from preparing or handling foods for sale or donation.

- Prohibit all workers from having bare-hand contact with ready-to-eat foods.
- Require adherence to proper handwashing procedures and technique per local health regulations.
- A thorough review of food freedom laws by legislatures and regulatory personnel to identify the policies that might put consumers at higher risk (Farguhar, 2020).

The FDA model *Food Code* is a model for safeguarding public health and ensuring food is unadulterated and honestly presented when offered to the consumer. It represents the best advice for a uniform system of provisions that address the safety and protection of food offered at retail and in foodservice (U.S. Department of Health and Human Services [HHS], 2017). Additionally, the *Food Code* 

58).

The shift toward a sharing economy in the food industry and the abundance of proposed food freedom laws has opened new opportunities as well as the potential for new health risks to the U.S. public (Farquhar, 2020). It is been hypothesized that this shift is linked to a perceived number of benefits, including improved access to healthy food, enhanced community connections, and economic opportunity for women, especially in rural areas (Hamari et al., 2016; McDonald, 2017).

Although the *Food Code* models that food produced in a home kitchen is not allowed to be conveyed to the public, every state has passed legislation permitting certain categories of foods that are produced through FFOs for direct consumer sale. States have dealt with this issue either by excluding home kitchens from the definition of a food establishment or creating separate laws and regulations for cottage foods (Condra, 2013). Retail and cottage food allowances, regulations, and laws are implemented at the state and local level as opposed to not being allowed at the federal level, thus a varied patchwork exists across the U.S. on what is and is not permissible.

A review of state cottage food laws and regulations demonstrates the nonuniformity of this industry. In most states, cottage food laws restrict foods to those that do not require TCS. These foods generally include breads, biscuits, cakes, fruit pies, other baked goods that do not require refrigeration, candies, dry herbs and seasonings, popcorn, cereals, trail mixes, granola, dried produce, nuts, vinegar, jams, jellies, and preserves (Association of Food and Drug Officials [AFDO], 2012).

Some state laws are more restrictive and allow only baked and confectionery goods. Conversely, some state laws are less restrictive, allowing some TCS foods to be produced under specific circumstances.

present. Surfaces contaminated with fecal coliforms and *Staphylococcus aureus* were associated with a lack of cleaning materials such as dish soap and towels in the kitchen and hand towels in the bathroom. These basic food safety principles are required and inspectable items for FDA-defined food establishments.

To combat this risk from home kitchens and to protect public health, CFO employees should be required to annually complete food safety or food handler training that is administered by an accredited organization (AFDO, 2012). Individuals engaged in preparing TCS foods from an FFO, such as an HBR, should be required to obtain and maintain a CFPM certificate. Currently, less than one quarter of states in the U.S. require food safety or sanitation training to become a cottage foods proprietor (Farm-to-Consumer Legal Defense Fund, 2018).

Hedberg et al. (2006) compared restaurants that had a foodborne illness outbreak with those that did not have an outbreak over a 1-year period. They found that having a CFPM on staff led to fewer norovirus outbreaks and no *Clostridium perfringens* outbreaks. This study suggested that the decrease in the number of outbreaks was due to increased knowledge and practices related to hand hygiene and food temperature control. Likewise, having a CFPM on staff decreased critical violations for personnel (e.g., hygienic practices, handwashing, etc.), food source/handling (e.g., cross- contamination protection, labeling, hazard analysis critical control point plans, etc.), and facility/equipment requirements (e.g., ventilation, thermometer calibration, food contact surfaces, lighting, etc.) compared with kitchens without a CFPM (Cates et al., 2009).

In addition to having a CFPM on site, basic food safety training is also beneficial. Soon et al. (2012) conducted a meta-analysis of the impact of food safety training on hand hygiene knowledge and attitudes. The study found that compared with controls, food handlers who received training improved their knowledge and attitudes of hand hygiene, as well as self-reported compliance with protocols. Similarly, 92.6% of food handlers who did not receive food safety training did not know that people with open skin injuries, gastrointestinal disturbances, and eye/ear diseases should not be allowed to handle food to avoid contamination (Adesokan et al., 2015).

The expansion of FFOs highlights the importance of ensuring food safety practices and procedures are followed to keep the public safe from foodborne illness disease. NEHA supports regulations and requirements as appropriate for FFOs to control foodborne illness disease and protect public health.

Adesokan, H.K., Akinseye, V.O., & Adesokan, G.A. (2015). Food safety training is associated with International

Journal of Food Science, 2015, Article 328761. https://doi.org/10.1155/2015/328761

Association of Food and Drug Officials. (2012). Regulatory guidance for best practices: Cottage

foods.

Soon, JM., Baines, R., & Seaman, P. (2012). Meta-