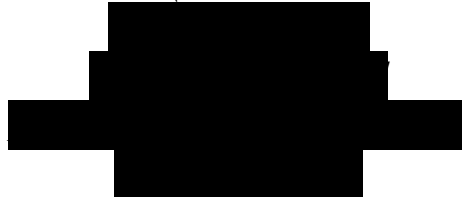


Acorn's Proposal to Arkansas State Hospital to Provide Food Services



***Proposal Prepared For:
State of Arkansas Department of Human Services
Arkansas State Hospital
Food Service Operation
RFP: 710-25-055***

***Offers Name
Acorn Services, Inc (DBA Acorn Food Services)***



***Submitted To:
Mr. Ian Cunningham,
Arkansas Department of Human Service
Office of Procurement
700 Main Street Little Rock, AR
DHS.OP.Solicitations@dhs.arkansas.gov
Proposal Due Date: Wednesday 4/2/2025
Proposal Due Time: 10:00AM CT***

Proposal - Redacted Copy

Acorn’s Proposal to Arkansas State Hospital to Provide Food Services



Cover Letter

April 29, 2025

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

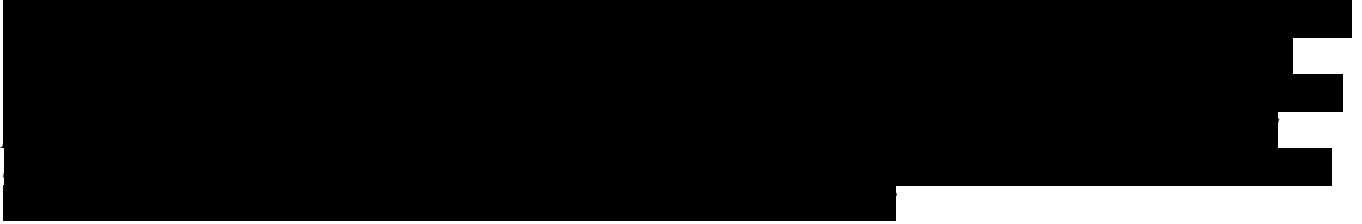
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2. Acorn's Relevant References	Page 9
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Acorn's Proposal to Arkansas State Hospital to Provide Food Services

1. Vendor's organizational structure:

Meet Acorn's Corporate Team



ROBERT LEPERA, PRESIDENT/PRINCIPAL

Bob joined Acorn Food Services at its inception and successfully teamed with Ms. Proctor to establish Acorn as a unique, high quality service organization with Nation-wide reach. Bob brings 45 years of experience in Food Service Management and earned his Bachelor's Degree in Food Marketing from St. Joseph's University, Philadelphia, PA.

RICHARD (Rick) VERO, VICE PRESIDENT OF OPERATIONS

Rick's professional experience, of over 40 years, has successfully advanced through various key field operational responsibilities with both regional and national food management companies. His professional expertise includes college and university, and business dining services. As Vice President of Operations, Rick coordinates all corporate field operations programs, control standards and financial accountability as implemented by the unit operations personnel in support of Acorn's commitment to its clients and customers.

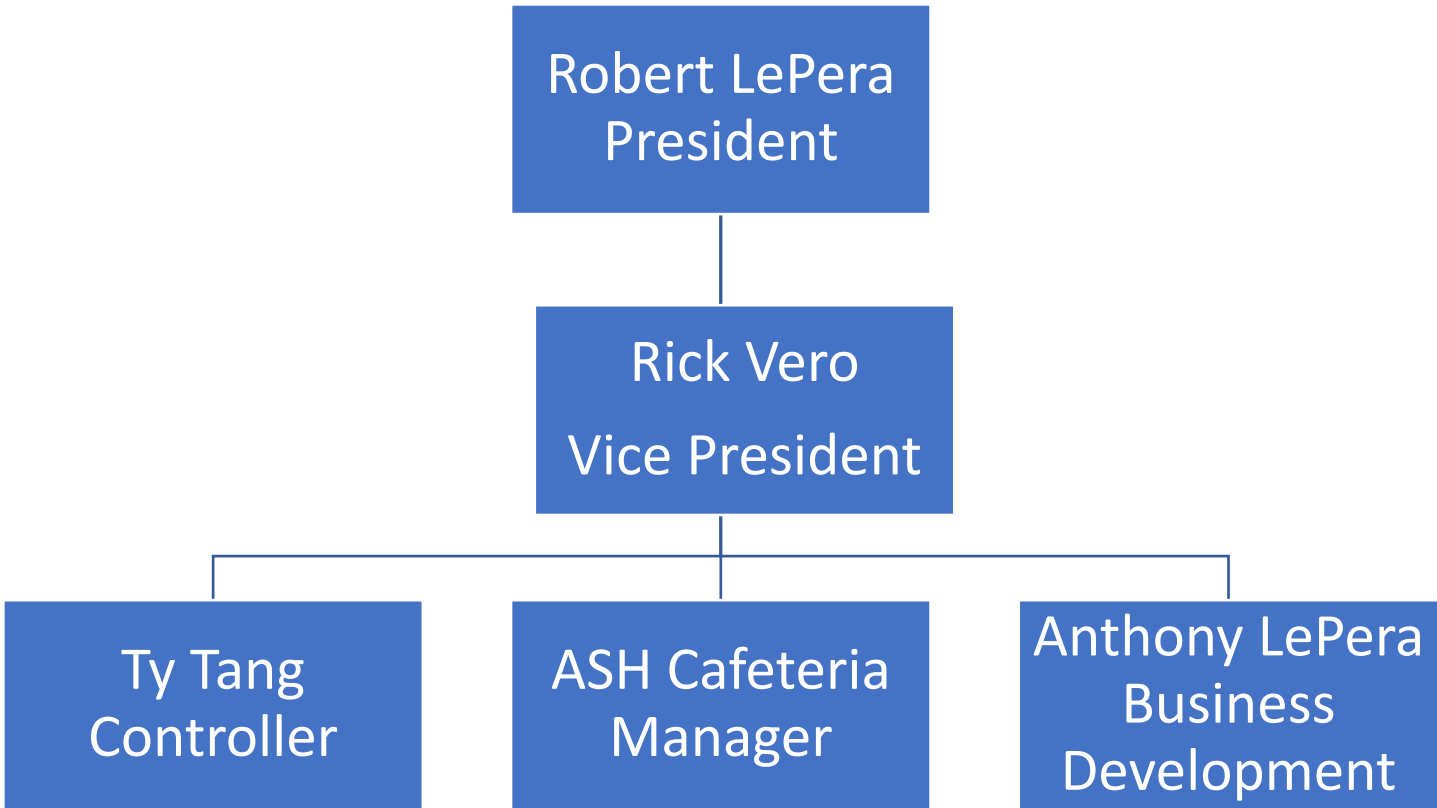
TY TANG, CONTROLLER

As Corporate Controller, Ty is responsible for overseeing all corporate resource services of Human Resources, Accounts Payable and Receivables and providing field operations support for all related reporting systems and procedures. In addition, preparation of all monthly operating statements, tax and payroll reports and the coordination of all services provided by the Corporation's external auditing firm. He earned a master's degree from St. Joseph's University.

ANTHONY LEPERA, BUSINESS DEVELOPMENT REPRESENTATIVE

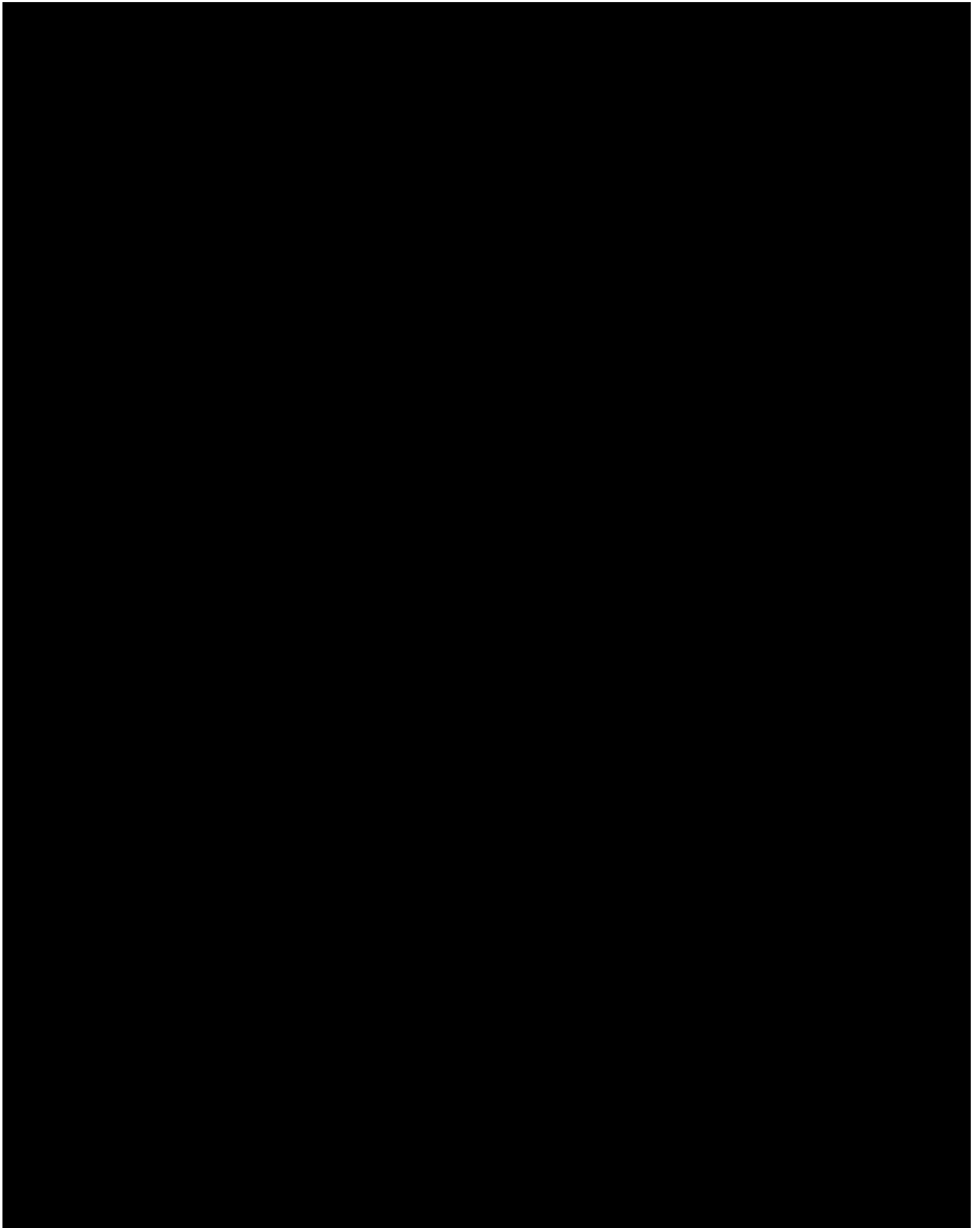
Anthony LePera is a graduate of the University of Rhode Island Business School who brings a fresh perspective and innovative approach to identifying "good fit" contractual opportunities for Acorn. With over a year and a half of hands-on sales experience, Anthony has cultivated a deep understanding of the sales process, enabling him to drive new customer acquisition, strengthen client relationships, and secure valuable new business opportunities. His dynamic mindset and commitment to growth make him a strong asset to Acorn. Anthony is passionate about building on a legacy of success and propelling Acorn to new heights.

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

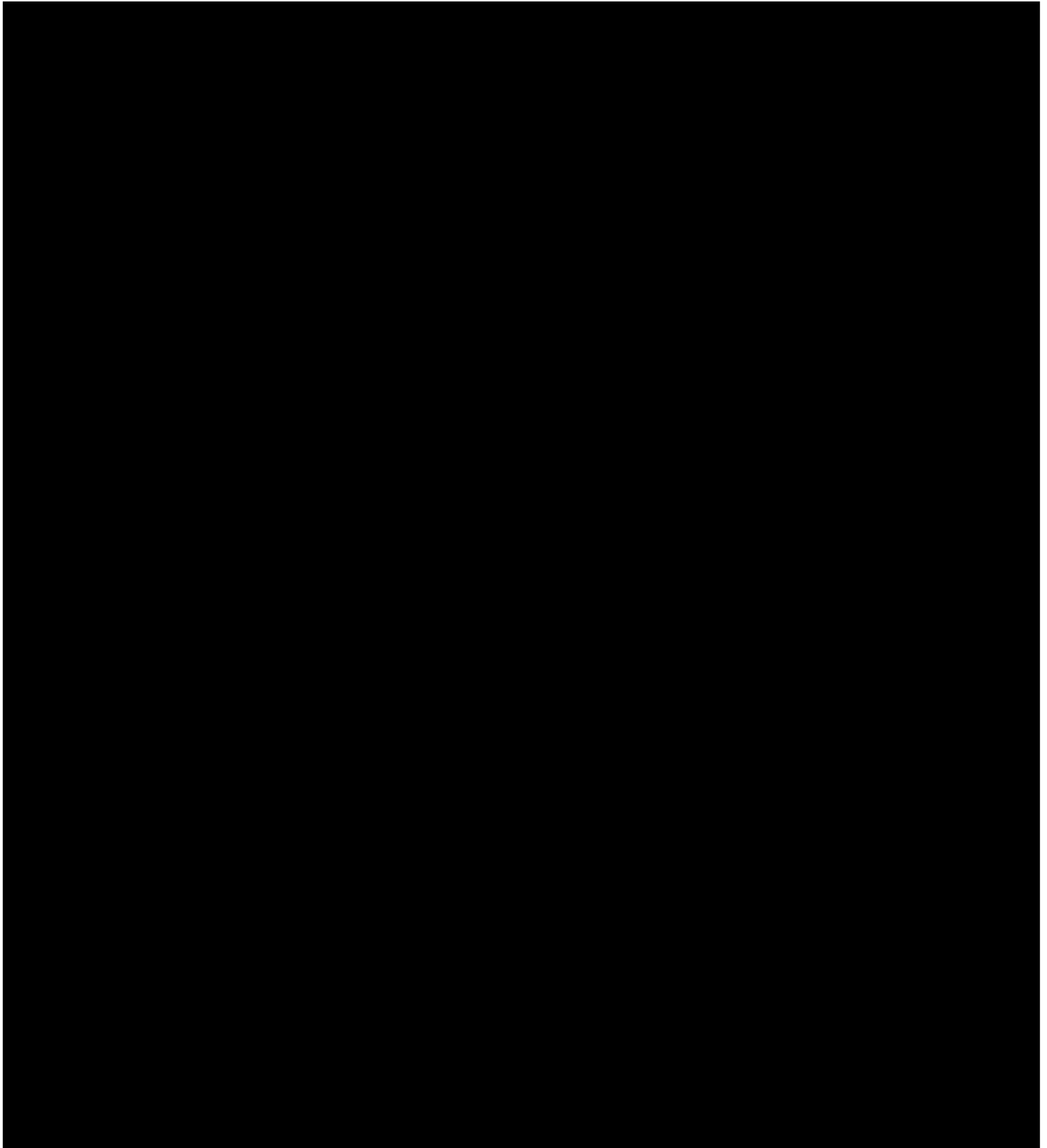


A. [REDACTED]

Acorn's Proposal to Arkansas State Hospital to Provide Food Services



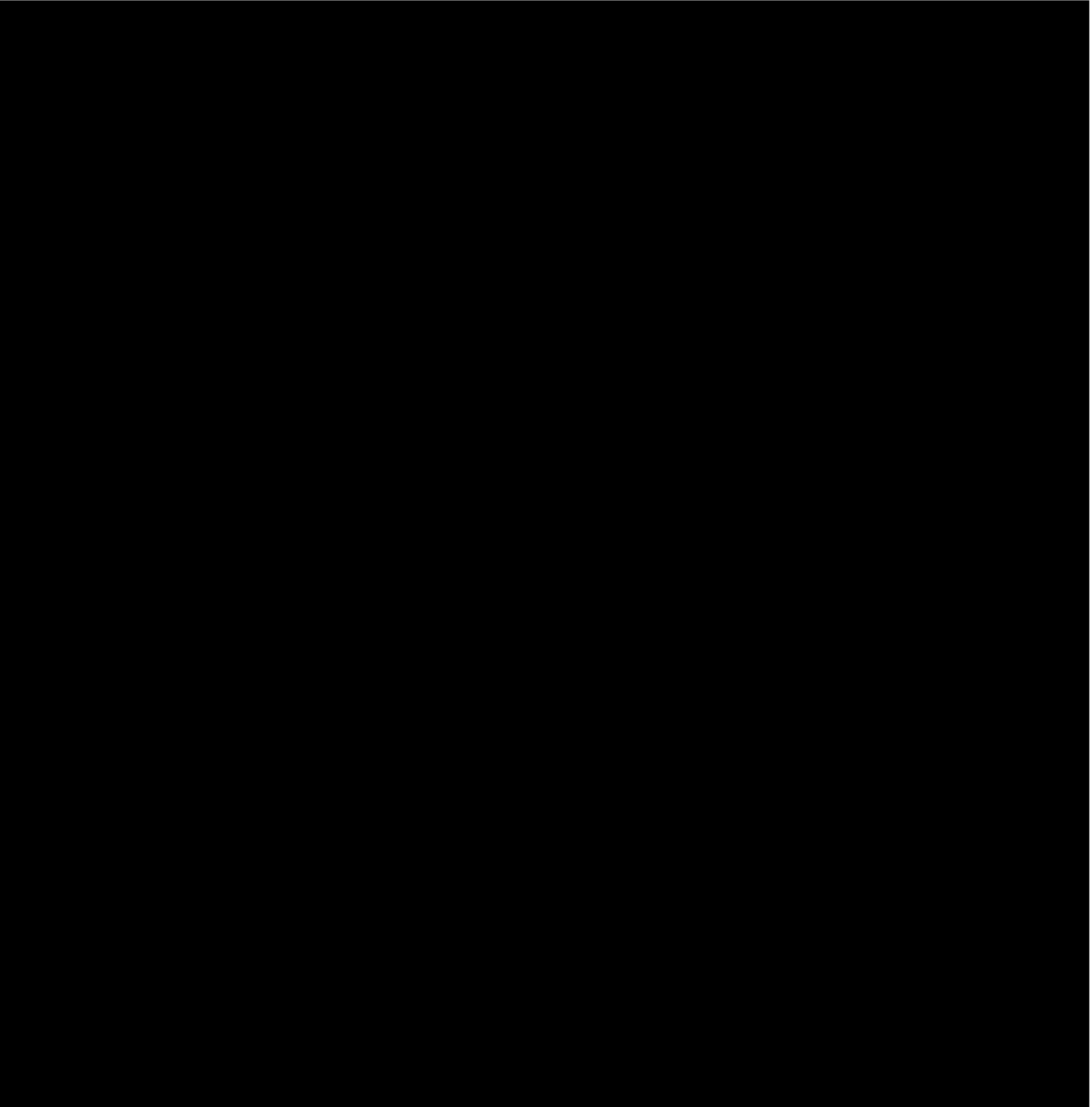
Acorn's Proposal to Arkansas State Hospital to Provide Food Services



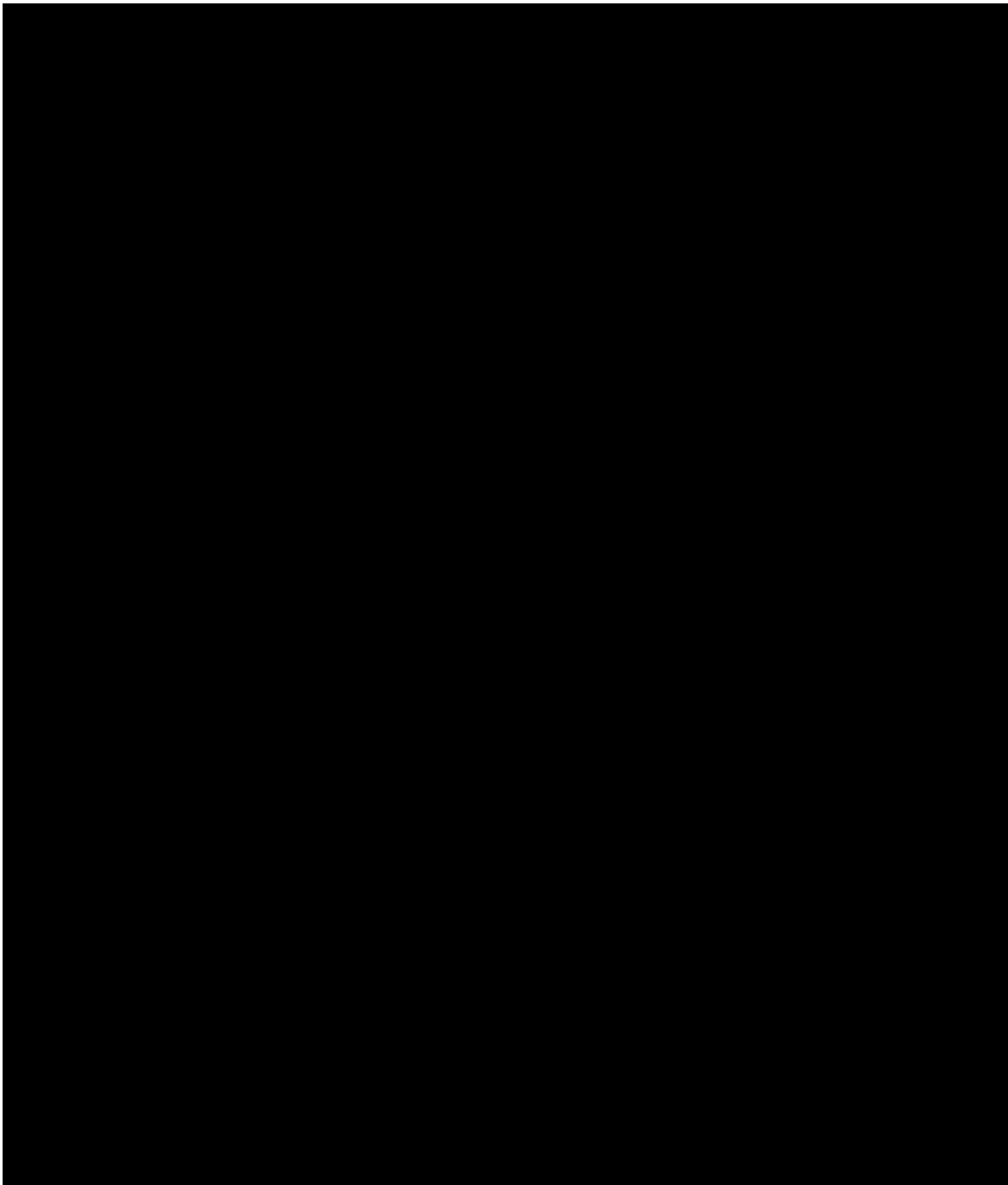
Acorn's Proposal to Arkansas State Hospital to Provide Food Services

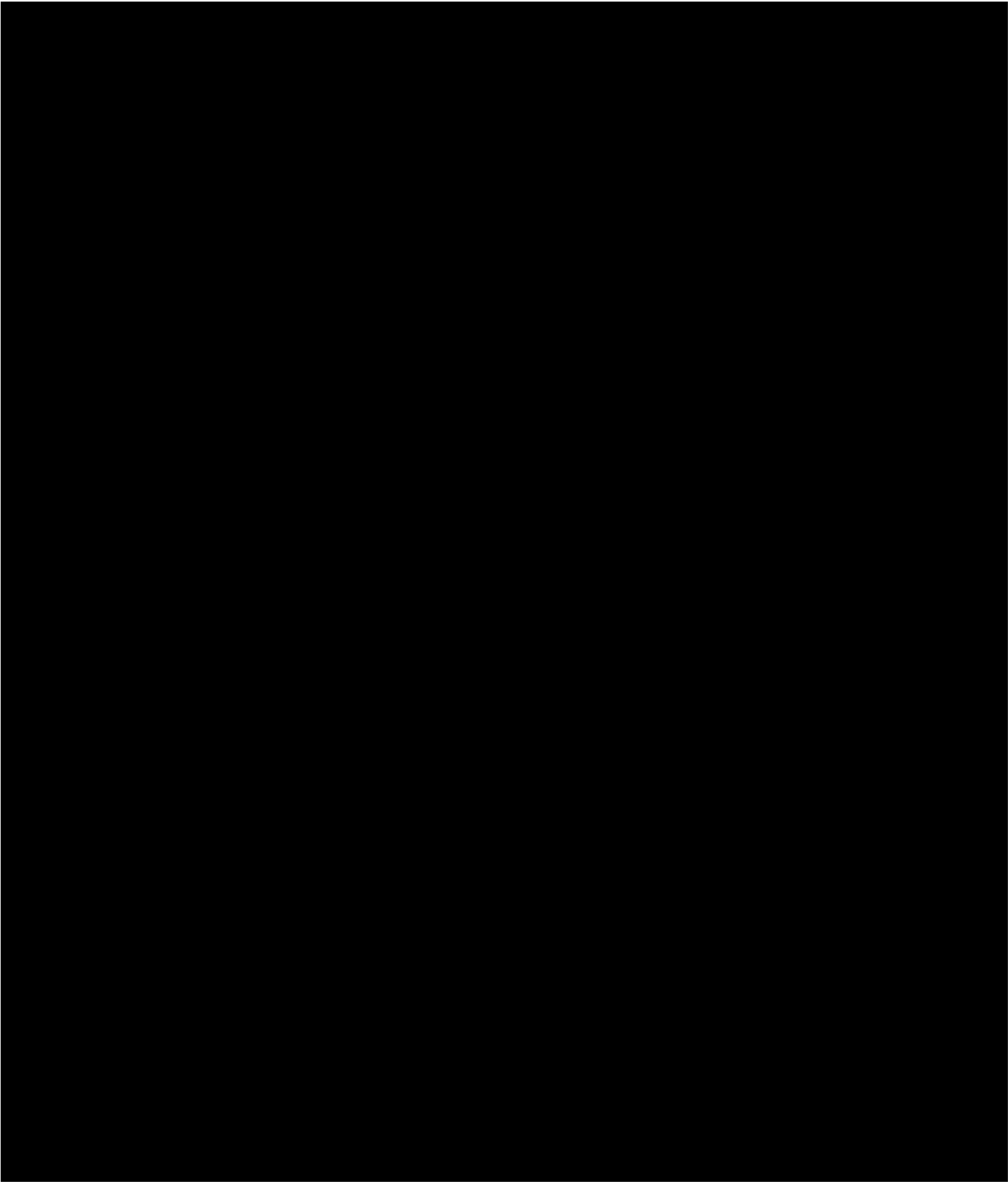
2. Acorn Food Services Relevant References

Acorn is in our Thirty-fifth (35th) year of supplying food service management services to our clients and guests. Over the decades we have successfully prepared and served over Twenty Million meals across the Country.

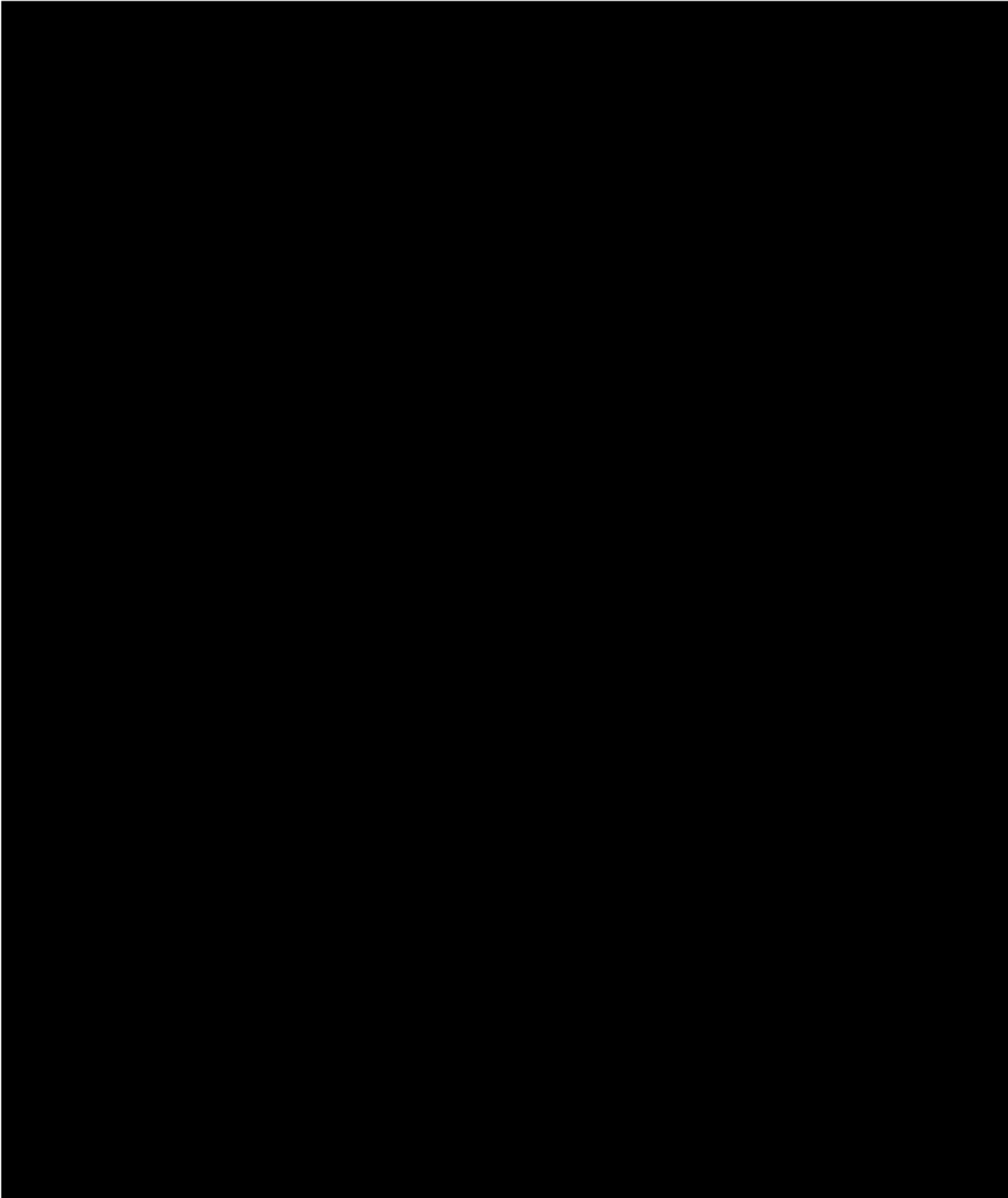


Acorn's Proposal to Arkansas State Hospital to Provide Food Services

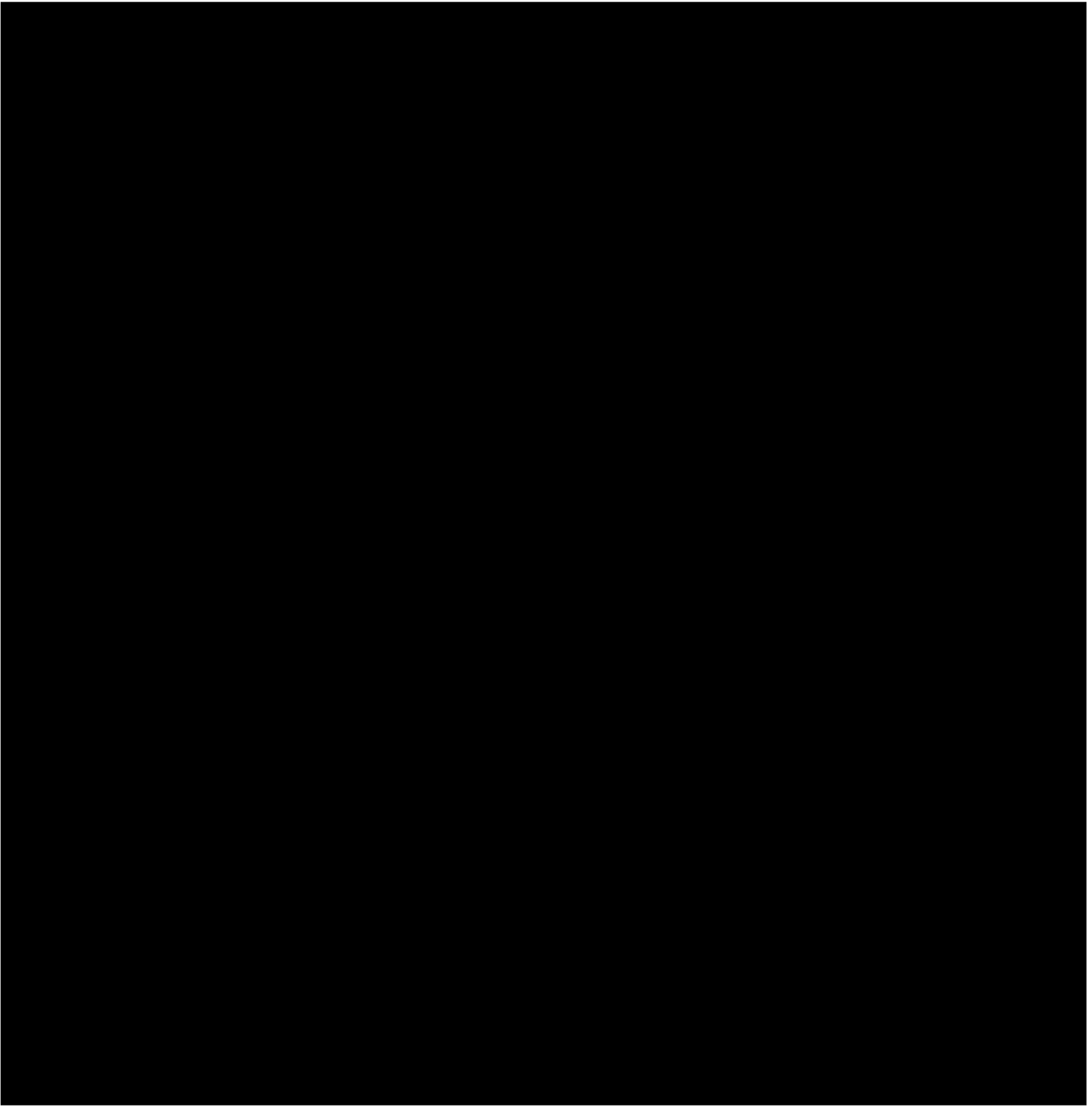




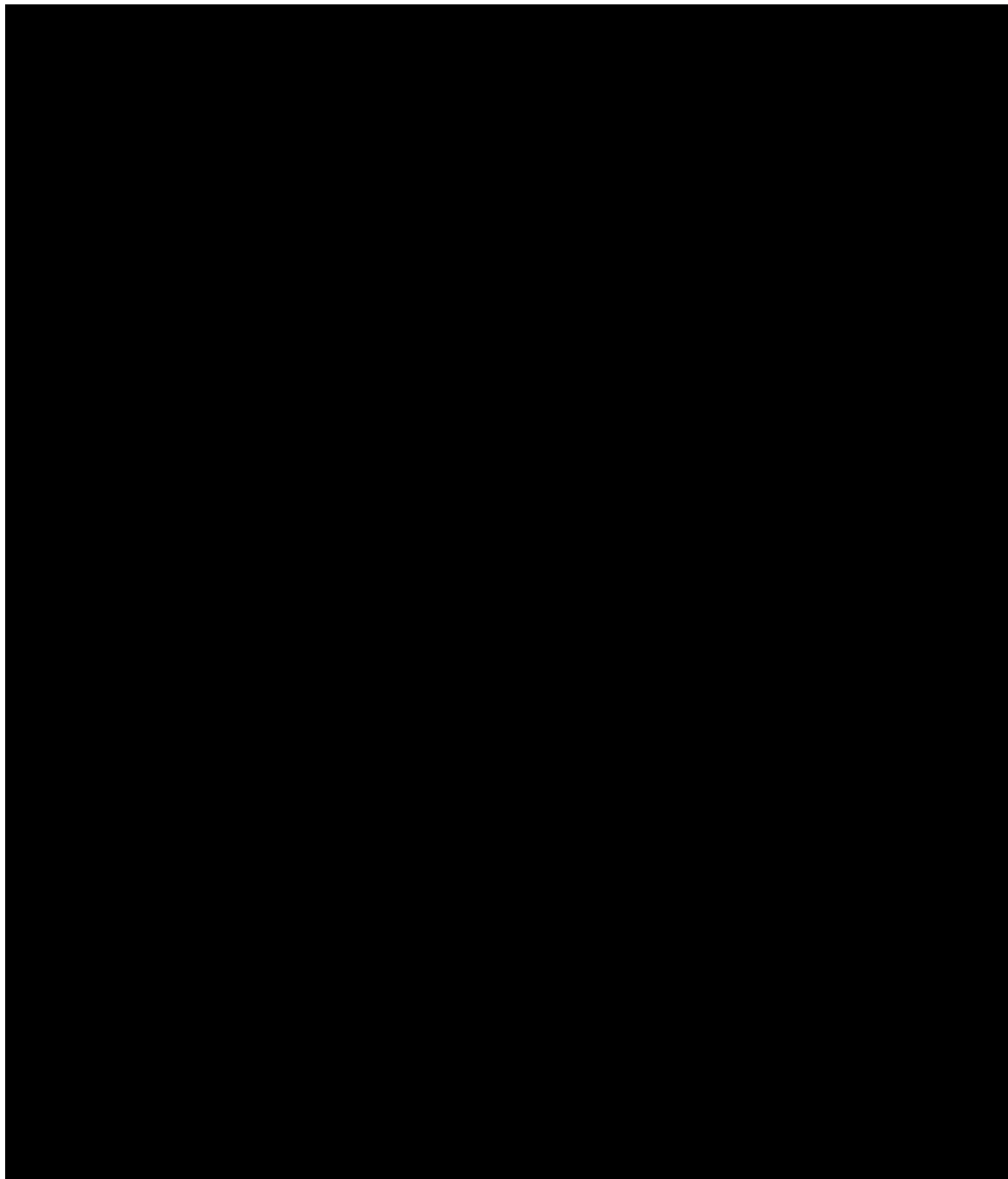
Acorn's Proposal to Arkansas State Hospital to Provide Food Services



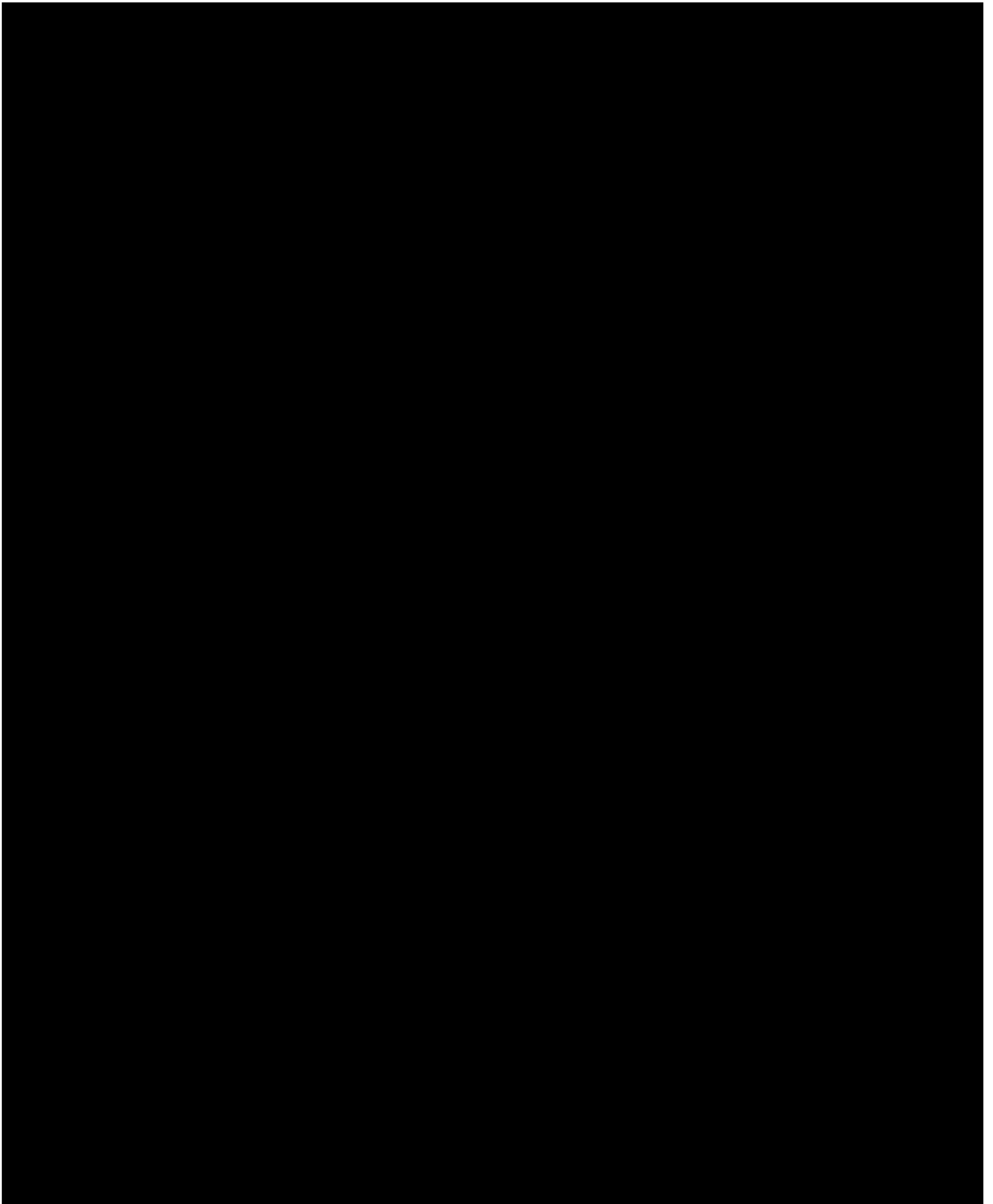
Acorn's Proposal to Arkansas State Hospital to Provide Food Services



Acorn's Proposal to Arkansas State Hospital to Provide Food Services



Acorn's Proposal to Arkansas State Hospital to Provide Food Services



Acorn's Proposal to Arkansas State Hospital to Provide Food Services

3. Required Documentation

a. ATTACHMENT I – SITE VISIT VERIFICATION FORM

ATTACHMENT I - SITE VISIT VERIFICATION FORM

- Present this Site Visit Verification Form to the ASH Administrator or Designee for signature upon completion of the site visit. To schedule a site visit, please contact: Bryan Hall, (501) 650-2471
- Submit the signed Site Visit Verification Form with the Bid Response Packet at bid submission.

This signed Site Visit Verification Form serves as verification that the Prospective Contractor or representative, named below, was present and participated in the site visit as required by IFB 710-25-055 for Food Services – Arkansas State Hospital.

PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION	
Company Name:	Acorn Food Service, Inc.
Representative's Printed Name:	Anthony DePora
Signature:	<i>Anthony DePora</i>
ASH ADMINISTRATOR or DESIGNEE INFORMATION	
Printed Name:	Bryan Hall
Signature:	<i>Bryan Hall</i>
Date of Site Visit:	3/26/25

Site Visit Verification Bid No. 710-25-055

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

b. SIGNED ADDENDUMS

Page 1 of 1

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: March 26, 2025
SUBJECT: 710-25-055 Food Services

The following change(s) to the above referenced IFB have been made as designated below:

☐ Change of specification(s)
☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

OTHER

- Official Bid Price Sheet – remove and replace with the Revised Official Bid Price Sheet

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Ian Cunningham
DHS.OP.Solicitations@dhs.arkansas.gov
(501) 682-0120

Vendor Signature: [Signature] Date: 3-31-2025
Company: Acorn Food Services, Inc.

Page 1 of 1

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: March 28, 2025
SUBJECT: 710-25-055 Food Services

The following change(s) to the above referenced IFB have been made as designated below:

☐ Change of specification(s)
☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

OTHER

- Attachment J Sample Menus – added Attachment J Sample Menus
- Written Questions and Answers – added Written Questions and Answers

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Ian Cunningham
DHS.OP.Solicitations@dhs.arkansas.gov
(501) 682-0120

Vendor Signature: [Signature] Date: 3-31-2025
Company: Acorn Food Services, Inc.

c. ATTACHMENT H CLIENT HISTORY FORM

**Attachment H
Food Services**

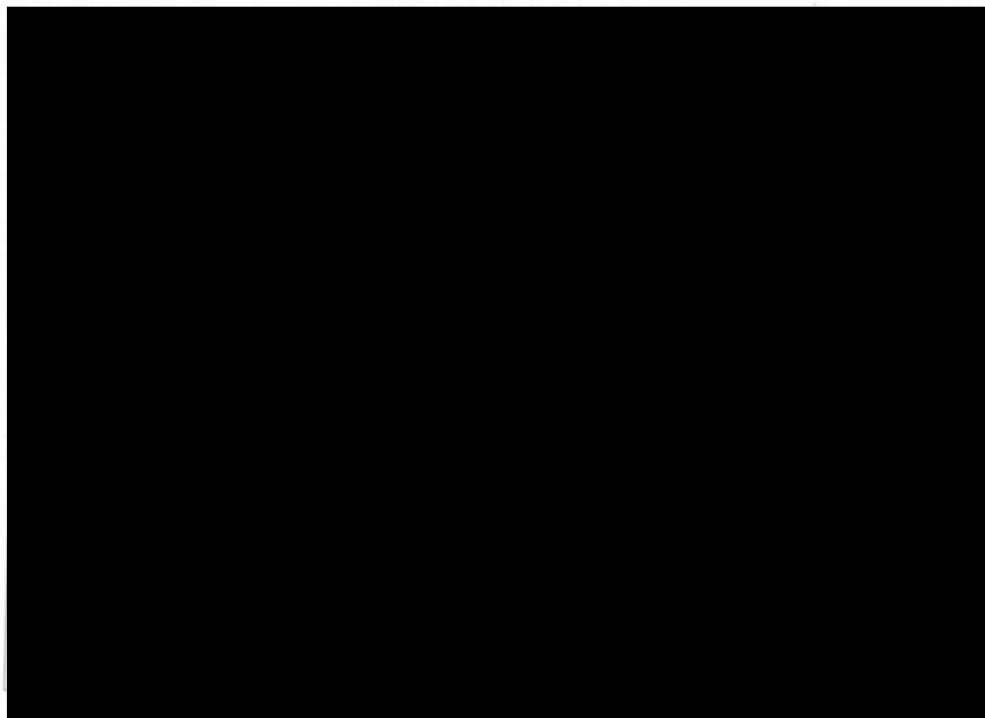
Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

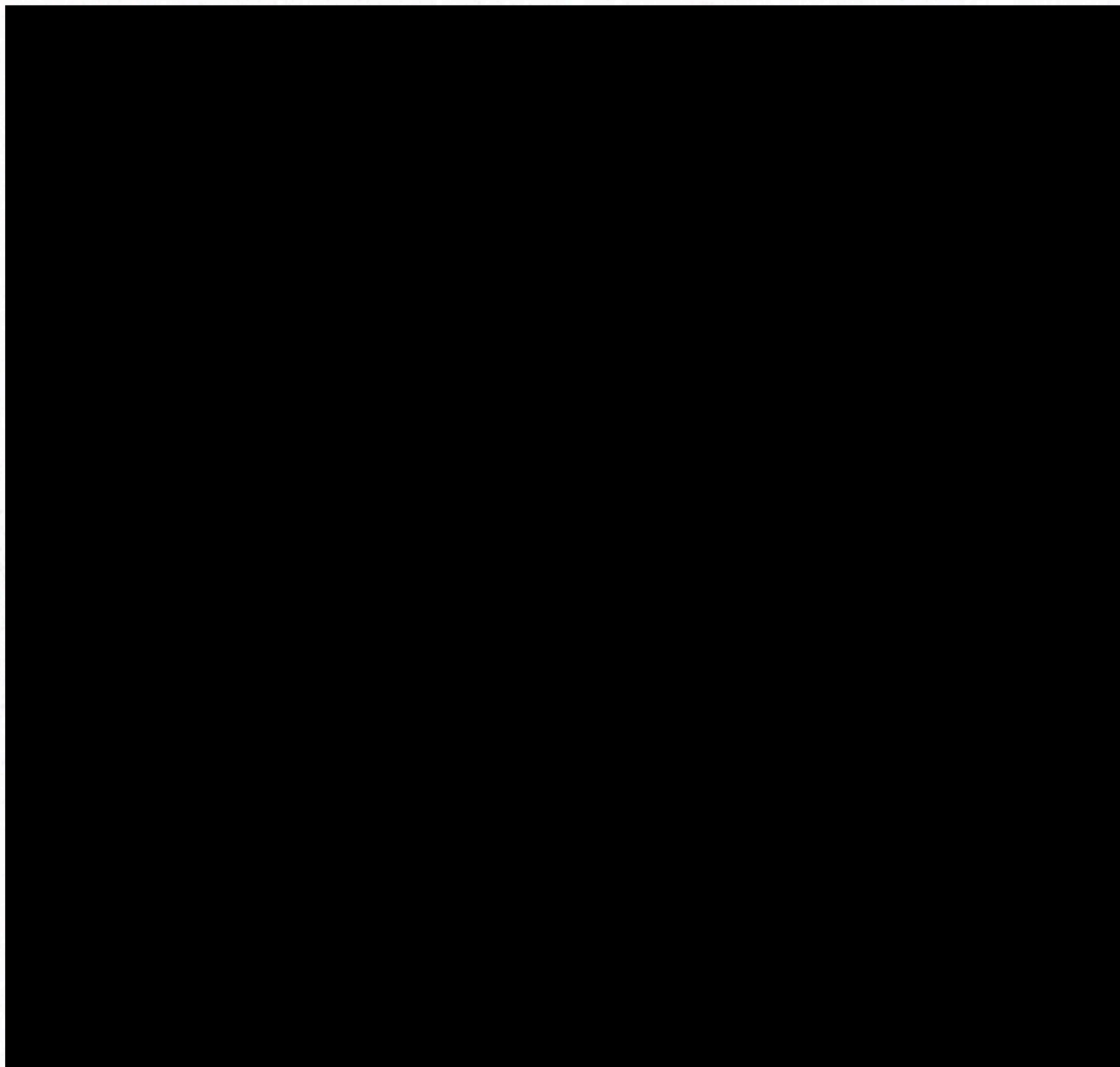
The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. As required in Section 2.3.C, please provide a narrative describing current volume, staffing, equipment, and operational standards and capability.



Acorn's Proposal to Arkansas State Hospital to Provide Food Services

2. As required in Section 2.3.D, please list clients where you (the prime contractor only) served as the **prime contractor** for providing food services in the past three (3) years. For each client, please specify the institution, not just the state or political subdivision. Please briefly describe the scope of the contract, the institution's patient capacity, and the duration of services. If there are no contracts which meet this definition, please state "none."



Authorized Signature: Robert LeRue Title: President
Printed/Typed Name: Robert LeRue Date: 3-31-25

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

d. DEPARTMENT OF TRANSPORTATION & SHARED SERVICES; COMBINED CERTIFICATIONS



Department of Transformation and Shared Services
Governor Sarah Huckabee Sanders
Secretary Leslie Fiskien

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

- 1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
- 2. Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency shall contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
- 3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
- 4. Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: 710-25-055 Description: ASH Food Services Contract

Agency Name: _____

Vendor Number: _____ Vendor Name: Acorn Services Inc (DBA Acorn Food Services)



[Signature]
Vendor Signature

3-31-25
Date

Rev 6/2024

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

e. CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Contract Number	710-25-055		
Attachment Number			
Action Number			
Contract and Grant Disclosure and Certification Form			
<i>Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.</i>			
As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:			
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM . Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.			
2. I will include the following language as a part of any agreement with a subcontractor: <i>Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.</i>			
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.			
I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.			
Signature		Title	President
Vendor Contact Person	Robert LeBoucq	Title	President
			
Agency use only			
Agency Number	0710	Agency Name	Department of Human Services
Contact Person		Contact Phone No.	
Contract or Grant No.			

DHS Revision 11/05/2014

Acorn’s Proposal to Arkansas State Hospital to Provide Food Services

Contract Number

Attachment Number

Action Number

710-25-055

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

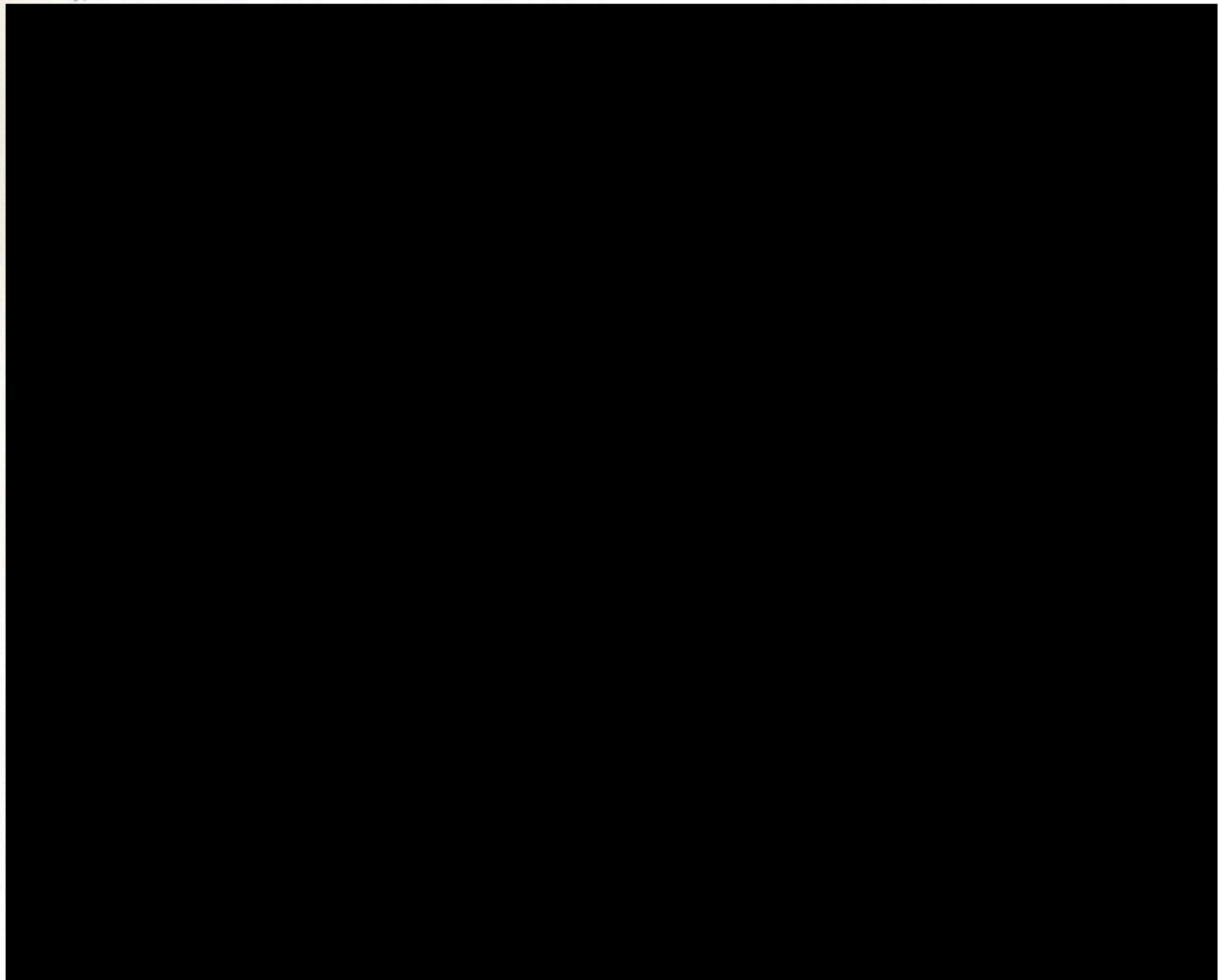
f. BID RESPONSE PACKET; BID SIGNATURE PAGE

Bid Response Packet


710-25-055

BID SIGNATURE PAGE

Type or Print the following information.



The signature below signifies agreement that any exception that conflicts with a Requirement of this IFB will cause the bid to be disqualified:

Authorized Signature:  Title: President
Printed/Typed Name: Robert LeRue Date: 3-31-25

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

g. SECTIONS 1 – 4 VENDOR AGREEMENT AND COMPLIANCE


Bid Response Packet

710-25-055

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the bid to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the IFB.

Vendor Name:	Acorn Services, Inc.	Date:	3-31-25
Signature:		Title:	President
Printed Name:	Robert LeMay		

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

h. PROPOSED SUBCONTRACTORS FORM

Bid Response Packet

710-25-055

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

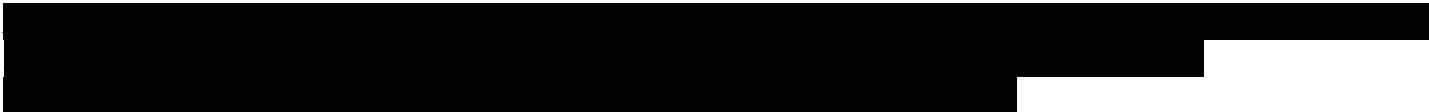
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information:

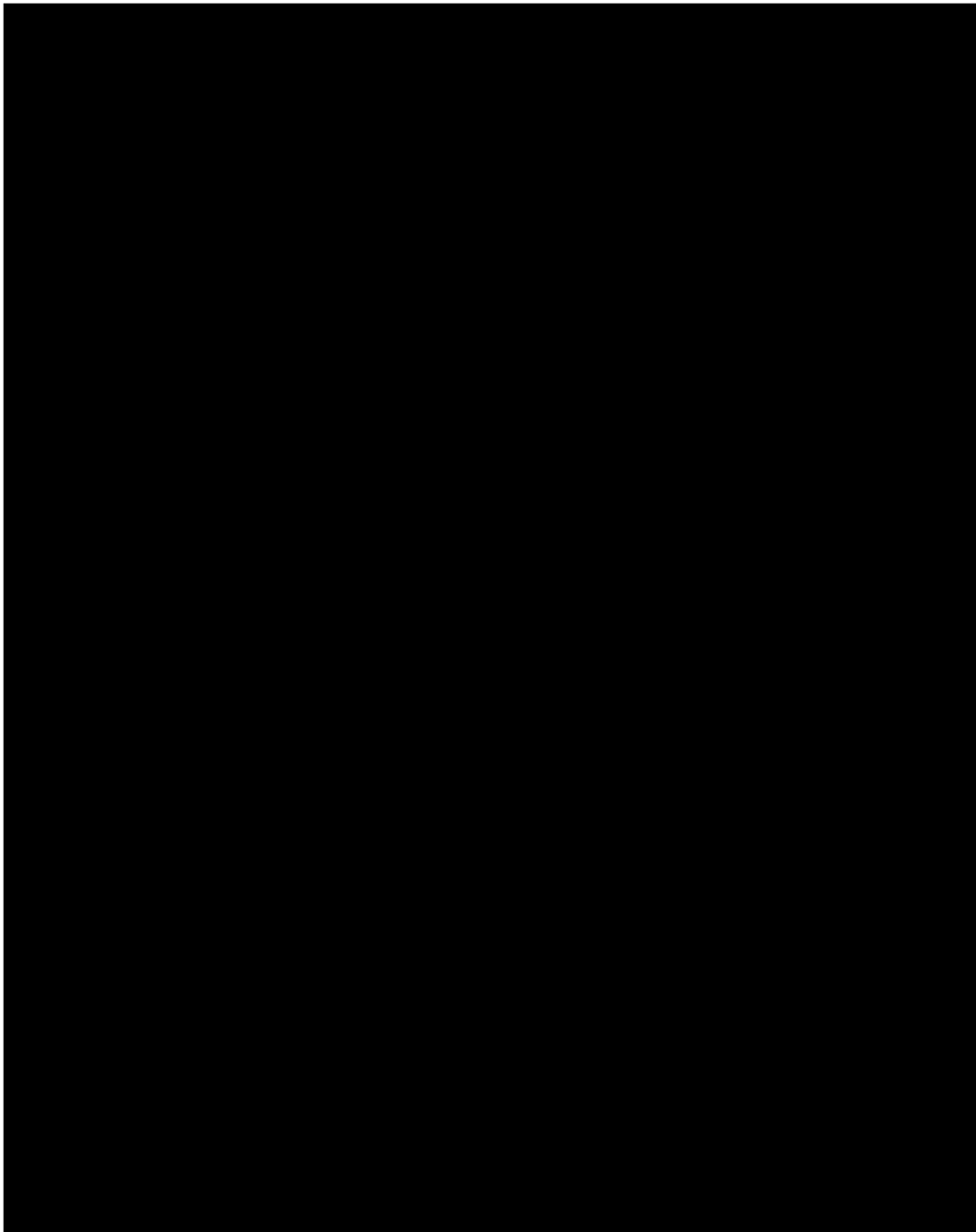
Subcontractor's Company Name	Street Address	City, State, ZIP
N/A		

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

4.Acorn’s Financial Stability



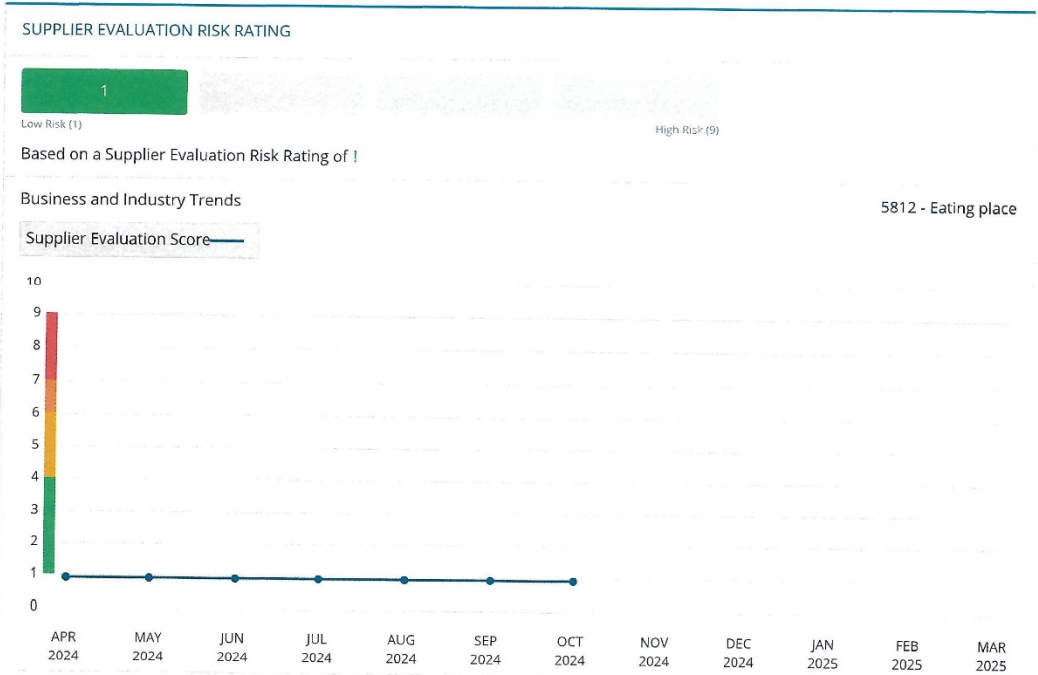
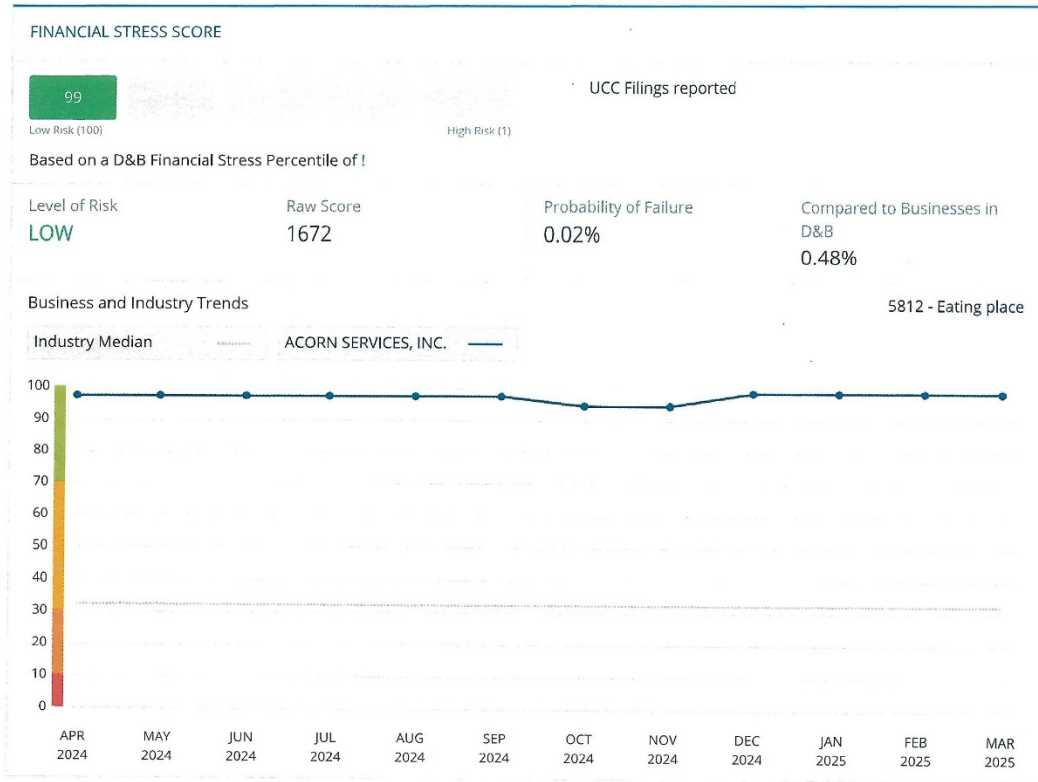
dun&bradstreet
Business Information Report Snapshot
ACORN SERVICES, INC.

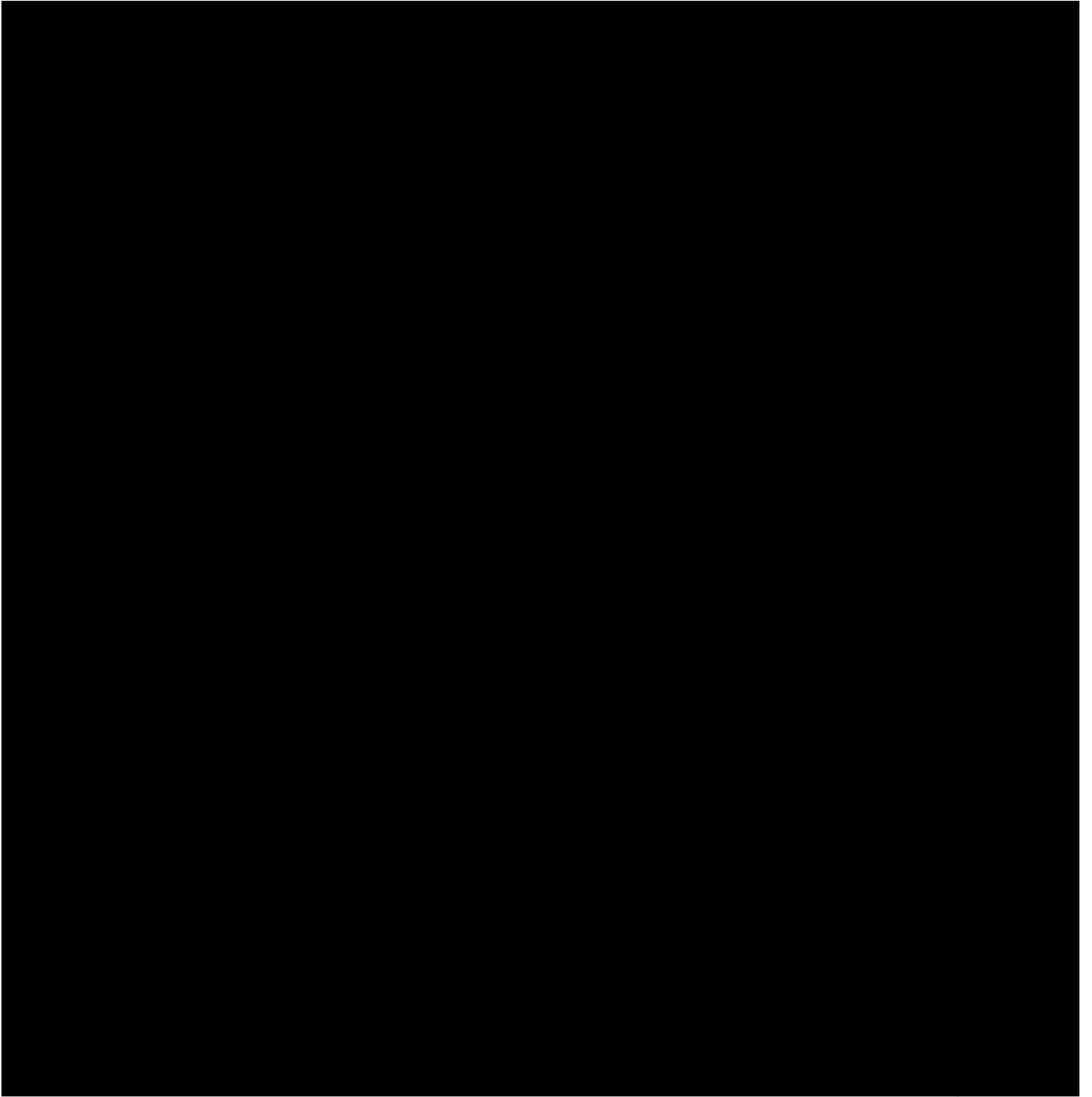


Acorn's Proposal to Arkansas State Hospital to Provide Food Services

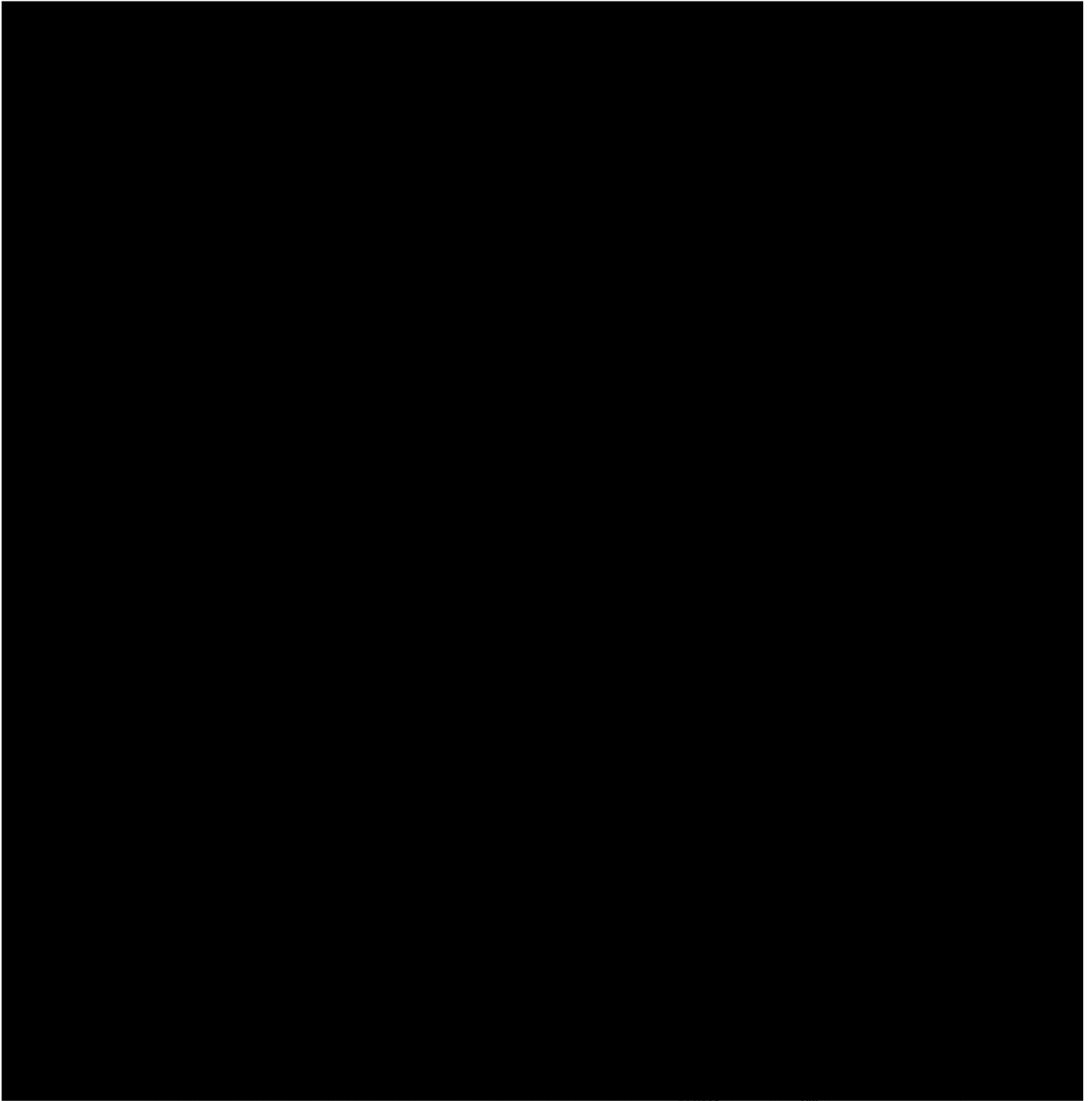


Acorn's Proposal to Arkansas State Hospital to Provide Food Services





Acorn's Proposal to Arkansas State Hospital to Provide Food Services

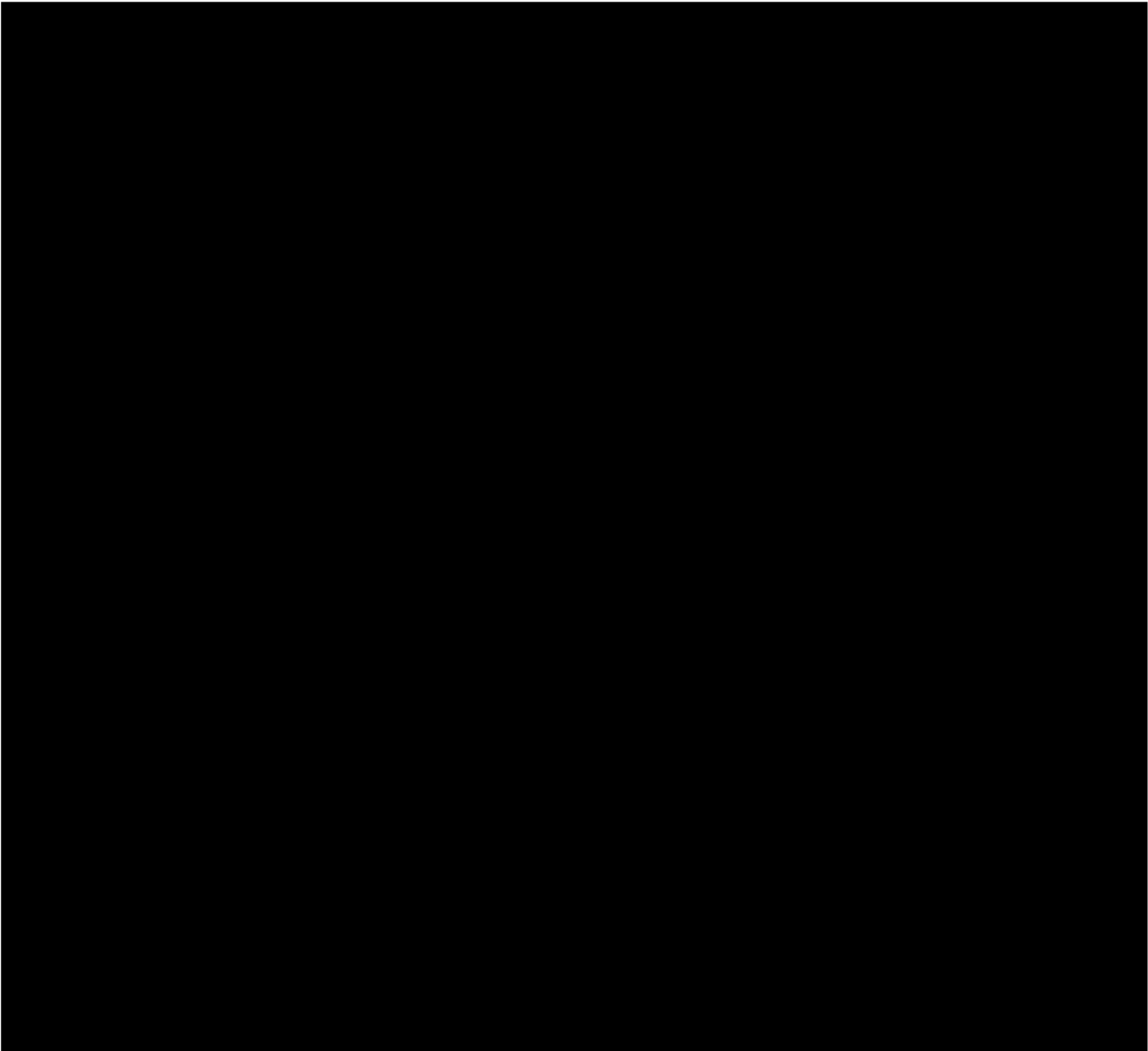


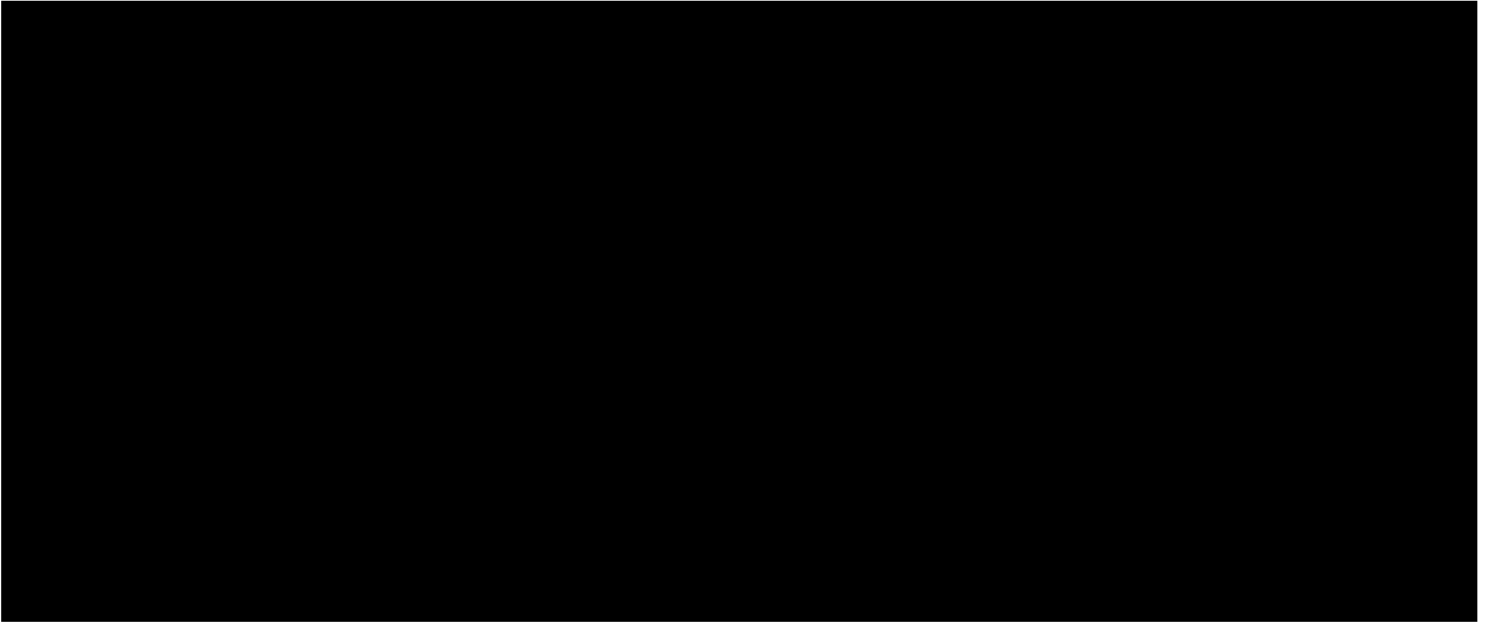
CONFIDENTIALITY NOTICE: This document contains information that is confidential and may be exempt from public release under the Freedom of Information Act, 5 U.S.C. 552. It is to be controlled, stored, handled, transmitted, and disposed of in accordance with the policies and procedures of the Arkansas State Hospital. It is not to be released to the public or other personnel without the express written approval of the Arkansas State Hospital. If you are not an intended recipient of this document, please do not disseminate, distribute, or otherwise use this information. If you have received this document in error, please notify the sender immediately by email or phone. Thank you for your cooperation.

Acorn Services, Inc.

Statement of Earnings

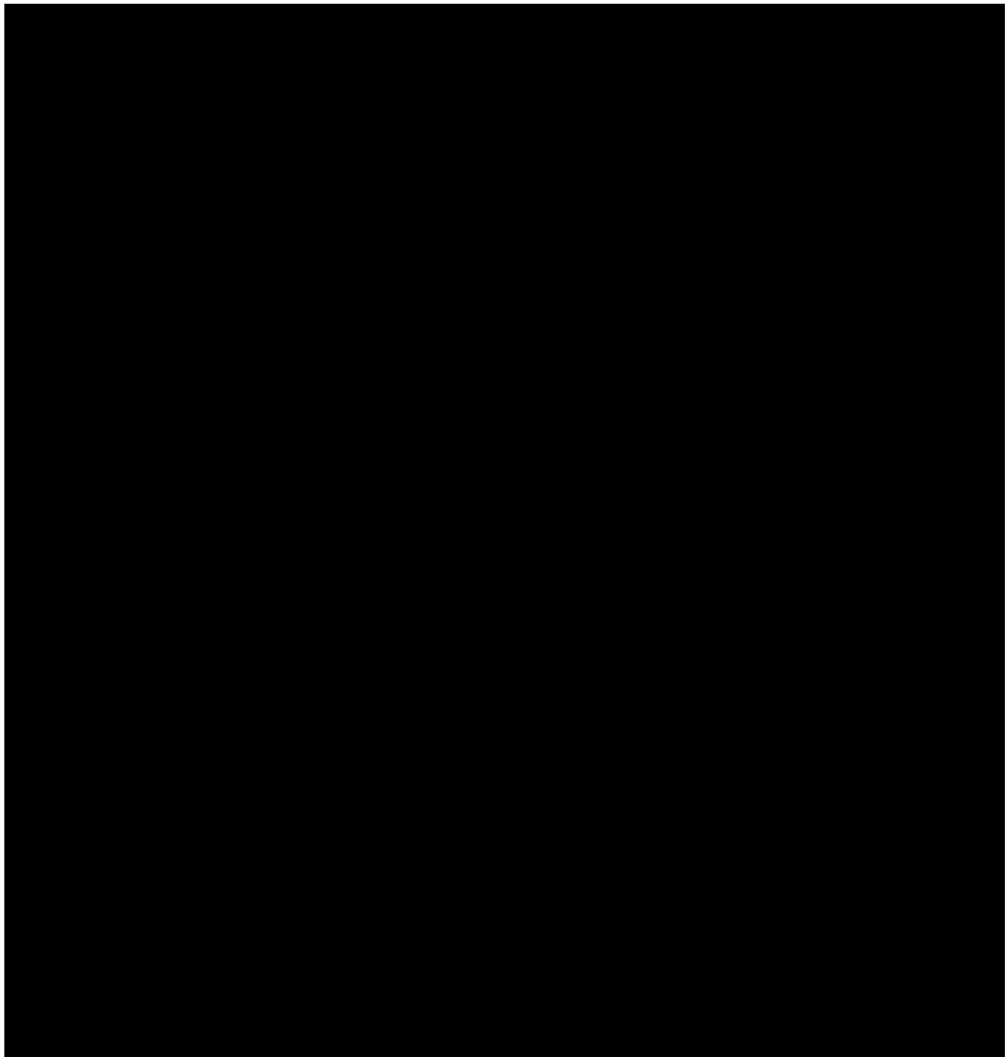
For The Month Ending and The Year Ending December 26, 2024



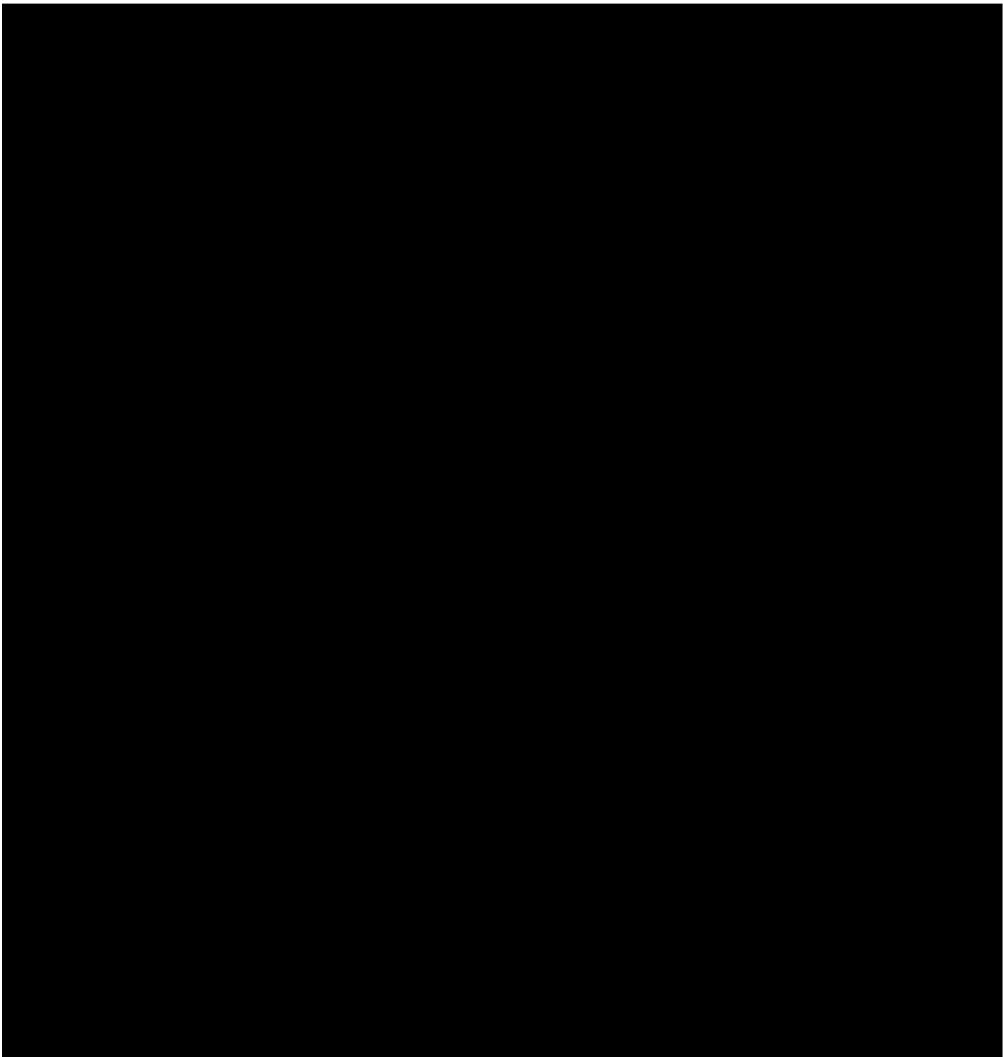


Acorn Services, Inc.

Balance Sheet
As Of December 26, 2024



LIABILITY AND SHAREHOLDER'S EQUITY



5.Acorn Policy & Procedures

Acorn’s Policy and Procedure Manual

A. LEADERSHIP

[Redacted text block under A. LEADERSHIP]

B. PRODUCTION, PURCHASING, STORAGE

[Redacted text block under B. PRODUCTION, PURCHASING, STORAGE]

[REDACTED]

C. PATIENT/RESIDENT FOOD SERVICES

[REDACTED]

[REDACTED]

D. CLINICAL NUTRITION SERVICES

[REDACTED]

[REDACTED]

E. ORIENTATION AND EDUCATION

[REDACTED]

F. SANITATION AND INFECTION CONTROL

[REDACTED]

G. SAFETY AND EQUIPMENT MAINTENANCE

[REDACTED]

H. FIRE AND EMERGENCY PREPAREDNESS

[REDACTED]

I RETAIL SERVICES

[REDACTED]

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

6. Acorn Sample Quality Monitoring

QUALITY MONITORING - NUTRITION SERVICES

QUALITY MONITORING - NUTRITION SERVICES 2016 - Main Kitchen

PRODUCTION	GOAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	KEY
Walk in Refrigerator #1	100%													# temps in standard/total # temps required
Walk in Refrigerator #2	100%													# temps in standard/total # temps required
Walk in Refrigerator #3	100%													# temps in standard/total # temps required
Walk in Refrigerator #4	100%													# temps in standard/total # temps required
Walk in Refrigerator #8	100%													# temps in standard/total # temps required
Walk in Freezer (Inside)	100%													# temps in standard/total # temps required
Walk in Freezer (Outside)	100%													# temps in standard/total # temps required
Hot Holding Civil Kitchen	100%													# temps in standard/total # temps required
Hot Holding CRU Kitchen	100%													# temps in standard/total # temps required
Hot Holding Cholla Kitchen	100%													# temps in standard/total # temps required
Handwash #1 (near walk-in 1)	100%													# temps in standard/total # temps required
Handwash #2 (Dishroom)	100%													# temps in standard/total # temps required
Handwash #3 (Pot Room)	100%													# temps in standard/total # temps required
Handwash #4 (Off-site Room)	100%													# temps in standard/total # temps required
Handwash #5 (Pizza Ovens)	100%													# temps in standard/total # temps required
Handwash #6 (Prep Room)	100%													# temps in standard/total # temps required
Cooling Logs	100%													# items (temp/time) in STD/total items reqd
Receiving Temps	100%													# temps in standard/# temps taken
Sanitizing Bucket	100%													# ppm in standard/total ppms required
AFVT Monitoring	100%													# ppm in standard/total ppms required
Ice Machine	4x/year													completed and signed quarterly
Hood Cleaning	2x/year													completed by Facilities bi-annually

Kitchen

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

Disaster Inventory	checked monthly													inventory checked and verified monthly
PATIENT SERVICES														
Forensic Trayline Blast Chiller	100%													# temps in standard/total # temps required
Forensic Trayline Refrigerator (Lg)	100%													# temps in standard/total # temps required
Forensic Trayline Reach In	100%													# temps in standard/total # temps required
Patient Food Holding Temps	100%													# temps in standard/# temps taken
Test Tray Evaluations	95%													score received on test tray evaluation
Tray Accuracy	100%													# of trays accurate/# trays checked
Dishmachine Temps	100%													# temps in standard/total # temps required
Pot Sink Monitoring	100%													# items (temp/ppm) in STD/total items reqd
Patient Satisfaction Survey	meets BM													internal survey; average score for the month
Ecosure Food Safety Audit	Green													Green = 3 or less critical deficiencies
High Risk Trays checked	#													record total # of food allergies using log
total High Risk Trays Correct	100%													% of food allergies noted and then checked
Health Department Inspection	E													Pass or Fail
CLINICAL QUALITY CONTROL														
Monthly High Risk Staffing	100%													monthly measure
Nutr Assessment upon Admission	100%													monthly measure; Nsg screens for nutr risk
Clinical Scorecard: RD Timeliness	90%													Clinical Scorecard implemented 2013
PI PROJECTS	See QAPI Progress Report													

Action Items Taken for those not meeting

Goal:

Date record action(s) taken here and summary for Quality Committee

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

QUALITY MONITORING - NUTRITION SERVICES

Kitchen

CRU Unit	GO AL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	KEY
Refrigerator/Freezer														
Reach In Refrigerator #1	100 %													# temps in standard /total # temps required
Hot Holding														
Handwashing														
Handwash	100 %													# items (temp/time) in STD/total items reqd
Dishroom/Pot Washing														
Sanitizing Buckets	100 %													# temps in standard /total # temps required

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

Patient Services														
Patient Food Hot Holding Temps	100 %													# temps in standard /# temps taken
Patient Food Cold Holding Temps	100 %													# temps in standard /# temps taken
Ecosure Food Safety Audit	Green													Green = 3 or less critical deficiencies
High Risk Trays checked	#													record total # of food allergies using log
total High Risk Trays Correct	100 %													% of food allergies noted and then checked
Health Department Inspection	E													Pass or Fail
Test Tray Evaluations	95%													score received on test tray evaluation
Tray Accuracy	100 %													# of trays accurate /# trays checked
Unit Refrigerator														
CRU														# temps in standard /total # temps required

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

TRAYLINE TEMPERATURE MONITORING FORM

DATE: _____

MEAL	ITEM	KITCHEN TEMP		TASTE	APPEARANCE
		START	MIDPOINT	record acceptance below	
BREAKFAST	EGG				
	EGG MODIFIED				
	MEAT				
	MEAT MODIFIED				
	HOT CEREAL 1				
	HOT CEREAL 2				
	PUREE MOLD				
	OTHER ENTREE				
	MILK				
	JUICE				
	FRUIT				

LINEUP
conducted by supervisor
menu, utensils, garnish, set-up, portion control

INFECTION CNTL
conducted by
hair covering
clean gloves _ hand
check _ staff
healthy
ID badges

SUB. LOG
item #1
reason
unit served
approval
item #2
reason
unit served
approval

Start Time _____ End _____

MEAL	ITEM	KITCHEN TEMP		TASTE	APPEARANCE
		START	MIDPOINT	record acceptance below	
LUNCH	SOUP				
	BROTH				
	ENTRÉE 1				
	ENTRÉE 2				
	STARCH 1				
	STARCH 2				
	VEGETABLE 1				
	VEGETABLE 2				
	PUREE MOLD 1				
	PUREE MOLD 2				
	FRUIT/DESSERT				
	MILK				
	JUICE				
	COTTAGE CHEESE/JELLO				

LINEUP
conducted by supervisor
menu, utensils, garnish, set-up, portion control

INFECTION CNTL
conducted by
hair covering
clean gloves _ hand
check
staff healthy _ ID
badges

SUB. LOG
item #1
reason
unit served
approval
item #2
reason
unit served
approval

Start Time _____ End _____

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

MEAL	ITEM	KITCHEN TEMP		TASTE	APPEARANCE
		START	MIDPOINT	record acceptance below	
DINNER	ITEM				
	SOUP				
	BROTH				
	ENTRÉE 1				
	ENTRÉE 2				
	STARCH 1				
	STARCH 2				
	VEGETABLE 1				
	VEGETABLE 2				
	PUREE MOLD 1				
	PUREE MOLD 2				
	FRUIT/DESSERT				
	MILK				
	JUICE				
	COTTAGE CHEESE/JELLO				

LINEUP
conducted by supervisor
menu, utensils, garnish, set-up, portion control

INFECTION CNTL
conducted by
hair covering
clean gloves _ hand
check
staff healthy _ ID
badges

SUB. LOG
item #1
reason
unit served
approval
item #2
reason
unit served
approval

Start Time _____ End _____

SUPERVISOR'S ACTION PLAN
Write actions on items not meeting standards

STD: Hot Food 140° or above / Cold Food: 41°F or below

WED ONLY: THERMOMETER CALIBRATION: place in ice water cup. STD=32°F (check below ok within 2°)

CTY [] Dishroom [] PSM [] AM Sup [] Mid Sup [] PM Sup []

Percent Compliance: _____ / _____ = _____ % HOT _____ / _____ = _____ % COLD

total temps in STD / total temps recorded % compliance

Tray Accuracy Assessment*

Associate: _____

Date: _____

1 =

Correct

0 = Incorrect

Tray	Proper Tray Presentation	Clean and Dry	Correct Condiments	Food Appropriate For Order	Properly Garnished	Points (Each tray has possible 5 points)
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
Total Points =						0
ENTER total possible points here (# of trays x 5) =						0
Total Points / Total Possible = % Accuracy						

Completed By: _____

Comments** (List reasons for all 0's = incorrect items.)

Associate Signature: _____

Actions Taken** (List actions taken for incorrect items listed above.)

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

FOOD AND NUTRITION SERVICES TEST TRAY EVALUATION																																																																																																																																													
DATE: / /		DAY: S M T W T F S			MEAL: M N E		DAY OF CYCLE		DIET:																																																																																																																																				
NURSING UNIT:						COMPLETED BY:																																																																																																																																							
INSTRUCTIONS:																																																																																																																																													
1. Do not remove cover/lid(s) until ready to take temperature. 2. Take the temperature of each cold item on the tray first, followed by each hot menu item. 3. Insert thermometer into the center of each serving and hold until indicator comes to rest. 4. Record temperature of each item as it is taken.						5. Attach menu to evaluation 6. Score quality control factors (satisfactory=1, unsatisfactory=0) and compute "total possible" and "total" points scored for each factor. 7. Add total points scored and total possible points for all quality control factors and compute overall evaluation. 8. Develop action plan for overall evaluation score of <90%.																																																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">QUALITY CONTROL FACTORS</th> <th colspan="4"></th> <th colspan="2">0 = UNSATISFACTORY (Fair, Poor)</th> <th rowspan="3"> TRAY DELIVERY INFORMATION 1. TIME CART LEFT KITCHEN _____ 2. TIME CART ARRIVED ON UNIT _____ 3. TIME LAST TRAY WAS PASSED _____ 4. SCHEDULED ARRIVAL TIME _____ TOTAL TRAY DELIVERY TIME (1 minus 3 above) _____ OVERALL EVALUATION <input type="checkbox"/> VERY GOOD (95 - 100%) <input type="checkbox"/> GOOD (90 - 94%) <input type="checkbox"/> FAIR (85 - 89%) <input type="checkbox"/> POOR (<85%) </th> </tr> <tr> <th>Temperature Range*</th> <th>Menu Item</th> <th>Kitchen Temp.</th> <th>Point of Serv. Temp.</th> <th>Temp.</th> <th>Taste/Aroma</th> <th>Portion</th> <th>Appearance</th> <th>Score</th> <th>Delivery & Overall Appearance</th> </tr> </thead> <tbody> <tr> <td>TL≤41° POS 50°</td> <td>CANNED FRUIT (Do not temp toss salad)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>DELIVERY WITHIN 15 MIN 5 MIN TO WARD, 10 MIN TO PASS</td> </tr> <tr> <td>TL140–190° POS 140°</td> <td>SOUP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ACCURATE</td> </tr> <tr> <td>TL≤41° POS 45°</td> <td>MILK OR JUICE:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ATTRACTIVE</td> </tr> <tr> <td>TL≤41° POS 45°</td> <td>COLD ENTRÉE: (IF APPLICABLE)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>CLEAN/DRY</td> </tr> <tr> <td>TL≤41° POS 45°</td> <td>DESSERT (IF APPLICABLE)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>WELL ARRANGED</td> </tr> <tr> <td></td> <td>(cream pie, custard, jello)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											QUALITY CONTROL FACTORS								0 = UNSATISFACTORY (Fair, Poor)		TRAY DELIVERY INFORMATION 1. TIME CART LEFT KITCHEN _____ 2. TIME CART ARRIVED ON UNIT _____ 3. TIME LAST TRAY WAS PASSED _____ 4. SCHEDULED ARRIVAL TIME _____ TOTAL TRAY DELIVERY TIME (1 minus 3 above) _____ OVERALL EVALUATION <input type="checkbox"/> VERY GOOD (95 - 100%) <input type="checkbox"/> GOOD (90 - 94%) <input type="checkbox"/> FAIR (85 - 89%) <input type="checkbox"/> POOR (<85%)	Temperature Range*	Menu Item	Kitchen Temp.	Point of Serv. Temp.	Temp.	Taste/Aroma	Portion	Appearance	Score	Delivery & Overall Appearance	TL≤41° POS 50°	CANNED FRUIT (Do not temp toss salad)								DELIVERY WITHIN 15 MIN 5 MIN TO WARD, 10 MIN TO PASS	TL140–190° POS 140°	SOUP								ACCURATE	TL≤41° POS 45°	MILK OR JUICE:								ATTRACTIVE	TL≤41° POS 45°	COLD ENTRÉE: (IF APPLICABLE)								CLEAN/DRY	TL≤41° POS 45°	DESSERT (IF APPLICABLE)								WELL ARRANGED		(cream pie, custard, jello)																																																										
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Acorn's Proposal to Arkansas State Hospital to Provide Food Services

POT SINK TEMP & SANITIZER LOG

PATIENT SERVICES []

RETAIL []

MONTH: _____ 2016

DAY	BREAKFAST				LUNCH				DINNER				CORRECTIVE ACTION TAKEN
	TIME	PPM QUAT 146 (STD = 200- 400PPM)	TEMP Wash/Rinse Sinks (STD = 110°F or higher)	TEMP Sanitizer Sink (STD = 75F or higher) for 1 minute	TIME	PPM QUAT 146 (STD = 200- 400PPM)	TEMP Wash/Rinse Sinks (STD = 110°F or higher)	TEMP Sanitizer Sink (STD = 75F or higher) for 1 minute	TIME	PPM QUAT 146 (STD = 200- 400PPM)	TEMP Wash/Rinse Sinks (STD = 110°F or higher)	TEMP Sanitizer Sink (STD = 75F or higher) for 1 minute	
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Acorn's Proposal to Arkansas State Hospital to Provide Food Services

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29													
30													
31													

BEST PRACTICE: Add clock with a second hand to the work area to assist associate in timing the test strips and 1 minute in 3rd sink.

** Test Strip should be checked after 10 seconds in Quat 146

List comments or problems under "Actions Taken". Notify manager whenever standards are not met.

IF QUAT SANITIZER NOT 200-400PPM-OR- SANITIZER SINK NOT 75°F:

* empty sink, refill and test again. Notify manager if problem is not corrected.

* call Ecolab Rep at _____. YOU MUST USE QUAT 146

* Use Dishmachine.

* Post an "Out of Service" sign on the dispenser and do not use until it is repaired. If concentration is less than the range listed above, add additional sanitizer, stir the water to distribute sanitizer and test the concentration. If the concentration is above the range, add additional water, stir the water to distribute the sanitizer, and test the concentration.

Percent Compliance Calculation (Benchmark = 100%)		
_____ / _____ = _____%		
total items within STD total items required % compliance		

Acorn’s Proposal to Arkansas State Hospital to Provide Food Services

SANITIZING BUCKET
SANITIZING BUCKET

Directions: change all buckets in kitchen and Cafe every 2 hrs and check concentration of one bucket.
Must be 200-400ppm. If correct: place a check mark in box.
If not - notify manager and pour manually (see below).

LOC



MONTH: _____ YEAR: _____

	6AM	8AM	10AM	12NOON	2PM	4PM	6PM
1							
2							
3							
4							
5							
6							
7							
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Acorn’s Proposal to Arkansas State Hospital to Provide Food Services

22							
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27							
28							
29							
30							
31							

*Check instructions on the test strips package – some types specify that the test solution must be at 65°-75°F when tested. When in use, Oasis 146 solution should be 75°F or above.

Manual mixing directions for Oasis 146 Quat Sanitizer:

Mix 2 ounces of Oasis 146 Quat Sanitizer in 4 gallons of water. This will give you a sanitizer solution that is @200ppm.

IF QUAT SANITIZER IS NOT 200-400PPM:

call Ecolab Rep at _____

* Manually pour using above formula.

* Post an “Out of Service” sign on the dispenser and do not use until it is repaired. If concentration is less than 200ppm, above, add additional sanitizer, stir the water to distribute sanitizer and test the concentration. If the concentration is above 400ppm, add additional water, stir the water and test the concentration.

Percent Compliance Calculation (Benchmark = 100%) _____ / _____ = _____ %
--

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

Section 4

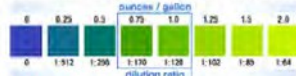
Antimicrobial Fruit & Veg Treatment AFVT

MONTH: _____



The acceptable range of the solution is from 0.75 to 1.0 ounce/gallon – the test strip color should be medium to dark green

Antimicrobial Fruit & Vegetable Treatment Test Strip



Record the reading on the AFVT Concentration Log
If the dispenser is out of calibration [test strip reading is lower than 0.75 or higher than 1.0] –do not use dispenser. Post the Out of Service sign, contact Ecolab at 1-800-352-5326 for service, and use a clear water/double wash for all produce.

CORRECTIVE ACTION TAKEN

DAY		
1		
2		
3		
4		
5		
6		
7		
8		
9		
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31		

List comments or problems under "Actions Taken". Notify manager whenever standards are not met.

AFVT test strip order thru Ecolab 800-35-CLEAN

IF TEST STRIP DOES NOT MEASURE 0.75-1.0 oz/gallon water:

* notify manager or supervisor immediately

* Manager /Supervisor call Ecolab 800-352-5326

* Do not use until serviced by Ecolab (out-of-order sign). Use Double Wash proecedure without AFVT until serviced.

Percent Compliance Calculation (Benchmark = 100%)

$$\frac{\text{total items within STD}}{\text{total items required}} = \text{\% compliance}$$

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

EYE WASH STATION WEEKLY CHECK

Month: _____

Conduct the following checks weekly: signature verifies all checks completed

- * eye wash sign posted at station
- * nothing blocking eye wash station
- * turn on eyewash and ensure protective caps pop off easily and unit working
- * cool water (<75F)
- * flush eyewash by running for 2 minutes (continuously flows)
- * entire station is clean
- * any issues with the above are called in immediately to Engineering and resolved within 24 hours

NOTE: monitor expiration date of solution of any non-plumbed eye wash stations if you have this.

	DATE	CHECKER'S SIGNATURE THAT ALL ITEMS ABOVE CHECKED AND IN GOOD OPERATION
WEEK 1		
WEEK 2		
WEEK 3		
WEEK 4		
WEEK 5		



Percent Compliance Calculation (Benchmark = 100%)		
_____	/	_____ = _____ %
total weeks checked		total weeks in month % compliance

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

"High Risk" Trays Checked by Meal

Date	Pt Last Name and First Initial	Room #	Food Allergy (list all) and/or Puree/Ground/ Mech Soft/ Dysphagia Diets	BREAKFAST			LUNCH			DINNER		
				Confirmed all meal items are accurate.	If any inaccuracies were found, document the error and corrective action.	Supervisor Initials	Confirmed all meal items are accurate.	If any inaccuracies were found, document the error and corrective action.	Supervisor Initials	Confirmed all meal items are accurate.	If any inaccuracies were found, document the error and corrective action.	Supervisor Initials
				Yes / No / DCd / NPO			Yes / No / DCd / NPO			Yes / No / DCd / NPO		
				Yes / No / DCd / NPO			Yes / No / DCd / NPO			Yes / No / DCd / NPO		
				Yes / No / DCd / NPO			Yes / No / DCd / NPO			Yes / No / DCd / NPO		
				Yes / No / DCd / NPO			Yes / No / DCd / NPO			Yes / No / DCd / NPO		
				Yes / No / DCd / NPO			Yes / No / DCd / NPO			Yes / No / DCd / NPO		
				Yes / No / DCd / NPO			Yes / No / DCd / NPO			Yes / No / DCd / NPO		
				Yes / No / DCd / NPO			Yes / No / DCd / NPO			Yes / No / DCd / NPO		
				Yes / No / DCd / NPO			Yes / No / DCd / NPO			Yes / No / DCd / NPO		
				Yes / No / DCd / NPO			Yes / No / DCd / NPO			Yes / No / DCd / NPO		
				Yes / No / DCd / NPO			Yes / No / DCd / NPO			Yes / No / DCd / NPO		

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

RECEIVING LOG

Person checking delivery:

Date: _____

Vendor(s):

Time of delivery: _____

REFRIGERATE

D FOOD:

Package condition?

"Sell by"/"Best if used by"

Acceptable:

☐

Unacceptable

• □

Dates?

Acceptable:

☐

Unacceptable

$$\vdots \quad \square$$

FROZEN

FOOD:

Package condition?

"Sell by"/"Best if used by"

Dates?

Product frozen

solid?

Acceptable:

☐

Unacceptable

$$\vdots \quad \square$$

Acceptable:

□

Unacceptable

□

Acceptable:

☐

Unacceptable

$$\vdash \square$$

Record the temperatures of 5-10% of the refrigerated foods that must be temperature controlled for safety (*includes meat, fish, poultry, eggs, dairy products, cut melon, cut leafy greens and cut tomatoes*)

Record the food and action taken for any item checked "UNACCEPTABLE".

[illegible]

LOCATION: _____ MONTH: _____

REFRIGERATOR LOG

DAY	TIME A.M.	TEMP	INITIALS	TIME P.M.	TEMP	INITIALS	CORRECTIVE ACTION INCLUDING RECHECK TIME AND TEMP
1							
2							
3							
4							
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8							
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10							
11							
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28							
29							
30							

TEMPERATURE STANDARDS: REFRIGERATOR 41°F
OR BELOW.
CALL ENGINEERING WHENEVER TEMPERATURE GOES ABOVE
41°F.

Percent Compliance Calculation (Benchmark = 100%)

total temps within STD

/

total temps required

=

% compliance

%

Acorn's Proposal to Arkansas State Hospital to Provide Food Services

Monthly Self Inspection Checklist – Dining Pg. 1

OPERATION:

DATE

OPERATION #

		Meets Expectations	Needs Improvement
1	OFFICE		
A	Emergency numbers posted on or near all phones; in all areas		
B	Fire evacuation plan posted.		
C	Floor mounted electrical boxes not dangerously exposed		
D	No overloaded extension cords or adapters		
E	Lit exit signs used		
F	Chairs and desks sturdy and in good condition		
G	Small appliances grounded		
H	Storage areas have adequate aisles and properly loaded		
I	Shelving sturdy and properly mounted		
J	All exits, electrical panels and aisles unobstructed		
K	Carpeting has no holes, loose threads, or other tripping hazards		
L	All work stations are ergonomically correct.		
M	Emergency and Crisis Planning guide posted; associates properly trained		
2	PERSONAL PROTECTIVE EQUIPMENT		
A	Safety goggles or glasses		
B	Dust/mist mask		
C	Rubber apron		
D	Heavy-duty rubber gloves		
E	Cut resistant gloves		
F	Oven mitts		
G	Associates are wearing proper uniforms		
3	HAZARD COMMUNICATION		
A	Training sign-off sheets for all associates and filed in personnel jacket		
B	SDS available for all associates and are easily accessible		
C	Chemicals, cleaning supplies are separated from food and service ware.		
D	Chemical containers correctly labeled (with manufacturer name of product)		
E	CO2 tanks properly secured in an upright position		
4	CUTS		
A	Slicer in safe working order including use of blade cover		
B	Guards on slicer, chopper, grinder in place		
C	A non-splintering tamper for grinder available and used.		
D	Knives sharp and properly stored		
E	Cut-resistant glove(s) being used when required		
F	All associates trained within last 6 months in knife safety skills		

Monthly Self Inspection Checklist – Dining Pg. 2

		Meets Expectations	Needs Improvement
4	CUTS, Cont'd		
G	Safety utility knife/box cutter used		
H	Equipment free from sharp edges		
I	KenKut or Mylar used or wrap boxes secured		
5	BURNS		
A	Personnel trained on grease removal from fryers (no plastic buckets)		
B	Using proper equipment for grease removal		
C	Safety goggles or glasses worn during grease removal		
D	Oven mitts in use		
E	Service utensils-carbon or plastic handles (no metal handles)		
6	SLIP/TRIP/FALL		
A	Floors in good condition, no missing or broken tiles		
B	Floors free of liquid, food debris and grease		
C	Mandatory slip-resistant shoes worn by all managers and associates		
D	Warning signs available and used		
E	All drains properly covered and cleaned		
F	Slip-resistant mats available and in use at problem wet/slippery areas		
G	Walk-in freezer free of ice build-up		
H	Aisle way clear, free of obstructions		
I	Carpets secure		
J	Approved ladder and step stool available and used.		
K	Stairs in good repair, well lighted, handrails		
L	Loading dock in good repair, stairs in good condition		
M	All leading edges are painted bright yellow to indicate change in elevation		
7	BACK INJURY/STRAIN PREVENTION		
A	All Associates trained within the past 6 months in proper lifting techniques		
B	Associates who wear back support belts have received training		
C	Materials and product are properly stacked		
D	Heavy products on middle shelves (knees to shoulders)		
E	Dollies and handtrucks maintained and in good condition		
8	FIRE PREVENTION		
A	First extinguishers unobstructed		
B	Fire extinguishers inspected monthly tag attached; have sufficient signage		
C	Written instruction posted for use of fire extinguishers		
D	Fire extinguishers are the proper type and clearly visible		
E	Ansul system caps are in good condition and installed		

Monthly Self Inspection Checklist – Dining Pg. 3

		Meets Expectations	Needs Improvement
8	FIRE PREVENTION, Cont'd		
F	Electrical panels not blocked (no storage within 3 feet)		
G	No storage within 3 feet of water heater		
H	Electrical cords not cut or frayed		
I	Duct work system cleaned on regular schedule		
J	Electrical outlet covers not cracked, loose, or missing		
K	Automatic Emergency Sprinkler (AES) heads provided		
L	Ventilation is adequate		
M	Nothing stored within 18-inches of a sprinkler head		
N	Ansul system and fire extinguishers inspected as required by local fire code		
9	OTHER PREVENTATIVE MEASURES		
A	Carts in good repair, free of sharp edges, operable		
B	All fans and their moving parts guarded		
C	Sufficient lighting in all areas, light fixtures, bulbs and tubes shielded		
D	All light fixtures operating properly		
E	Ceiling tiles in place		
F	Conveyor belts have emergency shut off controls		
G	Aisle space adequate for traffic and unobstructed		
H	Cooking utensils etc., stored so as not to protrude into aisle		
I	Refrigerators and freezer walk-ins have emergency door lock release		
K	Exits properly identified/direction signs to exit, well lighted/unobstructed		
L	Mixers equipped with bowl guards as required		
10	FIRST AID		
A	First aid kit available, full maintained (no ammonia caps or tourniquets) and stocked, readily accessible and noticeably located		
B	Anti-choke poster posted in appropriate areas		
C	Blue bandage use is enforced		
D	Plumbed eyewash station installed and tested		
11	MANAGEMENT PRACTICES		
A	New hires/transfers given a safety orientation, sign-off sheets, signed/filed		
B	Safety orientation is conducted prior to the associate beginning their position		
C	Compass Accident Investigation form completed for all accidents		
D	Associate Safety Guide given to associates		
E	All safety rules and use of personal protective equipment is enforced		

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Monthly Self Inspection Checklist – Dining Pg. 4

		Meets Expectations	Needs Improvement
11	MANAGEMENT PRACTICES, Cont'd		
F	Counseling given to repeat accident violators		
G	Safety bulletin board and safety boards are maintained		
H	Name of Associate(s) responsible for maintaining the above boards		
I	Progressive discipline on file – repeat offenders or safety violating associates		
J	How many days has your unit gone since its last Lost Time injury?		
K	Safety committee is meeting monthly and documenting meeting minutes		
12	INJURY MANAGEMENT		
A	Contact with injured associate using "After the Injury" guidelines		
B	Temporary transitional job duties are made available		
C	Notice of injury called in to Cambridge within 24 hours		
D	Adjuster and Compass Return-to-Work Coordinators kept informed		
13	ACTION PLAN QUARTERLY SELF INSPECTION – DINING		

For each item checks as "Needs Improvement", you must indicate the corrective action to be taken, associates responsible in carrying out the action, and the date by which it will be completed.

Please sign and date the bottom of the next page to confirm you have completed this inspection.

Item Number	Corrective Action	Associate Responsible	Completion Date

A copy of this completed form remains in the operation. Please send this original inspection to your District Safety Coordinator to comply with Compass Group safety program requirement.

Signature: _____

Date: _____

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7.Sample Canteen Menu Selections

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Acorn's Proposal to Arkansas State Hospital to Provide Food Services

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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8. Weekly Adult and Adolescent Menu Information

Sample Day 1

Breakfast:

[REDACTED]

Lunch:

[REDACTED]

Dinner:

[illegible]

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Sample Day 2

Breakfast:

[REDACTED]

Lunch:

[REDACTED]

Dinner:

[REDACTED]

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