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HEALTH AND SENIOR SERVICES

Food Safety Inspection Program

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Improvements Needed In Food Safety Inspection Program

The Department of Health and Senior Services (DHSS), through its Division of Community and Public Health, Section for Disease Control and Environmental Epidemiology, Bureau of Environmental Regulation and Licensure, has overall responsibility for ensuring the safety of food items consumed by the public. Because of the importance of ensuring the safety of food, we focused audit objectives on determining whether improvements are needed in the management and oversight of the food safety inspection program.

DHSS reviews of LPHAs not conducted from 1998 until 2008

Until April 2008, DHSS personnel had not conducted the state-wide surveys (evaluations) of LPHA inspections since 1998. DHSS's Environmental Health Operational Guidelines recommend evaluations be conducted every 3 years; however, the department did not conduct the evaluations because of budget and personnel cuts.

DHSS initiated an evaluation of LPHA inspections in April 2008 to (1) ensure inspections done at local levels are high quality, (2) assess the training needs of local health professionals, and (3) evaluate the federal food code. However, as of October 2008, personnel had not compared 2008 survey findings against LPHA finding to fully assess the quality of LPHA inspections. (See pages 6 and 7)

Contract monitoring of LPHAs not always adequate or consistent

Twice a year, 7 regional staff conduct reviews of 114 LPHAs, to ensure LPHAs adhere to contract requirements. However, our review of six LPHAs disclosed regional staff did not always detect LPHA noncompliance with contract requirements in regard to frequency of inspections, risk assessments, and complaint programs. In addition, we found samples used by staff did not always provide adequate coverage, staff lacked consistency in how they handled LPHA problems and consumer complaints, and staff generally did not adequately document agencies reviewed, or findings and corrective action. (See page 7)

Regions not adequately monitoring four cities and temporary food establishments

Regional staff have not adequately monitored the frequency and quality of inspections of 597 retail food service establishments performed by municipal inspectors at Boonville, Fulton, Jefferson City, and Sedalia.

We also found regional staff also had not monitored local inspections of approximately 12,500 temporary food establishments inspected by LPHAs. (See page 13)

DHSS not tracking food establishments

DHSS has relied on LPHAs to identify the number of retail food establishments to be inspected at the local level. In 2002 the department surveyed LPHAs and found there were approximately 28,000 food service establishments that the LPHAs had responsibility over. The department has been working on an automated tracking system since 2007 that will allow personnel to track LPHA food service establishments and determine which establishments the LPHAs are behind in inspecting. However, because of budget issues, the department does not have an estimated timeframe for completing the tracking system. (See page 13)

Funding reductions impact program

Funding reductions have impacted the food safety inspection program. In 2002 decreased department funding caused reductions in regional staffing. For fiscal year 2009, the department has a \$9 million budget for all core contract programs under the Division of Community and Public Health. The department has requested an increase of \$27 million in the fiscal year 2010 budget. The increase would provide the department a budget of about half of the amount surrounding states fund per capita for overall public health purposes, according to a DHSS official. (See page 14)

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Contents

State Auditor's Letter		2
Chapter 1		3
Introduction	Scope and Methodology	4
Chapter 2		6
Improvements Needed	DHSS Reviews of LPHAs Not Conducted From 1998 Until 2008	6
In Food Inspection	Contract Monitoring of LPHAs Not Always Adequate or Consistent	7
Program	Regions Not Adequately Monitoring Four Cities and Temporary Food Establishments	13
	DHSS Not Tracking Food Establishments	13
	Funding Reductions Impact Program	14
	Conclusions	14
	Recommendations	15
	Agency Comments	15
Tables	Table 2.1: Analysis of 2008 LPHA Inspection Files Reviewed by Regional Staff	10

Abbreviations

DHSS	Department of Health and Senior Services
LPHA	Local Public Health Agency
RSMo	Missouri Revised Statutes
SAO	State Auditor's Office



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Honorable Matt Blunt, Governor
and
Jane Drummond, Director
Department of Health and Senior Services
Jefferson City, MO

The Department of Health and Senior Services (DHSS), through its Division of Community and Public Health, Section for Disease Control and Environmental Epidemiology, Bureau of Environmental Regulation and Licensure, has overall responsibility for ensuring the safety of food items consumed by the public. Because of the importance of ensuring the safety of food, we focused audit objectives on determining whether DHSS adequately reviews the quality of food service establishment inspections performed by 114 local public health agencies (LPHA) and monitors LPHA contract requirements.

Improvements are needed in the department's oversight of the food safety inspection program. We found DHSS did not review the quality of LPHA inspections from 1998 until 2008, or perform adequate and consistent contract monitoring of LPHAs. This situation has occurred because the department (1) reduced oversight functions because of budget-related staff reductions, (2) lacks adequate policies and procedures to ensure effective monitoring of LPHAs, and (3) lacks comprehensive policies that address initial training requirements, as well as continuing education and certification requirements. In addition, the department has not adequately monitored food safety programs in four cities or temporary food establishments, and has not tracked food service establishments. As a result, DHSS cannot be assured that the public's health has been fully protected.

We conducted our audit in accordance with the standards applicable to performance audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform our audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides such a basis. This report was prepared under the direction of John Luetkemeyer and key contributors to this report included Robert Spence, Andrea Paul, and Josh Bryant.

A handwritten signature in cursive script that reads "Susan Montee".

Susan Montee, CPA
State Auditor

Introduction

The Department of Health and Senior Services (DHSS), through its Division of Community and Public Health, Section for Disease Control and Environmental Epidemiology, Bureau of Environmental Regulation and Licensure, is responsible for administering the food safety inspection program in Missouri. Section 192.080, RSMo, states that all powers, duties, and administration of laws related to food and drugs shall be exercised by DHSS. DHSS has the authority to inspect and regulate any food facility in the state and the ultimate responsibility for ensuring food is safe for human consumption.

DHSS works in conjunction with federal and local authorities to oversee the safety of food items sold and/or provided to the public. DHSS, through its Center for Local Public Health Services, contracts with 114 local public health agencies (LPHA) to perform various public and environmental health responsibilities through the core contract. The purpose of the contract is to strengthen the public health system by preventing or controlling communicable diseases and environmental health issues, safeguarding the public, and reducing the burden of chronic diseases. Through the contract, LPHAs are responsible for (1) identifying community health problems and educating citizens about those problems; (2) developing and implementing local and statewide emergency response plans and training exercises for natural and man-made disasters; (3) ensuring a system is in place to routinely inspect and provide appropriate follow up of food service establishments; (4) responding to situations where the safety of food is suspect; (5) investigating and documenting the response to complaints related to sewage disposal, food service establishments, water, or drugs; and (6) various other communicable disease requirements.

The LPHAs, through the core contract, inspect approximately 29,000 permanent food service establishments statewide. These establishments include school cafeterias, restaurants, grocery stores, bakeries, and food pantries. DHSS monitors LPHAs through two methods. DHSS periodically conducts survey reviews of LPHAs to assess the quality of LPHA inspections of food service establishments. In addition, the department has 7 regional staff that are responsible for monitoring contracts twice a year to ensure LPHAs adhere to contract requirements.

DHSS receives funds from the U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, other federal agencies, the state General Revenue Fund, and other sources; and distributes funds through contracts that contribute toward local public health programs. DHSS also provides technical support, laboratory services, a communication network, and other vital services to aid local efforts.

Scope and Methodology

To accomplish audit objectives, we interviewed officials and personnel, and reviewed department records at DHSS in Jefferson City and at six LPHAs located in Cole County, Camden County, Maries/Phelps counties, Ralls County, Taney County, and in Kansas City.

To determine whether DHSS complied with department guidelines to conduct survey reviews of LPHAs every 3 years, we interviewed staff to determine how often surveys have been performed and reviewed the 1998 survey results. We also reviewed internal policies and procedures on survey requirements included in DHSS's Environmental Health Operational Guidelines Manual. We reviewed the inspections forms completed in 2008 for food service establishments located in one county. We then compared DHSS's survey results to the inspection forms completed by the LPHA inspector in that county.

To determine whether DHSS regional staff performed adequate contract monitoring, we reviewed LPHA contract requirements, written policies covering routine contract monitoring in the Environmental Health Operational Guidelines Manual, and contract monitoring tools for the 114 LPHAs. We also interviewed regional staff on routine contract monitoring procedures and division management on staff expectations and management oversight procedures. We reviewed the risk assessment forms completed for each establishment in our sample. We then compared the risk level listed on the risk assessment form to the risk level documented on the inventory listing. We sampled 10 percent of high risk food establishment cases, or a minimum of 10 cases, for review at each of the six LPHAs. To gain an understanding of the local food safety programs, we interviewed the LPHA administrators and inspectors, reviewed local ordinances and internal policy manuals, and examined the consumer complaint systems in place. During our file review, we reviewed inspection forms for routine, follow-up, and complaint inspections from January 2006 to July 2008. We also compared the results of our LPHA review to the results of contract monitoring for 2008 conducted by DHSS regional staff.

To determine whether regional staff adequately monitored the four cities in the state that conduct independent reviews of retail food establishments, we interviewed division management and reviewed core contracts with the four LPHAs where the four cities are located. We also reviewed state law to determine whether DHSS has the overall responsibility for monitoring all food service establishments.

To determine whether existing food service establishments had been identified by DHSS, we interviewed division management, and we obtained and examined the inventory listings at the six LPHAs reviewed.

To determine whether DHSS personnel monitor local inspections of temporary food service establishments, we interviewed regional staff and division officials. To determine whether LPHAs inspect and monitor temporary food service establishments, we interviewed the administrator and/or inspector at the 114 LPHAs. We also surveyed the 114 LPHAs to determine the number of inspections conducted at temporary food service establishments in calendar year 2007.

Improvements Needed In Food Safety Inspection Program

Improvements are needed in the oversight and management of the food safety inspection program. DHSS did not review the quality of LPHA inspections from 1998 until 2008, or always ensure adequate and consistent regional staff reviews of LPHAs. This situation occurred because the department (1) reduced oversight functions as a result of budget-related staff reductions, (2) lacks adequate policies and procedures to ensure effective monitoring of LPHAs, and (3) lacks comprehensive policies that address initial training, as well as continuing education and certification requirements. In addition, the department has not adequately monitored food safety programs in four cities, or maintained a database of retail food establishments. As a result, DHSS cannot be assured that the public's health has been fully protected.

DHSS Reviews of LPHAs Not Conducted From 1998 Until 2008

Until April 2008, DHSS personnel had not conducted the state-wide surveys (evaluations) of LPHA inspections since 1998. DHSS's Environmental Health Operational Guidelines recommend evaluations be conducted every 3 years. In discussing this issue, an official told us personnel did not conduct the evaluations because of budget and personnel cuts. For example, in 2002 the department cut 11 regional staff in response to legislative budget cuts. The department currently has 7 regional staff, one in each region.

The 1998 evaluation found 83 percent of establishments reviewed had critical violations that put the public at risk of food borne illness. The evaluation also found that increased training of public health professionals and timely follow-up inspections would reduce the critical violation rate. However, division personnel could not provide documentation of changes made to the state's food safety program as a result of the 1998 report recommendations.

LPHA review initiated in 2008

DHSS initiated an evaluation of LPHA inspections in April 2008. DHSS officials expect the evaluation to be completed by December 2008. The department initiated the evaluation to (1) ensure inspections done at local levels are high quality, (2) assess the training needs of local health professionals, and (3) evaluate the federal food code. The department also plans to follow-up on any resulting findings to ensure corrective action is taken. However, it will be up to department officials to determine whether the evaluations will be done every 3 years, according to one DHSS official.

According to department personnel, food protection surveys are conducted to assess the quality of food inspections conducted by LPHA inspectors. Department staff select a random sample of retail food establishments and perform inspections at selected facilities. Personnel then compare department inspections to LPHA inspections for the same facilities. This

2008 DHSS evaluation found problems not cited by LPHA, but did not compare findings to LPHA findings

process allows staff to assess the adequacy of LPHA inspections, according to DHSS personnel.

As discussed above, to assess the adequacy of LPHA inspections, department personnel are supposed to compare department inspections to LPHA inspections for the same facilities. However, personnel did not compare 2008 evaluation findings against LPHA findings to fully assess the quality of LPHA inspections. For example, at one LPHA, department personnel found violations at 10 food service establishments that were not found by the LPHA inspector. Seven of the 10 establishments selected by department personnel were included in our sample of establishment inspections for the same LPHA. During our review, we noted the LPHA inspector did not find and/or report any violations for the 7 establishments for a 3-year period from 2006 through 2008. However, DHSS found 44 violations at the 7 establishments.

In discussing this issue, an official told us that as of October 14, 2008, he had not had time to compare survey results to LPHA findings, but planned to do so.

Contract Monitoring of LPHAs Not Always Adequate or Consistent

Twice a year,¹ 7 regional staff conduct reviews of 114 LPHAs, to ensure LPHAs adhere to contract requirements. However, our review of six LPHAs disclosed regional staff did not always detect LPHA noncompliance with contract requirements in regard to frequency of inspections, risk assessments, and complaint programs. In addition, we found samples used by staff did not always provide adequate coverage, staff lacked consistency in how they handled LPHA problems and consumer complaints, and staff generally did not adequately document agencies reviewed, or findings and corrective action.

This situation occurred, in part, because DHSS has not developed written procedures that address contract monitoring. Instead, DHSS has provided regional staff a monitoring tool with a checklist to use as guidance, according to officials. To ensure staff perform adequate and consistent reviews of LPHAs, DHSS officials should provide written procedures for regional staff to follow.

Regional staff assess core contract requirements

The department's core contract requires LPHAs to conduct risk assessments of facilities, perform inspections in accordance with the Environmental Health Operational Guidelines, and perform inspections with the frequency recommended by those guidelines. Regional staff are required to assess the

¹ DHSS staff perform reviews during the first and last quarters of the fiscal year.

LPHA's compliance with requirements included in the core contract. The regional evaluation includes assessing whether:

- A plan is in place that provides guidance for conducting routine and follow-up inspections, including guidelines on the frequency of inspections.
- All facilities or food establishments are identified and included in the plan.
- The plan is equal to, or more stringent, than departmental guidance.
- The plan has been implemented, i.e., routine inspections, follow-up inspections, and complaint inspections were performed.
- A risk assessment has been performed on each food establishment.
- The risk categorization on the inventory listing agrees with the risk assessment form in the file.
- A system is in place to track consumer complaints.
- Consumer complaint calls were investigated and appropriate enforcement actions taken.

Problems found at LPHAs

Our review of six LPHAs disclosed various problems not identified by regional staff. For example, we found:

- Four LPHAs did not always adhere to work plans. We found instances in which establishment inspections were not timely, files did not contain inspection forms, and follow-up inspections had not occurred.
- For three of the LPHAs, the risk categories shown on the inventory listings did not agree with risk assessment forms in food service establishment files.
- Two LPHAs did not conduct risk assessments.
- Two LPHAs did not identify and include establishments in agency work plans.
- Two LPHAs inspected high risk establishments once a year instead of every 9 months as recommended by department guidance.
- One LPHA did not have written procedures in place to track consumer complaints and complaint forms were incomplete.

No problems reported at one LPHA

Regional staff conducted monitoring reviews in February and July 2008 at one LPHA that did not disclose any problems. However, our review of inspection files for 12 of 37 (32 percent) high risk establishments at the LPHA disclosed inspectors did not comply with the LPHA's work plan, which stated high risk establishments would be inspected twice a year; or department guidance, which recommends high risk establishments be

	<p>inspected every 9 months. Instead, LPHA personnel inspected high risk facilities once a year. The inspector told us he did not have time to conduct more than one inspection per year for high risk establishments.</p>
<p>Problems with risk assessments and inspection reports</p>	<p>Our review also disclosed the risk assessment included on the inventory listing for 6 of the 12 (50 percent) establishments reviewed did not agree with the original risk assessment on file. In addition, we also found instances where the original risk assessment was incomplete or not included in the file. According to the inspector, he did not update risk assessment information in the file because it was not necessary. He told us he had been inspecting food establishments for a long time, and he knew the risks for establishments.</p> <p>Also, the page of the inspection report describing violations was missing for 7 of the 12 files (58 percent) reviewed. The inspector told us he did not retain this page of the report because no violations were found.</p>
<p>LPHA lacked procedures for handling complaints</p>	<p>We also found the LPHA had no formal procedures for monitoring its consumer complaint system. For example, our review of complaint files disclosed no organized filing system existed, and complaints were not always written on the form provided by DHSS. Instead, personnel recorded complaints informally on printer paper or note pads and complaints were not always filled out completely.</p> <p>An inspector told us he tries to document complaints and keep copies on file, but it does not always happen. Sound business practices dictate DHSS establish policies and procedures that require LPHAs formulate procedures to ensure complaints at the local level are documented and retained in an organized manner.</p>
<p>Fixed sample size of 10 files sometimes resulted in inadequate coverage</p>	<p>Our analysis of the average percentage of LPHA inspection files selected and reviewed for each region disclosed significant differences in the extent of coverage by regional staff during 2008. As shown in Table 2.1, coverage ranged from .5 percent of the inspection files for the St. Louis region, which included 8,221 food service establishments, to 13 percent of the inspection files for the northeast region, which included 1,635 establishments.</p>

Table 2.1: Analysis of 2008 LPHA Inspection Files Reviewed by Regional Staff

Region	Number of LPHAs	Number of Establishments	Number Inspected	Overall Percentage Inspected	Highest/Lowest Percentage Inspected per LPHA
Northeast	22	1,635	220	13.5	56/6
Northwest	21	2,095	210	10.0	27/4
Southwest	22	5,453	220	4.0	28/.5
Southeast	21	2,433	210	8.6	29/2
Central	18	3,174	180	5.7	29/1
St. Louis	4	8,221	40	0.5	1/.2
Kansas City	6	5,761	60	1.0	5/1
Totals	114	28,772	1,140	4.0	

Source: SAO analysis of LPHA data and the number of files reviewed by regional staff.

DHSS lacks rationale and policy on sampling

Sound business practices dictate DHSS officials establish a valid basis for determining appropriate sample sizes that will ensure adequate conclusions can be drawn from sample results.

Regional staff told us they selected 10 files at each LPHA regardless of the actual number of establishments inspected by the LPHA. However, if significant problems are found with the sample of 10 files, they can increase the sample size. DHSS officials and regional staff also told us a sample size of 10 food service establishments represents a reasonable sample size. However, regional staff and officials could not explain why a sample size of 10 establishments has been used, and could not provide policy or other guidance requiring a sample size of 10 establishments.

A DHSS official told us personnel have considered revising sampling methodology to make it statistically valid, but the department lacks the resources to do so. Lack of personnel and funding are key issues facing the department, according to the official.

Regional staff not documenting LPHAs reviewed, findings, or corrective action

We also found six of seven regional staff did not document the names of the establishments selected for review. In addition, none of the regional staff documented problems found during reviews or any corrective action needed. According to regional staff, the department's monitoring tool does not require documentation of facilities reviewed, problems found, or corrective action.

Sound business practices dictate the department establish policies and procedures that require regional staff to document the establishments reviewed, findings, and corrective action to fully support monitoring

activity. An official agreed that establishing policies and procedures in this area would be helpful in ensuring fully documented LPHA reviews.

Lack of consistency on handling LPHA problems

As discussed on page 8, the department's core contract requires LPHAs to perform inspections with the frequency recommended by state guidelines. However, we found regional staff have not been consistent in handling problems concerning the frequency of inspections by LPHAs. For example:

- One regional staff person required LPHAs to submit written compliance plans outlining changes the LPHA will make to its food inspection program that will allow all inspections to be completed as required.
- Another regional staff person discussed problems and assisted the local inspector in developing a corrective action work plan that would allow inspections to be completed as required.
- Another regional staff person told us he did not do anything because the monitoring tool he used did not require further action.

Sound oversight practices dictate DHSS establish procedures that ensure regional findings are handled in a consistent manner. In addressing this issue, officials told us they would consider establishing policies and procedures that ensure consistent enforcement of contract requirements.

Improvements needed in reviews of LPHA handling of consumer complaints

We found little consistency among regional staff in their reviews of LPHAs' handling of consumer complaints. For example, some regional staff review the response and follow-up for appropriateness while others limit efforts to ensuring local agencies investigate complaints and reply to complainants. None of the regional staff contacted documented how the LPHAs handled complaints. Sound oversight practices dictate DHSS establish policies and procedures that will ensure consistency among regional staff in reviews of LPHA consumer complaint systems. A DHSS official told us the department would consider establishing policies and procedures that ensure consistent evaluation of consumer complaint systems.

Reviews of regional findings and corrective action not documented

Regional staff forward inspection tools to a DHSS official for review and approval. However, the department has not established policies and procedures for reviewing and approving regional reviews of LPHAs. Sound business practices dictate that officials establish policies and procedures to ensure officials conduct consistent and quality reviews of regional inspection results.

According to an official, written policies and procedures have not been established for supervisory review of contract monitoring performed by regional staff. The official told us he reviews the monitoring tool and files it

in his office. However, the official does not sign the inspection tool to document supervisory review and any decisions or conclusions are not documented, according to the official. In addition, when problems are found, the official meets with an official at the Section for Disease Control and Environmental Epidemiology, and an official with the Center for Local Public Health Services which has contract oversight over LPHAs, to review the tool and discuss potential enforcement procedures. However, the meetings and decisions made have not been documented, according to the official. Examples of enforcement activities include requiring the LPHA to submit a written plan outlining how the LPHA will become compliant, or possibly withholding core contract funds.

Improvements needed in training regional staff

As previously discussed, our review of contract monitoring reviews, conducted by regional staff at six locations, disclosed various weaknesses in the reviews of LPHAs. This situation has occurred, in part, because DHSS has not developed comprehensive policies that outline initial and ongoing training, and certification requirements for regional staff. For example, regional staff expectations state staff will successfully complete training as required within the calendar year. However, officials told us continuing professional education or training is not required. Instead, training is received on-the-job by shadowing another person and each regional staff person performs job duties and documents results differently, according to four regional staff. Sound business practices dictate DHSS establish a formal training program that ensures regional staff are adequately trained in how to perform consistent and well documented reviews of LPHAs.

A DHSS official told us the department is working with the U.S. Food and Drug Administration on a training program for personnel in the food inspection program. If implemented, the training program will establish continuing education and certification requirements. However, the official also stated the lack of funding and time to attend training may be impediments to implementing a formal training program.

Regions Not Adequately Monitoring Four Cities and Temporary Food Establishments

Regional staff have not adequately monitored local inspections of retail food establishments at four cities. Our review disclosed regional staff have not monitored the frequency and quality of inspections of 597 retail food service establishments² performed by municipal inspectors at Boonville, Fulton, Jefferson City, and Sedalia. DHSS officials told us the four cities have not been inspected because they have not been included in the department's core contract. This situation has occurred because these cities have inspectors of their own, and officials felt as though their limited resources could be better used elsewhere.

According to state law,³ DHSS has overall responsibility for monitoring all food service establishments, and therefore, its responsibilities include municipalities and counties that employ inspectors. The four cities will be included in the 2008 inspection evaluation conducted by the department, according to one official.

No state oversight of temporary food establishments

Regional staff have not monitored local inspections of temporary food establishments. Discussions with personnel at 114 LPHAs disclosed 105 LPHAs performed inspections of approximately 12,500 temporary food establishments in 2007.

In discussing this issue, an official told us oversight of temporary food establishments has not been included in core contracts since 2002 because of budget reductions, and because county and/or local agencies conduct those inspections.

DHSS Not Tracking Food Establishments

DHSS has relied on LPHAs to identify the number of retail food establishments to be inspected at the local level. In 2002 the department surveyed LPHAs and found there were approximately 28,000 food service establishments that the LPHAs had responsibility over. However, the department has not surveyed LPHAs since 2002. Sound business practices dictate that officials track the number of establishments to better analyze resources needed to oversee LPHAs in each region.

A DHSS official told us the department has been working on an automated tracking system since April 2007 that will allow personnel to track LPHA food service establishments and determine which establishments the LPHAs are behind in inspecting. However, because of budget issues, the official could not give us an estimated timeframe for completion of the tracking system. The department plans on implementing the tracking system in

² As of July 31, 2008.

³ Section 192.080, RSMo.

phases and conducting a pilot program within the next year according to the official.

Funding Reductions Impact Program

Funding reductions have adversely impacted the program, according to an official. For example, the 2002 reduction in department funding caused reductions in regional staffing. For fiscal year 2009, the department has a \$9 million budget for all core contract programs under the Division of Community and Public Health. Funding for LPHAs has been based on a formula that considers the population of a county, the number of persons below the poverty level, county tax efforts, and whether it is a multi-county LPHA, according to the official.

According to one official, the department has requested an increase of \$27 million in the fiscal year 2010 budget. The increase would provide the department a budget of about half of the amount surrounding states fund per capita for overall public health purposes, according to the official.

Conclusions

Improvements are needed in the department's oversight of the food inspection program. Officials did not conduct surveys of LPHAs from 1998 until 2008. DHSS guidance recommends that surveys of LPHAs be conducted every 3 years. By delaying the assessment of the quality of food inspections conducted by LPHA inspectors, DHSS may be placing the public at risk. Officials should ensure surveys are conducted every 3 years to minimize health risks to the public. Officials should also compare regional inspections of food service establishments to LPHA inspector findings to ensure local inspections are conducted properly.

Monitoring of LPHA contracts by regional staff has not been adequate or consistent. Regional staff did not always detect LPHA noncompliance with contract requirements regarding frequency of inspections, risk assessments, and complaint programs. The department also has not ensured adequate sampling of inspection files reviewed at LPHAs. The department reduced oversight functions, failed to establish policies and procedures that would ensure adequate and consistent reviews of LPHA contract activity, and has not established an adequate training program addressing initial training, continuing education, and certification requirements for regional staff.

Although state law requires the department to provide oversight for all food service establishments, officials have not provided oversight for approximately 600 retail food establishments in four cities. The department should provide this oversight to help ensure public health risks are minimized. In addition, DHSS has not provided oversight of approximately 12,500 temporary food establishments. Instead, it has relied on LPHAs which may, or may not, provide oversight. The department should work

closely with LPHAs to develop a means to ensure temporary food establishments are inspected.

The department should continue to work on developing a tracking system, which, if successfully developed and implemented, should provide the department a valid means of identifying food service establishments and help ensure the establishments are being inspected in accordance with guidance.

Recommendations

We recommend the Director of the Department of Health and Senior Services:

- 2.1 Ensure state-wide evaluations of LPHAs are conducted every 3 years, and ensure the results of regional food service establishment inspections are compared to LPHA findings.
- 2.2 Ensure LPHA contracts are adequately and consistently monitored by establishing policies and procedures and a training program for regional staff. Areas to be emphasized should include frequency of inspections, risk assessments, complaint programs and adequate sampling methodology.
- 2.3 Provide oversight of all food service establishments, including retail establishments currently inspected by cities and temporary food service establishments.
- 2.4 Continue efforts to develop a system to identify and track all food service establishments.

Agency Comments

2.1 DHSS concurs with this recommendation. Results of the most recent regional food service establishment inspections are currently being compared to LPHA inspections. Statewide evaluations will be conducted every three years, provided resources are available to complete the evaluations.

2.2 DHSS concurs with this recommendation. Policies and procedures for monitoring the food safety components of the core functions contract are being drafted. Those efforts will be followed by development of a mandatory training program for regional staff.

2.3 DHSS concurs with this recommendation. Retail food establishments inspected by cities, as well as temporary food service establishments, will now be included in statewide evaluations conducted every three years.

2.4 DHSS concurs with this recommendation. The department is working with the Office of Administration-Information Technology Services Division to develop a system that will identify and track all food services establishments. Select local public health agencies will assist DHSS by piloting the system.