

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



Audit of Food Services

INTERNAL AUDIT SECTOR

JANUARY 14, 2019

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EXECUTIVE SUMMARY

What We Examined

The Audit of Food Services was conducted as part of the Correctional Service Canada (CSC) Internal Audit Sector's 2017-2020 Risk-Based Audit Plan.

The objectives of this audit were to provide assurance that:

- CSC has in place a management framework that supports the effective management of food;
- CSC allocates sufficient human and financial resources to support food services and ensures sound stewardship of those resources;
- CSC is providing food services to inmates as required by the *Corrections and Conditional Release Regulations (CCRR)*; and
- CSC is providing a safe working environment to kitchen staff and inmate workers, and that they are producing meals in a healthy and safe manner in compliance with required legislation and industry guidelines.

The Audit of Food Services was national in scope and included all five regions.

Why It's Important

Food services plays an important role at CSC, as it is responsible for providing food services to more than 14,000 inmates each day. CSC has two major legislative requirements in this process. It is required to provide adequate food to offenders and to respect their dietary religious requirements.

CSC delivers food through two distinct models. The first and the focus of the audit is the Central Food Production and Distribution model where food is prepared by CSC for the inmates. The second is the Small Group Meal Preparation (SGMP) model where the inmates prepare their own food. Food Services has undergone significant change over the past several years with the advent of the Food Services Modernization Initiative, which brought in a new method of food preparation called Cook-chill, and which is the predominant model to provide food services to inmates.

What We Found

The audit found that elements of a management framework were in place. A draft policy suite had been developed, roles and responsibilities were generally defined, a governance structure to support the national menu existed and resources were based on assessed needs. However, the audit did note that:

- Although a draft policy suite existed, it had yet to be promulgated. In addition, the supporting guidance for finishing kitchen staff was incomplete and unclear in certain areas. This led to confusion amongst staff in the day-to-day production of food;

- The lack of consistent oversight surrounding key areas of food services has led to an increased risk of not complying with legislative requirements; and
- Monitoring and reporting was insufficient to allow CSC management to make informed data driven strategic decisions.

With respect to overall compliance, the audit team found that for the majority of the risk areas within food services, controls had been developed and implemented; however, many of them were not functioning as intended. Some of the areas of most concern include:

- The national menu, although analyzed for nutritional content, did not meet the Canada Food Guide on six of the 28 days of the menu cycle;
- The Food Service Information Management System (FSIMS) was not consistently used to manage special diets, leading to a higher risk of violations of special diet requirements;
- Inventory management practices, including the proper reception of goods was not occurring at all sites;
- Kitchens were not consistently implementing the Quality Assurance Program designed by Food Services in order to minimize the likelihood of food contamination; and
- Staff are not completing training as required by the National Training Standards (NTS), which could increase the risk of not producing the food in a healthy and safe manner.

Recommendations have been issued in the report based on areas where improvements are required.

Management Response

Management agrees with the audit findings and recommendations as presented in the audit report. Management has prepared a detailed Management Action Plan to address the issues raised in the audit and associated recommendations. The Management Action Plan is scheduled for full implementation by March 31, 2019.

ACRONYMS & ABBREVIATIONS

ACCS: Assistant Commissioner, Corporate Services

AWMS: Assistant Warden, Management Services

CCRA: Corrections and Conditional Release Act

CCRR: Corrections and Conditional Release Regulations

CD: Commissioner's Directive

CORR: Compliance and Operational Risk Report

CSC: Correctional Service Canada

DRAP: Deficit Reduction Action Plan

EXCOM: Executive Committee

FIFO: first-in-first-out

FSCP: Food Safety Code of Practice

FSIMS: Food Service Information Management System

HACCP: Hazard Analysis and Critical Control Points

NHQ: National Headquarters

NTS: National Training Standard

OPI: Office of the Primary Interest

OSCAR: Open Source Clinical Application Resource (Electronic medical record system for offenders)

RBAP: Risk-Based Audit Plan

RHQ: Regional Headquarters

SGMP: Small Group Meal Preparation

SOP: Standard Operating Procedure

1.0 INTRODUCTION

1.1 Background

The Audit of Food Services was conducted as part of the Correctional Service Canada (CSC) Internal Audit Sector's 2017-2020 Risk-Based Audit Plan (RBAP). This audit links to CSC's priorities of "efficient and effective management practices that reflect values-based leadership in a changing environment" and to the corporate risk that CSC "may not be able to implement legislative changes and fiscal constraint measures".

CSC is responsible for providing food to more than 14,000 inmates each day. CSC requires a management framework in place to manage food services in a manner that provides a quality product while managing resources efficiently. CSC provides food services through two distinct models. The first, and focus of this audit, is through the Central Food Production and Distribution model where a national menu exists and food is prepared and provided to the inmates by CSC. The second is the Small Group Meal Preparation (SGMP) model, where a list of grocery items is available from which inmates order. The inmates are allocated weekly budgets. CSC delivers the groceries for inmates to prepare their own meals in communal kitchens. For the fiscal year 2017-2018 Food Services had a budget, including salaries and operating and maintenance (O&M) funding, as follows:

Expenditure Type	Salaries	O&M	Total Salary and O&M
Institutional Food Production and Distribution (Activity 211)	\$17,211,486	\$22,611,965	\$39,823,451
Regional Production Centres (Activity 214)	\$1,992,440	\$4,282,761	\$6,275,201
Small Group Meal Preparation (Activity 215)	\$1,853,949	\$5,214,522	\$7,068,471
Food Service Management (Activity 212)	\$1,390,400	\$29,851	\$1,420,251
Total Food Services Budget	\$22,448,275	\$32,139,099	\$54,587,374

Source: RMT

Food Service Modernization Initiative

Since 2014, the delivery of food services at CSC has undergone significant change as a result of the Food Services Modernization Initiative. Prior to its modernization in 2014, food services was completely decentralized with each region and various individual sites being responsible for the menu, procuring goods, producing food and managing inventory with minimal oversight from National Headquarters (NHQ). At that time, institutions had their own full kitchens producing all meals on demand.

As a result of various reviews, including the 2008 Office of the Auditor General Chapter 7 Economy and Efficiency of Services Audit, CSC had committed to better assess how they delivered food services to ensure it was done in an efficient and effective manner using better

data driven analysis. These reviews, along with government cuts related to the Deficit Reduction Action Plan (DRAP), ultimately led to the Food Services Modernization Initiative at CSC.

The overall goal of the Food Services Modernization Initiative was to introduce a more efficient and effective food services delivery model, one premised on enhanced technology, enhanced and consistent food safety and food services practices, and adherence to nutritional requirements for the incarcerated populations.

Food Services identified the following five pillars to the overall modernization program; policy renewal, national menu, national procurement vehicles, centralized cook-chill production centres, and the Food Services Information Management System (FSIMS).

A full description of each of the pillars can be found in Annex B.

Central Food Production and Distribution

Within the Central Food Production and Distribution model, there are two separate ways CSC prepares meals for inmates. The first and most prevalent is the cook-chill method. The cook-chill method relies on a central production facility, in each region, that produces large quantities of main dishes and soups that are then cooled and shipped to the institutions taking part in cook-chill. Then finishing kitchens at those institutions reheat those items, and add starches and vegetables. The second method is the preparation and serving of the entire meal within the institution, which will be referred to as the “standard method” for the rest of this report. This is the method that CSC had historically used until the advent of the Food Service Modernization Initiative. Of the 43 institutions across the country, 22 institutions are part of the cook-chill method and a total of six institutions follow the Standard method. The remaining institutions are primarily served by the SGMP model.

Cook-Chill

The cook-chill method is a common method of meal production in many industries including health care, transportation, and correctional environments around the world. At CSC, the cook-chill method includes five regional production facilities, which each serve their respective region’s institutions. Each regional production facility is to prepare meals in accordance with the national standardized menu and corresponding recipes. The meals are produced in large batches to improve efficiency and cost management. These batches are then packaged into bags and cooled in large tubs before being shipped to the finishing kitchens. The equipment used is highly advanced and allows for constant electronic monitoring of temperatures and cooking and cooling times to minimize the risk of bacteria growth.



A key element of the cook-chill process is the significant advancements in the health and safety of the production process over the more traditional methods of preparing food. Every CSC cook-chill facility is required by policy to follow the Hazard Analysis and Critical Control Points (HACCP) method of food production. HACCP is aimed at identifying and correcting food safety risks before they happen. This is done by assessing the production processes, identifying key risk areas, implementing key controls and rigorously monitoring those controls. One example of a HACCP control at CSC is the identification and scanning of each ingredient into batches and recipes, so that CSC can identify exactly what ingredient went into each batch should a supplier recall occur.

1.2 Legislative and Policy Framework

Corrections and Conditional Release Act (CCRA)

The CCRA establishes the purpose of the federal correctional system as contributing to the maintenance of a just, peaceful and safe society with the protection of society as its paramount concern. Section 75 of the CCRA specifies that:

75 An inmate is entitled to reasonable opportunities to freely and openly participate in, and express, religion or spirituality, subject to such reasonable limits as are prescribed for protecting the security of the penitentiary or the safety of persons.

Corrections and Conditional Release Regulations (CCRR)

The CCRR lays out the regulations to support the CCRA. There are two specific areas that relate to food services at CSC, they are:

83 (2)(a) The Service shall take all reasonable steps to ensure the safety of every inmate and that every inmate is adequately clothed and fed; and

101 (c) The Service shall ensure that, where practicable, the necessities that are not contraband and that are reasonably required by an inmate for the inmate's religion or spirituality are made available to the inmate, including a special diet as required by the inmate's religious or spiritual tenets.

CSC Directives and Guidelines

Current Commissioner's Directive (CD) 880 Food Services, Standard Operating Procedure (SOP) 880-1 Central Feeding and SOP 880-2 Small Group Meal Preparation outline how food

services should operate at CSC. All three were implemented in 2000. For the rest of the report this will be referred to as the current policy suite.

As a result of the food service modernization initiative, Food Services has developed, but not yet promulgated, a new *DRAFT* Commissioner's Directive 880 Food Services; *DRAFT* Guideline 880-1 Food Services Program; *DRAFT* Guideline 880-2 Nutrition Management Program; *DRAFT* Guideline 880-3 Religious Diets; and *DRAFT* Guideline 880-4 Diets of Conscience to replace its current policy suite discussed above. For the remainder of the report this will be referred to as the *DRAFT* policy suite.

Food Service Industry Guidelines:

The Food Safety Code of Practice for Canada's Foodservice Industry (FSCP) is a practical guide to implementing the principles outlined in the model Food Retail and Food Service Regulation and Code as developed by the Canadian Food Inspection System Implementation Group. A key requirement of the code is for kitchens to ensure that a food safety program is in place and working effectively to control and handle potential food contamination. CSC policy requires compliance with this Code.

1.3 CSC Organization

National Head Quarters (NHQ)

As defined in the current Commissioner's Directive 880 Food Services (2000), the Assistant Commissioner, Corporate Services (ACCS) is responsible for setting the overall policy direction for the delivery of food services, and monitoring Food Services activities to ensure adherence to standards.

Regional Headquarters (RHQ)

There is no specific role outlined in the current Commissioner's Directive 880 Food Services (2000) related to RHQ.

Institutions

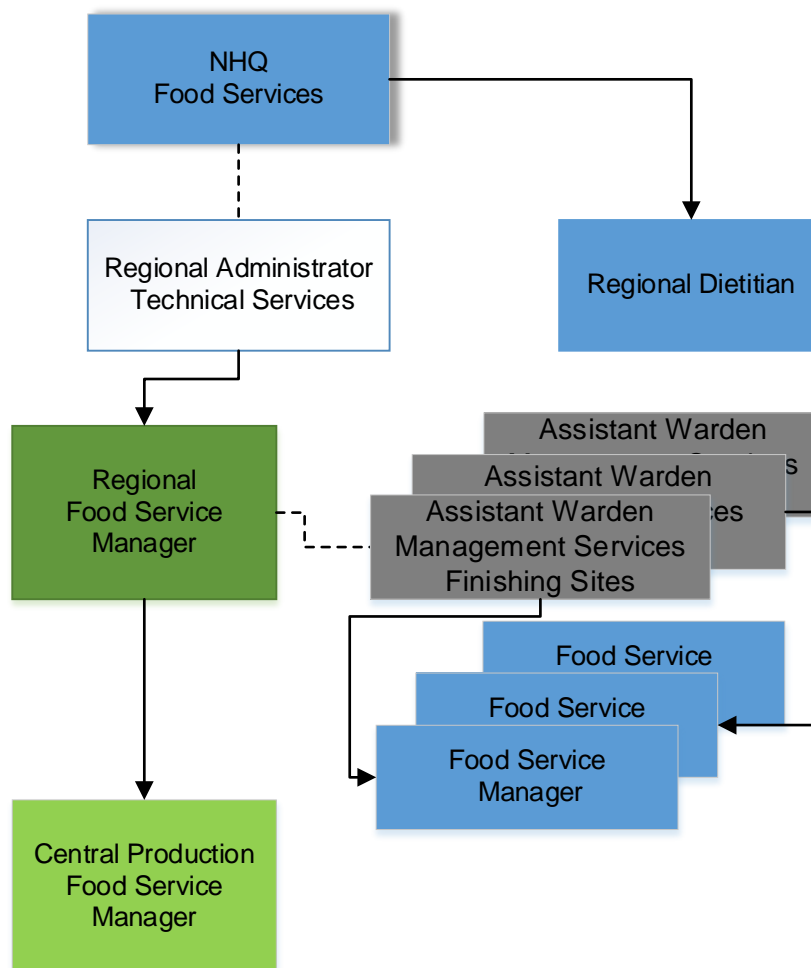
As defined in the current Commissioner's Directive 880 Food Services (2000), the Assistant Warden, Management Services (AWMS) shall provide general direction for the delivery of food services as part of the overall provision of technical services.

As defined in the current Commissioner's Directive 880 Food Services (2000), the Food Services Chief, Manager or Food Program Coordinator shall directly coordinate and manage all food services activities.

Accountability structure following the full implementation of the Food Services Modernization Initiative:

The Assistant Commissioner, Corporate Services (ACCS) has overall responsibility for food services and is therefore the Office of the Primary Interest (OPI) for this audit. NHQ Food Services reports to the ACCS through the Director General of Technical Services and Facilities. At the regional level, Regional Production Centres report to the Regional Food Services Manager who reports to the Regional Administrator, Technical Services at RHQ. The finishing

kitchens and standard kitchens report through the AWMS to the Wardens at the institutions. The diagram below depicts the current accountability structure. The dotted lines represent functional authority, while the solid line represent formal authority.



1.4 Risk Assessment

This audit was identified as an audit priority and an area of moderate risk to CSC in the RBAP 2017-2020. A risk assessment was completed based on interviews with the Office of Primary Interest (OPI), members of CSC senior management, and NHQ Food Services. As well, a review of policies, past audit work, previous fraud risk assessment work, and other documentation related to financial controls was conducted. Overall, in this area, the assessment identified that the main risks to CSC relate to:

1. General program management risk;
2. Financial and human resource risk;
3. Nutritional and special diet risk; and
4. Food preparation and serving risk.

These risks were most prevalent within the Central Food Production and Distribution model.

2.0 OBJECTIVES AND SCOPE

2.1 Audit Objectives

The objectives of this audit were to provide assurance that:

- CSC has in place a management framework that supports the effective management of food;
- CSC allocates sufficient human and financial resources to support food services and ensures sound stewardship of those resources;
- CSC is providing food services to inmates as required by the *Corrections and Conditional Release Regulations*; and
- CSC is providing a safe working environment to kitchen staff and inmate workers, and is producing meals in a healthy and safe manner in compliance with required legislation and industry guidelines.

Specific criteria are included in Annex A.

2.2 Audit Scope

The audit was national in scope, including all five regions and NHQ. The audit examined the management framework supporting food services, as well as the delivery of food services at the institutional level focusing on the Central Food Production and Distribution model. The audit examined the entire meal preparation cycle beginning with the planning of the national menu, through to the actual serving of the inmates.

The risks, as defined in the risk assessment, primarily relate to Central Food Production and for this reason the SGMP was scoped out of compliance testing. However, the SGMP was included as part of the overall management framework testing.

Women's institutions which are primarily served by the SGMP model, were scoped out of compliance testing as SGMP was excluded; however women's facilities were included in the overall management framework testing.

3.0 AUDIT FINDINGS AND RECOMMENDATIONS

3.1 Management Framework

The first audit objective was to determine whether CSC had a management framework in place to support the effective management of food.

The management framework was examined from four perspectives: CSC's policy framework; roles and responsibilities; governance; and monitoring and reporting. Annex A provides general results for all audit criteria.

3.1.1 Policy Framework and Roles and Responsibilities

We expected to find that CSC guidance is clear, up-to-date, aligns with legislation, and that roles and responsibilities were defined, documented, communicated, and understood.

The following areas met the audit expectations for this criterion:

- The policy suite, including the currently in force policy suite issued in 2000 and the Draft policy suite not yet promulgated, align with relevant legislation, including both the *CCRA and CCRR*; and
- Roles and responsibilities are defined, documented and communicated through the draft policy suite, job descriptions and day-to-day direction from management.

The following sections highlight areas where management attention is required.

The policy suite for Food Services is not up to date and therefore not clear

The current policy suite was implemented in 2000. Food Services has undergone significant change since the modernization initiative began and, as a result, there are many gaps between what the current policy suite requires and how CSC actually delivers food on a day to day basis. Some key gaps identified by the auditors are that the current policy suite:

- Does not include the cook-chill process;
- Does not include the national menu;
- Does not define the key role of the Regional Food Service Manager and the regional accountability structure as a whole; and
- Does not allow for diets of conscience that are not related to religion, although in 2003 CSC began allowing diets of conscience that were not related to religions. Although guidelines were issued to sites, this decision was never reflected in policy.

The effect of having a policy suite that does not reflect the current manner in which CSC provides food services has created confusion on who is responsible for key aspects of the process as new roles are not defined in the current policy.

A key pillar of the Food Service Modernization Initiative, as discussed in Section 1.1 of this report, was policy renewal. CSC has drafted a replacement policy suite; however, it has yet to be promulgated. The audit has reviewed these drafts and noted that they do align with legislation and address all of the gaps identified in the old policy suite as described above.

The DRAFT policy suite was created in 2014 and sent for consultation in 2015. Given the significant delay in the initial drafting and its eventual promulgation, some regional and institutional staff have begun using the DRAFT policy suite as their formal guidance as it better reflects the current operational environment. This has led to inconsistencies in how food services are delivered at sites, as some sites rely on the outdated but current policy, as it is still in force, and others are following the DRAFT policy suite that is not yet in force.

The supporting guidance for food services is not clear and does not reflect all key areas of food production at the finishing kitchens

In addition to the policy suite, the audit expected to find supporting guidance for all kitchens that was clear and reflected the current way in which food is prepared at CSC. As the manner in which food services staff prepare meals has changed significantly, this guidance is important for staff to be able to refer to.

The audit found that recipes have been developed with clear cooking instructions, detailed guidance was created for regional production facilities and a *DRAFT* finishing kitchen SOP document was developed. That said, the finishing kitchen SOP lacked clarity and was missing several key areas. For example, the audit found that it was not clear how to reheat servings in order to minimize waste and how to handle leftovers. The audit noted all sites reheated 100% of their product for each meal despite the fact that 100% of the population rarely arrives for each meal. This resulted in a significant amount of leftover product. The audit also noted it was not clear how sites are to handle these leftovers as the auditors observed various approaches to leftovers with each site believing they were following the SOP. Most sites served the leftovers either cold or heated depending on their own interpretation of the guidance, but one site interpreted the guidance to require all leftovers be thrown away after each meal. At this site, approximately one third of total production was needlessly thrown away at the end of the meal. The cause of this waste was the lack of a simple and clearly written section on how to determine how much product to reheat and how to handle the product if not needed. The audit also expected the finishing kitchen SOP to define when and where FSIMS would be used, as it is a key part of the production process, however it is not included in the finishing kitchen SOP.

The effect of not having clear supporting guidance resulted in the auditors observing significantly different approaches to key steps in the food preparation process. This affects the quality of the final product and how efficiently CSC produces their meals.

3.1.2 Governance, and Monitoring and Reporting

We expected to find that:

- CSC has defined and communicated strategic objectives and performance measures;
- CSC has a support system in place for food services; and
- Performance monitoring and reporting processes are in place and being used to inform decision making at all levels.

The following areas met the audit expectations for this criterion:

- Food Service Modernization pillars have been defined, communicated, and progress towards their implementation is being monitored at a senior level;
- A menu committee has been established to manage the national menu and both management and operational staff are involved in this committee; and
- Some periodic and ad hoc reporting was being done to inform food services decision making; including the monitoring and reporting of the per diem metric, an annual grocery costing exercise to determine regional per diem rates, and some ad hoc reporting of labour costs.

Annex A provides results for all audit criteria.

The following sections highlight areas where management attention is required.

There is limited oversight of food services operations leading to inconsistencies in production processes and inmate food

Food Service Modernization brought significant change to CSC Food Services operations and personnel. One of those changes resulted in the reclassification of certain food services staff resulting in many employees being 'affected' and some being demoted to a lower classification. This process has had a significant effect on staff morale. In addition, the auditors noted there was a culture of resistance to change when discussing the new process of preparing food. Given these issues the auditors expected a robust governance structure to help manage the associated risks of that change and to develop and share best practices in regards to the new manner in which food services operates. While new systems and controls have been implemented to manage this new process, the supporting oversight to ensure it functions correctly either does not exist, or is not being leveraged to address issues as they arise. This is further complicated by the fact that the current policy is out of date and does not reflect the current way food services operates.

The audit did find that a national menu committee exists and is comprised of members from both management and operational kitchen staff. The committee has the following objectives:

- Review and maintain National Menu Guidelines;
- Receive, vet and review change request to the National Menu;
- Receive or identify recipe change requirements;
- Review, test and approve recipe changes or new recipes ensuring that they meet all guidelines; and
- Update FSIMS to reflect approved menus and recipes as promulgated from the committee.

While this is a good form of oversight, the evidence clearly demonstrates that regional production centre staff were not following the national recipes and had significant concerns about the recipes. Members of the menu committee were also aware of these issues. Despite this, and the menu committees goal of updating the menu in the second and fourth quarter of each year, the menu committee had only met twice during the previous two years.

The audit expected to find a similar committee or group existed to support the regional production centres as the production process is an entirely new manner of producing meals within CSC. Regional production centres all operate with the same equipment and are to follow the same recipes and procedures, however, there is no committee or group to bring these facilities together to discuss their common issues. The audit found that several regions had developed individual best practices for particular areas, but had no mechanism to share them.

A lack of oversight is also a contributing factor to issues surrounding special diets, the national menu and non-compliance with the FSCP which are discussed in detail in Sections 3.3 and 3.4. In addition, this lack of oversight resulted in the Quebec region receiving instructions on how to operate their information system, and some general support for the system, in English only.

These examples demonstrate that in certain cases it is not clear who is responsible for oversight and even when it is clear, oversight is not being performed at a sufficient level to rectify problems as they arise. The result of not having an effective oversight function has led to a breakdown of key controls, which exist to help ensure that food is prepared in a safe and efficient manner and in accordance with both policy and legislative requirements.

Sufficient monitoring and reporting is not occurring in many key areas of compliance and only limited performance metrics have been set and are being monitored

The current Commissioner's Directive 880 Food Services (2000) requires that NHQ Food Services monitor food services activities to ensure adherence to standards. The only compliance monitoring tool found by the audit team was the self-completion of the Compliance and Operational Risk Report (CORR), which is part of CSC's suite of internal control tools, designed to provide assurance to senior managers and to stakeholders that the Service complies within the parameters of its policies. The last CORR for food services was completed in fiscal year 2016-2017 and found 33 instances of non-compliance across the country. The non-compliance issues noted were within the following general categories:

- Quality Assurance programs not being completed in full;
- Lack of proper approval and sign-off of special diets; and
- Allergy testing not being completed as required when an inmate receives a special diet due to a stated allergy.

Despite the identified non-compliance in these key areas, the audit did not find evidence of expanded monitoring and concrete long term actions to improve the situation.

Several key areas where the audit expected Food Services to develop performance metrics surrounded the overall efficiency of labour and raw material inputs in kitchens. These metrics can be used to compare similar sites to one another in order to identify facilities that are performing well and those that require additional guidance. For example, regional production centres produce meals in bulk and each region uses the same equipment, the same production process, and is supposed to follow the same recipe. The audit expected metrics to be developed to identify the labour and the inputs used to produce each meal. These metrics, when used to compare one facility to another, can identify important information such as excess capacity, areas where additional labour may be required, or whether inventory is being used

effectively. The audit did not find any of these metrics at the regional production centres. The audit did find that Food Services has developed the per diem metric which is the budgeted cost of providing food to individual inmates each day and is monitoring it closely; however, it does not accurately represent the true cost of producing meals daily for inmates. The labour cost of the metric is missing and it is a substantial cost. Moreover, the actual food cost expenditures by site consistently exceed the per diem (budget).

Food Services has several information systems to gather the necessary data to support some of the compliance and performance metrics discussed above. The two primary systems used in food services at CSC are FSIMS and FoodTrace. FSIMS is designed to contain all of the data on purchases, goods received, goods in inventory, stock issued, special diets, and all finishing kitchen recipes. FoodTrace contains all of the ingredients used in the regional production centres, and the batches produced along with tracking information outlining where both the ingredients and the batches end up. As will be noted in Section 3.2, FSIMS is not being used to its expected level and therefore management is unable to fully use the data to support their decision making. The auditors observed and tested FoodTrace and noted that it is not being used correctly by staff in several regions resulting in inaccuracies in the data scanned into the system. This limits CSC's ability to quickly respond to a food recall when one occurs. This serves as an example of the lack of oversight of a key piece of the regional production centre operations. This was a new system as a result of Food Service Modernization and the audit has not found evidence that monitoring of FoodTrace was occurring to ensure staff knew how and why to use this new system properly. The standard system reports clearly showed there were issues with the data.

A lack of monitoring and reporting occurring at a time of significant change due to Food Service Modernization has resulted in significant levels of non-compliance and is impacting senior management's ability to make data driven strategic decisions. This can lead to health and safety issues in the kitchen, and decision making by management with incomplete information.

3.2 Resources

The objective was to determine whether CSC allocates sufficient human and financial resources to support food services and ensures sound stewardship of those resources.

We expected to find that food services' financial resources are based on assessed needs; food Service staffing levels are based on assessed needs; internal controls exist and are being followed for the procurement of inventory; and inventory controls are in place and are being followed to ensure sound stewardship of food services resources.

Annex A provides general results for all audit criteria.

The following areas met the audit expectations for this criterion:

- Food service resources provided are based on the resource allocation model which considers the number of inmates and the per diem;
- Per diems are based on an analysis of regional food costs;
- Staffing levels at kitchens visited are generally following the prescribed staffing allocation model;

- Fridges, freezers and storage rooms were generally kept locked in order to safeguard inventory;
- Sites visited generally had procedures in place to search inmate kitchen workers for contraband; and
- FSIMS is being consistently used for ordering and receiving of goods.

The following sections highlight areas where management attention is required.

Annex A provides results for all audit criteria.

Finishing kitchens consistently exceed their yearly Operating and Maintenance (O&M) budgets

The audit reviewed the financial resource allocation and the per diem metric, which is the amount of funding per inmate per day for grocery costs, and found that it is based on grocery prices in each region. NHQ Food Services undertakes a review of FSIMS purchasing data for each institution and then compares those items to the requirements of the national menu and comes up with an average per diem for each individual region based on their average costs. Then additional funding for the costs of special diets, spoilage, and waste are added to the initial regional per diem.

Despite this data driven approach, there is still a disconnect between this metric and the actual costs of delivering food services annually. While the audit cannot state the exact cause, the audit did note that there are some significant efficiencies to gain at the institutional level in inventory management practices as discussed later in this section. For example, avoiding the everyday use of styrofoam dishes for meals would significantly decrease costs and waste, as would not purchasing pre-cut vegetables. However, there are some additional costs which may be justified, for example, the use of styrofoam during security lockdowns.

Weaknesses in control were found in the reception of goods

According to CSC policy “food deliveries should be checked upon receipt. Particular attention should be paid to the following:

- Foods and quantities received should correspond to what was ordered;
- Perishables should be checked for freshness or bruising;
- Canned foods should be checked for swelling and leaks; and
- Frozen foods should be checked for evidence of thawing.

Commodities that are found to be unsatisfactory and do not meet the standards prescribed must not be accepted and should be returned to the supplier for replacement.”

The audit found that three of the 12 sites visited did not inspect, or count the goods they received from suppliers. To demonstrate the importance of this step, while the audit was at one site, the inspection caught metal shards that had embedded in a large sack of brown sugar when it hit the side of the delivery truck while unloading a pallet.

Weak controls in the reception of goods can lead to potential health and safety issues and wasted resources if goods are spoiled or otherwise unusable and need to be disposed of.

Inventory controls are not consistently being followed at the sites visited

The FSCP, which CSC has committed to follow in DRAFT Guideline 880-1 Food Services Program, requires kitchens to manage inventory “on a first-in-first-out (FIFO)¹ basis”. In addition, CSC requires kitchens to complete monthly inventory counts and do periodic stock issuance in FSIMS.

The FIFO inventory method requires the movement of older goods to the front when new supplies arrive, the new supplies are then put behind the older goods. This movement of goods helps to ensure that the products do not expire before they are used. Sites are not consistently following FIFO as the auditors observed older goods often at the bottom of stacks of boxes or in the back corners of fridges and freezers. The auditors also observed how this led to expired and spoiled goods. The results of our observations are demonstrated in the table below.

Criteria	Results for sites visited
FIFO performed correctly in the storage rooms	50% were compliant (6 of 12 sites)
FIFO performed correctly in the fridges	80% were compliant (8 of 10 sites)
FIFO performed correctly in the freezers	58% were compliant (7 of 12 sites)
Expired/spoiled goods found in the storage rooms	8% had expired/spoiled goods (1 of 12 sites)
Expired/spoiled goods found in the fridges	25% had expired/spoiled goods (3 of 12 sites)
Expired/spoiled goods found in the freezers	33% had expired/spoiled goods (4 of 12 sites)

The other two inventory requirements of completing a monthly inventory count and issuing stock are to be completed in FSIMS. By doing this in FSIMS, CSC gains valuable data on the food production process and the management of inventory which can be used for strategic decision making. The auditors found that FSIMS was not being used consistently to conduct monthly inventories or to issue stock.

Criteria	Results
Uses FSIMS for monthly inventory	42% compliant (5 of 12 sites)
Uses FSIMS for stock issuance	33% compliant (4 of 12 sites)

¹ Food Safety Code of Practice for Canada’s Foodservice Industry, section 3.1, page 64.

A key control to ensure that inventory management is occurring is the Segregation of Duties Report. This report, which is completed quarterly, identifies the value of goods purchased, amounts in inventory, spoilage, waste, and the per diems. This report is used as a control to address the lack of segregation of duties at some sites for the ordering, reception, counting of inventory, and issuance of stock. The audit found that the control is not functioning as intended. The following are issues observed by the auditors within the report:

- in one instance a site reported inventory, but disclosed to the auditors that they had never actually taken inventory;
- in one region the inventory numbers at many of the sites were whole numbers that were the same from month to month suggesting they were not based on real inventory taken;
- for one entire region there was no waste recorded; and
- the per diems calculated through this tool were unreliable, with one site reporting \$260/inmate/day, and explanations for why the numbers did not make sense, in many cases, did not seem reasonable.

Given the number of issues identified in the report, either no one is reviewing the report, or its purpose is not well understood.

The overall impact of not following the established inventory controls is the inefficient management of inventory potentially leading to wasted resources, the risk of fraud, and most importantly the lack of available data to make strategic decisions.

3.3 Compliance with Corrections and Conditional Release and Regulations

The objective was to determine whether CSC was providing food services to inmates as required by the *CCRR*.

Annex A provides general results for all audit criteria.

The *CCRR* has two major requirements related to food services:

83 (2) The Service shall take all reasonable steps to ensure the safety of every inmate and that every inmate is (a) adequately clothed and fed.

101 The Service shall ensure that, where practicable, the necessities that are not contraband and that are reasonably required by an inmate for the inmate's religion or spirituality are made available to the inmate, including (c) a special diet as required by the inmate's religious or spiritual tenets.

We expected to find that food services: provides an appropriate diet to meet the nutritional requirements of inmates; provides religious, therapeutic and diets of conscience as required; and ensures the quality of goods purchased and received.

The following areas met the audit expectations for this criterion:

- A national menu has been developed and implemented at all sites visited;
- A nutritional analysis of the menu was completed;

- CSC employs dietitians across the regions and all were certified by their provincial regulatory bodies;
- A menu committee exists to review, vet and approve menu changes;
- CSC has developed a mechanism to review and approve religious diets, therapeutic diets and diets of conscience; and
- All standing offers reviewed specified quality standards for products such as meat and fish.

The following sections highlight areas where management attention is required.

Annex A provides results for all audit criteria.

There are control weaknesses in the process to assess the nutritional content of the national menu and to ensure the portion sizes are correct

As identified above, the *CCRR* requires that CSC provides adequate food to inmates while incarcerated. The key controls that Food Services has implemented is the creation of a national menu for institutions following the Central Food Production and Distribution model. According to the GL 880-1, the national menu is a four-week menu that meets the recommended minimum number of servings for each food group and portion sizes as per Canada's Food Guide. This menu is to be reviewed annually and approved by a registered dietician.

The audit found that a four-week national menu existed and that a nutritional analysis was completed. However, the audit could not validate if this analysis had been conducted by a registered dietician as no formal approval or sign off was completed. In addition, the nutritional analysis showed that the national menu on six of the 28 days did not meet the Canada Food Guide requirements. The audit was informed by NHQ Food Services that the national menu was in line with more rigorous models, including the Dietary Reference Intake requirements, demonstrating that CSC, if following the menu, is adequately serving inmates. This however leads to confusion amongst stakeholders, including the inmates, who have been informed through policy that they are provided meals inline with Canada's Food Guide.

The audit then compared the national menu, which was analyzed for its nutritional content, against the menus that the institutions were following and noted that there were several discrepancies between the two menus. The size of main dishes on two of the 28 days were 50% larger in the nutritional analysis than the main dishes in the institutional menu. This means that on those days inmates were being served less than the nutritional analysis states. In other instances, side dishes, bread, and condiments provided differed between menus.

Finally, the audit examined whether sites were consistently following the appropriate serving size as defined in the national menu. The audit found that inmates were being served inconsistently across the country leading to either overserving or underserving for certain meals. The audit noted that the portion sizes provided in the national menu could not be easily converted to ladle serving sizes. At least one institution incorrectly assumed that liquid ounces were the same as ounces of weight resulting in underserving at this site. The audit also noted that, at most cafeteria style kitchens, leftovers were also available to inmates from the previous meals, with one exception where all leftovers were discarded.

Based on the weaknesses of these key controls, it is difficult for CSC to demonstrate that they consistently provide the correct quantity of food to the inmate population.

Regional production centres are not following the standardized national recipes

National recipes have been developed to support the national menu and all kitchens are expected to follow these recipes to ensure compliance. The audit found that regional production centres were not consistently following the national recipes. Interviews with both staff and inmates noted concerns with the quality of the finished product while using the national recipes. As a result, regional production centres altered many of the recipes to address these concerns. This led to:

- Inconsistency of the product offered across the country; and
- A possibility that the nutritional analysis of the national menu did not represent the prepared meal as ingredients were changed in the recipes.

For example, in one region, the audit found that all chicken in the menu was replaced with turkey, without updating the menu, labels, consulting the dietician, or soliciting feedback from the inmate welfare committees. This is another example of a lack of oversight surrounding a key control in the food production process.

Violations of special diet requirements and weaknesses of associated controls were found

As noted above, the *CCRR* requires that CSC meet the religious dietary requirements of inmates when reasonably possible. In addition, the CSC policy suite requires that Food Services also meets the diet of conscience and therapeutic diet requirements of inmates. Diets of conscience are defined as a diet that an individual chooses to eat based on his/her moral beliefs, for example, a vegan diet. Therapeutic diets are specialized, medically necessary diets to manage health related issues. The audit expected to find a mechanism for inmates to be identified for a special diet and, if approved, inmates receiving a diet in accordance with their dietary requirements. While the audit did not note any issues with the mechanism to identify and assess religious diet requirements and diets of conscience, it did however identify gaps in the controls surrounding therapeutic diets. In addition, violations of special diets were observed by the auditors and weaknesses with the controls to ensure inmates on a special diet receive a meal in accordance with the diet were noted.

The audit observed the production of special diets at all sites visited. At two sites, a meal, or portions of the meal produced did not comply with the religious and diet of conscience requirements for certain inmates. In addition to these violations of special diets, the audit found weakness in the controls to ensure all inmates on special diets received their appropriate meal. FSIMS is used for managing special diets. Once a request is approved for a special diet, it is input in FSIMS and a unique tombstone is created for the inmate. The system is capable of running a report to identify who is capable of eating the meal that is being served and provide them with an alternative recipe if their diet does not comply with it. The audit found only three of eight finishing and standard kitchens were using FSIMS daily to manage their special diets.

While the other kitchens occasionally checked FSIMS to update their lists of special diets they would not have up to date information as inmates who transfer-in, or have a new special diet added to the system will not be included in their outdated lists. In addition, the audit also found that three of eight finishing and standard kitchens were not following the special diet recipes. This was the reason for one of the violations of special diets noted above. At this site the soup did not follow the recipe in FSIMS which led to a violation of religious and conscience related diets at that site.

As noted above, the audit identified issues with the mechanism to assess therapeutic diet requirements. Regional dieticians manage this process and perform the following services:

- Provide nutrition services, acting as the subject matter expert in his/her region;
- Provide individual and group consultations, nutritional assessments, clinical diet instruction, and training sessions to inmates, Food Services staff and Health Services personnel on nutrition matters;
- Prioritize consultations based on a medical assessment and the nutritional risk of the inmate;
- Act as liaison between Food Services and Health Services to ensure that prescribed diets comply with the standards of the Nutrition Management Program;
- Order and manage therapeutic diets using the FSIMS; and
- Adapt therapeutic diets to the national menu offering.

CSC's Food Allergy Protocol requires that an interim special diet be provided to inmates who have identified themselves as having one of the 11 dangerous allergens as defined by the Protocol. The inmate is then to be sent for testing to confirm the allergy. The audit could not find evidence that allergy testing is occurring as required in the Open Source Clinical Application Resource (OSCAR), the online repository for health information of offenders, in 17 of 21 files sampled. In addition, the audit found that due to staffing vacancies in one region, a dietician was not assessing allergy diet requests and as a result inmates were immediately approved for special diets simply by claiming an allergy. This resulted in a high number of special diets due to allergies that are not listed as dangerous allergens according to the Protocol. The effect of this is more time spent by staff in producing these highly specialized meals potentially leading to increased labour requirements when the diets are not actually required. Finally, the audit was informed that a dietician in one region had stopped performing site visits for several months causing an increase in the wait time to see a dietician to address therapeutic requirements.

These examples demonstrate there was a lack of oversight at the site level to ensure special diet lists and recipes are followed as required and a lack of oversight by NHQ Food Services over the regional dieticians to ensure the process to assess and manage special diets is consistently applied across all regions.

3.4 Food Services Health and Safety Requirements

The objective was to provide assurance that CSC is ensuring a safe working environment to kitchen staff and inmate workers and that they are producing meals in a healthy and safe manner in compliance with required legislation and industry guidelines.

Health and safety requirements were examined from four perspectives: Sanitation and hygiene; procedures; training; and safe working environment. Annex A provides general results for all audit criteria.

We expected to find that CSC was in compliance with policy and industry guidelines related to sanitation and hygiene; CSC has documented procedures on how to operate equipment, prepare food, and clean the Food Services areas; and staff and inmates have the necessary training in order to carry out their responsibilities in a safe and healthy manner.

The following areas met the audit expectations for this criterion:

- All sites visited have passed a third party health inspection during fiscal year 2017/2018;
- At no site was food left in the 'hazardous temperature zone' for longer than prescribed time in the FSCP;
- CSC has contracted an outside specialist in the HACCP process to review regional production centre operations;
- CSC has developed recipes and procedures for how to prepare and cook the meals listed on the national menu; and
- An NTS has been set for HACCP operations and accompanying training developed and rolled-out.

The following sections highlight areas where management attention is required.

Food Services is not compliant with the FSCP and not compliant with CD 880 Food Services

The FSCP is designed to help food service operators to manage food safety risks². The DRAFT policy suite requires that all activities required for ordering, storage, preparation and service of food and disposal of waste meet the FSCP. The audit assessed a number of key areas of the FSCP for compliance and noted a number of areas of concern.

The most significant area of non-compliance relates to CSC's Quality Assurance Program (QAP). The QAP is a summary of all the key activities a kitchen performs to avoid food contamination such as: the taking of food temperatures; detailed logs on how sites are to clean all areas of the kitchen including the frequency; and the monitoring of the temperatures of key equipment including fridges, freezers and dishwashers. The audit found that five of 12 sites were not completing a fulsome QAP. The audit noted a correlation between sites not performing a QAP and significant hygiene related concerns observed while at the sites. Unwillingness by

² FSCP p. 9, s1

kitchen staff and a lack of oversight by kitchen managers to compel staff to perform this basic control, which is standard in all kitchen settings, is the main reason for the non-compliance.

Other areas of non-compliance related to the FSCP were the lack of hairnets being worn by both inmates and staff working in the kitchen, and as discussed earlier in the audit, the lack of an inspection of goods on arrival, and the consistency of inventory management in accordance with FIFO.

By not meeting these required standards for food production, there is a risk that CSC could have a food related health event at an individual site.

Regional production centres are not compliant with some aspects of the HACCP production process

The *DRAFT* GL 880-1 requires that HACCP standards be applied in all regional production centers to ensure food safety in those settings. The key to HACCP is identifying and tracking critical control points in the cooking process to ensure the safety of the final product. The audit found that Food Services has implemented a HACCP process and has identified the critical control points; however, they have not validated that the controls were working effectively.

HACCP is an entirely new process for CSC in producing meals and is accompanied by an entirely new system of controls. One of the seven principles of HACCP is a verification that the system works as intended and this should be performed on a regular basis. The audit did not find evidence that this verification occurred. Although Food Services has recently contracted a HACCP Specialist to test the system of controls, the system has been in place for more than three years. The audit found that individual production centres were ensuring that the meals were cooked in accordance with HACCP requirements by ensuring the appropriate temperatures were met, and documentation was retained to demonstrate this as required. However, the audit noted a lack of monitoring by management to validate that this was the case.

One example of where this lack of monitoring by management was found includes not reviewing production sheets which clearly showed many instances where ingredients were either missing, or added that do not belong in certain recipes, including non-compatible goods.

By not verifying that the HACCP system was functioning properly, CSC is putting itself at risk of a serious health and safety event. Given that food is mass produced at regional production centres, any small issue can become a larger issue quickly and affect several sites.

Documentation for proof of completion of necessary training could not be obtained by the auditors

The regional production centre staff are required to complete HACCP and Reduced Oxygen Packaging training which is a NTS. The NTS activities represent the fundamental learning and development requirements an employee will be provided in order to perform certain aspects of their roles and responsibilities. The objective of this training is to understand the hazards of reduced oxygen packaging systems and why critical and operational control points must be adhered to and documented. The required completion date was March 31, 2018. The audit found one region was fully compliant, two regions were partially compliant, and two regions had no evidence for any of their staff taking the course in HRMS as of May 2018.

According to the FSCP, all kitchens are required to have at least one employee with foodservice operator level training on site during production and when they are absent another employee on site must have foodservice training. The audit was unable to obtain evidence of which staff had completed this training and were still valid. The audit noted that the policy suite does not define this training requirement for staff.

The food training above covers the necessary requirements to operate regional production centre kitchens and institutional kitchens in a safe and sanitary fashion. The potential outcome, is that staff do not perform key controls correctly which can lead to a food related health event, or a staff injury given the inherently dangerous nature of kitchens.

4.0 CONCLUSION

Overall, Food Services has implemented new systems of control in order to address the changes associated with the Food Services Modernization Initiative. However, significant issues exist related to oversight and compliance with these new processes.

The audit found that elements of a management framework were in place. A DRAFT policy suite has been developed, roles and responsibilities were generally defined, a governance structure to support the national menu existed and resources were based on assessed needs. However, the audit did note that:

- Although a DRAFT policy suite exists, it had yet to be promulgated. In addition, the supporting guidance for finishing kitchen staff is incomplete and unclear in certain areas. This leads to confusion amongst staff in the day-to-day production of food;
- The lack of consistent oversight surrounding key areas of food services has led to an increased risk of not complying with legislative requirements; and
- Monitoring and reporting was insufficient to allow CSC management to make informed data driven strategic decisions.

With respect to overall compliance, the audit team found that for the majority of the risk areas within food services, controls had been developed and implemented; however, many of them were not functioning as intended. Some of the areas of most concern include:

- The national menu, although analyzed for nutritional content, did not meet the Canada Food Guide on six of the 28 days of the menu cycle.
- FSIMS was not consistently used to manage special diets, leading to a higher risk of violations of special diet requirements;
- Inventory management practices, including the proper reception of goods was not occurring at all sites;
- Kitchens were not consistently implementing the QAP designed by Food Services in order to minimize the likelihood of food contamination; and
- Staff were not completing training as required by the NTS, which could increase the risk of not producing the food in a healthy and safe manner.

Recommendations have been issued in the report based on areas where improvements are required.

Recommendation 1

The Assistant Commissioner, Corporate Services should promulgate an up to date policy suite, including supporting guidance to address deficiencies identified in the audit and to further assist CSC kitchens. In addition, the Assistant Commissioner, Corporate Services should ensure that NHQ Food Services is in compliance with the new policy suite. This includes, but is not limited to:

- Periodically assessing the national menu to ensure it meets the Canada Food Guide; and
- Reviewing FSIMS to ensure that the recipes and serving sizes correspond to the national menu.

Management Response

The Assistant Commissioner, Corporate Services agrees with the recommendation. The Food Services Policy suite will be updated to address deficiencies noted in the report. Furthermore, the national menu will be reviewed twice a year to ensure it respects the Canada Food Guide and tools will be developed to ensure recipes and serving sizes correspond to the national menu.

Recommendation 2

The Assistant Commissioner, Corporate Services should strengthen the oversight function at the National Level, including:

- Defining who is responsible for oversight at the various levels of food service delivery;
- Establishing a mechanism to allow regions to share production challenges and best practices;
- Developing tools to allow for the monitoring and reporting on key controls in the food service process to ensure they are functioning as intended; and
- Defining relevant performance metrics and using this information to inform decision making.

Management Response

The Assistant Commissioner, Corporate Services agrees with the recommendation. To strengthen the oversight function, the organization will develop or update its monitoring programs, performance management tools and performance metrics. The roles and responsibilities for oversight at each level of the organization will be defined. In addition, the creation of a manual detailing tasks and information for daily operations in CSC kitchens will be developed.

Recommendation 3

The Regional Deputy Commissioners should ensure that their food services staff perform their roles in accordance with current and future direction from the Corporate Services Sector and that the region conducts the monitoring and reporting functions as defined by policy.

Management Response

The Regional Deputy Commissioners agree with this recommendation. By December 31, 2018, all sites will confirm that managers have been met and they understand the roles and the responsibilities of their staff. By December 31, 2018, all regions will confirm that monthly reports are produced as well as the regional quarterly report that is submitted to NHQ. By March 31, 2019, all sites will confirm that Food Services employees have participated in an information session regarding policy following the publishing of the new CD 880 and subsequent guideline, to ensure that their roles and responsibilities in terms of conformity is well understood.

Recommendation 4

The Regional Deputy Commissioners should have a monitoring process in place to ensure that production and institutional kitchens:

- Respect Quality Assurance Program requirements in every kitchen;
- Follow special diet requirements from approval, to system entry requirements, to production;
- Respect the serving sizes for meals as per the national menu;
- Ensure all kitchens are fully utilizing FSIMS as required; and
- Ensure good stewardship of funds through proper inventory management practices.

Management Response

The Regional Deputy Commissioners agree with this recommendation. By December 31, 2018 all sites will confirm that Food Services employees are using the tools, forms and reports available to them in order to ensure the requirements of the Quality assurance program, inventory management, and the production of diets in conformity with policy.

5.0 MANAGEMENT RESPONSE

Management agrees with the audit findings and recommendations as presented in the audit report. Management has prepared a detailed Management Action Plan to address the issues raised in the audit and associated recommendations. The Management Action Plan is scheduled for full implementation by March 31, 2019.

6.0 ABOUT THE AUDIT

6.1 Approach and Methodology

Audit evidence was gathered through a number of methods such as: review of documentation; detailed testing and interviews with staff at NHQ and in the regions.

Interviews: Interviews were conducted with operational staff and management at the institutions as well as RHQ and NHQ. Interviewees included food services staff, institutional management, health care personnel, chaplains, and inmates.

Review of Documentation: Documentation reviewed included; legislation, CDs, and corporate documents such as modernization plans, EXCOM discussions, Departmental Reduction Action Plans (DRAP) documentation, process maps, health and safety documentation, national menu, inspection reports, training material, equipment manuals, monitoring reports, and any other related material will be reviewed.

Sampling Strategy: The requirement for sampling was minimal as the auditors observed all meals being prepared and served while on site. Sampling was used for selecting the allergy files to review. The audit chose a random sample of 21 files.

Observations: Observation at four regional production centres, six finishing kitchens and two standard kitchens were performed. Observations of all aspects of the food production process occurred from the ordering of raw goods to the serving of inmates.

Site Selection: The site selection was structured in a way to allow the audit to consider all three types of meal production, namely; regional production centres, standard kitchens, and finishing kitchens. The audit also considered the number and type of grievances made in the site selection. In addition, the audit did not examine food services at women's institutions as they are predominately served through SGMP, with the exception of their small maximum security units. Annex C provides a listing of all sites visited.

6.2 Past Audits and other reviews/reports on Food Services

Past external assurance work was used to assist in scoping the audit work. The Office of the Auditor General conducted a comprehensive audit of Food Services in 2008 titled Chapter 7 Economy and Efficiency of Services Audit. The audit had many findings and recommendations directly related to our work and helped guide the audit planning and testing.

The Office of the Correctional Investigator has repeatedly cited Food Services as an area of concern over the previous years in the Annual Report of the Office of the Correctional Investigator. The audit considered these reports in the planning of the audit.

6.3 Statement of Conformance

In my professional judgment as Chief Audit Executive, sufficient and appropriate audit procedures have been conducted and evidence gathered to support the accuracy of the opinion provided and contained in this report. The opinion is based on a comparison of the conditions, as they existed at the time, against pre-established audit criteria that were agreed on with management. The opinion is applicable only to the area examined.

The audit conforms to the Internal Auditing Standards for Government of Canada, as supported by the results of the quality assurance and improvement program. The evidence gathered was sufficient to provide senior management with proof of the opinion derived from the internal audit.

Sylvie Soucy, CIA
Chief Audit Executive

ANNEX A: AUDIT CRITERIA

The following table outlines the audit criteria developed to meet the stated audit objective and audit scope:

Objective	Audit Criteria	Met/ Met with Exceptions/ Partially Met/ Not Met
1. CSC has in place a management framework that supports the effective management of food.	1.1 – Policy Framework - CSC guidance is clear, up-to-date, and aligns with legislation.	Not met
	1.2 – Roles and Responsibilities - Roles and responsibilities are defined, documented, communicated and understood.	Partially met
	1.3 – Governance - CSC has defined and communicated strategic objectives, performance measures and has a support system in place for food services.	Partially met
	1.4 – Monitoring and Reporting – Performance monitoring and reporting processes are in place and are being used to inform decision making at all levels.	Not met
2. CSC allocates sufficient human and financial resources to support food services and ensures sound stewardship of those resources.	2.1 – Financial Resources – Food services' financial resources are based on assessed needs.	Partially met
	2.2 – Staffing – Food services staffing levels are based on assessed needs.	Met
	2.3 – Procurement – Internal controls exist and are being followed for the procurement of inventory.	Partially met
	2.4 – Inventory Management – Inventory controls are in place and are being followed to ensure sound stewardship of food services resources.	Not met
3. CSC is providing food services to inmates as required by the Corrections	3.1 - Nutritional Requirement – CSC provides inmates an appropriate diet to meet the nutritional requirements of inmates.	Partially met

and Conditional Release Regulations.	3.2 - Special Diets – CSC has developed a mechanism to assess and provide inmates with religious, therapeutic and diets of conscience.	Partially met
	3.3 - CSC has a mechanism in place to ensure the quality of goods purchased and received.	Partially met
4. CSC is providing a safe working environment to kitchen staff and inmate workers, and that they are producing meals in a healthy and safe manner in compliance with required legislation and industry guidelines.	4.1 - Sanitation and Hygiene - CSC is in compliance with policy and industry guidelines related to sanitation and hygiene.	Partially met
	4.2 - Procedures – CSC has documented procedures on how to operate equipment, prepare food, and sanitize the food services areas.	Partially met
	4.3 - Training – Staff and inmates have the necessary training in order to carry out their responsibilities in a safe and healthy manner.	Partially met
	4.4 - Safe Working Environment – CSC has protocols in place and is adhering to them in order to ensure a safe working environment for staff and inmates working in the food services area.	Met

ANNEX B: FOOD SERVICES MODERNIZATION INITIATIVE

As defined in the reporting of the Food Service Modernization Initiative by Food Services to the Executive Committee on December 8, 2015:

Policy Renewal:

Currently CSC is policy is structured as follows:

- CD 880 Food Services
 - SOP 880-1 Food Services – Central Feeding
 - SOP 880-2 Food Services – Small Group Meal Preparation

This is to be replaced with the following policy and guideline structure reflecting the new models:

- CD 880 Food Services
 - GL 880-1 Food Services program
 - GL 880-2 Nutrition Management program
 - GL 880-3 Religious Diet Requirements
 - GL 880-4 Diets of Conscience

National Menu:

The national menu is meant to ensure consistent nutritional requirements and standards are met for all inmates. By standardizing the menu Food Services was hoping to save on economies of scale with national procurement plans as well as making the regional production kitchen model feasible.

National Procurement:

National Individual Standing Offers (NISO): for high volume commodities such as meats, milk powder, and miscellaneous groceries (frozen vegetables, canned fruits and vegetables, cereals, soup bases, and canned fish) were identified for NISOs, with all other commodities identified for Regional Individual Standing Offers (RISOs).

Regional Production Centre:

Food services hoped to gain the following efficiencies with the implementation of Regional Production Centres:

- reduced labour cost given that meal service at the Finishing Kitchens is less complex and reduces cooking required on site;
- allows for clear delineation of duties promoting efficiencies in staffing and scheduling
- promotes better recipe management and portion control which results in reduced meal costs and less wastage;
- allows for opportunities for economies of scale when procuring food commodities as production is for a greater number of inmates than traditional individual cook serve kitchens.

Food Services Information System:

FSIMS was to provide CSC with a comprehensive, less manual, and more accurate method of managing the inventory of goods. FSIMS is comprised of the following components:

- Menu and Recipe Management - catalogue the various menus and recipes across the nation bringing efficiencies to the ordering and distribution of food and food-related material to CSC's institutions. (Food Services only)
- Production Scheduling and Control - schedule production of meals forecasting inventory required to produce scheduled meals. (Food Services only)
- Inventory Management - enhance, standardize, and unify the management of inventory throughout CSC's institutions. (Food Services and Institutional Services)
- Point-Of-Sale (POS) - overhaul and standardize the POS systems of SGMP institutions to provide better management of "sales" (Inventory Distribution). (Food Services and Institutional Services).

Annex C: Site Selection

Region	Sites
Atlantic	<ul style="list-style-type: none"> • Atlantic Regional Production Centre • Atlantic Institution
Quebec	<ul style="list-style-type: none"> • Quebec Regional Production Centre • Federal Training Centre • Donnacona Institution
Ontario	<ul style="list-style-type: none"> • Collins Bay Institution • Millhaven Institution
Prairies	<ul style="list-style-type: none"> • Prairie Regional Production Centre • Bowden Institution • Stony Mountain Institution
Pacific	<ul style="list-style-type: none"> • Pacific Regional Production Centre • Mountain Institution