

## GRANT APPLICATION SUMMARY SHEET

**Grant Name:** GNRC Nutrition Services 19  
**Department:** SOCIAL SERVICES  
**Grantor:** U.S. DEPARTMENT OF HEALTH AND HUMAN  
**Pass-Through Grantor (If applicable):** GREATER N'VILLE REG. COUNCIL  
**Total Applied:** \$845,194.00  
**Metro Cash Match:** \$586,457.00  
**Department Contact:** Lisa Ricketts/Carol Wilson  
 862-6406  
  
**Status:** CONTINUATION

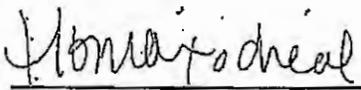
**Program Description:**

Nutrition Services - To provide meals that meet RDA nutritional guidelines to eligible seniors. Meals are served in congregate meal sites throughout Davidson County and delivered to customer homes.

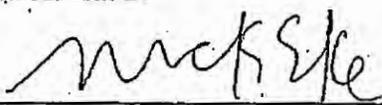
**Plan for continuation of services upon grant expiration:**

The programs are partially supported by local funds. If the grant funding were discontinued, the programs could be gradually reduced to the limit based on the local funding.

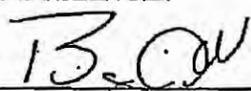
**APPROVED AS TO AVAILABILITY OF FUNDS:**

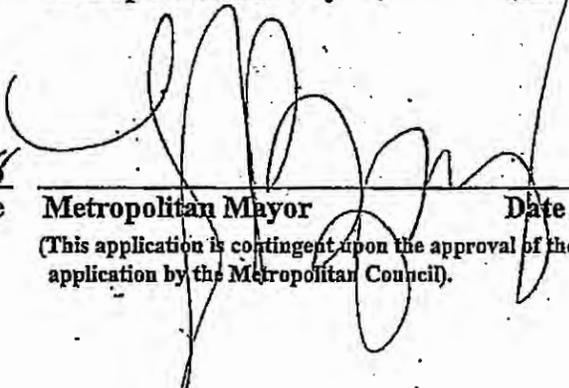
  
 \_\_\_\_\_  
 Director of Finance      Date

**APPROVED AS TO FORM AND LEGALITY:**

  
 \_\_\_\_\_  
 Metropolitan Attorney      Date

**APPROVED AS TO RISK AND INSURANCE:**

  
 \_\_\_\_\_  
 Director of Risk Management Services      Date

  
 \_\_\_\_\_  
 Metropolitan Mayor      Date  
 (This application is contingent upon the approval of the application by the Metropolitan Council).

## TABLE OF CONTENTS

1. Cover Letter
2. W-9
3. Documentation of compliance
4. Audited financial statement & other financial information
5. MSS Status & Certificate of liability insurance
6. Copies of site agreements
7. Licenses and certifications
8. Scope of Work
9. History, Governing Body, Organizational Chart, Experience
10. Mission Statement, Values/Guiding Principles
11. Personnel – supervisory structure, qualifications
12. Verification of Workers Compensation Insurance
13. Internal monitoring tool and procedures
14. Customer Satisfaction Survey Results
15. Signed Authorization for submission

COVER LETTER

MEGAN BARRY  
MAYOR

RENEE PRATT  
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



METROPOLITAN SOCIAL SERVICES  
800 2<sup>ND</sup> AVENUE NORTH, SUITE 100  
NASHVILLE, TENNESSEE 37201

February 23, 2018

Marilyn Wade, Interim Director, Aging and Disability Services  
Greater Nashville Regional Council  
220 Athens Way, Suite 200  
Nashville, TN 37228

Regarding: RFPA for Congregate and Home Delivered Meals

Please find enclosed our application that is in response to the RFPA for Congregate and Home Delivered Meals. We are pleased to work with GNRC to provide meals to the frail, elderly population of Nashville / Davidson County.

Our meal costs are included in the application; however, the rates that we charge to GNRC for meals are the allowable rates:

Frozen	\$5.94
Hot Bulk	\$6.93
Congregate	\$6.50

The Metropolitan Government of Nashville and Davidson County, acting by and through Metro Social Services (MSS) is willing to execute a contract with GNRC for these services if we are selected.

The Metropolitan Council will approve the contract with GNRC on behalf of MSS. Once approved, the contract is signed by appropriate officials, including MSS Executive Director Renee Pratt, and filed with the Metro Clerk.

Thank-you for your consideration,

  
Renee Pratt, Executive Director  
Metro Social Services

cc: Demitria Vaughn, Director of Programs  
Carol Wilson, Nutrition Program Manager

W9

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>METROPOLITAN GOVERNMENT OF NASHVILLE &amp; DAVIDSON COUNTY</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see Instructions) ▶ _____		
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>3</u> Exemption from FATCA reporting code (if any) <u>C</u> <small>(Applies to accounts maintained outside the U.S.)</small>		
	5 Address (number, street, and apt. or suite no.) <b>P O BOX 196300</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>NASHVILLE TN 37219-6300</b>		
	7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
6	2	-	0	6	9	4	7	4	3

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Lisa Ruketto</i>	Date ▶ <u>1/31/2018</u>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after its release) is at [www.irs.gov/ltr](http://www.irs.gov/ltr).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## DOCUMENTATION OF COMPLIANCE

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES  
CONGREGATE FEEDING DANDRIDGE TOWERS  
800 N. 2ND AVENUE, STE 100  
NASHVILLE TN 37201

# HEALTH PERMIT

10945461



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
ANDREW JOHNSON TOWER - 4TH FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

This Permit Expires  
on June 30, 2018

Food Service Establishment

HE 0605171215

CAPACITY: 50

ATTN: METRO SOCIAL SERVICES  
CONGREGATE FEEDING DANDRIDGE TOWERS  
431 OCALA DR.

COUNTY: DAVIDSON

NASHVILLE TN 37211

*Be it known that above operator has made application and paid the sum prescribed  
by law, and is hereby authorized to conduct said business.*

*In Witness Whereof I have affixed my Hand at Nashville, Tennessee.*

John J. Dreyzelner, MD, MPH  
Commissioner  
Department of Health

Hugh Atkins  
Director  
Division of Environmental Health

VOID VOID VOID VOID  
VOID VOID VOID VOID

ATTN: METRO SOCIAL SERVICES  
MADISON SENIOR CENTER  
800 N. 2ND AVENUE, SUITE 100  
NASHVILLE TN 37201

# HEALTH PERMIT

10925464



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
ANDREW JOHNSON TOWER - 4TH FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

This Permit Expires  
on June 30, 2018

Food Service Establishment

HE 0605123494

CAPACITY: 10

ATTN: METRO SOCIAL SERVICES  
MADISON SENIOR CENTER  
801 MADISON ST  
NASHVILLE TN 37115

COUNTY: DAVIDSON

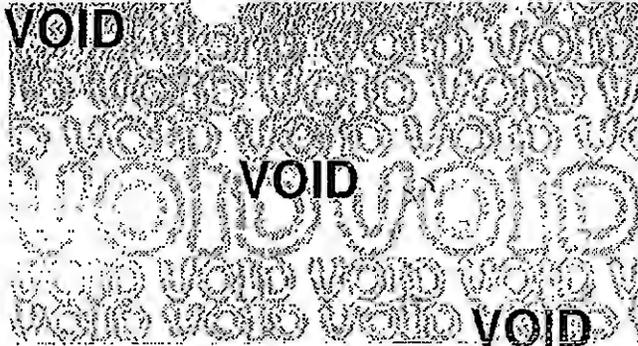
*Be it known that above operator has made application and paid the sum prescribed by law, and is hereby authorized to conduct said business.*

*In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

John J. Dreyfuss, MD  
Commissioner  
Department of Health

Hugh Atkins  
Director  
Division of Environmental Health





ATTN: METRO SOCIAL SERVICES  
HICKORY HOLLOW TOWERS  
800 N. 2ND AVENUE, SUITE 100  
NASHVILLE TN 37201

# HEALTH PERMIT

10945487



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
ANDREW JOHNSON TOWER - 4TH FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

This Permit Expires  
on June 30, 2018

Food Service Establishment

HE 0605049739

CAPACITY: 0

ATTN: METRO SOCIAL SERVICES  
HICKORY HOLLOW TOWERS  
100 CURTIS HOLLOW RD - 1ST FLOOR

COUNTY: DAVIDSON

ANTIOCH TN 37013

*Be it known that above operator has made application and paid the sum prescribed  
by law, and is hereby authorized to conduct said business.*

*In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

John U. Dreyzelner, MD, MPH  
Commissioner  
Department of Health

Hugh A. Nix  
Director  
Division of Environmental Health

VOID

VOID

VOID

ATTN: METRO SOCIAL SERVICES  
CONGREGATE FEEDING @ HADLEY COMMUNITY CTR  
800 N. 2ND AVENUE, SUITE 100  
NASHVILLE TN 37201

# HEALTH PERMIT

10975495



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
ANDREW JOHNSON TOWER - 4TH FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE TENNESSEE 37243

This Permit Expires  
on June 30, 2018

Food Service Establishment

HE 0605188961

CAPACITY: 50

ATTN: METRO SOCIAL SERVICES  
CONGREGATE FEEDING @ HADLEY COMMUNITY CTR  
1037 28TH AVE N

COUNTY: DAVIDSON

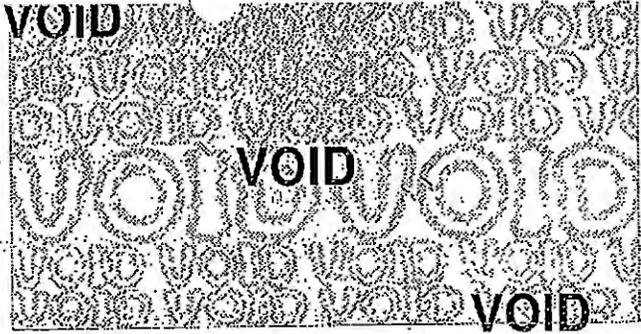
NASHVILLE TN 37208

*Be it known that above operator has made application and paid the sum prescribed  
by law, and is hereby authorized to conduct said business.*

*In Witness Whereof I have affixed my Hand at Nashville, Tennessee.*

John J. Diezinger, MD  
Commissioner  
Department of Health

Hugh Akins  
Director  
Division of Environmental Health



ATTN: METRO SOCIAL SERVICES  
CONGREGATE FEEDING CUMBERLAND VIEW TOWER  
800 N. 2ND AVENUE, SUITE 100  
NASHVILLE TN 37201

# HEALTH PERMIT

10945480



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
ANDREW JOHNSON TOWER - 4TH FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

This Permit Expires  
on June 30, 2018

Food Service Establishment

HE 0605049729

CAPACITY: 0

ATTN: METRO SOCIAL SERVICES  
CONGREGATE FEEDING CUMBERLAND VIEW TOWER  
1201 CHEYENNE BLVD.

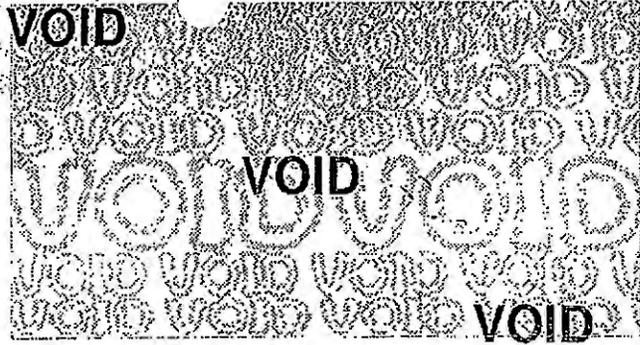
COUNTY: DAVIDSON

MADISON TN 37115

*Be it known that above operator has made application and paid the sum prescribed  
by law, and is hereby authorized to conduct said business.  
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

John J. Dreyzohner, MD, MPH  
Commissioner  
Department of Health

Hugh Atkins  
Director  
Division of Environmental Health



ATTN: METRO SOCIAL SERVICES  
CONGREGATE FEEDING EAST PARK  
800 N. 2ND AVENUE, SUITE 100  
NASHVILLE TN 37201

# HEALTH PERMIT

10945462



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
ANDREW JOHNSON TOWER - 4TH FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

This Permit Expires  
on June 30, 2018

Food Service Establishment

HE 0605198152

CAPACITY: 30

ATTN: METRO SOCIAL SERVICES  
CONGREGATE FEEDING EAST PARK  
601 RUSSELL ST.

COUNTY: DAVIDSON

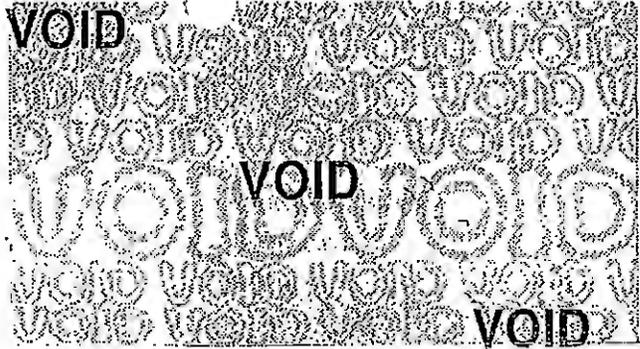
NASHVILLE TN 37206

*Be it known, that above operator has made application and paid the sum prescribed  
by law, and is hereby authorized to conduct said business.*

*In Witness Whereof, I have affixed my Hand at Nashville, Tennessee.*

John J. Dreyzehner, MD, MPH  
Commissioner  
Department of Health

Hugh Atkins  
Director  
Division of Environmental Health



ATTN: METRO SOCIAL SERVICES  
CONGREGATE FEEDING ELIZABETH CTR  
800 N. 2ND AVENUE, SUITE 100  
NASHVILLE TN 37201

# HEALTH PERMIT

10945512



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
ANDREW JOHNSON TOWER, 4TH FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

This Permit Expires  
on June 30, 2018

Food Service Establishment

HE# 0605087149

CAPACITY: 25

ATTN: METRO SOCIAL SERVICES  
CONGREGATE FEEDING ELIZABETH CTR  
1701 ARTHUR ST & 11TH AVE.

COUNTY: DAVIDSON

NASHVILLE TN 37208

*Be it known that above operator has made application and paid the sum prescribed  
by law, and is hereby authorized to conduct said business.*

*In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

John J. Dreyzehner, MD  
Commissioner  
Department of Health

Hugh A. Adams  
Director  
Division of Environmental Health



Tennessee Department of Health  
Cash Listing Report

Client: 605 - FOOD SERVICE ESTABLISHMENT PROGRAM

Origin: Unassigned

Fiscal Year: 2018

Batch #: 2900

Total \$ Entered: \$ 650.00

Deposit #: FD18302

Deposit Date: 2018-02-06

# Receipt: 13

Receipts Entered: 13

Total: \$ 650.00

Status: Deposited

Receipt #	DLN	Received	Disp	Pmt	Bad Check?	Unassigned	Prof	Remitted By / Beneficiary	File #	License #	Assigned
20811		\$ 50.00	DEP	JV		\$ 0.00	0605	CONGREGATE FEEDING/CHIPPINGTON TOWERS II	27337	0605049737	✓ \$ 50.00
20812		\$ 50.00	DEP	JV		\$ 0.00	0605	COHN SCHOOL	1547	0605221006	✓ \$ 50.00
20813		\$ 50.00	DEP	JV		\$ 0.00	0605	CONGREGATE FEEDING CUMBERLAND VIEW TOWER	14026	0605049729	✓ \$ 50.00
20814		\$ 50.00	DEP	JV		\$ 0.00	0605	CONGREGATE FEEDING DANDRIDGE TOWERS	20292	0605171215	✓ \$ 50.00
20815		\$ 50.00	DEP	JV		\$ 0.00	0605	CONGREGATE FEEDING EAST PARK	34058	0605198152	✓ \$ 50.00
20816		\$ 50.00	DEP	JV		\$ 0.00	0605	CONGREGATE FEEDING ELIZABETH CTR	42388	0605087149	✓ \$ 50.00
20817		\$ 50.00	DEP	JV		\$ 0.00	0605	CONGREGATE FEEDING @ HADLEY COMMUNITY CT	39906	0605188961	✓ \$ 50.00
20818		\$ 50.00	DEP	JV		\$ 0.00	0605	HICKORY HOLLOW TOWERS	35841	0605049739	✓ \$ 50.00
20819		\$ 50.00	DEP	JV		\$ 0.00	0605	MADISON SENIOR CENTER	31564	0605123494	✓ \$ 50.00
20820		\$ 50.00	DEP	JV		\$ 0.00	0605	NASHVILLE CHRISTIAN TOWERS	27371	0605049735	✓ \$ 50.00



Tennessee Department of Health  
Cash Listing Report

Receipt #	DLN	Received	Disp	Pmt	Bad Check?	Unassigned	Prof	Remitted By / Beneficiary	File #	License #	Assigned
20821		\$ 50.00	DEP	JV		\$ 0.00					
							0605	OLD HICKORY TOWERS	30243	0605049738	✓ \$ 50.00
20822		\$ 50.00	DEP	JV		\$ 0.00					
							0605	TREVECCA TOWERS I	21253	0605049733	✓ \$ 50.00
20823		\$ 50.00	DEP	JV		\$ 0.00					
							0605	CONGREGATE FEEDING RIVERWOOD TOWERS	27818	0605214090	✓ \$ 50.00
Total:		\$ 650.00				\$ 0.00					✓ \$ 650.00

MEGAN BARRY  
MAYOR

RENEE PRATT  
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



METROPOLITAN SOCIAL SERVICES  
800 2<sup>ND</sup> AVENUE NORTH, SUITE 100  
NASHVILLE, TENNESSEE 37201

## **ATTACHMENT(S)**

### **III. ASSURANCES & CERTIFICATIONS**

#### **➤ AGENCY POLICIES (COMPLIANCE)**

## SECTION 4.6 - VACATION

### A. Vacation Earnings Schedule

Vacation leave is earned and accrued on a monthly basis according to the schedule below, based on months of service according to the continuous service date. Generally, with some exceptions, an employee must be in a paid status the entire month in order to earn a vacation day (see Policy 4.6/4.7 A-I for guidelines). No employee may give or loan vacation to another employee.

Service with Metro	Days Per Year	Days Per Month	Hours Per Month
Hire thru 5th year (1-60 mos.)	10	.833	6.667
6-10 years (61-120 months)	15	1.250	10.000
11th year (121-132 months)	16	1.333	10.667
12th year (133-144 months)	17	1.417	11.333
13th year (145-156 months)	18	1.500	12.000
14th year (157-168 months)	19	1.583	12.667
15th year (169-180 months)	20	1.667	13.333
16th year (181-192 months)	21	1.750	14.000
17th year (193-204 months)	22	1.833	14.667
18th year (205-216 months)	23	1.917	15.333
19th year (217-228 months)	24	2.000	16.000
20th year or more (229 mos.)	25	2.083	16.667

Note: (See Police and Fire Chapter).

### B. Vacation Accrual

Vacation may be accrued to an amount equal to three times the employee's current annual accrual rate.

## SECTION 4.7 - SICK LEAVE

### A. Policy

Sick leave shall be considered a benefit and privilege and not a right. An employee may utilize his sick leave allowance for absence due to his illness, non-occupational injury or illness, or development or existence of a contagious disease endangering the health of other employees. Sick leave may also be used for appointments with a licensed doctor, dentist or other licensed health professional. When appropriate, a partial sick day may be used rather than a full day. Up to five days in a calendar year may be used for the illness of an employee's spouse, parent, or child, who lives in the employee's household or for whom the employee is the primary caretaker. For approved FMLA leave, there shall be a limit of twenty (20) days of paid sick leave, including the five days just described, that an employee may use to care for an employee's spouse, parent, or child, who lives in the employee's household or for whom the employee is the primary caregiver. (See Civil Service Policy 4.16) Employees who become ill during the period of their vacation may request that their vacation temporarily be terminated and the time changed to sick leave. However, such request must be justified by means of a doctor's statement upon return to work. No employee may give or loan sick leave

## POLICY: 3.1-1 GUIDELINES ON DISCRIMINATION

Administrators and supervisors in the Metropolitan Government are familiar with and will comply with all laws, regulations and guidelines governing various forms of discrimination. Specific guidelines are summarized in this document. Furthermore, harassment of any person in the form of verbal or physical conduct based on a person's race, gender, color, religion, national origin or disability, creed, gender identity, or sexual orientation will not be condoned when such conduct:

1. Has the purpose or effect of creating an intimidating, hostile or offensive work environment;
2. Has the purpose or effect of unreasonably interfering with an individual's work performance; or
3. Otherwise adversely affects an individual's opportunities associated with employment.

### A. Race Discrimination (Civil Rights Act of 1964, Title VII, as amended by the Civil Rights Act of 1991)

It shall be against the policy of the Metropolitan Government to discriminate against an individual as a result of that person's race. This policy applies to applicants for employment as well as current employees.

### B. Sexual Discrimination

It is the policy of the Metropolitan Government that there shall be no discrimination against any individual based on gender. This covers all employment actions and conditions of employment and benefits.

#### 1. Job Policies and Practices (Civil Rights Acts of 1964, Title VII, as amended by the Civil Rights Act of 1991 & Equal Pay Act of 1963)

- a. Personnel policies do not discriminate on the basis of gender.
- b. Employees and applicants of both genders are equally considered for any positions for which they are qualified.
- c. Employment opportunities, wages, hours, conditions of employment and benefits are equally offered to all employees regardless of gender.
- d. Marital status shall not be a factor in any employment opportunity or decision.
- e. Appropriate physical facilities shall be provided for people of both genders.

#### 2. Maternity Leave (Pregnancy Act of 1978 & Tennessee Maternity Leave Law)

Accrued sick leave shall be granted for the time that a woman is physically unable to work due to childbirth as documented by her physician. Additional vacation and/or leave without pay may be granted in accordance with applicable law. The same vacation and/or leave without pay may be granted as paternity or adoption leave.

#### 3. Sexual Harassment (Civil Rights Act of 1964, Title VII, as amended by the Civil Rights Act of 1991; Guidelines on Discrimination Because of Sex, 1980)

The Metropolitan Government prohibits sexual harassment of any employee. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or
- b. Submission to or rejection of such conduct is used as the basis for employment decisions affecting such individual, or
- c. Such conduct has the purpose of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Sexual harassment can take many forms. It is not limited to overt physical acts. Suggestive comments, jokes of a sexual nature, sexually suggestive objects or pictures, obscene gestures, sexually graphic stories, as well as unwanted touching, may all constitute sexual harassment.

Sexual harassment of any employee will not be tolerated. No employee will be allowed to sexually harass, either verbally or physically, another employee; nor shall any supervisor allow the harassment of any of his/her employees, either by other employees or by persons not employed by Metro Government. It will be the responsibility of managers and supervisors to take all steps necessary to enforce the provisions of this policy. Any complaint of harassment will be promptly investigated and corrective and/or disciplinary action taken if the charges are found to be true.

Action can only be taken when managers and supervisors have knowledge of sexually harassing conduct. Employees have a duty to inform managers and supervisors when they observe or they are aware of improper sexual conduct exhibited by a Metropolitan Government employee. This obligation to inform includes improper conduct committed by non-government employees if the conduct is directed toward government employees.

C. Religious Discrimination (Civil Rights Act of 1964, Title VII, as amended by the Civil Rights Act of 1991)

The Metropolitan Government expresses its commitment to prohibit religious discrimination against applicants for employment and employees in all areas of employment and benefits. No distinction based on religion shall apply in employment opportunities, wages, hours of work, and other conditions of employment or benefits.

Efforts will be made to accommodate the religious observance and practices of an employee unless such accommodation is unreasonable and would result in an undue hardship on the conduct of business.

D. Age Discrimination (Civil Rights Act of 1964, Title VII, as amended by the Civil Rights Act of 1991 & Age Discrimination in Employment Act of 1967, as amended)

The policy of the Metropolitan Government prohibits age-based discrimination against individuals 40 years of age or older. No Appointing Authority shall be allowed to refuse to hire, to discharge, or otherwise discriminate against any individual with respect to compensation, terms, conditions, or privileges of employment because of an individual's age.

Exceptions:

1. There may be differentials in bona fide employee benefit plans.

2. For some areas of work, age may be a bona fide occupational qualification.

E. National Origin Discrimination (Civil Rights Act of 1964, Title VII, as amended by the Civil Rights Act of 1991)

1. Policy

It shall be against the policy of the Metropolitan Government to discriminate because of an individual's or his or her ancestor's place of origin or because an individual has the physical, cultural or linguistic characteristics of a national origin group. Furthermore, it is against the policy to discriminate for reasons which are grounded in national origin, such as (a) marriage or association with persons of a national origin group; (b) membership in, or association with an organization identified with or seeking to promote the interests of national origin groups; (c) attendance or participation in schools, churches, temples or mosques, generally used by persons of a national origin group; and (d) because an individual's name or spouse's name is associated with a national origin group. There shall be no discrimination based on national origin in any area of employment or condition of employment or in the granting of employment benefits.

2. Citizenship

The Metro Civil Service Commission requires that all employees be United States citizens, legal resident aliens, or aliens authorized to work in the United States. Specified classifications require U.S. citizenship as a bona fide occupational qualification.

F. Disability Discrimination (State and Local Fiscal Assistance Act of 1972 and Rehabilitation Act of 1973; Americans with Disabilities Act of 1990)

1. Policy

It is the policy of the Metropolitan Government to assure equal employment opportunity to disabled persons on the basis of qualifications and ability to perform the job. There shall be no discrimination in terms of employment opportunities, wages, and hours of work or other conditions of employment or benefits.

An individual with a disability is one who has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or who is regarded as having such an impairment.

2. Application Process

Disabled persons are guaranteed the same application process as other applicants. Assistance may be provided when needed, such as the following:

- a. A reader may be provided for completing an application or written examination for qualified applicants who are vision-impaired or illiterate to due a learning disability.
- b. Waiver of a driver's license may be requested for qualified disabled applicants who are not allowed to drive.

**POLICY: 6.1 DRUG-FREE WORKPLACE POLICY**

**I. GENERAL**

It is the policy of Metropolitan Government to maintain a workplace that is free from the effects of drug and alcohol abuse. To ensure that employees comply with this policy, Metropolitan Government will pursue all reasonable and lawful means to enforce this policy. All employees are included under this policy. Police Department employees are subject to the department's General Duty Order. Specifically, it is the policy of the Civil Service Commission that:

- A. It is prohibited for any employee to sell, distribute, use, or possess illegal controlled substances on or off duty.
- B. It is prohibited for any employee to use alcohol or legal drugs in a manner that might interfere with the employee's performance of duties.
- C. This policy authorizes testing of an employee:
  - for Pre-employment and/or Pre-appointment to a position designated as Public Health and Safety (PHS) and those required to hold a Commercial Driver's License;
  - when selected randomly as defined by this policy;
  - who has been involved in a critical incident as defined by this policy;
  - when there exists a reasonable suspicion that the employee has engaged or is engaging in prohibited conduct under this policy; or
  - who is returning to duty and requires follow-up testing as defined by this policy.
- D. In accordance with the Drug-Free Workplace Act of 1988, employees must notify the Appointing Authority of any criminal drug statute conviction occurring in the workplace within five workdays after the conviction.
- E. An employee must notify the Appointing Authority of any drug and/or alcohol related arrest or citation that occurred on or off duty immediately upon returning to work. After evaluating the specific facts of the employee's arrest, charge, or citation, the Appointing Authority may restrict an employee from performing safety sensitive duties, including driving.

Any employee found in violation of these provisions may be subject to disciplinary action in accordance with the Civil Service Rules.

**II. PERSONS TO BE TESTED**

All employees covered under this policy are subject to Reasonable Suspicion and/or Critical Incident testing for controlled substances and alcohol.

**A. CDL Positions**

Employees in safety-sensitive positions that require a Commercial Driver's License (CDL) are also subject to random testing for controlled substances and alcohol. This testing is in accordance with the Omnibus Transportation Employee Act of 1991 and meets the requirements established by the U.S. Department of Transportation (DOT).

**B. Public Health & Safety Positions**

Employees in Public Health and Safety (PHS) sensitive positions that are responsible for the health, safety and welfare of the general public and their fellow employees are also subject to random testing

for controlled substances and alcohol. They have an obligation to work free of impaired judgment or physical ability so as to avoid injury to themselves, other employees or the public, and to maintain credibility and the trust of the public.

Public Health and Safety sensitive category employees are broadly defined as:

- Non-CDL Drivers;
- Water Treatment Personnel;
- Hazardous Duty Workers;
- Security, Police & Related Law Enforcement;
- Fire, EMS & Related Support Personnel; and
- Care Givers.

### **III. TESTS REQUIRED**

Test for alcohol and controlled substances are required for the circumstances listed below.

#### **A. Pre-employment / Pre-appointment**

Employees and applicants required to hold a CDL or in a PHS position will be tested after a provisional offer of employment has been made but prior to performing job duties. Tests must also be completed before an employee is promoted, transferred or assigned to a CDL or PHS position, and upon return to work when an employee has been on leave or otherwise not performing the required duties of these positions for a period of six months or longer.

#### **B. Critical Incident**

Alcohol and controlled substances tests will be conducted after an accident involving an employee, which results in: (1) a fatality; (2) bodily injury which requires immediate medical treatment away from the scene of the accident, or (3) where one or more vehicles incur disabling damage requiring the vehicle to be towed away from the scene and the employee receives a citation under state or local law for a violation arising from the accident.

Tests should be done as soon as practical after the accident. Alcohol tests should be administered within two hours following the accident. Controlled substance tests should be administered within 32 hours following the accident.

If tests required by this section are not administered within these time limits, the department shall cease attempts to administer the tests, and shall prepare and maintain a record stating the reasons the test was not promptly administered. A copy of this record shall be sent to the Drug Free Workplace Administrator.

Recognizing the limitations inherent in the preceding paragraph, a driver who is subject to post-accident testing shall remain readily available for such testing or may be deemed by the department to have refused to submit to testing. Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident, or to prohibit a driver from leaving the scene of an accident for the period necessary to obtain emergency assistance.

Any employee commissioned to carry a firearm shall be required to submit to drug testing after any discharge of the firearm involving death or personal injury, and shall be required to report to the collection site as soon as possible following the incident or as directed by the Appointing Authority or his/her designee.

An employee may be ordered to test at any time force is used that is reasonably calculated to produce death or serious bodily injury.

### **C. Reasonable Suspicion**

An employee is subject to reasonable suspicion testing when after review of the specific facts and circumstances in a particular employee's case, a trained supervisor concludes that there exists a reasonable suspicion that an employee has engaged or is engaging in conduct prohibited under this policy.

Trained supervisors must document these conclusions on the approved reasonable suspicion form. The Appointing Authority or his/her designee will review this documentation and any other pertinent information. If the designated authority agrees with the documented findings of the trained supervisor, the employee shall submit to a controlled substances and alcohol test.

No employee shall be allowed to drive or perform any health or safety function when suspected of being impaired until a test reports that the employee is qualified to work.

### **D. Random**

Employees in CDL and PHS positions are subject to drug and alcohol tests which are ordered on a random, unannounced basis.

Random selection is done with a statistically valid method. An employee's name remains in the pool after being tested each time selections are made in order to ensure that every employee shall have an equal chance of being tested each time. When randomly selected, the employee will be notified by his/her supervisor to report immediately for a controlled substances and/or alcohol test.

### **E. Return to Duty and Follow-up Testing**

Return to Duty – An employee who has tested positive under this policy, and who is allowed to return to work, is subject to further testing under the terms of the employee's Return-to-Work Agreement. Specifically, the employee shall present negative test result(s) before returning to work, and shall be subject to follow-up testing.

Follow-up – Following a determination that an employee is in need of assistance in resolving problems associated with the use of alcohol or controlled substances, the employee is subject to unannounced testing under the terms set by the employee's Return-to-Work Agreement.

There must be at least six (6) unannounced tests within the first twelve (12) months after an employee returns to work. The length of time an employee is subject to follow-up testing, and the number of tests required beyond the minimum six tests required is determined by a Certified Substance Abuse Professional (SAP) and shall not exceed sixty months.

## **IV. MEDICATION**

Employees are required to immediately report to their supervisor the use of prescription or over-the-counter medications that could impair the employee's ability to perform his/her duties safely. Supervisors are responsible for documenting such reports and immediately notifying the department Safety Coordinator and/or the department Human Resources coordinator. Supervisors shall ensure appropriate safety precautions are taken.

The Civil Service Medical Examiner may be consulted when medical expertise is required, including a fitness for duty evaluation.

## **V. HOW TESTS WILL BE DONE**

### **A. Alcohol**

Alcohol is defined as any food, beverage, mixture or preparation, including any medication, containing ethyl alcohol. Testing for the use of alcohol will be done using approved screening or evidential breath testing (EBT) devices approved by the federal government. Testing requirements for alcohol is in compliance with U.S. Department of Transportation regulations. A screening test will be conducted first and a result of 0.040 g/dL or greater is considered positive. Although not considered a positive test, a CDL holder or an employee in a PHS position shall be removed from driving and/or performing a PHS function with an alcohol concentration of 0.020 to 0.039 g/dL, and is subject to retesting and possible referral to a substance Abuse Professional (SAP) for assessment. Metro Government reserves the right to order a blood test by gas chromatography as additional confirmation in extraordinary circumstances.

## **B. Controlled Substances**

Testing for the illegal use of controlled substances will be done by urinalysis. Pre-appointment and Random testing for controlled substances will be performed in compliance with U.S. Department of Transportation regulations to the maximum extent that they can apply. A Reasonable Suspicion test will check for the presence of controlled substances and/ or drugs and their metabolites deemed illegal as pursuant to State statutes. Testing may be requested for other substances if there is reason to believe they are used.

Samples will be given at a collection site designated or approved by Metro Government or may be done on-site according to established procedures. If an initial screening test is positive for a controlled substance or metabolite, a second confirmatory test is performed using gas chromatography/mass spectrometry (GS/MS) analysis. If the resulting confirmatory test reveals the presence of a controlled substance and/or illegal drug metabolite at or above the defined thresholds, it will be considered a positive test. A donor who provides a specimen that tests positive is administratively defined as being under the influence of drugs for the purposes of this policy.

## **C. Testing Procedures**

An employee or applicant will be given a written order to report to a collection site for testing. The employee will then report to the collection site immediately with proof of identification.

A breath alcohol test (BAT) will be conducted at the site and/or when ordered, the employee will give a urine sample for controlled substances. The urine sample will be split in case of the possibility of retest. All test and laboratory procedures, including the chain of custody procedures, are available for review in the Department of Human Resources.

## **VI. NOTIFICATION OF RESULTS AND ROLE OF THE MRO**

All controlled substances tests are reviewed and interpreted by a physician designated as the Medical Review Officer (MRO) before they are reported to the employer. If the laboratory reports a confirmed positive result to the MRO, the MRO contacts the employee or applicant to determine if there is an alternative medical explanation for the substances found in the urine specimen. If the employee provides appropriate justification and the MRO determines that it is a legitimate medical use of the prohibited substances, the result is reported as negative to the employer, although the employee may not be medically qualified to perform normal functions. In this instance, the MRO will advise the employee that pursuant to this policy, employees are required to report to their supervisor when taking medication that could impair ability to perform.

In an effort to protect the safety of an employee and the public, the MRO will notify the Program Administrator and/or the Appointing Authority of a particular employee in circumstances where there is a delay in the completion of the MRO review of a PHS drug test that may cause a safety risk.

For CDL positions, controlled substance test results shall be reported to the Program Administrator and/or the Appointing Authority of a particular employee as permitted by DOT regulations.

Upon notification of confirmed positive results, or those results identified with Safety Concerns, the department shall 1) remove the employee from all duties with potential safety risks and 2) coordinate with the Civil Service Medical Examiner's office in obtaining a Fit-for-Duty medical review.

## **VII. CONSEQUENCES OF A POSITIVE TEST**

### **A. Refusal to Test**

Willful refusal to submit to a test, or any attempts to tamper with a test, is in violation of this policy and will be treated as a positive test. Refusal to submit may include failure to provide an adequate breath or urine sample for testing, unless medical reasons are confirmed.

### **B. Removal from Normal Duties**

An employee who tests positive for controlled substances or alcohol is in violation of this policy and shall be removed from performing normal duties pending further action. An employee who is ordered to test based on reasonable suspicion shall be removed from any duties in which the employee might pose a possible safety risk until such time that negative test results are confirmed.

### **C. Removal from Register or List**

Employees and applicants who have a confirmed positive pre-employment or pre-appointment test result for controlled substances or alcohol or refuse to test will be denied appointment and removed from the register or list.

### **D. Rehabilitation and/or Disciplinary Action**

Employees who test positive on any test for controlled substances or alcohol, including pre-appointment tests, shall be subject to an evaluation by a Certified Substance Abuse Professional (SAP), which may include referral for additional rehabilitation.

Disciplinary action, up to and including termination, is at the discretion of the Appointing Authority. The Appointing Authority may take into account factors such as the circumstances, which led to testing, the employee's work history, job performance, and past corrective or disciplinary action.

Those employees who have not gained Civil Service status who have shown a positive test result for drugs or alcohol shall be entitled to an informal hearing before the Appointing Authority or his designee but shall not be entitled to any appeal rights to the Civil Service Commission.

Disciplinary action based on a violation of the Metropolitan Government's Drug Free Workplace policy is not automatically suspended by an employee's participation in an Employee Assistance Program and disciplinary action may be imposed upon the employee if the Appointing Authority find such action warranted.

## **VIII. RE-TEST PROVISION**

Breath alcohol tests are conducted and confirmed while the employee or applicant is present, eliminating the need for a re-test. For controlled substances, the MRO will offer to an employee or applicant who has a confirmed positive test result that the split sample be tested at a separate laboratory with federal certification. The employee must respond to the MRO within seventy-two (72) hours of the MRO's offer. Any action required by this policy, as the result of a positive test is not stayed pending the result of a test on the split sample.

The employee's department will pay all costs associated with the re-testing of the split sample. Should the split sample also test positive, the employee's department may recuperate, from the employee, the cost of the re-test, including shipping and handling, transportation, testing, and MRO assessment.

#### **IX. RETURN TO WORK AND FOLLOW-UP**

If allowed to return to work, the employee must complete the following requirements:

1. Sign a return-to-work agreement,
2. Provide a written statement from the certified substance abuse professional that they may return to work,
3. Submit to a return-to-work test with confirmed negative results prior to returning to work, and
4. Comply with the terms of the Return-to-Work Agreement

Failure to comply with the Return-to-Work Agreement will subject an employee to disciplinary action.

#### **X. OPERATING METRO VEHICLE**

An employee shall not be allowed to operate a Metro vehicle following a positive test for a minimum period of ninety (90) calendar days after presenting a negative Return-To-Work test.

Any employee whose driver's license is suspended due to a DUI conviction, even if the employee is granted a restricted license, shall not be allowed to operate a Metro vehicle. A Return-To-Work Agreement is also required in such cases. If the employee is required to hold a CDL, or if driving is an essential function of the position, or if the employee is in a PHS position, nothing in this policy shall prevent appropriate disciplinary action from taking place.

#### **XI. CONFIDENTIALITY**

Controlled substances and alcohol testing results and records shall be maintained under strict confidentiality, to the extent allowed by law, by Metropolitan Government, the company contracted to administer the testing program, the testing laboratory, and the Medical Review Officer. Statistical records are maintained for required reports.

Employees involved in testing and the administration of this policy shall observe strict confidentiality of an employee's test results and treatment. Any employee who violates this requirement for confidentiality will be subject to disciplinary action.

#### **XII. TRAINING**

Information Program – A program will be presented for all employees covered by this policy to help them understand the policy and Metro's program on substance abuse. Employees shall attend this training every four years. This will include training on the provisions of the policy, information about controlled substances and alcohol use, and treatment resources, which are available. The policy will be made known to all new employees and the information will be incorporated in new employee orientation.

Supervisors – Supervisors shall attend a program of training every four years. This program will be designed to teach supervisors how to identify and document substance abuse among employees, and to familiarize them with the controlled substances testing program, provisions of this policy, and related laws.

Program Administrator – The administrator for this program serves as the liaison with the contracted company who manages testing and reporting, and with the departments and agencies that are covered under this policy. There is also an administrator designated for each department.

## CHAPTER 3

### EMPLOYMENT PRACTICES

#### SECTION 3.1 - EQUAL EMPLOYMENT OPPORTUNITY POLICIES

##### A. Policy

It is the policy of the Civil Service Commission that all persons shall have equal employment opportunities regardless of race, color, national origin, gender, age, religion, disability creed, gender identity, or sexual orientation. Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline or any other employment practices because of non-merit factors shall be prohibited. Harassment based on race, gender, color, religion, age, national origin, disability, creed, gender identity, or sexual orientation is a form of discrimination and will not be condoned.

The Civil Service Rules and HR operations shall be administered in such manner as to comply fully with all Equal Employment Opportunity laws and regulations.

An affirmative action plan may be developed for those departments where thorough analysis shows the need for a plan. Any employee or applicant who feels that he or she has not been afforded equal opportunity for any employment action may file a complaint in accordance with the discrimination complaint procedure.

##### B. Complaint Procedure

A complaint of discrimination as outlined in the Guidelines on Discrimination, including a complaint of sexual harassment, may be filed according to the steps defined below. A complaint should be filed within a reasonable time frame of the occurrence or reasonable knowledge of alleged harassment and/or discrimination incident(s). If it is a continuing problem, the complainant needs to state when it began and the progression to the time of the complaint. A complaint may be filed by a current or former employee or by an applicant and by an individual or a group of people. Any complainant shall have the right to have reasonable representation of his choosing with him/her at all stages of the complaint procedure. The complaint procedure will maintain confidentiality, to the degree allowed by law. Reprisal or retaliation against good faith complainants or witnesses participating in the investigation is prohibited and could be grounds for disciplinary action. An employee who witnesses or otherwise has knowledge of discrimination is encouraged to report the incident to a supervisor or an appropriate authority.

1. Although employees are encouraged to try to settle problems on an informal basis, any employee who feels that he/she has been subjected to discrimination may submit a complaint to his/her supervisor. The supervisor shall try, in a timely manner, to remedy any actual or perceived problem without the necessity of additional formal procedures. After reviewing the matter, the supervisor shall promptly inform the employee of his/her decision. If the complaint cannot be resolved at this level, the employee may submit the complaint to the Appointing Authority or his/her designee. The Appointing Authority or designee, after a prompt and thorough investigation, should take the necessary steps to correct any problem found to exist, including taking disciplinary action. The Appointing Authority shall notify the complaining party of his/her decision following the conclusion of the investigation. If the Appointing Authority feels that the charges warrant a third party investigation, or if the charges involve rules or policies that are beyond his/her scope of authority, he/she may refer the complaint to the EEO Coordinator. (If the supervisor or the Appointing Authority is the alleged offending party, or if the complainant feels that the supervisor cannot objectively handle the complaint, or if the individual is uncomfortable discussing his/her complaint with anyone within that individual's department, the individual may file the complaint directly with the EEO Coordinator for the Civil Service Commission as set out below.)
2. If the employee feels that the complaint has not been remedied in a timely manner by the Appointing Authority within the department, he/she may submit the complaint to the EEO Coordinator. (The EEO Coordinator may be contacted in the Department of Human Resources.) Upon receipt of a complaint or referral by an Appointing Authority, the EEO Coordinator will conduct a prompt and thorough investigation of the alleged incident(s). The Appointing Authority and the complainant will be apprised of the findings as a result of the investigation. The Appointing Authority shall then review his/her previous decision to determine if the appropriate action was taken.
3. Right of Appeal - Any complaining party who has Civil Service status may present his/her complaint of discrimination to the Civil Service Commission for review, after the EEO Coordinator has investigated the matter, if the individual feels that the Appointing Authority has failed to adequately address the problem cited. Any request to present a complaint to the Civil Service Commission must be made, in writing, within ten (10) working days of the final determination by the Appointing Authority as set out in Step 2.
4. If for some reason the complaining party is not comfortable with this complaint procedure, it should be recognized that any individual has the right to proceed directly to the Equal Employment Opportunity Commission, the Tennessee Human Rights Commission, or Human Relations to file a complaint of discrimination.  
(3.1 Administrative change 5/9/2000)

**Metropolitan Social Services  
Policies & Procedures**

<b>Customer Confidentiality Policy</b>	
<b>Effective Date:</b>	02/25/04
<b>Revision Date(s):</b>	
<b>Reviewed:</b>	10/18/06, 4/2/14
<b>Approved By:</b>	Linda Mattson, Board Chair <i>(Signature on file)</i>

**Policy**

Metropolitan Social Services is committed to maintaining the confidentiality of our customers by establishing an organized process to govern the disclosure of confidential information, safeguarding the confidentiality of material used in quality improvement activities and complying with all applicable legal requirements.

**Definitions and Overview**

Confidentiality is an ethical practice principle that requires the protection of information shared within a customer-staff relationship. MSS upholds confidentiality and prohibits disclosing information about the persons served, without their informed written consent. Sharing information when it is not pertinent to service delivery is considered abuse or misuse of customer information.

**Confidential Information** – Any identifiable customer information, in any form or medium (faxes, e-mails, verbal, written, databases, files, etc.).

**Informed Consent** – Informed consent is a written statement given by the customer giving permission to release or access confidential information.

Confidentiality is a basic customer right referred to in Customer Rights and Responsibility Policy. It is explained to the customer at the time the Rights and Responsibilities Statement is reviewed. MSS upholds confidentiality and prohibits:

- Disclosing information about the persons served, without their informed written consent.
- The use of photographs and videotapes of persons served without their informed written consent.

The exceptions identified below are the only times when a breach of confidentiality is allowed:

- Suspected physical or mental abuse, neglect, or exploitation of a child, elderly person, or disabled person.
- The customer being a threat of danger to him/herself or to another individual.

Our work environment may not always allow us the type of privacy we need when working with customer information. Staff adapts their work environment as much as possible to avoid divulging customer information inappropriately.

**Metropolitan Social Services  
Policies & Procedures**

<b>Confidential Information Policy</b>	
<b>Effective Date:</b>	1/26/03
<b>Revision Date(s):</b>	
<b>Reviewed:</b>	5/31/06, 4/4/14
<b>Approved By:</b>	Linda Mattson, Board Chair <i>(Signature on file)</i>

**Policy**

Metropolitan Social Services (MSS) is responsible for maintaining the confidentiality of employee personnel files. MSS expects each employee to assume responsibility for managing information in a confidential and respectful manner.

**Definitions and Overview**

**Confidential Information** - Any identifiable employee information in any form or medium (faxes, e-mails, verbal, written, databases, files, etc.)

Confidentiality is an ethical practice and principle that requires the protection of information shared within a supervisor-staff relationship.

**Confidentiality**

All personnel files are kept under lock and key. Access to personnel files and/or records is limited to authorized staff on a need-to-know basis.

**Procedure:**

1. All authorized staff requesting access to review employee personnel file(s) must make such request through the Human Resources (HR) Manager.
2. Authorized staff requesting access to review employee personnel file must sign the Personnel File Log Book, recording date of access, file(s) to be accessed and reason for access.
3. All personnel files must be reviewed in the presence of the HR Manager.
4. Personnel files are not to be taken away from the MSS HR Department, except for audit and/or monitoring review, when signed out by a Program Manager in the Personnel File Log Book.

Procedure: Confidential Information  
Effective Date: 2/7/07  
Revised: 2/7/07, 4/23/14  
Reviewed: 6/6/06  
Approved: Renee Pratt, Executive Director

## THE LAW

In our efforts to achieve equal employment opportunity for everyone in the service of the Metropolitan Government we are guided by the intent and mandates of all applicable laws. Major laws governing employment in the public sector include but are not limited to the following:

### A. Federal Laws and Regulations

1. Civil Rights Act of 1964, Title VII - makes it unlawful for an employer to discriminate as to hiring, firing, compensation, terms, conditions or privileges of employment on the basis of race, color, religion, gender, or national origin. It also forbids employers to limit, segregate or classify employees in any way that tends to deprive any individual of employment opportunities or adversely affects his employment status because of his race, color, religion, gender or national origin. This also applies to people in apprenticeship, training and retraining programs. It is also illegal to indicate a preference in advertisements relating to employment.

#### Major Amendments

- a. Pregnancy Act of 1978 - clarified that women affected by pregnancy and related conditions must be treated the same as other applicants and employees on the basis of their ability or inability to work.
  - b. Guidelines on Discrimination Because of Sex (1972 and 1980) - establish specific prohibitions of discrimination based on gender and make sexual harassment a violation of Title VII.
2. Civil Rights Restoration Act of 1987 - specifies that entire institutions receiving federal funds, rather than just programs or activities receiving the funds, must comply with Civil Rights laws.
  3. Executive Order 11246 (as amended by Executive Order 11375) - imposes on government contractors and subcontractors obligations parallel to those established by Title VII of the Civil Rights Act. This order also prohibits discrimination on the basis of age or physical disability and requires that contractors take affirmative action to ensure equal opportunity.
  4. Fourteenth Amendment - declares that "No State make any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws".
  5. Equal Pay Act of 1963 (amendment to the Fair Labor Standards Act) - mandates equal pay for equal work regardless of gender: the benchmarks for a job are skill, effort, responsibility and working conditions and the exceptions are applications of seniority or a merit system, a measure of quantity or quality of production or any other factor other than gender.
  6. Age Discrimination in Employment Act of 1967 (as amended in 1978) - prohibits age-based employment discrimination against individuals 40 years of age or older.

7. Rehabilitation Act of 1973 - Section 503 requires employers with federal contracts to take affirmative action for the employment of disabled people. Section 504 forbids discrimination against disabled persons by any employers receiving federal financial assistance.
8. Americans with Disabilities Act of 1990, Title I - prohibits covered employers from discriminating against a qualified individual with a disability in all areas of employment.
9. Immigration and Nationality Act (Immigration Reform and Control Act of 1986 as amended) - The IRCA establishes sanctions against employers who knowingly recruit or hire illegal aliens and allows preference for U.S. citizens or nationals over equally qualified aliens. The law prohibits discrimination against foreign nationals by employers who are not covered by Title VII of the Civil Rights Act.
10. Civil Rights Act of 1991 - amends and provides statutory guidelines for implementation of Title VII of the Civil Rights Act of 1964.

**B. State Laws and Regulations**

1. Tennessee Human Rights Act - forbids job discrimination on the basis of race, creed, color, religion, gender, age or national origin.
2. Tennessee Maternity Leave Law - allows a female employee to take four months leave, paid or unpaid, for pregnancy, childbirth and nursing the infant.
3. Tennessee Handicapped Discrimination Act - prohibits discrimination against disabled persons.
4. Tennessee Equal Pay Act - prohibits discrimination in the rate of pay because of gender.

- C. Metro Ordinance BL2009-502 – It is unlawful for the Metropolitan Government to fail or refuse to hire or promote, or to discharge any individual, because of such individual's race, religion, creed, gender, gender identity, sexual orientation, national origin, color, age, and/or disability.**

**UTILIZATION ANALYSIS**

A periodic utilization analysis will be done to help monitor representation by race and sex in each department. Such analysis will compare departmental representation within EEO categories to similar numbers in the local labor market work force. Statistics used are taken from the most current U.S. Census data adjusted by State reports on unemployment.

**APPROVED:** 04/23/1991  
**EFFECTIVE:** 09/01/1994  
**REVISION:** 09/08/1992  
**LAST REVISION:** 06/14/1994, 05/09/2000, 3/8/2011

**Metropolitan Social Services  
Policies & Procedures**

<b>Procedure Name:</b>	<b>Processing Referrals – Home Delivered Meals</b>
<b>Effective Date</b>	<b>11/10/08</b>
<b>Date(s) of Revision</b>	<b>10/14/08, 3/12/14, 1/23/15</b>
<b>Date(s) of Review</b>	<b>12/15/17</b>
<b>Approved By:</b>	<b>Renee Pratt, Executive Director</b>

**OVERVIEW**

The MSS Senior Nutrition Program requires that referrals for Home Delivered Meals (HDM) come from a doctor, social worker or other health care professional who has knowledge of the customer's nutritional needs. Referrals are received via fax (615-880-2291) or through our 24 hour referral line (615-880-2459). All referrals do not result in a customer receiving a HDM.

**PROCEDURES**

1. Referrals are initially recorded with the date of the referral in the Referral Database.
2. All referrals should be followed up within 48 hours by a phone call to the referring source for additional information.
3. Pre-screening will be conducted with the customer within 48 hours of receipt of the referral to determine eligibility. Once eligibility is determined an appointment will be scheduled with the customer to conduct the initial assessment.
4. The initial assessment and nutrition screen is conducted within 20 working days of the referral date (unless there is a waiting list).
5. After a customer's appointment has been confirmed by Nutrition Staff, it is noted in the referral database and emailed to the Program Manager.
6. Once the assessment is completed and the customer is determined eligible to receive meals the following steps must be followed:
  - A Service Plan letter is mailed within 5 working days after the assessment to inform the customer of the date services will begin. The Service Plan letter must be signed by the Program Manger before mailing.
  - Meals can start the next available date for the customer after notification is given to the Nutrition driver.
  - Customer information must be entered into the SAMS database by a nutrition staff. This includes the Participant Registration Form and the route information.
  - The route information is to be given to the designated staff for entry into the Drivers Monthly Reporting Route Sheet.
  - The customer's 6 month follow-up assessment date must be entered into the SAMS database by the designated staff.
  - Customer files must contain accurate and up to date information before it is put into the filing cabinet.

**Ineligibility:**

If a customer is determined to be ineligible to receive services, the designated program staff will send a written notice to the customer within 5 working days from the date of the assessment. The notice will state the reason(s) for denial of services in addition to the customer's right to file an appeal.

**Related Forms**

- Metro Social Services Nutrition Program Client Referral Form

- Participant Registration Form
- Referral Table
- Drivers Monthly Reporting Route Sheet

**Metropolitan Social Services  
Policies & Procedures**

<b>Procedure Name:</b>	<b>Meal Delivery – Home Delivered Meals</b>
<b>Effective Date</b>	<b>11/10/08</b>
<b>Date(s) of Revision</b>	<b>10/14/08, 1/23/15</b>
<b>Date(s) of Review</b>	<b>3/5/14</b>
<b>Approved By:</b>	<b>Renee Pratt, Executive Director</b>

**OVERVIEW**

Missed meals occur when the customer is not available to accept their meal delivery. Meals cannot be left unattended therefore customers or their appointed designee must be available to accept the meal delivery

**Procedures**

1. Meals shall be delivered only to eligible customers in their homes and shall **not** be left at the door or anywhere unattended. Meals may be left with the customer's designee if prior arrangements have been made.
2. The customer or the customer's representative (home health nurse, relative, etc.) are responsible for signing to show receipt of their meals each week.
3. Some customers have difficulty signing so they can place a "X" or their initials if they are unable to sign their entire name.
4. MSS employees **cannot** sign for the customer nor can they put "unable to sign" or "can't sign". Some sort of mark must be placed by the customer or representative to show they have accepted and acknowledged receipt of delivery.

**Customer Not Home**

1. If a customer does not answer the door during a meal delivery, the Van Driver calls the Nutrition Staff Office and notifies them the customer is not answering the door. The Nutrition Office Staff will call the customer. If the customer is unavailable the Nutrition Office Staff will inform the van driver. The van driver will leave a "door knocker" advising the customer to contact the Nutrition program.
2. If the meal intended for customer is a frozen meal it may be delivered to the last customer on the driver's route.
3. This second meal received by the last customer must be counted as a wasted meal.
4. If the van driver has more than two meals left at the end of their route, the additional meals will be returned to the MSS Nutrition office.

**Hold Status**

1. If a customer is reported by MSS staff to the program manager to have missed two consecutive times during their normal scheduled delivery day they are put on a "hold" status by the MSS Nutrition Staff.
2. Customers are notified of this hold status within 24 hours. If the customer is unable to be contacted, the customer's emergency contact listed on their application will be notified. If the customer and the emergency contact are both unable to be contacted the customer will be put in the "hold file" for 30 days or until contact is made with the customer or emergency contact person. A case note will be written and placed in the customers file indicating the customer was placed "on hold" and a contact letter will be mailed to the customer.
3. If contact is made within the 30 days, meals will be reinstated as scheduled.

4. If there is no contact initiated by the customer or emergency contact after the 30 days the customer will be terminated from the Home Delivered Meals program. A letter will be sent to the customer notifying them of their termination from the program.

#### **Related Forms**

- Case Notes
- Variance Report form

**Metropolitan Social Services  
Policies & Procedures**

<b>Procedure Name:</b>	<b>Congregate Site Daily Operations</b>
<b>Effective Date</b>	<b>11/10/08</b>
<b>Date(s) of Revision</b>	<b>10/14/08, 3/12/14, 1/23/15</b>
<b>Date(s) of Review</b>	<b>12/15/17</b>
<b>Approved By:</b>	<b>Renee Pratt, Executive Director</b>

**OVERVIEW**

MSS Nutrition will ensure that eligible seniors and disabled persons are provided with a nutritionally sound meal served in designated community centers, senior citizens centers and other public and private facilities. The Nutrition Services program is aimed at promoting better health among the older segment of the population through improved nutrition, reducing the isolation of the elderly, and offering an opportunity to live their remaining years in dignity.

**Congregate Meal** - A hot or other appropriate meal served to an eligible person. The meal meets Title III Nutrition service standards, is served at a congregate meal site, and meets 1/3 of the Daily Recommended Intake (DRI).

**Congregate Meal Site** - The generic term for a facility where meals are served that may be a nutrition site, a senior center or a multipurpose senior center.

**Nutrition Services** - The provision of meals, nutrition education, and nutrition outreach to eligible persons and their spouses, the cost of which is supported in whole or part by Title III funds.

**Homebound** - 60 years or older, confined to the home and unable to prepare one's own nutritious meals and whose isolation may be demonstrated by lack of support to obtain nutritious meals from family, friends, or other resources.

**Home Delivered Meal** - A hot or other appropriate meal delivered to an eligible homebound person. The meal meets Title III nutrition service standards and must meet 1/3 DRI.

**Menu Cycle** - A pre-planned written sequence of menus for a minimum of four weeks.

**Nutrition Education** - The provision of information that helps individuals gain understanding, skill, and motivation necessary to promote and protect nutritional wellbeing through better food choices.

**Nutrition Outreach** - An activity designed to seek out and identify, on an ongoing basis, the maximum number of the hard-to-reach, isolated, and withdrawn target group of eligible individuals throughout the program area.

**Procedures**

**1. Congregate Site Opening:**

- Arrive at site: Clock in using approved Metro cell phone.
- Check cambro for food quantity and temperature.

**2. Welcome Customers to site:**

- Welcome all customers as they enter site.
- Conduct activities for the day according to monthly calendar.
- Perform outreach
- Update applications.
- Clean tables used for activities.

**3. Lunch Service:**

**Metropolitan Social Services  
Policies & Procedures**

<b>Procedure Name:</b>	<b>Congregate Meal Delivery</b>
<b>Effective Date</b>	11/10/08
<b>Date(s) of Revision</b>	10/14/08, 1/23/15
<b>Date(s) of Review</b>	3/5/14, 12/15/17
<b>Approved By:</b>	Renee Pratt, Executive Director

**OVERVIEW**

These procedures allow site managers the opportunity to refuse product that is unacceptable while allowing the delivery driver the opportunity to make any corrections. This allows ample time for any issue to be corrected prior to service.

**Par Stock** – cutlery, plates, five compartment trays.

**Procedures**

1. The site manager is responsible for inspecting all vendor deliveries to insure proper quantity, quality and temperature of items ordered.
  - All items are to be inspected for proper quality with special attention paid to temperature, fruit, bread, and pre-packed desserts.
  - All items are to be counted for sufficient quantity.
2. The site manager will sign the delivery ticket indicating that all items were inspected for quality and counted for accuracy. **If an issue is found with the quantity, quality and/or temperature of items delivered the site manager will notify their supervisor immediately.** The site manager will note food temperatures and quality of food on the delivery ticket and fax a copy of the ticket to the vendor and to the MSS Nutrition office.
3. Deliveries made prior to the site managers scheduled time of arrival must be inspected by the site manager immediately upon their arrival. A copy of the ticket will be faxed to the vendor and to the MSS Nutrition office. Any item needing attention will be corrected immediately.
4. Par stock levels for each site will be listed in the description section of the delivery ticket. If there is not a sufficient quantity of stock the site manager does not sign the delivery ticket but documents the delivery discrepancy and faxes it to the vendor and the MSS Nutrition office.

**Related Forms**

- Delivery Ticket

**AUDITED FINANCIAL STATEMENT  
AND OTHER REQUESTED FINANCIAL INFORMATION**

MEGAN BARRY  
MAYOR

RENEE PRATT  
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



METROPOLITAN SOCIAL SERVICES  
809 2<sup>ND</sup> AVENUE NORTH, SUITE 100  
NASHVILLE, TENNESSEE 37201

Audited financial statement:

<https://www.nashville.gov/Finance/Financial-Operations.aspx>

Please follow the link above to the Metropolitan Government of Nashville & Davidson County financial statement.

It is a very large document and electronically access is the most economical way.

Service Provider Metro Social Services  
 For the Period 07/01/18 - 06/30/19  
 Date Submitted 02/26/18

Budget Section  
 Page 1 of 1

**SERVICE PROVIDER BUDGET**

PART A EXPENDITURES:	Total Budget	Cost by Service/Program Category		
		Service #1	Service #2	Service #3
		Hot Bulk	Frozen	
1 Salaries and Wages	\$488,331	\$304,204	\$184,127	
2 Employee Benefits & Payroll Taxes	190,161	118,349	71,812	
3 Total Personnel Expenses:	678,492	422,553	255,940	0
4 Professional Fees	2,415	1,973	442	
5 Supplies	8,018	5,135	2,883	
5a Food (Nutrition Use Only)	463,749	215,439	248,310	
6 Telephone	6,921	3,577	3,343	
7 Postage and Shipping	0			
8 Occupancy	0			
9 Equipment Rental & Maint.	286	148	138	
10 Printing and Publications	172	89	83	
11 Travel	11,030	2,661	8,370	
12 Conferences and Meetings				
13 Interest				
14 Insurance				
15 Contracted Services	8,775	4,494	4,281	
16 Specific Assist. to Individuals				
17 Depreciation				
18a Other Non-Personnel Expenses				
18b Purchase of fixed assets				
18c Special Events/Fundraising	6,000	4,800	1,200	
18d Misc.				
19 Total Non-Personnel Expenses:	507,366	238,316	269,050	0
20 Reimbursable Capital Purchases				
21 Total Direct Program Expenses	1,185,858	660,869	524,989	0
22 Administrative Costs	327,060	182,268	144,792	
23 Total Direct and Administrative	1,512,918	843,137	669,782	0
24 In-Kind Contributions				
25 Total Expenses	\$1,512,918	\$843,137	\$669,782	\$0
<b>PART B</b>				
<b>REIMBURSABLE PROGRAM FUNDS:</b>				
31 Reimbursable Title III C Funds	\$656,283	\$287,698	\$368,585	
31a Reimbursable Title III B Funds	0			
32 Reimbursable State Funds	51,285		51,285	
33 Total Reimbursable Program Funds				
<b>MATCHING REVENUE FUNDS:</b>				
34 Other Federal Funds (USDA)	137,626	137,626	0	
35 Other State Funds (HCBS)	0			
36 Other Government Funds	79,391	42,532	36,859	
37 Cash Contributions (Non-Gov't)				
38 In-Kind Contributions	81,268	71,268	10,000	
39 Program Income	20,800	20,800		
40 Other Matching Revenue	486,266	283,213	203,053	
41 Total Matching Revenue Funds				
42 Other Program Funds	0	0	0	
43 TOTALS REVENUES	\$1,512,919	\$843,137	\$669,782	\$0

Service Provider Metro Social Services  
 For the Period 07/01/18 - 06/30/19  
 Date Submitted 02/26/18

Budget Section  
 Page 2 of 2

SERVICE PROVIDER PERSONNEL COST SCHEDULE

TITLE OF POSITION	NAME	Gross Salaries	Gross Benefits	%	Hot Bulk		%	Frozen Salaries	Benefits	Service #3		
					Salaries	Benefits				Salaries	Benefits	
Site Coordinator	Babb Susie	959	192	80%	767	133		0	0			
Site Coordinator	King Ruby	959	192	80%	767	153		0	0			
Site Coordinator	Barnard Renee	21,455	8,352	80%	17,132.00	6,681.48		0	0			
Site Coordinator	Borth Hlnuth	20,189	7,874	80%	16,151.20	6,298.97		0	0			
Site Coordinator	Hatch Lovelyn	18,922	7,299	80%	15,177.60	5,919.26		0	0			
Site Coordinator	Mitchell Brandiesha	19,559	7,628	80%	15,646.16	6,102.00		0	0			
Site Coordinator	Perkins Vestor	22,025	8,590	80%	17,620.00	6,871.80		0	0			
Site Coordinator	TBD	18,000	7,020	80%	14,400.00	5,816.00		0	0			
Site Coordinator	Sutton Tamara	22,032	8,592	80%	17,625.60	6,873.96		0	0			
Site Coordinator	TBD	18,000	7,020	80%	14,400.00	5,816.00		0	0			
Site Coordinator	Wakelind Nikki	19,574	7,633	80%	15,656.80	6,106.15		0	0			
Site Coordinator	Worden Bambi	20,187	7,873	80%	16,149.60	6,288.34		0	0			
Site Coordinator	Cotton Pat	38,640	15,070	80%	30,912.00	12,055.88		0	0			
Site Coordinator	Wester Frankie	38,640	15,070	80%	30,912.00	12,055.88		0	0			
Van Driver	Baker Melinda	36,916	14,397				80%	29,333	11,518			
Van Driver	Jones Robert	33,885	13,215				80%	27,108	10,572			
OSS 1	Bochanah Margaret	43,998	16,925	25%	10,849.50	4,231.31	35%	15,189	5,824	0	0	
Site Monitor	Savigne Steve	25,513	17,921	58%	25,273.05	9,856.49	25%	11,488	4,480	0	0	
Program Super	Patterson Krishnauna	57,006	22,232	15%	8,550.90	3,334.85	60%	34,204	13,339	0	0	
SW 3	Ramsay Terry	58,165	22,696	30%	17,458.52	6,808.82	50%	29,098	11,348	0	0	
Prog Mngr 2.	Wilson Carol	75,019	29,262	25%	18,754.25	7,315.41	50%	37,509	14,631	0	0	
TOTALS		\$629,515	\$245,151	xxxxxxxx	\$304,204	\$118,349	xxxxxxxx	\$184,127	\$71,812	xxxxxxxx	\$0	\$0

\$488,331 \$190,151

Metro Social Services  
 For the Period 07/01/18 - 06/30/19  
 Date Submitted 02/26/18

Budget Section  
 Page 3 of 3

Service Provider Matching Revenues and Other Program Funds  
 Source and Narrative

Source	Total Budget	Hot Bulk	Frozen	Service #3
<u>Other Federal Funds</u>				
USDA	\$137,626	137,626	\$0	
Subtotal	\$137,626	\$137,626	\$0	
<u>Other State Funds</u>				
State HDM	\$58,800		58,800	
Subtotal	\$58,800		\$58,800	
<u>Other Government Funds</u>				
Metro match	\$79,391	42,532	36,859	
Metro match	\$486,266	283,213	203,053	
Subtotal	\$565,657	\$325,745	\$239,912	\$0
<u>Cash Contributions (non-Gov't)</u>				
Subtotal				
<u>In-Kind Contributions</u>				
In Kind	\$81,268	71,268	10,000	
Subtotal	\$81,268	\$71,268	\$10,000	
<u>Program Income</u>				
Program Income	\$20,800	20,800		
Subtotal	\$20,800	\$20,800		
<u>Other Matching Revenue</u>				
Subtotal				
<b>TOTAL MATCHING REVENUES</b>	<b>\$864,151</b>	<b>\$555,439</b>	<b>\$308,712</b>	<b>\$0</b>
<u>Other Program Funds</u>				
	\$0	\$0	\$0	
<b>TOTAL OTHER PROGRAM FUNDS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Service Provider Metro Social Services  
For the Period 07/01/18 - 06/30/19  
Date Submitted 02/26/18

Budget Section  
Page 4 of 4

### BUDGET NARRATIVE

Provide detail explanations and calculations for every item  
of proposed expenditure covered by this budget.

#### Nutrition Programs

Salaries and Wages	\$488,331	Calculated using the pay plan approved by the Metro Council
Fringe Benefits	190,161	Calculated based actuals
Professional fees	2,415	Food service permits; software license
Supplies	8,018	Office supplies
Food	463,749	Food purchases and preparation
Telephone	6,921	Office telephone services and cell phones
Equipment Rental	286	Copier lease
Printing/Publications	172	Stationary, forms and subscriptions
Travel	11,030	Charges for bus service, local transport
Contracted Services	8,775	Central charges; dietician
Special Events	6,000	Volunteer banquet and awards
Admin Costs	327,060	overhead @ 27.58% - see indirect cost plan
Total Direct Expenses	<u>\$1,512,918</u>	

Service Provider Metro Social Services  
For the Period 07/01/18 - 06/30/19  
Date Submitted 02/26/18

Budget Section  
Page 5 of 5

### INDIRECT COST PLAN

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Attach copies of the latest approved indirect cost rate.

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available upon request

MSS STATUS &

CERTIFICATE OF LIABILITY INSURANCE

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



MEGAN BARRY  
MAYOR

JON COOPER  
DIRECTOR OF LAW

DEPARTMENT OF LAW  
METROPOLITAN COURTHOUSE, SUITE 108  
P O BOX 196300  
NASHVILLE, TENNESSEE 37219-6300  
(615) 862-6341 • (615) 862-6352 FAX

February 6, 2018

Greater Nashville Regional Council  
Attn: Marilyn Wade  
220 Athens Way Suite 200  
Nashville, Tn 37228

Re: Insurance- Metropolitan Government of Nashville and Davidson County

Dear Ms. Wade,

The Metropolitan Government of Nashville and Davidson County, is a metropolitan form of government as set out under the Governmental Tort Liability Act in TCA 29-20-101, et seq., and as such has its liability limits defined by law. The Metro Government of Nashville and Davidson County carries no insurance; however, it is self-insured in an adequately funded Self-Insurance Program, up to the limits as set out in the statute. This self-insurance is for the benefit of the Metro Government only and provides no indemnification for any other entity whatsoever.

We trust this statement is sufficient to meet your requirements. If there is anything else we can furnish you, please advise. I can be reached via e-mail at [balogun.cobb@nashville.gov](mailto:balogun.cobb@nashville.gov) or telephone at 615.880.3753.

Sincerely,

A handwritten signature in black ink, appearing to read "Balogun Cobb".

Balogun Cobb  
Insurance Division Manager

Davidson County Clerk's Office  
 700 Second Avenue South, Suite 101  
 P.O. Box 196333  
 Nashville, Tennessee 37219-6333  
 615-862-6254



NASHVILLE AND DAVIDSON COUNTY BUSINESS  
 TAX LICENSE

BUSINESS NUMBER	204176
RECEIPT NUMBER	0860905
THIS LICENSE EXPIRES	05/15/2018

OWNER(S)/OFFICER(S)	
ASAM KHAN	
AZAM MALIK	

BUSINESS LOCATION ADDRESS	
PICCADILLY HOLDINGS LLC	
874 MURFREESBORO PIKE	
NASHVILLE, TN 37217	

PICCADILLY HOLDINGS LLC  
 4150 S SHERWOOD FOREST BLVD  
 BATON ROUGE, LA 70816

MUST DISPLAY IN A CONSPICUOUS PLACE

Contact Metro Codes to verify this location is properly zoned.

BUSINESS NUMBER	204176
RECEIPT NUMBER	0860905
CLASSIFICATION	2

TAX PERIOD

FROM	STARTED
TO	08/01/2017

	CITY	COUNTY
TOTAL GROSS SALES		
LESS DEDUCTIONS		
BUSINESS TAX DUE (LESS CREDITS)		
MINIMUM TAX		
PENALTY		
INTEREST		
NEW LICENSE FEE	15.00	15.00
TOTAL TAX DUE	15.00	15.00

THIS LICENSE EXPIRES 05/15/2018  
 ORIGINAL ISSUE DATE 01/11/2018  
 DESIGNATED ISSUE USER 0010720ARD

COMBINED TOTAL 30.00

*Brenda Wynn*

BRENDA WYNN, COUNTY CLERK

A ROBERSON  
 DEPUTY CLERK

STANDARD BUSINESS TAX LICENSE

TOTAL DUE	\$30.69
CREDIT CARD	\$30.69
AUTH NO.	024809
CHANGE	\$0.00

USER	JMAYNARD
STATION	WK220
DRAWER	268
SITE	1
WORK DATE	01/11/2018



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Boyle Insurance Agency, Inc. 6900 Poplar Avenue, Suite 100 Memphis TN 38119		<b>CONTACT NAME:</b> Stacy Becker <b>PHONE (A/C No, Ext):</b> (901)768-0200 <b>FAX (A/C No):</b> (901)768-4210 <b>EMAIL ADDRESS:</b> stacyb@boyle.com	
<b>INSURED</b> Cumberland View Towers, Inc. 1201 Cheyenne Blvd Madison TN 37115		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Church Mutual Insurance Company INSURER B: All Vernon Fire Insurance INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** CL17121102439      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSP)	WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR General / Professional Liability <input checked="" type="checkbox"/> Abuse or Molestation	Y		0316332-02-068267	12/11/2017	12/11/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000
A	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Hired/Non Owned Auto						PRODUCTS - COMP/OP AGG \$ 5,000,000 Employee Benefits \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			0316332-09-088268	12/11/2017	12/11/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			0316332-81-088289	12/11/2017	12/11/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A/B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in OH) If yes, describe below	Y/N	N/A	(A)02-068267/(B)ND02007997H	12/11/2017	12/11/2018	PER STATUTE    OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$ Building & BPP \$18,872,336 Limit of Liability \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate Holder is named as Mortgagee (Additional Insured and Loss Payee) per contract.

<b>CERTIFICATE HOLDER</b> Bellwether Enterprise Real Estate Capital, LLC Attn: Servicing 1300 E. 8th, Ste. 300 Cleveland OH 44114	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

# Cumberland View Towers, Inc.



1201 Cheyenne Blvd  
Madison, TN 37115  
Phone: (615) 868-8653  
Fax: (615) 868-9942

Vicky Smith  
Administrator  
[vps@cumberlandviewtowers.org](mailto:vps@cumberlandviewtowers.org)

February 14, 2018

RE: Request for Certificate of Liability Insurance Form

Dear Steve,

Please find attached our COI Form.

---

Thanks,

Vicky Smith, Administrator

---

Cumberland View Towers

Office 615-868-8653

Fax 615-868-9942

Email [vps@cumberlandviewtowers.org](mailto:vps@cumberlandviewtowers.org)

Note: This Fax may contain PRIVILEGED and CONFIDENTIAL information. If you are not the intended recipient, any dissemination, distribution, or copy of this Fax is prohibited. If you have received this email in error, please delete it and immediately notify the sender.



TIME RECEIVED  
February 8, 2018 9:54:47 AM CST

REMOTE CSID  
96158801369

DURATION PAGES  
89 2

STATUS  
Received

02/08/2018 09:58

96158801369

DANDRIDGE

PAGE 01

*Dandridge*



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
02/08/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or so endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Franklin Street Insurance Services 600 N Westshore Blvd Suite 600 Tampa FL 33609	CONTACT NAME: Megan Manning PHONE (Int. No. Ext.): (813)839-7330 E-MAIL ADDRESS: Megan.Manning@FranklinSt.com INSURER(S) AFFORDING COVERAGE INSURER A: QBE Specialty Insurance Co. NAIC # 11516 INSURER B: Steadfast Insurance Company 26367 INSURER C: Federal Insurance Company 20201 INSURER D: Lloyd's of London INSURER E: Granita State Insurance Company 23800 INSURER F:
INSURED Dandridge II, L.P. LHP Management, LLC; FKA Lawler-Wood Housing, LLC 900 S Gay Street, Suite 2000 Knoxville TN 37902	

COVERAGES CERTIFICATE NUMBER: 17-18 Dandridge REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER CLASS	TYPE OF INSURANCE	AUTO/OTHER INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$5,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC. OTHER:	Y	EASX101587	11/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPLETION AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		EASX101587	11/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		AUCB24243805	03/25/2017	03/23/2018	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/LIBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC014220186	05/01/2017	05/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 500,000 EL DISEASE - EMPLOYER \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000
C	Crimes		B2346088	02/01/2018	10/01/2018	Crime \$5,000,000 Deductible \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more spaces required)  
 30 Day Notice of Cancellation except 10 Day Notice of Cancellation for Non-Payment of Premium  
 Terrorism Coverage is Included in all coverages mentioned above.  
 Umbrella Policy is Follow Form.  
 Re: Dandridge Tower, 431 Ocala Dr., Nashville, TN 37211

CERTIFICATE HOLDER Metropolitan Government of Nashville and Davidson County 623 Mainstream Drive, Ste A Nashville TN 37228	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
--	---

Dandridge

**Certificate of Insurance (Con't)**

**OTHER Coverage**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	W/O SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMIT
<input type="checkbox"/>	3-Year Pollution Policy			ENVF000014817	11/01/2017	10/01/2020	\$2,000,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/06/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Franklin Street Insurance Services 600 N Westshore Blvd Suite 600 Tampa FL 33609	CONTACT NAME: Megan Manning	
	PHONE (A/C No, Ext): (813)839-7300 FAX (A/C No): (813)839-7330	
	E-MAIL ADDRESS: Megan.Manning@Franklinst.com	
INSURED Chippington II, L.P. LHP Management, LLC; FKA Lawler-Wood Housing, LLC 900 S Gay Street, Suite 2000 Knoxville TN 37902	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: QBE Specialty Insurance Co.	11515
	INSURER B: Steadfast Insurance Company	26387
	INSURER C: Federal Insurance Company	20281
	INSURER D: Lloyds of London	
	INSURER E: Granite State Insurance Company	23809
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 17-18 Chippington | REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDD INSD	SUBRN WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$5,000 Deductible		Y	EASX101567	11/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		Y	EASX101567	11/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		Y	AUC924243805	03/25/2017	03/25/2018	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC014220185	05/01/2017	05/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Crime			82346088	02/01/2018	10/01/2018	Crime \$5,000,000 Deductible \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

30 Day Notice of Cancellation except 10 Day Notice of Cancellation for Non-Payment of Premium  
 Terrorism Coverage is Included in all coverages mentioned above.  
 Umbrella Policy is Follow Form.  
 Re: Chippington I, 94 Berkley Dr., Madlson, TN 37115  
 Certificate holder is included as Additional Insured with regards to the above policies.

CERTIFICATE HOLDER  Metropolitan Government of Nashville and Davidson County 523 Mainstream Drive Ste A  Nashville TN 37228	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

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## Certificate of Insurance (Con't)

### OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMIT
D	3-Year Pollution Policy			ENVP000014817	11/01/2017	10/31/2020	\$2,000,000

COMMENTS/REMARKS

Trebecca Towas

MAIL TO:

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY  
ATTN: CAROL WILSON  
METRO SOCIAL SERVICES  
P.O. BOX 196300  
NASHVILLE, TN. 37219-6300



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/02/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> Frank E. Neal & Co., Inc. P.O. Box 40507 193-B Polk Avenue (37210) Nashville TN 37204		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (615)383-8874 FAX (A/C, No): (615)383-8839 E-MAIL ADDRESS: L.Tomberlain@feneal.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: Tokio Marine America	NAIC# 10945
		INSURER B: Progressive Hawaii Ins Co	10067
		INSURER C: National Union Fire Co Pittsburgh	091368
		INSURER D: Bridgefield Casualty Insurance	10335
		INSURER E: Travelers Cas & Surety Co of America	31194
		INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 2/1/18-19 AUTO 11/1

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

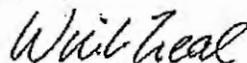
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD YWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		PPK1606619	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ 1,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ Included
						\$
B	AUTOMOBILE LIABILITY		05500557	11/01/2017	11/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		BE021521699	02/01/2018	02/01/2019	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		19638460	02/01/2018	02/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
E	CRIME - EMPLOYEE DISHONESTY COVERAGE		105739419	02/01/2018	02/01/2021	LIMIT: 450,000
						DEDUCTIBLE: 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As respects General Liability, the certificate holder is additional insured per form GSGG010 with respect to the written contract between the certificate holder and the named insured for the referenced project or agreement.

## CERTIFICATE HOLDER

## CANCELLATION

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY P.O. BOX 196300 NASHVILLE TN 37219-6300	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Client#: 20792

FREEWEBB

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
10/17/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER The Crichton Group 3011 Amory Drive Suite 250 615-383-9761 Nashville, TN 37204	CONTACT NAME: Melissa Wilder PHONE (A/C, No, Ext): 615-688-6116 FAX (A/C, No): 615-514-5720 E-MAIL ADDRESS: mwilder@thecrichtongroup.com
	INSURER(S) AFFORDING COVERAGE
INSURED Freeman Webb Company, Realtors C/O: Freeman Webb Company Realtors 3810 Bedford Avenue Suite# 300 Nashville, TN 37215	INSURER A: QBE Insurance Corporation 39217
	INSURER B: Federal Insurance Company 20281
	INSURER C: Zurich American Insurance Compa 16535
	INSURER D: Travelers Property Casualty Com 25674
	INSURER E: INSURER F:

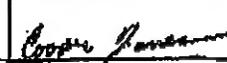
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		EASX100030	10/01/2017	10/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$50,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMPROP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EASX100030	10/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		79883276	10/01/2017	10/01/2018	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	WC880942800	03/01/2017	03/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000
D	Excess Liability		ZLP91M4289716NF	10/01/2017	10/01/2018	\$25,000,000 Each Occ \$25,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Old Hickory Tower 930 Industrial Road, Old Hickory, TN 37138

The certificate holder is an additional insured with respect to the General Liability policy as required by written contract.  
 Subject to all of the terms, conditions, exclusions, and definitions of the above referenced policies as issued by the carrier(s).

CERTIFICATE HOLDER Metropolitan Government of Nashville and Davidson County Metro Courthouse Suite 108 Nashville, TN 37201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Client#: 13902

SENICIT

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/22/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER The Crichton Group 3011 Armory Drive Suite 250 Nashville, TN 37204	CONTACT NAME: Lisa Hess	FAX (A/C, No): 615 383-4628	
	PHONE (A/C, No, Ext): 615 383-9761	E-MAIL ADDRESS: LHess@thecrichtongroup.com	
INSURED Senior Citizens, Inc. DBA FiftyForward 174 Rains Avenue Nashville, TN 37203-5319	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hanover American Insurance Comp		36064 A
	INSURER B: Hanover Insurance Company		22292 A
	INSURER C: Hartford Underwriters Insurance		30104 A+
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		ZZ5959993205	07/01/2017	07/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> HIRED PhysDmg	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	AZ5954344805 \$50K Max Limit -500/1000 Deds-	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	UH5959993105	07/01/2017	07/01/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below:	Y/N <input checked="" type="checkbox"/> N/A	6S60UB9F65100717	04/24/2017	04/24/2018	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional Liab		ZZ5959993205	07/01/2017	07/01/2018	\$1Mil Occur/\$3Mil Aggr
A	Property		ZZ5959993205	07/01/2017	07/01/2018	SpcFrm;RC;AV;\$1000 Ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Verification of coverage.

CERTIFICATE HOLDER DBA FIFTYFORWARD	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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### Certificate of Insurance (Con't)

#### OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMIT
D	3-Year Pollution Policy			ENVP000014817	11/01/2017	10/01/2020	\$2,000,000

**COPIES OF SITE AGREEMENTS**

**Ricketts, Lisa (Social Services)**

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**From:** Fuller, Marlene (Metro Clerk)  
**Sent:** Wednesday, July 13, 2016 3:48 PM  
**To:** Ricketts, Lisa (Social Services)  
**Subject:** nutrition services agmts filed  
**Attachments:** l-3578-1.pdf; l-3578-2.pdf; l-3578-3.pdf; l-3578-4.pdf; l-3578-5.pdf; l-3578-6.pdf;  
l-3578-7.pdf; l-3578-8.pdf; l-3578-9.pdf

Marlene Fuller  
Metropolitan Clerk's Office  
1 Public Square, Suite 205  
Nashville TN 37201  
615-862-6770  
615-880-3733 (fax)  
[marlene.fuller@nashville.gov](mailto:marlene.fuller@nashville.gov)

TEMPLATES ATTACHED IN EMAIL

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION  
COOPERATIVE AGREEMENT WITH  
Chippington Tower II, A PUBLIC OR VOLUNTARY WELFARE AGENCY

This contract is entered into on this 1st day of July, 2016, by and between THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION ("MSS") AND Chippington Tower II ("Partner Agency"). This contract consists of this document and Attachment A – Schedule of Terms. In the event of directly conflicting provisions, the agreement shall be interpreted with Attachment A having priority over this document.

1. Purpose. The purpose of this agreement is to cooperate to provide nutrition services to the citizens of Davidson County.
2. Duties and Responsibilities of Partner Agency. Partner Agency agrees to provide services as described in Attachment A – Schedule of Terms.
3. MSS Duties and Responsibilities. MSS agrees to provide services as described in Attachment A – Schedule of Terms.
4. Term. This contract shall be effective from the date this contract is signed by all required parties and filed in the office of the Metropolitan Clerk. Metro contemplates that the contract term will begin on or about July 1, 2016 (beginning date). The contract term will end thirty-six (36) months from the beginning date.
5. Compensation. There will be no charges or fees for the performance of this contract.
6. Taxes. MSS shall not be responsible for any taxes that are imposed upon Partner Agency. Furthermore, Partner Agency understands that it cannot claim exemption from taxes by virtue of any exemption that is provided to MSS.
7. Termination – Breach. Should Partner Agency fail to fulfill in a timely and proper manner its obligations under this contract or if it should violate any of the terms of this contract, MSS shall have the right to immediately terminate the contract. Such termination shall not relieve Partner Agency of any liability to MSS for damages sustained by virtue of any breach by Partner Agency.
8. Termination – Funding. Should funding for this contract be discontinued, MSS shall have the right to terminate the contract immediately upon written notice to Partner.
9. Termination – Notice. Either party may terminate this contract at any time upon thirty (30) days written notice to the other party. If this agreement is

terminated under this term by either party, the obligations set forth in Attachment A shall be deemed satisfied.

10. **Compliance with Laws.** Partner Agency agrees to comply with any applicable federal, state, and local laws and regulations.
11. **Assignment – Consent Required.** The provisions of this contract shall inure to the benefit of and shall be binding upon the respective successors and assignees of the parties hereto. Except for the rights of any money due to Partner Agency under this contract, neither this contract nor any of the rights and obligations of Partner Agency hereunder shall be assigned or transferred in whole or in part without the prior written consent of MSS. Any such assignment or transfer shall not release Partner Agency from its obligations hereunder.
12. **Maintenance of Records.** Partner Agency shall maintain documentation for all charges against MSS. The books, records, and documents of Partner Agency, insofar as they relate to work performed or money received under the contract, shall be maintained for a period of three (3) full years from the date of termination and will be subject to audit, at any reasonable time and upon reasonable notice by MSS or its duly appointed representatives. The records shall be maintained in accordance with generally accepted accounting principles.
13. **Monitoring.** The Partner Agency's activities conducted pursuant to this Contract shall be subject to monitoring and evaluation by Metro, the Department of Finance/Division of Internal Audit, or their duly appointed representatives.
14. **MSS Property.** Any MSS property that is in Partner Agency's possession shall be maintained by Partner Agency in good condition and repair, and shall be returned to MSS by Partner Agency upon termination of the contract. All goods, documents, records, and other work product and property produced during the performance of this contract are deemed to be MSS property.
15. **Modification of Contract.** This contract may be modified only by written amendment executed by all parties and their signatories hereto. All change orders, where required, shall be executed in conformance with section 4.24.020 of the Metropolitan Code of Laws.
16. **Partnership/Joint Venture.** Nothing herein shall in any way be construed or intended to create a partnership or joint venture between the parties or to create the relationship of principal and agent between or among any of the parties. None of the parties hereto shall hold itself out in a manner contrary to the terms of this paragraph. No party shall become liable for any representation, act, or omission of any other party contrary to the terms of this paragraph.
17. **Waiver.** No waiver of any provision of this contract shall affect the right of any party thereafter to enforce such provision or to exercise any right or remedy available to it in the event of any other default.

18. **Employment.** Partner Agency shall not subscribe to any personnel policy which permits or allows for the promotion, demotion, employment, dismissal or laying off of any individual due to race, creed, color, national origin, age, sex, or which is in violation of applicable laws concerning the employment of individuals with disabilities.

19. **Insurance.** During the term of this Contract, Partner Agency shall maintain comprehensive general liability insurance and fire and theft commercial umbrella insurance with limits not less than one million dollars (\$1,000,000.00) each occurrence. The Metropolitan Government of Nashville and Davidson County shall be included as an insured on the comprehensive general liability policy. Contract shall maintain workers' compensation insurance with state minimums as required by the State of Tennessee or other applicable laws of employers' liability insurance with limits of not less than \$500,000. A certificate of insurance in a form satisfactory to Metro evidencing said coverage shall be provided to Metro prior to commencement of performance of this Contract. Upon expiration of this contract, Partner Agency shall provide an updated certificate of insurance upon expiration of the current certificate.

20. **Notices.** Notices to MSS regarding this agreement shall be sent to: Carol Wilson, Metro Social Services, PO Box 196300, Nashville, TN 37219-6300.

Notices to Partner Agency regarding this agreement shall be sent to:

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21. **Contingent Fees.** Partner Agency hereby represents that Partner Agency has not been retained or retained any persons to solicit or secure a Metropolitan Government contract upon an agreement or understanding for a contingent commission, percentage, or brokerage fee, except for retention of bona fide employee or bona fide established commercial selling agencies for the purpose of securing business. Breach of the provisions of this paragraph is, in addition to a breach of this contract, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from being a contractor or subcontractor under Metropolitan Government contracts.

22. **Gratuities and Kickbacks.** It shall be a breach of ethical standards for any person to offer, give or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy or other particular matter, pertaining to any program requirement of a contract or subcontract or to any solicitation or proposal therefore. IT shall be a breach of ethical standards for any payment,

gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or a person associated therewith, as an inducement for the award of a subcontract or order. Breach of the provisions of this paragraph is, in addition to a breach of this agreement, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from being a contractor or subcontractor under Metropolitan Government contracts.

**23. Indemnification and Hold Harmless.** Partner Agency shall indemnify and hold harmless MSS, its officers, agents, and employees from:

- a. Any claims, damages, costs and attorney fees for injuries or damages arising, in part or in whole, from the negligent or intentional acts or omissions of Partner Agency, its officers, employees and / or agents, including its sub or independent Partners, in connection with the performance of the contract.
- b. Any claims, damages, penalties, costs and attorney fees arising from any failure of Partner Agency, its officers, employees and/or agents, including sub or independent Partners, to observe applicable laws, including, but not limited to, labor laws and minimum wage laws.
- c. MSS will not indemnify, defend or hold harmless in any fashion the Partner from any claims arising from any failure, regardless of any language in any attachment or other document that the Partner Agency may provide.
- d. Partner Agency shall pay Metro any expenses incurred as a result of Partner Agency's failure to fulfill any obligation in a professional and timely manner under this contract.

**24. Attorney Fees.** Partner Agency agrees that, in the event either party deems it necessary to take legal action to enforce any provision of the contract, and in the event Metro prevails, Partner Agency shall pay all expenses of such action including Metro's attorney fees and costs at all stages of the litigation.

**25. Entire Contract.** This contract sets forth the entire agreement between the parties with respect to the subject matter hereof and shall govern the respective duties and obligations of the parties.

**26. Force Majeure.** No party shall have any liability to the other hereunder by reason of any delay or failure to perform any obligation or covenant if the delay or failure to perform is occasioned by force majeure, meaning any act of God, storm, fire, casualty, unanticipated work stoppage, strike, lockout, labor dispute, civil disturbance, riot, war, national emergency, act of Government, act of public enemy, or other cause of similar or dissimilar nature beyond its control.

27. **Governing Law.** The validity, construction, and effect of this contract and any and all extensions and/or modifications thereof shall be governed by the laws of the State of Tennessee. Tennessee law shall govern regardless of any language in any attachment or other document that the Partner may provide.
28. **Venue.** Any action between the parties arising from this agreement shall be maintained in the courts of Davidson County, Tennessee.
29. **Severability.** Should any provision of this contract be declared to be invalid by any court of competent jurisdiction, such provisions shall be severed and shall not affect the validity of the remaining provisions of this contract.
30. **Non-Discrimination.** It is the policy of the Metropolitan Government not to discriminate on the basis of age, race, sex, color, national origin, or disability in its hiring and employment practices, or in admission to, access to, or operation of its programs, services, and activities. With regard to all aspects of this contract, Partner certifies and warrants it will comply with this policy. No person shall be excluded from participation in, be denied benefits of, be discriminated against in the admission or access to, or be discriminated against in the treatment or employment in MSS's contracted programs or activities, on the grounds of handicap and/or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal or Tennessee State Constitutional or statutory law; nor shall they be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of contracts with MSS or in the employment practices of MSS's Partners. Accordingly, all Partner Agencies entering into contracts with MSS shall, upon request, be required to show proof of such nondiscrimination and to post in conspicuous places that are available to all employees and applicant, notices of nondiscrimination.
31. **Compliance with the Americans with Disabilities Act.** The Partner Agency will be required to provide assurances that it does not discriminate on the basis of disability in admission to, access to, or operations of its program, services, or activities, including hiring and employment practices. The contractor will insure that qualified applicant and participants with disabilities in its services, programs, or activities have communication access that is equally effective as that provided to people without disabilities. Information shall be made available in accessible formats and auxiliary aids and services shall be provided upon the reasonable request of a qualified person with a disability.
32. **Effective Date.** This contract shall not be binding upon the parties until it has been signed first by the Partner Agency and then by the authorized representatives of the Metropolitan Government and has been filed in the office of the Metropolitan Clerk. When it has been so signed and filed, this contract shall be effective as of the date first written above.

THE METROPOLITAN  
GOVERNMENT OF NASHVILLE  
AND DAVIDSON COUNTY BY AND  
THROUGH THE METROPOLITAN  
SOCIAL SERVICES COMMISSION:

[Signature]

Department Head

William R Harris

Commission Chairperson

APPROVED AS TO AVAILABILITY  
OF FUNDS:

[Signature]

Director of Finance

APPROVED AS TO INSURANCE:

[Signature]

Director of Insurance

APPROVED AS TO FORM AND  
LEGALITY:

[Signature]

Metropolitan Attorney

FILED IN THE OFFICE OF THE  
METROPOLITAN CLERK:

[Signature]

DATE FILED: JUL 12 2016

PARTNER AGENCY:

By: Mary Hart

Title: Area Manager

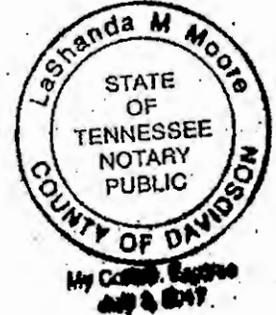
Sworn to and subscribed to before  
me, a Notary Public, this 13<sup>th</sup> day of  
May, 2016, by  
\_\_\_\_\_, the

\_\_\_\_\_, of  
Partner and duly authorized to  
execute this instrument on  
Contractor's behalf.

LaShanda Moore

Notary Public

My Commission Expires:  
July 3, 2017



**Attachment A to Cooperative Agreement between Metropolitan Social Services Commission and Chipping Tower II**

**SCHEDULE OF TERMS**

WHEREAS, The Metro Social Services, Nutrition Program, by authority granted in Title III-C of the Older American's Act of 1965; as amended, administers funds there under, and

WHEREAS, it is understood that one of the missions of The Nutrition Program, operating primarily with Title III-C funds of the Older Americans Act, is to provide nutrition services to persons 60+ years of age; and

WHEREAS, it is the mission of Chipping Tower II to provide a focal point on aging for comprehensive service delivery in the community to encourage the maximum collocation and coordination of services (Sec. 306 (a) (3) Older Americans Act.) where older persons can come together for services and activities which enhance their dignity, support their independence and encourage their involvement in and with the community; and

WHEREAS, it is the mission of the Area Agency on Aging & Disability to plan, develop, administer, coordinate, assess, and evaluate programs for persons sixty and over throughout Metro Nashville, Davidson County, as mandated by the Older Americans Act of 1965; and

WHEREAS, the Administration on Aging through Public Laws 95-478, Section 306 (a) (b) (1) mandates the Area Agency on Aging to establish effective and efficient procedures for coordination between the programs assisted with Title III of the Older Americans Act; and

WHEREAS, all parties hereto desire to establish a mutual cooperative agreement which combines the efforts of the nutrition program and the partner agency to coordinate services to persons sixty years of age and older;

NOW, therefore, in order to implement the above stated purpose, the parties mutually agree to the following requirements:

**Partner Agency Requirements:**

1. The building owner is responsible for applicable Fire and Life Safety Code Compliance.
2. The building owner is responsible for liability insurance pursuant to Term 19 of this agreement.

*Metropolitan Government  
of Nashville and Davidson County*



**STEVE LAVIGNE**  
Nutrition Site Monitor  
Nutrition Program  
Metropolitan Social Services

800 2nd Avenue North  
Suite 100  
Nashville, TN 37201  
615-880-2671 (office)

PO Box 196300  
Nashville, TN 37219-6300  
steve.lavigne@nashville.gov  
615-214-3671 (fax)



# CERTIFICATE OF LIABILITY INSURANCE

170157

DATE (MM/DD/YYYY)  
5/11/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Commercial Lines- 312-920-9177 Wells Fargo Insurance Services USA, Inc. 10 S. Wacker, 17th floor Chicago, IL 60606	<b>CONTACT NAME:</b> PHONE: (A/C No. Ext): E-MAIL: ADDRESS:		FAX (A/C No): 312 658 4100
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> LHP Management, LLC; FKA Lawler-Wood Housing, LLC 906 S. Gay St. Ste 2000 Knoxville, TN 37902	<b>INSURER A:</b> First Specialty Insurance Corporation		34916
	<b>INSURER B:</b> Steadfast Insurance Company		26387
	<b>INSURER C:</b> Federal Insurance Company		20281
	<b>INSURER D:</b> AIG Specialty Insurance Company		26883
	<b>INSURER E:</b> <b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 10457937

REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$5,000 Deductible <input checked="" type="checkbox"/> Terrorism Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		IRG200216201	11/01/2015	11/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EBL & Stop 'Gap (Each) \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		IRG200216201	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		AUC924243804 Terrorism Included	3/25/2016	3/25/2017	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below)	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OFF-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Crime Employee Theft		82346088 82346088	02/01/2016 02/01/2016	02/01/2017 02/01/2017	\$2,500,000/\$10,000 Ded. \$5,000,000/\$10,000 Ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE:Chippington I 84 Berkley Drive Madison, TN 37115  
 Named Insured: Chippington II LP/ Chippington GP LLC  
 Certificate Holder is listed as Additional Insured to the General Liability policy as required by written contract or agreement.  
 30 Days Notice of Cancellation/Non renewal except 10 days for nonpayment of premium

**CERTIFICATE HOLDER****CANCELLATION**

Metropolitan Government of Nashville and Davidson County  
 523 Mainstream Drive Ste A  
 Nashville, TN 37228

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

The ACORD name and logo are registered marks of ACORD

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ACORD 25 (2014/01)

(This certificate replaces certificates 10125955 issued on 2/9/2016)

### Certificate of Insurance (Con't)

#### OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
D	3-Year Pollution Policy			18154639	11/01/2014	11/01/2017	2,000,000

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION  
COOPERATIVE AGREEMENT WITH  
Cumberland View Tower, A PUBLIC OR VOLUNTARY WELFARE AGENCY

This contract is entered into on this 1st day of July, 2016, by and between THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION ("MSS") AND Cumberland View Tower ("Partner Agency"). This contract consists of this document and Attachment A – Schedule of Terms. In the event of directly conflicting provisions, the agreement shall be interpreted with Attachment A having priority over this document.

1. Purpose. The purpose of this agreement is to cooperate to provide nutrition services to the citizens of Davidson County.
2. Duties and Responsibilities of Partner Agency. Partner Agency agrees to provide services as described in Attachment A – Schedule of Terms.
3. MSS Duties and Responsibilities. MSS agrees to provide services as described in Attachment A – Schedule of Terms.
4. Term. This contract shall be effective from the date this contract is signed by all required parties and filed in the office of the Metropolitan Clerk. Metro contemplates that the contract term will begin on or about July 1, 2016 (beginning date). The contract term will end thirty-six (36) months from the beginning date.
5. Compensation. There will be no charges or fees for the performance of this contract.
6. Taxes. MSS shall not be responsible for any taxes that are imposed upon Partner Agency. Furthermore, Partner Agency understands that it cannot claim exemption from taxes by virtue of any exemption that is provided to MSS.
7. Termination – Breach. Should Partner Agency fail to fulfill in a timely and proper manner its obligations under this contract or if it should violate any of the terms of this contract, MSS shall have the right to immediately terminate the contract. Such termination shall not relieve Partner Agency of any liability to MSS for damages sustained by virtue of any breach by Partner Agency.
8. Termination – Funding. Should funding for this contract be discontinued, MSS shall have the right to terminate the contract immediately upon written notice to Partner.
9. Termination – Notice. Either party may terminate this contract at any time upon thirty (30) days written notice to the other party. If this agreement is

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION  
COOPERATIVE AGREEMENT WITH  
Senior Renaissance Center, A PUBLIC OR VOLUNTARY WELFARE AGENCY

This contract is entered into on this 1st day of July, 2016, by and between THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION ("MSS") AND Senior Renaissance Center ("Partner Agency"). This contract consists of this document and Attachment A – Schedule of Terms. In the event of directly conflicting provisions, the agreement shall be interpreted with Attachment A having priority over this document.

1. Purpose. The purpose of this agreement is to cooperate to provide nutrition services to the citizens of Davidson County.
2. Duties and Responsibilities of Partner Agency. Partner Agency agrees to provide services as described in Attachment A – Schedule of Terms.
3. MSS Duties and Responsibilities. MSS agrees to provide services as described in Attachment A – Schedule of Terms.
4. Term. This contract shall be effective from the date this contract is signed by all required parties and filed in the office of the Metropolitan Clerk. Metro contemplates that the contract term will begin on or about July 1, 2016 (beginning date). The contract term will end thirty-six (36) months from the beginning date.
5. Compensation. There will be no charges or fees for the performance of this contract.
6. Taxes. MSS shall not be responsible for any taxes that are imposed upon Partner Agency. Furthermore, Partner Agency understands that it cannot claim exemption from taxes by virtue of any exemption that is provided to MSS.
7. Termination – Breach. Should Partner Agency fail to fulfill in a timely and proper manner its obligations under this contract or if it should violate any of the terms of this contract, MSS shall have the right to immediately terminate the contract. Such termination shall not relieve Partner Agency of any liability to MSS for damages sustained by virtue of any breach by Partner Agency.
8. Termination – Funding. Should funding for this contract be discontinued, MSS shall have the right to terminate the contract immediately upon written notice to Partner.
9. Termination – Notice. Either party may terminate this contract at any time upon thirty (30) days written notice to the other party. If this agreement is

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION  
COOPERATIVE AGREEMENT WITH  
Dandridge Tower, A PUBLIC OR VOLUNTARY WELFARE AGENCY

This contract is entered into on this 1st day of July, 2016, by and between THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION ("MSS") AND Dandridge Tower ("Partner Agency"). This contract consists of this document and Attachment A – Schedule of Terms. In the event of directly conflicting provisions, the agreement shall be interpreted with Attachment A having priority over this document.

1. **Purpose.** The purpose of this agreement is to cooperate to provide nutrition services to the citizens of Davidson County.
2. **Duties and Responsibilities of Partner Agency.** Partner Agency agrees to provide services as described in Attachment A – Schedule of Terms.
3. **MSS Duties and Responsibilities.** MSS agrees to provide services as described in Attachment A – Schedule of Terms.
4. **Term.** This contract shall be effective from the date this contract is signed by all required parties and filed in the office of the Metropolitan Clerk. Metro contemplates that the contract term will begin on or about July 1, 2016 (beginning date). The contract term will end thirty-six (36) months from the beginning date.
5. **Compensation.** There will be no charges or fees for the performance of this contract.
6. **Taxes.** MSS shall not be responsible for any taxes that are imposed upon Partner Agency. Furthermore, Partner Agency understands that it cannot claim exemption from taxes by virtue of any exemption that is provided to MSS.
7. **Termination – Breach.** Should Partner Agency fail to fulfill in a timely and proper manner its obligations under this contract or if it should violate any of the terms of this contract, MSS shall have the right to immediately terminate the contract. Such termination shall not relieve Partner Agency of any liability to MSS for damages sustained by virtue of any breach by Partner Agency.
8. **Termination – Funding.** Should funding for this contract be discontinued, MSS shall have the right to terminate the contract immediately upon written notice to Partner.
9. **Termination – Notice.** Either party may terminate this contract at any time upon thirty (30) days written notice to the other party. If this agreement is

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION  
COOPERATIVE AGREEMENT WITH  
Hickory Hollow Tower, A PUBLIC OR VOLUNTARY WELFARE AGENCY

This contract is entered into on this 1st day of July, 2016, by and between THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION ("MSS") AND Hickory Hollow Tower ("Partner Agency"). This contract consists of this document and Attachment A – Schedule of Terms. In the event of directly conflicting provisions, the agreement shall be interpreted with Attachment A having priority over this document.

1. Purpose. The purpose of this agreement is to cooperate to provide nutrition services to the citizens of Davidson County.
2. Duties and Responsibilities of Partner Agency. Partner Agency agrees to provide services as described in Attachment A – Schedule of Terms.
3. MSS Duties and Responsibilities. MSS agrees to provide services as described in Attachment A – Schedule of Terms.
4. Term. This contract shall be effective from the date this contract is signed by all required parties and filed in the office of the Metropolitan Clerk. Metro contemplates that the contract term will begin on or about July 1, 2016 (beginning date). The contract term will end thirty-six (36) months from the beginning date.
5. Compensation. There will be no charges or fees for the performance of this contract.
6. Taxes. MSS shall not be responsible for any taxes that are imposed upon Partner Agency. Furthermore, Partner Agency understands that it cannot claim exemption from taxes by virtue of any exemption that is provided to MSS.
7. Termination – Breach. Should Partner Agency fail to fulfill in a timely and proper manner its obligations under this contract or if it should violate any of the terms of this contract, MSS shall have the right to immediately terminate the contract. Such termination shall not relieve Partner Agency of any liability to MSS for damages sustained by virtue of any breach by Partner Agency.
8. Termination – Funding. Should funding for this contract be discontinued, MSS shall have the right to terminate the contract immediately upon written notice to Partner.
9. Termination – Notice. Either party may terminate this contract at any time upon thirty (30) days written notice to the other party. If this agreement is

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION  
COOPERATIVE AGREEMENT WITH  
Old Hickory Tower, A PUBLIC OR VOLUNTARY WELFARE AGENCY

This contract is entered into on this 1st day of July, 2016, by and between THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION ("MSS") AND Old Hickory Tower ("Partner Agency"). This contract consists of this document and Attachment A – Schedule of Terms. In the event of directly conflicting provisions, the agreement shall be interpreted with Attachment A having priority over this document.

1. **Purpose.** The purpose of this agreement is to cooperate to provide nutrition services to the citizens of Davidson County.
2. **Duties and Responsibilities of Partner Agency.** Partner Agency agrees to provide services as described in Attachment A – Schedule of Terms.
3. **MSS Duties and Responsibilities.** MSS agrees to provide services as described in Attachment A – Schedule of Terms.
4. **Term.** This contract shall be effective from the date this contract is signed by all required parties and filed in the office of the Metropolitan Clerk. Metro contemplates that the contract term will begin on or about July 1, 2016 (beginning date). The contract term will end thirty-six (36) months from the beginning date.
5. **Compensation.** There will be no charges or fees for the performance of this contract.
6. **Taxes.** MSS shall not be responsible for any taxes that are imposed upon Partner Agency. Furthermore, Partner Agency understands that it cannot claim exemption from taxes by virtue of any exemption that is provided to MSS.
7. **Termination – Breach.** Should Partner Agency fail to fulfill in a timely and proper manner its obligations under this contract or if it should violate any of the terms of this contract, MSS shall have the right to immediately terminate the contract. Such termination shall not relieve Partner Agency of any liability to MSS for damages sustained by virtue of any breach by Partner Agency.
8. **Termination – Funding.** Should funding for this contract be discontinued, MSS shall have the right to terminate the contract immediately upon written notice to Partner.
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THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION  
COOPERATIVE AGREEMENT WITH  
Trevecca Tower I, A PUBLIC OR VOLUNTARY WELFARE AGENCY

This contract is entered into on this 1st day of July, 2016, by and between THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION ("MSS") AND Trevecca Tower I ("Partner Agency"). This contract consists of this document and Attachment A – Schedule of Terms. In the event of directly conflicting provisions, the agreement shall be interpreted with Attachment A having priority over this document.

1. Purpose. The purpose of this agreement is to cooperate to provide nutrition services to the citizens of Davidson County.
2. Duties and Responsibilities of Partner Agency. Partner Agency agrees to provide services as described in Attachment A – Schedule of Terms.
3. MSS Duties and Responsibilities. MSS agrees to provide services as described in Attachment A – Schedule of Terms.
4. Term. This contract shall be effective from the date this contract is signed by all required parties and filed in the office of the Metropolitan Clerk. Metro contemplates that the contract term will begin on or about July 1, 2016 (beginning date). The contract term will end thirty-six (36) months from the beginning date.
5. Compensation. There will be no charges or fees for the performance of this contract.
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THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION  
COOPERATIVE AGREEMENT WITH  
Riverwood Tower, A PUBLIC OR VOLUNTARY WELFARE AGENCY

This contract is entered into on this   1st   day of   July  , 2016, by and between THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION ("MSS") AND Riverwood Tower ("Partner Agency"). This contract consists of this document and Attachment A – Schedule of Terms. In the event of directly conflicting provisions, the agreement shall be interpreted with Attachment A having priority over this document.

1. Purpose. The purpose of this agreement is to cooperate to provide nutrition services to the citizens of Davidson County.
2. Duties and Responsibilities of Partner Agency. Partner Agency agrees to provide services as described in Attachment A – Schedule of Terms.
3. MSS Duties and Responsibilities. MSS agrees to provide services as described in Attachment A – Schedule of Terms.
4. Term. This contract shall be effective from the date this contract is signed by all required parties and filed in the office of the Metropolitan Clerk. Metro contemplates that the contract term will begin on or about July 1, 2016 (beginning date). The contract term will end thirty-six (36) months from the beginning date.
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THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION  
COOPERATIVE AGREEMENT WITH  
Fifty Forward Madison, A PUBLIC OR VOLUNTARY WELFARE AGENCY

This contract is entered into on this \_\_\_1st\_\_\_ day of \_\_\_July, 2016, by and between THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY BY AND THROUGH THE METROPOLITAN SOCIAL SERVICES COMMISSION ("MSS") AND Fifty Forward Madison ("Partner Agency"). This contract consists of this document and Attachment A – Schedule of Terms. In the event of directly conflicting provisions, the agreement shall be interpreted with Attachment A having priority over this document.

1. Purpose. The purpose of this agreement is to cooperate to provide nutrition services to the citizens of Davidson County.
2. Duties and Responsibilities of Partner Agency. Partner Agency agrees to provide services as described in Attachment A – Schedule of Terms.
3. MSS Duties and Responsibilities. MSS agrees to provide services as described in Attachment A – Schedule of Terms.
4. Term. This contract shall be effective from the date this contract is signed by all required parties and filed in the office of the Metropolitan Clerk. Metro contemplates that the contract term will begin on or about July 1, 2016 (beginning date). The contract term will end thirty-six (36) months from the beginning date.
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COPIES OF THE LICENSE AND CERTIFICATION  
FOR THE RD/ICE THE PROGRAM WILL USE

SUSAN R. POUSSON

Lic. #400

Licensed Dietitian/Nutritionist



322 CARROLLTON AVE  
METairie LA 70005-

Effective 07/03/1988  
Expiration 05/30/2018

*Martina Musmecc Salles*

Chairperson

## SCOPE OF WORK

**ATTACHMENT A: SCOPE OF WORK**

**REQUEST FOR PROPOSAL APPLICATION (RFPA)**

**Contract Period: July 1, 2018 to June 30, 2022**

Applicant Organization Name: Metro Social Services

Mailing Address: 800 2<sup>nd</sup> Avenue North, Nashville, Tn. 37201

Office Address: 800 2<sup>nd</sup> Avenue North, Nashville, Tn. 37201

Contact: Carol Wilson, Program Manager II

Name & Title

E-Mail Address: carol.wilson@nashville.gov

Telephone: 615-862-6471 Fax: 615-880-2291

Emergency Contact (Name & #): Renee Pratt, Executive Director, 615-862-6400

Date of Application: February 23, 2018

**I. COVER LETTER - Attached**

- a) Cover Letter – At a minimum, this letter must include the following:
- A statement that the accompanying application is in response to this RFPA.
  - A statement that the applicant is willing, if selected, to execute a contract with the Area Agency on Aging and Disability (AAAD).
  - A statement identifying the individual(s) authorized to finalize a contract with the AAAD on behalf of the Applicant.

**II. ORGANIZATIONAL STRUCTURE AND INFORMATION - Attached**

**Please provide a W-9**

a) Please identify the organizational structure of the applicant's governing body.

- Individual (sole proprietorship)
- Partnership
- Non-Profit Corporation
- For-Profit Corporation
- State University
- Other (explain) \_\_\_\_\_

b) Please indicate the status of your agency (check all that apply):

- minority owned/operated
- women owned/operated
- small business
- faith-based organization
- none of the above

c) History/Organizational Capacity - Attached

1. History: (Provide a brief history of the organization and its service delivery system for proposed Nutrition Services.)
  2. Governing Body: (Describe structure and responsibilities. Provide a list of the present membership of the Board of Directors or other governing body of the applicant. The list must include each member's name, address, sex, race and whether he or she is a person with a disability. Also include the method used for selecting and replacing board members.)
  3. Organizational Chart: (For overall agency and single organization unit responsible for delivering proposed service(s))
  4. Experience: (Describe within two pages organizational experience in working with older persons and/or adults with disabilities. Include the number of years in business.)
- d) Mission & Values: Briefly describe the approach and plans for service implementation, including:
1. Mission Statement - attached
  2. Values and/or guiding principles - attached
  3. Personnel:

**Program Manager II-** Carol Wilson has been employed with Metro Social Services since September 1993. The program manager is responsible for the overall day to day operations of the program. The Program Manager ensures the nutrition program policies and procedures are in compliance with TCAD Nutrition Chapter 7 standards. Program Manager will ensure that all contractual requirements are being met. The Program Manager maintains a current food safety certification.

4. Identify the key personnel who will be involved with the program. Please make available upon request a resume for each of the key personnel.( resumes attached)

**Nutrition Site Monitor-** Steve Lavigne

**Program Supervisor-** Krishauna Patterson

5. Identify the supervisory structure related to proposed service delivery.

**Nutrition Site Monitor-** Steve Lavigne has been employed with Metro Social Services over 10 years. The site monitor performs the administrative and supervisory duties which involve the supervision of 10 site managers, and the daily operations of Metro Social Services congregate meal program which serves eligible seniors throughout Davidson County. The site monitor is responsible for internal monitoring and evaluating the facilities for safety and sanitation compliance with TCAD Nutrition Chapter 7 standards. The site monitor is responsible for coordinating events functions as they pertain to program. The site monitor will serve as backup for site managers as needed. The site monitor will maintain accurate and professional congregate meals case records.

**Program Supervisor-** Krishauna Patterson has been employed with Metro Social Services since February 2008. The program supervisor is responsible for ensuring the Senior Nutrition program meets the needs of the customers through prescreening and assessing customers that are referred to the nutrition program for home delivered meals. The program supervisor performs administrative and supervisory duties which involve supervision of two van drivers and four site managers. The program supervisor and site monitor works as a team to ensure all sites are covered daily and all home delivered meals are delivered. The Program Supervisor assists the site monitor with internal monitoring and evaluating the facilities for safety and sanitation compliance with TCAD Nutrition Chapter 7 standards. The program supervisor provides case management services, maintains accurate and professional case records (options and home delivered meals).

- 6 Describe the qualifications and required competencies for persons who will serve as direct service workers. Include job descriptions. ( See Attachment)

**Two Full time** Metro paid van drivers who receive the home delivered meals from the contractor and deliver the meals to homebound eligible seniors living in Davidson County. The van drivers will perform routine checks on the customers during the weekly visits and assist with minor tasks which may enhance the customer's quality of life. Van drivers are responsible for insuring accurate meal counts, maintaining temp control, and inspection of the meals from the food vendor daily.

**Ten site managers** that serve the food, plan senior activities, plan for the next day's meal, oversee the assigned congregate meal site, ensure all safety and sanitation standards are observed, ensure food and supply waste is kept to a minimum, recruit, train and coordinate volunteers, ensure temperatures are accurate before and during the meal serving period and other administrative duties.

**Four full time office support** staff that provide administrative and clerical assistance (payroll, leave time, compile monthly reports, enter meals into the SAMS data base, over the meal count sheet).

**One full time** Master Level Social Worker who provides case management services, counseling and assists with determining the needs and eligibility of elderly and disabled customers in need of the nutrition program. Maintains case records, may assist at meal sites or home bound meals if needed.

**One full time** LBSW who provides case management services, counseling and assists with determining the needs and eligibility of elderly and disabled customers in need of the nutrition program. Maintains case records, may assist at meal sites or home bound meals if needed.

We currently have over 90 volunteers who assist with serving the meals, delivery of meals to homebound congregate meal customers, and meal counts.

7. Include the proposed training approaches and curriculum to be used to keep staff current in service delivery and best practices in services and supports. ( See Attached Training Plan)

Metropolitan Social Services (MSS) provides adequate training and supervision for employees to ensure optimal professionalism and service delivery. This agency strives to hire the best quality employee (ages 18 years and older) with a High School Diploma, GED, or College Graduate.

Metropolitan Social Services requires that all employees attend required Metro

Government and TCAD (Tennessee Commission on Aging and Disability) training.

The nutrition program training plan will include training in the following topics:

See Attachment

- Specific health, social, economic and nutritional needs of older consumers
- Nutrition Education
- Food service and management
- Safety and sanitation
- Monitoring and quality assurance
- Meal delivery
- Food handling, preparation and storage
- Temperature control and food safety
- Title VI, Civil Rights Act
- Records and reporting requirements

e) Financial Capacity: *Provide Copies of the Following:*

1. Most recently-completed audited financial statements of submitting organization. The audited financial statement is preferable; however, if an organization does not have this information, IRS tax reporting forms / tax return is appropriate for the submitting organization.
2. A copy of the organization's business status must be attached (i.e., 501(c), Business License, etc.)
3. A copy of a valid certificate of insurance indicating liability insurance in an amount sufficient to cover any potential liability arising as a result of a contract pursuant to this RFPA must be attached
4. A copy of the verification of Workers Compensation Insurance.
5. Copies of current signed site agreements or sight agreement template to be used for each location [congregate, satellite, and kitchen(s)].

**If an audited financial statement is available, do not complete numbers 6 and 7**

A current written bank reference, in the form of a standard business letter, indicating that the applicant's business relationship with the financial institution is in positive standing.

6. Two current written positive credit references in the form of standard business letters from vendors with which the applicant has done business, or documentation of a positive credit rating determined by an accredited credit bureau within the last 6 months.

f) Organizational Conduct: (Answer each question):

1. Has the organization and/or any of the organization's employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to any contracted crime involving a public contract? **NO** (If the answer is yes, attach an explanation)
2. Has the organization and/or any of the organization's employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to a felony? **NO** (If the answer is yes, attach an explanation)
3. Has the organization and/or any of the organization's employees, agents, independent contractors been civilly liable in an action that involved fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion? **NO** (If the answer is yes, attach an explanation)
4. Has the organization and/or any of the organization's employees, agents, independent contractors been relieved of responsibility by a court, employer, or client for actions involving fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion? **NO** (If the answer is yes, attach an explanation)
5. Is your organization currently under Federal or State debarment? **NO**

III. ASSURANCES & CERTIFICATIONS

By signing this application, the Applicant agrees:

- To certify that, under penalty of perjury, your provider organization has completed this Provider Application independent of any outside influence which may result in your receiving privileged information about this RFPA.
- To certify that this RFPA factually represents your administrative capabilities and proposed services, and that if your organization is approved, you agree to abide by the terms and conditions of the Provider Contract.
- To certify that if your organization is approved, you agree to contract with the AAAD for services at your usual and customary charges not to exceed the maximum charges outlined in Section V of this provider application.

- To certify that your organization is in compliance with the specific Service Description and Standards required by the State for each proposed service activity.
- To certify that your organization has written policies regarding the following: ( See Attachment)
  - Personnel Policies including employee health/sick leave policy, safety and sanitation, fiscal management, food service management, and food recalls.
  - Non-discrimination in Hiring Policy
  - Non-discrimination in Service Delivery Policy
  - ADA Compliance Policy
  - Drug Free Workplace Policy
  - Affirmative Action Policy
  - Confidentiality Policy
  - Civil Rights Compliance Policy (Title VI and VII)
  - Certification Regarding Lobbying
- To certify that your organization has secured all required licenses, certifications, permits and accreditation (as required by the State and/or Federal governments). Attach copies including a copy of the most recent compliance report from the Department of Health or other regulatory entity. (See Attachment)

#### IV. SERVICE DELIVERY

1. Describe and specify the availability of funds to support the cost of providing services to ensure service delivery continues throughout the contracted period and continuation of services occurs until reimbursement for services is made.

**Metro Social Services is a department of the Metropolitan Government of Nashville and Davidson County. Our fiscal year 2018 budget was submitted with sufficient funding to provide for the continuation of this program at the level funded in FY2017.**

**Metro Council will approve the final budget for 2019 on or before June 30, 2018. The Nutrition Program is funded in Metro's general fund, which covers the operations of the department until reimbursement is received.**

2. Describe your agency's plan regarding weather related emergencies. Include the following information: ( See Attachment)
  - Conditions under which the agency will be closed.
  - Describe weather related emergency plans to ensure elderly clients receive services they need during emergency situations. Submit name of contact persons.
  - Plan for receiving emergency calls for assistance.

**Shelf stable meals are ordered in bulk, stored and secured in preparation of inclement weather. When inclement weather is expected, MSS staff will implement the emergency food plan**

The meals are distributed via the Metro Social Services assigned site manager and van drivers.

The meals are clearly labeled to the customers with specific instructions the meals are used for emergency inclement weather or disaster when MSS is unable to open the congregate meal site or the van driver is unable to deliver the meals.

Upon receipt of the emergency meals the customer will sign the roster stating that they have received the meals and they know the purpose of the emergency shelf stable meals.

In the event of inclement weather MSS will leave a pre-recorded message on the Nutrition phone line that will inform the customer to leave their name, and contact number if they are in need of food.

The contact persons are: Steve Lavigne ( Site Monitor), Krishnauna Patterson ( Program Supervisor), and Carol Wilson ( Program Manager II).

3. Describe and include procedures for internal monitoring and assessment. Detail how internal monitoring reports will be submitted to the AAAD when completed. The internal monitoring should be attached to this RFP and include:
  - Service to be monitored and evaluated
  - Name of the person or position responsible for monitoring and evaluating each service.
  - Procedures for corrective action or follow-up
  - A copy of the internal monitoring tool (s) to be used.

Metro Social Services maintains a coordinated and comprehensive system for monitoring and improving service quality for the congregate meal sites and home delivered meals. The site monitor and program supervisor monitors each kitchen, and congregate meal site quarterly using the AAAD Central Kitchen Monitoring form and the AAAD Nutrition Site Monitoring form. The monitoring will include regular temperature checks of hot and cold food items. The site monitor or program supervisor will follow with sites that are non-compliance. A plan of corrective actions will be completed within 30 days from date of non-compliance. ( internal monitoring tool is attached)

4. Ensure compliance with Background Records Checks on employees having contact with consumers.

Pre-employment reference and background checks will be done on all employees and volunteers at the time of a job offer. A local or state criminal background check may be waived for volunteers who work in the nutrition program.

Checks of the National Sex Offender Registry, Tennessee Felony Offender Registry and the Tennessee Abuse Registries will be performed and documented.

5. Explain the organization's policy process for conducting Customer Satisfaction Surveys and attach the results of your most recent Customer Satisfaction Survey Report showing the percentage of satisfied customers for the period. ( See Attachment)

**Congregate and home delivered meal participants will have an opportunity to evaluate meals and service. Metro Social Services will systematically assess consumer satisfaction as required by GNRC-AAAD. Customer's surveys will be conducted during the yearly reassessments and the six months phone contact reassessments.**

6. Describe how information on program income and donations will be provided to program participants and other interested parties. Include a description of procedures and mechanisms for collection, use and management of program income and donations. All donations must be accounted for and submitted to the AAAD as designated.

**Metro Social Services Nutrition Program displays a flyer on the outside of the locked donation box at each congregate meal site informing participants donations are accepted in the form of cash, or check made payable to Metro Social Services. Donations enable the nutrition program to serve more people and provide other engaging activities for seniors. The suggested contribution scale is disclosed on the flyer.**

**Nutrition site managers collect the donations from the locked donation box and make regular deposits directly into a Metro's operational bank account. The designated volunteer and the site manager will count and record contributions daily:**

**Deposits are made daily-or when the cash on hand equals \$20.00 (there should never be more than \$25.00 at any site for any reason). Nutrition staff will compare monthly deposit reports with reports generated from central accounting system that summarize collections for each month. Any discrepancies will be resolved.**

**A copy of the donation flyer is provided to participants receiving home delivered meals. The van drivers will collect donations from the participant by check only. The check is made payable to Metro Social Services. The van driver will place the donation in a sealed envelope and locked in the van until arriving at the office. The van driver will give the sealed envelope to the program supervisor or designated staff that will place the sealed envelope in the safe deposit box located in the office of the Chief Financial Officer. No cash donations will be accepted at any time.**

**Donations will be used to increase the number of meals served and to provide other supportive services directly related to nutrition services.**

**Donations are accounted for on the finance report submitted monthly by Metro Social Services Chief Financial Officer to GNRC (Greater Nashville Regional Council)**

7. Congregate sites: Describe the accessibility features of the facility for persons with disabilities. Each Service/Program Venue and collaborating agencies and/or sites shall meet accessibility requirements as prescribed by the Older Americans Act, state and local government. Narrative description and, if necessary, applicable attachments must demonstrate compliance. (Agreement templates attached with email of application)

**Metro Social Services will assure that each congregate meal site has a letter of agreement that includes ( but is not limited to)documentation the facility owner is responsible for providing accessibility features of the facility for persons with disabilities as required by the Older Americans Act, State and Local Government.**

8. Provide documentation demonstrating compliance with local health department and safety codes (sanitation and fire) for each Service/Program venue as applicable. Submit annual health and fire inspections for your facility. (attached)
  
9. Congregate Sites: Include fire safety policies and procedures for each Service/Program Venue. Fire safety procedures should include fire drills, safety inspections, maintenance of fire extinguishers, and periodic inspection and training by fire department personnel. If not indicated in policies and procedures, validate that fire safety information is posted in the facility.  
  
**Copies of all fire safety procedures (fire drills, safety inspections, maintenance of fire extinguishers, and periodic inspections by fire department personnel ) are kept on file at the congregate meal sites and the current inspection reports are posted at the congregate meal site in a location for the customers and public to see.**
  
10. Describe the complete food preparation, operation and delivery system for each type of meal being proposed:

**Frozen meals:** Frozen meals are purchased from Performance Food Group a National and Regional food distributor, which in turn purchases the frozen meals from Golden Gourmet LLC. The meals are delivered frozen to Piccadilly Cafeteria and then stored in a designated freezer until scheduled pick up by Metro Social Services.

**Hot Meals:** Hot bulk meals are prepared by approved recipes following the guidelines set by the RFP and approved by Piccadilly's dietician and by MSS. Meals are prepared on site at Piccadilly Cafeteria by the Head Cook (30 years' experience) and assistants (10+ years' experience).

Each daily meal is planned and prepared by cooking in stages to insure proper cooking, cooling temperatures and times.

**Hot items** are cooled using ice baths, ice wands and freezers to insure safety standard and time controls are met.

**Hot and Cold meals** are delivery by van to designated sites using insulated Cambro utilizing cam warmers or ice shelves to assist with maintaining temperatures.

Temperatures of all foods delivered are recorded when loaded, delivered and served to insure continuity of quality and safety.

11. How frozen meals stored are packed and delivered? ( See attachment- Golden Gourment)

The Frozen meals are produced following strict quality standards and blast frozen. Each meal is plated and sealed in black CPET trays which allow them to be reheated in a microwave or a conventional oven. The meals are individually labeled with the components of the meal listed, heating instructions and a code date indicating the date of production.

Once the frozen meals are packed they are stored in freezers. The freezers are maintained at 0 degrees and below and are continuously monitored with a computer system. The freezers are also physically checked by personnel 3 times a day.

All frozen meals are shipped on commercial refrigerated trucks. The meals are palletized and wrapped in plastic. The pallets are then loaded onto the truck and the temperature of the truck is taken to assure the meals are shipped at zero degrees.

12. How does the agency ensure that frozen meals comply with the published menus?

All menus must be approved by the licensed dietitian or ICE. The approval sheet is attached and can be used for the entire menu cycle. Menus are planned in advance for a minimum of four weeks; all approved menus may be repeated in a three month cycle.

Menus are certified in writing by the RD or ICE as meeting the current dietary reference intakes (DRI). Menu substitutions must be approved by the RD or ICE.

13. Types of containers used for packaging (attach descriptions) See Attachment

All frozen meals are packed in 3 compartment black CPET trays and sealed. The meals can be heated in both the microwave and conventional oven. Each tray has a label indicating the meal number, meal components, heating instructions and packaging date.

Packaged meals are packed in corrugated boxes. The boxes contain the frozen meals and all components. Each box contains a label showing the pack size, week number, ingredient statements for each frozen meal and a list of the components. The box also shows the net wt of the box and the USDA seal.

Individual meals are also packed in 20 pack corrugated boxes containing 20 of the same meal. The box also has a label with the above information.

All boxes are stacked on pallets, wrapped in plastic to be shipped.

14. Freezing Times:

a. Cooked potentially hazardous foods shall be cooled:

- Within 2 hours from 135 degrees to 70 degrees F and within a total of 6 hours from 135 degrees to 41 degrees f or less

b. Potentially hazardous food shall be cooled:

- Within 4 hours to 41 degrees F or less if prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna.

15. Identify the equipment used to rapidly freeze the food and length of time that frozen meal will be stored before delivery. ( See attachment- Meal Preparation)

16. Provide a detail description of why frozen meals are being proposed for utilization.

- a. Administrative Reason
- b. Cost Effectiveness – will meals that are delivered in bulk have a lower unit cost vs. hot meals delivered on a daily basis?
- c. Percentage of Frozen meals to be provided.

Frozen Meals are being proposed for utilization because it is cost effective and meals delivered in bulk have a much lower unit cost. Thirty- eight (38%) of frozen meals will be provided.

17. How will your agency plan to ensure that participants have meals in emergency situations?

In the event of an emergency situation when 1 or 2 sites are without food that effects up to 100 customers in an "emergency situation" and the contracted food vendor is unable to deliver meals due to unforeseen circumstances the following action plan will be utilized:

**Congregate Meals Procedures:**

1. Program manager and Site monitor will be responsible for insuring meals are available.
2. The program manager or site monitor will designate a nutrition staff to purchase from a local food supplier a balanced meal containing adequate protein, vegetables, bread and milk.
3. The purchased meal will be prepared on site and served according to the nutrition site operating procedures

**Homebound Meals Procedures:**

1. Each homebound customer will receive a supply of 2 (5) pack shelf-stable meals each year to be used in the event that their regular meals cannot be delivered. The 5 pack shelf-stable meals will be labeled with the intended use.
2. In the event that the meals cannot be delivered, the customer will be notified by Metro Social Services staff and instructed to use their emergency meal supply.
3. Any used meals will be replenished as soon as possible.

18. If Shelf Stable Meals are utilized, how and when will they be distributed to clients?

Each fiscal year MSS provides every customer with 10 emergency shelf stable meals. The meals are distributed in April (2 meals), May (2 Meals), October (2 meals), November (2 meals) and December (2 meals).

19. Please provide 3 Shelf Stable Meal Menus as well as the Nutrient Analysis for each of the menus.

**Please see attached**

20. Indicate the type(s) of therapeutic meals (diabetic, pureed, low sodium, etc.) you are able to prepare.

**All meals that are provided by Piccadilly are low sodium and meet the senior dietary requirements, pureed meals are provided on a limited basis on request, all frozen meals meet diabetic and low sodium needs.**

21. Submit the name of the RD / ICE that the program will utilize and submit a copy of the Licenses and Certification, which includes the Licensed/Certification numbers. (Attached)

**Metro Social Services utilizes the services of Susan R. Pousson, Licensed Dietitian/Nutritionist to review and evaluate the menus/menu analysis submitted by our food provider, Piccadilly.**

22. Describe how your agency will continue to provide services if unusual circumstances arise such as, several van drivers resign at one time or become ill, or your agency is unable to employ and train new people in a timely manner to provide services.

**Metro Social Services provides cross training in all programs to employees. In the event of an unusual circumstance, such as delivery drivers are out at one time, Metro Social Services has three or more employees that have worked as site managers, and who have been van drivers, and have a clear understanding of how to deliver homebound meals and how to operate a congregate meal site.**

**All site managers are provided a copy of the Standard of Operating Procedure at the Congregate meal sites. All Metro Social Services employees are required to take Defensive Driving courses before they are permitted to operate a Metro Vehicle.**

23. Describe how your agency will utilize NSIP funds to purchase United States agricultural commodities and other foods of United States Origin. NSIP payments may be applied toward meal purchases provided each such meal contains United States commodities or food equivalent in value to the cash payment per meal disbursed.

**NSIP funds will be utilized to provide/serve meals that meet the nutrition requirements as defined by the Older Americans Act and will comply with meeting 1/3 dietary reference intake and the Dietary Guidelines for Americans. NSIP meals will be served to eligible seniors.**

**The seniors will not be charged a set fee for the NSIP meals, but they will be provided an opportunity to make voluntary contributions to the cost of a meal.**

24. Describe how your agency will assess the following outcomes as it relates to congregate meals:

- 100% of Congregate Meal Participants will receive nutrition screening and nutrition education.
- Congregate Meal Clients identified with a Nutritional Risk will receive appropriate follow up.
- Nutrition education will be provided at the nutrition site monthly.
- 100% of meal plans will meet the most recent Dietary Guidelines and Dietary Reference Intakes.
- Nutrition sites maintain current inspections required of their facility.
- Provide meals to senior centers according to their regular serving schedules.
- Meal temperatures of foods will be taken and recorded daily in the kitchen and again at the nutrition site upon arrival and before being served. These temperatures are to be kept on file in the respective nutrition site for monitoring purposes

**Metro Social Services will assess all customers participating in the congregate meals to ensure compliance with Metro Social Services and GNRC's requirements for services.**

**Nutrition Screening is used in making decisions regarding customers continued eligibility to receive services in the senior nutrition program. Nutrition Education will be provided monthly to each congregate meal.**

**The nutrition screen is conducted on-site at the time the customer applies for congregate services. The site manager is responsible for completing the participant registration form packet on the customer. Congregate meal customers that are nutritional risk will be provided an opportunity to receive nutritional consultation. If the customer is interested in receiving consultation the program manager or site monitor will refer customer to the PCP for nutritional counseling.**

**Metro Social Services maintains and post current inspections required at all congregate meal sites. Copies of the inspections are maintained at the main office.**

**The site manager is responsible for inspecting all vendor deliveries to insure proper quantity and quality of items ordered for the congregate meal site. All food items are to be counted for sufficient quantity and inspected for proper quality with special attention paid to fruit, bread, and pre-packed desserts. All meals will meet the title-III nutrition service standards and will meet the 1/3 DRI (Daily Recommended Intake).**

**Site managers are responsible for taking food temperatures daily upon arrival and before serving all meals, in accordance with daily site operating procedures. Temperatures are recorded and maintained for at least three years.**

25. Describe how your agency will assess the following outcomes as it relates to home delivered meals:

- 100% of Home Delivered Meal Temperatures will remain at the appropriate levels upon delivery.
- 75% of Home Delivered Meal clients will report on a satisfaction survey that the Home Delivered Meal they receive allows them to have at least one nutritionally based meal per day.
- Meals will be provided to home bound participants in the case of an emergency.
- 100% of meals will be delivered within two (2) hours from the end of preparation to the final destination.

**Home delivered meal test meal temperature checks will be taken weekly on van drivers routes**

**If home delivered meal temperatures are not acceptable, a temperature will be taken at the last house until problem is corrected.**

**When the van driver reads temperatures at an improper level they must immediately notify their supervisor. Cold food will be maintain at 41 degrees Fahrenheit or below at all times.**

**Meals will be provided to homebound participants in case of an emergency according to policy and procedures. Meals will be delivered within timeframe.**

**Home Delivered Meal clients will report on a satisfaction survey that the Home Delivered Meal they receive allows them to have at least one nutritionally based meal per day.**

V. PROPOSE SERVICE UNIT REIMBURSEMENT RATE

In order to be approved as a Service Provider, the applicant must provide a unit rate for each service proposed.

Our meal costs are included in the application; however, the rates that we charge to GNRC for meals are the allowable rates:

Frozen           \$5.94  
 Hot Bulk       \$6.93  
 Congregate   \$6.50

For each of the categories on which you are bidding (congregate, home delivered, frozen, and emergency), provide the following information:

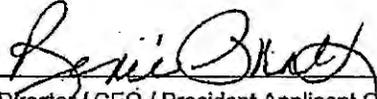
	Congregate	Home Delivered	Frozen	Emergency
Food Cost:	3.95	3.95	3.83	3.10
Labor Cost:	3.58	3.58	3.29	3.29
Equipment Cost:				
Utility Cost:				
All Other Cost*:	2.23	2.23	2.13	2.13
Delivery Cost (if applicable):				
Total Cost per meal:	9.76	9.76	9.24	8.52

- \* Personnel
- Supplies
- Food
- Occupancy
- Equipment Rental / Maintenance
- Delivery
- Indirect Cost

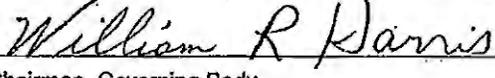
AUTHORIZATION FOR SUBMISSION

On this the 14<sup>TH</sup> day of FEBRUARY, 2018

METRO SOCIAL SERVICES Is submitting this application to become an approved  
{Name of Applicant Organization} provider.

  
Executive Director / CEO / President Applicant Organization

2/14/18  
Date

  
Chairman, Governing Body

2-14-18  
Date

**SCOPE OF WORK**

APPLICANT AGENCY: Metro Social Services

**A. SUMMARY OF DIRECT SERVICE ACTIVITIES**

Check services to be provided:

**OLDER AMERICANS ACT - TITLE III C**

**OPTIONS PROGRAM**

- Congregate meal (1 meal)
- Home delivered meal (1 meal)
- Nutrition Counseling (1 hour)
- Nutrition Education (Each Participant)

- Home delivered meal (1 meal)

**NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

- Home delivered meal (1 meal)

**PROVISION OF SERVICE**

**A. SERVICE AVAILABILITY:**

Days of Service Availability Monday - Friday ( closed on Holidays and some trainings)

Hours of Service Availability 8:00 a.m. to 4:30 p.m.

If the applicant agency has multiple offices, please attach a list to the application

**B. NAME OF SUB-CONTRACTOR (if any):**

Mailing Address : Piccadilly Holdings LLC-  
4150 S. Sherwood Forrest Blvd. Suite 100  
Baton Rouge, LA. 70816

Phone Number: 225-706-8255

Fax Number :225-706-8108

Email: jmillier@piccadilly.com

(For each additional sub-contractor, attach listing with above information)

A. QUALITY OF SERVICE:

The Provider shall ensure that quality services are provided to eligible consumers. The determination of quality must be based on an established quality assurance process.

B. TRAINING:

The Provider will attend meetings or workshops sponsored by the AAAD and the Tennessee Commission on Aging and Disability, where appropriate and indicated.

C. SPECIAL CONTRACT CONDITIONS:

Attach a schedule of approved holiday closings. ( Attached)

Note: The scope of work for delivery of agreed upon services is a part of the contract and must be attached to both the Provider and the AAAD copy of the contract.

**SERVICE DELIVERY AREA(S)**

Congregate (Select counties)

GREATER NASHVILLE AAAD			
<input type="checkbox"/> Cheatham	<input type="checkbox"/> Humphreys	<input type="checkbox"/> Rutherford	<input type="checkbox"/> Trousdale
X Davidson	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Stewart	<input type="checkbox"/> Williamson
<input type="checkbox"/> Dickson	<input type="checkbox"/> Robertson	<input type="checkbox"/> Sumner	<input type="checkbox"/> Wilson
<input type="checkbox"/> Houston			

Home delivered (Select Counties):

GREATER NASHVILLE AAAD			
<input type="checkbox"/> Cheatham	<input type="checkbox"/> Humphreys	<input type="checkbox"/> Rutherford	<input type="checkbox"/> Trousdale
X Davidson	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Stewart	<input type="checkbox"/> Williamson
<input type="checkbox"/> Dickson	<input type="checkbox"/> Robertson	<input type="checkbox"/> Sumner	<input type="checkbox"/> Wilson
<input type="checkbox"/> Houston			

Comments:

Effective 04/01/2018 Metro Social Services will implement a pilot hot meals delivery route that will provide 4,800 units of hot meals to twenty (20) eligible homebound customers. Metro Social Services have already provided 5,616 units of hot meals to fifty-eight (58) congregate homebound customers this FY July 01, 2017 to 01/31/2018.

Indicate the total # of meals that can be provided:

	# OF HOT MEALS	# OF FROZEN MEALS
Title III C1 – Congregate	70,000	All congregate meals are hot meals
Title III C2 – Home Delivered	14,400	53,000
OPTIONS – Home Delivered	750	6,130
NFCSP – Home Delivered	150	150

### **Additional Descriptions of Requirements**

**Congregate Meals** - Congregate meals shall be provided by Nutrition Services Providers, which five or more days per week within each county, provide at least one hot or other appropriate meal per day, and any additional meals, which the recipient of a grant or contract may elect to provide. Each meal shall furnish a minimum of one third of the dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Each meal shall comply with the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture, and shall be consumed in a congregate setting.

**Home Delivered Meals** - Home delivered meals shall be provided by Nutrition Service Providers which, five or more days a week, provide at least one home delivered hot, cold, frozen, dried, canned or supplemental foods (with a satisfactory storage life) meal per day and any additional meals which the recipient of a grant or contract may elect to provide. Each meal shall furnish a minimum of one-third of the dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and comply with the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture. Any nontraditional meal must be approved by the AAAD before being provided. Hot meals are preferred.

**Menu Planning Guidelines** - All menus must be reviewed and determined acceptable in writing by a Registered Dietitian (RD) or Individual of Comparable Expertise (ICE) prior to implementation. A Menu Approval Sheet must be completed and signed by the RD or ICE who is approving the menus and accompany the menus to the AAAD.

**Meal Planning** - The special needs of older adults shall be considered in all menu planning, food selections and meal preparation. Menu guidelines are developed to sustain and promote the health and well-being of older adults through the provision of safe, nutritious, appealing, and cost effective meals using specific authority guidelines. These guidelines shall be incorporated into all requests for proposals/ bids, contracts, and open solicitations for meals. Nutrient dense meals shall be planned and delivery methods that preserve the nutritional value of foods shall be practiced.

**Menu Requirements** - Menus shall be:

1. Planned in advance for a minimum of four weeks; approved menus may be repeated in a three month cycle;
2. Repetition of entrees shall be kept to a minimum. If a cycle menu is utilized, there shall be provisions to include seasonal foods;

3. Certified in writing by the RD or ICE as meeting the current Dietary Reference Intakes (DRI) (based on nutrient analysis) and current Dietary Guidelines
4. Adhered to; however, it is known that menus are subject to change when food items are not available. Menu substitutions must be approved by the RD or ICE in planning of nutritional services, who is a staff member of, or regular consultant to, the nutrition service provider;
5. Quality Assured recipes adjusted to yield the needed number of servings must be used to achieve desired consistency;
6. Menus, Menu Approval Sheet, and nutritional analysis shall be submitted to the AAAD for review at least three weeks prior to the initial use of the menu;
7. Menus shall be kept on file for a period of five audit years plus the current year;
8. Posted in a conspicuous location, including each congregate meal site and each preparation site
9. Notification of the meals to be served shall be provided to participants receiving home delivered meals

**Supplements** - Vitamin and/or mineral supplements shall not be provided. Medical foods and food for special dietary uses shall not be provided with federal or state nutrition funds

**Consultation** - A minimum of six hours of consultation per month by a registered dietitian or certified nutritionist (ICE) is required. Responsibilities shall include, but are not restricted to the following:

1. Evaluation of the food preparation and service operations including measurement of food temperatures and portion sizes
2. Assessment of food quality and employee practices
3. Staff training
4. Menu preparation or review

The dietitian shall provide a monthly report describing the monthly activities, including the approximate time spent on the activities. Only a dietitian or ICE shall provide individual diet counseling with participants.

**Meal Planning Nutrient Requirements** - Menus shall be documented as meeting the nutritional requirements through computer assisted nutrient analysis and must provide the following when one meal is served per day. The menus must be approved using the Title IIC/NSIP Nutrition Analysis Worksheet which included in Chapter 7 of the TCAD Policies and Procedures.

Nutrient	Amount Required	Notes
Calories	No Less than 600; Average for week between 655	No one meal may be less than 600 calories
Protein	17 grams per meal	
Fat	< 35% per meal; 30% average over one week.	No one meal may be more than 35% fat. Limit Trans Fats
Fiber	8 grams average over one week	
Calcium	400 mg per meal	
Zinc	3.7 mg per meal	
Vitamin A	300 mcg (RE), averaged over one week	
Vitamin B6	.6 mg per meal	
Vitamin B12	.8 mcg per meal	
Vitamin C	30 mg per meal	
Sodium	1000 mg per meal averaged over one week;	No more than 1200 mg per meal

**Menu Approval Sheet** - All menus must be approved by the licensed dietitian or certified nutritionist. The approval sheet is attached and can be used for the entire menu cycle.

**Meal Pattern** - The meal pattern may be used as a planning tool to ensure food plate coverage and the appropriate types and amounts of food served. The computerized nutrient analysis will help nutrition service providers ensure nutrition adequacies in meals planned. Serving sizes are based on the "My Pyramid Food Guide System". The meal pattern plan does not assure that meals meet 1/3 the DRIs and the current DGAs.

	<b>Meal Pattern</b>	<b>Check</b>
<b>Bread or alternate/ grains/ starches</b>	2 servings of bread (1, 1 oz. slice bread or ½ cup cooked rice, pasta, etc.)	
<b>Vegetable</b>	2-3 servings : ½ cup or equivalent measure ( may serve an additional vegetable instead of 2 fruits)	
<b>Milk or Milk Alternate</b>	1 serving: 1 cup or equivalent measure	
<b>Meat or Meat Alternate</b>	1 serving : 3 oz. or equivalent measure	
<b>Fats</b>	1 serving : 1 teaspoon or equivalent measure	
<b>Dessert</b>	Follow guidelines	
<b>Sodium</b>	800 mg.	
<b>Fruit</b>	1-2 servings : ½ cup or equivalent ( may serve an additional fruit instead of 3 vegetables)	

**Condiments and Product Substitutes** - Sugar substitutes, pepper, herbal seasonings such as Mrs. Dash, lemon, vinegar, non-dairy coffee creamer, salt and sugar may be provided, but shall not be counted as fulfilling any part of the nutritive requirements. Mayonnaise, ketchup, mustard, fat-free butter flavoring, and any other condiments that are meal appropriate shall be provided. However, these items will not count as fulfilling any part of the nutritive requirements. Margarine and/or butter should be provided, as appropriate. Margarine and/or butter **will count** as part of the nutritive value of the meal.

**Meal Requirements** - Congregate, home-delivered, and emergency menus shall certify that each meal served contains the equivalent of one-third of the dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. In addition, all menus whether prepared at the meal site, frozen, non-perishable, boxed lunch, or catered shall comply with the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture. The nutrient content of therapeutic meals, when provided, shall be in accordance with the requirements of the prescribed diet and whenever possible provide one-third of the dietary reference intakes and comply with the most recent Dietary Guidelines as stated above.

Congregate, home delivered and emergency menus must furnish one-third of the Recommended Dietary Allowance/Adequate Intake (a part of the Dietary Reference Intake)

**Food Procurement** - All foods purchased for use in the Nutrition Program shall be of good quality.

All foods used in the nutrition program must meet the standards of quality, sanitation and safety.

All foods used in the nutrition program must be:

1. From approved sources;
2. In compliance with applicable state and local laws, ordinances and regulations; and
3. Clean, wholesome, and free from spoilage, free from adulteration and mislabeling, and safe for human consumption

Hermetically sealed food, which has been processed in an approved commercial food-processing establishment, may be used. Home-canned foods may not be used.

All foods contributed to the nutrition program must meet the same standards of quality, sanitation and safety that apply to foods processed commercially and purchased by the nutrition program.

Fresh or frozen meat and poultry used in the meals provided by the service provider must be USDA and/or state inspected.

The service provider assumes responsibility for determining the condition, quality and safety of fresh produce used in its food service.

Purchasing procedures should assure availability of food, supplies and equipment in the quantity and quality consistent with established standards and at the most favorable prices consistent with set standards.

Service providers are encouraged to use locally produced foods whenever possible, and collaborate with local food producers and other food assistance programs to maximize access to and use of high quality, nutritious, affordable foods

Menu Items should be purchased per product specifications as determined by the RD or ICE in consultation with the nutrition provider to ensure menu standards are met.

**Quality Control** - The following standards shall be established for quality control:

1. Food production for hot foods shall take place within the eight hours preceding service unless otherwise directed in the recipe. Protein foods shall be cooked completely once the cooking cycle has begun. Foods to be served cold (e.g., congealed salads, puddings, potato salad) and neutral temperature foods (e.g., cookies, cakes) may be prepared earlier than the preceding eight hours if so directed in the recipe. All solid and semi-solid cooked foods stored under refrigeration shall be placed in containers that are no more than 4" in depth.
2. Packing of hot foods into insulated chests shall be accomplished as rapidly as possible to prevent heat loss. Hot foods shall be packed at temperatures 160 degrees Fahrenheit or higher; temperatures shall not be so hot that the quality of menu items is compromised. Temperature records shall be maintained.
3. To maintain quality in prepared foods, holding times shall be kept to an absolute minimum. Because long periods of hot holding diminish the nutrient content and the palatability of foods, the holding time for hot food shall not exceed three (3) hours after preparation.
4. The internal temperatures of hot foods to be transported shall be 135 degrees Fahrenheit or above and cold foods 41 degrees Fahrenheit or below at all times during transportation and service.

**Inspection and Monitoring of Facilities** - Food preparation facilities shall comply with state and local fire, health, sanitation and safety regulations, which apply to food service operations. The AAAD shall monitor the nutrition service provider(s), each kitchen, and each nutrition site on an annual basis utilizing the state monitoring tools. The nutrition service providers monitors each kitchen, congregate meal site and home - delivered meal program as specified by the TCAD monitoring tracker using the state approved tools.

### **Food Preparation Guidelines**

1. Prepare foods without adding salt unless salt is specified in the recipe and has been calculated in the nutritional analysis.
2. Flavor foods by using herbs, spices, salt-free seasoning, lemon juice, lime juice, vinegar, etc.
3. When using high sodium condiments such as ketchup, barbeque and teriyaki sauce, prepared mustard, seasoned salts, bouillon, pickles and olives, balance the menu with low sodium choices. Light soy sauce should be used to replace regular soy sauce and used infrequently. Low sodium condiments are strongly encouraged. The sodium content of the condiments should be considered in menu planning.
4. Monosodium glutamate, MSG, shall not be used in food preparation.
5. Use low fat cooking methods such as baking, broiling or steaming. Minimize the addition of fat to vegetables.
6. Use all types of fish, lean cuts of meat, and poultry without skin.
7. Select low sodium versions of canned soups, tomatoes, vegetables, and salad dressings in place of regular canned/bottled items.
8. Offer fruit desserts: fruit cup, fruit crisp, fruit cobbler, fruited gelatin
9. Select low fat, low sodium cheese when feasible.
10. Make sauces and gravies without fat. Add starch to cold liquid, instead of blending starch with fat, before cooking to thicken.
11. Substitute vegetable oils (ex. canola oil) for shortening, margarine for butter. The amount of Trans and saturated fats should be limited. Lard should not be used.
12. Expand the use of fresh and frozen vegetables and fruits, which contain no added salt.

**Food Safety and Personal Hygiene** - Food production, food distribution, and food service procedures shall meet all State and local licensure and safety requirements established by the Department of Health and the TCAD Chapter 7 Nutrition Standards.

**Temperature Control** - Optimal temperatures for hot and cold foods shall be maintained to inhibit spoilage and enhance palatability. Hot foods shall be maintained at or above 135 degrees Fahrenheit; cold foods shall not exceed 41 degrees Fahrenheit. Thermometers used to check food temperatures shall be of metal stem-type construction, numerically scaled, and accurate to plus or minus three (3) degrees Fahrenheit. Periodic checks shall be made to insure that each thermometer is registering accurately. Temperature logs shall be maintained at the nutrition center, congregate sites, and during home delivery.

**Transportation of Meals** - The following requirements shall apply to the transportation of meals to congregate sites:

1. Insulated containers shall be used for bulk food.
2. Bulk foods shall be transported in stainless steel pans or aluminum disposable pans. Use of plastic shall be restricted to cold items only.
3. Hot items (maintained over 135 degrees F) shall be transported in bulk containers separate from cold products (maintained under 41 degrees F). Containers shall be preheated or pre-chilled before being loaded.

**Payment for Meals** - Only complete meals shall be claimed for payment. The omission of any of the required meal components shall cause that meal to be incomplete and therefore ineligible for payment.

**Food Temperatures** - Food temperatures for both hot and cold food items shall be checked daily, and recorded both at the kitchen and nutrition site. Specific items for which temperature control is critical are those potentially hazardous foods which support rapid growth of microorganisms - meat, milk, eggs, poultry, fish and those items containing any of the potentially hazardous foods (e.g., sauces, gravies, puddings, etc.). To preserve optimal temperature control, containers shall not be opened until immediately prior to meal service unless the hot bulk food is to be placed on a commercial hot food table or in ovens and the cold food is to be refrigerated. Temperature checks shall be made when the food arrives and as often as necessary to assure the maintenance of hot food temperatures above 135 degrees Fahrenheit and cold food temperatures below 41 degrees Fahrenheit. If the appropriate temperatures are not maintained then the food should be discarded and the back-up plan should be implemented. Discarded foods are not eligible for reimbursement.

**Evaluation** - Congregate and home delivered meal participants shall have an opportunity to evaluate meals and service.

**Delivery Methods** - Providers of home delivered meals may use any method of delivery that will prevent outside contamination and hold food at appropriate temperatures. Portioning, sealing, and packing into insulated containers shall be accomplished as rapidly as possible; the most rapid heat loss in home delivered meals takes place between portioning and loading into delivery containers.

**Home Delivered Meal Service** - Meals produced according to the regular menu shall be used in the Home Delivered Meals Program. Home delivered meals shall be provided a minimum of five days per week. Provisions may be made for weekend meals for those individuals unable to obtain meals from another source.

**Food Temperatures** - Individual trays shall be transported in insulated containers, which maintain temperatures not less than 135 degrees F. for hot foods, and not more than 41 degrees F. for cold food. Delivery routes shall be kept as short as possible to minimize nutrient loss and to facilitate temperature retention. Preferably no more than two hours should elapse between time meals are portioned and the last meal is delivered, even though appropriate temperatures are maintained. Cook chill facilities that pre-plate cold products while maintaining temperature range requirements, may have longer periods between pre-plating and delivery.

Nutrition site personnel shall check and record temperature of home delivered meals at least one time per week on selected routes. Each route must be checked on a rotating basis. If temperature retention problems are found, daily checks of temperatures shall be made until the problem is corrected. Meals that do not comply with temperature requirements should not be delivered. These meals are not eligible for reimbursement.

A policy and procedure that describes the temperature checks and the action that will be taken when temperatures retention problems are identified shall be in place.

**Frozen Meals** - Frozen meals shall be used only if the participants are able to store, prepare and consume the meal alone or with available assistance and if the delivery system is arranged so that storage time after delivery is minimal. Preparation instructions and used by/ expiration dates shall be included. Frozen meals shall be maintained in a frozen state during transportation and delivery. When frozen meals have been delivered to the consumer and the meal has been thawed, it shall not be refrozen.

**Emergency Meals** - Provisions shall be made for furnishing emergency meals during inclement weather conditions, power failure, or any disaster that may cause isolation or create a special need. Meals may be shelf-stable, frozen, freeze-dried, dehydrated, or a combination of any of these. For reporting purposes, meals shall be counted in the quarter in which they were distributed; Procedure for use, distribution, and accountability of prepackaged meals must be developed and detailed in nutrition provider contracts.

#### **Shelf Stable Meals Packaging Requirements:**

1. The package shall include menus to instruct the clients how to combine the foods to meet the meal requirements.
2. Cans are to be easy to open, with pull-tabs whenever possible.
3. The box must be labeled with the use by/expiration date
4. Meals must follow the meal standards according to the meal planning pattern.

**Holiday Meals** - The following holidays officially recognized for the employees of the State of Tennessee, constitutes the maximum number of holidays any nutrition provider or congregate meal site shall be closed without prior written authorization from the AAAD and TCAD:

1. New Year's Day
2. MLK Day (observed)
3. Washington/ Lincoln's Birthday (observed)
4. Good Friday
5. Memorial Day (observed)
6. Independence Day
7. Labor Day
8. Columbus Day (observed)
9. Veteran's Day
10. Thanksgiving Day
11. Christmas Day (and any additional days specified by the State of Tennessee as part of the Christmas holiday).

Holiday closing shall be limited to eleven (11) days per year, congregate meal sites shall not be closed more than four (4) consecutive days without prior approval.

**Please see attached for Metro Nashville approved holidays.**

**Liquid Nutritional Supplement Meals** - Recipients of liquid nutritional meals must meet all eligibility criteria for Title III Nutrition Services either home - delivered or congregate nutrition. Recipients of liquid meals shall be given the opportunity to contribute voluntary, confidential and private donations. Written authorization from the physician for liquid meals should be obtained by the AAAD for the consumer. The AAAD must update the authorizations bi-annually.

**Nutrition Education** - An ongoing Nutrition Education Program shall be implemented that provides education for all participants of the nutrition program for the elderly. An annual nutrition education plan should be developed. This plan shall include a minimum of one session each month at each nutrition site and shall include a variety of topics using a wide range of teaching techniques. Nutrition education materials shall be provided to home delivered meal clients at least monthly.

Topics shall include but are not limited to the following:

1. Health promotion and disease prevention (e.g., hypertension, diabetes)
2. Consumer approaches (budgeting, shopping, food preparation)
3. Food Fads and Diets-Fact and Fallacy
4. SNAP



### Home-Delivered Meal Eligibility Criteria

The following table outlines the minimum criteria necessary to be eligible for home-delivered meals provided through Title IIIC.

Eligibility Criteria	Evidenced by the following
7-5-01(1)(a) 60 years of age and older; AND	Client's date of birth (on ILA)
7-5-01(1)(b) Physically or mentally unable to obtain food, prepare meals, or lack support to have meals provided for them; AND	Meal Preparation IADL (on ILA)
7-5-01(1)(c) Frail; OR	Two ADLs (on ILA) or a cognitive impairment documented in case notes
7-5-01(1)(d) Homebound or otherwise isolated.	<p>Yes response to homebound screen (on ILA) and documented in case notes based on the following:</p> <ul style="list-style-type: none"> <li>• Leaving home is not recommended due to the condition of the individual; or</li> <li>• Leaving home takes a considerable and taxing effort; or</li> <li>• The individual's condition keeps him/her from leaving home without help (such as using a wheelchair or walker, needing special transportation, or getting help from another person); or</li> <li>• The individual is unable to access a congregate meal site.</li> </ul> <p>Note: An individual may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as attending religious services.</p>
7-5-01(2)(a) Spouse of an eligible older person as defined in 7-5-01(1).	Note as spouse for NSIP eligibility (on ILA)
7-5-01(2)(b) a non-elderly person with a disability who resides in a non-institutional household with an eligible older person as defined in 7-5-01(1).	Note as disabled individual for NSIP eligibility



## RFPA CHECKLIST

- Cover Letter
- W-9
- Documentation of compliance with local health department and safety codes including copy of annual health and fire inspections
- Audited financial statement or other requested financial information
- Business License/Business Status
- Valid certificate of liability insurance
- Copies of site agreements or site agreement template
- Copy of the license and certification for the RD/ICE the program will use
- Completed Attachment A: Scope of Work
- History, Governing Body, Organizational Chart, Experience
- Mission Statement, Values/Guiding Principles
- Personnel – supervisory structure, qualifications/job descriptions, proposed training and curriculum
- Verification of Workers Compensation Insurance
- Internal monitoring tool and procedures
- Customer Satisfaction Survey Results
- Signed Authorization for submission



*This Section is  
completed by Area  
Agency Staff only.*

**RFPA EVALUATION AND SCORING**

**Total Points Earned:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Individual Scoring Application:** \_\_\_\_\_

<b>RFPA Requirement</b>	<b>Points Possible</b>	<b>Points Earned</b>	<b>Comments</b>
Minority or Women Owned Business	2		
Documentation of all required licenses to provide services	1		
Organizational information provided	1		
Record of accurate and timely billing	1-3		Fiscal staff can provide documentation of record
Staff Adequacy (as measured by missed visit track record)	1		Sufficient trained staff available (credentialed)
Record of accurate reporting	1		QA /Nutrition Staff can provide documentation
Customer Satisfaction rate has been measured and documentation that 80% or more of consumers are satisfied with services	2		
Organization has been providing services to consumers for more than 1 year	1-3		1 point per year up to 3 years
Multiple county proposal	1 point per county		1 point per county covered in district
Organization has the capacity to reach all areas of the county they are proposing to serve	1		

Proposal would fill existing gap in services	3		
Only RFPA to fill an existing gap in services	5		
Cost to provide services is less than the maximum allowable rate	5		
Capacity to maintain food temperatures	3		
<b>Total</b>			

**METRO SOCIAL SERVICES HOLIDAY CLOSING SCHEDULE**

<b>Holiday</b>	<b>Date Celebrated</b>
<b>New Year's Day</b>	January 1
<b>M.L. King Jr. Birthday</b>	Third Monday in January
<b>President's Day</b>	Third Monday in February
<b>Memorial Day</b>	Last Monday in May
<b>Independence Day</b>	July 4
<b>Labor Day</b>	First Monday in September
<b>Veteran's Day</b>	November (Second Monday)
<b>Thanksgiving Day</b>	Fourth Thursday in November
<b>Day after Thanksgiving</b>	Fourth Friday in November
<b>Christmas Eve</b>	December 24
<b>Christmas Day</b>	December 25

### Congregate Meal Sites

#### Metro Social Services Senior Nutrition Program

Location of Services	# of Meals Served	Days/Hours of Services	Staff Assigned to Site-Phone #
Chippington Towers I 1310 Coreland Drive Madison, Tn. 37115	(20)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Manager at Tower 615-265-7920 & Volunteers
Chippington Towers II 1310 Coreland Drive Madison, Tn. 37115	(40)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Nikki Wakefield 615-612-3408 OR 615-601-7749
Cohn Community Center 4805 Park Ave Nashville, Tn. 37209	(22)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Judy Redmon-Coordinator Fax- 615-298-8466 Cell-615-269-4565
Cumberland View Towers (basement) 1201 Cheyenne Blvd. Madison, Tn. 37115	(45)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Rene Ballard Fax-615-860-1628 Cell-615-601-7917
Dandridge Towers 1 <sup>st</sup> Floor 431 Ocala Drive Nashville, Tn.	(50)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Bambi Worden Fax 615-860-1369 Cell 615-601-7613
East Park Community Center 601 Russell Street Nashville, Tn. 37206	(40)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Frankie Webster Fax 615-2267 615-927-4979
Elizabeth Community Center 1701 Arthur Street Nashville, Tn. 37208	(35)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Brandiesha Mitchell Fax- 615-862-2340 Cell-615-601-7856
Fifty Forward- Bordeaux 3315 John Mallette Nashville, Tn. 37218	(15)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Dorothy Brown 615- 248-2272 Cell- 615-545-8649
Hadley Park Center 1037-28 <sup>th</sup> Ave. North Nashville, Tn. 37208	(25)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Vester Person Fax-615-860-2290 Cell-615-601-7698
Hickory Hollow Towers 100 Curtis Hollow Rd Antioch, Tn. 37013	(45)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Lovelyn Hatchett Fax- 615-731-3739 Cell- 615-601-7874
Madison Senior Station 301 Madison Street Madison, Tn. 37115	(30)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Patricia Cullom 615-860-7180 615-601-7907
Nashville Christian Towers 6 <sup>th</sup> Floor 608 Foothill Court Nashville, Tn. 37210	(35)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Ruth Berhe Fax- 615-399-7934 Cell 615-601-7869
Old Hickory Towers 930 Industrial Blvd. Old Hickory, Tn. 37138	(40)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	(Volunteers) & Steve Lavigne Site Monitor 615-930-0822
Trevecca Towers I 1 <sup>st</sup> floor 60 Lester Avenue. Nashville, Tn. 37210	(65)	All Sites operation hours are 9:00 a.m. - 1:30 p.m.	Tamara Sutton Fax-615-9561 Cell-601-7768

HISTORY, GOVERNING BODY  
ORGANIZATIONAL CHART, EXPERIENCE

MEGAN BARRY  
MAYOR

RENEE PRATT  
EXECUTIVE DIRECTOR



METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

METROPOLITAN SOCIAL SERVICES  
800 2<sup>ND</sup> AVENUE NORTH, SUITE 100  
NASHVILLE, TENNESSEE 37201

**Metro Social Services**  
**Board of Commissioners**

*The name of the Commission is the Metropolitan Social Services Commission of the Metropolitan Government of Nashville and Davidson County (the "Commission"). The Commission shall consist of seven (7) members appointed by the Mayor in accordance with the Metropolitan Charter.*

**Pastor William Harris**  
4117 Home Haven Drive  
Nashville, TN 37218

Male

African American

**Steve Meinbresse**  
805 Rodney Drive  
Nashville, TN 37215

Male

Caucasian

**Michael Bradley**  
4248 Jamesborough Place  
Nashville, TN 37215

Male

Caucasian

**Charlotte Peacock**  
1633 Aaronwood Drive  
Old Hickory, TN 37138

Female

African American

**Elizabeth "Bettie" Kirkland**  
216 Woodmont Circle  
Nashville, TN 37205

Female

Caucasian

**Brandon Thompkins**  
1122 Litton Avenue, 105  
Nashville, TN 37216

Male

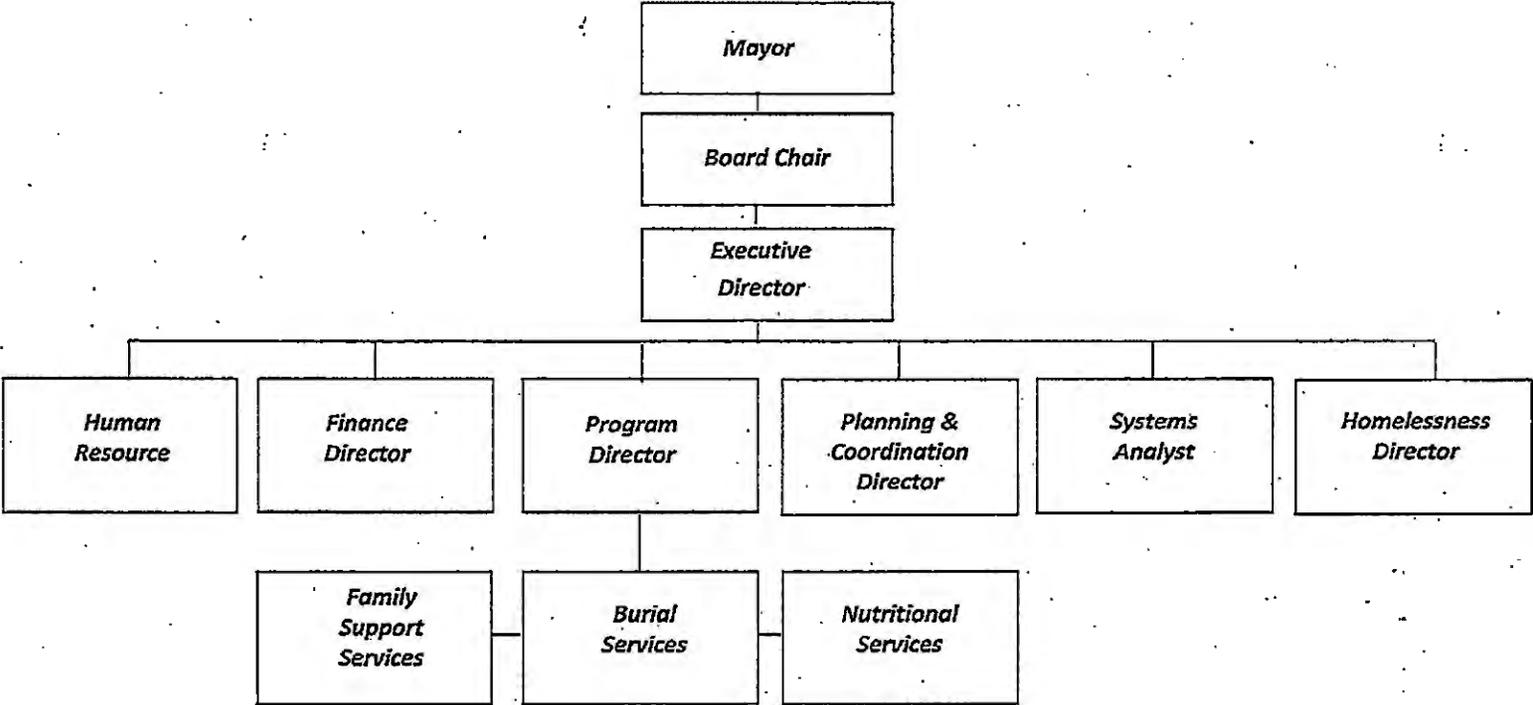
African American

**Phil Orr**  
3621 Meadowbrook Avenue  
Nashville, TN 37205

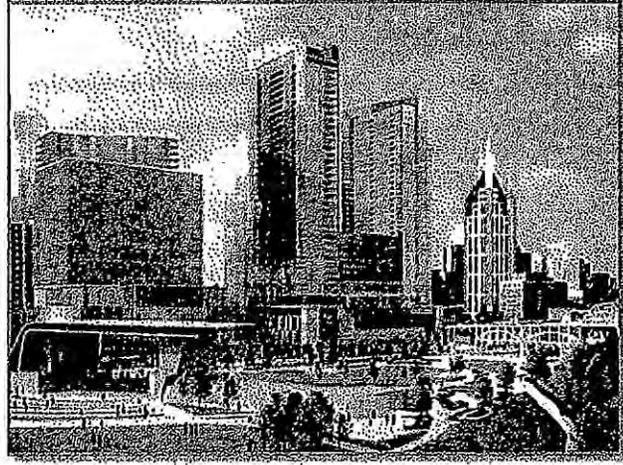
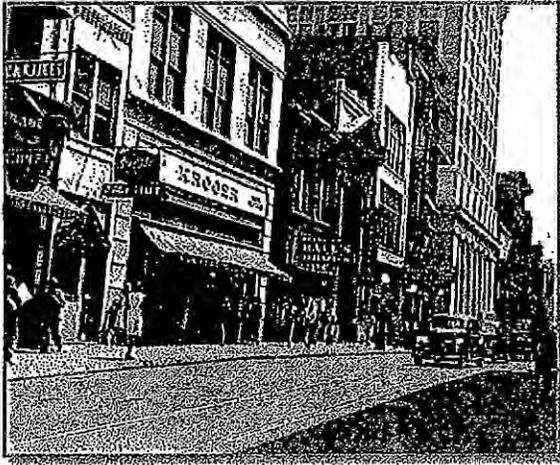
Male

Caucasian

**Metro Social Services**  
**Division and Function Organizational Chart**



# The History of Metropolitan Social Services - From Then to Now



1879 – State Legislature determined that administering "poor relief" was responsibility of Justices of the Peace.

1937 – Tennessee Welfare Act provided the state would share responsibility for assistance to the needy elderly and blind persons and dependent children.

1943 - City of Nashville created a Department of Welfare.

1953 – State Legislature authorized sharing responsibility for aid to permanently and totally disabled persons.

1955 – Creation of the Davidson County Welfare Commission, through private act of the State Legislature. First Executive Director hired.

- \* Administered by 9-member Board
- \* Provide general relief to residents and nonresidents in Davidson County, engage in study and research on cause of financial dependency and enter into cooperative agreements with other State and City welfare agencies for the administration of welfare programs.

1964 – **Metropolitan Social Services** was created under the charter of the newly formed Metropolitan Government of Nashville and Davidson County.

Metropolitan Social Services began with the creation of the Metropolitan Government of Nashville and Davidson County when the Metro Charter passed on June 28, 1962. Section 11.1101 created a 7-member commission.

**The Charter assigned powers and duties including:**

- \* Administer general assistance in Davidson County.
- \* Make social investigations and reports to government agencies.
- \* Study and research on cause of financial dependency and methods to better treat such dependency.
- \* Administer public and private grants . . . Supervise and operate welfare facilities . . . Supervise the Children's Home and Knowles Home for the Aged, etc.

Metropolitan Social Services has operated under 7 Mayors of the Metropolitan Government.



Briley

Fulton

Boner

Beverly Briley 1963-1975

Richard Fulton 1975-1987

Bill Boner 1987-1991

Phil Bredesen 1991-2007

Bill Purcell 1999-2007

Karl Dean 2007-2015



Bredesen

Purcell

Dean

Current Mayor Megan Barry (2015 - )



Metropolitan Social Services  
**5 Executive Directors**

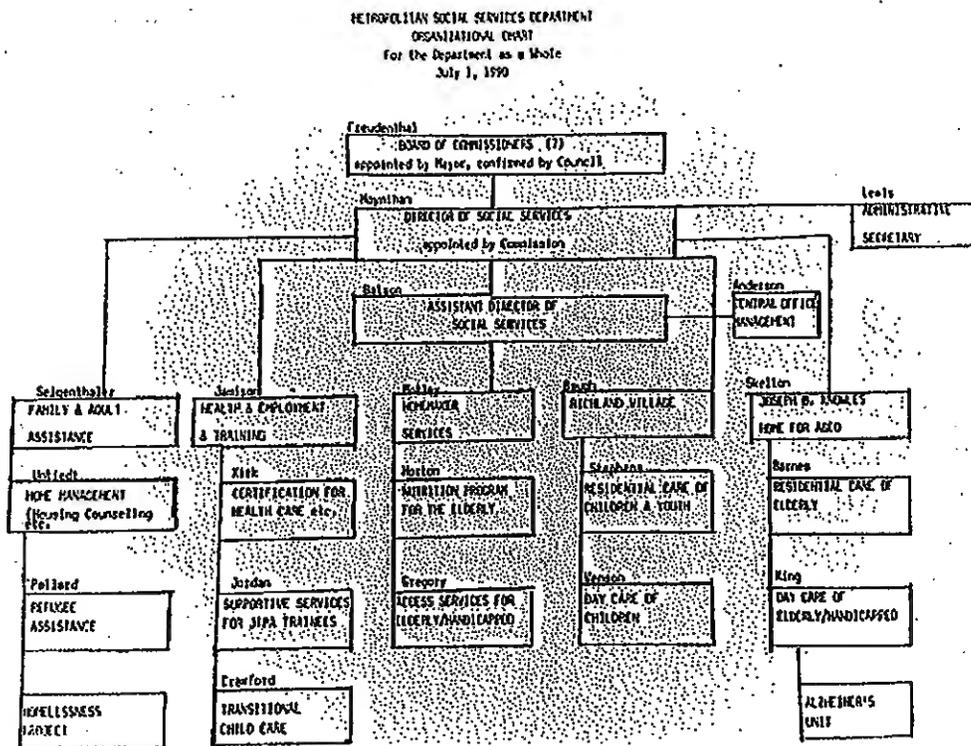


Camilla Caldwell  
 William Moynihan  
 Michael Miller  
 Dorothy Berry  
 Geraldine Robinson  
 Renee Pratt



Since it was formed in 1964,  
 Metropolitan Social Services  
 has had 5 Executive Directors.

A 1990 organizational chart for Metro Social Services shows that it provided an array of services with a budget of approximately \$8 million, including Family & Adult Assistance, Home Management, Refugee Assistance, Homelessness Project, Health & Employment Training, Certification for Health Care, Supportive Services for JTPA Trainees, Transitional Child Care, Homemaker Services, Nutrition for the Elderly, Access Services for Elderly and Disabled, Richland Village Residential Care of Children and Youth, Day Care for Children, Joseph B. Knowles Home for the Aged, Adult Day Care, and an Alzheimer's Disease Unit.



## **These are highlights of the evolution of Metropolitan Social Services.**

### **Growth and Expansion**

- Late 1960s – Health Certification began to screen applicants for health services and medication from the Health Department
- 1970s – Child Care Center opened to provide care for children of low-income working parents; Home Management began and help people facing evictions and other problems; using federal Older Americans funds, began Adult Day Care at Knowles Home and a Nutrition Program with 20 meal sites
- 1980s – Using federal Older Americans funds began a Homemaker Program; added Alzheimer's Unit to Adult Day Care at Knowles Home; Senior Information Program transferred from Mayor's Office; Disability Information Office transferred from Metro Human Resources; Senior Adult Transportation transferred from Metro Action Commission.
- 1990s – Expanded involvement with job training and welfare reform initiatives; using state funds added Child Care Broker Program with case management for JOBSWORKS participants; began Refugee Services Program to provide employment services, social adjustment and English language training for refugees; began to administer the Caring for Children Program

### **Transfers and Closures**

- 2000 – Health Certification transferred to General Hospital; Families First returned to the State
- 2001 – Child Care Broker and JTPA returned to the state
- 2002 – Richland Village Residential Care Program Closed (Brian A); began Richland Village Community Services; Caring for Children Program transferred to Metro Finance Department
- May 2004 – Performance Audit released by Metro Finance in which Maximus recommended that MSS reduce its staff to 22 and discontinue all direct services, eliminate financial assistance to clients, create Planning & Coordination; develop a Homelessness Task Force.

### **Additional Audit Consequences**

2005 – MSS Board adopted a new business model, incorporating several recommendations of the performance audit. MSS retained administrative functions, Adult and Family Support Services and Planning & Coordination.

Transferred Transportation Program to MTA; transferred Refugee Services to Catholic Charities, Family Assistance Program transferred to Metro Action Commission; closed Richland Village. Metro Council created the Metropolitan Homelessness Commission through ordinance that placed it at MSS.

## Adjusting and Regrouping

- 2007 – Metro Council moved the Homelessness Commission from MSS to MDHA by ordinance
- 2009 – MSS released its first annual Community Needs Evaluation
- 2010 – Planning & Coordination was asked to monitor and coordinate the implementation of a Poverty Reduction Plan that had been developed by MAC, the Chamber of Commerce and others. A Poverty Council with community representation was created
- 2011 – The Metro Council passed an ordinance to return the Homelessness Commission to MSS
- 2014 – MSS began the process to close the Homemaker Program through attrition.



## During the 2015-2016 Fiscal Year, Metropolitan Social Services:

- Provided family support services to 3,251 customers, including 1,848 new customers.
- Served customers who were referred from the Public Defender's Office, the MNPS Homeless Education Resources Outreach Program, the Mayor's Office and other organizations.
- Provided basic needs financial assistance to 71 families.
- Supplied 174,484 meals to 11,238 seniors, including 269 new customers.
- Provided families with 76 food boxes and 29 food vouchers.
- Provided 7,487 trips for 919 seniors. Gave 1,147 MTA bus passes to job and housing seekers.
- Provided 10,415 hours of homemaker and personal care services to 96 customers.
- Provided 115 burials and 26 cremations.
- Prepared and distributed the 7<sup>th</sup> Annual Community Needs Evaluation.
- Prepared and made available the 2<sup>nd</sup> Annual Know Your Community, with 25 data sets for each Metro Council District, with maps.
- Hosted the 4<sup>th</sup> Annual Ride 2 Thrive event for families.
- Through the Metropolitan Homelessness Commission, participated in an initiative to end veteran homelessness and assisted 412 veterans 1,043 people who were chronically homeless. MHC partnered with others to end homelessness for youth and young adults.

MISSION STATEMENT  
VALUE/GUIDING PRINCIPLES

MEGAN BARRY  
MAYOR

RENEE PRATT  
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



METROPOLITAN SOCIAL SERVICES  
800 2<sup>ND</sup> AVENUE NORTH, SUITE 100  
NASHVILLE, TENNESSEE 37201

## Metropolitan Social Services

### **Mission Statement:**

Metropolitan Social Services assesses and documents the patterns of poverty and seeks solutions that promote a positive impact on the most vulnerable people in Davidson County.

### **We Value:**

#### **Commitment to Excellence**

- We are responsible stewards of the resources entrusted to us to earn and maintain public trust.
- We employ trained, qualified and diverse staff who delivers services that uphold the highest professional standards.
- Our services are guided by sound research and professional judgment.
- We provide services that are valuable and positively impact the lives of our customers.

#### **Community Focus**

- We partner with individuals and families, service providers and the community to identify solutions to the growing and evolving need in the community.
- We promote an environment of mutual trust and respect for those we serve and with whom we work.
- We value our unique role of assessing the presence of poverty and producing reliable information.

#### **Compassion**

- We honor the dignity and rights of the people we serve.
- We inform, encourage and inspire customers to make informed decisions.
- We engage our customers by recognizing their strength to obtain self-reliance.

PERSONNEL – SUPERVISORY STRUCTURE

QUALIFICATIONS/JOB DESCRIPTIONS

PROPOSED TRAINING AND CURRICULUM

MEGAN BARRY  
MAYOR

RENEE PRATT  
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



METROPOLITAN SOCIAL SERVICES  
800 2<sup>ND</sup> AVENUE NORTH, SUITE 100  
NASHVILLE, TENNESSEE 37201

## ATTACHMENT(S)

### II. ORGANIZATIONAL STRUCTURE AND INFORMATION

- d. (4) Key Personnel Resumes
- (6) Direct Service Workers Job Descriptions
- (7) Nutrition Training Plan

## CAROL E. WILSON

825 S. Dickerson Rd. Apt. 119  
Goodlettsville, Tennessee 37072

Office: (615) 862-6480  
Residence: (615) 859-4148

### Career Focus

Promotion as Program Manager II- Social Services

**Value Statement-** Throughout my tenure with Metro Social Services I have served as program coordinator and program supervisor with emphasis in service delivery and supervision. I believe my performance, loyalty and commitment to the clients and this agency has positively contributed to my success. I strive for excellence and the highest standards of quality for continued client satisfaction.

### Professional Background

Metro Social Services, Nashville, Tennessee 37228

#### Program Supervisor, Homemaker Services (Metro Social Services)

July 05- present

- Provided supervision to 7-8 homemakers working directly with the elderly and disabled clients in need of homemaker services
- Monitor and adjust homemakers schedules for changes, client deletions, rescheduling and case assignments
- Develop and maintain case records of each assigned client based on category of eligibility including need for services
- Develop and wrote client narratives, established goals and processed necessary forms for eligibility
- Complied and completed annual evaluations for staff timely
- Assisted Program Manager with staff sign in and out time sheets
- Provided quality assurance to ensure best practice from the Homemaker's Services Unit
- Reviewed and critique staff monthly activity sheets for final signature

#### Program Supervisor, Family Services (Metro Social Services)

February 02- June 05

- Provided day to day supervision to 4 Metro employees in the community and central office
- Developed and implemented an intervention plan that prevented housing eviction to 35 residents residing in the James A. Cayce Homes
- Supported implementation of best practice standards with staff, clients and community partners
- Established and built healthy relationships with the residents and community organizations to increase community involvement
- Managed a caseload of 20-35 families requiring crisis intervention
- Maintain and complied accurate reports, data collection and case documentation
- Attended partnerships meeting monthly and quarterly

#### Program Coordinator, Community Services (Metro Social Services)

January 97- February 02

- Supervised and monitored day to day activities of 2 family services employees at the Cayce Family Resource Center
- Developed and maintain relationships with community leaders and service providers working towards a common goal to leverage and increase the delivery of quality customer services
- Shared leadership responsibilities with the Cayce Family Resource Center Director
- Interpreted program policy and procedures to prospective clients in need of program services
- Compiled monthly statistical reports on client goals and outcomes

Social Worker, Community Services (Metro Social Services)

September 93- December 96

- Developed and maintain accurate written documentation and progress notes in case record
- Linked clients to appropriate agencies for resources
- Demonstrated comprehensive knowledge of the Family Services financial assistance grants
- Develop trusting and empathic relationships with clients and community partners
- Conducted home visits to assist with all facets of family dynamics with a wide range of financial concerns
- Performed client intake and assessment
- Provided case management to 25 clients in the James A. Cayce Homes and surrounding communities
- Network and collaborated services with Metropolitan Development Housing Authority and other Social Service agencies

<b>Education</b>	2006-present	Tennessee State University currently enrolled in Social Work program expecting to graduate Dec. 08	Nashville, Tennessee
	1995- 1996	Tennessee State University Master of Science Guidance/ Counseling	Nashville, Tennessee
	1991-1992	Nashville State Technical Institute Computer Science Certificate	Nashville, Tennessee
	1972- 1976	Tennessee State University Bachelor of Science Elementary Education	Nashville, Tennessee

**Profile/ Strengths**

- Experience in Supervision of staff at multiple locations
- Experience in coordination of services at Family Resource Centers
- Experience working with community partners in Family Resource Centers, Metropolitan Public Schools and United Way
- Highly motivated toward professional development and advancement
- Excellent communicator; interact effectively and professionally with individuals in all levels of business
- Respond effectively and creatively to change; highly adaptable to fluctuating situations
- Capable of making a decision and following through to an effective solution
- Good organization and planning skills
- Knowledge of community resources
- Knowledge of administrative practices
- Ability to keep accurate records and write detailed reports

**Community Involvement**

- Served as Co- Chair for two years on the African American Male Risk Reduction Committee
- Participated as a partner in the Cayce Family Resource Center Advisory Council
- Facilitator for the Cayce Family Resource Center Support and Guidance Council
- Participated as a partner on the Martha O'Bryan Center SPECS (Strengths, Prevention, Empowerment and Community Change) project. The goal of this project- to prevent social and psychological problems, to empower community residents to take control of their lives.

**References** Available upon request

# Steven Lavigne

## *Objective*

Work with a organization the serves the needs of the senior population

## *Education*

1971-1975 Greater Lawrence Tech. School of Culinary Arts

1975-1976 USAF School of Culinary Arts

1976 USAF School of Diet Therapy

## *Positions Held*

March 1, 2001—Present

Nutrition Site Monitor

Metro Social Service

Over see the daily operation of the senior congregate meal program for the  
City of Nashville TN.

1997-2001

Sodexo-Marriott

Executive Chef

1994-1997

Service America

Asst. Food Service Manager

146 Sullivan Trail  
LaVergne, TN. 37086

E-mail [sjlavigne2005@comcast.net](mailto:sjlavigne2005@comcast.net)

# KRISHAUNA PATTERSON

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8819 Cole St. Smyrna, TN 37167 | 615-967-7515 | Krishnauna\_Patterson@yahoo.com

## Objective

Program Supervisor aspiring to become a Program Manager. Offering versatile skills and proficiency in Microsoft Office, Socrata, and Power Bi softwares. Strong planner and problem solver who readily adapts to change with the ability to work independently and exceed expectations. Able to juggle multiple priorities and meet tight deadlines without compromising quality. Distinguish in communicating with people from varying backgrounds and divergent viewpoints. Capable and willing to fulfill duties as a member of a team to achieve that team's goal.

## Education

### **BACHELOR OF INTERGRATED STUDIES | DECEMBER 2011 | MURRAY STATE UNIVERSITY**

- *Major:* Healthcare Administration
- *GPA:* 3.5
- *Related coursework:* Basic Public Speaking, Intro to Sociology, Development of a Caregiver Role, Mental Health, Human Nutrition and Wellness, Safe, Healthy, Learning Environment, Family Dynamics and Community Involvement, Intro to Social Work, Human Behavior Social Environment, Financial Aspects/Health Organization, Fundamentals of Management, Conflict and Communication, Hospital/Health Services Administration

### **HIGH SCHOOL DIPLOMA | JUNE 2003 | MADISONVILLE NORTH HOPKINS HIGH SCHOOL**

- *GPA:* 3.15
- *Related coursework:* Keyboarding and Document Formatting, Communication Fundamentals of Accounting, Introduction to Business Management, completed introductory nursing courses, Volunteered at Ridgewood Terrace Health and Rehabilitation Center.

## Skills & Abilities

### **MANAGEMENT**

- Assists the Program Manager with overseeing the Nutrition Program
- Attends boarding meetings, council meetings.
- Assists with rebranding the program.
- Explains goals, objectives and methods of operation to employees.
- Monitors employees' progress toward meeting goals.
- Conducts interviews and/or conferences with clients and/or their families as needed.
- Explains rules, policies and procedures to clients, their families, and the public as needed.
- Writes narrative and statistical reports.
- Attends meetings and workshops as necessary.
- Assists with writing grant proposals.
- Provides information used in the budget process.

## **DATA**

- Prepares information for data entry, and keys into computer.
- Organizes and arranges documents and reduces data into numerical codes.
- Enters data into computer.
- Verify punched data.
- Functions as member of a data management group.
- Assist with training employees in use of new data program software (i.e.- Socrata, Power Bi).
- Writes data entry programs, modifies screen formats, and formats output programs based upon information received from manager.
- Formats value tables, check digits, and file balancing routines.
- Keeps file and program documentation up to date.
- Assists in tracing transmitting or output errors.
- Assists with supervising and training Data Entry Operators.
- Enters and verifies data at a senior data entry level.

## **LEADERSHIP**

- Lead Youth Teacher for Simeon Youth Ministry: Wednesday Bible study and Sunday School
- Landlord of multiple properties in Nashville/Surrounding area

## **Experience**

### **PROGRAM SUPERVISOR | METRO SOCIAL SERVICES | FEBRUARY 2008 - PRESENT**

*Supervise the nutrition program that provides nutritious meals (home delivered and congregate) to seniors and disabled individuals in Davidson County.*

- Providing reports and activity updates to management
- Helping the team understand performance targets and goals.
- Supervise the employees working directly with clients.
- Assigns and reviews work.
- Training or ensuring that employees are properly trained for their specific roles, as necessary.
- Sharing company updates and new objectives with team members.
- Interprets rules, policies and procedures for staff members.
- Evaluates performance of the employees directly under his/her supervision.
- Approves leave requests.
- Counsels with and corrects employees as necessary.
- Cross-training in other programs (i.e.- Adult and Family, Warming Shelter, Data Management)
- Participates in providing Nutrition Program services to clients.
- Assists staff with difficult cases or problems.
- Serves as backup for staff members.
- Conducts interviews and/or conferences with clients and/or their families as needed.
- Explains rules, policies and procedures to clients, their families, and the public as needed.
- Keeps accurate records.
- Writes letters.

## FUNCTIONAL JOB DESCRIPTION

Classification: Program Manager II  
Division: Adult & Family Services

Functional Title: Program Manager  
Department: Social Services  
Shift: 8:00-4:30 pm

Supervisor's Classification: Special Projects Manager  
Supervisor's Functional Title: Director of Adult and Family Support Services

### 1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

Performs the professional and supervisory duties involved in supervising employees working with customers of the Nutrition & Burial Programs. Responsible for the overall day to day operations of the programs and any other related duties as required.

### 2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

1. Responsible for the Nutrition & Burial Programs and provides administrative leadership.
2. Ensures that all mandatory training is scheduled, the unit is staffed daily, approves all leave request and monitors to the day-to-day operations of the unit.
3. Responsible for payroll, ensuring the time is accurate, training records and all evaluations of staff.
4. Responsible for all weekly, monthly, quarterly or annual reports that are required for the monitoring of the program.
5. Promotes a healthy, safe and productive work environment daily.
6. Develops, maintains, and interprets policies and procedures as it pertains to the Intake & Assessment Unit.
7. Develops Performance Measures and Goals for the unit and ensures that the all are measurable by data collection procedures.
8. Responsible for ensuring those cases are distributed equally and fairly among all staff and that all case records are reviewed and signed off by the Program Manager.
9. Conducts regularly scheduled staff meetings that ensure that all staff in the Nutrition & Burial Programs are receiving the needed information to complete their task.
10. Maintains accurate reports, data collection and statistical information.
11. Participates in any community projects and committees that are pertinent to the program as assigned.
12. Participates in all scheduled meetings, trainings and seminars as needed.
13. Participate in marketing the Nutrition & Burial Programs.
14. Ensures that all contractual requirements are being met
15. Counsels and corrects staff may it be orally or written for inappropriate actions.
16. Prepares written and oral reports as needed.
17. Ensure that the program provides supportive services appropriate to address the needs of customer who are experiencing more complex and diverse issues.
18. Assumes or performs other duties as needed or assigned
19. Assures nutrition policies and procedures are in compliance with TCAD Nutrition Chapter 7 Standards
20. Involved in the fiscal planning/food service management and evaluation of program.

### 3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

Responsible for the direct supervision of (1) Program Supervisor, (1) Social Worker III and (1) SWA.

## FUNCTIONAL JOB DESCRIPTION

Classification: Nutrition Site Monitor  
Division: Nutrition

Functional Title: Nutrition Site Monitor  
Department: Social Services  
Shift: 8:00 a.m. - 4:30 p.m.

Supervisor's Classification: Special Projects Manager  
Supervisor's Functional Title: Director of Programs

### 1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

Performs the administrative and supervisory duties which involves the supervision of (11) staff and the daily operations of MSS congregate meal program which serves eligible seniors throughout Davidson County.

### 2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

#### Supervision of nutrition sites

- Assigns and reviews work
- Approves leave requests
- Evaluates employee performance
- Trains employees as needed
- Counsels with and corrects employees as needed
- Assists site managers with difficult problems
- Serves as backup for site managers
- Monitors facilities for safety and sanitation compliance

#### Administrative Duties

- Compiles data for statistical reports
- Complete monthly reports in a timely manner
- Keeps accurate records
- Writes reports and assures that paperwork is properly completed
- Responsible for the coordination of MTA Access Ride services for seniors
- Responsible for the coordination and organization of the 2<sup>nd</sup> Harvest items.

#### Performs other paraprofessional duties

- Works closely with team members across the division in strategic planning for programs
- Instrumental player in coordinating events and functions as they pertain to MSS
- Attends meetings and workshops as required
- May assist with meal delivery and client certification as needed
- Any other duties as assigned

### 3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

Supervision of nutrition site managers

### 4. OTHER SIGNIFICANT INFORMATION (AREAS OF SPECIALIZATION, ETC.)

## FUNCTIONAL JOB DESCRIPTION

Classification: Van Driver  
Division: Nutrition Program  
Location: 800 2<sup>nd</sup> Ave. N Suite 100

Functional Title: Van Driver  
Department: Social Services  
Shift: 8:00-4:00

Supervisor's Classification: Program Manager II  
Supervisor's Functional Title: Program Manager II

### 1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

The purpose of this position is to deliver meals to homebound customers in Davidson County as a part of the Nutrition Program grant requirements. This position will also do routine checks on the customer during the weekly visit and assist with minor task which may enhance the customer's quality of life.

### 2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

1. Responsible for delivering meals, nutritional education materials and other items to customers as requested.
2. Responsible for working with their supervisor to insure the most efficient coordination of the meal delivery route for the homebound customers.
3. Responsible for insuring route sheets are accurate and up to date prior to the meal delivery.
4. Responsible for completing and submitting missed meal reports daily
5. Responsible for effective communication with their supervisor and designated staff regarding delivery concerns and customer issues.
6. Responsible for assisting the customer with minor task on the assigned visit such as taking out the trash, bringing in the mail, warming up a meal in the microwave etc.
7. Responsible for being a team player and assist where needed within the program.
8. Responsible for submitting accurate monthly reports by the designated deadline.
9. Responsible for insuring accurate meal count, inventory and inspection of meals from the food vendor daily.
10. Responsible for collecting donations from customers and delivering it to the designated staff person.
11. Responsible for maintaining proper operations, cleanliness and appearance of vehicle.
12. Responsible for performing daily routine vehicle maintenance and safety checks on the vehicle.
13. Responsible for reporting any needed repairs and/or accidents to their supervisor and completing any necessary documentation.
14. Attend and participate in all meetings and trainings as appropriate.
15. Other duties as needed and/or assigned.

### 3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

None

### 4. OTHER SIGNIFICANT INFORMATION (AREAS OF SPECIALIZATION, ETC.)

- 1.) Proven ability to communicate effectively with elderly and/or disabled clients, family members, and other individuals involved in the care of the customer.
- 2.) General knowledge of the needs & resources of the elderly and disabled.
- 3.) General computer knowledge, the ability to work in an excel database, check emails etc.
- 4.) Flexibility to work with others in the best interest of the customers.
- 5.) The ability to work well independently and effectively communicate information to the team.

## PHYSICAL REQUIREMENTS CHECKLIST

Please indicate the frequency with which you perform the following activities as part of your job.

Frequency	Time Spent
Never	0%
Seldom	less than 10%
Occasionally	10% - 25%
Frequently	more than 25%

In addition, indicate whether each activity is essential to the performance of the duties of the position. Choose the frequency which best describes the amount of time you spend performing each activity.

<u>ACTIVITY</u>		<u>FREQUENCY</u>	<u>ESSENTIAL</u>	
LIFTING	10 lbs	Occasionally	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	up to 25 lbs	Seldom	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	up to 50 lbs	Never	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	up to 100 lbs	Never	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	over 100 lbs	Never	<input type="checkbox"/> No	<input type="checkbox"/> Yes
STANDING		Occasionally	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
WALKING		Frequently	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
SITTING		Frequently	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
SEEING		Frequently	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
HEARING		Frequently	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
TALKING		Frequently	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
USING HANDS		Frequently	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
DRIVING		Frequently	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

Does this job require a Commercial Drivers License (CDL) or Endorsement?

No     Yes    Class: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Please describe any other essential physical requirements of this position:

**SIGNATURES:**

EMPLOYEE

SUPERVISOR

DATE


## FUNCTIONAL JOB DESCRIPTION

Classification: Nutrition Site Coordinator  
Division: Adult & Family Support  
Location: 800 2<sup>nd</sup> Ave. North Suite 100

Functional Title: Nutrition Specialist  
Department: Metro Social Services  
Shift: 8:00-4:30

Supervisor's Classification: Program Manager  
Supervisor's Functional Title: Program Manager

### 1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

Performs the administrative duties involved in overseeing and participating in a program to serve meals, perform limited in home services and provide an opportunity for socialization and recreation to elderly and disabled individuals.

### 2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

Oversees and participates in the delivery of program services:

1. Serves meals to eligible customers, create an atmosphere that is comfortable and conducive to social interaction among the clients and provide recreational activities for program clients.
2. Provide information and referral to community agencies for clients as needed.
3. Provide limited in home services to customers on a case by case as needed.
4. Provide back up support to the home delivered meal drivers in their absence.
5. Provide emotional support to customers and encourage them to be as independent as possible.
6. Receive and account for all fees, donations and other sources of income accrued by the site during operation.
7. Assess eligibility for home delivered & congregate meal services to customers using established policies and guidelines.
8. Complete and submit all monthly documentation in a timely manner.
9. Recruit, train and coordinate volunteers.
10. Ensure all safety and sanitation standards are observed.
11. Ensure food and supply waste is kept to a minimum.
12. Provide administrative support via, filing, meal counts, entering monthly data in SAM's and the agency case management system, answering phones, and case record accountability etc.
13. Attend all meetings, trainings, in-services and workshops as required.
14. Perform any other duties as assigned.

### 3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

This is a non-supervisory classification; however, employees in this classification are responsible for coordinating the efforts of volunteers.

### 4. OTHER SIGNIFICANT INFORMATION (AREAS OF SPECIALIZATION, ETC.)

High School Education; Certified Nurses Training  
General knowledge of the needs of elderly and disabled persons  
Knowledge of the rules and regulations governing food service and sanitation.  
Knowledge of basic first aid and CPR  
Skills in dealing with customers, families and the public.

## FUNCTIONAL JOB DESCRIPTION

**Classification:** Office Support Specialist I  
**Division:** Division of Programs  
**Location:** 800 2<sup>nd</sup> Ave. North

**Functional Title:** Office Support Specialist  
**Department:** Metro Social Services  
**Shift:** 7:30-3:30

**Supervisor's Classification:** Special Projects Manager  
**Supervisor's Functional Title:** Director of Programs

### 1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

Performs a variety of entry-level clerical/administrative duties that may require the use of limited independent judgment and skill in processing, communicating, creating and/or maintaining various records, files and information.

### 2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

1. Responsible for being in the rotation for front desk coverage.
2. Responsible for learning and providing back up on payroll and timekeeping for the Division of Programs
3. Responsible for compiling the Nutrition monthly papers & coordinating efforts with Program Manager to review & ensure that mandatory monthly reports are completed and submitted in a timely manner.
4. Will be responsible for an assigned program and for coordinating the record retention process, developing the list of records and finalizing it with the Officer Manger.
5. Responsible for entering, monitoring and receiving items in EBS & Ariba and working closely with the MSS business office staff.
6. Responsible for learning the new MSS Case management system, the HMIS system & SAM's system and generate the appropriate reports.
7. Responsible for providing assistance in ensuring the coordination & scheduling of Access ride trips for eligible seniors.
8. Have general knowledge of the services provided by the Division of Programs.
9. Responsible for inputting all new Nutrition customers in the SAM's database.
10. Responsible for providing back-up in coordinating and confirming payment of training for staff when needed.
11. Responsible for maintaining Nutrition, Family Support & Homeless current info on file such as (Drivers License, Car Insurance & C.N.A. Certification)
12. Responsible for entering program surveys in the system.
13. Responsible for pertinent and mandatory training and attend all necessary meetings
14. Responsible for any other duties or task assigned

### 3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

No supervision

### 4. OTHER SIGNIFICANT INFORMATION (AREAS OF SPECIALIZATION, ETC.)

Experience in computer use is required for this position that includes Word, Excel, Access, Outlook, power point. Training is required for new databases or other programs. Performance Standards are those, which are listed on the Metro general job description for this position.

## FUNCTIONAL JOB DESCRIPTION

**Classification:** Social Worker II  
**Division:** Adult & Family Support  
**Location:** 800 2<sup>nd</sup> Ave. North Suite 100

**Functional Title:** Social Worker II  
**Department:** Social Services  
**Shift:** 8:00-4:30

**Supervisor's Classification:** Director of Programs  
**Supervisor's Functional Title:** Director of Programs

### 1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

Performs professional duties involved in assisting individuals and families who may experience increasingly complex and diverse needs. Assist customers in obtaining the needed information, resources and case management services. Provides Case management system and data governance support.

### 2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

1. Determines the needs and eligibility of persons seeking assistance.
2. Assesses eligibility according to program policies and guidelines
3. Provides information and referral services to customers and the public
4. Meets with clients on an individual, family or group basis
5. May make home visit to customers or to other agencies or locations in the community
6. Provide the customer with the information to enable them to understand the programs services and the information needed to understand the continuation of services
7. Maintain accurate and professional case records and contacts
8. Responsible for providing Conservatorship Reviews via the Office of Conservatorship Management (OCM) partnership.
9. Responsible for determining eligibility of all HDM referrals from the waiting list within 10 days from the date of receiving the referral, and scheduling an initial assessment within 3-5 business day of determining eligibility.
10. Responsible for submitting assigned 6 mos. and yearly reassessments that are complete, and accurate within the designated time frame as determined by management, and close cases according to the agency and GNRC policy when services are no longer needed.
11. Complete all needed documentation and forms completely, accurately and in a timely manner.
12. Responsible for providing training and computer system and equipment support to MSS staff.
13. Responsible for working with the data group on various task and reports.
14. Maintain data in the case management system for accurate measures and outcomes that are assigned individually and programmatically.
15. Attends meetings and trainings as needed
16. Assumes other duties as needed and/or assigned

### 3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

No supervision required

### 4. OTHER SIGNIFICANT INFORMATION (AREAS OF SPECIALIZATION, ETC.)

Must have the ability to clearly communicate with customer, other agencies and staff. Must have computer skills working in Microsoft Word, Access, and Excel. Must have knowledge of resources and how to work with a diverse customer base.

**Metropolitan Social Services  
Policies & Procedures**

<b>Procedure Name:</b>	<b>Nutrition Operating Procedures</b>
<b>Effective Date</b>	<b>3/21/12</b>
<b>Date(s) of Revision</b>	<b>1/23/15</b>
<b>Date(s) of Review</b>	<b>3/5/14, 12/15/17</b>
<b>Approved By:</b>	<b>Renee Pratt, Executive Director</b>

**OVERVIEW**

This Standard Operating Procedure (SOP) provides the process and steps to be taken by Site Managers in the MSS Nutrition program.

**Procedures**

1. All employees of the Senior Nutrition Program must comply with the Rules of the Civil Service Commission.
2. All employees of the Senior Nutrition Program must comply with the Metro Social Services Department Safety Rules.
3. Nutrition Staff and MSS paid Volunteers must wear the uniform provided by Metro Social Services. Colors of navy, royal or light blue are to be worn. Substantial shoes must be worn meaning enclosed shoes, no heels, no mules; must have a sole with a good grip. (unless approved by physician to wear other shoes). The Metro patch must be securely attached on the left side arm.
4. Nutrition Staff and Volunteers may not place a personal telephone call from a customer's home or to a customer's home. ( Homebound)
5. Nutrition Staff and Volunteers may not disclose a customer's name, address or telephone number, or any other personnel information to anyone, except in the performance of official duty. (i.e., DHS, Social Security, Health Dept., 911)
6. Nutrition Staff and Volunteers may not give their personal home address or personal home or cell phone number to any customer. Employees should contact their immediate supervisor if a customer makes calls to their home.
7. Nutrition Staff and Volunteers may not visit the home of a customer, (including the apartment building or high rise, for the purpose of seeing a customer) for any reason except in the performance of duty.
8. Nutrition Staff and Volunteers may not give or accept any personal gift from a customer, or customer's family or borrow any items for any reason, which includes money and gift cards.
9. Nutrition Staff and Volunteers may not enter into any type of agreement or transact business with a customer for themselves, friends or family members. Site Coordinators may not accept any funds to purchase items on behalf of the customer or use their own money to purchase items for a customer.
10. Nutrition Staff and Volunteers should begin the normal workday by 9:00 a.m. (but not sooner than 8:55 a.m.) Site coordinators must clock in and out on the MSS cell phone. MSS cell phones should be charged daily and operational, within reach of the site coordinator throughout daily shift.
11. When requesting time away from work, the Nutrition Program employee must request the time in advance from his/her immediate supervisor. This can be done in the office, over the telephone, with texting or in writing. Attempted requests made to employees

other than the supervisor, or coming from an employee's relative or friend will not be acknowledged. Any verbal requests for leave must be followed up with a Leave Request slip as soon as possible. The employee must have a signed Leave Request slip from his/her supervisor prior to taking off time.

12. All monthly paperwork from site coordinators must be completed and submitted to the MSS office by the 3<sup>rd</sup> working day of the month. All annual reassessments should be completed and submitted to the MSS office by the 3<sup>rd</sup> Friday of the month.
  
13. Situations that may result in a conflict of interest between an employee and a customer, (such as kinship, housing proximity, and current or potential non-agency authorized relationships) should be reported immediately to a supervisor.
14. Employees may not use any tobacco products in the workplace except in designated smoking areas.
15. Nutrition Staff and Volunteers may not mention your job, the name of the customers, families, or caregivers, take pictures of customers, families, or caregivers or interact with customers, families, or caregivers on social networking sites (i.e. My Space, Facebook, Twitter, etc.)
16. Nutrition Staff and Volunteers are not allowed to bring electronics such as personal laptops, game boys or an iPad to the meal site. Personal cell phones should not be used at the meal site unless it is an emergency situation.
17. Nutrition Staff and Volunteers are not allowed to transport customers, customer's caregivers or customer's family members.
18. Customers, families, caregivers or any other non-metro employee are restricted from using Metro employee phones.

### Related Forms

Form Name: **Request for Leave and Report of OT/Comp time Worked**  
Filename: **O: / Payroll Forms / Blank Leave Request**  
**Used to request time off or report over time**

## FUNCTIONAL JOB DESCRIPTION

Classification: Program Supervisor  
Division: Senior Nutrition  
Location: 800 2<sup>nd</sup> Ave. North Suite 100

Functional Title: Program Supervisor  
Department: Social Services  
Shift: 8-4:30pm

Supervisor's Classification: Program Manager 2  
Supervisor's Functional Title: Program Manager Senior Nutrition

### 1. GENERAL PURPOSE OF JOB

Briefly describe the job's primary purpose or contribution to the department or organization.

This position is responsible for insuring the Senior Nutrition Program meets the needs of its clients by providing information, making referrals, assessing and meeting their needs as resources are available. This includes working with medical staff as well as partnering with agencies that serve Senior Adults and or persons with disabilities to insure they receive at least one nutritious meal daily.

### 2. DUTIES AND RESPONSIBILITIES

List the job's essential or most important functions and responsibilities. Include all important aspects of the job, whether performed weekly, monthly, or annually, and any that occur at irregular intervals.

- Determines the needs and eligibility of elderly persons
- Provides case management, counseling and appropriate referrals
- Responsible for all initial assessments on customers pulled from the referral log.
- Assesses eligibility according to established program policies and guidelines
- Counsels with clients individually or in a family or group setting
- Provides outreach services within the community
- Makes home visits to customers homes and/or other agencies/locations within the community
- Provides customers with the necessary information to enable them to understand the services of the program and the information needed for continuation of services
- Maintains accurate and professional case records and contracts
- Complete MMI training for Supervisors
- Maintains data for accurate measures of outcomes that are assigned individually and programmatically
- Maintains accurate and professional case records
- Accurately completes required forms and documentation in a timely manner
- Participates in problem solving between staff and client as need arises
- Completes evaluations, counsels and recommends disciplinary action as needed.
- Responsible for direct supervision of 2 van drivers and 3-4 nutrition site managers
- Responsible for working closely with the Program Manager as it pertains to contracts and billing
- Responsible for working as a team with the Nutrition site monitor to ensure all sites are covered daily and all Homebound meals are delivered.
- Insure all AAA and grant client files are in order and contain authorizations from GNRC
- Other duties as assigned

### 3. SUPERVISORY RESPONSIBILITIES

If this job supervises others, give the name of the section or division managed and the number of employees supervised. If there are subordinate supervisors, include them also.

Supervise up to four (4) Nutrition Site Managers and/or (2) Home Delivered Meal Drivers

MEGAN BARRY  
MAYOR

RENEE PRAFT  
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



METROPOLITAN SOCIAL SERVICES  
800 2<sup>ND</sup> AVENUE NORTH, SUITE 100  
NASHVILLE, TENNESSEE 37201

MSS NUTRITION STAFF TRAINING PLAN

FY 2017-2018

TRAINING	PLACE	Participants/trainers
GNRC Assessment Training	MSS	GNRC 5 staff trainers
Elder Abuse, PRP ( Old BCI) training	MSS	Nutrition staff
Nutrition Education	MSS	Quarterly conducted by TSU staff
SAMS training	MSS	GNRC Staff/ MSS Support Staff/Nutrition staff
HIPAA/Disability Awareness	MSS	Nutrition STAFF
Nutrition Monthly Paperwork	MSS	Nutrition STAFF
Defensive Driving 6	Metro Southeast	Required staff
Behavioral Health & Aging	MSS	Nutrition STAFF
Dementia a Physical Approach to Care	MSS	Nutrition STAFF
Mental Health Updates/Fall Prevention	MSS	Nutrition STAFF
LGBT & Older Adults	MSS	Nutrition STAFF
Aging Addiction	MSS	Nutrition STAFF
Volunteer/Site Managers training	Piccadilly	Volunteers/ Nutrition STAFF
Temperature/Food safety/laws	Piccadilly	Volunteers/ Nutrition STAFF
SUBSTANCE ABUSE	METRO SOUTHEAST	Nutrition STAFF
SEXUAL HARASMENT AWARENESS	METRO SOUTHEAST	Nutrition STAFF
Recalibrating thermos, GNRC site monitoring tool	MSS	Nutrition STAFF
CPR/ FIRST AID TRAINING	MSS	Nutrition STAFF
CUSTOMER SERVICES	MSS	Nutrition STAFF
TIME MANAGEMENT	MSS	Nutrition STAFF
Universal Health Precautions	TBD	Nutrition STAFF
Title VI/Civil Rights	MSS	All staff
Dietary Guidelines	MSS	Nutrition STAFF
Meal Delivery	MSS	Nutrition STAFF

VERIFICATION OF WORKERS COMPENSATION  
INSURANCE

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



MEGAN BARRY  
MAYOR

JON COOPER  
DIRECTOR OF LAW

DEPARTMENT OF LAW  
METROPOLITAN COURTHOUSE, SUITE 108  
P O BOX 196300  
NASHVILLE, TENNESSEE 37219-6300  
(615) 862-6341 • (615) 862-6352 FAX

February 6, 2018

Greater Nashville Regional Council  
Attn: Marilyn Wade  
220 Athens Way Suite 200  
Nashville, Tn 37228

Re: Insurance- Metropolitan Government of Nashville and Davidson County

Dear Ms. Wade,

The Metropolitan Government of Nashville and Davison County, is a metropolitan form of government as set out under the Governmental Tort Liability Act in TCA 29-20-101, et seq., and as such has its liability limits defined by law. The Metro Government of Nashville and Davidson County carries no insurance; however, it is self-insured in an adequately funded Self-Insurance Program, up to the limits as set out in the statute. This self-insurance is for the benefit of the Metro Government only and provides no indemnification for any other entity whatsoever.

We trust this statement is sufficient to meet your requirements. If there is anything else we can furnish you, please advise. I can be reached via e-mail at [balogun.cobb@nashville.gov](mailto:balogun.cobb@nashville.gov) or telephone at 615.880.3753.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Cobb" with a stylized flourish below it.

Balogun Cobb  
Insurance Division Manager

INTERNAL MONITORING TOOL  
AND PROCEDURES

**Metropolitan Social Services  
Policies & Procedures**

<b>Managing &amp; Monitoring for Results Policy</b>	
Effective Date:	12/10/03
Revision Date(s):	
Reviewed:	9/08/06; 5/8/14
Approved By:	Luvenia H. Butler, Board Chair <i>(Signature on file)</i>

**Policy**

Metropolitan Social Services (MSS) maintains a coordinated and comprehensive system for monitoring and improving service quality. The system is used to collect and analyze program data and implement Best Practices. Findings are used to document and improve customer results, to provide feedback, to inform stakeholders and to document compliance with required standards and practices.

**Definitions and Overview**

**Best Practices** – State and nationally recommended management and service delivery standards used by human and social service agencies and organizations that are based on the most recent validated research and expert consensus about evidence and outcomes.

**Internal Quality Monitoring** – Review and monitoring of critical program systems and procedures to identify barriers and opportunities to serving any group within the department's defined service population. These areas directly impact customer results and include but not limited to: outreach, intake, assessment, and service delivery, internal processes also include human resource deployment, training and supervision.

**Managing for Results** – Coordination of data to evaluate and focus on delivering results for customers and to make decisions to set and achieve goals and operate more effectively. (updated to reflect strategic planning)

**Managing with Data** – Collection and utilization of data to ensure the validity and confidentiality of customer information shared with stakeholders. In addition, data will be used to identify areas of improvement in order to assure achievement of agency results and maintain overall data integrity.

**Strategic Planning** – Focus on short- and long- term plans for the department that organizes services around results for customers

**Data Review** – Provides the means by which the department accurately monitors and reviews agency data collection and submission.

A focus on service quality is a management strategy for continuously improving performance at every level of MSS. It is concerned with people and work processes that focus on customer results (outcomes) and improved organizational performance. It is a total systems approach that promotes innovation, customer results, employee involvement, stakeholder participation, leadership and

individual responsibility. These processes include tools for educating, managing and operating, and expand the capability of MSS to achieve good customer results and deliver a high quality of service.

MSS activities are guided by Best Practice standards and include but are not limited to: 1) Internal Quality Monitoring; 2) Stakeholder Participation; 3) Strategic Planning; 4) Data Review; 5) Managing with Data ("Evaluating Results"); 6) Measurement of Customer Satisfaction; 7) Reporting Results; and 8) other critical best practice as determined by state and nationally recommended management and service delivery.

### **How Data is Collected**

#### **Procedure:**

1. Customer reported data.
  - a. Intake forms
  - b. Assessment
  - c. Service plan
  - d. Satisfaction Surveys
  
2. Staff reported data.
  - a. Date Service began
  - b. Date Service ended
  - c. Reason Service ended
  - d. Assessment
  - e. Service plan
  - f. Case Notes
  - g. Contacts / Units of service
  - h. Mileage

All information is documented into a database. Databases used are:

- MSS Case Management Database
- SAMS
- NHMIS
- 

For some programs, information is documented into a database and kept has in hard copy form.

### **How Data is Monitored for Accuracy**

1. Data is monitored by supervisors during 72 hour review, ongoing supervision and at closure.
2. Data is monitored by Quality Improvement Manager during quarterly case record reviews.
3. Self-monitoring
4. Peer Review

## How Data is Reported

1. Monthly Board Meeting Reports
2. Quarterly Case Record Review Outcomes
3. Satisfaction Survey Outcome Reports
4. Strategic Plan Outcome Reports
5. Contractor Reports

4. After the customer information has been entered into the SAMS database the case record is returned to the designated staff person for a final review.
5. The designated staff person then gives the case record to the Nutrition Program Manager for review.
6. If there are no errors in the case record, the Nutrition Program Manager files the case record in the file room.
7. If errors are identified, the Program Manager returns the case record to the designated staff person for corrections.
8. After corrections are made the designated staff person will file the case record in the file room.

#### **Congregate Re-Assessment**

1. Re-assessment / Re-screens are conducted annually for all congregated customers.
2. Each month Site Managers review the list of customers who are due for re-assessment.
3. After the SM conducts the re-assessment he/she brings the completed Participant Registration Form packet and an Assessment/Termination Site Log to their supervisor for review.
4. The supervisor signs the Site Log confirming receipt of the documents, reviews the Participant Registration Form Packet for accuracy and then gives the information to the designated support staff.
5. The designated support staff signs the Site Log confirming receipt of the documents and enters the Participant Registration Form into the SAMS database.
6. After the information is entered into the SAMS database the designated support staff secures the re-assessment into the case record and places it in the designated cabinet drawer in the file room.
7. The Site managers are responsible for checking the designated cabinet drawer for the updated case record and filing it in alphabetical order with other records of his/her assigned site.

#### **Homebound Re-Assessment**

1. Re-assessments are completed every 6 months and annually (face- to-face) for all customers in the Homebound Program.
2. Each month office support staff identifies customers who are due for a re-assessment and forwards the information to the Program Manager. The Program Manager assigns staff to complete the re-assessment.
3. Telephone re-assessments are completed at the 6 month appointment and face-to-face re-assessments are conducted at the annual appointment.
4. Once the re-assessment has been completed it is given to the designated support staff to enter into the SAMS database.
5. After the customer information has been entered into the SAMS database the case record is returned to the designed staff person for a final review.
6. The designated staff person is responsible for securing the re-assessment in the case record.
7. The designated staff person then gives the case record to the Nutrition Program Manager for review.
9. If there are no errors in the case record, the Nutrition Program Manager files the case record in the file room.

MEGAN BARRY  
MAYOR

RENEE PRATT  
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



METROPOLITAN SOCIAL SERVICES  
800 2<sup>ND</sup> AVENUE NORTH, SUITE 100  
NASHVILLE, TENNESSEE 37201

## **ATTACHMENT(S)**

### **IV. SERVICE DELIVERY**

- (2). WEATHER RELATED EMERGENCIES**
- (8). HEALTH & FIRE INSPECTIONS**
- (11). GOLDEN GOURMET (FROZEN MEALS)**
- (13). PACKAGING CONTAINERS**
- (15). MEAL PREPARATION**
- (19). SHELF STABLE MENU/NUTRIENT ANALYSIS**

## Metro Social Services – Procedures

Procedure Name	MSS Nutrition Inclement Weather Food Plan
Effective Date	04/02/2015
Date(s) of Revision	04/02/2015
Date(s) of Review	04/02/2015

### OVERVIEW

Metro Social Services (MSS) Nutrition Program has 14 congregate meal sites throughout Davidson County that we along with our food vendor (Piccadilly) are responsible for delivering meals to our eligible customers. When inclement weather of any kind arises this sometimes causes additional challenges. Historically Metro Social Services provides emergency shelf stable meals (5 pack box) to our homebound customers in October and another (5 pack box) in November.

### ACCORDING TO TENNESSEE COMMISSION ON AGING AND DISABILITY (TCAD)

#### 7-7-04 Emergency Meals

*Meals may be provided to congregate and home delivered customers for use during emergencies, weather related emergencies or nutrition staff training events when the nutrition program cannot provide meals. For reporting purposes, meals will be counted in the quarter in which they were distributed.*

### PROCEDURES

- Shelf stable meals will be ordered in bulk, stored and secured in preparation of inclement weather. When inclement weather is expected, MSS staff will implement the emergency food plan.
- Each fiscal year MSS will provide every customer with 10 emergency shelf stable meals. They will be distributed in April (2 meals), May (2 Meals), October (2 meals), November (2 meals) and December (2 meals).
- The meals are distributed via the Metro Social Services assigned site manager and van drivers.
- The meals are clearly labeled to the customers with specific instructions the meals are used for emergency inclement weather or disaster when MSS is unable to open the congregate meal site or the van driver is unable to deliver the meals.
- Upon receipt of the emergency meals the customer will sign the roster stating that they have received the meals and they know the purpose of the emergency shelf stable meals.
- In the event of inclement weather MSS will leave a pre-recorded message on the Nutrition phone line that will inform the customer to leave their name, and contact number if they are in need of food.

Below are the Metro Social Services (MSS) Nutrition Program Congregate meal sites. The meal sites averages between 600 to 650 congregate meal customers daily.

- Four Community Centers: Cohn, East Park, Elizabeth Community Center, and Hadley Park Community Center.
- Two Fifty-Forward Sites: Bordeaux and Madison Senior Station (both sites are closed when Metro Schools are closed).
- The remaining eight sites are located in area senior high rises: Riverwood, Chippington I & II, Cumberland View Towers, Dandridge Towers, Hickory Hollow Towers, Nashville Christian Towers, Old Hickory and Trevecca Towers.

Metropolitan Social Services  
800 2<sup>nd</sup> Ave. North Suite 100  
Nashville, Tn. 37201

## Senior Nutrition Program



MSS provides nutritionally sound meals to eligible seniors and disabled persons. The program provides both Congregate Meals in strategically located centers in Davidson County and Home Delivered Meals to eligible persons. The Senior Nutrition Program promotes better health through improved nutrition, reducing isolation of the elderly while helping them continue living independently in the community.

### HOME DELIVERED MEALS

#### Eligibility Requirements for home delivered meals

- Age 60 or over;
- Confined to home (illness, incapacitation or disability);
- Unable to prepare own meals;
- Inability to receive nutritious meals from family, friends or other resources;
- Must live in Davidson County

*There is no charge for meals, but donations are important to the success of our program.*

#### *Suggested Contribution Scale*

If your monthly income is:	Please consider making a contribution of:
\$100- \$400	\$1.05
\$401- \$800	\$2.10
\$801- \$1200	\$3.15
\$1201-\$1600	\$4.20
\$1601- over	\$5.25

#### Referral Process

- Referrals are required for home delivered meals services. Referrals must be made by a healthcare provider (MCOs, physician's office, home health care agency, hospital, etc.).
- Referrals may be made by calling 615-880-2459.
- After the referral is received by MSS, staff will make contact to conduct the required screenings and in-home assessment to determine eligibility.
- All referrals do not result in approval for home delivered meals.

For additional information about the Senior Nutrition Program, please call 615-880-2292.

*Funding for this program is provided by the  
Area Agency on Aging and Disability of the Greater Nashville Regional Council and the Metropolitan  
Government of Nashville and Davidson County*

## Metropolitan Social Services Policies & Procedures

<b>Procedure Name:</b>	<b>Nutrition Initial Assessment &amp; Re-Assessments</b>
<b>Effective Date</b>	11/10/08
<b>Date(s) of Revision</b>	10/14/08, 1/23/15
<b>Date(s) of Review</b>	3/6/14
<b>Approved By:</b>	Renee Pratt, Executive Director

### OVERVIEW

Assessments are used to determine customer eligibility for Senior Nutrition Services to ensure compliance with MSS and GNRC requirements for services.

Re-assessments are used in making decisions regarding customers continued eligibility to receive services in the Senior Nutrition program.

All customers require an initial assessment prior to program enrollment.

### Procedures

#### Congregate Initial Assessment

1. The initial assessment and nutritional screening is conducted on-site at the time the customer applies for congregate services.
2. The Site Manager (SM) is responsible for completing the Participant Registration Form packet on a new customer.
3. The SM brings the completed PRF 1 packet and an Assessment/Termination Site Log to their supervisor for review.
4. The supervisor signs the Site Log confirming receipt of the documents, reviews the PRF Packet for accuracy and then gives the information to the designated support staff.
5. The designated support staff signs the Site Log confirming receipt of the documents and enters the PRF into the SAMS database.
6. After the information is entered into the SAMS database the designated support staff assembles a case record and places it in the designated cabinet drawer in the file room.
  - Case Record:
    - Both sides should have clasps
    - Case Record Review Log is placed on the left
    - PRF is placed on the right
7. The Site Managers are responsible for checking the designated cabinet drawer for new case records and filing them in alphabetical order with other records of his/her assigned site.
8. The Site Managers takes the file and places it in alphabetical order with other files of his/her assigned site.

#### Homebound Initial Assessment

1. The initial assessment and nutritional screening is conducted within 20 working days of the referral date (unless there is a waiting list).
2. The assigned staff person conducting the initial assessment is also responsible for assembling the case record.
3. Once the initial assessment and nutritional screening is completed it is given to the designated support staff to enter into the SAMS database.



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE
100

Establishment Name: Hickory Hollow Towers  
 Address: 100 Currier Hollow Rd.  
 City: Antioch Time In: 10:35 AM PM Time Out: 11:30 AM PM  
 Inspection Date: 5/16/17 Establishment #: 49739 Embarked: \_\_\_\_\_  
 Purpose of Inspection:  Routine  Follow-up  Complaint  Preliminary  Consultation/Other  
 Risk Category:  01  02  03  04 Follow-up Required:  Yes  No Number of Seals: 20

**Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.**

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For (COS) mark COS, R, or WT for each item as applicable. Deduct points for category or sub-category)

IN=In compliance		OUT=Not in compliance		NA=Not applicable		NO=Not observed		COS=Corrected on-site during inspection		R=Repeat (Violation of the same code provision)		WT	
IN	OUT	NA	NO	COS	R	WT	IN	OUT	NA	NO	COS	R	WT
<b>Supervisor</b>													
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6							
<b>Employee Health</b>													
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5							
<b>Good Hygiene Practices</b>													
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5							
5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5							
<b>Preventing Contamination by Hands</b>													
6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2							
<b>Approved Balance</b>													
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5							
12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
<b>Prevention of Cross-Contamination</b>													
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4							
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2							
<b>Drinking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>													
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
17	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5							
<b>Cooling and Holding, Batch Marking, and Time as a Public Health Control</b>													
18	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
<b>Consumer Advisory</b>													
23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
<b>Highly Susceptible Populations</b>													
24	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5							
<b>Chemicals</b>													
25	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0							
26	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5							
<b>Conformance with Approved Procedures</b>													
27	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5							

**Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.**

### GOOD RETAIL PRACTICES

OUT=Not in compliance		COS=Corrected on-site during inspection		R=Repeat (Violation of the same code provision)		WT	
OUT	COS	R	WT	OUT	COS	R	WT
<b>Safe Food and Water</b>							
28	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
29	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Food-Temperature Control</b>							
31	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
32	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
33	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
34	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Food Label Information</b>							
35	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Prevention of Food Contamination</b>							
36	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
37	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
38	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
39	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
40	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Proper Use of Utensils</b>							
41	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
42	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
43	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
44	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Utensils and Equipment</b>							
45	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
46	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Physical Facilities</b>							
47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
48	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
49	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
50	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
51	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
52	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
53	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
54	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Administrative Items</b>							
55	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
56	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
<b>Compliance Status</b>							
57	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
58	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0
59	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing to public health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. 26-2-204(a)(1)-(3), 26-2-206, 26-2-208, 26-2-209, 26-2-211, 26-2-213, 26-2-214, 4-5-302.

Signature of Person in Charge: J.C. Hatcher Date: \_\_\_\_\_ Signature of Environmental Health Specialist: Debra Sevens Date: 5-16-17

Additional food safety information can be found on our website, <http://tn.gov/health/article/eh-foodservice>  
 Free food safety training classes are available each month at the county health department. Please call ( ) to sign-up for a class. RDA 829



TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Score 99

Establishment Name: Cambridge Landings Dandridge Town
Address: 931 Seale Dr
City: Nashville
Time in: 11:25 AM
Time out: 12:25 PM
Inspection Date: 10/2/17
Establishment #: 171215
Embargoed:
Purpose of Inspection: Routine
Risk Category: 01

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

Table with columns: Compliance Status, COS, R, WT. Rows include: Supervision, Employee Health, Food Hygiene, Food Safety, Food Temperature Control, Food Protection from Contamination, Good Retail Practices.

Good Retail Practices are preventive measures to control the introduction of pathogenic, chemical, and physical objects into foods.

Table with columns: Compliance Status, COS, R, WT. Rows include: Safe Food and Water, Food Temperature Control, Food Protection from Contamination, Physical Facilities, Administrative Issues.

I agree to correct any violations of risk factors within ten (10) days or until a suspension of my food service establishment permit is requested. Violation of an identified risk factor may result in a suspension of your food service establishment permit. You are required to post the food service establishment permit in a conspicuous location and post the most recent inspection report in a conspicuous location. You have the right to request a hearing regarding this report by filing a written request with the Department within ten (10) days of the date of this report.

Signature of Person in Charge: [Signature]
Date: 10/2/17
Signature of Environmental Health Specialist: [Signature]
Date: 10/2/17



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE  
**100**

Establishment Name Chippington Tower 2 Type of Establishment  Permanent  Mobile  
 Address 46 Carroland Dr.  Temporary  Seasonal  
 City Madison Time In 11:05 AM/PM Time out 11:40 AM/PM  
 Inspection Date 1-10-18 Establishment # 49737 Embargoed \_\_\_\_\_  
 Purpose of Inspection  Routine  Follow-up  Complaint  Preliminary  Consultation/Other  
 Risk Category 01 02 03 04 Follow-up Required  Yes  No Number of Seats \_\_\_\_\_

**Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.**

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=In compliance				OUT=not in compliance				NA=not applicable				NO=not observed				COS=corrected on-site during inspection				R=repeat (violation of the same code provision)			
Compliance Status								Compliance Status				Compliance Status				Compliance Status				Compliance Status			
IN	OUT	NA	NO	COS	R	WT	IN	OUT	NA	NO	COS	R	WT	IN	OUT	NA	NO	COS	R	WT			
<b>Supervision</b>																							
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Person in charge present, demonstrates knowledge, and performs duties				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Employee Health</b>																							
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Management and food employee awareness; reporting				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Proper use of restriction and exclusion				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Good Hygiene Practices</b>																							
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Proper eating, tasting, drinking, or tobacco use				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	No discharge from eyes, nose, and mouth				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Preventing Contamination by Hands</b>																							
6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	Hands clean and properly washed				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	No bare hand contact with ready-to-eat foods or approved alternate procedures followed				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	Handwashing sinks properly supplied and accessible				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Approved Sources</b>																							
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Food obtained from approved source				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Food received at proper temperature				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Food in good condition, safe, and unadulterated				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Required records available: shell egg tags, parasite destruction				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Protection from Contamination</b>																							
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	Food separated and protected				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	Food-contact surfaces: cleaned and sanitized				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	Proper disposition of uneaten food, returned food not re-served				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>																							
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Proper cooking time and temperatures				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
17	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Proper reheating procedures for hot holding				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Cooling and Holding, Date Marking, and Time as a Public Health Control</b>																							
18	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Proper cooling time and temperature				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Proper hot holding temperatures				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Proper cold holding temperatures				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Proper date marking and disposition				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Time as a public health control; procedures and records				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Consumer Advisory</b>																							
23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	Consumer advisory provided for raw and undercooked foods				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Highly Susceptible Populations</b>																							
24	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Asterilized foods used; prohibited foods not offered				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Chemicals</b>																							
25	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Food additives: approved and properly used				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
26	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Toxic substances properly identified, stored, used				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>Conformance with Approved Procedures</b>																							
27	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	Compliance with variance, specialized process, and HACCP plan				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							

**Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.**

### GOOD RETAIL PRACTICES

OUT=not in compliance				COS=corrected on-site during inspection				R=repeat (violation of the same code provision)							
Compliance Status								Compliance Status				Compliance Status			
OUT	COS	R	WT	OUT	COS	R	WT	OUT	COS	R	WT				
<b>Food and Water</b>															
28	<input checked="" type="radio"/>	<input type="radio"/>	1	Asterilized eggs used where required				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
29	<input checked="" type="radio"/>	<input type="radio"/>	2	Water and ice from approved source				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
30	<input checked="" type="radio"/>	<input type="radio"/>	1	Variance obtained for specialized processing methods				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Food Temperature Control</b>															
31	<input checked="" type="radio"/>	<input type="radio"/>	2	Proper cooking methods used; adequate equipment for temperature control				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
32	<input checked="" type="radio"/>	<input type="radio"/>	1	Plant food properly cooked for hot holding				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
33	<input checked="" type="radio"/>	<input type="radio"/>	1	Approved thawing methods used				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
34	<input checked="" type="radio"/>	<input type="radio"/>	1	Thermometers provided and accurate				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Food Identification</b>															
35	<input checked="" type="radio"/>	<input type="radio"/>	1	Food properly labeled; original container; required records available				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Prevention of Food Contamination</b>															
36	<input checked="" type="radio"/>	<input type="radio"/>	2	Insects, rodents, and animals not present				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
37	<input checked="" type="radio"/>	<input type="radio"/>	1	Contamination prevented during food preparation, storage & display				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
38	<input checked="" type="radio"/>	<input type="radio"/>	1	Personal cleanliness				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
39	<input checked="" type="radio"/>	<input type="radio"/>	1	Wiping cloths; properly used and stored				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
40	<input checked="" type="radio"/>	<input type="radio"/>	1	Washing fruits and vegetables				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Proper Use of Utensils</b>															
41	<input checked="" type="radio"/>	<input type="radio"/>	1	In-use utensils; properly stored				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
42	<input checked="" type="radio"/>	<input type="radio"/>	1	Utensils, equipment and linens; properly stored, dried, handled				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
43	<input checked="" type="radio"/>	<input type="radio"/>	1	Single-use/single-service articles; properly stored, used				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
44	<input checked="" type="radio"/>	<input type="radio"/>	1	Gloves used properly				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Utensils and Equipment</b>															
45	<input checked="" type="radio"/>	<input type="radio"/>	1	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
46	<input checked="" type="radio"/>	<input type="radio"/>	1	Warewashing facilities, installed, maintained, used, test strips				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
47	<input checked="" type="radio"/>	<input type="radio"/>	1	Nonfood-contact surfaces clean				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Physical Facilities</b>															
48	<input checked="" type="radio"/>	<input type="radio"/>	2	Hot and cold water available; adequate pressure				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
49	<input checked="" type="radio"/>	<input type="radio"/>	2	Ventilating installed; proper backflow devices				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
50	<input checked="" type="radio"/>	<input type="radio"/>	2	Sewage and waste water properly disposed				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
51	<input checked="" type="radio"/>	<input type="radio"/>	1	Toilet facilities; properly constructed, supplied, cleaned				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
52	<input checked="" type="radio"/>	<input type="radio"/>	1	Garbage/trash properly disposed; facilities maintained				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
53	<input checked="" type="radio"/>	<input type="radio"/>	1	Physical facilities structurally maintained, and clean				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
54	<input checked="" type="radio"/>	<input type="radio"/>	1	Adequate ventilation and lighting; designated areas used				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Administrative Items</b>															
55	<input checked="" type="radio"/>	<input type="radio"/>	0	Current permit posted				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
56	<input checked="" type="radio"/>	<input type="radio"/>	0	Most recent inspection posted				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<b>Compliance Status</b>															
										YES	NO	WT			
<b>Non-Smokers Protection Act</b>															
57	<input checked="" type="radio"/>	<input type="radio"/>	0	Compliance with TN Non-Smoker Protection Act				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
58	<input checked="" type="radio"/>	<input type="radio"/>	0	Tobacco products offered for sale				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
59	<input checked="" type="radio"/>	<input type="radio"/>	0	If tobacco products are sold, NSPA survey completed				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 48-14-703, 48-14-706, 48-14-709, 48-14-711, 48-14-715, 48-14-716, 48-14-718, 4-6-320.

Signature of Person in Charge Alicia White Date 1-10-18 Signature of Environmental Health Specialist Alicia White Date 1-10-18

Additional food safety information can be found on our website, <http://tn.gov/health/articles/foodservice>

ESTABLISHMENT: Congregate Feeding Chippington 2 ADDRESS: 96 Cleveland Dr. LICENSE #: 49737

EMPLOYEE HEALTH POLICY:  YES  NO TILT POLICY:  YES  NO NO BARE-HAND POLICY:  YES  NO  
SPECIAL PROCESSES:  YES  NO UNDERCOOKED RAW ANIMAL FOOD / INGREDIENT SERVED:  YES  NO

COMMENTS: PIC can answer food safety questions  
Vendor: Picom dilly

**TEMPERATURE CONTROL: (Document all measured food temperatures in storage, preparation, thawing, cooking, cooling, re-heating & holding)**

ITEM	FOOD	PROCESS	LOCATION	CORRECTIVE ACTION
<input checked="" type="checkbox"/>	RIC-37	milk	40'	
<input checked="" type="checkbox"/>	RIF-10			
<input checked="" type="checkbox"/>	Milk on ice		40'	
<input checked="" type="checkbox"/>	Hot holding	mac. & cheese	157	green beans-160
<input checked="" type="checkbox"/>	Temp logs			good

**HYGIENIC PRACTICES • PERSONAL HYGIENE • HAND WASHING • INFECTIONS PROTECTED / RESTRICTED**

ITEM  Good handwashing

**CROSS CONTAMINATION PREVENTED • SANITIZER USE** (Concentration) (Type)

<input checked="" type="checkbox"/> Test strips available	Cloth Sanitizer: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ppm
<input checked="" type="checkbox"/> All dirty dishes are returned to vendor to be washed.	Manual Dish Sink: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ppm
	L-Temp Machine: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ppm
	H-Temp Machine: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	°F

**OTHER OBSERVATIONS • COMMENTS**

ITEM  Most recent permit not posted.

DATE: 1/10/18 RECEIVED BY: [Signature] INSPECTED BY: [Signature] EMPLOYEE NO.: 81517

TIME RECEIVED

February 13, 2018 11:48:44 AM CST

REMOTE CSID

6158601628

DURATION

102

PAGES

2

STATUS

Received

02/13/2018 12:00

6158601628

CVT

PAGE 01/02



**TENNESSEE DEPARTMENT OF HEALTH  
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

100

Establishment Name

Congregate Feeding CVT

Type of Establishment

Permanent  Mobile

Address

1201 Cheyanille

Temporary  Seasonal

City

Madison

Time In

12:00 PM

Time out

12:30 AM/PM

Inspection Date

12/5/17

Establishment #

419709

Employed

Purpose of Inspection

Routine

Follow-up

Complaint

Preliminary

Constitution/Other

Risk Category

01

02

03

04

Follow-up Required

Yes

No

Number of Seals

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

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

(Mark compliance status (N=not completed, O=out of compliance, NA=not applicable, NO=not observed) for each numbered item. For items marked OUF or O for each item as applicable. Deduct points for category or subcategory.)

Item	Compliance Status								
Item	Compliance Status								
1	O	O	O	O	O	O	O	O	O
2	O	O	O	O	O	O	O	O	O
3	O	O	O	O	O	O	O	O	O
4	O	O	O	O	O	O	O	O	O
5	O	O	O	O	O	O	O	O	O
6	O	O	O	O	O	O	O	O	O
7	O	O	O	O	O	O	O	O	O
8	O	O	O	O	O	O	O	O	O
9	O	O	O	O	O	O	O	O	O
10	O	O	O	O	O	O	O	O	O
11	O	O	O	O	O	O	O	O	O
12	O	O	O	O	O	O	O	O	O
13	O	O	O	O	O	O	O	O	O
14	O	O	O	O	O	O	O	O	O
15	O	O	O	O	O	O	O	O	O
16	O	O	O	O	O	O	O	O	O
17	O	O	O	O	O	O	O	O	O
18	O	O	O	O	O	O	O	O	O
19	O	O	O	O	O	O	O	O	O
20	O	O	O	O	O	O	O	O	O
21	O	O	O	O	O	O	O	O	O
22	O	O	O	O	O	O	O	O	O
23	O	O	O	O	O	O	O	O	O
24	O	O	O	O	O	O	O	O	O
25	O	O	O	O	O	O	O	O	O
26	O	O	O	O	O	O	O	O	O
27	O	O	O	O	O	O	O	O	O

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

**GOOD RETAIL PRACTICES**

Item	Compliance Status								
Item	Compliance Status								
28	O	O	O	O	O	O	O	O	O
29	O	O	O	O	O	O	O	O	O
30	O	O	O	O	O	O	O	O	O
31	O	O	O	O	O	O	O	O	O
32	O	O	O	O	O	O	O	O	O
33	O	O	O	O	O	O	O	O	O
34	O	O	O	O	O	O	O	O	O
35	O	O	O	O	O	O	O	O	O
36	O	O	O	O	O	O	O	O	O
37	O	O	O	O	O	O	O	O	O
38	O	O	O	O	O	O	O	O	O
39	O	O	O	O	O	O	O	O	O
40	O	O	O	O	O	O	O	O	O
41	O	O	O	O	O	O	O	O	O
42	O	O	O	O	O	O	O	O	O
43	O	O	O	O	O	O	O	O	O
44	O	O	O	O	O	O	O	O	O
45	O	O	O	O	O	O	O	O	O
46	O	O	O	O	O	O	O	O	O
47	O	O	O	O	O	O	O	O	O
48	O	O	O	O	O	O	O	O	O
49	O	O	O	O	O	O	O	O	O
50	O	O	O	O	O	O	O	O	O
51	O	O	O	O	O	O	O	O	O
52	O	O	O	O	O	O	O	O	O
53	O	O	O	O	O	O	O	O	O
54	O	O	O	O	O	O	O	O	O
55	O	O	O	O	O	O	O	O	O
56	O	O	O	O	O	O	O	O	O
57	O	O	O	O	O	O	O	O	O
58	O	O	O	O	O	O	O	O	O
59	O	O	O	O	O	O	O	O	O

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing factors health hazards shall be corrected immediately or operation shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report to a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C. Sections 63-14-703, 63-14-706, 63-14-708, 63-14-720, 63-14-721, 63-14-725, 63-14-711, 63-14-730.

Signature of Person in Charge  
R. Ballantyne

Date  
12-5-17

Signature of Environmental Health Specialist  
Alicia White

Date  
12-5-17

Additional food safety information can be found on our website, <http://tn.gov/health/article/eh-foodservice>



TIME RECEIVED  
February 13, 2018 11:38:35 AM CST

REMOTE CSID  
96158801369

DURATION  
100

PAGES  
1

STATUS  
Received

02/13/2018 11:42

96158801369

DANDRIDGE

PAGE 01



**TENNESSEE DEPARTMENT OF HEALTH  
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

*Positive*

**SCORE**

99

Establishment Name: Congregate Feeding Dandridge Type of Establishment:  Permanent  Mobile  
 Address: 431 Opala Dr  
 City: Nashville Time In: 11:25 AM Time Out: 12:25 PM  
 Inspection Date: 10/23/17 Establishment #: 171215 Embargoed:   
 Purpose of Inspection:  Routine  Follow-up  Complaint  Preliminary  Corrective/Other  
 Risk Category:  01  02  03  04 Follow-up Required:  Yes  No Number of Seals: 00

Risk Factors are food preparation practices and employee behaviors most commonly reported in the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for a violation as applicable. Deduct points for category or subcategory.)													
Compliance Status					Compliance Status								
IN	OUT	NA	NO	COS	R	WT	IN	OUT	NA	NO	COS	R	WT
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			9	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			9	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			4
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			4							
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			5							
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2							

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES													
(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for a violation as applicable. Deduct points for category or subcategory.)													
Compliance Status					Compliance Status								
IN	OUT	NA	NO	COS	R	WT	IN	OUT	NA	NO	COS	R	WT
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			2	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1	59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1							
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1							

Failure to correct any violation of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Requested violation of this report may result in suspension of your food service establishment permit. Items identified as contributing factors in foodborne illness outbreaks shall be corrected immediately or operators shall report. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report on the premises of your establishment. You have the right to request a hearing to contest the results of this inspection request within ten (10) days of the date of this report. For more information, call 615-253-1000, 615-253-1001, 615-253-1002, 615-253-1003, 615-253-1004, 615-253-1005, 615-253-1006, 615-253-1007, 615-253-1008, 615-253-1009, 615-253-1010, 615-253-1011, 615-253-1012, 615-253-1013, 615-253-1014, 615-253-1015, 615-253-1016, 615-253-1017, 615-253-1018, 615-253-1019, 615-253-1020, 615-253-1021, 615-253-1022, 615-253-1023, 615-253-1024, 615-253-1025, 615-253-1026, 615-253-1027, 615-253-1028, 615-253-1029, 615-253-1030, 615-253-1031, 615-253-1032, 615-253-1033, 615-253-1034, 615-253-1035, 615-253-1036, 615-253-1037, 615-253-1038, 615-253-1039, 615-253-1040, 615-253-1041, 615-253-1042, 615-253-1043, 615-253-1044, 615-253-1045, 615-253-1046, 615-253-1047, 615-253-1048, 615-253-1049, 615-253-1050, 615-253-1051, 615-253-1052, 615-253-1053, 615-253-1054, 615-253-1055, 615-253-1056, 615-253-1057, 615-253-1058, 615-253-1059, 615-253-1060, 615-253-1061, 615-253-1062, 615-253-1063, 615-253-1064, 615-253-1065, 615-253-1066, 615-253-1067, 615-253-1068, 615-253-1069, 615-253-1070, 615-253-1071, 615-253-1072, 615-253-1073, 615-253-1074, 615-253-1075, 615-253-1076, 615-253-1077, 615-253-1078, 615-253-1079, 615-253-1080, 615-253-1081, 615-253-1082, 615-253-1083, 615-253-1084, 615-253-1085, 615-253-1086, 615-253-1087, 615-253-1088, 615-253-1089, 615-253-1090, 615-253-1091, 615-253-1092, 615-253-1093, 615-253-1094, 615-253-1095, 615-253-1096, 615-253-1097, 615-253-1098, 615-253-1099, 615-253-1100, 615-253-1101, 615-253-1102, 615-253-1103, 615-253-1104, 615-253-1105, 615-253-1106, 615-253-1107, 615-253-1108, 615-253-1109, 615-253-1110, 615-253-1111, 615-253-1112, 615-253-1113, 615-253-1114, 615-253-1115, 615-253-1116, 615-253-1117, 615-253-1118, 615-253-1119, 615-253-1120, 615-253-1121, 615-253-1122, 615-253-1123, 615-253-1124, 615-253-1125, 615-253-1126, 615-253-1127, 615-253-1128, 615-253-1129, 615-253-1130, 615-253-1131, 615-253-1132, 615-253-1133, 615-253-1134, 615-253-1135, 615-253-1136, 615-253-1137, 615-253-1138, 615-253-1139, 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615-253-1495, 615-253-1496, 615-253-1497, 615-253-1498, 615-253-1499, 615-253-1500, 615-253-1501, 615-253-1502, 615-253-1503, 615-253-1504, 615-253-1505, 615-253-1506, 615-253-1507, 615-253-1508, 615-253-1509, 615-253-1510, 615-253-1511, 615-253-1512, 615-253-1513, 615-253-1514, 615-253-1515, 615-253-1516, 615-253-1517, 615-253-1518, 615-253-



# Elizabeth Center

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE  
**100**

Establishment Name: Elizabeth Center Type of Establishment:  Permanent  Mobile  
 Address: 1100 W. Main St  Temporary  Seasonal  
 City: Memphis Time In: 11:30 AM/PM Time Out: 1:00 AM/PM  
 Inspection Date: 01/14/18 Establishment #: 87145 Embargoed: \_\_\_\_\_  
 Purpose of Inspection:  Routine  Follow-up  Complaint  Preliminary  Consultation/Other  
 Risk Category:  01  02  03  04 Follow-up Required:  Yes  No Number of Seats: \_\_\_\_\_

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent illness or injury.

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each criterion from Form 500-01-01 which item is applicable. Deduct points for out-of-compliance items.)

IN	OUT	NA	NO	Compliance Status	COS	R	WT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in charge present, demonstrates knowledge, and performs duties.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management and food employee awareness; reporting.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling, labeling, smoking, or tobacco use.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge of vomit, stool, nose, and mouth.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat food.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sink properly supplied and maintained.	0	0	2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records maintained.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated from other food.	0	0	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food containers properly cleaned and sanitized.	0	0	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposal of waste food, refuse, and linens.	0	0	2

Good Retail Practices are control measures to control the introduction of biological, chemical, and physical hazards into foods.

### GOOD RETAIL PRACTICES

IN	OUT	NA	NO	Compliance Status	COS	R	WT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used when required.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source and used.	0	0	2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verdict obtained for specific processing requirements.	0	0	2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used to control temperature.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked and held.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container, required records maintained.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present.	0	0	2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work clothes properly used and stored.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils properly stored.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens properly stored, dried, handled.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles properly stored, used.	0	0	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly.	0	0	1

Failure to correct any violation of risk factor shall within ten (10) days may result in suspension of your food service establishment permit. Items identified as contributing to imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the most recent inspection report in a conspicuous location. You have the right to request a hearing regarding this report.

Signature of Person in Charge: Betty Thornton Date: \_\_\_\_\_ Signature of Environmental Health Specialist: \_\_\_\_\_

Additional food safety information can be found on our website, <http://www.tn.gov>. Free food safety training classes are available each month at the county health department. Please call ( ) to sign-up for a class.

TIME RECEIVED February 13, 2018 11:14:18 AM CST REMOTE CSID 6158829303 DURATION 128 PAGES 2 STATUS Received

INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY

ESTABLISHMENT: CONCRETE SOLUTIONS (7610A-11th St) LICENSE #: 1111

EMPLOYEE HEALTH POLICY:  YES  NO TILT POLICY:  YES  NO NO BARE-HAND POLICY:  YES  NO  
 SPECIAL PROCESSES:  YES  NO UNDERCOOKED RAW ANIMAL FOOD / INGREDIENT SERVED:  YES  NO

COMMENTS: Picnic Table Surfaces

**TEMPERATURE CONTROL: (Document all measured food temperatures in storage, preparation, thawing, cooking, cooling, re-heating & holding)**

ITEM	FOOD	PROCESS	LOCATION	CORRECTIVE ACTION
-	CONCRETE SOLUTIONS	140°		
-	Hand Wash	138°		
-	Hand Wash	141°		
-	Hand Wash	141°		

**HYGIENIC PRACTICES • PERSONAL HYGIENE • HAND WASHING • INFECTIONS PROTECTED / RESTRICTED**

- Observed. Clean & ready  
 - Hand Wash Station present

ITEM	CROSS CONTAMINATION PREVENTED	SANITIZER USE (Concentration)		(Type)
	Cloth Sanitizer:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ppm
	Manual Dish Sink:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ppm
	L-Temp Machine:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ppm
	H-Temp Machine:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	°F

**OTHER OBSERVATIONS • COMMENTS**

DATE: 10/4/17 RECEIVED BY: Betty Thornton INSPECTED BY: Clayton EMPLOYEE NO.: 1111

TIME RECEIVED  
February 13, 2018 11:41:12 AM CST

REMOTE CSID  
6158802290

DURATION  
71

PAGES  
1

STATUS  
Received

FROM : NUTRITION

FAX NO. : 6158802290

Feb. 14 2018 12:42PM P1



### TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE  
**100**

Establishment Name: Congiate Feeding Ministry CC Type of Establishment:  Permanent  Mobile

Address: 1037 28th Ave N  Temporary  Seasonal

City: Nashville Time In: 10:30 AM/PM Time Out: 11:15 AM/PM

Inspection Date: 10/2/17 Establishment #: 1588101 Embarked: \_\_\_\_\_

Purpose of Inspection:  Routine  Follow-up  Complaint  Preliminary  Consultation/Other

Risk Category: 01  02  03  04 Follow-up Required:  Yes  No Number of Seats: \_\_\_\_\_

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

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

(Mark designated compliance status (N, OUT, NA, O) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Item	Compliance Status	Code	Risk	Weight	Compliance Status	Code	Risk	Weight
1	O			5				
2	O			5				
3	O			5				
4	O			5				
5	O			5				
6	O			5				
7	O			5				
8	O			5				
9	O			5				
10	O			5				
11	O			5				
12	O			5				
13	O			4				
14	O			5				
15	O			2				

#### FOOD RETAIL PRACTICES

Item	Compliance Status	Code	Risk	Weight	Compliance Status	Code	Risk	Weight
28	O			1				
29	O			2				
30	O			1				
31	O			1				
32	O			1				
33	O			1				
34	O			1				
35	O			1				
36	O			2				
37	O			1				
38	O			1				
39	O			1				
40	O			1				
41	O			1				
42	O			1				
43	O			1				
44	O			1				

Failing to correct any violations of risk factor items within (10) days may result in suspension of your food service establishment permit. Repeat violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as critical health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.O.A. sections 68-14-703, 68-14-706, 68-14-709, 68-14-710, 68-14-711, 68-14-712, 68-14-713, 68-14-714, 68-14-715, 68-14-716, 68-14-717, 68-14-718, 68-14-719, 68-14-720, 68-14-721, 68-14-722, 68-14-723, 68-14-724, 68-14-725, 68-14-726, 68-14-727, 68-14-728, 68-14-729, 68-14-730, 68-14-731, 68-14-732, 68-14-733, 68-14-734, 68-14-735, 68-14-736, 68-14-737, 68-14-738, 68-14-739, 68-14-740, 68-14-741, 68-14-742, 68-14-743, 68-14-744, 68-14-745, 68-14-746, 68-14-747, 68-14-748, 68-14-749, 68-14-750, 68-14-751, 68-14-752, 68-14-753, 68-14-754, 68-14-755, 68-14-756, 68-14-757, 68-14-758, 68-14-759, 68-14-760, 68-14-761, 68-14-762, 68-14-763, 68-14-764, 68-14-765, 68-14-766, 68-14-767, 68-14-768, 68-14-769, 68-14-770, 68-14-771, 68-14-772, 68-14-773, 68-14-774, 68-14-775, 68-14-776, 68-14-777, 68-14-778, 68-14-779, 68-14-780, 68-14-781, 68-14-782, 68-14-783, 68-14-784, 68-14-785, 68-14-786, 68-14-787, 68-14-788, 68-14-789, 68-14-790, 68-14-791, 68-14-792, 68-14-793, 68-14-794, 68-14-795, 68-14-796, 68-14-797, 68-14-798, 68-14-799, 68-14-800.

Signature of Person in Charge: Betty Dyer Date: 10/2/17  
Signature of Environmental Health Specialist: \_\_\_\_\_ Date: \_\_\_\_\_





# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE
100

Establishment Name Nashville Christian Towers Type of Establishment  Permanent  Mobile  
 Address 101 Foothill Circle 12th pm  Temporary  Seasonal  
 City Nashville Time In 11:45 AM/PM Time out 12:00 AM/PM  
 Inspection Date 2/12/18 Establishment # 049735 Embroidered  
 Purpose of Inspection  Routine  Follow-up  Complaint  Preliminary  Consultation/Other  
 Risk Category 01  02  03  04 Follow-up Required  Yes  No Number of Seats 32

**Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.**

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IR, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Item compliance				Compliance Status				COS			R			WT			
IR	OUT	NA	NO	IR	OUT	NA	NO	COS	R	WT	IR	OUT	NA	NO	COS	R	WT
<b>Personnel</b>																	
1	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Person in charge present, demonstrates knowledge, and performs duties.																	
<b>Employee Health</b>																	
2	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Management and food employee awareness, reporting																	
3	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Prevention of restriction and exclusion																	
<b>Good Hygiene Practices</b>																	
4	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Proper eating, drinking, or tobacco use																	
5	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
No discharge from eyes, nose, and mouth																	
6	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Preventing contamination of hands																	
7	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Hands clean and properly washed																	
8	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
No bare hand contact with ready-to-eat foods or approved alternative procedures followed																	
9	<input checked="" type="radio"/>	<input type="radio"/>	0	0	2												
Hand washing sinks properly supplied and accessible																	
10	<input checked="" type="radio"/>	<input type="radio"/>	0	0	2												
Approved gloves used																	
11	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Food obtained from approved source																	
12	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Food received at proper temperature																	
13	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Food in good condition, safe, and undeteriorated																	
14	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Required records available: check tags, parasite destruction																	
<b>Protection from Contamination</b>																	
15	<input checked="" type="radio"/>	<input type="radio"/>	0	0	4												
Food separated and protected																	
16	<input checked="" type="radio"/>	<input type="radio"/>	0	0	5												
Food contact surfaces: cleaned and sanitized																	
17	<input checked="" type="radio"/>	<input type="radio"/>	0	0	2												
Proper disposition of waste/food; returned food not re-used																	

Good All Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into food.

### GOOD RETAIL PRACTICES

Item compliance				Compliance Status				COS			R			WT				
IR	OUT	NA	NO	IR	OUT	NA	NO	COS	R	WT	IR	OUT	NA	NO	COS	R	WT	
<b>Safe Food and Water</b>																		
28	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Pasteurized milk used when required																		
29	<input checked="" type="radio"/>	<input type="radio"/>	0	0	2													
Water and ice from approved source																		
30	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Variances observed for specialized processing methods																		
<b>Food Temperature Control</b>																		
31	<input checked="" type="radio"/>	<input type="radio"/>	0	0	2													
Proper cooling methods used; adequate equipment for temperature control																		
32	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Plant food properly cooked for hot holding																		
33	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Approved holding methods used																		
34	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Thermometers provided and accurate																		
<b>Food Identification</b>																		
35	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Food properly labeled; original container; required records available																		
<b>Prevention of Food Contamination</b>																		
36	<input checked="" type="radio"/>	<input type="radio"/>	0	0	2													
Insects, rodents, and animals not present																		
37	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Contamination prevented during food preparation, storage & display																		
38	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Personal cleanliness																		
39	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Wiping cloths; properly used and stored																		
40	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Washing fruits and vegetables																		
<b>Proper Use of Utensils</b>																		
41	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
In-use utensils; properly stored																		
42	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Utensils, equipment and linens; properly stored, dried, handled																		
43	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Single-serve service articles; properly stored, used																		
44	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Sieves used properly																		
<b>Utilities and Equipment</b>																		
45	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Food and non-food contact surfaces cleanable, properly designed, constructed, and used																		
46	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Wetwashing facilities; maintained, used, test strips																		
47	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Nonfood contact surfaces clean																		
<b>Physical Facilities</b>																		
48	<input checked="" type="radio"/>	<input type="radio"/>	0	0	2													
Hot and cold water available; adequate pressure																		
49	<input checked="" type="radio"/>	<input type="radio"/>	0	0	2													
Flushing installed; proper backflow device																		
50	<input checked="" type="radio"/>	<input type="radio"/>	0	0	2													
Storage and waste water properly disposed																		
51	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Toilet facilities; properly constructed, supplied, cleaned																		
52	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Garbage/refuse properly disposed; facilities maintained																		
53	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Physical facilities installed, maintained, and clean																		
54	<input checked="" type="radio"/>	<input type="radio"/>	0	0	1													
Adequate ventilation and lighting; designated areas used																		
<b>Administrative Issues</b>																		
55	<input checked="" type="radio"/>	<input type="radio"/>	0	0	0													
Current permit posted																		
56	<input checked="" type="radio"/>	<input type="radio"/>	0	0	0													
Most recent inspection posted																		
<b>Compliance Status</b>																		
																YES	NO	WT
<b>Non-Smokers Protection Act</b>																		
57	<input checked="" type="radio"/>	<input type="radio"/>	0	0	0													
Compliance with TN Non-Smoker Protection Act																		
58	<input checked="" type="radio"/>	<input type="radio"/>	0	0	0													
Tobacco products offered for sale																		
59	<input checked="" type="radio"/>	<input type="radio"/>	0	0	0													
If tobacco products are sold, NSPA survey completed																		

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as contributing to imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 24-1-741, 24-14-701, 24-14-703, 24-14-705, 24-14-711, 24-14-713, 24-14-718, 4-4-310.

Signature of Person in Charge David Green Date 2-12-18  
 Signature of Environmental Health Specialist David Green Date 2-12-18  
 Additional food safety information can be found on our website, <http://tn.gov/health/articles/food-service>  
 Free food safety training classes are available each month at the county health department. Please call (615) 740-5630 to sign-up for a class.

INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY

REMOTE CSID      TIME RECEIVED      FEBRUARY 13, 2018 11:56:51 AM CST

STATUS      1      66      DURATION      PAGES      RECEIVED



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

**SCORE**

100

Establishment Name Madison Senior Center Type of Establishment  Permanent  Mobile  
 Address 301 Madison St.  Temporary  Seasonal  
 City Madison Time In 11:05 AM/PM Time Out 11:35 AM/PM  
 Inspection Date 12/11/17 Establishment # 133474 Embargoed \_\_\_\_\_  
 Purpose of Inspection  Routine  Follow-up  Complaint  Preliminary  Consultation/Other \_\_\_\_\_  
 Risk Category  01  02  03  04 Follow-up Required  Yes  No Number of Seals \_\_\_\_\_

**Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.**

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each (as applicable). Deduct points for category or subcategory.)

IN=In compliance					OUT=not in compliance					NA=not applicable					NO=not observed					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)							
Compliance Status															COS					R					WT							
<b>Supervision</b>																																
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge, and performs duties	0	0	0	0	0	0	0	0	5																		
<b>Employee Health</b>																																
2	IN	OUT	NA	NO	Management and food employee awareness; reporting	0	0	0	0	0	0	0	0	5																		
3	IN	OUT	NA	NO	Proper use of restriction and exclusion	0	0	0	0	0	0	0	0	5																		
<b>Good Hygienic Practices</b>																																
4	IN	OUT	NA	NO	Proper eating, drinking, or tobacco use	0	0	0	0	0	0	0	0	5																		
5	IN	OUT	NA	NO	No discharge from eyes, nose, and mouth	0	0	0	0	0	0	0	0	5																		
<b>Preventing Contamination by Hand</b>																																
6	IN	OUT	NA	NO	Hands clean and properly washed	0	0	0	0	0	0	0	0	5																		
7	IN	OUT	NA	NO	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	0	0	0	0	0	0	5																		
8	IN	OUT	NA	NO	Handwashing sinks properly supplied and accessible	0	0	0	0	0	0	0	0	2																		
<b>Approved Source</b>																																
9	IN	OUT	NA	NO	Food obtained from approved source	0	0	0	0	0	0	0	0	5																		
10	IN	OUT	NA	NO	Food received at proper temperature	0	0	0	0	0	0	0	0	5																		
11	IN	OUT	NA	NO	Food in good condition, safe, and unadulterated	0	0	0	0	0	0	0	0	5																		
12	IN	OUT	NA	NO	Required records available; shell stock tags; parasite destruction	0	0	0	0	0	0	0	0	5																		
<b>Protection from Contamination</b>																																
13	IN	OUT	NA	NO	Food separated and protected	0	0	0	0	0	0	0	0	4																		
14	IN	OUT	NA	NO	Food-contact surfaces: cleaned and sanitized	0	0	0	0	0	0	0	0	5																		
15	IN	OUT	NA	NO	Proper disposition of unsafe food; refused food not re-served	0	0	0	0	0	0	0	0	2																		
<b>Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>																																
16	IN	OUT	NA	NO	Proper cooking time and temperatures	0	0	0	0	0	0	0	0	5																		
17	IN	OUT	NA	NO	Proper reheating procedures for hot holding	0	0	0	0	0	0	0	0	5																		
<b>Cooling and Holding, Date Marking, and Time as a Public Health Control</b>																																
18	IN	OUT	NA	NO	Proper cooling time and temperature	0	0	0	0	0	0	0	0	5																		
19	IN	OUT	NA	NO	Proper hot holding temperatures	0	0	0	0	0	0	0	0	5																		
20	IN	OUT	NA	NO	Proper cold holding temperatures	0	0	0	0	0	0	0	0	5																		
21	IN	OUT	NA	NO	Proper date marking and disposition	0	0	0	0	0	0	0	0	5																		
22	IN	OUT	NA	NO	Time as a public health control; procedures and records	0	0	0	0	0	0	0	0	5																		
<b>Consumer Advisory</b>																																
23	IN	OUT	NA	NO	Consumer advisory provided for raw and undercooked food	0	0	0	0	0	0	0	0	4																		
<b>Highly Susceptible Populations</b>																																
24	IN	OUT	NA	NO	Pasteurized foods used; prohibited foods not offered	0	0	0	0	0	0	0	0	5																		
<b>Chemicals</b>																																
25	IN	OUT	NA	NO	Food additives: approved and properly used	0	0	0	0	0	0	0	0	5																		
26	IN	OUT	NA	NO	Toxic substances properly identified, stored, used	0	0	0	0	0	0	0	0	5																		
<b>Conformance with Approved Procedures</b>																																
27	IN	OUT	NA	NO	Compliance with variance, specialized process, and HACCP plan	0	0	0	0	0	0	0	0	5																		

**Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.**

### GOOD RETAIL PRACTICES

OUT=not in compliance					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)																						
Compliance Status															COS					R					WT							
<b>Safe Food and Water</b>																																
28	OUT	IN	NA	NO	Pasteurized eggs used where required	0	0	0	0	0	0	0	0	1																		
29	OUT	IN	NA	NO	Water and ice from approved source	0	0	0	0	0	0	0	0	2																		
30	OUT	IN	NA	NO	Variance obtained for specialized processing methods	0	0	0	0	0	0	0	0	1																		
<b>Food Temperature Control</b>																																
31	OUT	IN	NA	NO	Proper cooling methods used; adequate equipment for temperature control	0	0	0	0	0	0	0	0	2																		
32	OUT	IN	NA	NO	Plant food properly cooked for hot holding	0	0	0	0	0	0	0	0	1																		
33	OUT	IN	NA	NO	Approved thawing methods used	0	0	0	0	0	0	0	0	1																		
34	OUT	IN	NA	NO	Thermometers provided and accurate	0	0	0	0	0	0	0	0	1																		
<b>Food Identification</b>																																
35	OUT	IN	NA	NO	Food properly labeled; original container; required records available	0	0	0	0	0	0	0	0	1																		
<b>Prevention of Food Contamination</b>																																
36	OUT	IN	NA	NO	Insects, rodents and animals not present	0	0	0	0	0	0	0	0	2																		
37	OUT	IN	NA	NO	Contamination prevented during food preparation, storage & display	0	0	0	0	0	0	0	0	1																		
38	OUT	IN	NA	NO	Personal cleanliness	0	0	0	0	0	0	0	0	1																		
39	OUT	IN	NA	NO	Wiping cloths: properly used and stored	0	0	0	0	0	0	0	0	1																		
40	OUT	IN	NA	NO	Washing fruits and vegetables	0	0	0	0	0	0	0	0	1																		
<b>Proper Use of Utensils</b>																																
41	OUT	IN	NA	NO	In-use utensils, properly stored	0	0	0	0	0	0	0	0	1																		
42	OUT	IN	NA	NO	Utensils, equipment and linens: properly stored, dried, handled	0	0	0	0	0	0	0	0	1																		
43	OUT	IN	NA	NO	Single-use/single-service articles: properly stored, used	0	0	0	0	0	0	0	0	1																		
44	OUT	IN	NA	NO	Gloves used properly	0	0	0	0	0	0	0	0	1																		
<b>Utensils and Equipment</b>																																
45	OUT	IN	NA	NO	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	0	0	0	0	0	0	1																		
46	OUT	IN	NA	NO	Handwashing facilities, installed, maintained, used, test strips	0	0	0	0	0	0	0	0	1																		
47	OUT	IN	NA	NO	Non-food-contact surfaces clean	0	0	0	0	0	0	0	0	1																		
<b>Physical Facilities</b>																																
48	OUT	IN	NA	NO	Hot and cold water available; adequate pressure	0	0	0	0	0	0	0	0	2																		
49	OUT	IN	NA	NO	Piping installed; proper backflow devices	0	0	0	0	0	0	0	0	2																		
50	OUT	IN	NA	NO	Sewage and waste water properly disposed	0	0	0	0	0	0	0	0	2																		
51	OUT	IN	NA	NO	Toilet facilities: properly constructed, supplied, cleaned	0	0	0	0	0	0	0	0	1																		
52	OUT	IN	NA	NO	Garbage/refuse properly disposed; facilities maintained	0	0	0	0	0	0	0	0	1																		
53	OUT	IN	NA	NO	Physical facilities installed, maintained, and clean	0	0	0	0	0	0	0	0	1																		
54	OUT	IN	NA	NO	Adequate ventilation and lighting; designated areas used	0	0	0	0	0	0	0	0	1																		
<b>Administrative Items</b>																																
55	OUT	IN	NA	NO	Current permit posted	0	0	0	0	0	0	0	0	0																		
56	OUT	IN	NA	NO	Most recent inspection posted	0	0	0	0	0	0	0	0	0																		
<b>Compliance Status</b>																																
															YES					NO					WT							
<b>Non-Smokers Protection Act</b>																																
57	OUT	IN	NA	NO	Compliance with TN Non-Smoker Protection Act	0	0	0	0	0	0	0	0	0																		
58	OUT	IN	NA	NO	Tobacco products offered for sale	0	0	0	0	0	0	0	0	0																		
59	OUT	IN	NA	NO	If tobacco products are sold, NSPA survey completed	0	0	0	0	0	0	0	0	0																		

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.O.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

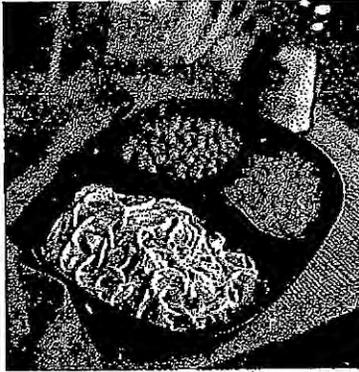
Signature of Person In Charge Ernie White Date 12-1-17 Signature of Environmental Health Specialist Alicia White Date 12-1-17

\*\*\* Additional food safety information can be found on our website, <http://tn.gov/health/article/eh-foodservice> \*\*\*



# GOLDEN GOURMET

## Frozen Meal Program



Golden Gourmet Meals LLC, produces frozen meals for the elderly and ships them from our plant in Americus GA to over 19 states. Golden Gourmet produces frozen dinner plates with the meat and vegetable components and then packages them with the other meal components, bread, margarine, dessert and milk to provide a meal that provides 1/3 of the DRI for senior programs.

Our plant is automated with state-of-the-art production and filling equipment which ensures accuracy and consistency in quality and portion control. The meals are produced following strict quality standards and blast frozen. Each meal is plated and sealed in black CPET trays which allow them to be reheated in a microwave or a convectional oven. The meals are individually labeled with the components of the meal listed, heating instructions and a code date indicating the date of production.

Our meals can be purchased in 20 meal packs which are 20 of the same meal or as a packaged meal. The packaged meals come in two, five or seven meal packs. The packaged meals are manufactured adhering to a menu cycle that has been developed and approved by registered, licensed dietitians. The menu is changed yearly to offer a variety of meals. Each packaged meal meets the Older Americans Act of nutrition requirements providing 1/3 of the recommended dietary allowance and the new Dietary Reference Intakes.

Meal presentation is inviting and the choices, in keeping with Golden Gourmet quality, are fresh and varied.

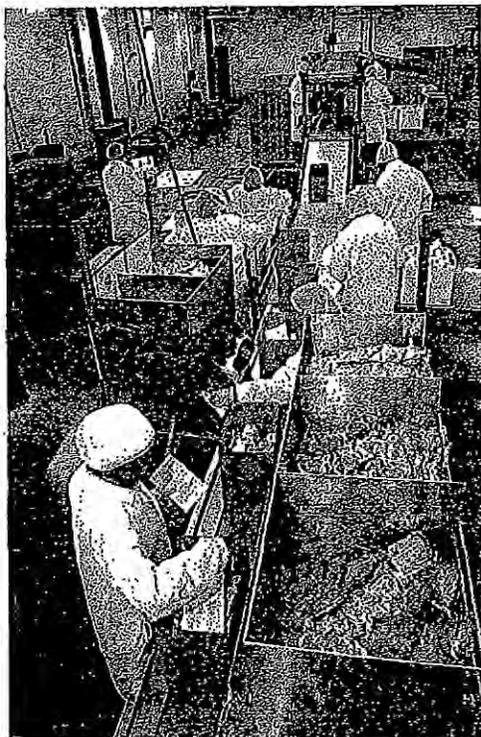
GOLDEN GOURMET meals are nutritious,  
delicious and ready when you are.

The plant has a complete allergen program in place. An allergen matrix is completed with all meals produced in this plant which accounts for the big eight allergens and monosodium glutamate (MSG). Scheduling is done with allergen controls in place.

After the meals are produced and blast frozen they are then packaged into individually packaged boxes along with all components according to the menu and pack size. Each box has a label showing the menu week number, number of meals in the pack and lists all ingredients used in producing the meal. The meal components are also listed. The label also has our USDA seal of inspection. Each box is stamped with the date of packaging.

The packaged meals are palletized and stored in our shipping freezer at zero degrees until ready to be shipped.

## Packaging



All frozen meals are packed in 3 compartment black CPET trays and sealed. The meals can be heated in both the microwave and conventional oven. Each tray has a label indicating the meal number, meal components, heating instructions and packaging date.

Packaged meals are packed in corrugated boxes. The boxes contain the frozen meals and all components. Each box contains a label showing the pack size, week number, ingredient statements for each frozen meal and a list of the components. The box also shows the net wt of the box and the USDA seal.

Individual meals are also packed in 20 pack corrugated boxes containing 20 of the same meal. The box also has a label with the above information.

All boxes are stacked on pallets, wrapped in plastic to be shipped.

**Meal Preparation:**

All meals are prepared according to recipes and meal specifications. Each meal is scheduled to run according to the production schedule. Golden Gourmet operates under USDA and FDA HACCP, Standard Sanitation Operating Procedure & Good Manufacturing Practice Program's to ensure our customers a Wholesome Quality Product.

**Meal Packaging:**

Meals and components are packaged according to a 6 week menu cycle, the packaged meals and components contain a label that list ingredients of meals and components, and list the allergens. Packaging is monitored under the guidelines of our Sanitation Program to ensure a safe and wholesome product.

**Sanitation and Safety Procedures in preparation, Storage and Freezing:**

Golden Gourmet has programs in place to ensure that proper Sanitation and Safety procedures are followed during preparation, storage and the freezing process. These programs are documented during each process, and they are reviewed to ensure the proper procedure has been followed.

## Method of Preparing Meals

All frozen meals are prepared in our frozen meal plant in Americus GA. The majority of the meal products are individually prepared products which are produced for us from carefully selected vendors who follow our own written specifications. For example, casseroles are made from scratch using quality frozen or canned components. We do no heating of food products except for pasta. Temperatures are carefully monitored during the preparation process to assure proper controls. Recipes are followed weighing all ingredients and using batch preparation to assure consistency in product. Recipes are approved for labeling by USDA. The meals are assembled using a state of the art production line which portions each product into the CPET plate. The filled plates are individually weighed and go through a metal detector.

A Production Manager, Line Leader and Quality Assurance Technician are present during all times while meal are in production. Ingredients and finished products are verified for correctness and proper usage on as per pallet and hourly basis. A Code date which include production week, year, Julian date, and line number are placed on every meal along with meal number, meal components and cooking instructions (ex. 3603252L2, week 36, year 03, day 252, production Line L2).

Production Quality Assurance Technician(s) will monitor all activities in the Kitchen, Production and Pick & Place areas of the plant as well as monitor the condition of Dry Goods I and Coolers I and II. These individuals are responsible for monitoring each of the following items:

- Case count on incoming raw materials (i.e. frozen patties)
- Verifying check weigher calibration and operation
- Hourly monitoring of metal detectors
- Hourly checks for missing components, proper labeling, and proper seal on finished meal in pick & place
- Component Ingredient temperature on casseroles and other items mixed and /or heated in the kitchen
- Finished meal temperature monitoring on racks and boxes
- Hourly checks for component and net weights on finished meals
- HACCP CAP monitoring
- Daily operational Sanitation compliance documentation

Once the meal is plated, sealed and labeled, the meals are individually blast frozen at a temperature of minus 30 for 45 to 50 minutes. Once the meal reaches zero degrees the meals are placed in a holding freezer.

## Shipping

All frozen meals are shipped on commercial refrigerated trucks. The meals are palletized and wrapped in plastic. The pallets are then loaded onto the truck and the temperature of the truck is taken to assure the meals are shipped at zero degrees.

When the truck arrives at the distributor or cold storage a temperature is taken of a meal to assure that the meals arrive at the standard of zero degrees. The meals are unloaded and stored in the freezer.

Vehicle Specifications for trucks delivering from plant to cold storage or distribution:

Commercial refrigerated vehicles including:  
53' x 102" x 13'6", tandem axle, swing door, heavy duty duct floor, quilted rear doors  
Equipped with Thermo King SB-111 CR units trailers

## Sanitation and safety procedures in delivery

Upon scheduling of delivery truck, truck will be inspected for any sanitation issue, such as cleanliness and operation capability. Truck will be visually inspected for operation issues and they will be addressed, if the shipping and receiving manager deems necessary, another truck will be called to handle product. Truck trailer will be swept or power washed to clean if needed previous to loading of product, temperature controls will be inspected for usage and set for holding of frozen product. Product will be palletized and shrink wrapped for transport. Loading into trailer alternating sides, fitted to space for safe transport. Temperature will be taken, recorded and door closed for transport.

Product being shipped from a distributor; Dailey inspection of vehicles operational needs and cleanliness is reviewed, trucks are cleaned the night previous to use upon return from routes. Truck temperatures are brought down to hold product, shipping buns for sectioning off the truck are used between frozen and chilled product. Product(s) are grouped by account and palletized for delivery. Truck is loaded according to stops and routing by customer.

## SSOP and HACCP Standards

The Golden Gourmet plant operated under both USDA and FDA verified HACCP programs. The USDA HACCP program accounts for frozen, thawed, sliced meats and poultry. The FDA HACCP program accounts for frozen seafood and other non-meat meals. The HACCP program is designed to prevent hazards that could cause food borne illness by applying science-based control, from raw material to finished product. The program is based on 8 areas of control. We have developed our HACCP program and the monitoring of the programs is completed throughout the day by a staff of QA Technicians and is verified by the QA manager. The 8 categories include:

- Analyze hazards.
- Identify critical control points.
- Establish preventive measures with critical limits for each control point.
- Establish procedures to monitor the critical control points.
- Establish corrective actions to be taken when monitoring shows that a
- Critical limit has not been met.
- Establish procedures to verify that the system is working properly.
- Establish effective recordkeeping to document the HACCP system.

Golden Gourmets plant is operated under a SSOP or Standard Operating Procedures programs which are written instructions, which describe procedures designed to work towards maintaining an environment, which promotes the reduction of risk of food borne illness.

Our SSOP programs consist of a pre-operational inspection completed on all equipment and auxiliary area of the plant prior to start up. Deficiency is corrected prior to start-up. Documentation of inspections and corrective actions are maintained by the QA department.

The QA technician must continuously observe the activities of production and document all deficiencies and corrective actions taken during the day. At the end of the shift the SSOP sheet will be turned into the QA Manager for review. There are eight (7) categories under the SSOP program which are monitored, and must

be documented at least twice per day (once in the am and in the pm). The seven categories include:

- Water Safety
- Condition and Cleanliness of Production Areas
- Maintenance of Toilets and hand washing facilities
- Prevention of Cross contamination
- Prevention of Product Adulteration
- Control of Toxic compounds
- Employee Health

## Storage and Shipping

Once the frozen meals are packed they are stored in our freezers. The freezers are maintained at 0 degrees and below and are continuously monitored with a computer system. The freezers are also physically checked by our personnel 3 times a day.

All frozen meals are shipped on commercial refrigerated trucks. The meals are palletized and wrapped in plastic. The pallets are then loaded onto the truck and the temperature of the truck is taken to assure the meals are shipped at zero degrees.

When the truck arrives at your destination we ask that a temperature be taken of a meal to assure that the meals arrive at the standard of zero degrees.



## SHELF STABLE MEALS

GG5A

Food	Pro kcal	Carbs gms	Fiber gm	Total Fat gms	Sat Fat gms	Calcium mg	Sodium mg	Zn mg	Vit A mcg	Vit C mg	Vit D mcg	Vit E mcg	B1 Folate ug	B2 mg	B6 ug	B12 ug	Chol gm	Cu ug	Iron mg	Potass Mg mg			
State	<35% of Total Calories (25.2 gm/650 calorie meal); 27.2 gm/700 calorie meal										Sat Fat <10% of Total Calories (7.2-7.7 grams)												
Federal	20 to 35% of Total Calories (grams)										Saturated Fat <10% of Total Calories												
* Fortified with Vitamin D and Calcium	685 >19	43	10	23	400 <800	300	30	8 ug	5	138	0.4	0.43	0.57	0.79	<800	300	2.7	140	1167				
Chicken and Rice	120	4	18	1	3	1	40	850	3,026	0	0	1,012	43.7	0.311	0.58	0.233	0.533	10	0.175	0.36	48.6	354.8	
Beef Stew cup	150	10	15	2	6	3	80	850	2,626	750	1.2	0	0.529	0	0.15	0.17	0.2	1.196	25	0.063	1.08	19.6	345
Beans and Ham	190	9	29	7	4	1	60	720	1,818	750	0	0	0	66	0.128	0.123	0.101	0.748	10	0	1.8	61.6	512
Macaroni & Beef	200	11	23	2	7	3	80	690	0	500	0	0	0	0	0	0	0	25	0	0.72	0	353.8	
Tuna Salad CAN	210	7	6	1	18	3	20	300	1,02	400	1.2	0	2,059	14.6	0.098	0.125	0.599	3,494	15	0.106	0.72	35.4	349.4
Orange Juice*	58.5	0.847	14	0.374	0.149	0.017	250.2	2.49	0.087	2.49	41.8	1,743	0.249	23.7	0.057	0.049	0.095	0	0	0.052	0.162	13.7	221.6
Orange Juice*	58.5	0.847	14	0.374	0.149	0.017	250.2	2.49	0.087	2.49	41.8	1,743	0.249	23.7	0.057	0.049	0.095	0	0	0.052	0.162	13.7	221.6
Orange Juice*	58.5	0.847	14	0.374	0.149	0.017	250.2	2.49	0.087	2.49	41.8	1,743	0.249	23.7	0.057	0.049	0.095	0	0	0.052	0.162	13.7	221.6
Tropical Punch	90	5	19	4	1	0	60	65	0.267	0	0	0	0.095	8	0.15	0.068	0.028	0.013	0	0.054	1.08	10.3	51.2
Tropical Punch	90	5	19	4	1	0	60	65	0.267	0	0	0	0.095	8	0.15	0.068	0.028	0.013	0	0.054	1.08	10.3	51.2
Non-Fat Dry Milk**	108.6	10.85	15.59	0	0.23	0.15	377.1	160.5	1.22	653.7	2.04	3.3	0	15	0.12	0.47	0.11	1.21	6	0.01	0.1	33	538.2
Non-Fat Dry Milk**	108.6	10.85	15.59	0	0.23	0.15	377.1	160.5	1.22	653.7	2.04	3.3	0	15	0.12	0.47	0.11	1.21	6	0.01	0.1	33	538.2
Non-Fat Dry Milk**	108.6	10.85	15.59	0	0.23	0.15	377.1	160.5	1.22	653.7	2.04	3.3	0	15	0.12	0.47	0.11	1.21	6	0.01	0.1	33	538.2
Non-Fat Dry Milk**	108.6	10.85	15.59	0	0.23	0.15	377.1	160.5	1.22	653.7	2.04	3.3	0	15	0.12	0.47	0.11	1.21	6	0.01	0.1	33	538.2
Raisins	128.57	1.32	34.05	1.59	0.2	0.02	21.5	4.73	0.09	0	0.99	0	0.05	2.15	0.05	0.05	0.07	0	0	0.14	0.81	13.76	322.07
Applesauce	70.25	0	18	2.01	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	130
Strawberry Squeezable Fruit 2 oz	60	0	14	2	0	0	0	0	0.01	0	60	0	0.02	1.54	0	0.01	0	0	0	0	0.36	0	0
Honey graham	130	2	24	1	3.5	1	0	180	0	0	0	0	0	0	0	0	0	0	0	0	1.8	0	0
Raisins	128.57	1.32	34.05	1.59	0.2	0.02	21.5	4.73	0.09	0	0.99	0	0.05	2.15	0.05	0.05	0.07	0	0	0.14	0.81	13.76	322.07
Apple Cereal Bar	120	2	24	3	3	0.5	200	110	1.5	750	0	0.296	0.326	100	0.3	0.34	0.1425	0.111	0	0.047	0	17	92.5
Wheat Crackers	100	4	21	2	1.5	0	0	135	0.519	0	0	0	0	40	0.09	0.17	0.04	0.06	0	0.06	1.08	0.6	62
Wheat Crackers	100	4	21	2	1.5	0	0	135	0.519	0	0	0	0	40	0.09	0.17	0.04	0.06	0	0.06	1.08	0.6	62
Mixed Berry Squeezable Fruit 2 oz.	60	0	14	2	0	0	0	0	0.01	0	60	0	0.02	1.54	0	0.01	0	0	0	0	0.01	0.56	3500
Raisins	128.57	1.32	34.05	1.59	0.2	0.02	21.5	4.73	0.09	0	0.99	0	0.05	2.15	0.05	0.05	0.07	0	0	0.14	0.81	13.76	322.07
Raisins	128.57	1.32	34.05	1.59	0.2	0.02	21.5	4.73	0.09	0	0.99	0	0.05	2.15	0.05	0.05	0.07	0	0	0.14	0.81	13.76	322.07
Apple Cereal Bar	120	2	24	3	3	0.5	200	110	1.5	750	0	0.296	0.326	100	0.3	0.34	0.1425	0.111	0	0.047	0	17	92.5
Strawberry Squeezable Fruit 2 oz.	60	0	14	2	0	0	0	0	0.01	0	60	0	0.02	1.54	0	0.01	0	0	0	0	0.36	0	0
Strawberry Cereal Bar	120	2	24	3	3	0.5	200	110	1.5	750	0	0.296	0.326	100	0.3	0.34	0.1425	0.111	0	0.047	0	17	92.5
Cinnamon Applesauce	80	1	19	3	0	0	5.1	0	0.051	1.275	2.168	0	0	1.275	0.017	0.036	0.033	0	0	0.055	0.446	3.825	260
Raisins	128.57	1.32	34.05	1.59	0.2	0.02	21.5	4.73	0.09	0	0.99	0	0.05	2.15	0.05	0.05	0.07	0	0	0.14	0.81	13.76	322.07
<b>Total</b>	<b>3431.6</b>	<b>131.391</b>	<b>696.2</b>	<b>55.082</b>	<b>58.097</b>	<b>14.401</b>	<b>3748.7</b>	<b>5153.62</b>	<b>21.454</b>	<b>7927.25</b>	<b>385.118</b>	<b>22.617</b>	<b>5.825</b>	<b>683.045</b>	<b>3.065</b>	<b>5.237</b>	<b>2.9145</b>	<b>12.462</b>	<b>115</b>	<b>1.674</b>	<b>17.012</b>	<b>517.285</b>	<b>11275.1</b>
<b>weekly avg</b>	<b>686.32</b>	<b>26.2782</b>	<b>127.24</b>	<b>11.0154</b>	<b>11.6194</b>	<b>2.8802</b>	<b>749.74</b>	<b>1030.72</b>	<b>4.2908</b>	<b>1585.45</b>	<b>77.0236</b>	<b>4.5234</b>	<b>1.165</b>	<b>136.609</b>	<b>0.613</b>	<b>1.0514</b>	<b>0.5629</b>	<b>2.4924</b>	<b>23</b>	<b>0.3848</b>	<b>3.4024</b>	<b>103.457</b>	<b>2255.01</b>
<b>RDA</b>			<b>300</b>	<b>25</b>	<b>65</b>	<b>20</b>	<b>1200</b>	<b>2400</b>		<b>5000</b>	<b>75</b>							<b>300</b>		<b>18</b>			
<b>Weekly Recommended</b>			<b>1500</b>	<b>125</b>	<b>325</b>	<b>100</b>	<b>6000</b>	<b>12000</b>		<b>25000</b>	<b>375</b>							<b>1500</b>		<b>90</b>			
<b>%</b>			<b>42%</b>	<b>44%</b>	<b>18%</b>	<b>14%</b>	<b>62%</b>	<b>49%</b>		<b>32%</b>	<b>103%</b>							<b>8%</b>		<b>19%</b>			

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y													
1	Nutritional Analysis for <b>GOLDEN GOURMET</b>											<h1>GOLDEN GOURMET</h1>																									
2																																					
3																																					
4																																					
5																																					
6																																					
7																																					
8																																					
e	5 Day Frozen Meal Packs - 1- Week 1- Code 4324																																				
10											<b>Vitamins</b>																										
11			Amount			Gm.	Gm.	Gm.	Gm.	mg.	Gm.	µg	mg.	mg.	mcg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.												
12	Code	Meal	Size	gm	kcal	Pro	CHO	T. Fat	SFA	Chol	Fiber	Vit.A	Vit.C	Vit.B6	Vit.B12	Ca	Mag	Zn	Na	K	PO4	Fe/Iron	Vit. D	Total Sugars	Added Sugars												
13	5046	Country Herb Chicken	22.20	632	601	37.8	82.30	15.50	2.4	64	11.1	2818	60.2	1.2	2	546.2	169.4	6.90	843.30	1537.60	544.70	4.10	8.30	31.30	AD												
14	5053	Turkey & Dressing	26.50	753.0	717.8	42.2	107.0	16.6	2.0	67.9	8.0	514.2	74.2	0.8	1.4	720.9	89.3	2.1	1263.5	1123.6	385.9	3.0	6.6	45.3	AD												
15	5062	Swedish Meat Balls	26.95	759.00	781.40	41.60	105.00	17.90	5.10	85.30	10.00	179.00	56.20	0.97	2.95	508.00	148.00	5.71	688.30	1577.00	661.80	5.45	6.30	40.85	AD												
16	5098	Lasagna	22	623	742	39	92	23	6	109	11	458	31	1	3	618	204	6	639	1632	486	5	8	38	AD												
17	5041	Mesquite Chicken	27.20	766.00	699.50	41.70	127.00	5.01	0.89	59.50	12.40	623.00	39.00	0.93	1.44	531.00	155.00	4.11	521.00	1738.00	617.10	2.62	6.40	51.96	AD												
18		<b>Total:</b>	<b>124.85</b>	<b>3533</b>	<b>3541.6</b>	<b>202.6</b>	<b>512.8</b>	<b>78.31</b>	<b>16.79</b>	<b>385.7</b>	<b>52.9</b>	<b>4592.4</b>	<b>260.1</b>	<b>4.72</b>	<b>10.81</b>	<b>2924.1</b>	<b>765.9</b>	<b>24.4</b>	<b>3955.1</b>	<b>7608.2</b>	<b>2695.3</b>	<b>20.626</b>	<b>35.1</b>	<b>207.61</b>	<b>0</b>												
19			24.97	706.6	708.32	40.52	102.56	15.66	3.358	77.14	10.58	918.48	52.02	0.944	2.162	584.82	153.18	4.87	791.02	1521.64	539.1	4.1252	7.02	41.522	0												
20		Goals: 33% DRI			6-800	23		<25			≥8	≥300	≥30	≥.6	≥.8	≥400	≥140	≥3.75	<800	≥1500																	
21		Mag-Magnesium, t-teaspoon, T-Tablespoon, c-cup, oz.-ounce, Gm.-gram, m.- milligrams, TF- Total Fat, SFA-Saturated Fatty Acids, Chol-Cholesterol, Fiber-Dietary Fiber,																																			
22		NA- Sodium, AD- Shows Sugar as an ingredient on the food label, NA- None Added as an Ingredient.																																			

Nutritional Analysis for **GOLDEN GOURMET**

# GOLDEN GOURMET

**5046 Country Herb Chicken w/Mashed Potatoes & Pan Gravy, Green Beans & Carrots.**

## Vitamins

Ingredients	Amount			Gm.	Gm.	Gm.	Gm.	mg.	Gm.	IU	mg.	mg.	mcg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	mcg.	gm.	gm.	
	Size	gm	kcal	Pro	CHO	T. Fat	SFA	Chol	Fiber	Vit.A	Vit.C	Vit.B6	Vit.B12	Ca	Magn	Zn	Na	K	PO4	Fe/Iron	Vit. D	Total Sugars	Added Sugars	
Diced Chicken	3.0	85.0	112.0	19.7	0.9	4.3	0.9	64.0	0.0	0.0	30.9	0.5	0.3	28.8	24.7	2.7	85.7	216.0	139.5	0.3	0.1	0.0	NA	
Perfect Pan Gravy	2	57	35	0	4	1	0	0	0	0	0	0	0	0	1.61	0.057	135	29.6	0.9	0	0	0	AD	
Mashed Potatoes	2	57	66.6	1.3	13.3	0.7	0	0	1.33	0	6	0.2	0.13	0	10.2	0.6	13.3	400.8	6.8	0.2	0	0	0.67	NA
Carrots	2.45	69	25.1	0.7	5.59	0	0	0	2.05	2504.8	3.5	0.0980	0	47	8.33	0.196	47.6	163.2	22.8	0.29	0	3.528	NA	
Green Beans	2	57	22.24	1.1	4.56	0	0	0	1.68	79.2	15.8	0.0	0	38.4	16.48	0.16	1.68	134.4	20.6	0.64	0	1.12	NA	
Milk Skim	8.0	227.0	80.0	9.0	13.0	0.0	0.0	0.0	0.0	90.0	4.0	0.1	1.2	360.0	27.0	1.0	125.0	382.2	205.0	0.0	6.3	12.0	NA	
Margarine	0.5	15.0	70.0	0.0	0.0	8.0	1.5	0.0	0.0	90.0	0.0	0.0	0.0	0.0	0.4	0.0	115.0	5.9	1.0	0.0	0.0	0.0	NA	
Whole Wheat Bread	1.0	30.0	70.0	3.0	13.0	1.0	0.0	0.0	2.0	0.0	0.0	0.1	0.0	48.0	25.0	0.5	150.0	81.5	75.8	0.3	0.0	2.0	AD	
Raisin Bran	1.3	35.0	120.0	3.0	28.0	0.5	0.0	0.0	4.0	54.0	0.0	0.26	0.4	24.0	55.6	1.7	170.0	124.0	72.3	2.4	2.0	12.0	AD	
Juice Orange	4.0	113.0	54.8	0.1	12.5	0.3	0.0	0.0	0.0	8.7	53.2	0.1	0.0	12.4	13.7	0.1	1.3	236.6	19.9	0.0	0.0	13.0	NA	
<b>Total:</b>	<b>22.2</b>	<b>632.0</b>	<b>600.9</b>	<b>37.8</b>	<b>82.3</b>	<b>15.5</b>	<b>2.4</b>	<b>64.0</b>	<b>11.1</b>	<b>2818.0</b>	<b>60.2</b>	<b>1.2</b>	<b>2.0</b>	<b>546.2</b>	<b>169.4</b>	<b>6.9</b>	<b>843.3</b>	<b>1537.6</b>	<b>544.7</b>	<b>4.1</b>	<b>8.3</b>	<b>31.3</b>	<b>0.0</b>	
Goals: 33% DRI			6-800	23		≤25			≥8	≥300	≥30	≥6	≥8	≥400	≥140	≥3.75	≤800	≥1500						

Mag-Magnesium, t-teaspoon, T-Tablespoon, c-cup, oz.- ounce, Gm.-gram, m.- milligrams, TF- Total Fat, SFA-Saturated Fatty Acids, Chol-Cholesterol, Fiber-Dietary Fiber,

NA- Sodium, AD- Shows Sugar as an Ingredient on the food label, NA- None Added as an Ingredient.

Nutritional Analysis for **GOLDEN GOURMET**

**GOLDEN GOURMET**

**5053 Turkey & Dressing w/Gravy, Corn & Green Beans**

**Vitamins**

Ingredients	Amount			Gm.	Gm.	Gm.	Gm.	mg.	Gm.	IU	mg.	mg.	mcg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	mcg.	gm.	gm.	
	Size (oz.)	gm	kcal	Pro	CHO	T. Fat	SFA	Chol	Fiber	Vit.A	Vit.C	B6	B12	Ca	Mag	Zn	Na	K	PO4	Fe/Iron	Vit. D	Total Sugars	Added Sugars	
Turkey, Cooked	3.0	85.0	105.0	21.0	1.7	1.5	0.0	52.5	0.0	0.0	0.0	0.0	0.0	36.0	1.5	0.1	487.0	13.3	11.1	0.5	0.0	0.0	NA	
Corn	3.0	85.0	75.0	2.6	18.0	0.9	0.0	0.0	1.7	31.0	0.0	0.0	0.0	8.5	1.4	0.0	2.6	114.0	3.2	0.2	0.0	2.6	NA	
Whole Grain Stuffing Mix	1.5	43.0	56.0	2.1	11.1	0.4	0.0	0.0	0.9	0.0	0.0	0.0	0.0	21.0	0.3	0.0	146.0	1.6	5.3	0.2	0.0	1.3	Added Sugars	
Poultry Gravy Mix	2.0	56.0	40.0	1.0	6.0	1.5	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.6	0.1	0.0	130.0	30.0	0.9	0.0	0.0	1.0	NA	
Green Beans	2.5	71.0	28.0	1.4	5.7	0.0	0.0	0.0	2.1	71.0	14.1	0.0	0.0	34.3	3.2	0.0	2.0	166.0	25.8	0.0	0.0	1.4	NA	
Whole Wheat Bread	1.0	30.0	70.0	3.0	13.0	1.0	0.0	0.0	2.0	0.0	0.0	0.1	0.0	48.0	24.8	0.5	150.0	81.5	75.8	0.3	0.0	2.0	AD	
Margarine	0.5	15.0	70.0	0.0	0.0	8.0	1.5	0.0	0.0	90.0	0.0	0.0	0.0	0.0	0.4	0.0	115.0	5.9	1.0	0.0	0.0	0.0	NA	
Milk Skim	8.0	227.0	80.0	9.0	13.0	0.0	0.0	10.0	0.0	90.0	4.0	0.1	1.2	360.0	27.0	1.0	125.0	382.2	205.0	0.0	6.3	12.0	NA	
Nutri Grain Bar	1.0	28.0	139.0	2.0	26.0	3.0	0.5	0.4	1.3	223.5	2.9	0.5	0.1	200.2	17.0	0.3	104.7	92.5	38.0	1.8	0.3	12.0	AD	
Juice Orange	4.0	113.0	54.8	0.1	12.5	0.3	0.0	0.0	0.0	8.7	53.2	0.1	0.0	12.4	13.7	0.1	1.3	236.6	19.9	0.0	0.0	13.0	NA	
<b>Total:</b>	<b>26.5</b>	<b>753.0</b>	<b>717.8</b>	<b>42.2</b>	<b>107.0</b>	<b>16.6</b>	<b>2.0</b>	<b>67.9</b>	<b>8.0</b>	<b>514.2</b>	<b>74.2</b>	<b>0.8</b>	<b>1.4</b>	<b>720.9</b>	<b>89.3</b>	<b>2.1</b>	<b>1263.5</b>	<b>1123.6</b>	<b>385.9</b>	<b>3.0</b>	<b>6.6</b>	<b>45.3</b>	<b>0.0</b>	
Goals: 33% DRI			6-800	23		<25			>8	>300	>30	>6	>8	>400	>140	>3.75	<800	>1500						

Mag-Magnesium, t-teaspoon, T.-Tablespoon, c-cup, oz.- ounce, Gm.-gram, m.- milligrams, TF- Total Fat, SFA-Saturated Fatty Acids, Chol-Cholesterol, Fiber-Dietary Fiber,

NA- Sodium, AD- Shows Sugar as an ingredient on the food label, NA- None Added as an ingredient.

Nutritional Analysis for GOLDEN GOURMET



5062 Swedish Style Meatballs over Noodles, Broccoli & Black Bean Blend

Vitamins

Ingredients	Amount		kcal	Pro	CHO	T. Fat	SFA	Chol	Fiber	Vit.A	Vit.C	Vit.E6	Vit.B12	Ca	Mag	Zn	Na	K	PO4	Fe/Iron	Vit. D	Total Sugars	Added Sugars	
	Size	gm																						
Swedish Meat Balls	3.08	86.2	194.7	18	0	7.89	2.8	89	0	0	0	0.4	1.7	6.11	19.2	2.44	37.5	276.6	94.4	0.88	0	0	7.8	NA
Sauce w/No Salt	3.09	86.5	76.2	1.56	12.1	2.86	0.6	1.75	2.9	20.1	1.75	0.15	0	19.3	18.4	0.47	26.3	276.8	32	0.63	0	0.4	NA	
Egg Noodles, No Salt	2.33	65.2	103.7	3.81	20.3	0.61	0.1	0	1.2	0	0	0.03	0	4.62	11.9	0.33	23.7	29.1	37	0.8	0	0.4	NA	
Beans Black Cuban	2	56	64.1	3.38	10.5	0.91	0.2	0.57	2.4	1.13	3	0.05	0	23.2	22.7	0.52	234.7	186.5	79.4	1.2	0	0	0.4	NA
Tomatoes, stewed	0.5	14	3.69	0.13	0.88	0.03	0	0	0.1	1.27	1.56	0	0	4.82	1.7	0.02	31.3	29.3	3.4	0.038	0	0.4	NA	
Onions, frozen	0.25	7	2.27	0.06	0.54	0	0	0	0.1	0	0.34	0.01	0	1.42	0.64	0.01	0.57	8.49	2	0.018	0	0.4	NA	
Broccoli, frozen	1.7	47.6	14	1.48	2.58	0.16	0	0	1.5	66	32.9	0.08	0	19.8	7.71	0.16	8.19	120.5	24	0.4	0	0.65	NA	
Bread Whole Wheat	1	30	70	3	13	1	0	0	2	0	0	0.1	0	48	24.8	0.54	150	81.5	75.8	0.3	0	2	AD	
Moon Pie	1	28	119.4	1.13	19.2	4.79	1.3	0	0.6	0.29	0.03	0.02	0.05	13	10.2	0.19	47.6	51.6	33	0.86	0	15.2	AD	
Juice Apple	4	112	53.3	0.07	13.2	0.13	0	0	0.1	0	12.6	0.03	0	7.94	3.4	0.03	3.4	134.9	75.8	0.32	0	2	AD	
Milk Skim	8	226	80	9	13	0	0	0	0	90	4	0.1	1.2	360	27	1	125	382.2	205	0	6.3	1.2	NA	
<b>Totals:</b>	<b>26.95</b>	<b>759</b>	<b>781.4</b>	<b>41.6</b>	<b>105</b>	<b>17.9</b>	<b>5.1</b>	<b>85.3</b>	<b>10</b>	<b>179</b>	<b>56.2</b>	<b>0.97</b>	<b>2.95</b>	<b>508</b>	<b>148</b>	<b>5.71</b>	<b>688.3</b>	<b>1577</b>	<b>661.8</b>	<b>5.446</b>	<b>6.3</b>	<b>40.85</b>		
Goals: 88% DRI			6-800	28	<25			>=	>=300	>=30	>=6	>=8	>=400	>=140	>=3.75	>=800	>=1500							
Mag-Magnesium, t-teaspoon, T-Tablespoon, c-cup, oz.- ounce, Gm.-gram, m.- milligrams, TF- Total Fat, SFA-Saturated Fatty Acids																								
Chol-Cholesterol, Fiber-Dietary Fiber, NA-Sodium.																								

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	
1	Nutritional Analysis for <b>GOLDEN GOURMET</b>											<h1>GOLDEN GOURMET</h1>														
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9	7 Complete Meal Solutions - Code 4714																									
10												<b>Vitamins</b>														
11			Amount			Gm.	Gm.	Gm.	Gm.	mg.	Gm.	IU	mg.	mg.	mcg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	
12	Code	Meal	Size	gm	kcal	Pro	CHO	T. Fat	SFA	Chol	Fiber	Vit.A	Vit.C	Vit.E6	Vit.B12	Ca	Mag	Zn	Na	K	PO4	Fe/Iron	Vit. D	Total Sugars	Added Sugars	
13	5046	Country Herb Chick	22.20	632	601	37.8	82.30	15.50	2.4	64	11.1	2818	60.2	1.2	2	546.2	169.4	6.90	843.30	1537.60	544.70	4.10	8.30	31.30	AD	
14	5048	Meat Loaf	23.15	560.0	627.8	31.9	74.8	25.0	7.6	41.5	13.5	2823.4	162.0	1.0	3.52	559.0	141.0	8.6	784.9	1804.0	483.4	2.8	6.4	36.8	AD	
15	5045	Breaded Baked Fish	24.3	687.4	743.6	38.3	108.9	12.3	1.5	50.0	13.8	234.9	25.7	0.8	3.7	481.5	199.0	4.7	807.2	1582.6	695.6	4.1	8.3	41.7	AD	
16	5086	Chicken A La King	25.5	727.0	732.2	48.4	84.1	26.9	5.4	74.7	9.2	5759.6	122.8	1.0	1.6	613.2	165.2	6.0	714.6	1395.3	665.0	3.9	6.4	32.5	AD	
17	5060	Chicken Cacciatore	25.00	708.50	649.40	40.08	100.40	14.70	2.47	74.00	8.91	361.90	####	1.27	1.72	535.00	147.00	5.50	576.50	1898.00	559.30	2.52	6.34	44.94	AD	
18	5062	Swedish Meat Balls	26.95	759.00	781.40	41.60	105.00	17.90	5.10	85.30	10.00	179.00	56.20	0.97	2.95	508.00	148.00	5.71	688.30	1577.00	661.80	5.45	6.30	40.85	AD	
19	5083	Santa Fe Chicken	24.39	688.00	626.00	41.50	99.40	8.10	1.94	39.30	11.40	866.00	64.30	0.79	1.58	571.00	153.00	4.34	690.00	1672.00	581.44	4.05	6.34	38.40	AD	
20		<b>Total:</b>	<b>171.49</b>	<b>4861.9</b>	<b>4761.3</b>	<b>276.6</b>	<b>654.9</b>	<b>120.4</b>	<b>26.4</b>	<b>428.8</b>	<b>77.9</b>	<b>13042.8</b>	<b>630.5</b>	<b>6.995</b>	<b>17.065</b>	<b>3813.9</b>	<b>1122.6</b>	<b>41.7</b>	<b>5104.8</b>	<b>11466.5</b>	<b>4191.2</b>	<b>26.894</b>	<b>48.37</b>	<b>266.46</b>	<b>0</b>	
21			<b>24.4986</b>	<b>694.56</b>	<b>680.19</b>	<b>39.51</b>	<b>93.557</b>	<b>17.2</b>	<b>3.77</b>	<b>61.26</b>	<b>11.1</b>	<b>1863.257</b>	<b>190.07</b>	<b>0.999</b>	<b>2.4379</b>	<b>544.84</b>	<b>160.37</b>	<b>5.957</b>	<b>729.257</b>	<b>1638.07</b>	<b>598.75</b>	<b>3.842</b>	<b>6.91</b>	<b>38.0657143</b>	<b>0</b>	
22		Goals: 33% DRI				6-800	23			<25		>8	>300	>30	>6	>8	>400	>140	>3.75	<800	>1500					
23	Mag-Magnesium, t-teaspoon, T-Tablespoon, c-cup, oz.- ounce, Gm.-gram, m.- milligrams, TF- Total Fat, SFA-Saturated Fatty Acids, Chol-Cholesterol, Fiber-Dietary Fiber,																									
24	NA- Sodium, AD- Shows Sugar as an Ingredient on the food label, NA- None Added as an ingredient.																									
25																										
26																										

Nutritional Analysis for **GOLDEN GOURMET**

# GOLDEN GOURMET

**5046 Country Herb Chicken w/Mashed Potatoes & Pan Gravy, Green Beans & Carrots.**

## Vitamins

Ingredients	Amount			Gm.	Gm.	Gm.	Gm.	mg.	Gm.	IU	mg.	mg.	mcg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	mcg.	gm.	gm.
	Size	gm	kcal	Pro	CHO	T. Fat	SFA	Chol	Fiber	Vit.A	Vit.C	Vit.B6	Vit.B12	Ca	Mag	Zn	Na	K	PO4	Fe/Iron	Vit. D	Total Sugars	Added Sugars
Diced Chicken	3.0	85.0	112.0	19.7	0.9	4.3	0.9	64.0	0.0	0.0	30.9	0.5	0.3	28.8	24.7	2.7	85.7	216.0	139.5	0.3	0.1	0.0	NA
Perfect Pan Gravy	2	57	35	0	4	1	0	0	0	0	0	0	0	1.61	0.057	135	29.6	0.9	0	0	0	0	AD
Mashed Potatoes	2	57	66.6	1.3	13.3	0.7	0	0	1.33	0	6	0.2	0.13	0	10.2	0.6	13.3	400.8	6.8	0.2	0	0.67	NA
Carrots	2.45	69	25.1	0.7	5.59	0	0	0	2.06	2504.8	3.5	0.0980	0	47	8.33	0.196	47.6	163.2	22.8	0.29	0	3.528	NA
Green Beans	2	57	22.24	1.1	4.56	0	0	0	1.68	79.2	15.8	0.0	0	38.4	16.48	0.16	1.68	134.4	20.6	0.64	0	1.12	NA
Milk Skim	8.0	227.0	80.0	9.0	13.0	0.0	0.0	0.0	0.0	90.0	4.0	0.1	1.2	360.0	27.0	1.0	125.0	382.2	205.0	0.0	6.3	12.0	NA
Margarine	0.5	15.0	70.0	0.0	0.0	8.0	1.5	0.0	0.0	90.0	0.0	0.0	0.0	0.0	0.4	0.0	115.0	5.9	1.0	0.0	0.0	0.0	NA
Whole Wheat Bread	1.0	30.0	70.0	3.0	13.0	1.0	0.0	0.0	2.0	0.0	0.0	0.1	0.0	48.0	25.0	0.5	150.0	81.5	75.8	0.3	0.0	2.0	AD
Raisin Bran	1.3	35.0	120.0	3.0	28.0	0.5	0.0	0.0	4.0	54.0	0.0	0.26	0.4	24.0	55.6	1.7	170.0	124.0	72.3	2.4	2.0	12.0	AD
Juice Orange	4.0	113.0	54.8	0.1	12.5	0.3	0.0	0.0	0.0	8.7	53.2	0.1	0.0	12.4	13.7	0.1	1.3	236.6	19.9	0.0	0.0	13.0	NA
<b>Total:</b>	<b>22.2</b>	<b>632.0</b>	<b>600.9</b>	<b>37.8</b>	<b>82.3</b>	<b>15.5</b>	<b>2.4</b>	<b>64.0</b>	<b>11.1</b>	<b>2818.0</b>	<b>60.2</b>	<b>1.2</b>	<b>2.0</b>	<b>546.2</b>	<b>169.4</b>	<b>6.9</b>	<b>843.3</b>	<b>1537.6</b>	<b>544.7</b>	<b>4.1</b>	<b>8.3</b>	<b>31.3</b>	<b>0.0</b>
Goals: 33% DRI			6-800	23		<25			>8	>300	>30	>6	>8	>400	>140	>3.75	<800	>1500					

Mag-Magnesium, t-teaspoon, T-Tablespoon, c-cup, oz.- ounce, Gm.-gram, m.- milligrams, TF- Total Fat, SFA-Saturated Fatty Acids, Chol-Cholesterol, Fiber-Dietary Fiber,

NA- Sodium, AD- Shows Sugar as an ingredient on the food label, NA- None Added as an Ingredient.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	Nutritional Analysis for <b>GOLDEN GOURMET</b>										<h1>GOLDEN GOURMET</h1>													
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13	5045 Baked Breaded Fish, Cut Corn with Red Peppers and Baby Limas																							
14																								
15	<b>Vitamins</b>																							
16	Amount			Gm.	Gm.	Gm.	Gm.	mg.	Gm.	IU	mg.	mg.	mcg.	mg.	mg.	mg.	mg.	mg.	mg.	mg.	mcg.	gm.	gm.	
17	Ingredients	Size (oz.)	gm	kcal	Pro	CHO	T. Fat	SFA	Chol	Fiber	Vit.A	Vit.C	B6	B12	Ca	Mag	Zn	Na	K	PO4	Fe/Iron	Vit. D	Total Sugars	Added Sugars
18	Baked Breaded Fish	4.0	112.0	230.0	14.0	19.0	10.0	1.5	50.0	1.0	18.0	0.0	0.2	2.2	0.0	55.6	1.1	300.0	443.4	206.4	0.3	0.0	1.0	AD
19	Cut Corn	2.7	76.5	68.0	2.3	16.2	0.8	0.0	0.0	1.5	27.9	0.0	0.0	0.0	7.6	1.3	0.0	2.4	103.0	36.7	0.2	0.0	1.3	NA
20	Red Peppers in Corn	0.3	8.5	2.6	0.1	0.5	0.0	0.0	0.0	0.2	14.0	10.9	0.0	0.0	0.6	1.0	0.0	0.3	17.9	2.2	0.0	0.0	0.4	NA
21	Baby Limas	3.0	85.0	113.0	6.9	21.4	0.0	0.0	0.0	5.1	31.0	10.8	0.1	0.0	41.3	30.3	0.4	44.5	295.7	88.5	0.8	0.0	0.0	NA
22	Milk, Skim	8.0	227.0	80.0	9.0	13.0	0.0	0.0	0.0	0.0	90.0	4.0	0.1	1.2	360.0	27.0	1.0	125.0	382.2	205.0	0.0	6.3	12.0	NA
23	Whole Wheat Bread	1.0	30.0	70.0	3.0	13.0	1.0	0.0	0.0	2.0	0.0	0.1	0.0	48.0	24.8	0.5	150.0	81.5	75.8	0.3	0.0	2.0	AD	
24	Raisin Bran	1.3	35.0	120.0	3.0	28.0	0.5	0.0	0.0	4.0	54.0	0.0	0.26	0.4	24.0	55.6	1.7	170.0	124.0	72.3	2.4	2.0	12.0	AD
25	Juice Apple	4.0	113.4	60.0	0.0	14.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.4	0.0	15.0	134.9	8.7	0.0	0.0	13.0	NA	
26	<b>Total:</b>	<b>24.3</b>	<b>687.4</b>	<b>743.6</b>	<b>38.3</b>	<b>108.9</b>	<b>12.3</b>	<b>1.5</b>	<b>50.0</b>	<b>13.8</b>	<b>234.9</b>	<b>25.7</b>	<b>0.8</b>	<b>3.7</b>	<b>481.5</b>	<b>199.0</b>	<b>4.7</b>	<b>807.2</b>	<b>1582.6</b>	<b>695.6</b>	<b>4.1</b>	<b>8.3</b>	<b>41.7</b>	<b>0.0</b>
27	Goal:		600-800	23		<25				≥8	≥300	≥30	≥0.6	≥0.8	≥400	≥140	≥3.75	<800	≥1500					
28	Mag-Magnesium, t-teaspoon, T-Tablespoon, c-cup, oz.- ounce, Gm.-gram, m.- milligrams, TF- Total Fat, SFA-Saturated Fatty Acids, Chol-Cholesterol, Fiber, Dietary Fiber, Na-Sodium,																							
29	AD- Sugar Added as an Ingredient, and NA- Sugar not added an an ingredient.																							
47																								
50																								

## CUSTOMER SATISFACTION SURVEY RESULTS

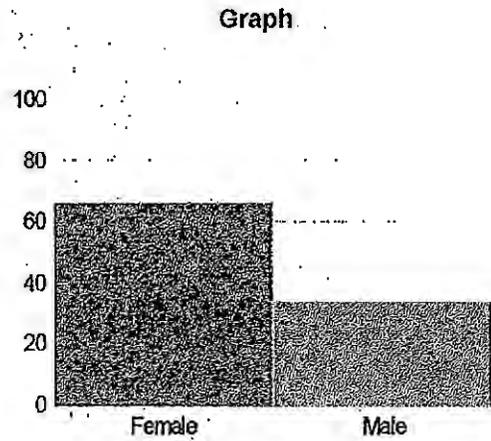
Metro Social Services Congregate Meals Customer Satisfaction Surveys  
2<sup>nd</sup> Quarter 2017

Data Highlights

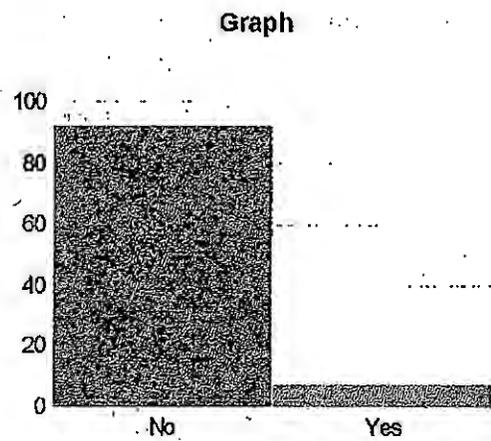
- 66% female, 34% male
- 92% Not Hispanic/Latino, 8% Hispanic/Latino
- 53% Black/African American, 40% White, 7% Other
- 67% eat 2 or 3 meals each weekday, 77% eat 2 or 3 meals each weekend day
- 16% of respondents would like to attend congregate site more often, and 58% said they need transportation to the site
  
- 74% said the meals have good variety some or all the time
- Over 75% said the food was of good quality usually or always
- Over 80% said the servings were large enough
- 78% said the food was appetizing usually or always
- 77% said the meals were balanced and well-planned
- 85% said their social opportunities had increased
  
- Over 92% said the reservation process was easy usually or always
- Over 94% said the staff had a good attitude
- Over 93% said they were satisfied with the program overall
  
- 87% said they eat more balanced meals because of the program
- Over 75% said they were not as hungry during the day
- 73% said they were able to maintain a healthy weight

## Metro Social Services Congregate Meals Customer Satisfaction Surveys 2<sup>nd</sup> Quarter 2017

Gender Response	Frequency	Percent	Valid Percent
Female	33	66.00	66.00
Male	17	34.00	34.00
<b>Total Valid</b>	<b>50</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>50</b>	<b>100.00</b>	



Hispanic/Latino? Response	Frequency	Percent	Valid Percent
No	47	92.16	92.16
Yes	4	7.84	7.84
<b>Total Valid</b>	<b>51</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>51</b>	<b>100.00</b>	



1/25/2018

Detailed Item Analysis Report

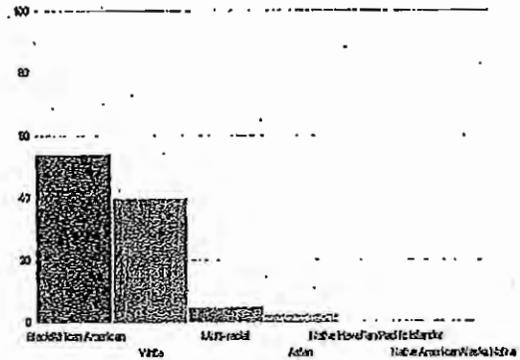
Race  
Response

Frequency

Percent

Valid  
Percent

Graph



Black/African American	23	53.49	53.49
White	17	39.53	39.53
Multi-racial	2	4.65	4.65
Asian	1	2.33	2.33
Native Hawaiian/Pacific Islander	0	0.00	0.00
Native American/Alaska Native	0	0.00	0.00
<b>Total Valid</b>	<b>43</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>		<b>100.00</b>	

43

How many meals do you eat weekday

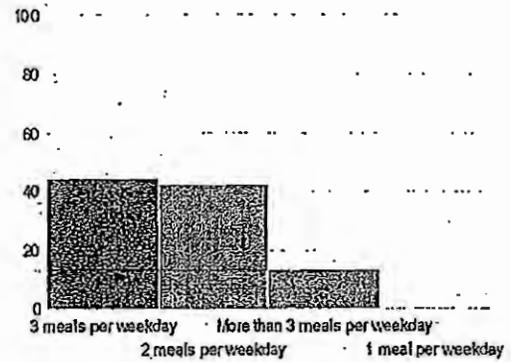
Response

Frequency

Percent

Valid  
Percent

Graph



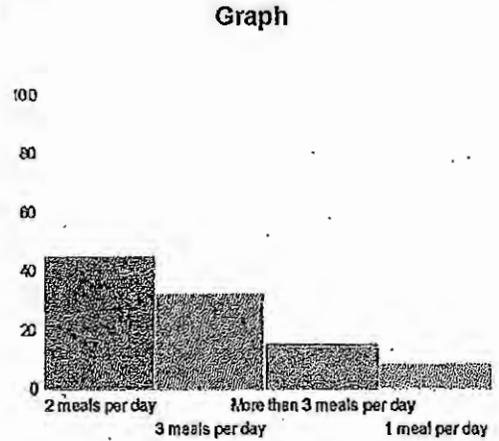
3 meals per weekday	20	44.44	44.44
2 meals per weekday	19	42.22	42.22
More than 3 meals per weekday	6	13.33	13.33
1 meal per weekday	0	0.00	0.00
<b>Total Valid</b>	<b>45</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>45</b>	<b>100.00</b>	

1/25/2018

Detailed Item Analysis Report

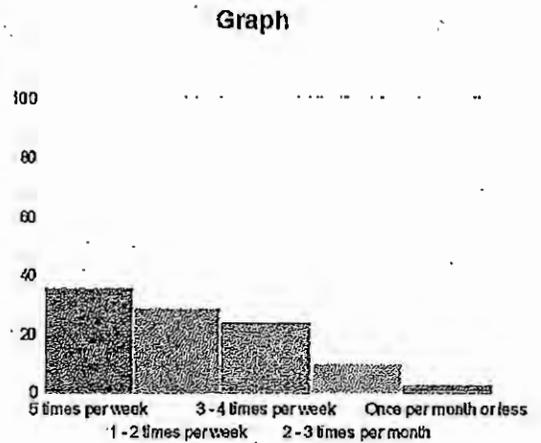
How many meals eaten on weekends - Sat/Sun

Response	Frequency	Percent	Valid Percent
2 meals per day	21	44.68	44.68
3 meals per day	15	31.91	31.91
More than 3 meals per day	7	14.89	14.89
1 meal per day	4	8.51	8.51
<b>Total Valid</b>	<b>47</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>47</b>	<b>100.00</b>	



How often do you attend congregate meals program

Response	Frequency	Percent	Valid Percent
5 times per week	15	35.71	35.71
1 - 2 times per week	12	28.57	28.57
3 - 4 times per week	10	23.81	23.81
2 - 3 times per month	4	9.52	9.52
Once per month or less	1	2.38	2.38
<b>Total Valid</b>	<b>42</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>42</b>	<b>100.00</b>	



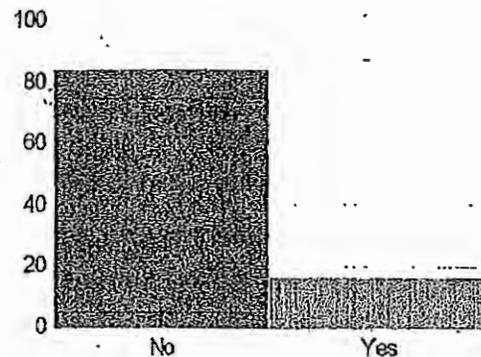
1/25/2018

Detailed Item Analysis Report

Would you like to attend more?

Response	Frequency	Percent	Valid Percent
No	41	83.67	83.67
Yes	8	16.33	16.33
<b>Total Valid</b>	<b>49</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>49</b>	<b>100.00</b>	

Graph



Main reason you don't participate more

Response	Frequency	Percent	Valid Percent
I need transportation to meal site	22	57.89	57.89
The site isn't open on weekends	6	15.79	15.79
The site doesn't serve breakfast	6	15.79	15.79
Other	3	7.89	7.89
I don't always like the food	1	2.63	2.63
I am too sick to go to the meal site	0	0.00	0.00
I don't want to go by myself	0	0.00	0.00
<b>Total Valid</b>	<b>38</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>38</b>	<b>100.00</b>	

Graph

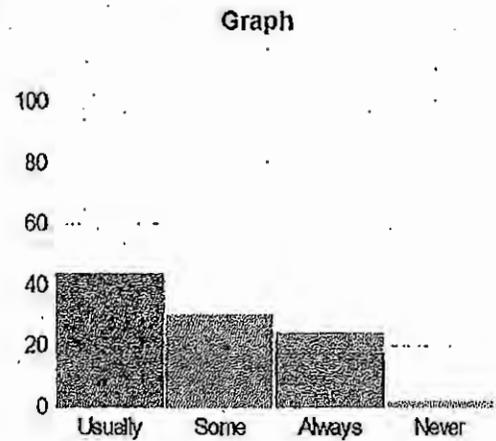


1/25/2018

Detailed Item Analysis Report

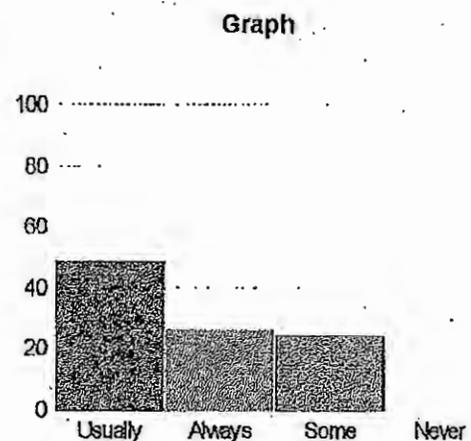
**Good meal variety  
Response**

	Frequency	Percent	Valid Percent
Usually	22	44.00	44.00
Some	15	30.00	30.00
Always	12	24.00	24.00
Never	1	2.00	2.00
<b>Total Valid</b>	<b>50</b>	<b>100.00</b>	<b>100.00</b>
	50		
<b>Total</b>		<b>100.00</b>	



**Food is good quality  
Response**

	Frequency	Percent	Valid Percent
Usually	26	49.06	49.06
Always	14	26.42	26.42
Some	13	24.53	24.53
Never	0	0.00	0.00
<b>Total Valid</b>	<b>53</b>	<b>100.00</b>	<b>100.00</b>
	53		
<b>Total</b>		<b>100.00</b>	

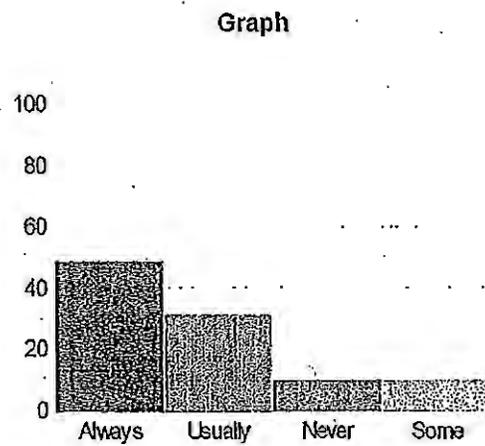


1/25/2018

Detailed Item Analysis Report

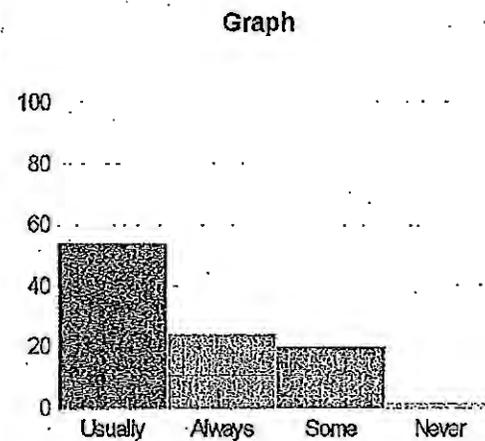
Servings are large enough

Response	Frequency	Percent	Valid Percent
Always	25	49.02	49.02
Usually	16	31.37	31.37
Never	5	9.80	9.80
Some	5	9.80	9.80
<b>Total Valid</b>	<b>51</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>51</b>	<b>100.00</b>	



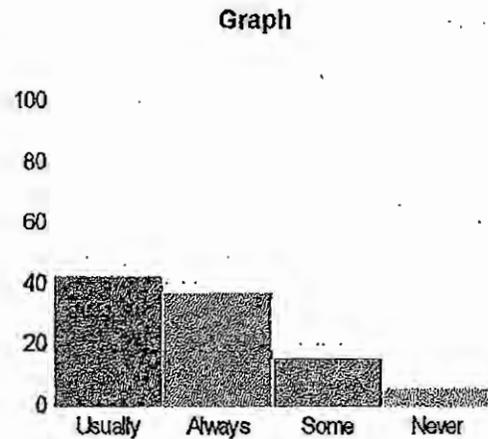
Food is appetizing

Response	Frequency	Percent	Valid Percent
Usually	27	54.00	54.00
Always	12	24.00	24.00
Some	10	20.00	20.00
Never	1	2.00	2.00
<b>Total Valid</b>	<b>50</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>50</b>	<b>100.00</b>	



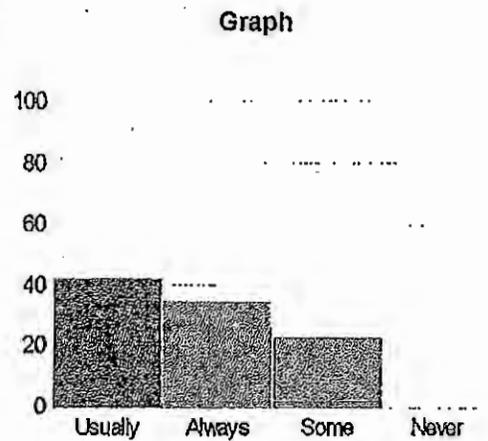
**Suggested contributions are reasonable**

Response	Frequency	Percent	Valid Percent
Usually	22	42.31	42.31
Always	19	36.54	36.54
Some	8	15.38	15.38
Never	3	5.77	5.77
<b>Total Valid</b>	<b>52</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>52</b>	<b>100.00</b>	



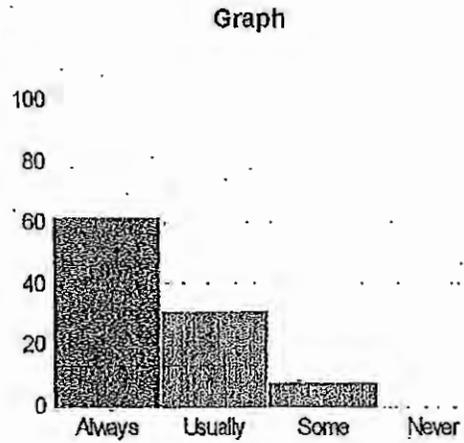
**Meal are balanced and well planned**

Response	Frequency	Percent	Valid Percent
Usually	22	42.31	42.31
Always	18	34.62	34.62
Some	12	23.08	23.08
Never	0	0.00	0.00
<b>Total Valid</b>	<b>52</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>52</b>	<b>100.00</b>	



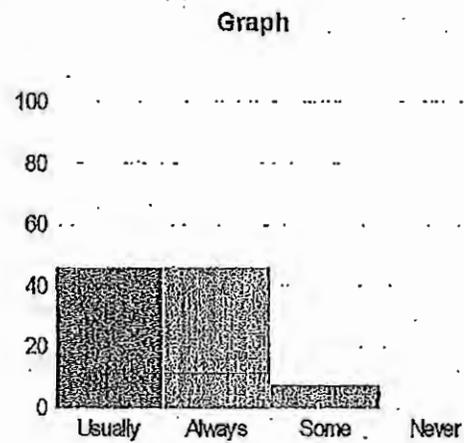
Meals are served at a good time  
Response

Response	Frequency	Percent	Valid Percent
Always	32	61.54	61.54
Usually	16	30.77	30.77
Some	4	7.69	7.69
Never	0	0.00	0.00
<b>Total Valid</b>	<b>52</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>52</b>	<b>100.00</b>	



Reservation process is easy  
Response

Response	Frequency	Percent	Valid Percent
Usually	24	46.15	46.15
Always	24	46.15	46.15
Some	4	7.69	7.69
Never	0	0.00	0.00
<b>Total Valid</b>	<b>52</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>52</b>	<b>100.00</b>	

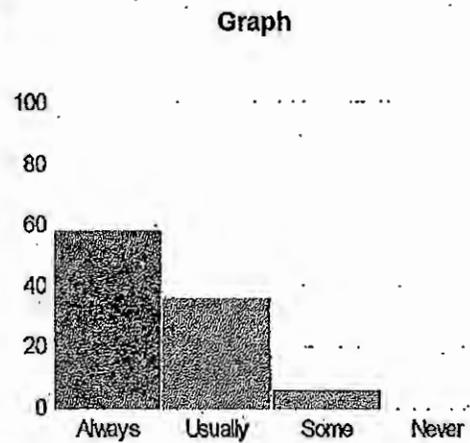


1/25/2018

Detailed Item Analysis Report

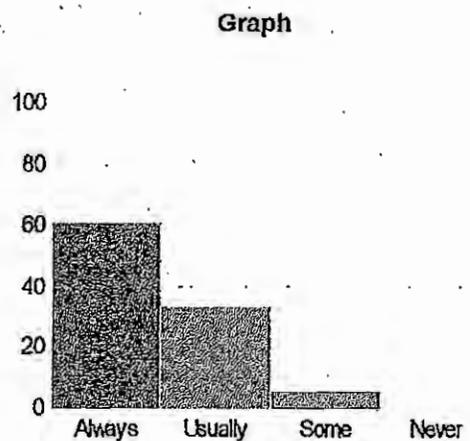
Timely notification of program changes

Response	Frequency	Percent	Valid Percent
Always	29	58.00	58.00
Usually	18	36.00	36.00
Some	3	6.00	6.00
Never	0	0.00	0.00
<b>Total Valid</b>	<b>50</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>50</b>	<b>100.00</b>	



MSS staff has a good attitude

Response	Frequency	Percent	Valid Percent
Always	31	60.78	60.78
Usually	17	33.33	33.33
Some	3	5.88	5.88
Never	0	0.00	0.00
<b>Total Valid</b>	<b>51</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>51</b>	<b>100.00</b>	

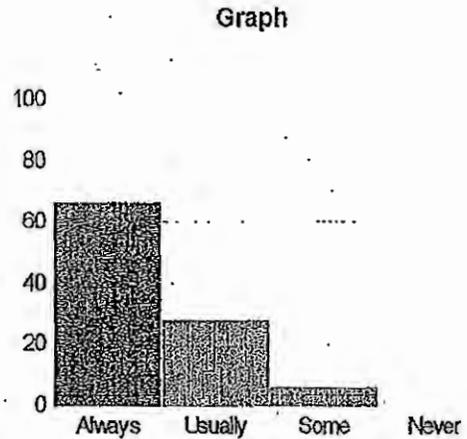


1/25/2018

Detailed Item Analysis Report

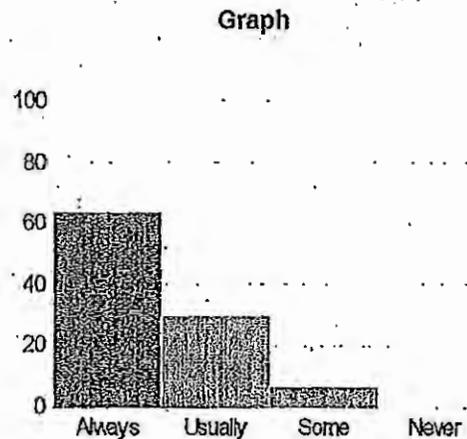
Nutrition programs are useful

Response	Frequency	Percent	Valid Percent
Always	33	66.00	66.00
Usually	14	28.00	28.00
Some	3	6.00	6.00
Never	0	0.00	0.00
<b>Total Valid</b>	<b>50</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>50</b>	<b>100.00</b>	



Overall I am satisfied with this service

Response	Frequency	Percent	Valid Percent
Always	30	63.83	63.83
Usually	14	29.79	29.79
Some	3	6.38	6.38
Never	0	0.00	0.00
<b>Total Valid</b>	<b>47</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>47</b>	<b>100.00</b>	

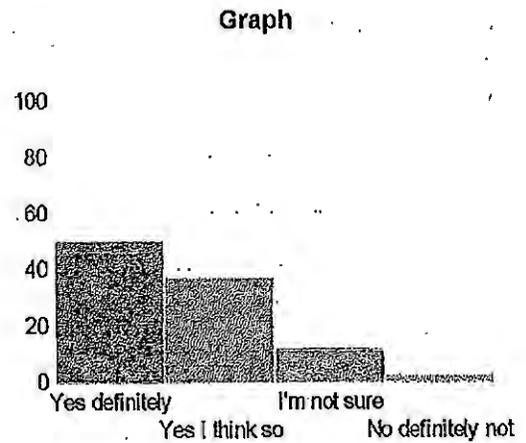


1/25/2018

Detailed Item Analysis Report

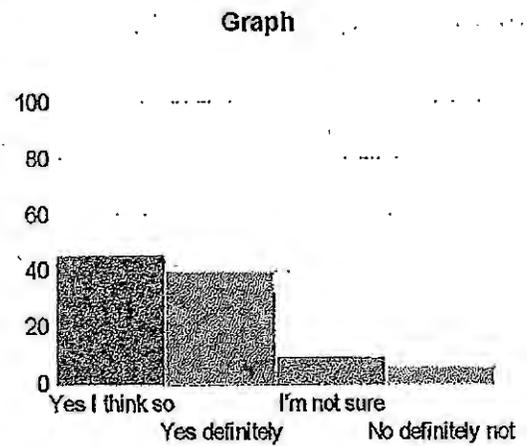
I eat more balanced meals

Response	Frequency	Percent	Valid Percent
Yes definitely	26	50.00	50.00
Yes I think so	19	36.54	36.54
I'm not sure	6	11.54	11.54
No definitely not	1	1.92	1.92
<b>Total Valid</b>	<b>52</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>52</b>	<b>100.00</b>	



My social opportunities have increased

Response	Frequency	Percent	Valid Percent
Yes I think so	24	45.28	45.28
Yes definitely	21	39.62	39.62
I'm not sure	5	9.43	9.43
No definitely not	3	5.66	5.66
<b>Total Valid</b>	<b>53</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>53</b>	<b>100.00</b>	

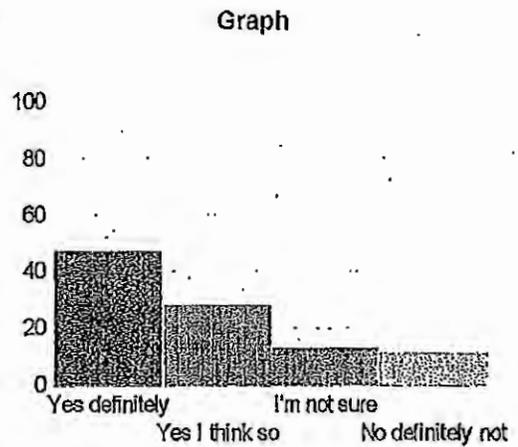


1/25/2018

Detailed Item Analysis Report

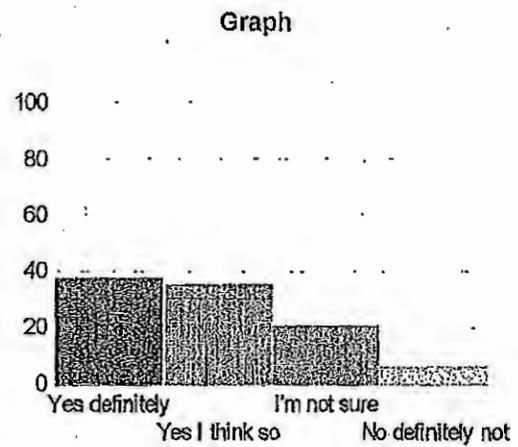
I am not as hungry during the day  
Response

Response	Frequency	Percent	Valid Percent
Yes definitely	25	47.17	47.17
Yes I think so	15	28.30	28.30
I'm not sure	7	13.21	13.21
No definitely not	6	11.32	11.32
Total Valid	53	100.00	100.00
Total	53	100.00	



I can achieve or maintain a healthy weight  
Response

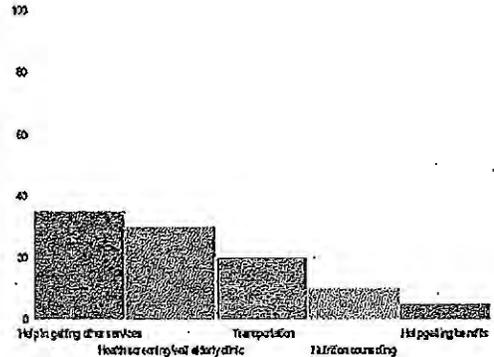
Response	Frequency	Percent	Valid Percent
Yes definitely	18	37.50	37.50
Yes I think so	17	35.42	35.42
I'm not sure	10	20.83	20.83
No definitely not	3	6.25	6.25
Total Valid	48	100.00	100.00
Total	48	100.00	



What other help would you use if offered?

Response	Frequency	Percent	Valid Percent
Help in getting other services	7	35.00	35.00
Health screening/well elderly clinic	6	30.00	30.00
Transportation	4	20.00	20.00
Nutrition counseling	2	10.00	10.00
Help getting benefits	1	5.00	5.00
<b>Total Valid</b>	<b>20</b>	<b>100.00</b>	<b>100.00</b>
<b>Total</b>	<b>20</b>	<b>100.00</b>	

Graph



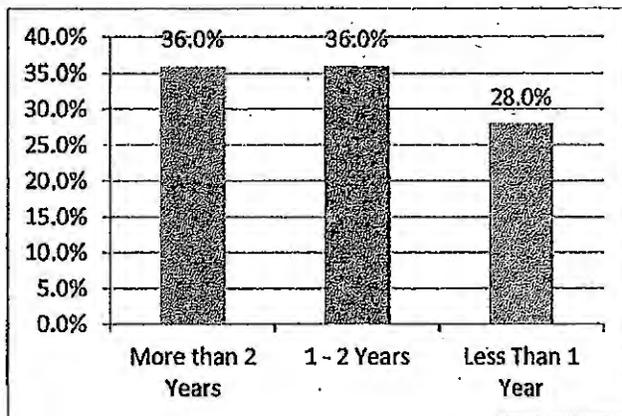
**Home Delivered Meals Customer Feedback Quarter 1 July-Sept 2017**

Percentages for each question are based on the number of customers responding to that particular question.

80% of the 27 survey respondents were Customers, 4 were relatives and the remaining 2 were other. About 67% were female and 33% were male. None were Hispanic/Latino. Race of customers is shown in the table below:

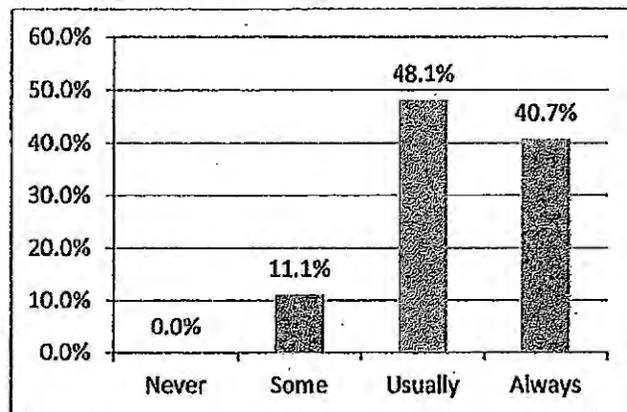
Response	Frequency	Percent
White	15.0	57.7
Black/African American	10.0	38.5
Asian	0.0	0.0
Native American or Alaska Native	0.0	0.0
More than one race	0.0	0.0
Other race	1.0	3.8

How long have you been getting home delivered meals?

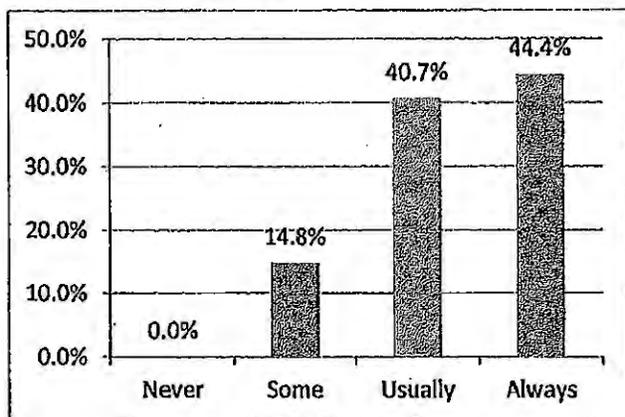


**Food questions**

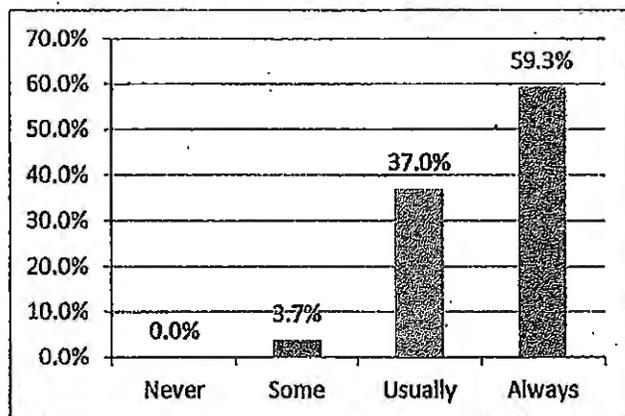
There is good meal variety:



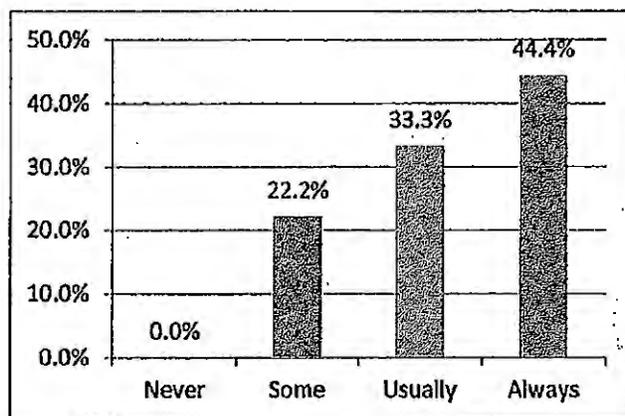
The food is of good quality:



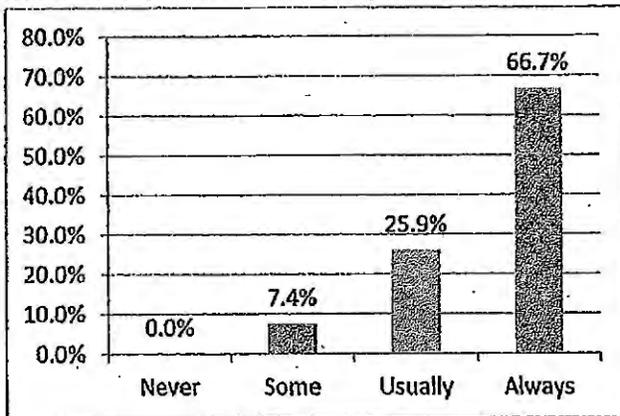
Food servings are large enough:



The food is appetizing:



**Menus are balanced and well planned:**



**Service questions**

100% of respondents said that there is timely notice of program changes. Twenty-six of 27 respondents said that MSS delivery staff was always friendly and respectful. 77.8% said that Nutrition Education was usually or always useful, and 96.3% indicated that overall, they were satisfied with this service.

Respondents answered as shown in the graph below when asked, "What additional services would you use if they were offered?"

Response	Frequency	Percent
Help in getting other services	12.0	85.7
Nutrition counseling	0.0	0.0
Transportation	1.0	7.1
Help getting benefits	1.0	7.1
Health screening/well elderly clinic	0.0	0.0

**Health Questions**

- 93% said they eat more balanced meals as a result of this program (50% definitely).
- 96% said they were able to stay in their own home because of this program (definitely 75%).
- 96% also said that this program helps them be less hungry throughout the day (77% definitely).
- 96% said they can achieve or maintain a healthy weight (59.3% definitely).

**MSS Plan of Action to address:**

When asked what other help they would use if offered, seventeen respondents answered as

- Help in getting other services- MSS Social Workers are available to provide case management services to HDM if requested via van drivers or calling the office number.
- Nutrition Counseling- Seniors are provided a copy of their health check list letter with their nutritional scores. They are recommended to consult with their PCP regarding nutritional counseling since this service is no longer provided through GNRC.
- Transportation- seniors are referred to MTA regarding ACCESS RIDE applications.
- Help with getting other Benefits- See Bullet #1 (above)
- Health screening/well elderly clinic- Flyers are provided to HDM seniors whenever health screenings are been provided.

SIGNED AUTHORIZATION FOR SUBMISSION

AUTHORIZATION FOR SUBMISSION

On this the 14<sup>TH</sup> day of FEBRUARY, 2018

METRO SOCIAL SERVICES  
(Name of Applicant Organization)

Is submitting this application to become an approved provider

*Leslie Smith*  
Executive Director / CEO / President Applicant Organization

2/14/18  
Date

*William R Harris*  
Chairman, Governing Body

2-14-18  
Date