\_  
Deputy Clerk

This Agreement is made and entered into by and between Palm Beach County Board of County Commissioners  
whose address is 810 Datura Street , Suite 300, West Palm Beach , FL , 33401 and the  
GA Foods whose address is 12200 32 nd Court North, St Petersburg FL 33716.  
*Name of Institution*  
*Institution 's Address*  
*Name of Food Service Vendor*  
*Food Service Vendor 's Address*

The Food Service Vendor agrees to furnish meals daily, except for attached list of holidays or other days of in-operation.

Menus will meet or exceed the Adult Care Food Program pattern, as outlined in the ACFP Policy Manual, ACFP Food Crediting Guide and USDA Buying Guide. Menus will be created by: ☐ Adult Care Center or ☒ Food Service Vendor.

28 day menu cycle(s) for: ☐ breakfast ☐ a.m. snack ☐ lunch ☒ p.m. snack ☐ supper is/are attached.  
Attached menu cycle is the proposed menu cycle. Menu cycle must be approved by ACFP Contract Manager prior to use. Adult Care Center or Corporation/Institution must approve menu cycle substitutions prior to meal service. Adult Care Center or Corporation/Institution will not pay for unapproved, inappropriate menu substitutions.

Food Service Vendor will provide meals in ☒ bulk or ☐ individual containers. If meals are provided in bulk, appropriate measured serving utensils will be provided by: ☐ Adult Care Center or ☒ Food Service Vendor.

Meals will be: ☐ picked up by Adult Care Center or ☒ delivered by Food Service Vendor.

Meals will be: ☐ available for pick up at \_\_\_\_\_ (+/- 10 minutes) or ☒ delivered by Food Service Vendor at Mon. -Fri. By: 11:30 a.m (+/- 10 minutes). Adult Care Center or Corporation/Institution may not pay for meals provided outside approved time frame.

Food safe, transportation containers capable of maintaining potentially hazardous hot food at 140 degrees F or above, and potentially hazardous cold foods at 41 degrees F or below, will be provided in an adequate quantity by: ☐ Adult Care Center or ☒ Food Service Vendor. Adult Care Center will ensure potentially hazardous foods are received at appropriate temperatures and will ensure appropriate temperatures are maintained prior to serving. Adult Care Center will not accept nor pay for potentially hazardous foods delivered or picked up at the incorrect temperature.

Daily or Weekly delivery slips, in accordance with ACFP policy 5.10 or 6.11 will be created by: ☐ Adult Care Center or ☒ Food Service Vendor, and will be used. Adult Care Center will ensure delivery slips are in accordance with ACFP policy.

Food Service Vendor will submit billing invoice for payment within 30 days. Invoice will be mailed to: ☐ Adult Care Center address or ☐ Day Care Corporation/Institution address or ☒ other Emailed to Nutrition Coord., Weekly

Food Service Vendor agrees to furnish meals, complete with required ☒ paper products, ☒ condiments and ☒ milk pursuant to the following:

Name of Institution and Address of the facility		Projected # of Daily Meals	Unit Price	Delivery or Pick up Time
Site# 1	Palm Beach Board of County Commissioners 3680 Lake Worth Road Lake Worth Fl 33461	Breakfast: _____ AM Snack: _____ Lunch: _____ PM Snack: _____ Supper: _____	Breakfast: _____ AM Snack: _____ Lunch: _____ PM Snack: <u>.77</u> Supper: _____	Breakfast: _____ AM Snack: _____ Lunch: _____ PM Snack: <u>By 11:30 am</u> Supper: _____
Site# 2	Palm Beach Board of County Commissioners 5217 Northlake Blvd Palm Beach Gardens, Fl 33418			

Food Service Vendor will maintain receipts, cost determination records and production records for a period of three (3) years after the end of the agreement period to which they pertain. These records will be made available to Adult Care Center, Day Care Corporation/Institution, State Agency, USDA and / or the Comptroller ' s Office for audit purposes.

This Agreement covers the period of October 1, 2016 through September 30, 2017. Period will not exceed 365 days.

If, for any reason, this agreement is no longer desired, either party may terminate these services by giving two weeks written notice.

WITNESS WHEREOF: The parties hereto have caused this agreement to be executed by their duly authorized officers:  
Attest: Sharon R. Bock Clerk and Comptroller  
By: \_\_\_\_\_ Date \_\_\_\_\_ Day Care Corporation / Institution, Paulette Burdick, Mayor  
Witness: \_\_\_\_\_ Deputy Clerk  
By: \_\_\_\_\_ Date \_\_\_\_\_ Food Service Vendor  
Witness: \_\_\_\_\_  
Witness to Food Service Vendor Authorized Representative ' s signature

Attached: -Excluded holidays or inoperative days  
-Current Food Service Inspection Report  
-28 day menu cycle  
By: \_\_\_\_\_ Assistant County Attorney

APPROVED AS TO TERMS  
AND CONDITIONS  
James R. Bock  
DEPARTMENT HEAD



Florida Department of Elder Affairs		
Adult Care Food Program		
ACFP Institution's Board of Directors List		
<u>Non-Profit</u> institution list Board of Directors' Officers & Members		
<u>For-Profit Institutions</u> list Main Shareholder, Corporate Officers & Members		
Board Officers/Main Share Holders:		
Name & Title	Complete Address	DOB
Paulette Burdick, Mayor	301 North Olive, WPB, FL 33401	07/16/51
Melissa McKinlay, Vice Mayor	301 North Olive, WPB, FL 33401	03/05/71
Members:		
Name	Complete Address	
Hal R. Valeche	301 North Olive, WPB, FL 33401	11/15/48
Dave Kerner	301 North Olive, WPB, FL 33401	
Steven L. Abrams	301 North Olive, WPB, FL 33401	12/05/58
Mary Lou Berger	301 North Olive, WPB, FL 33401	03/13/48
Mack Bernard	301 North Olive, WPB, FL 33401	

Signature of the Chairman of the Board, President, Owner or Delegated Authority	Date
Paulette Burdick, Mayor	

M:\acfp - current\Application\2014 Application Forms\ Board Members

Rev. 7/10/13

Attest: Sharon R. Bock Clerk and Comptroller	Approved As To Form And Legal Sufficiency
By: _____ Deputy Clerk	By: _____ Assistant County Attorney

ADULT CARE FOOD PROGRAM

CERTIFICATION STATEMENT REGARDING  
BUSINESS INTEGRITY AND PUBLICLY FUNDED PROGRAM COMPLIANCE

Name of Institution: Palm Beach County Board of County Commissioners

Contract Number: 119

All Adult Care Food Program (ACFP) Institutions must provide a declaration of eligibility to participate in the ACFP, based on the criteria that the institution has not been disqualified, nor have any of the principals of the institution or sponsored facilities been disqualified, from any publicly funded program because of a violation of that program's requirements. "Publicly funded program" means any program or grant funded by federal, state, or local government.

The ACFP Institutions are required to report the name of all publicly funded program(s) that the institution and the principals of the ACFP Institution and each sponsored facility have participated in within the past seven years. "Principal" means any individual who holds a management position within, or is an officer of, an ACFP Institution or sponsored facility. Principals include all members of the ACFP Institutions and/or the sponsored facility's board of directors.

List the publicly funded programs participated in within the past 7 years by: 1) the ACFP institution and 2) the principals of the ACFP institution and sponsored facilities:

1. Older American's Act	5. Adult Care Food Program
2. Community Care For The Elderly	6. RELIEF Program
3. Home Care For The Elderly	7. Senior Companion
4. Alzheimer's Disease Initiative	8.

To add more publicly funded programs, list on a separate page.

I certify that the ACFP Institutions and principals of the ACFP Institutions and sponsored facilities have not been disqualified from any publicly funded program because of a violation of that program's requirements within the past seven years. In addition, I certify that neither the ACFP Institution nor the principals of the ACFP Institution or sponsored facility have been convicted within the past seven years of any activity that indicated a lack of business integrity. A business-related offense includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity.

Signature of the Chairman of the Board, President, Owner  
or Delegated Authority Paulette Burdick, Mayor

Date \_\_\_\_\_

*Note: Any organization or individual that provides false information on this form will be subject to applicable civil or criminal penalties and will be placed on the National Disqualified List.*

Acfp/2016 Provider Application/ Certificate of Business Integrity

Rev 8/3/2016

Attest:  
Sharon R. Bock

Approved As To Form  
And Legal Sufficiency

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Assistant County Attorney

**ADULT CARE FOOD PROGRAM**  
**OUTSIDE EMPLOYMENT POLICY STATEMENT**

Name of Institution: Palm Beach County Board of County Commissioners

Contract Number: 119

All Adult Care Food Program (ACFP) Institutions of multiple facilities must provide a policy on outside employment. The policy must restrict other employment by employees that interferes with an employee's ACFP responsibilities/duties, including outside employment that constitutes a real or apparent conflict of interest. Other ethical and conflict of interest issues may also be addressed. (A sample of a possible outside employment policy is provided for your reference. The sample may be used in part or in its entirety to assist in development of the institution's policy)

Each institution of multiple centers is required to annually submit a blank copy of their policy statement with this certification. The statement will be kept on file with the Adult Care Food Program.

I certify that a policy is in effect as of \_\_\_\_\_ (date of implementation) and that the institution's employees have been made aware of it.

\_\_\_\_\_  
Signature of the Chairman of the Board, President, Owner Date

Or Delegated Authority

Paulette Burdick, Mayor

*ATTACH A COPY OF THE INSTITUTION'S OUTSIDE EMPLOYMENT POLICY*

Attest: Sharon R. Bock  
Clerk and Comptroller

Approved As To Form  
And Legal Sufficiency

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Assistant County Attorney

**Adult Care Food Program (ACFP)  
Annual Information Certification**

This is to certify that Palm Beach County Board of County Commissioners meets all of the requirements for  
Name of Institution

renewing institutions contained in 7 CFR §226.6(b)(2). Palm Beach County Board of County Commissioners  
Name of Institution

This means certifies that:

**For Sponsoring organizations only:**

- The management plan on file with the State agency is complete and up to date;
- No sponsored facility or principal of a sponsored facility is currently on the CACFP National Disqualified List; and
- The outside employment policy most recently submitted to the State agency remains current and in effect.

**For all institutions (sponsoring organizations and independent centers):**

- The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the State agency;
- The online application has been updated and is correct for the upcoming fiscal year;
- Any change of information for the point of contact, institution information, board president or authorized designee, center/facility information, and signature authority changes for claims has been updated and submitted to the State agency using the Change of Information form.
- The current food service contract or memorandum of agreement has been approved by the State agency. This is not applicable to self-prep institutions;
- The current adult day care license, mental health day program contract, or community-based services provider certificate have been submitted to the State agency;
- The Public News Release form has been submitted to public media for broadcasting or printing. The completed form has been submitted to the State agency;
- The cycle of menus, four week cycle, has been submitted to the State agency for each reimbursable meal and/or snack;
- The Institution itself, and the Institution’s principals, are not currently on the CACFP National Disqualified List;
- The list of any publicly funded programs institution and principals have participated in the past seven years is current. The Certification of Business Integrity form has been submitted to the State agency;
- The Institution itself, and the Institution’s principals, have not been determined ineligible for any other publicly funded programs due to violation of that Program’s requirements in the past seven years;

No principals of the Institution have been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity; and

The Institution is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in 7 CFR §226.6(b)(2)(vii).

Any of the above information that has changed since the initial application has already been submitted to the State agency or is being submitted with this certification.

I certify that the above information is true and correct.

Paulette Burdick

Date

Mayor

Title

Approved As To Form  
And Legal Sufficiency

ATTEST:  
Sharon R Bock  
Clerk And Comptroller

By:

Assistant County Attorney

By:

Deputy Clerk

Adult Care Food Program  
Supplemental Budget Request Form

Name of Institution Palm Beach County Board of County Commissioners

Contract Number 119

Adult Care Food Program (ACFP) institutions must submit prior written request for supplemental Budget items formally “Other” budget items.

Budget Item N/A Budget Amount N/A

Budget Item N/A Budget Amount N/A

Budget Item N/A Budget Amount N/A

\_\_\_\_\_  
Signature of Chairperson of the Board,  
President of the Board, Owner, or  
Delegated Authority

Paulette Burdick, Mayor

Attest:  
Sharon R. Bock

approved As To Form  
And Legal Sufficiency

By: \_\_\_\_\_ By: \_\_\_\_\_  
Deputy Clerk Assistant County Attorney

Florida Department of Elder Affairs/ACFP Approval

Approval Date \_\_\_\_\_ Denial Date \_\_\_\_\_

Contract Manager \_\_\_\_\_ Unit Manager \_\_\_\_\_

Palm Beach County Holidays- days ACFP Sites will be closed

Floating Holiday	12/23/2016
Christmas Holiday (Sunday, December 25)	12/26/2016
New Year's Day	01/02/2017
Martin Luther King, Jr. Day	01/16/2017
President's Day	02/20/2017
Memorial Day	05/29/2017
Independence Day	07/04/2017
Labor Day	09/04/2017
Columbus Day	10/09/2017
Veterans Day	11/10/2017
Thanksgiving Day	11/23/2017
Floating Day	11/24/2017
Christmas Day	12/25/2017
Floating Day	12/26/2017

**STATE OF FLORIDA**  
**DIVISION OF HOTELS AND RESTAURANTS**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
www.myfloridalicense.com

**Food Service Inspection Report**

This inspection report must be made public upon request per Florida law.

**Met Inspection Standards during this visit**  
**ANY VIOLATIONS noted herein must be corrected by the**  
**NEXT UNANNOUNCED inspection unless otherwise stated.**

Inspection Date:	Sep 07, 2016 13:39 - Sep 07, 2016 14:36	License Expiration:	December 1, 2016
License Number:	1616607 Rank: NOST	Inspection Reason:	Routine - Food
Owner Name:	G A FOOD SERVICES OF PINELLAS COUNTY INC	Business Name:	G A FOODS
Location Address:	1750 MCNAB RD	License Type:	Permanent Food Service
	FORT LAUDERDALE FL 33309-1011	Telephone Number:	954.972.8884
Number of Units:	0	Reinspection on or After:	

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

01A Food obtained from approved source	IN	07 Unwrapped or PH/TCS food not re-served	IN
01B Food safe and unadulterated; sound condition	OUT	08A Separating raw animal foods from: each other, RTE foods and unwashed produce	IN
01C Shellstock tags; commingling	N/A	08B Food protection during preparation, storage and display	IN
01D Parasite destruction for raw/undercooked fish	N/A	09 Bare hand contact with RTE food; Alternative Operating Procedure (AOP)	IN
02A Consumer advisory on raw/undercooked oysters	N/A	11 Employee health knowledge; ill/symptomatic employee present	IN
02B Consumer advisory on raw/undercooked animal foods	N/A	12A Hands clean and washed properly; use of hand antiseptic if use of AOP	IN
02C Date marking ready-to-eat (RTE) potentially hazardous / time/temperature control for safety foods	IN	12B Employee eating, drinking, tasting food, smoking	IN
03A Receiving and holding PH/TCS foods cold	IN	22 Food-contact surfaces clean and sanitized	OUT
03B Receiving and holding PH/TCS foods hot	N/O	31A Handwash sink(s) installed, accessible, not used for other purposes	IN
03C Cooking raw animal foods and plant foods; non-continuous cooking of raw animal foods	N/O	31B Handwashing supplies and handwash sign provided	IN
03D Cooling PH/TCS foods; proper cooling methods	IN	41 Chemicals/toxic substances	OUT
03E Reheating PH/TCS foods for hot holding	N/O	53A Food manager certification; knowledge/active managerial control (except employee health)	IN
03F Time as a Public Health Control	N/A	53B State approved food handler training; employee duty specific training/knowledge	IN
03G Reduced oxygen packaging (ROP) and other Special Processes	N/A		

**GOOD RETAIL PRACTICES**

02D Food items properly labeled; original container	OUT	35A No presence or breeding of insects/rodents/pests; no live animals	OUT
04 Facilities to maintain PH/TCS foods at the proper temperature		35B Outer openings protected from insects/pests, rodent proof	
05 Food and food equipment thermometers provided and accurate		36 Floors, walls, ceilings and attached equipment properly constructed and clean; rooms and equipment properly vented	
06 PH/TCS foods properly thawed		38 Lighting provided as required; fixtures shielded or bulbs protected	
10 In use food dispensing utensils properly stored		40 Employee personal belongings	
13 Clean clothes; hair restraints; jewelry; painted/artificial fingernails		42 Cleaning and maintenance equipment	
14 Food-contact and nonfood contact surfaces designed, constructed, maintained, installed, located		43 Complete separation from living/sleeping area/private premise; kitchen restricted - no unauthorized personnel	
Dishwashing facilities; chemical test kit(s); gauges 1. Wash 2. Rinse 3. Sanitize	OUT	45 Fire extinguishing equipment (FOR REPORTING PURPOSES ONLY)	

September 7, 2016 at 2:36:28 PM EDT  
Location: G A FOODS  
License #: NOST1616607  
Inspector: Anthony Gray

Food Service Inspection Report  
DBPR Form HR 5022-015 - Rule 61C-1.002, FAC  
Software Version 5.31

Page: 1 of 3



STATE OF FLORIDA  
DIVISION OF HOTELS AND RESTAURANTS  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
www.myfloridalicense.com

21	Wiping cloths; clean and soiled linens; laundry facilities		46	Exits not blocked or locked (FOR REPORTING PURPOSES ONLY)	
23	Non-food contact surfaces clean		47	Electrical wiring/outlets in good repair (FOR REPORTING PURPOSES ONLY)	
24	Storage/handling of clean equipment, utensils; air drying		48	Gas appliances; boiler certificate current/posted (FOR REPORTING PURPOSES ONLY)	
25	Single-service and single-use items		49	Flammable/combustible materials (FOR REPORTING PURPOSES ONLY)	
27	Water source safe, hot (100F) and cold under pressure		50	Current license, properly displayed	
28	Sewage and waste water disposed properly		51	Other conditions sanitary and safe operation	
29	Plumbing installed and maintained; mop sink; water filters; backflow prevention	OUT	52	Misrepresentation; misbranding	
32	Bathrooms		54	Florida Clean Indoor Air Act Compliance	
33	Garbage and refuse; premises maintained		55	Automatic Gratuity Notice	

Items marked IN are in compliance. Items marked OUT are violations. Specific details of the violations are listed on subsequent pages. Items marked N/A are Not Applicable. Items marked as N/O are Not Observed and were not being conducted at the time of inspection.

FOOD TEMPERATURES

Bar Area	
Buffet Line	
Book Line	
Point Counter	
Front Line	
Kitchen	
Prep Area	
Reach In Cooler	
Reach In Freezer	
Steam Table/Bain Marie	
Storage Area	
Wait Station	
Walk In Cooler	Rice 46°F (cooling with 2.5 hours remaining)
Walk In Freezer	Chicken, turkey ham - Frozen

OTHER ITEMS

Certified Food Manager and Date Certified: Neil King -3/11/2014  
Manager Certified By: National Restaurant Association Educational Foundation - ServSafe  
Employees Trained By: Other Approved Corporate Training  
Sewage: Municipal/Utility  
Water Source: Municipal  
Boiler: No Boiler On Site  
Boiler Jurisdiction and Expiration:  
Sanitizer Details: Triple Sink (Quaternary >300ppm)

Inspector Comments: Observed proof of employees training by GA Foods dated 5/17/16 & 3/21/16.

Link to the Florida Department of Agriculture's Food Recovery Resource Guide is located at <http://www.myfloridalicense.com/dbpr/hr/forms/hr-publications.html>  
This report has been provided electronically as requested by the person in charge at the time of inspection.

**STATE OF FLORIDA**  
DIVISION OF HOTELS AND RESTAURANTS  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
www.myfloridalicense.com

**VIOLATIONS**

01B-01-4 Observed: Dented/rusted cans present. See stop sale, beans and bamboo shoots.  
Priority: High Priority

02D-01-5 Observed: Working containers of food removed from original container not identified by common name.  
Priority: Basic

16-46-4 Observed: Old labels stuck to food containers after cleaning in dishwashing area.  
Priority: Basic

22-22-4 Observed: Encrusted material on can opener blade.  
Priority: Intermediate

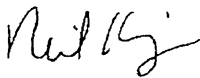
22-43-4 Observed: Quaternary ammonium sanitizer not at proper minimum strength for manual warewashing. Do not use equipment/utensils not properly sanitized - >300ppm.  
Priority: High Priority

29-03-4 Observed: Water draining onto floor surface, hand wash sink in cookline area.  
Priority: Basic

29-08-4 Observed: Plumbing system in disrepair, at hand wash sink in dishwashing area.  
Priority: Basic

35A-02-5 Observed: Live, small flying insects in kitchen, food preparation area, or food storage area.  
Priority: High Priority

41-17-4 Observed: Spray bottle containing toxic substance not labeled in dishwashing area.  
Priority: Intermediate



Signature of Recipient

Neil King

General Manager

954 994 9055

Sep 07, 2016 14:36



Inspector Signature

Anthony Gray

Senior Inspector

5080 Coconut Creek Parkway

Margate, FL 33063

850.487.1395

Sep 07, 2016 14:36

September 7, 2016 at 2:36:29 PM EDT  
Location: GA FOODS  
License #: NOST1616607  
Inspector: Anthony Gray

Food Service Inspection Report  
DBPR Form HR 5022-015 - Rule 81C-1.002, FAC  
Software Version 5.31

Page: 3 of 3

#119

Snack Menu											
REQUIREMENTS: TWO of four must be served - one serving milk, one serving fruit OR vegetable, one serving grains/breads, one serving meat											
WEEK 1											
Required	Required	Serving	Food	Serving	Food	Serving	Food	Serving	Food	Serving	Food
Serving Size	Component	Size		Size		Size		Size		Size	
8 oz.	Milk	8 oz.	Milk					8 oz.	Milk		
1/2 cup	Fruit OR Veg.	1/2 cup									
Exhibit A (oz.) *	Grain/Bread	1 oz	Pizza Bite Crackers	1 oz	Whole Grain Pita	1 oz	Raisins	1/2 cup	Pears	1/2 cup	Mixed Fruit
Optional	Meat/Alt	1 oz	Cheese Slices	2 oz	Tuna	1 oz	Peanut Butter	2 oz	Cottage Cheese	1/2 cup	Flavored Yogurt
WEEK 2											
Required	Required	Serving	Food	Serving	Food	Serving	Food	Serving	Food	Serving	Food
Serving Size	Component	Size		Size		Size		Size		Size	
8 oz.	Milk	8 oz.	1 % Milk			8 oz.	1 % Milk	8 oz.	1% Milk		
1/2 cup	Fruit OR Veg.			1/2 cup	Applesauce			1/2 cup	Banana	1/2 cup	Pineapple
Exhibit A (oz.) *	Grain/Bread	2 oz	Corn Muffin	2 oz	Whole Grain Muffin	1.8 oz	WW Bread				
Optional	Meat/Alt					1 oz	Peanut Butter			1/2 cup	Cottage Cheese
WEEK 3											
Required	Required	Serving	Food	Serving	Food	Serving	Food	Serving	Food	Serving	Food
Serving Size	Component	Size		Size		Size		Size		Size	
8 oz.	Milk	8 oz.		8 oz.	1 % Milk						
1/2 cup	Fruit OR Veg.	1/2 cup	Orange Juice			1/2 cup	Pears				
Exhibit A (oz.) *	Grain/Bread	1 oz	Whole grain Crackers	1 oz	Mini Wheats Cereal			1.09 oz	WW Tortilla	1 oz	Whole Grain Crackers
Optional	Meat/Alt					1/2 cup	Yogurt	1/2 cup	Bean Dip	1/2 oz	Cheese
WEEK 4											
Required	Required	Serving	Food	Serving	Food	Serving	Food	Serving	Food	Serving	Food
Serving Size	Component	Size		Size		Size		Size		Size	
8 oz.	Milk							8 oz.	1 % Milk	8 oz.	1% Milk
1/2 cup	Fruit OR Veg.	1/2 cup	Applesauce	1/2 cup		1/2 cup	Peaches	1/2 cup		1/2 cup	Mixed Fruit
Exhibit A (oz.) *	Grain/Bread	1 oz	Whole grain Crackers	1.09	WW Tortilla			1.09 oz	WW Tortilla		
Optional	Meat/Alt			1 oz	Sliced Cheese	1 Ea	HB Egg	2 T	Bean Dip	1.5 oz	Turkey
WEEK 5											
Required	Required	Serving	Food	Serving	Food	Serving	Food	Serving	Food	Serving	Food
Serving Size	Component	Size		Size		Size		Size		Size	
8 oz.	Milk	8 oz.	1 % Milk								
1/2 cup	Fruit OR Veg.	1/2 cup		1/2 cup	Peaches	1/2 cup	Mixed Fruit	1/2 cup	Pears	1/2 cup	Man. Oranges
Exhibit A (oz.) *	Grain/Bread	2 oz	Whole grain Bagel	1.25 oz	Whole grain Pita	1 oz	Whole grain Crackers			1.34 oz	Raisin Bread
Optional	Meat/Alt	1 oz	Peanut Butter	1 oz	Slice Cheese			1/2 cup	Flavored Yogurt		

The above menu  
 (breakfast/lunch/dinner/snack)  
 meets the requirements of the  
 Adult Care Food Program meal  
 pattern and is approved for use.  
 Adult Care Food Program Manager  
 Date: 9-28-16 *[Signature]* KCM

**BOARD OF COUNTY COMMISSIONERS**  
**PALM BEACH COUNTY, FLORIDA**  
**BUDGET AMENDMENT**  
**FUND 1006 DOSS - Administration**

BGRV - 144- 121216\*122  
 BGEX - 144- 121216\*494

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 12/12/16	REMAINING BALANCE
<b><u>REVENUES</u></b>								
<b><u>DOSS-C1</u></b>								
144-1458-3162	Physical Health & Nutrition	140,888	140,888		12,515	128,373		
<b><u>DOSS-C2</u></b>								
144-1459-3162	Physical Health & Nutrition	136,912	136,912	19,989		156,901		
<b><u>DOSS-Adult Care Food Program</u></b>								
144-1479-3168	Fed Grant Indirect - Human Services	27,000	27,000		21,000	6,000		
	<b>Total Receipts and Balances</b>	<b>8,961,940</b>	<b>8,961,940</b>	<b>19,989</b>	<b>33,515</b>	<b>8,948,414</b>		
<b><u>EXPENDITURES</u></b>								
<b><u>DOSS-C1</u></b>								
144-1458-3419	Contracted Food	456,469	456,469		12,515	443,954	216,945	227,009
<b><u>DOSS-C2</u></b>								
144-1459-3419	Contracted Food	598,507	598,507	19,989		618,496	103,046	515,450
<b><u>DOSS-Adult Care Food Program</u></b>								
144-1479-3419	Contracted Food	39,631	39,631		21,000	18,631	5,591	13,040
	<b>Total Appropriations &amp; Expenditures</b>	<b>8,961,940</b>	<b>8,961,940</b>	<b>19,989</b>	<b>33,515</b>	<b>8,948,414</b>		

OFMB

INITIATING DEPARTMENT/DIVISION  
 Administration/Budget Department Approval  
 OFMB Department - Posted

Signatures

Date

*James E. Loren*

*12/20/16*

By Board of County Commissioners  
 At Meeting of January 10, 2017

Deputy Clerk to the  
 Board of County Commissioners